

Strengthening Families for Parents and Youth Ontario Project 2014-2016
Building Community Capacity to Increase Youth Resiliency through a
Strengthening Families Model



Part II: Regional Capacity Building: Support Strategies, Implementation
Experiences and Progress toward Sustainability

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Regional Capacity Building: Support Strategies, Implementation Experiences and Progress toward Sustainability

Introduction

In a project titled *Building Community Capacity to Increase Youth Resiliency through a Strengthening Families Model*, Parent Action on Drugs (PAD) worked with nine regional partners in diverse regions of Ontario to introduce, support and sustain the implementation of the Strengthening Families for Parents and Youth (SFPY) program as a viable and effective community strategy for addressing risk factors in vulnerable youth populations. SFPY is 9-week skills-building curriculum for parents and other significant family care-givers and their teens, aged 12-16. It is provided by trained facilitators delivering weekly sessions involving a family meal, separate sessions for parents and youth and a joint session for both.

Project partners were identified prior to the start of the project and committed to being part of the project term, committing sufficient internal resources to implement the SFPY cycle and participate in network-building activities. The following are the project partners and the communities they represented:

1. FIREFLY - serving north-west Ontario, including Sioux Lookout, Kenora, Dryden, Red Lake, Fort Frances, Rainy River, Ear Falls, Hudson and Atikokan and surrounding areas
2. Breakaway Addiction Services – serving downtown Toronto
3. Peterborough Drug Strategy – serving Peterborough and County in central Ontario
4. DREAM (Designing Routes to Education and Mentorship) – serving Dunnville in south-west Ontario
5. Early Years of Lambton with Aamjiwnaang First Nation – serving on-and-off reserve members of the Aamjiwnaang First Nation in Sarnia
6. Canadian Mental Health Association of Waterloo-Wellington-Dufferin – serving Waterloo and the Counties of Wellington and Dufferin
7. Supportive Housing of Waterloo (SHOW) – working in Kitchener-Waterloo and surrounding counties
8. Youth Diversion Program – serving Kingston and Frontenac County in south-eastern Ontario
9. Renfrew County and District Public Health Unit with Phoenix Centre for Children and Families and Renfrew Victoria Hospital Addiction Treatment Service – serving Renfrew County in eastern Ontario

Project Objectives:

There were four objectives for this project:

1. To increase resilience among youth, ages 12-16, in at-risk populations through participation in a 9-week skills-building family-change program with established outcomes in positive family functioning, increased parental skills, and increased youth mental health and **improved capacity to avoid drug use**
2. To increase the evidence base of a family-change program (SFPY) showing positive outcomes in substance abuse prevention related to specific high-risk populations and rural and remote regions
3. To increase the **engagement and capacity of multiple health promotion community networks and coalitions** in the uptake and successful delivery of the SFPY program as an avenue to promote youth resilience and address illicit drug use
4. To build a **community of practice** connecting remote communities and diverse service organizations and coalitions to enable a broad-based, sustainable integration of SFPY in health promotion and prevention activities addressing illicit drug use among youth

The first two objectives are addressed in *Part I: Building Youth Resiliency to Prevent Substance Misuse: Project results and participant experiences*. This current report addresses the last two objectives concerned with capacity building, knowledge dissemination, networking and building sustainability.

These objectives were addressed through the following strategies:

1. Providing regional workshops for SFPY facilitators and collaborators with the partner agency and for the community/region
2. Producing collateral supportive communications and networking opportunities for sharing experiences among partners, and building capacity by developing local/regional expertise, leadership, access to resources and supports and project results.
3. Building on the efforts and successes of project partners to share their implementation stories within their service sectors through annual webinars and the [SFPY website](#).

A validated evaluation instrument, the *Community Capacity Building Tool* (CCBT) was provided by the funder, Health Canada, as a pretest and posttest for all funded projects with capacity building objectives and administered by PAD to partners via a tele-conference call at the beginning and end of the project. In addition, PAD administered two interim process evaluations on capacity building to inform our support for the development of capacity building for the duration of the project.

This report documents the different components of the project's capacity building strategies, the experiences of partners in implementing the SFPY cycle and the relationship of these factors to the project's capacity building objectives.

I. Supportive communication and networking opportunities

Newsletters

There were a total of 9 newsletters distributed to partners within the project period. Newsletters were used to bring partners up to date on project developments and materials, share training and implementation cycle information, provide information on and access to potential funding opportunities and generally keep partners current on related PAD activities.

Table 1: Newsletter distribution

Project Year	Number	Dates
April 2014 - March 2015	4	July, October, December, January
April 2015 - March 2016	3	June, October, March
April 2016 – October 2016	2	May, August

All-partner meetings

All-partner meetings were held regularly to keep partners informed about the project cycle and allow partners to hear directly from each other about their stages of implementation, their challenges and strategies. Six meetings were held by teleconference and were recorded to allow all partners access to the meetings; feedback from the meeting participants was obtained for the first four of these. The final two were to provide partners with information about the results of the evaluations on family change for the participants in their SFPY cycles (See Report I: Building Youth Resiliency to Prevent Substance Misuse: Project Results and Participant Experiences). In addition, there was the opportunity to provide a face-to-face all-partner meeting at about the half-way mark of the project (March, 2015). The initial and final meetings provided the opportunity to administer the CCBT pre and posttests.

Table 2: All-partner meetings and surveys

2014-2015				2015-2016				2016-2017		
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Tele-meeting & CCBT Pre-test (April) Tele-Meeting (June)		Tele-Meeting (Nov.)	All-Partner Forum & interim capacity measure survey (March)			Tele-Meeting (Dec.)		2 Tele-Meetings on cycle evaluation results (June)	Interim/Process Capacity Measure Survey (July)	& CCBT Post-test Tele-Meeting (Oct.) & Wrap-up

A total of 26 persons from 12 different partner agencies participated in one or more of these meetings, with an average attendance of 11/meeting (with the exception of the final meeting for which only one representative from each region was required).

Table 3: Feedback from all-partner teleconference meetings

	April 9 2014		June 9 2014		November 24 2014		December 3 2015	
Did the meeting provide enough information?	About the project		About communication and evaluation		About meeting implementation challenges		About sustainability and capacity building	
	Definitely 37.5%	Somewhat 62.5%	Definitely 67%	Somewhat 33%	Definitely 71%	Somewhat 29%	Definitely 0	Somewhat 100%
Do you feel you had the opportunity to contribute to this meeting?	Definitely 87.5%	Somewhat	Definitely 100%	Somewhat	Definitely 100%	Somewhat	Definitely 100%	Somewhat
Was meeting with other people involved in the project beneficial?	N/A	N/A	Definitely 100%	Somewhat	Definitely 86%	Somewhat 14%	Definitely 86%	Somewhat 14%

From the above table, it can be noted that the teleconference meetings were particularly successful in providing partners with opportunities to share information with each other and support the networking objectives of the project.

All partner Forum March 23, 2015

PAD was able to provide a face-to-face opportunity for all regional partners to gather in Toronto and participate in a facilitated session with the following objectives:

- Enhance inter-partner relationships
- Create sustainable connections between partners and build SFPY ongoing networking
- Increase capacity to deliver SFPY cycle successfully

- Empower partners to develop regional sustainability of SFPY

There were 15 participants from 8 regions and 10 agencies participating in the event. All participants (100%) agreed that the forum was worthwhile. In addition, the following evaluation results provided information about how successful the forum was concerning its objectives.

Table 4: Evaluation of All-Partner Forum

Number of respondents = 9	Rating 1-5 Average
Increase capacity to successfully deliver SFPY cycle	3.6
Develop networks with other partners and organizations	4.1
Increase comfort in approaching other partners for information or support	4.1
Assist in moving towards sustainability of SFPY	3.75

At this point in the project, only four training sessions had been completed (see Table 5 below) and three cycles of SFPY implemented. This table reflects that partners are at different levels of confidence regarding their capacity to deliver and sustain the SFPY program but very much appreciated the opportunity to develop networks with other project partners.

II. Training Workshops

Regional Orientation and Training Workshops

As part of the activity plan for this project, six regional training workshops were planned to allow for partners to build the necessary skills to successfully implement and deliver the SFPY cycle in their region and to introduce the program to other organizations in the region which could play an important supporting role in making referrals of families and otherwise build interest and involvement in implementing and sustaining SFPY in the community.

The plan focused on workshops to cover the diverse regions the project was operating in Ontario:

1. Toronto
2. South Central (Waterloo-Wellington for two partners)
3. Kenora (North-west)
4. Sarnia (South-West)
5. Kingston (Central East)
6. Renfrew (East)

In fact, in the course of the project implementation there were **ten workshops delivered** to be responsive to the needs of the partners. In addition to the regional workshops, a centralized workshop was delivered in Toronto as part of the sustainability and dissemination activities at the end of the project timeline (October, 2016). **A total of 115 people were trained** in the following workshop locations with the following partners.

Table 5: Training workshops provided

	Location	Date	Partner(s)
1	Toronto	April 2014	Breakaway Addiction Services
2	Dunnville	August 2014	DREAM
3	Kingston	September 2014	Youth Diversion Program
4	Kitchener-Waterloo	March 2015	SHOW and CMHA - WWD
5	Sarnia	May 2015	Lambton Early Years and Aamjiwnaang First Nation
6	Guelph	August 2015	CMHA-WWD

7	Pembroke	September 2015	Renfrew and District Health Unit, Phoenix Centre for Children and Families and Addiction Treatment Services of Renfrew Victoria Hospital
8	Sioux Lookout	October 2015	Firefly
9	Toronto	October 2016	Centralized workshop for new facilitators from partner agencies and new agencies
10	Kenora	October 2016	Firefly

One partner – Peterborough Drug Strategy – did not require a training workshop as they had a full complement of trained facilitators and network of agencies from previous trainings.

The workshop objectives were to increase familiarity with the Strengthening Families program model and how it supports resiliency, the parent skills-building and youth-engagement focus of the curriculum, and the participants' ability to implement and deliver the program. These objectives were met through a format of presentation, asking questions, demonstrations and practical assignments.

Response to the workshops was overwhelmingly positive as can be seen from the post-workshop questionnaire. There were a total of 95 respondents to the post workshop evaluation questionnaire.

Table 6: Evaluation of Training Workshops

Statement	Percentage agree/strongly agree
I am familiar with the Strengthening Families model	88
I understand how the SFPY program supports resiliency	90
I am familiar with the parent, youth and family learning models and activities	89
The demonstrations of activities added to my understanding of the SFPY program	92.5
I had ample opportunity to ask questions and voice my opinion	94
The practice assignments added to my understanding of facilitating the SFPY program	91
I am familiar with the key aspects of implementing the SFPY program	91
I am familiar with the capacity building project and multi-agency approach	84
The workshop was engaging	91
I had ample opportunity to ask questions and voice my opinions	94
I have increased confidence in delivering the SFPY program	83.5

While it is clear that participants overwhelmingly found the workshops engaging and informative, and gained confidence in delivering the program, as shown in later evaluations (such as the Post-delivery Facilitator Survey) their confidence increased substantially when they actually had the opportunity to deliver it. In addition to the information about program delivery, an important focus of the workshop was to build an understanding among participants of the need to engage as many community partners in their region as possible in order to build support for the initial cycle and continued sustainability of SFPY for the region. In response to the statement “I am familiar with the SFPY capacity building project and multi-agency approach”, 84% responded they agreed or strongly agreed – a response that was on the lower end of the spectrum. Because this was a comparative deficit, this component was given more emphasis in later workshops and an activity built in to ensure that participants became more aware of *how* to work with a multi-agency approach.

III. Post-delivery Facilitator Survey

A very important component in assessing the capacity of regional personnel to sustain the implementation of the SFPY program was to assess their perceptions of the program effectiveness for their target population, their gains in delivering the program and how they felt about sustaining the program in their community. An on-line survey was developed and all facilitators and organizers were asked to complete the survey after the cycle had been delivered in their region. The attached report provides information about the SFPY program implementation from the perspective of those who were most directly involved in delivering the program. It was also a good opportunity to ask for their recommendations concerning the program, the materials and associated protocols of delivery. There were 34 respondents to this survey. The complete Facilitator Survey Report is included at the end of this Report as Appendix I and includes many of the comments made by the respondents.

Program effectiveness of target population. An important measure was how helpful the program was felt to be for their target population: 80% felt the program was “very much or “greatly” helpful. Respondents (97%) overwhelmingly found the program was helpful for the parent participants; slightly less (88%) of the respondents felt that it was beneficial for the youth. In terms of the program set-up, the large majority of respondents indicated they felt the materials were well done in terms of layout, clarity and content. After they had delivered the cycle, two thirds felt the training workshop was very or greatly important; however about a quarter of those delivering the cycle had not participated in the training.

Benefits to facilitators and agencies. Questions were asked about the benefits of the program for the facilitators themselves and for their agencies. The most benefits were found to be in the development of relationships with other service providers and the ability to contribute to their community. Also important, although not rated quite as highly, was the personal/professional benefit to the practitioners in terms of their skills and knowledge built.

Sustainability of program. It is significant that 100% of respondents said they would be interested in doing the program again and all indicated that there was a place for SFPY in the ongoing provision of services in their community, although 15% noted that there would be some difficulty in doing so.

Recommendations for improvement. Many respondents reported different challenges in delivering the program and had various suggestions for how the program implementation could be improved: timing the program to suit the community, addressing the learning challenges of the youth, extending the topics covered to current ones such as bullying, internet safety and video gaming.

IV. Post Cycle Interview and Challenges and Innovations

All partner representatives were interviewed by telephone following their implementation of the SFPY cycle about their experiences in delivering the program. One partner agency based in Toronto was not able to deliver a complete cycle of SFPY and therefore reported on their efforts made to deliver the program. The other 8 partners did complete a Post Cycle Interview which followed two to three weeks after the cycle completion. The interview schedule was as follows:

Table 7: Post Cycle Interview Schedule

Concern	Measure	Questions
Regional Information	Implementation Data	What is the geography of the community and the site? What was the ethnicity of the facilitation team and the participants? How many leaders were there/training/and dedicated site coordinator?

Targets risk factors	Program targets/includes families in need of intervention to increase youth resiliency	<p>What risk factors affected the families involved?</p> <p>Environmental: Regional/Community/Neighbourhood factors (levels of poverty, unemployment, geographical issues)</p> <p>Family factors (unemployment, racialized, immigration, low income, isolation)</p> <p>Parental mental health (addictions, criminality, mental illness, grief, trauma)</p> <p>Parental functioning (Sole parent, child welfare, authoritarian)</p> <p>Youth factors (substance use, mental health, criminality, poor academic performance, behavioural, LGBTQ)</p> <p>On a scale of 1-5 (5 being highest risk) how would you rate the risk level of families involved?</p>
Recruitment and Outreach	Lessons learned	<p>What aspect of recruitment was challenging? What aspect worked well? What are lessons learned/to be shared on recruitment?</p> <p>On a scale of 1-5 (5 being most challenging) how would you rate the challenges associated with recruitment?</p>
Facilitator Effectiveness and Representation	Participant and Facilitators backgrounds	<p>Ethnicities, languages, etc. Was the group homogeneous or heterogeneous in this respect?</p> <p>On a scale of 1-5 (5 being most homogeneous) how would you rate match of the facilitators to the participating families?</p>
	Program Delivered Effectively/ Problems resolved	<p>How effective was the facilitation team in delivering the curriculum and responding to group challenges?</p> <p>On a scale of 1-5 (5 being most effective) how would you rate the facilitation team?</p>
Program Delivery Support	PAD program supports	<p>Was it helpful to have kinds of support provided by PAD in the context of this project (training, incentives, the tool box, curriculum, and other supports)? Was there anything that PAD should be doing differently?</p> <p>On a scale of 1-5 (5 being highest) how would you rate the support provided by PAD?</p>
Builds capacity (collaboration and sustainability)	Program delivery involves agency collaboration	<p>How did you collaborate/work with other agencies? How many other agencies were involved either directly (i.e. provided referrals, participated in delivery, participated in training workshop) or indirectly (received information about SFPY and delivery cycle but did not contribute directly)</p> <p>Number of agencies involved:</p>
	Program delivery builds/adds to agency effectiveness	How has delivering the cycle of SFPY impacted other programs you run?
	Program delivery generates interest in continuation	What is the future scope for SFPY in your community? Have other agencies shown interest in running or contributing to the delivery of SFPY in the future?
Challenges, Unanticipated Events, Innovations	Lessons learned	<p>What unanticipated events did you have to deal with?</p> <p>Are there innovative practices that you used to reach/maintain your audience?</p>

Risk Factors. Partners were in general agreement that a key risk factor in their community was a level of poverty/low income, although from the evaluation instrument administered to the parents participating in the SFPY cycles showed a range of employment hours, education levels and home ownership. About a third of family

participants did have an open Child Protection file, while the remaining two-thirds did not. Partner representatives indicated that a number of their clientele for this program presented with mental health concerns, primarily among the parents, and with behavioural issues among the youth. One partner noted that the highest risk families they tried to recruit did not follow up with attendance in the program. **The average rating on the 1-5 scale for risk assessment, given from the partner interviews, was 3.75**, although the Retrospective Pre/posttest [Kumpfer, K.L., Cofrin-Allen, K., XIE, J., & Whiteside, H. (2016). *2014-2016 PAD Nine Ontario Sites Strengthening Families Program 12-16 Years. Evaluation Report*. Alta Institute, Salt Lake City, Utah] indicated that the risk level of the overall population in the 9 cycle study was higher than the norm.

Recruitment and Outreach. In general, recruitment of parent/teen participants for the cycle delivery was a major challenge, **rating 3.5 on a 1-5 scale, where 5 was the most difficult**. Eight of the nine partners were delivering the program for the first time and were therefore new to the challenge of recruitment that exists for almost all deliveries of this program model. One partner in Toronto could not successfully recruit sufficient families to sustain the program implementation, despite successive attempts. Of the eight partners who did successfully complete the program cycle (one doing so twice), geographical considerations impacted the recruitment process. The project targeted a variety of regions, with particular emphasis on rural and remote regions. Community populations ranged from 5,000 to 160,000. Two partner agencies located in urban centres attempted unsuccessfully to provide the program in a rural area within their service catchment, but moved the program site to the urban centre with the hope of serving their rural areas at a later date. Recruitment was most efficient where the partner agency established clear connections with other agencies in the area with expectations of their commitment to the recruitment process. It was also aided by the use of multiple outreach strategies, including social media (e.g. Facebook, Eventbrite). A number of partners noted that providing a one-on-one direct contact with families and referring agencies was most helpful.

Facilitator Effectiveness and Representation. There were a **total of 42 persons on the facilitation teams for the 9 completed cycles; of those 30 had participated in training**. Although there was some change in facilitation team personnel in two cases, it was felt that the facilitators did an excellent job (**rated 4.75 on a scale of 1-5**) – an assessment borne out by the results of the Kumpfer Pre-posttest and the participants' comments. A recommended practice for program implementation is to have at least a portion of the delivery team be representative of the participant ethnicities. For the most part, the cycles took place in rural regions where the majority of residents, program participants and the facilitation team were White. In one urban area there was more diversity. In two regions, the population served was primarily First Nation. **The program leaders were representative of the populations served (4.5 on the 1-5 scale)** except in one remote area where there were insufficient First Nations facilitators delivering the initial SFPY cycle – a factor that will be addressed in future deliveries.

Program Delivery Support. A key output for this project was the materials and knowledge translation role provided by Parent Action on Drugs to assist partners in their delivery and sustainability of SFPY within their communities. Community players (partner representatives, facilitators) were asked in a number of different surveys about their perceptions of support. In these post-cycle interviews, respondents rated **the support provided by PAD in the implementation of the cycle as 4.75 on the 1-5 scale**. They were appreciative of the Implementation Kit and regular coaching and assistance with problem solving and accessibility of the PAD project team.

Program Collaboration and Sustainability. Having just delivered a cycle successfully, respondents felt the program served an important function in their community and were eager to maintain the program within their regions and service deliveries. Partners felt many of the program delivery aspects could be incorporated into their other agency programs. **Partner agencies had involved between 3 and 15 agencies in the recruitment, logistics and provision of the SFPY cycle.**

Challenges, Unanticipated Events and Lessons Learned. All partners noted challenges in the process of recruiting and delivering the SFPY cycle. One challenge that was outstanding in its impact was a series of community deaths affecting the Aamjiwnaang First Nation community in Sarnia right at the designated start time of the SFPY delivery. A second tragedy befell a First Nation family in Sioux Lookout who were due to begin the program when one of their teenage sons committed suicide. These tragedies were difficult for the families, the program personnel and the community. Responding to challenges such as these are inherent in delivering programs for any vulnerable population. The lessons learned by our community partners constitute an important part of growing the SFPY program from region to region. As the program deliverers gain an increased comfort level with the program they were willing to apply innovative and adaptive strategies to make the program more appropriate for their communities and increase the success of their delivery. Some important adaptive strategies were:

- Deliver the program within the context of the community – seasonal changes, such as harvesting for a farming community, hunting season for a hunting community can impact the recruitment and start date
- Having a centralized person for all intake and referrals helped in the process
- Extend the separate parent/youth sessions from 70 to 80 minutes to allow for the content
- Have a “fidget basket” for the youth to have something in their hands
- Have homework cards for each session with a cute or funny graphic on it
- Coordinate with the local high school to allow at-risk youth to get partial academic credit for participation
- Having a break between sessions (even a four week break, such as over Christmas holidays) will not negatively impact on participation if a minimum of 4 sessions have been held
- Use social media for recruitment, use texting to communicate with families

A recommendation from the post-cycle interview to have a teen-appropriate handbook led to the development of one as a component in the youth engagement strategy in the final year of the project.

V. Mid-Project Check-ins and Interim Capacity Building Process Measurements

While the project funder, Health Canada, provided a measurement tool (Community Capacity Building Tool – CCBT) to be administered with project partners at the start of the project (baseline) in April of 2014 and the conclusion (posttest) in October 2016, PAD administered two mid-project check-in surveys to provide interim information on the progress of capacity building-related measures as a process evaluation strategy. The first was administered to partners at the March 2015 all-partner forum, a time when most of the partners had not yet had the opportunity to implement an SFPY cycle but were working on the networks necessary towards that goal. The participants worked together to complete one answer from each of the 8 partnerships represented at the meeting.

Table 8: March, 2015 Capacity Building Interim Survey

Capacity Building Benchmarks	Average rating (1-4)	Comments from Participants
1. Connection to community structures and networks <ul style="list-style-type: none"> • Involving community organizations in the project • Linking to existing structures/ developing new ones • Involving diverse sectors to gain support for the project 	2.5	Respondents felt they had many good networks in place and it was a matter of marketing the program to these existing structures
2. Leadership roles and development <ul style="list-style-type: none"> • Defined key roles for leadership of the project 	2.75	Some participants felt they had the leadership and facilitation structure in place and it was a matter of designating roles while others were working on formalizing a

<ul style="list-style-type: none"> Encouraged informal leadership roles to support the project 		leadership structure or building a sustainable leadership model
3. Outreach and Information Sharing <ul style="list-style-type: none"> Using different methods to inform people about the project Involving diverse population in the project 	2	While one partner was further along in the outreach, using social media to build pathways to share the information, most others were just starting to do the work in this area
4. Development of skills and knowledge <ul style="list-style-type: none"> Project team is developing the skills and knowledge needed for the project's success 	3	Respondents felt they had the experience with similar projects and with youth engagement
5. Access to resources and supports <ul style="list-style-type: none"> Accessing internal resources for the project Linking to external possibilities for financial support for SFPY Accessing external resources for the project 	2	Respondents were accessing in-kind resources and supports in terms of space and staffing for the program delivery; one had accessed a mental health grant to assist in the extension of the project

This first check-in reflects that partners were in the early stage of program delivery and sustainability planning. A second check-in was July 2016, when partners had completed their SFPY cycles and were working on their sustainability planning. This survey presented a higher level picture of how the supports, needs assessment and networks contributed to the capacity building and sustainability strategies for the partners from the perspective of those with responsibility for the continuation of the program. This survey was sent to all partner representative – **six out of nine partners responded.**

Table 9: July, 2016 Capacity Building and Sustainability Survey

	Question/ comments	Rating (1-5) average
1	1. Why did you think the SFPY program was needed in you region/community? <i>There was a gap in services following a review of what was needed in the community – no other program provided a safe environment for parents and youth to work on the same skills/ a non-intensive but beneficial learning opportunity. / We noticed in our community a significant number of families struggling with their teens.</i>	
	2. To what degree has SFPY addressed this need?	4
2	How important were the following supports/resources in growing your capacity to effectively introduce/continue SFPY in your region:	
	Regional Training	3.6
	PAD coaching	4
	Program materials	4.6
	Newsletters	3
	All partner forum	4
	SFPY website	4.6

	Evaluation results [Report on Family and Youth Outcomes]	4.6
3	How beneficial was it to learn and share with partners from different regions?	4
4	How many agencies/organizations/networks besides you and your core partners were involved in any way with this program?	8 Range = 3-15
5	In what ways did you receive support from other agencies/organizations/networks [# answering] <ul style="list-style-type: none"> • Provided referrals = 6 • Participated in training workshop = 3 • Provided in-kind gifts/supports = 4 • Assisted in implementation = 3 • Participated in the delivery = 4 • Indirectly supported (received information but did not directly contribute =6 • Other: participated in steering committee = 1 	
6	Of these agencies/organizations/networks, how many were new partnerships/relationships	Less than 1 Range = 0 - 2
7	To what degree were existing relationships strengthened by providing this program?	4
8	To what degree did participation in this project build knowledge of the SFPY program within other agencies in your community?	3.6
9	What was the overall cost in implementing SFPY incurred by your agency and your core partners?	\$6,000
10	To what degree do you feel you have the necessary resources and supports to deliver the SFPY program again in your region?	3
11	How likely is your agency to deliver the SFPY program again?	4.5
12	Additional Comments: <i>Funding will be the primary barrier to continuing delivery</i>	

The feedback from this survey showed that there was very strong interest and commitment to continuing to provide the SFPY program in the represented regions. On questioning, two of the nine partners who did not participate in this survey, or in the final CCBT posttest three months later, would not be continuing with SFPY in their jurisdiction (one had delivered the initial cycle with great success and one had not been able to complete the delivery). The responses show that support from PAD – particularly in terms of the materials, the website and the evaluation results for resiliency and family functioning measures and participant perceptions – was very significant. As can be seen by the cost to the project partners in participating in the project – in addition to the supports and implementation funds provided by the funder for the provision of the SFPY cycle – respondents were very conscious of the resources they would have to access to sustain the program. Nonetheless, there was exceedingly high level of commitment to running the program again.

VI. Community Capacity Building Tool (CCBT)

Application of the CCBT within Project

As per instructions from Health Canada, the CCBT was administered at the beginning of the project, once all 9 regional partners were consolidated as part of the ongoing project. The first application was completed at a meeting held by teleconference in April 2014 where the project leaders from Parent Action on Drugs presented the questions by power point, held a discussion on each question, and recorded the answers. The answers reflect a 1-4 continuum, where 1 =just started 2=on the road 3=nearly there and 4=we're there. The answers reflect a consensus by **9 out of 9 partners**. The answers were entered into Fluid Survey on April 23, 2014, and reflect a baseline depicting where the project/partners considered they were, at the beginning of the project.

The post-test took place at a teleconference meeting in October, 2016 at the completion of the project. At this point there were **6 of the 9 regional partners represented** and participating in arriving at a consensus response for the 37 questions. It must be noted that two of the absent partners were from agencies that were unsure of their ability to continue providing the project's program while the represented partners were much more confident of their capacity and commitment to do so. The third absent partner had noted a commitment to continuing with the project initiative. The lack of complete representation represents a limitation of the methodology and results. The results were entered into Fluid Survey on November 22, 2016.

Discussion of Results

The pre and posttest responses to the questions on the CCBT are presented as Appendix II of this report. Not surprisingly, partners were typically in the "just started" zone for almost all of the indicators of capacity building. It was made clear that the responses referred to the project itself, since all partners represented agencies with strong leadership, skills and knowledge, linkages, community supports and community structures for the work they typically do within their community and region. The exceptions were the section on Obtaining Resources and Asking Why, where they indicated they were "on the road". Partners had begun to identify resources within and external to the community to support the work they anticipated being done within the context of the project. Again, for *Asking Why*, partners felt that the they do on an ongoing basis within their region was grounded in exploring root causes such as lack of social support networks and barriers to accessing health services.

The Post-test shows a different story: with the exception of those items seen as not applicable, and with one notable exception concerning the policies and financial supports of external supports (see questions 16 and 17) responses were solidly in the *nearly there* or *we're there* areas. Of the 26 questions using the 1-4 rating scale, 18 or 70% were "nearly there" or "there" (with 14 being "there"), showing great gains in capacity building measures vis-à-vis the project. Notably, the post-test responses had 6 indicators of "not applicable" in areas such #7. Reporting guidelines for accountability: #11. Identifying areas for improvement in community structures and #12. Creating new community structures as most partners felt there was not the need to do these in terms of the project's enterprise. Of interest is the response to the area about External Supports – Funding Bodies. While partners did receive support within the context of the project form PAD as the lead, these funding bodies were considered to be external to that. This area was seen to be not applicable, or that the partners themselves had not yet oriented themselves to reaching out for additional funding support for sustainability. A recurring issue is that potential funding sources beyond this project do not reflect the need to sustain successful programs on an ongoing basis and this poses a real burden on the existing resources to continue the programming from the project.

Certainly, a clear indication of the impact of the project within the diverse regions is in the final area of Sense of Community. There was a strong response that involvement in the project and celebrating the accompanying successes and identifying leaders in particular areas such as youth engagement contributes to a sense of community. A final indication of the growth of community capacity amongst the majority of project partners was there willingness to contribute to a continuing network of support for the project initiative, even as they continue to focus on sustaining the initiative in their own communities.

VII. Sharing Implementation Stories, Knowledge Transfer and Dissemination

One project objective concerned using webinar and website strategies to allow other agencies and regions to access information about SFPY and the implementation experiences of the project's partners. In addition to the planned webinars and the website, PAD had the opportunity to reach a broader audience by poster presentations

at three conferences, blogs, webinar recaps and notices on the HC Link website and documentation of SFPY as evidence-based and best practice in two documents.

Table 10: Knowledge Transfer and Dissemination

Date	Nature of K/T outreach	Title or Focus	Estimated Reach
November 2014	Poster Presentation at CMHO [Children’s Mental Health Ontario] annual conference	SFPY as a model for improved family and youth resiliency	100
October 2015	Webinar and Webinar Round-up from HC Link	Relationship of SFPY to Stress and Determinants of Health	80
March 2015	EEnet [Evidence Exchange Network for Mental Health and Addictions] on line and print document	Evidence in Action: Parent Action on Drugs’ Strengthening Families for Parents and Youth	u/k
November 2015	Poster Presentation at Canadian Centre on Substance Abuse (CCSA) Issues of Substance Conference	Building Capacity Project: Objectives, Methods, Strategies and Results	150
May 2016	Blog post and notice	SFPY noted as a good international practice in adolescent and youth programming in the document Analytical Report on the Good Practices in Adolescent and Youth Programming, American University of Beirut Faculty of Health Sciences Center for Public Health Practice (a UNICEF publication)	375
September 2016	Webinar and Webinar Round-up from HC Link	Building Community Capacity for a family based youth resiliency program – involving presenters from three partner agencies	80
October 2016	Poster Presentation at Youth REX [Research eXchange] conference	Involving diverse youth in a family-based, skills-building program	200

During the timeline of the project, information on the project and the SFPY program was disseminated via **seven learning events to a minimum of 1,000 people.**

VIII. Summary and Conclusions

The great success of this project towards the goal of building capacity of diverse regions to implement SFPY in diverse regions and build on that experience to increase their communities’ capacity to provide a family change program for parents and youth on an ongoing basis was as sum of many parts. The materials, training and coaching supports provided by Parent Action on Drugs as the lead organization and the many and continuous networking and liaison opportunities built into the project were very important components in building partners’ capacity. Most significant, however, was the actual implementation experience of the partner organizations. In

delivering the SFPY cycle, they gained a great understanding of the related challenges and how these could be best met within their own communities, applying lessons learned about adherence to protocol versus flexibility and adaptability. These are lessons that will influence future implementation cycles. Seeing the extremely positive and significant results with the families, as reported on in Project Report I: *Building Youth Resiliency to Prevent Substance Misuse: Project Results and Participant Experiences* was very important in building the evidence of SFPY as a unique and effective program of family change and provided partners with the evidence base for continuing program implementation.

Equally important is that the issue of sustainability related to capacity building was inherent in this project and therefore became an important part of all discussions from the very beginning. Monitoring progress towards this objective through interim measures contributed to building the success of the project in building capacity. There continues to be challenges – primarily concerning accessing resources internally and externally to support the commitment to sustainability, as noted in the CCBT posttest. Nonetheless, with seven of the nine regions being committed to maintaining SFPY as an integral component in their regional service delivery system, we can confidently acknowledge the success of this project in its goal of building the capacity of multiple and diverse health promotion networks and coalitions across the province in integrating the SFPY program as an avenue to promote youth resilience and address substance misuse problems among youth.

Facilitator Survey Report

Following the completion of each of the 9 SFPY cycles implemented in eight regions, facilitators and coordinators who had been directly involved in the cycles were asked to complete an on-line survey about their experiences and perceptions of the program.

Respondent Profile

34 respondents completed the survey. 91% were program facilitators; around half (47%, n=16) were facilitators in the youth sessions, and 44% (n=15) were facilitators in the parent sessions. Five respondents were site coordinators, and two were partner agencies playing a non-delivery supportive role.

Facilitator Training Workshop

Workshops were held in the different regions to give project partners and their networks information about the SFPY program and prepare them for the delivery and implementation process. In this survey, the facilitators were asked about the importance of attending the facilitator workshop for the successful delivery of the program. With changes in personnel and resources, about a quarter had not attended the workshop provided as part of the project; of those who did attend two-thirds (n=16) felt attending the workshop was very or greatly important.

Positive comments about the training workshop included:

- *It helped to introduce all the potential facilitators as a group to the binder and the program and that was helpful.*
- *I learn through doing so these sessions were vital*
- *We did one of the 'ice-breakers' and I saw/experienced the value of people looking directly at each other and smiling/laughing. So simple and so powerful.*

There were a couple of comments about there being too much material in the training session:

- *I think the training should have been longer to truly get an idea of the curriculum.*

The remaining questions of the survey concerned the implementation process and program effectiveness.

Program effectiveness for target population

In answer to the question *Was the program helpful for the target population your agency typically serves?* all of the respondents felt the program was helpful for their agency's population; 80% of respondents (n=28) felt the program was "very much" or "greatly" helpful.

Almost all comments about this question were overwhelmingly positive.

- This program addresses issues typically faced by families my agency serves, i.e., communication, substance use, anger/stress issues, etc. Both parents and teens identified how helpful and useful they felt participation in the program was for them.
- It was very helpful for the youth and their parents to connect with each other and create a respectful bond. The agency I am at typically provides services to both youth and adults, and this was a good way to bring both parties together.
- Many of the families provided positive feedback regarding the program. Specifically, the youth were witnessing some positive changes around their household. It was stated that they learned how to manage their emotions in an effective manner. It was also stated that they felt as if they had a more significant position within their family.
- I work a lot with people who did not have a solid family 'foundation'. Adults who grew up without the nurturing that is so necessary for developing empathy and resiliency. Poverty, mental health issues and substance abuse are the 'outcomes'. There is no agency or organization or government that can 'fix' the results of a dis-functional childhood. Strengthening families and communities is the only answer.

The SFPY materials

The 9-week SFPY curriculum is presented in a full binder with activities and discussion guides for all of the skills to be covered in the parent, youth and family sessions, in a way that is able to be independently used by a facilitation team. Respondents were asked about the materials layout, clarity and content. The table below indicates the respondents' rating of the three aspects.

TABLE 1		1-Needs Improvement	2	3	4 – Well done
Please rate the SFPY materials on the following points.	Layout	3% (n=1)	6% (n=2)	21% (n=7)	71% (n=24)
	Clarity	0% (n=0)	6% (n=2)	38% (n=13)	56% (n=19)
	Content	6% (n=2)	12% (n=4)	32% (n=11)	50% (n=17)

Almost all the respondents (92%) were satisfied with the layout. Positive comments about the layout include:

- The curriculum that was provided was very clear in what was expected after each week. The content was always age appropriate and I never had difficulty understanding the material.
- The curriculum was very easy to follow making it very easy to deliver the program.

The SFPY material was considered to be presented in a clear manner; with 94% of respondents scoring it 3 to 4 in a 4 point scale, with 4 being the highest score:

Positive comments on the materials' clarity included:

- *The curriculum was clearly laid out and I appreciated the scripts provided as this made preparation and delivery of the materials much easier.*

Comments indicating areas for improvement in regards to clarity included:

- *I found some of the wording in the curriculum a bit complicated...*
- *I feel the worksheets for the youth could be simplified as all the youths come with a variety of literacy skills.*

82% of respondents felt the program content was well done, and rated content either a 3 or 4 on a 4 point scale. Still, 18% of respondents rated content a 1 or 2 on a 4 point scale. Comments on how the material could be improved centred on the themes of too much content, lack of time to process the participants’ experiences and the need to simplify materials.

- *The content was good and very organized, but it was too much content in each session. There also was no check-in at each session which should have been implemented into the program due to the nature of the relationships that the family members had, and problems that could have arose.*

Professional benefits of delivering SFPY

TABLE 2		1-No improvement	2-Little benefit	3-Some benefit	4 – Good benefit	5-Great benefit	Not sure
Please indicate how you benefited from delivery of SFPY.	In the enhancement of my skills	0% (n=0)	3% (n=1)	9% (n=3)	52% (n=17)	36% (n=12)	0% (n=0)
	In the utilization of my expertise or services	0% (n=0)	0% (n=0)	9% (n=3)	44% (n=15)	47% (n=16)	0% (n=0)
	In the development of valuable relationships with other service providers	0% (n=0)	6% (n=2)	9% (n=3)	36% (n=12)	53% (n=18)	0% (n=0)
	In the acquisition of useful knowledge about services, programs or people in the community	0% (n=0)	6% (n=2)	18% (n=6)	38% (n=13)	35% (n=12)	3% (n=1)
	In my ability to make a contribution to the community	0% (n=0)	0% (n=0)	12% (n=4)	21% (n=7)	68% (n=23)	0% (n=0)

It was clear that the facilitators gained a great deal from providing the program. About 90% responded that they experienced good or great benefits in the areas of skills enhancement, utilization of their expertise, development of valuable professional relationship and their ability to contribute to their community. There was more hesitation about the acquisition of useful knowledge about services,

programs or people in the community.

Positive comments included:

- *I have been facilitating groups for many years and feel comfortable as facilitator. As a parent of four children it enabled me to understand what these parents experience on a daily bases. It was also nice to partner with other agencies that had expertise in areas that I do not have a lot of experience in.*
- *It was my first time working within SFPY, so it used, enhanced and developed many skills. I was able to connect with the other facilitators and create strong professional relationships*
- *We had a very powerful group. Although small it was amazing to see the relationships build. Facilitators were actually able to see the difference they were making in the families as the weeks progressed. Not only did the families build stronger relationships within themselves but they also built good lasting relationships with other families involved.*

There were almost no negative comments in the responses to this question. One person commented on the need to integrate traditional First Nations values for their community:

- *There needs to be some consultation to include Traditional family values inclusive for delivery for First Nations families.*

The post-delivery debrief

Holding a debrief session for all the facilitation team following each of the 9 weeks of sessions is a standardized practice within the Strengthening Families Program model. These debriefs allow facilitators to discuss challenges related to the curriculum, the site, the coordination and the families. A brief form provided to the partners allowed them to record these and note where they had digressed from the curriculum and any innovations in practice that they found useful. The form encourages fidelity to the curriculum, while allowing for creative interpretations where appropriate.

In response to the question “*How helpful did you find the debriefing sessions?*” 50% (n=17) of respondents felt the debriefing sessions were “very much” or “greatly” helpful. 24% (n=8) felt the debriefing sessions were “a fair bit” helpful, and 15% (n=5) felt the debrief was only “a little bit” helpful.

9% of respondents (n=3) did not participate in the debriefing sessions.

Positive comments about the debriefing sessions included:

- *We had some very challenging families, in our youth and adult groups. The debriefing was invaluable. For venting/commiserating a little, for learning from our successes and challenges!*
- *Debrief sessions were helpful in reviewing the night's successes and challenges and in preparing/problem-solving for the week ahead.*

One person felt debriefing sessions did not have much value:

- *I found the debriefing sessions to be simply for protocol and did not necessarily provide*

opportunities for facilitators to get to know the families and what was going on for them that lead to their enrollment in the program and whether or not they were finding benefit.

A few felt the sessions were too long to have a comprehensive debrief session afterwards:

- *We perhaps didn't spend as much time as we could or should have on the debriefing after each session as it was late in the evening and everyone was anxious to get home.*
- *We did not have a lot of time to debrief but when we did it was helpful.*

Concerning the debrief form itself, in comparison to other aspects of the program, not as many people felt the debriefing forms were helpful. Only 6% (n=2) felt the forms were “greatly” helpful, although 21% (n=7) felt they were “very much” helpful and another 21% (n=7) felt they were “a fair bit” helpful. 30% (n=10) felt the forms were only “a little bit” helpful, and one person felt they were not at all helpful. 18% (n=6) were either “not sure” or did not use the forms.

Perceptions of participant gains from participation in the SFPY program

This question asked the facilitators to comment about how they felt the participants benefitted from participating in the program. Although evaluations were done directly with the parents and the youth, the standard protocol of Strengthening Families Programs gives a great deal of weight to the perceptions of those directly delivering the program in assessing how the program was received by the parents and youth and the gains made by participants.

TABLE 3		1-No benefit	2-Little benefit	3-Some benefit	4 – Good benefit	5-Great benefit	Don't know/no opinion
Please indicate how you feel the participants gained from participating in SFPY.	How much do you feel the youth benefitted from the program?	0% (n=0)	0% (n=0)	12% (n=4)	44% (n=15)	44% (n=15)	0% (n=0)
	How much do you feel the parents benefitted from the program?	0% (n=0)	0% (n=0)	0% (n=0)	29% (n=10)	68% (n=23)	3% (n=1)
	How much do you you're your agency benefitted from the program?	0% (n=0)	3% (n=1)	18% (n=6)	38% (n=13)	35% (n=12)	6% (n=2)

Almost all respondents felt that the program benefitted the youth, parents, and agency. The respondents felt the greatest benefit was to the parents; 97% felt that the parents had a “good” or “great” benefit from the program (n=33). The other 3% indicated they were not sure or had no opinion.

88% (n=30) of respondents felt the youth gained a “good” or “great” benefit from the program. 12% (n=4) felt that the youth experienced “some” benefit, and no one felt the youth experienced little or no

benefit from the SFPY program.

Respondents felt the agency also benefited from running the program, but not as much as the parents and youth did. 73% (n=25) felt the agency experienced a “good” or “great” benefit from delivering the SFPY program. 18% (n=6) felt the program offered “some” benefit”, and one person felt it offered “little” benefit. Two people had “no opinion”.

Many respondents had comments about the benefit the SFPY program had on parents, youth, and the delivering agency:

- *All my clients that attended thoroughly enjoyed the program and were able to articulate what it was that was being taught to them and to their children. They have shared with me that it was a great program and they would not hesitate to do something like this again, and were surprised at how their children actually looked forward to the sessions.*
- *All of the families were very grateful for the skills they obtained and were interested in future programs to enhance their skills.*
- *Although we got lucky with some pretty stellar youth who you could see had a lot of respect for their parents from the get go there was lots of improvements needed in regards to communication between the families. Throughout the program you could continuously see those skills being practiced until becoming natural a lot of the time. The youth started expressing themselves in more beneficial ways with their parents and had countless great conversations. The parents also did very well in family sessions communicating with their children and even being able to talk about what the parents felt were their own shortcomings. Great impact was seen on all parts.*

There were a few comments noting the youth did not benefit from the program as much as the parents did:

- *The program overall is very good and I heard feedback from parents and youth that they enjoyed participating and that there was a definite level of change within a couple families. I believe that the youth benefited less compared to the parents because I heard that their sessions should have some more hands on or activities so that they didn't feel they were being preached to and taught as if they were sitting in a class room.*
- *I think sometimes with youth you see results later not as immediate with the parents.*
- *The youth session was challenging as a member was needing much of the leaders' time. Some youth may have not benefited as much due to these disruptions.*

Some changes were suggested to increase benefits of the program:

- *Benefit could be improved by changing the timing of sessions to suit our community. I realize this is a pilot project so we followed the program as it was laid out. Knowing our audience, I would suggest changing the program to offer at different times and perhaps offer more hands on activities where youth are given the opportunity to take the lead more often.*

Concerns and recommendations for improvement

In response to the question, “Were there implementation or client-related issues not addressed by the

program?” of the 29 respondents 12 said there were no issues. Issues that came up by more than one respondent:

Client-related issues:

- Learning Difficulties/Younger Youth - Needing to adjust activities due to youth reading/writing difficulties (2)
- Youth behaviour issues (aggression, attention deficits) (2)
- Parents not recognizing role in child’s behaviour/family issues (2)
- Family needs went well beyond program/not addressed (e.g. mental health, cutting, the law) (2)

Implementation issues:

- Would have liked to see additional topics as part of program: technology, mental health, bullying (cyber) (2), sex education (2), video gaming.

Several other important comments that dealt with implementation:

- One respondent indicated that their scheduled facilitator did not show up
- One respondent indicated that the program should have protocols in place to deal with issues such as injury, safety concerns (restraining orders), and duty to report to children’s Aid Society.
- One respondent mentioned that a check-in would be helpful at the start of each session so that areas of concern could be addressed and the need for more icebreakers

In response to the question *“What would you change about how the program was done or to improve the program?”* of the 28 who answered, one main theme emerged, which was that they would have liked more time for covering materials and allowing for more discussion (11).

We had a lot of difficulty covering all the content in many of the weeks AND having time for parent interaction/discussion, so more time for discussion.

Some suggestions for improving the program:

- Scheduling a break between the parent/teen and family groups (2)
- More involvement from participants in the program (e.g. food provided, structure of night) (2)
- Shorten dinner to increase time for family sessions (1), have more interactive exercises (1), have a summary sheet for parents to remind them of what was discussed (1), make tweaks to the curriculum for literacy (1), have a strategy in place for youth discipline (1), have a second-stage follow-up program (1), include additional topics (bullying, technology, sex, dealing with school issues) (1), and have more time for celebration on the last day (because evaluations took up a lot of time) (1).

Other comments that were more specific to the cycle than the program include:

- 2 respondents mentioned that they could not attend all of the weeks (2)
- Would have liked more time to recruit families (1), to recruit “at-risk” families but less “at-risk” than this particular cycle (1), having only 1 go to person for everything (e.g. finance, location, food, etc.) (1), better facility (1), a way to get more accountability from parents (1).

Two respondents commented on how they liked the program, and one highlighted how they had success

with splitting the older and younger teens in the program.

Sustainability of the SFPY program in the community

An important project objective was to build partner agencies’ interest in and ability to commit to providing the SFPY program further, from the interest of the facilitators and the fit of the program within the service delivery of the agency and for the region.

For the first part, 100% of respondents indicated that they would be interested in doing the program again.

TABLE 4	No	Yes	Not sure
Would you be interested in doing the program again?	0% (n=0)	100% (n=34)	0% (n=0)

Of the 16 respondents who chose to comment on this question, all comments were very positive and spoke very highly of the program:

- *I do think that the program was amazingly put together. It was evident that there was a lot of hard work and impeccable organization put into creating this program. The handouts and manuals were very impressive.*
- *Absolutely. Was way out of my comfort zone to facilitate, but I am so glad I committed to it. I learned so much from the material, from my co-facilitator and from the participants. SFPY is an amazing program*

Two respondents did mention some considerations before doing the program again: financial requirements and allocation of staff would need to be addressed (1), and that they would need to add more wiggle room in to change the order of lessons and introduce some art (1).

The final question concerned the degree SFPY has a place in the ongoing provision of services in the community.

TABLE 5	No room	Little room	Potentially room (but with difficulty)	Definitely room
To what degree do you think SFPY has a place in the ongoing provision of services in your community?	3% (n=1)	0% (n=0)	15% (n=5)	82% (n=27)

There was great agreement that there was definitely a place for SFPY within the service structure of the community. The majority of respondents who expanded upon their answer emphasised that this program meets a need in their community, that many families could benefit and they want to see it continue (14). In addition, two mentioned they already have names of interested participants.

- *I think every community needs an SFPY program it was extremely beneficial and addressed a lot of concerns I think families face when communicating with their youth.*

- *I feel this program is essential in our area for our families and we hope we can continue to offer it to families.*

Some respondents also mentioned resources needed to continue this program:

- Financial resources (5) for meals, transportation, and childcare. One respondent mentioned that rural locations need even more money in budget for transportation.
- Space (3): One respondent mentioned they would need space, but two mentioned they have space available
- Staff (3): Two respondents mentioned they would need staff, but one respondent said they could provide the staff
- *We have extremely limited program budgets/resources; without support we would not be able to provide child care, meals, transportation, etc. and we would be willing to offer in-kind space, staff time but other resources would be required.*

A few respondents mentioned modifications that could be made to this program:

- Gearing program towards Aboriginal perspectives (1)
- Modifying to be an educators tool for students with behavioural problems (1)
- Delivering to young parents to build positive skills early on (2)

Interpretation of this survey and conclusion

A comment made by a respondent provides a good way to sum up the impact of and potential for SFPY within the community:

We are a small beautiful rural town. There are so many amazing people in the community. We also have generations of families living in poverty and addictions in our midst. SFPY will be invaluable in moving towards a healthier, more resilient, more connected community. Thank you!

Community Capacity Building Tool (CCBT)

About the CCBT

“This document is a planning tool to help you build community capacity in health promotion projects. The tool gives you a snapshot of where you are - and where you still might go - in building community capacity, for your project. Using the metaphor of a journey, the tool lets you evaluate or track your location in a health-project journey. "Just started", "On the road", "Nearly there" and "We're there" are the four mapping points. We suggest you use the tool in small groups with people involved in your project to generate ideas. What is the Community Capacity Building Tool? The "tool" is really nine features that together, describe community capacity. Each feature is presented with questions for your project group to discuss. As you discuss the questions, you record your answers to help further planning. The tool features are: 1. Participation 2. Leadership 3. Community structures 4. Role of external support (for example, a funding agency) 5. Asking why 6. Obtaining resources 7. Skills, knowledge, and learning 8. Linking with others 9. Sense of community. At the beginning of each feature page is an explanation of the feature you will discuss. A note about this tool's development: This tool was developed through a research project that drew on the expertise of practitioners and researchers from across Canada. For the purpose of the research project, the term Community Capacity was defined as: "sustainable skills, organizational structures, resources, and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over." (New South Wales Health Department, 2001, p. i)”

Instructions for Application

1. Before starting, read the filled in example on page 1 of the Community Capacity Building Tool which can be downloaded at <http://www.phac-aspc.gc.ca/canada/regions/ab-nwt-tno/downloads-eng.php>. For each feature, read the definition at the top of the feature page before moving through the questions that follow. 2. Discuss. Together discuss your answers to each question, and then decide which of the four mapping points (Just started, On the road, Nearly there and We're there) best describes where your project is. 3. Fill in the form as you work through the questions. If any questions do not apply to your project select the 'not applicable' button. 4. Be realistic. Building capacity for participation, for example, differs for every community. Projects don't always progress in straight lines; they may circle around. Use the planning tool to help you travel as far as you realistically can at this point in time in your project.

The different sections are as follows:

Participation: Participation is the active involvement of people in improving their own and their community's health and well-being. Participating in a project means the target population, community members, and other stakeholders are involved in project activities, such as making decisions and evaluation.

Leadership: Leadership includes developing and nurturing both formal and informal local leaders during a project. Effective leaders support, direct, deal with conflict, acknowledge and encourage community members' voices, share leadership, and facilitate networks to build on community resources. Leaders bring people with diverse skill sets together and may have both interpersonal and technical skills. Finally, an effective leader has a strategic vision for the future.

Structures: Community structures refers to smaller or less formal groups and committees that foster belonging and give the community a chance to express views and exchange information. Examples of community structures include church groups, youth groups, and self-help groups.

External Supports: Funding Bodies: External supports (funding bodies) such as government departments, foundations, and regional health authorities can link communities and external resources. At the beginning of a project, early external support may nurture community momentum.

Asking Why: Asking why refers to a community process that uncovers the root causes of community health issues and promotes solutions. The community comes together to critically assess the social, political and economic influences that result in differing health standards and conditions. Explorations through "asking why" helps refine a project to reflect the community needs.

Obtaining Resources: Obtaining resources includes finding time, money (other than from funding bodies), leadership, volunteers, information and facilities both from inside and outside the community.

Skills, Knowledge and Learning: Skills, Knowledge, and Learning are qualities in the project team, the target population, and the community that the project team uses and develops.

Linking with Others: Linking with others refers to linking your project with individuals and organizations. These project links help the community deal with its issues. Examples include creating partnerships or linking with networks and coalitions.

Sense of Community: Sense of community, within the context of a project, is fostered through building trust with others. Community projects can strengthen a sense of community when people come together to work on shared community problems. Collaborations give community members confidence to act and courage to feel hopeful about change.

In addition to questions in each of these sections to be rated on the 1-4 scale, each section also had an open-ended question concerning other information the respondents might want to share concerning the section.

Application of the CCBT within Project

As per instructions from Health Canada, the CCBT was administered at the beginning of the project, once all 9 regional partners were consolidated as part of the ongoing project. The first application was completed at a meeting held by teleconference in April 2014 where the project leaders from Parent Action on Drugs presented the questions by power point, held a discussion on each question, and recorded the answers. The answers reflect a 1-4 continuum, where *1 = just started 2 = on the road 3 = nearly there and 4 = we're there*. The answers reflect a consensus by **9 out of 9 partners**. The answers were entered into Fluid Survey on April 23, 2014, and reflect a baseline depicting where the project/partners considered they were, at the beginning of the project.

The post-test took place at a teleconference meeting in October, 2016 at the completion of the project. At this point there were **6 of the 9 regional partners represented** and participating in arriving at a consensus response for the 37 questions. It must be noted that two of the absent partners were from agencies that were unsure of their ability to continue providing the project's program while the represented partners were much more confident of their capacity and commitment to do so. The third absent partner had noted a commitment to continuing with the project initiative. The lack of complete representation represents a limitation of the methodology and results. The results were entered into Fluid Survey on November 22, 2016.

Discussion of Results

Not surprisingly, partners were typically in the "just started" zone for almost all of the indicators of capacity building on the pretest. It was made clear that the responses referred to the project itself, since all partners

represented agencies with strong leadership, skills and knowledge, linkages, community supports and community structures for the work they typically do within their community and region. The exceptions were the section on Obtaining Resources and Asking Why, where they indicated they were “on the road”. Partners had begun to identify resources within and external to the community to support the work they anticipated being done within the context of the project. Again, for *Asking Why*, partners felt that they do on an ongoing basis within their region was grounded in exploring root causes such as lack of social support networks and barriers to accessing health services.

The Post-test shows a different story: with the exception of those items seen as not applicable, and with one notable exception concerning the policies and financial supports of external supports (see questions 16 and 17) responses were solidly in the *nearly there* or *we’re there* areas. Of the 26 questions using the 1-4 rating scale, 18 or 70% were “nearly there” or “there” (with 14 being “there”), showing great gains in capacity building measures vis-à-vis the project. Notably, the post-test responses had 6 indicators of “not applicable” in areas such #7. Reporting guidelines for accountability: #11. Identifying areas for improvement in community structures and #12. Creating new community structures as most partners felt there was not the need to do these in terms of the project’s enterprise. Of interest is the response to the area about External Supports – Funding Bodies. While partners did receive support within the context of the project from PAD as the lead, these funding bodies were considered to be external to that. This area was seen to be not applicable, or that the partners themselves had not yet oriented themselves to reaching out for additional funding support for sustainability. A recurring issue is that potential funding sources beyond this project do not reflect the need to sustain successful programs on an ongoing basis and this poses a real burden on the existing resources to continue the programming from the project.

Certainly, a clear indication of the impact of the project within the diverse regions is in the final area of Sense of Community. There was a strong response that involvement in the project and celebrating the accompanying successes and identifying leaders in particular areas such as youth engagement contributes to a sense of community. A final indication of the growth of community capacity amongst the majority of project partners was their willingness to contribute to a continuing network of support for the project initiative, even as they continue to focus on sustaining the initiative in their own communities.

Questions	Pre test					Post test					Comments
	1	2	3	4	n/a	1	2	3	4	n/a	
Participation:											
1) Have you actively involved community organizations in your project?	√								√		
2) Have you actively involved a representative range (such as different sexes, ages, ethnicities, and sectors) of target population members in your project?	√							√			
3) Have you overcome barriers to participation of the target population in the project? Examples include training, skills, transportation, childcare, language, location, and meeting times.	√							√			Post: Three partner representatives felt they were further along in overcoming barriers; however, barriers to participation, although identified, will continue and need to be addressed.
4) Are you using different methods to inform everyone about the project? Examples include meetings, email list serve, the media, and newsletters.	√								√		Post: There were differences among partners to what degree they were using diverse methods of communication such as email and social media in particular.
5) Are there other activities you are doing to increase participation?											Pre – NO Post – YES: Open house style meeting, use of free newspaper advertisement, use of eventbrite (very successful for one partner), text messages with family participants were all diverse and useful ways to increase communication and participation
Leadership:											
6) Have you defined the key roles and responsibilities of project and community leaders involved in the project?	√								√		
7) Do you have reporting guidelines to ensure the project leader(s) are accountable to the project team and the target population?	√									√	Post: Reporting guidelines are inherent in the organizational structures of the responsible partner organizations and not particular to this project's enterprise
8) Have you encouraged and supported the involvement of informal leaders in the community in the project? Examples include requests for involvement and mentoring.	√								√		
9) Are there other activities you are doing to enhance leadership?											Pre – NO Post – YES: Use of post-secondary, college placement

												students as part of their practicum
Community Structures:	1	2	3	4	n/a	1	2	3	4	n/a		
10) Have you developed links with pre-existing community structures?	√								√			
11) Have you identified areas for improvement in community structures that your project could work on? Examples are project management and policy development.	√										√	Post: One partner/region identified a need to improve/develop a new community structure to sustain the initiative; the others felt that there was no need for improvement in community structures to sustain the program
12) Have you created new community structures that help community members?	√										√	Post: As per #11, one community partner did create a new community structure to sustain program; others felt there was no need to do so
13) Are there other activities you are doing with community structures?												Pre – NO Post - NO
External Supports: Funding Bodies:	1	2	3	4	n/a	1	2	3	4	n/a		
14) Do external supports provide you with project-related information? Examples include contacts, research, best practices, and new tools.	√										√	Post: Respondents clarified that "external supports" were interpreted to be external to the project team, i.e. not reflective of the lead (PAD) support
15) Have you asked for project-related technical expertise from external supports? Examples include proposal writing, evaluation support and financial management.	√										√	
16) Have you asked external supports for financial support for organizational operations and your project?	√						√					Post: One partner did receive financial support from an external funding body after submitting a proposal; the others used financial supports from within their own organizations and networks
17) Do your external supports have policies that support your project work in taking action on issues?	√					√						
18) Do you have other information you wish to provide about other external supports?												Pre – NO Post – YES: A recurring issue noted by the project partners is that potential funding sources beyond this project do not reflect the need to sustain successful programs on an ongoing basis

Asking Why:	1	2	3	4	n/a	1	2	3	4	n/a	
19) Have you explored the root causes of issues targeted by your project? Examples of root causes include lack of social support networks and barriers to accessing health services.		√							√		<p>Pre: Partners feel their line of work provides a foundation in which the root causes of issues are always considered. This project allows them to build momentum.</p> <p>Post: All project partners consider root causes of family problems affecting youth resiliency such as poverty, systemic racism and other key issues as part of their service delivery and have incorporated that lens into their implementation of the SFPY initiative</p>
20) Have you involved the target population in the process of asking why?	√							√			
21) Have you involved the target population in finding solutions to the root causes of issues?	√									√	<p>Post: Although project partners consider they work with members of the target population around issues of concern, they did not see this as applicable within the context of this project</p>
22) Are there other activities you are doing to explore root causes or involve the target population in asking why?											<p>Pre – NO Post – YES: There are diverse activities underway in different regions concerning root causes, such as mental health strategies, poverty strategy, other parenting programs specifically for Indigenous families</p>
Obtaining Resources:	1	2	3	4	n/a	1	2	3	4	n/a	
23) Do you have access to internal resources needed for the project's success? Resources can include community members' skills and meeting spaces.		√							√		
24) Do you have access to external resources needed for the project's success? For example, resources and materials developed in other communities or workshops offered by outside agencies.		√							√		
25) Are there other activities you are doing to maintain access to internal and external resources?											<p>Pre – NO Post – YES: Partners report they are consistently doing activities in their regions to maintain access to resources</p>

<p>36) Reflect on your project experience. Bearing in mind that you cannot do everything at once, what features would you and your project team want to strengthen at this time? Record your list below. Area to Strengthen:</p>												<p>Pre: 1) Test out the Strengthening Families program model as a fit for a family program, in a defined family programming gap 2) Build a community of a collaboration to ensure successful implementation of cycle Post: An objective of this project was to help partners form relationships among themselves to develop an ongoing network or community of practice. We would like to support the network/practice community although partners are more focused on their continued program delivery in their own regions.</p>
<p>37) How will this be achieved (action plan). (This is an optional question)</p>											<p>Pre: 1) Implementation of cycle 2) Prior to cycle, build partnerships Post: We will maintain the website and outreach to partners to support a continued network.</p>	