

**Report on the
2005 Parent-Child Centred
Coalition Evaluation Survey**

**August 2006
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REPORT ON THE 2005 PARENT-CHILD COALITION EVALUATION SURVEY

Executive Summary

The Parent-Child Centred Approach, through the development of 26 Parent-Child Coalitions in every region and community area across Manitoba, was established to promote and support community-based programs for young children and their families. The approach focuses on programming for culturally appropriate parenting and family supports, nutrition and physical health, literacy and learning, and community capacity building.

Evaluation activities began in 2003 and promoted active community involvement to identify aspects of coalition development, process and impact in Manitoba. The *2005 Parent-Child Coalition Evaluation Survey* expanded on the previous 2003 and 2004 evaluation surveys.

What did the 2005 survey measure?

The 2005 survey focused on the characteristics of successful coalitions and related these to coalition effectiveness. This is an important step in the evaluation because coalition effectiveness is related to successful program outcomes in the community.

Coalition participants in the survey rated the following characteristics:

- Experience working in coalitions
- Feelings of ownership, involvement and satisfaction
- Member representation
- Communication information
- Contributions
- Perceived costs and benefits
- Perceived skills, abilities and expertise of coalitions
- Perceived benefits and difficulties of coalition participation
- Perceived impacts of coalitions in communities
- Coalition demographics

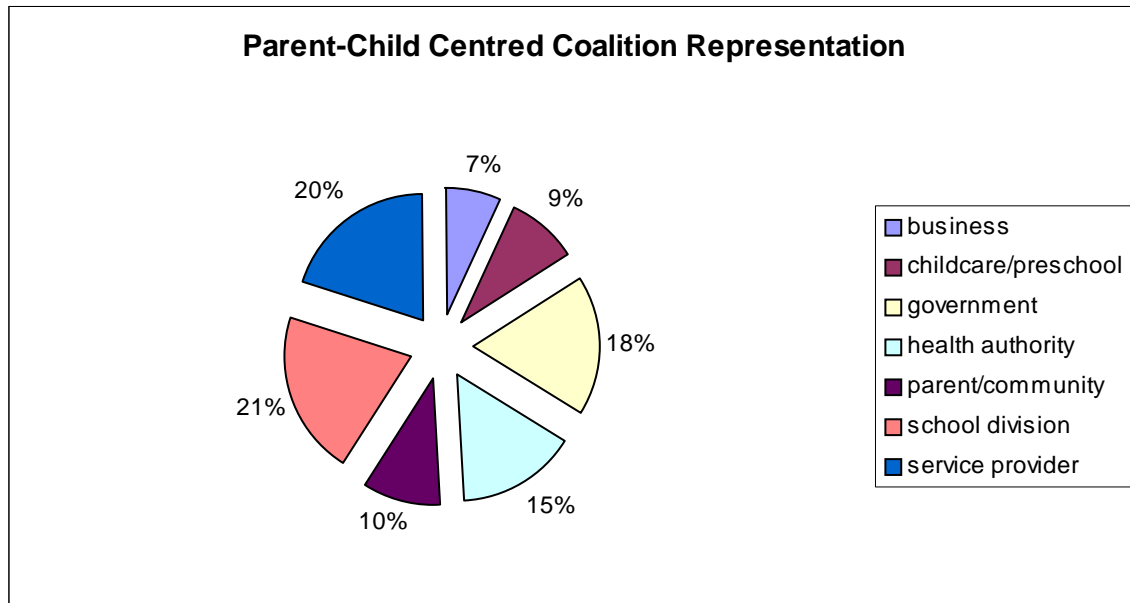
What were the 2005 survey findings?

Findings revealed a great interest in coalition work and a belief in the strength of coalitions' impact on promoting and supporting healthy child development in Manitoba. Methods of coalition success in reaching this goal include: (a) reducing gaps and duplications in service delivery and (b) supporting collaboration between community-based health, social services, education, recreation, and other programs for children and their families.

The survey findings revealed overwhelming optimism from coalition representatives that their coalitions play a vital role in influencing healthy child development.

Particular areas of impact included:

- Funding support to community programs
- Improving healthy child development
- Sustaining the coalition
- Decreasing gaps and duplications in service delivery
- Improving the overall coordination of services and programs
- Increasing community involvement in child development programming
- Influencing public policy
- Increasing the likelihood of multi-professional teams working together in providing programs and services
- Responding to community needs
- Helping the community to emerge as a political force on issues of child development
- Improving the quality of community programs and services
- Increasing the accessibility of community programs and services
- Raising public awareness of child development issues and planning



Next Steps

The next *Parent-Child Coalition Evaluation Survey* will be administered in the fall of 2006 and discussed with coalitions at their next community knowledge exchange forum in spring 2007. Survey analyses will include lessons learned since 2003 and variations between Manitoba urban, rural, and northern communities.

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Report on the 2005 Parent-Child Centered Coalition Evaluation Survey

The PCC Coalition Evaluation Working Group

The PCC Coalition Evaluation Working Group was formed in the spring of 2005. The original intention was to bring together people interested and involved in all levels of coalition work to create a strategy for coalition evaluation. The Group includes representatives from the Healthy Child Manitoba Office (including programmers and managers), coalition members from urban, rural and northern regions, and the Provincial Evaluation Consultant.

This Group meets regularly, both formally and informally to share information regarding on-going evaluation activities at the planning, developmental, and implementation stages. Issues pertinent to overall provincial, regional and community evaluation needs are discussed. The Group reviews evaluation tools and has the responsibility of sharing this information with the other coalitions.

Coalition members interested in gaining information about or participating in the PCC Coalition Evaluation Working Group should contact Wendy Church at the HCMO: 945-8796.

The New 2005 PCC Evaluation Survey

The New 2005 PCC Evaluation Survey was designed to expand on the concepts measured in the 2003/2004 PCCC Evaluation Survey. Similarities and differences between coalition regions and representative positions were considered regarding process and outcome factors.

The survey is based on similar measurement tools utilized for coalition and collaborative evaluations in the United States and the United Kingdom. For a review of these tools please see the *Evaluation of the Coalitions: Review of the Published Literature* Binder, August 2006. Information regarding scientific validity and reliability of the measurement tools is included in the review.

Besides scientific accuracy, the survey included participatory and community-based/empowerment measures. This means that it was equally important to create a survey that was scientifically sound as it was relevant to and respectful of community expertise and experiences. The best method of ensuring the latter is to develop an evaluation process that includes community representatives at every level of evaluation – which is essentially the mission of the PCCC Evaluation Working Group.

Beyond the Working Group, the Provincial Evaluation Consultant works closely with coalition representatives throughout the year, and particularly with regards to current and projected evaluation strategies. Her role includes reporting evaluation information to and from HCMO staff and community representatives.

Challenges in the survey variables included the collection of meaningful information on the following concepts:

- Perceived vs. actual impact and outcome of coalition work;
- Issues dependent upon ‘context’ (e.g., geographic region or size and spread of the community/community region);
- Coalition organization, expertise, size and turn-over rates of coalition representation;
- Understanding of the development of community networks as a product of coalition engagement;
- Tracking coalition evolution or development;
- Comparison of results across coalitions; and
- Assessing multiple programs with multiple levels of influence

The power/knowledge connection was considered in terms of the relative influence of coalition representatives who are leaders or professionals and those who are community members (e.g., parents, grandparents). Essentially, the question considered in the evaluation process was: Do the representatives value one another’s expertise? Is community experience valued to the degree that scientific expertise is valued, and vice versa?

Understanding the power/knowledge connection and the relationship of coalition members to one another based on type of expertise is vital to the philosophy that drives

the coalition itself. This is because the success of health promotion projects depends upon a transfer of professional expertise to community members. Such transfer may occur through the process of working together, i.e., listening to and incorporating the suggestions of community members and through mentoring and training approaches. According to El Ansari, a prominent evaluator of collaboration work:

...people and power are at the heart of (the coalitions). When one party has unchallenged power and influence, collaboration does not make sense. Policy analysts and political scientists have viewed decision making as determined by how power is structured. Power, of course, can take many forms: accessing and utilizing data and information (information power), resources and funds (economic power) as well as the competencies, capacities and proficiencies of the stakeholders (technical power) (2005: 152).

Survey Details

The survey was distributed via the HCMO in November 2005. Prior to distribution of the surveys, introductory letters were sent to each of the Coalition Evaluation Representatives. In addition, the Provincial Evaluation Consultant telephoned each of the Representatives to discuss issues of distribution, filling-out and returning the surveys, intent of specific survey questions and methods, returning, analyzing and reporting on results. Two or more conversations were held with each of the participating coalitions.

Survey respondents were professional and volunteer members of coalitions representing professional organizations, neighbourhoods and family. Twenty-three of the 26 Manitoba Parent-Child Centered Coalitions participated in the survey. Burntwood, Coalition Francophone de la Petit Enface and the Indian & Métis Friendship Centre did not participate in the survey process.

A total of 158 surveys were included in the analysis. Participation rates ranged from 1 to 15 participants per coalition.

The surveys (N=158) were collated and categorized according to three geographical groups (i.e., urban, rural, and northern) and according to coalition representation.

Interpretive limitations must be considered due to the missing data.

What do the Surveys Measure?

Through the use of *qualitative* or descriptive and *quantitative* or multiple choice questions, the survey focused on the characteristics of successful coalitions and attempted to relate these to coalition effectiveness. This was significantly important to the evaluation because as coalition effectiveness is believed to be related to the achievement of successful program outcomes in the community (Cramer et al., 2004).

Understanding differences and similarities in perspective is another important factor in coalition evaluation. As such considerations were made for the representatives with different expertise backgrounds and for the different geographical regions.

Coalition representation was another variable category that was essential in respect to coalition work. Representation addressed not only characteristics of the membership but also fairness in role and responsibility delegation.

Capacity building opportunities were also considered. Two questions addressed members' opportunity for building personal capacity as well as members' perceptions of influencing capacity within the community.

Categories measured were as follows:

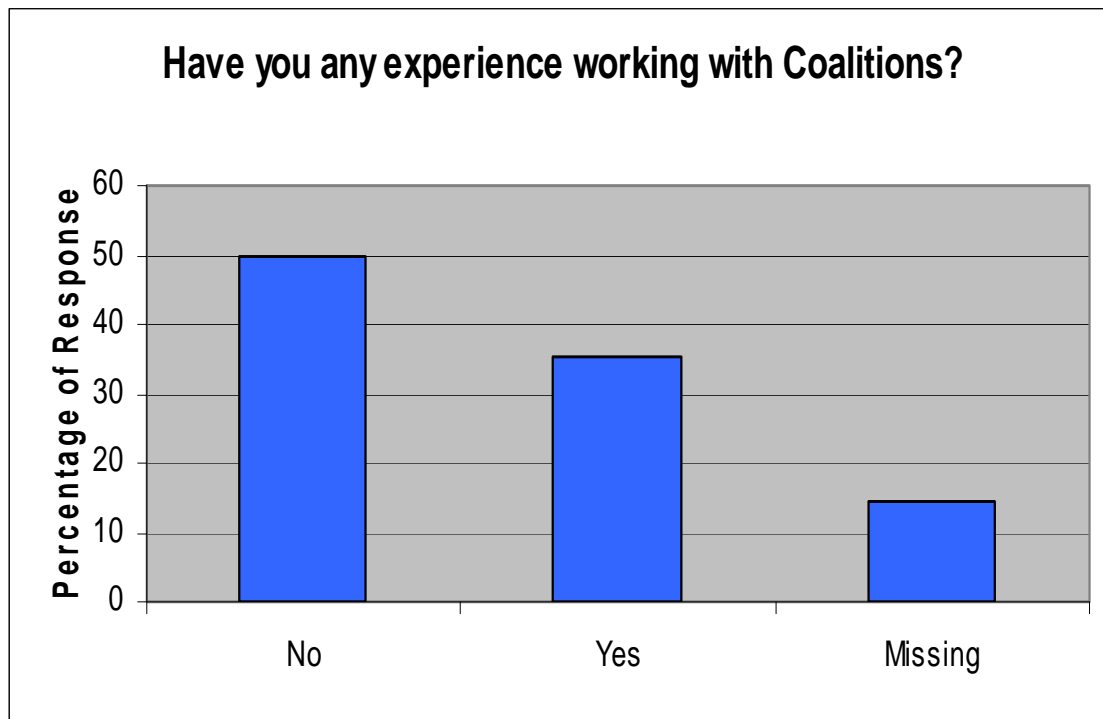
- Experience working on coalitions
- Feelings of ownership, involvement & satisfaction
- Member representation
- Communication information
- Contributions
- Costs & benefits
- Perceived skills, abilities and expertise
- Benefits & Difficulties
- Outcomes
- Demographics

Findings for each of the categories are briefly discussed as follows:

Experience Working with Coalitions:

Fifty percent of the respondents said that they had no previous experience working with coalitions. Thirty-five percent said they did previously work on coalitions. Information was missing for this variable on 15% of the surveys.

Coalition Experience



Ownership & Involvement:

Ownership and involvement questions were further broken down into the following sub-categories:

- Commitment to coalition work
- Having a voice in decision-making
- Feeling pride in coalition accomplishments
- Care for the future of the coalition

The ownership and involvement category refers to one's sense of personal capacity to make a positive contribution that can be valued by others in the coalition and greater community.

Although most of the respondents (75%) felt a strong sense of ownership and involvement in the coalition, 9-15% felt ambiguous and 10% felt they had little to no opportunity for involvement.

As will become clearer later on in the review, with the information pertaining to sense of personal capacity (i.e., perceived skills, abilities and expertise of the coalition members), perceptions of ownership and involvement related to and could be understood in terms of a relationship to personal capacity. That is, members who felt they had greater skills to offer the coalitions and who felt that their skills were appreciated by others also expressed a greater sense of ownership and involvement in the coalition. Appreciation of the diverse skill sets of the various stakeholders is a fundamental pre-requisite to well-functioning coalitions.

Personal Involvement

Of the survey respondents, most said they were “very much involved with the coalition in 2005. However, in the same year, a significant proportion of the members said they were either “not very much involved” (10%) or were “moderately involved” (38%) with the coalition.

Coalition members worked on coalitions from different orientation points. For example, some worked as part of their organization's job requirement; others volunteered out of personal or professional interest or were hired by the coalition to work in positions, e.g., coalition coordinator.

Coalition Meetings

Attendance and active participation in formal, regularly scheduled meetings is essential to meaningful planning and evaluation of coalition activities at the community level. Coalitions met an average of nine times last year. Of these 9, members attended an average of 7 meetings. The number of coalition meetings across the province last year ranged from a low of 2 to a high of 12.

Hours of Involvement

Although respondents reported that they contributed between zero and 100 hours of their time to the coalition each month, it was most common for respondents to report participating between 2 and 12 hours each month.

Opportunities & Responsibilities of the Members:

Several opportunities and responsibilities were available to coalition members in 2005. For example, respondents reported participating in the following activities:

- * Recruiting new members to the coalition (3X)
- * Serving as spokespersons (10X)
- * Implementing activities & events (10X)
- * Served as representatives to other groups (8X)
- * Worked on three other committees &
- * Held 2 additional committee or team leadership positions.

Member Representation:

Coalition members represented various organizations (e.g., health, education, social support, and recreation), ethnic (e.g., Aboriginal and immigrant or refugee populations) and interest groups (e.g., disability populations). Some groups were more or less represented than others. Urban and rural/northern communities were quite similar in the representation of their members.

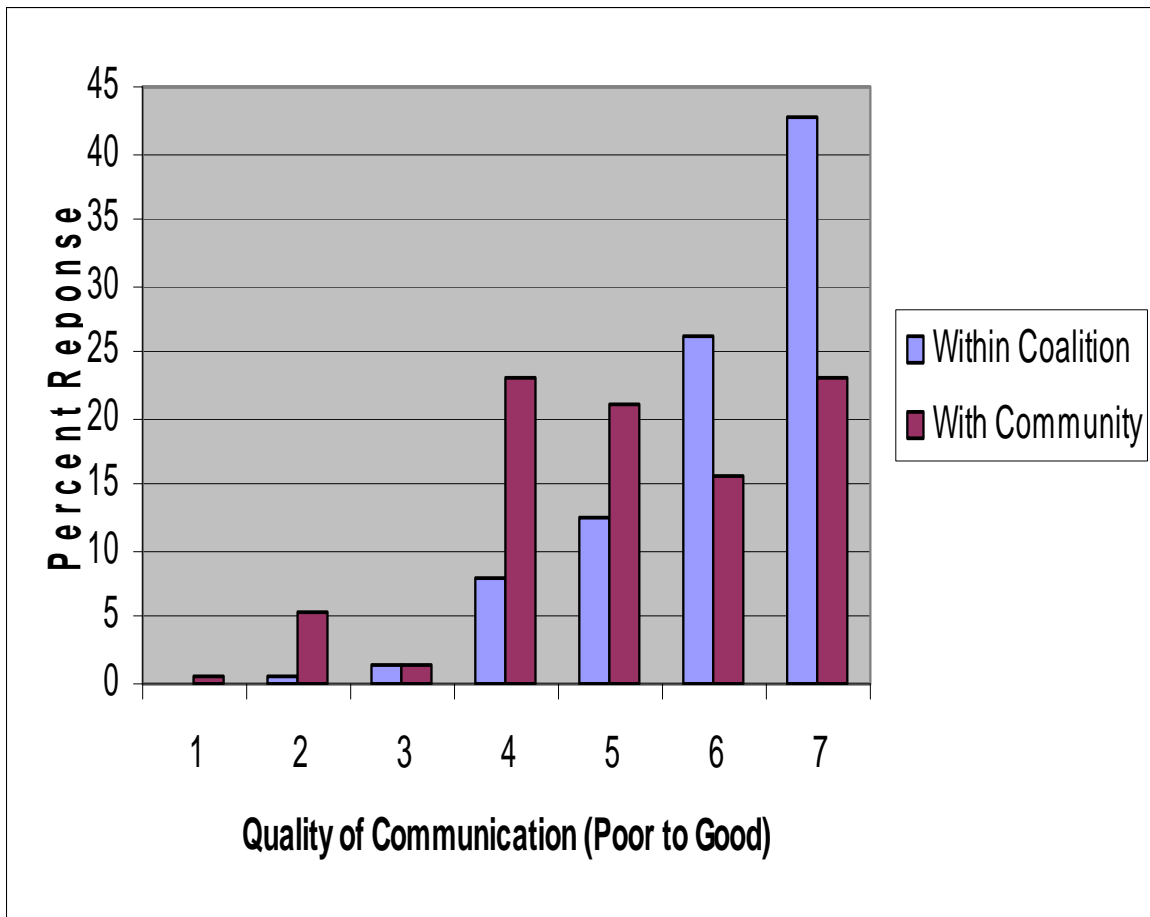
Groups most commonly represented on the coalitions were families (parents and grandparents), the health community, community organizations, schools and the childcare community.

Communication:

Effective communication is a vital characteristic of a well-functioning coalition. Members worked together to develop several communication strategies to allow for smooth internal operation and a sharing of information with community and government. Strategies for communication encompassed transparency/accountability requirements.

Most of the coalition representatives said they felt more confident about internal communication strategies, that is, communications within the coalition than they did with strategies used to communicate with people outside of the coalition, that is, with community members and particularly with hard-to-reach sub-populations or community residents with multiple program/service requirements. Coalition representatives say that this latter population may come up as the most “needy” yet they are not necessarily willing to ask for help or to attend the programs.

Quality of Communication within the Coalition and with the Community



Communication Mechanisms

Coalition members used many styles of communication. Slight differences were reported in the communication styles of urban and rural/northern coalitions. Interestingly, with all the technology available at our fingertips, most still prefer face-to-face communication.

For most, informal conversation was the preferred method of communication. Formal presentations at coalition meetings were also a popular choice. Sixty-five percent of rural/northern coalitions distributed newsletters (a method that was not so popular among urban coalitions). Rural/northern coalitions were slightly more likely to use email than were urban coalitions.

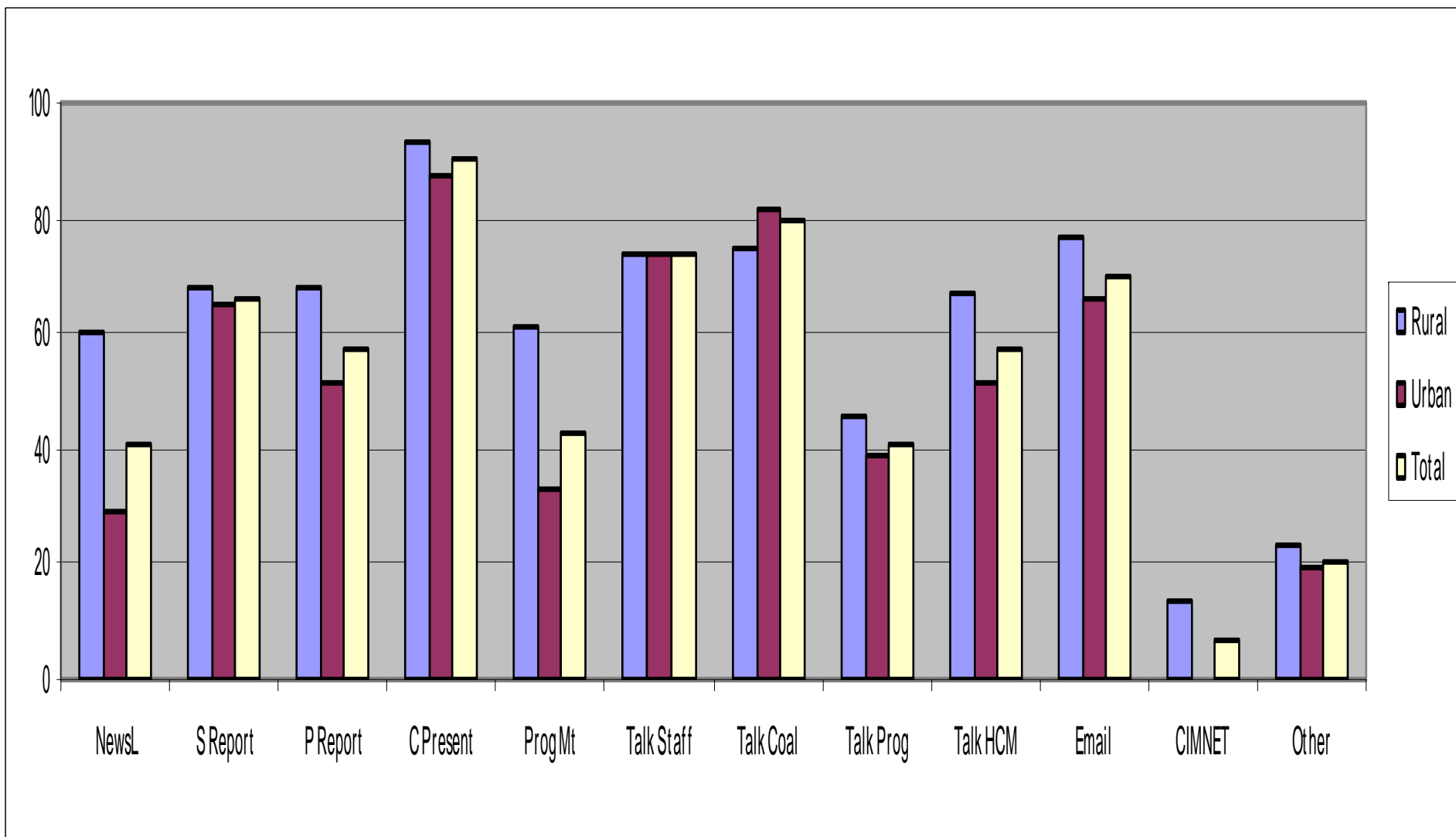
List of Communications Mechanisms Utilized

Communication mechanisms included the following:

- Regularly published newsletters
- Written reports by staff
- Written reports from funded projects/programs
- Verbal reports at coalition and committee meetings
- Opportunities to talk with funded projects at meetings
- Talking with staff outside of meetings
- Talking with other coalitions members outside of meetings
- Talking with funded projects outside of meetings
- Talking with HCM program managers and/or staff
- Electronic communication via:
 - Email
 - CIMNET tools

The relative use of the mechanisms is depicted on the chart below.

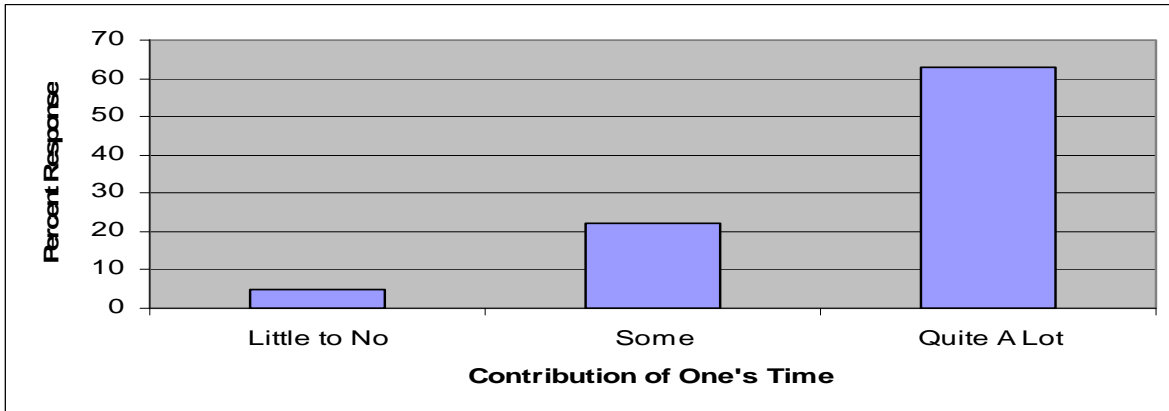
Communications Chart:



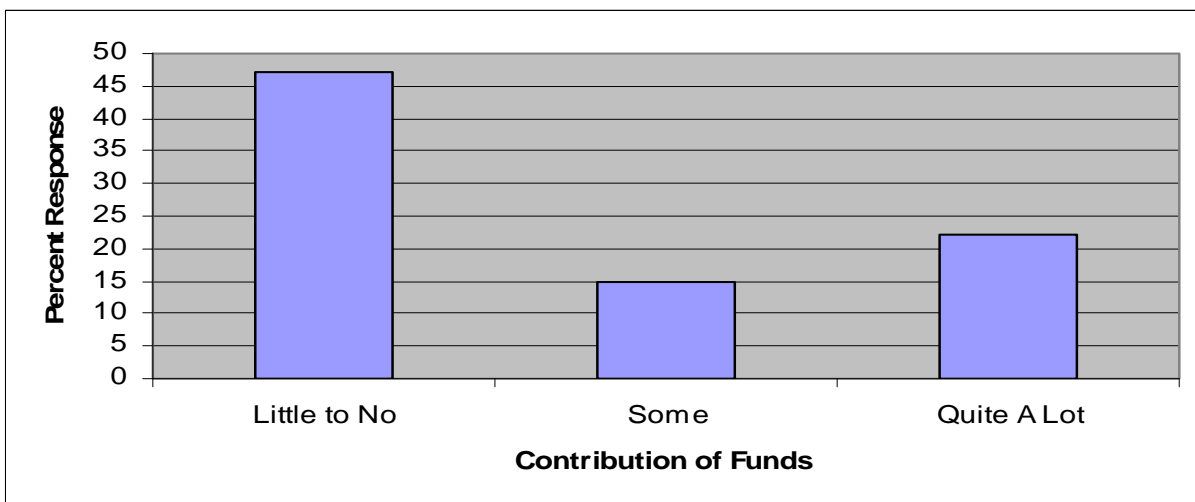
Contributions:

Members made great personal and organizational contributions to their coalitions. The most common type of contribution was given in the form of one's time.

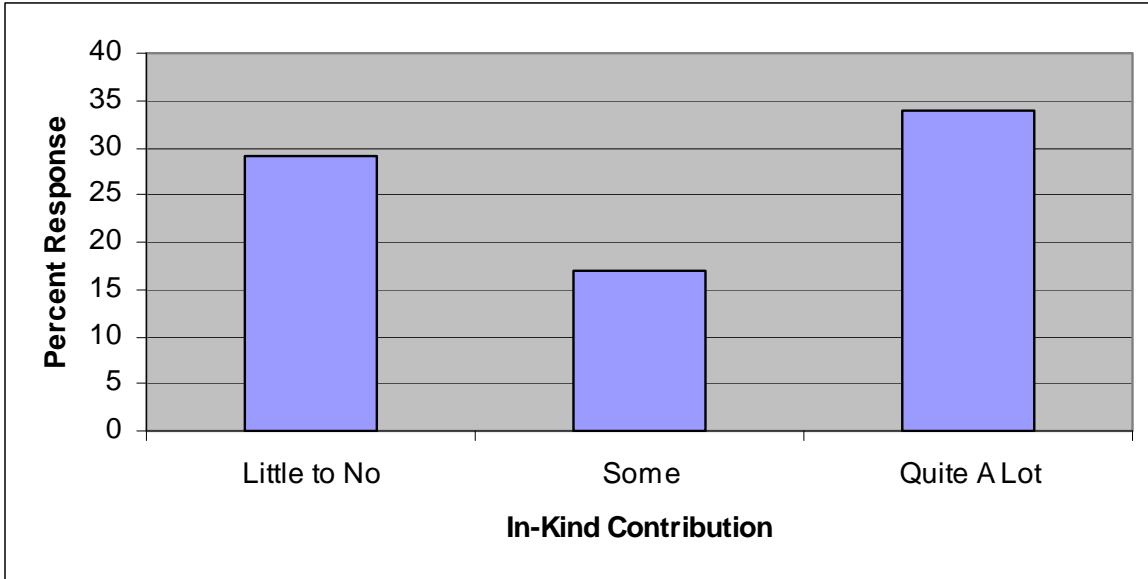
In 2005, 63% of respondents contributed "quite a lot" of time to coalition activities. Twenty-two percent contributed "some" time and 5% contributed "little to no" time.



Other contributions were given in the form of in-kind personal and material resources and funds. For example in terms of funds, although 47% of the respondents said their organizations were not able to contribute any funds to the coalition; 15% said that their organizations contributed "some"; and 22% said their organization contributed "quite a lot".



In terms of in-kind contributions, in total, 34% of the respondents said that their organizations contributed “quite a lot”. Seventeen percent contributed “some” and 29% did not make any in-kind contribution to the coalition this last year.



The coalitions depended largely on HCM for on-going funding. Although funds were hard to come by through other means, members showed their support through other means, i.e., personal time commitment, sharing of expertise and in-kind contributions of space and other material resources.

Costs & Benefits

Participants encountered several benefits and costs to involvement. These were queried at length. It was essential to investigate adequately the extent to which individual respondents felt they were deriving personal benefit and/or cost through their involvement with the coalitions. Coalition success (i.e., impact and outcome) depends upon the individuals that drive the collaboration. Therefore, to ensure success (sustainability), factors that increase perceived benefit and reduce perceived cost needed to be identified as early on in the evaluation process as possible.

Specific types of benefits and costs considered are listed below:

Participation Benefits

Participation benefit items included in the survey were:

- Getting to know others.
- Gaining recognition & respect.
- Developing collaborative relationships.
- Making our community a better place to live
- Getting help from other agencies
- Helping others
- Helping our organization obtain our goals
- Learning about community events, services, etc.
- Gaining access to populations of interest.
- Building my organization's capacity.
- Helping my organization to get funding.
- Building my own skills in partnership work.
- Involvement in decision-making processes.
- Provides me with remuneration
- Helps me develop personal skills & interests.

Participation Costs

Costs to participation included:

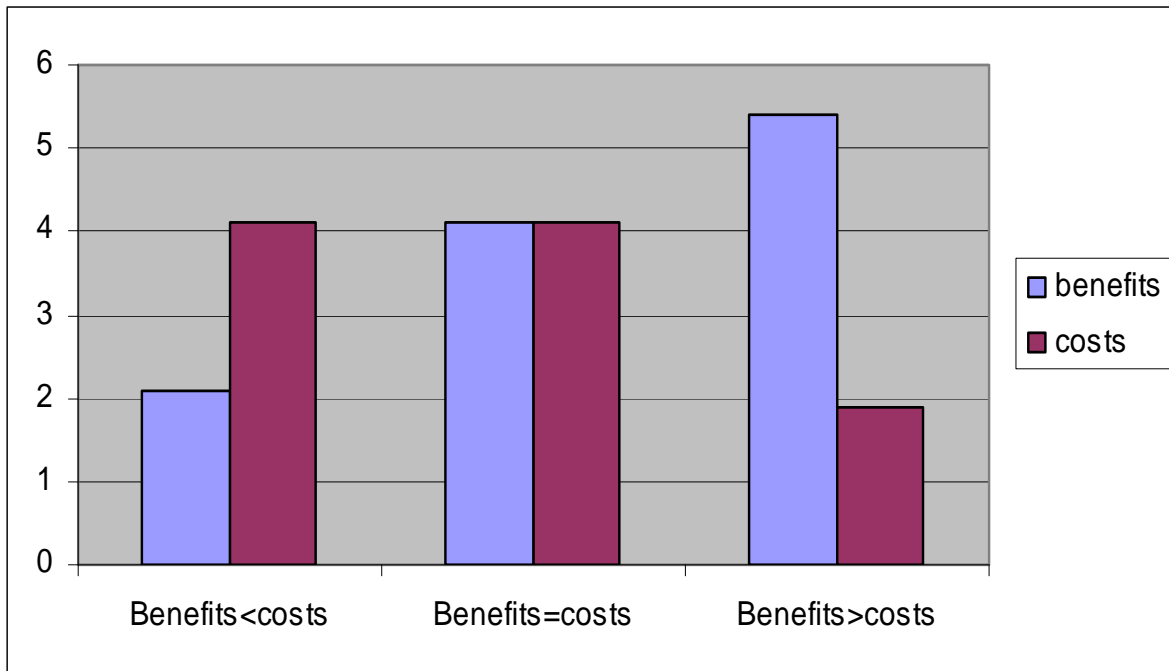
- Activities do not effectively reach *my* interest group.
- I do not feel I have a voice on the Coalition.
- It is difficult for me to express an opinion.
- My beliefs are not shared.
- Time spent on the Coalition is not meaningful to me.
- I am not recognized for my contribution.
- It is difficult for me to get anything done.
- Coalition takes up a lot of my time & energy.
- Coalition does not reach the community in a meaningful way.
- Coalition is not culturally and community appropriate.
- The community doesn't know much about this Coalition.
- The community does not value Coalition work.
- The Coalition has not improved the lives of community children.

The Cost/Benefit Ratio

Completed surveys were divided into three groups. These were: costs>benefits; costs<benefits; and costs=benefits). The cost/benefit ratio was derived by comparing the relative magnitude of total cost (15 items) to total benefit (15 items). In other words, the researcher wanted to know whether, in the final analysis, coalition members were deriving a more or less positive experience from their coalition involvement. And, if so, how did this experience affect other aspects of their work and personal development?

The ratio was then related to other variable categories in the survey in order to gain a greater understanding of the work and support requirements of the coalition members. Significant relationships existed for the cost/benefit ratio; member skills, abilities and expertise; and satisfaction.

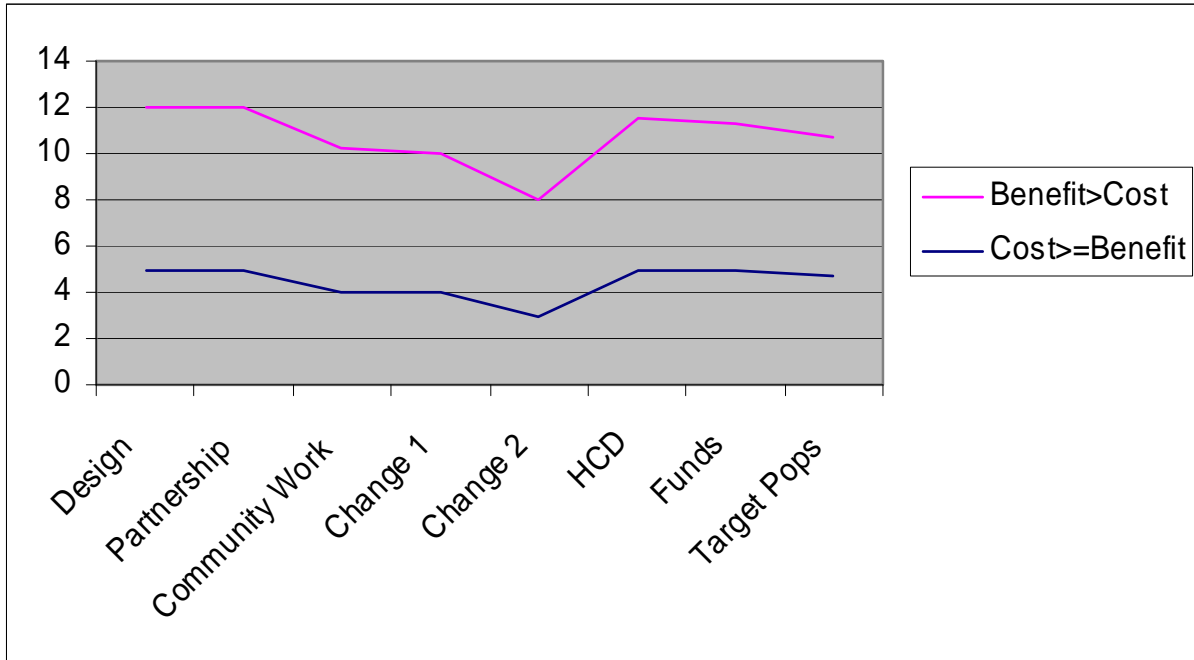
The Cost/Benefit Ratio



The cost/benefit ratio was related to members' personal satisfaction with the coalition. Coalition members who reported greater benefits than costs also reported greater satisfaction with their coalition work. There was a significant correlation (+.414) between higher greater benefit (i.e., benefit>cost) and satisfaction. By way of interpretation, we

may consider providing as much in the way of support to coalition members to help minimize costs and sustain their satisfaction.

Perceptions of Coalition Skills, Abilities & Expertise



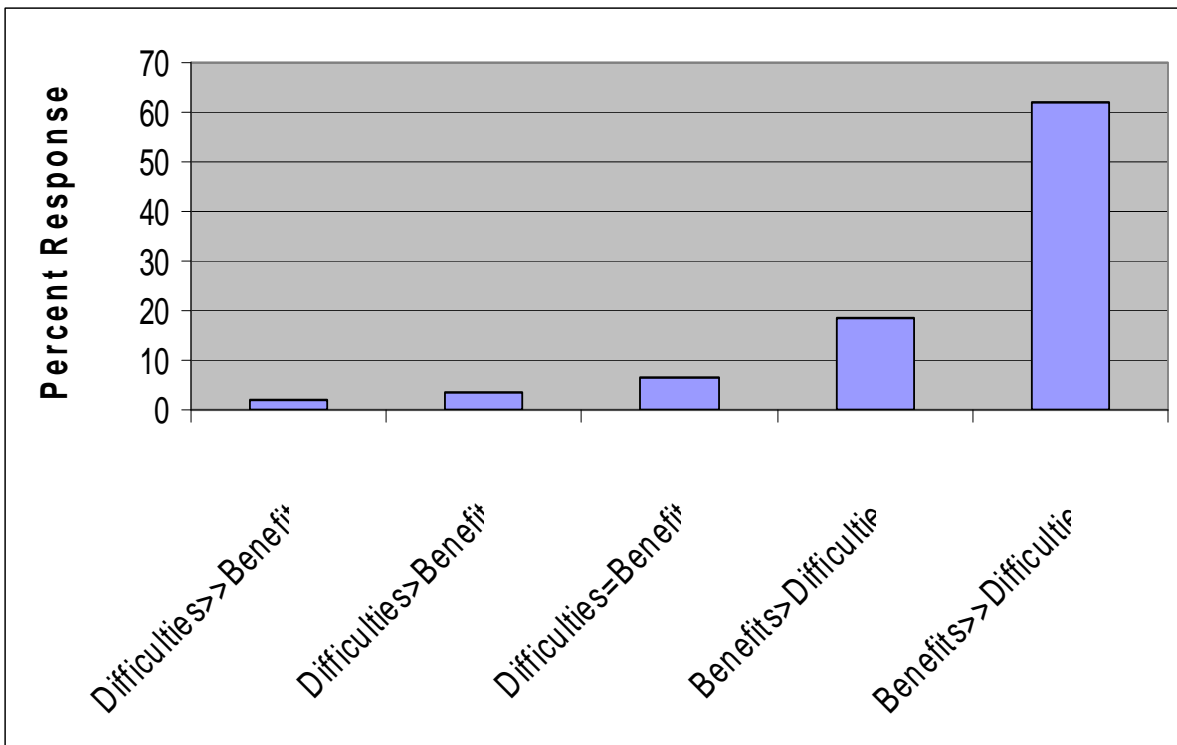
As well, there was an interesting correlation between perceptions of coalition skills, abilities and expertise on the one hand and cost/benefit on the other. Coalition members reporting greater participation benefits than costs (i.e., benefits > costs) also reported being a participant of a coalition with a high level of skills, abilities and expertise. Further research is required to investigate the reasons or meaning behind the correlation.

More generally, current research indicates that the collaborative effort itself permits a more rational and cost-effective use of resources. To this effect, the current survey revealed a creative implementation of diverse skill sets, abilities and expertise of the coalition representatives.

Benefits vs. Difficulties:

A separate question posed in the survey asked coalition members to describe how they would compare the benefits to difficulties of being a coalition member. A great majority of respondents (62%) said they experienced “many more benefits than difficulties” while 19% said they experienced “a few more benefits than difficulties” in their coalition work. A small, but significant group (11%) indicated either “more difficulties than benefits” or “about the same amount of difficulties as benefits.”

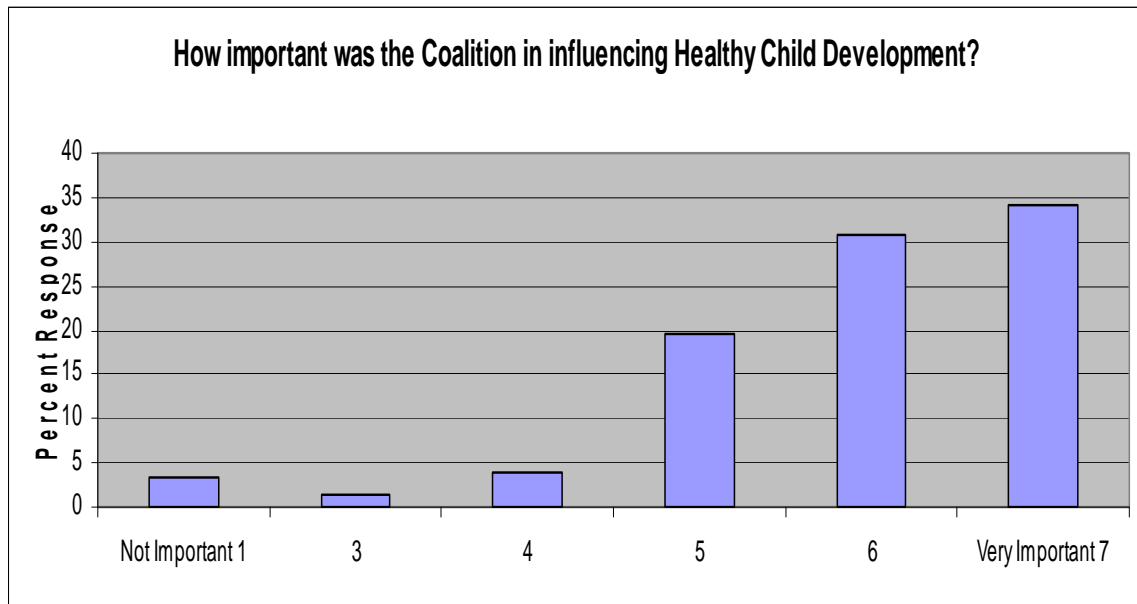
The Benefits and Difficulties of Coalition Work



Outcomes:

The survey offered cursory information about the potential effectiveness and impact of the coalitions on *healthy child development*. Approximately 70% of the respondents felt their coalition was “important” to “very important” in influencing healthy child development.

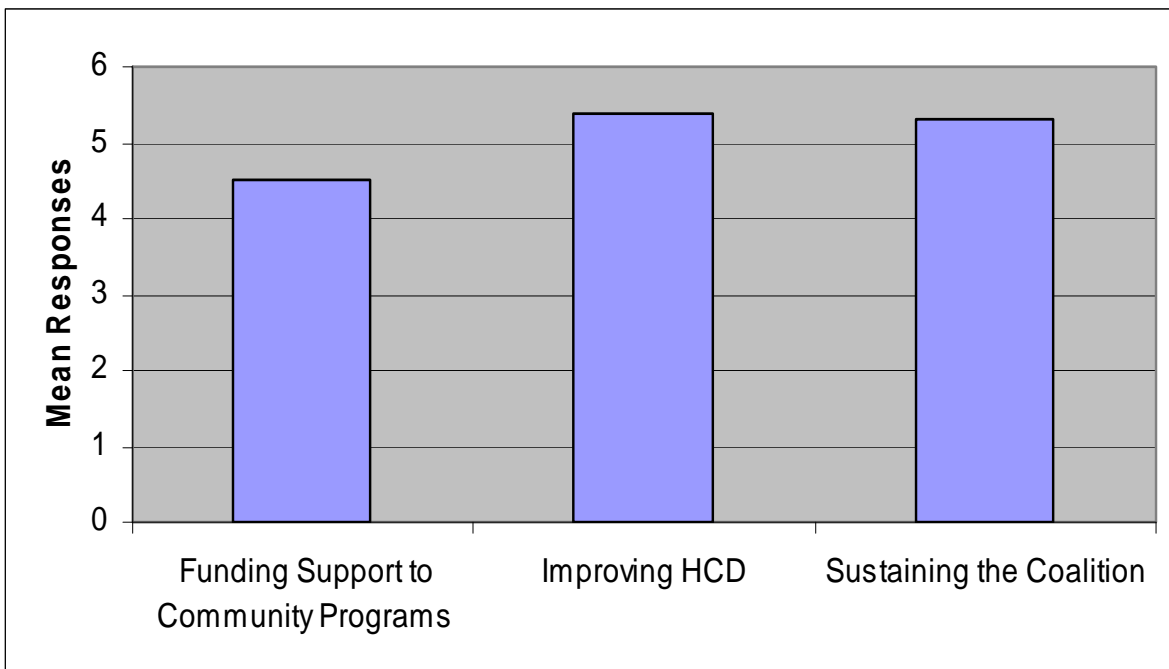
Coalition Effectiveness in Improving Healthy Child Development



Several work processes or commitments helped coalitions to influence healthy child development in their communities. These included:

- Funding support to community programs
- Improving child development through policy and practice
- Sustaining the coalition as an identifiable organization

Working towards Improving Outcomes



The greatest strides in outcome work occurred with regards to the restructuring of community work from an individual programming approach to a shared vision. Such a new vision included a common understanding of the effects and interactions of a community's culture, social, economic and environmental factors upon healthy child development. The approach, which emanates from a change of perspective, from the governing center to the 'ground-up' enables a platform for a policy and practice that builds from and fits the interests, needs and strengths of communities as they are experienced everyday.

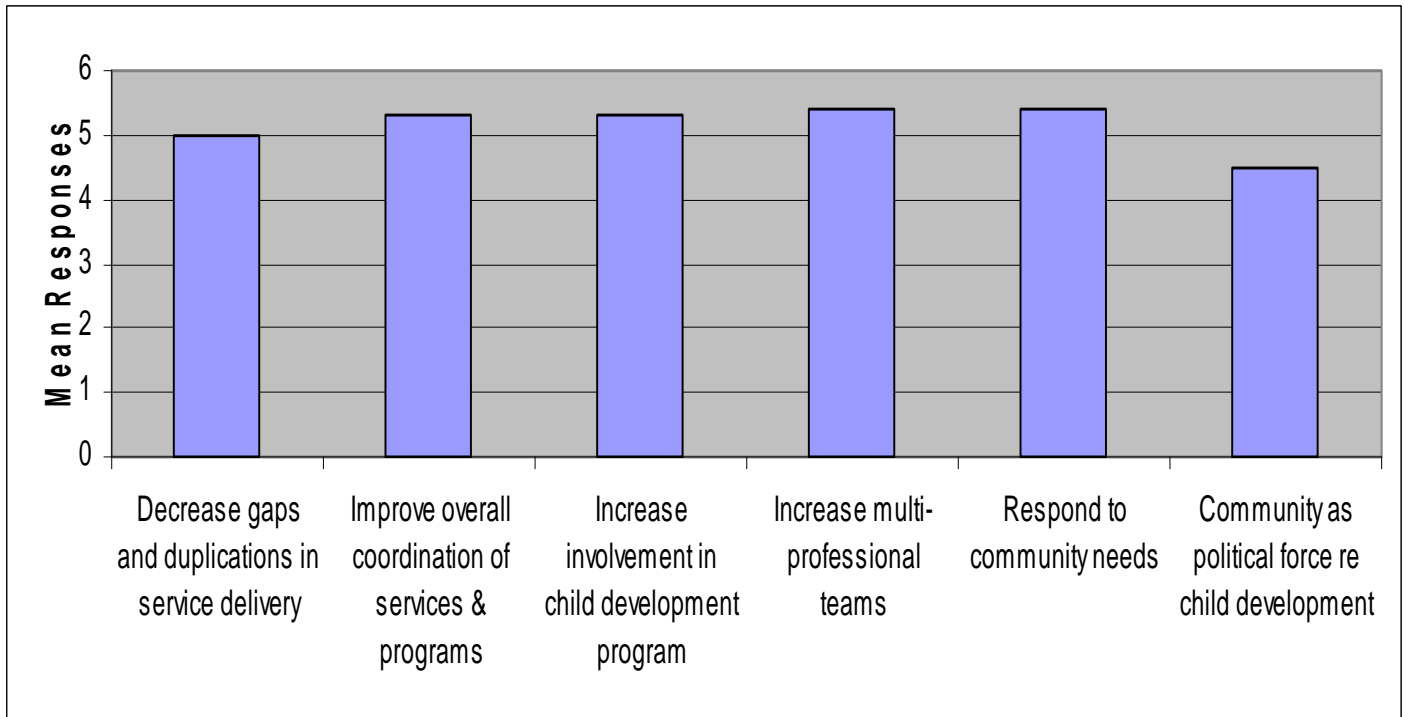
Systemic Processes Influencing Child Development

Systemic processes included:

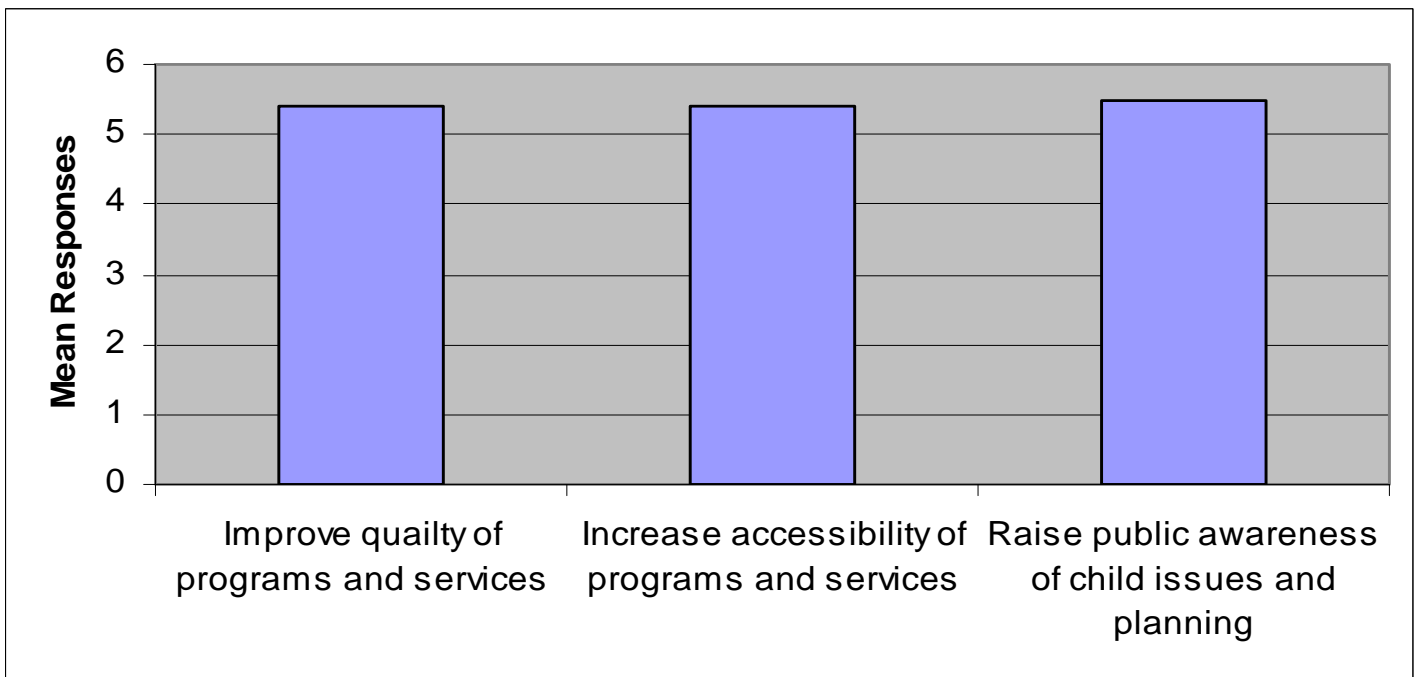
- Decreasing gaps and duplications in service delivery
- Improving the overall coordination of services and programs
- Increasing community involvement in child development programming
- Influencing public policy
- Increasing the likelihood of multi-professional teams working together in providing programs and services
- Responding to community needs
- Helping the community to emerge as a political force on issues of child development
- Improving the quality of community programs and services
- Increasing the accessibility of community programs and services
- Raising public awareness of child development issues and planning

The next two graphs illustrate the high level of certainty with which coalition members feel they are able to do what they coalition as a whole has planned to do with regards to the listed processes:

Making System Changes to Influence Healthy Child Development (1)



Making System Changes to Influence Healthy Child Development (2)



Coalition Representation Demographics:

Finally, demographic data revealed the following facts about the characteristics of the coalition representatives:

- 83% were female
- Average age was 43-50 years old (the youngest person is between 18 and 25; the oldest person is between 65 and 72)
- Most representatives had Some college education (14% have up to grade 12; 16% completed college; and 16% have completed a graduate degree at the Masters level)
- 56% lived in the neighbourhood in which the coalition operates (average 22 years & 8 months)
- 89% worked in the coalition's focus community (average 13 years & 5 months)
- Representatives worked for several different sectors, including:
 - 19% government department
 - 14% school division
 - 13% childcare
 - 11% health sector
 - 9% volunteer, community-based, NGO
 - 9% service provider
 - 1% business

Conclusion and Next Steps

The survey will be re-administered in the fall of 2006. Analytical work will be expanded upon in consideration of lessons learned in 2005. Analysis will include a consideration of possible geographical differences. The survey will be available in French. Work on linkages with other HCM data will be progressed in order to increase our knowledge regarding coalition effects on outcome variables.