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## **Final Report**

### **Building Safe Communities from the Start**

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### **About the Centre for Criminology and Justice Research**

With support from Alberta Justice and Attorney General, the Centre for Criminology and Justice Research (CCJR) was established in January of 2010, and officially launched in June 2010. The CCJR contribute independently produced, evidence-based research in the study of criminal and social justice issues and the promotion of safe communities. Committed to promotion of collaboration among faculty, students, industry experts, and community members, the CCJR provides independent services to help direct strategy and policy through informed research outcomes.

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Dawne teaches in the Department of Child and Youth Studies and is Director of the Centre for Child Well-Being (CCWB) at Mount Royal University. The goal of the CCWB is to engage faculty and students at MRU in community-based research to enhance programming and impact policy. Dawne's main areas of teaching focus are children's mental health, children and youth at risk, community development, and community-based research. She coordinated the development of the Children's Mental Health Certificate, a fully online program, and both wrote a chapter and edited the accompanying e-text, *Foundations of Children's Mental Health: A Canadian Perspective*, MRU's first e-text and the highest selling e-text in Canada in its first year in print. The certificate is now being redeveloped and Dawne has written the first course on strength-based practice and resiliency. Dawne's research interests currently focus on children's mental health, marginalized families with young children, and early brain development. She is involved in a three year SCIF funded project, *Start Smart Stay Safe*, with partners Calgary Police Service, Calgary Board of Education, and the Calgary Catholic School District, to develop resilience curriculum for kindergarten through grade six with an accompanying family strengthening project. This current project, *Building Safe Communities from the Start*, is part of a larger project entitled *Bright from the Start*, focusing on providing a continuum of services for parents from conception until their child enters school. Dawne is also a co-author of a university text on communications, *Messages*, now in its fourth Canadian edition.

### **Karen Benzies, RN, PhD**

Dr. Benzies is a Professor in the Faculty of Nursing, University of Calgary. She received Master's and PhD degrees from the University of Alberta and completed post-doctoral fellowships at Stockholm University and the University of Ottawa. In 2010, she received the Nursing Excellence in Research Award, the highest honor for nurse scientists in Alberta.

Dr. Benzies studies how early family relationships influence the health and development of infants and young children over time. Her research teams have been involved in studies of (1) typically developing children, (2) children who are vulnerable to developmental delays because of biological (preterm birth) and social (poverty) risks, and (3) children with diagnosed developmental delays and health conditions. Dr. Benzies' program of research includes (1) systematic reviews of resiliency factors, (2) descriptive studies of risks associated with late preterm birth, (3) evaluation of two-generation programs for preschool children living in low-income families, (4) randomized controlled trials of interventions for first-time fathers of infants, and (5) psychometric studies to test new scales to identify family needs to support children with a disability. As Principal- or Co-Investigator, she has held over \$10 million in operating grants. She has (1) published 42 articles in peer-reviewed journals and a book chapter, (2) given 45 invited lectures, and (3) 88 peer-reviewed presentations at conferences. Dr. Benzies' most satisfying accomplishments come from creating linkages among community agencies, clinicians, researchers, and policy makers to improve the health and well-being of young children and their families.

### **Leslie Barker, RN, BScN**

Leslie Barker's 35 year nursing career has encompassed a wide scope of experiences, ranging from acute care nursing to health education and public health. Leslie is a Research Project Coordinator for the Early Childhood Team in Health Promotion, Disease and Injury Prevention with Alberta Health Services. Over the past 10 years, she has been responsible for coordinating the production and editing several resources for parents and professionals including *Growing Miracles*, *Baby and You Curriculum*, *The Sleep Class for Tired Parents* and *Terrific Toddlers: A Facilitator's Guide*.

Leslie is a trained parenting educator and has extensive experience in facilitating parenting programs as well as conducting professional development and facilitator training with programs such as Parent Effectiveness Training, *Terrific Toddlers*, *Nobody's Perfect* and most recently, *Positive Discipline*. She is on the National Standards Committee for Public Health Agency of Canada's *Nobody's Perfect* Program and authored the Master Trainer Preparation Package for that program.

From 2002 to 2010, Leslie was chair of the Parenting Action Group/Task Force for the Calgary Children's Initiative/UpStart. Currently, as a member of a team of researchers interested in the outcomes of prevention-focused parenting education programs, she is involved in the psychometric testing of the *UpStart Parent Survey*, and the *Bright from the Start* proposal that will integrate and link universally-available, prevention-focused parenting programs for the early years. Leslie is also a member of a research team planning an international evaluation of the *Positive Discipline* program.

## **Acknowledgements**

The research team would like to thank the Centre for Criminology and Justice Research for its support of this project over the past 8 months, which has allowed us to begin this critically important work.

The agencies that participated in the project *Building Safe Communities from the Start* study were critical to its success. Alberta Health Services (Perinatal Education and Public Health Nursing - Okotoks), Parents and Children Together (PACT), Calgary Urban Project Society (CUPS), Calgary Immigrant Women's Association (CIWA), Families Matter, Attachment Parenting Canada, and Closer to Home have all shown outstanding commitment to the development of this survey from the very beginning.

## Executive Summary

The foundations of all the capacities that people need to be successful in life are established in early childhood. A strong family foundation increases the probability of positive outcomes for children; a weak foundation increases the odds of later problems. Like building a house, it is simply more efficient and effective to build a strong foundation to promote healthy child development from the start than to treat problems after they occur.

Parents are the most significant influence on how young children grow and learn, and all parents need information, support, and guidance to support their children's development. Ineffective parenting is significantly related to increased risk of school failure and of the child developing conduct problems which increase the risk for becoming involved in anti-social, aggressive, and offending behaviour. While the majority of children 'grow out' of aggressive behaviors in early childhood, many do not and continue with an escalating trajectory of physical aggression that can result in later criminal behaviors and involvement with the justice system.

Recent research shows that there is a meaningful gap in what parents need to know to positively support their children's development. While more than 60% of first-time parents in Alberta attend prenatal classes, less than 15% attend a parenting class after the child is born. Most evidence for parenting programs come from evaluation of intervention-focused programs for families with children with serious problems. While the effectiveness of these programs in treating problems is well documented, these results cannot necessarily be generalized to prevention-focused parenting programs (P-FPPs) for which reliable and valid measurement of common outcomes is lacking. Funding through the Centre for Criminology and Justice Research enabled the team to begin to determine the validity and feasibility of the Upstart Parent Survey, which may provide reliable measurement of common outcomes of P-FPPs.

The UpStart Parent Survey is a new, brief evaluation tool developed to measure common outcomes expected to result from participation in P-FPPs. The purposes of this short-term project, *Building Safe Communities from the Start*, were to (1) examine the psychometric properties of the UpStart Parent Survey, (2) determine the feasibility of using the UpStart Parent Survey in P-FPPs, and (3) examine the effectiveness of P-FPPs using the UpStart Parent Survey.

The UpStart Parent Survey was used over ten months by seven agencies offering ten different parenting programs. Program participants ( $N = 354$ ) completed the UpStart Parent Survey at the end of their programs. The internal consistency reliability (Cronbach's alpha) was .87 for the Parent Knowledge and Skills subscale, .91 for the Parent Experience subscale, and .94 for the Program Experiences/Satisfaction subscale. Program facilitators and parents suggest that the UpStart Parent Survey is feasible for use in evaluation of P-FPPs. There was a statistically significant increase in parenting knowledge and skills and parenting experiences following participation in a P-FPP. Participants were highly satisfied with P-FPPs.

Preliminary results of project *Building Safe Communities from the Start* suggest that the UpStart Parent Survey shows promise as a reliable tool to evaluate common outcomes of P-FPPs and is feasible to use. Promoting healthier families and children is a significant upstream prevention strategy for crime prevention as it strengthens the core of healthy communities and thus our society. Knowing that these programs are effective mechanisms to strengthen families will assist in decision making about the future of these P-FPPs.

## Background and Objectives

In the human lifespan, the period from before birth to about five years of age constitutes the time of the most rapid growth and brain development (Knudson, 2004; Shonkoff, 2003). The basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues to adulthood. Early experiences literally shape how the brain is built (Kolb, Gibb, & Robinson, 2003). The brain ultimately determines language, behaviour, mental and physical health, and a child's capacity to learn throughout life (Shonkoff, 2003). All areas of development are inextricably linked, each dependent on the other. A strong foundation, starting in infancy, increases the probability of positive outcomes for children; a weak foundation increases the odds of later difficulties.

Parents are the most significant influence on how their children grow and learn. All parents need information, support, and guidance to support their children's development. Recent research shows that there is a meaningful gap in what parents need to know to positively support their children's development (Rikhy, Tough, Trute, Benzies, Kehler & Johnston, 2010). Parenting programs to promote healthy development of young children can offer parents an opportunity to learn how to help their children grow and learn, learn from one another, build vital support networks, and create a strong sense of community (Kaminsky, Valle, Filene & Boyle, 2008). While more than 60% of first-time parents in Alberta attend prenatal classes, less than 15% attend a parenting class after their child is born (Rikhy et al, 2010).

Healthy parenting is a key contributor to healthy child development. Several decades of research have shown a consistent relationship between the quality of parenting and the developmental outcomes of children (Lundahl, Risser & Lovejoy, 2006; O'Connor, 2002), particularly behavioural development (Benzies, Keown & Magill-Evans, 2009; Nagin & Tremblay, 2001). In a longitudinal sub-sample of children ( $N = 975$ ) drawn from the National Longitudinal Survey of Children and Youth, Benzies and colleagues (2009) determined that ineffective/hostile parenting had not only an immediate effect on children's physical aggression, but also a sustained effect that carried forward in time up to the age of 6 years. In low income families, time spent with the child and stimulating resources are predictors of cognitive and language outcomes, while parenting is a key mediator of problematic social behavior (Mistry, Benner, Biesanz, Clark, & Howes, 2010). Using structural equation modeling with children ( $N = 1851$ ) from Early Head Start, Mistry and colleagues (2002) highlighted the detrimental effects of exposure to negative parenting practices, particularly during infancy. While the majority of children 'grow out' of aggressive behaviors in early childhood, many do not and continue with an escalating trajectory of physical aggression that can result in later criminal behaviours and justice system involvement (Tremblay, Nagin, Seguin, Zoccolillo, Zelazo & Boivin, 2004). Ineffective parenting is significantly related to increased risk of school failure and of the child developing conduct problems which increase the risk for becoming involved in anti-social, aggressive, and offending behaviour (Gardner, Burton, & Klimes, 2006; O'Connor, 2002). Behavioural problems in children are linked to increased costs to government systems, including education, social services, and justice (Scott, Knapp, Henderson, & Maughan, 2001).

There is increasing awareness that all parents of young children need support for their parenting. By age 6 years, approximately 25% of Canadian children have one or more



developmental concerns (McCain, Mustard & Shanker, 2007). Surprisingly, 70% of these children live in two-parent, middle-income families, a group not usually thought to need parenting help (McCain et al., 2007). Families are the first point for socialization of children to the norms and rules of society. Increasingly, there are serious threats to efforts to properly equip children for the demands of today's society because families are challenged by lack of knowledge, increasing external time demands, and socio-economic pressures (Armstrong, Birnie-Lefcovitch & Ungar, 2005; Rikhy, et al, 2010).

Evidence-based P-FPPs are well-positioned to provide the information and supports that parents need to support healthy child development and prevent problem social behaviours. While not all problems can be prevented, current evidence suggests that when parents are more knowledgeable about what to expect, have effective ways to respond, and know when to be concerned, they are less likely to have a problematic relationship with their child (McCain et al., 2007). P-FPPs have the potential to provide education and support to parents and, in turn, influence child development.

In the current economic climate, there has been an increased demand for accountability. To date, evaluation of most parenting programs in Canada has not been scientifically rigorous leading to questionable findings (McLennan & Lavis, 2006). Limited evidence from P-FPPs constrains decisions about program development and quality improvement. In addition, most evaluation data for parenting programs come from evaluation of intervention-focused programs for families with children with serious problems (Sanders, Markie-Dadds, Tully & Bor, 2000; Webster-Stratton & Reid, 2003). While the effectiveness of these intervention-focused programs in treating problems is well documented, these results cannot necessarily be applied to prevention-focused parenting programs (P-FPPs) that promote healthy early relationships.

Rigorous evaluation requires the use of reliable and valid instruments. Frequently, program providers and program evaluators have conflicting goals that affect evaluation. Program providers want evaluations that are as unobtrusive as possible, take up minimal program time, constitute minimum respondent burden, do not alienate respondents, are inexpensive and easy to analyze and report, and give useful information for quality improvement (Benzies et al., 2008). On the other hand, program evaluators want to obtain meaningful data that present an accurate assessment of program outcomes using measurement tools with strong psychometric properties, including reliability and validity (National Forum on Early Childhood Program Evaluation, 2007). If measurement of program outcomes is burdensome, it may actually interfere with outcomes by annoying participants or using important program time (Sibthorp, Paisley, Gookin, & Ward, 2007; Moore & Tananis, 2009). The ideal tool for program providers and program evaluators would be a brief, parent-friendly tool with strong psychometric properties.

To address this need, the UpStart Parent Survey was designed by a partnership of community agencies, researchers, and policy makers through UpStart: Champions for Children and Youth, and was based on the Common Outcome Indicators of parenting programs identified by the Alberta Centre for Child Family and Community Research (ACCFRCR). These common indicators include parenting knowledge and skills, self-efficacy, mental health, social support, parenting stress, and family functioning.

This opportunity, provided by funding through the Centre for Criminology and Justice Research, to begin the process of determining reliability, validity, and feasibility of the UpStart Parent Survey was a crucial first step to support evaluation of P-FPPs. The **purposes** of this short-term project, Building Safe Communities from the Start, were to: (1) examine the

psychometric properties of the UpStart Parent Survey, (2) determine the feasibility of using the UpStart Parent Survey in P-FPPs, and (3) examine the effectiveness of P-FPPs.

### Project Design

With funding made available through the Centre for Criminology and Justice Research, Mount Royal University, the project was conducted over ten months between June 2010 and March 2011 following clearance from Mount Royal University's Human Research Ethics Board and University of Calgary's Conjoint Health Research Ethics Board. The project included a psychometric study and a feasibility study.

### Participants

The majority of parent participants ( $N = 354$ ) were female (89.7%) and married (70.6%). Most had a college or university degree (65.7%) and an average household income above \$80,000 per year (52.2%). The participants reported diverse ethnicities, with the majority reporting that they were Caucasian (71.1%); English was the first language of 83.1% of participants.

### Data Collection

#### Psychometric Study

The UpStart Parent Survey (see Appendix A) is a brief, paper and pencil, self-report survey that takes approximately 15 minutes to complete. The survey is divided into 3 subscales: Parenting Knowledge, Parenting Experience, and Program Experience. Using a 7-point Likert scale, the Parenting Knowledge subscale captured concepts such as appropriate growth and development in children, positive discipline strategies, child health and safety, and managing everyday challenges. Using a 7-point Likert scale, the Parenting Experience subscale addressed concepts including parenting confidence, self-efficacy, formal and informal social support, emotional health, and stress management. The Parent Knowledge and Parenting Experience subscales were designed as a **post-test/retrospective pre-test**. Each item is rated twice: parents were asked to report a 'today' score as a result of coming to the program, then to think back to the time before the program and rate the item for that time as well. Using a 5-point Likert scale, the Program Experiences subscale specifically investigated parents' satisfaction and engagement in their program.

Internal consistency reliability was assessed using Cronbach's alpha. Test/retest reliability (temporal stability) was assessed using correlations between subscale scores of two UpStart Parent Surveys – one completed at the end of the program and the second completed two weeks later. Concurrent validity was assessed by correlations between the items on the parenting experiences subscale and well-validated 'gold standard' scales. The 'gold standard' scales, recommended by the Alberta Centre for Child, Family and Community Research (Alberta Centre for Child Family & Community Research, 2007) are: Tool to Measure Parenting Self-Efficacy (TOPSE)(Bloomfield, 2007), Parenting Morale Index (PMI) (Benzies et al., 2010), Family Support Scale (Dunst, Jenkins, & Trivette, 1984), Family Assessment Measure-Brief (Skinner, Steinhauer, & Santa-Barbara, 1995), and the SF-8 (Ware & Sherbourne, 1992). The 'gold standard' questionnaires were completed at home one sitting within 3 days of the end of the program.

Demographic information about participants and one question about ease of using the UpStart Parent Survey were collected. Open-ended questions on the UpStart Parent Survey captured information about specific parenting knowledge needs.

### **Feasibility Study**

Focus groups with parents and parenting program facilitators (educators) explored ease of implementation and completion, challenges and benefits of the survey, and parental willingness and comfort in completing the survey. An evaluation capacity-building workshop with program leaders enabled agencies to reflect on their use of the UpStart Parent Survey as a program evaluation tool and how to use the results to improve their programming.

### ***Procedures***

#### **Psychometric study**

Agencies were provided with surveys, questionnaire packages, consent forms, postage-paid return envelopes, facilitator scripts to ensure consistent instruction for parents, and program summary forms. Agencies were instructed on processes for completion and return of surveys. Program leaders were responsible for distribution and return of surveys.

All parents in the selected parenting programs were asked to complete an UpStart Parent Survey at the end of their last class as part of the agency's program evaluation. The program facilitator was present to answer any questions. For the UpStart Parent Survey only, consent was implied by completion and return of the survey. Then, parents were then asked if they would be willing to complete additional questionnaires to assess test-retest reliability and concurrent validity of the UpStart Parent Survey. Participation was voluntary. Informed, signed consent was obtained from all parents completing the additional questionnaires. Agencies kept a list of participants' names and research ID numbers. Agencies were supplied with gift certificates (\$20CDN) to distribute to their participants to thank them for their time.

#### **Feasibility Study**

One focus group with two parenting program facilitators was held (see Appendix B). To be included in the focus group, facilitators had to be employed by one of the selected agencies and have administered the UpStart Parent Survey. All facilitators from selected P-FPPs were invited to participate; however, it was difficult for facilitators to find the time to attend. Subsequently, the research assistants conducted site visits with facilitators to explore their perceptions of the feasibility of using the UpStart Parent Survey. The program facilitator focus group was audio-taped and transcribed; written notes were taken on flip charts to enable participants to clarify and confirm their comments.

Two focus groups with 10 parents were held in March 2011 (see Appendix C); one focus group included parents with low literacy skills, and the second with primarily middle income parents who spoke English as their first language. Parents were recruited from the selected P-FPPs that participated in this project. The parent focus groups were audio-taped and written notes were taken on flip charts to ensure participants' comments were recorded accurately and to enable participants to clarify and confirm their comments. The audio tapes were not transcribed but were used to pull key quotes and to confirm written summaries.

An evaluation capacity-building workshop, conducted by an external facilitator, was held on March 25, 2011 with program leaders and facilitators from partnering agencies. Four of the seven agencies were represented. Participants were led through a discussion of the evaluation to explore their specific program evaluation results with the support of project team members and consider implications of the results for their programming.

## Outcomes

### ***Psychometric Study***

The internal consistency reliability of the UpStart Parent Survey was strong for a new scale. The internal consistency reliability (Cronbach's alpha) was .87 for the Parent Knowledge and Skills subscale, .91 for the Parent Experience subscale, and .94 for the Program Satisfaction subscale. Initial Cronbach's alphas of this magnitude suggest that the UpStart Parent Survey shows promise.

Data analyses to assess the test/retest reliability and concurrent validity of the UpStart Parent Survey are currently underway. A report of these psychometric analyses will be available in mid-July 2011.

### ***Feasibility Study***

One question on the UpStart Parent Survey asked parents to rate the survey on a 3-point scale (easy, average, or hard). The majority (97%) of participants found the survey easy or average to complete.

### **Facilitator Focus Group**

The two facilitators indicated that the survey provided an opportunity to receive information and feedback from participants and supported a research-based approach to data collection. The facilitators agreed that parents were comfortable completing the surveys and sharing their experiences with the parenting program. One facilitator commented that parents appreciated the opportunity to ask and respond to questions about their experiences in more detail. Some challenges in comprehension were evident with parents for whom English was a second language, and with those with cognitive challenges.

### **Parent Focus Groups**

The survey was well received by parent participants and they supported the importance of completing an evaluation survey after finishing a parenting course. Parents indicated that the format and language of the survey was easy to follow and understand.

Challenges identified with the survey included the length of the survey and the time that it took to complete. Some parents commented that they initially thought the post-test/retrospective pre-test design might be challenging. However, once the facilitator explained the rationale underlying the survey design, parents had a better understanding of the concept and found it relatively easy to complete.

## **Evaluation Capacity Building Workshop**

The four program leaders or facilitators who participated in the capacity building workshop reported that the workshop helped them to understand the overall results of the UpStart Parent Survey, identify areas to consider in terms of program development, and provided validation of the work they are doing. They commented that the similarity in survey results, despite diversity in P-FPPs, supported the fact that all parents need, and benefit from, parenting support.

## ***Effectiveness of P-FPPs to Support Healthy Parenting***

### **Parenting Knowledge and Skill**

On average, participation in P-FPPs significantly improved Parenting Knowledge and Skills. See Table 1. Standard deviations at post-test ( $SD = 5.80$ ) were smaller than at pre-test ( $SD = 8.72$ ) suggesting that participation in the program reduced variability in parenting knowledge and skills over the duration of the program.

In the open-ended survey questions, parents identified knowledge and skills that will help to maintain and strengthen their relationship while supporting the social, emotional, cognitive and physical development of their child. Parents were interested, and obtained information about disciplining their children. Parents expressed a greater understanding and a larger skill-set pertaining to dealing with challenging behaviours and helping to teach their children after taking a P-FPP.

### **Parenting Experiences**

On average, participation in P-FPPs significantly improved Parenting Experiences (common outcomes) including an increased awareness of and connection to community resources. See Table 1. Standard deviations at post-test ( $SD = 8.50$ ) were smaller than at pre-test ( $SD = 11.56$ ) suggesting that participation in parenting programs reduced variability in parenting experiences over the duration of the program. In the open-ended questions, parents expressed that they gained a better understanding of their role as parents and were able to increase and maintain their level of parental efficacy through self-care, effective communication, and self awareness.

### **Program Satisfaction**

On average, participants in P-FPPs were highly satisfied with P-FPPs scoring 32.71 out of a possible 35 points. See Table 1. In the open-ended questions, parents expressed that the classes were a safe environment in which sharing ideas, concerns, and successes was an opportunity to learn and better their parenting skills and knowledge as well as validate their current skills and knowledge.

**Table 1**

*Summary of Scores, Means, and Standard Deviations on the UpStart Parent Survey Parenting Knowledge, Parenting Experiences, and Program Satisfaction Subscales*

Subscale	N	Pre Test		Post-Test		p value
		Mean	SD	Mean	SD	
Parenting Knowledge	328	53.07	8.72	62.35	5.80	< .001
Parenting Experiences	343	55.81	11.56	66.76	8.48	< .001
Program Satisfaction	351	-----	-----	32.71	4.00	-----

*Note.* Ns vary due to missing data.

## Discussion

The Building Safe Communities from the Start research team has begun to assess the reliability, validity, and feasibility of using the UpStart Parent Survey as a measure of common outcomes of parenting education programs - outcomes which are known to influence child development. These common outcomes include parenting knowledge and skills, self-efficacy, mental health, social support, parenting stress, and family functioning and are known to influence child behavioural development. The preliminary psychometric results indicate that the UpStart Parent Survey has strong internal consistency reliability. Agencies want to provide useful programs to their clients and need tools that measure parent outcomes and identify areas for improvement. The UpStart Parent Survey shows promise as such an evaluation tool. As well, this project has provided initial evidence that parenting programs can help parents to improve common outcomes. The qualitative data suggest that the UpStart Parent Survey is acceptable to program facilitators and parents.

Implications emerging from this project are:

- The UpStart Parent Survey shows promise as a feasible evaluation tool for parenting programs; more work is required to fully assess the reliability and validity of the tool before it can be recommended for widespread use.
- Calgary community-based P-FPPs that participated in this project can be reassured that their programming is having positive effects for all participants on the common outcomes expected of parenting programs.
- Funders of P-FPPs that participated in this project may have confidence that the programs are demonstrating positive effects on expected common outcomes of P-FPPs for parents of young children.

## **Limitations**

Although conducted over a 10-month period, time was a limitation for this project. There was an unfortunate lack of congruence between the timing of the grants and the normal cycle of parenting programs. Parenting programs typically run sessions between four and eleven weeks, based primarily on a school calendar (September through mid December, and January through June). For this project, this meant that the funding cycles for each of the two phases of this project did not coincide directly with program offerings.

Partially due to this lack of congruence in timing, the team was unable to obtain a sufficient quantity of surveys to conduct some of the planned psychometric analyses, specifically to assess test/retest reliability and concurrent validity. More time will be required to collect and analyze these additional surveys. Also, timing of the second grant did not enable the team to test the retrospective design of the UpStart Parent Survey using a true pre-test because programs had already begun before the grant was approved and the grant had ended before most programs had finished. This portion of the testing will commence with programs that are beginning in early May. Data collection has continued past the mid-March data cutoff for this project and all surveys will continue to be collected and analyzed. It is anticipated that more complete psychometric results will be available by mid-July 2011.

## **Dissemination**

There has been considerable interest within Alberta and across Canada in the UpStart Parent Survey. Work will continue to complete the psychometric analyses so that the tool can be recommended with confidence. Information about this study has been shared through several arenas in the Calgary community. In January, the Mount Royal University (MRU) research assistants presented a poster of preliminary qualitative results at the *Student Scholar's Showcase* in the Faculty of Health and Community Studies at MRU. A revised poster with further qualitative results was shared at the *Mobilizing Safe Communities* event held at MRU in March, 2011. Information about the project will be shared with UpStart staff, key stakeholders, and a policy analyst from Alberta Children and Youth Services on May 12, 2011. In the fall of 2011, the team will submit a manuscript for consideration of publication in the *International Journal of Child, Youth and Family Studies*.

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## Appendices

### ***Appendix A: UpStart Parent Survey***

## ***Appendix B: Program Facilitator Focus Group Guide***

# **Building Safe Communities From the Start**

### Focus Group Guide for Facilitators

- 1.** What are the **opportunities** of working together across different parenting education programs to conduct an evaluation using common indicators using the UpStart Parent Survey?
- 2.** What are the **challenges** of working together across different parenting education programs to conduct an evaluation using common indicators using the UpStart Parent Survey?
- 3.** Can you talk specifically about some of the logistics of using the UpStart Parent Survey, such as delivery, implementation, and collection of the surveys from the parents in your program?
- 4.** How did using the UpStart Parent Survey impact your programming? Who was impacted?
- 5.** What were some of the 'learnings' of being involved in this pilot project?

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## ***Appendix C: Parent Focus Group Guide***

# **Building Safe Communities From the Start**

### Focus Group Guide For Parents

1. How easy was it to complete the UpStart Parent Survey?
2. Did it feel like a burden to answer the questions on the survey? Too much time? Too many questions? Questions too difficult? Questions that didn't make sense?
3. Did it make sense for you to rate your parenting knowledge and skills both for "today" and for "before the program"? Was this hard to do? Did you find you provided different answers?
4. Did the survey ask questions that reflected what you were learning in the parenting program?
5. Were there any questions which made you feel uncomfortable? If so, which ones? Why?
6. Were there any questions which made you feel good about what you have been learning in the parenting program? If so, which ones? Why?
7. At any time, did the survey make you feel as if you were being judged on your parenting knowledge, skills, or strategies? If so, how?
8. Would it seem reasonable to ask all parents to complete this survey each time they completed a parenting program? Why or why not?
9. Do you think parenting programs could evaluate and improve their programs based on the types of questions asked and the answers you gave? Why or why not?
10. What other questions should be asked in this survey? Why?
11. What questions should be removed from the survey? Why?

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