

**EVALUATING MANITOBA
ABORIGINAL HEAD START
ON RESERVE**

2010-2011

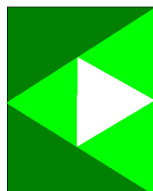
"A Place Of Our Own"

THE STUDY HIGHLIGHTS

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The **Steering Committee** established the evaluation objectives and framework, assisted with the development and approval of the study questionnaires, and reviewed the preliminary and final evaluation findings. Several committee members also participated with the authors in developing conclusions based on the findings, and recommendations based on the conclusions.

Our gratitude goes to the **AHSOR program manager/program consultant (FNIHB)**, and the **AHSOR program coordinators and staff** across Manitoba, who made this evaluation possible. Their dedication to completing the children's forms (twice during this evaluation!), ensuring that parents received and returned their questionnaires, and then completing their own Stakeholder Questionnaires, requires special acknowledgement. Their time and energy were essential elements in the successful completion of this evaluation process.

Last, but certainly not least, thank you to the **parents and external stakeholders** who completed their questionnaires, and to the **parents who took part in interviews** to share their personal experiences with the program.

Our Thanks To You All

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EXECUTIVE SUMMARY

Almost every aspect of this evaluation produced positive or very positive results. Twenty-five objectives were identified for this evaluation. These related to the six program components, in addition to parental participation. With one exception, both parents and stakeholders felt that each objective was achieved or very much achieved. The exception related to children developing their Aboriginal language skills.

1) Children's And Parents' Participation In The AHSOR Program:

Most parents first learned about AHSOR from their friends and relatives, and AHSOR staff. They were least likely to learn about it from educators, community leaders and health care providers.

For most children, AHSOR was the only program or service they attended. This elevates the importance of this program for these children and families.

Based on staff reports, most children attended the program almost every day that it was provided, and stayed for the full program period.

Over three-quarters of the parents in this study personally participated in the program with their children. Parents participated in a wide range of program activities. Over one-third of the children also had other family members involved with the program.

Participation rates for all parents, based on staff's observations, were lower than for the parents in this study. This is an area in need of attention by the programs.

Parents in the study had very positive feelings about their programs. They were most likely to feel appreciated, respected, supported, excited and creative while attending the program, and that they were growing and learning from this experience. Few parents, if any, identified negative feelings about their relationships with AHSOR.

Virtually all parents felt they had personally benefited from their involvement in the program. This finding was supported by stakeholders' perceptions.

2) Evaluating The Aboriginal Language And Culture Component Of AHSOR:

Only about two-thirds of the parents in the study reported that their children participated in Aboriginal cultural activities, or had exposure to their Aboriginal languages. Based on staff reports, all or virtually all children had these experiences.

Based on staff's observation, children's abilities with their languages even at the end of the year were marginal, although they did show some statistically significant improvements over time. The greatest degree of improvement involved children whose use of language 'needed improvement' when they first entered the program.

This was the one program area that fell within the **Tertiary Benchmark**. It is the belief of the Evaluation Steering Committee that this is the result of AHSOR staff's lack of familiarity with their Aboriginal languages.

3) Evaluating The Health Information And Support Component Of AHSOR:

Almost all children in the program had been immunized during the program year, and had their teeth checked. Just under two-thirds had a physical examination during the year. Children were less likely to have their hearing or vision tested.

About one-third of the parents said that their children were examined by a doctor or dentist, or were immunized, as a direct result of information provided by the program.

Eighty percent of these parents received a range of health information or supports through the program.

4) AHSOR Serving Children With Additional Support Needs:

Based on staffs' observations, just over ten percent of the children in their programs experience physical or developmental support needs. In terms of suspected but not medically assessed illnesses or conditions, these most frequent included speech or language issues (9.2%). There were no prevalent medically assessed illnesses or conditions reported by staff regarding children attending their programs.

External stakeholders were more likely than program managers and staff to report that AHSOR staff have the training required to assist children with additional support needs, and were able to successfully address their needs.

Notwithstanding the preceding finding, stakeholders also felt that staff would benefit from professional development to better serve children with additional support needs.

Virtually all stakeholders felt that AHSOR programs in Manitoba should meet the needs of these children. Perceived barriers to achieving this primarily related to a lack of financial resources to pay qualified staff, to adapt or modify their program sites, or to pay for the required supplies and equipment. They also did not have enough qualified staff.

5) Evaluating The Community And Parenting Support Component Of AHSOR:

Over one-third of the parents in this study were provided with information regarding community and/or parenting supports.

Referrals to community resources were made on behalf of over a quarter of all parents in the study. Over three-quarters of these parents followed-through with their referrals. Virtually all of these parents felt that the referral was helpful to them.

Parents also accessed federally-funded programs, including the Canadian Prenatal Nutrition Program, Maternal Child Health, the Aboriginal Diabetes Initiative, Healthy Bodies Healthy Minds, and the FASD Program.

6) Evaluating The Components Of AHSOR That Supports Parents' Roles As Primary Caregivers To Their Children:

Over two-thirds of the parents in this study received information and/or supports regarding their roles as parents or caregivers.

Although many parents felt that they had 'good' or 'very good' parenting skills when their children first entered the program, they were still able to significantly improve their skills over time. Parents who reported having only fair parenting skills, or needing to improve these skills, reported the largest degree of positive change over time.

Parents spent more time with their children as direct result of AHSOR, and were involved in a range of family activities. They were most likely to participate together with their children doing daily routines, and visiting family members. They were least likely to spend time together as a family participating in cultural activities.

7) Evaluating The Nutrition And Healthier Eating Component Of AHSOR:

Almost eighty percent of the parents in this study received information or supports from AHSOR regarding nutrition and healthier eating.

Two-thirds of these parents received information regarding the Canada and/or Aboriginal Food Guides. Of these, virtually all said that they have read one or both of these guides.

Almost ninety percent of these parents reported having 'good' or 'very good' knowledge regarding proper nutrition and healthy eating, when they first entered the program. While there was a notable improvement in these responses over time, these variations were not statistically significant.

Parents, who do not buy healthy foods, identified several reasons for not doing so. This most frequently included limited healthy food choices and the costs to purchase healthy foods.

8) Evaluating The School-Readiness And Life-Long Learning Component Of AHSOR:

Just under eighty percent of the parents in this study reported that their children participated in educational programming through their AHSOR programs. This is another area in which all children participated, contrary to some parents' perceptions.

Conversely, virtually all parents felt that their children were actively involved in the educational activities provided at AHSOR. They also felt that these activities had increased their children's desire to learn new things.

Three-quarters of the parents said that they participated directly in their children's educational activities. Of these, virtually all felt that this helped parents to feel more involved in the program.

Based on pretest and post-test analyses of children's behaviours and school-readiness abilities over time, using *repeated measures* and *paired t-tests*, it has been determined that children in this study experienced related statistically significant improvements over time. These analyses were undertaken at two levels: for the aggregate sample of children (all children as a single group), and for those children observed to have related deficits by the staff person most familiar with them, at the beginning of the program.

8.1) Measuring Improvements To Children's Social Behaviours Over Time:

The most significant improvements for all children related to reductions in the following behaviours (in ranked-order):

-Playing more with other children

-Requiring less consistency

- Needing less encouragement
- Being less easily distracted
- Trusting others more

- Being less fearful
- Not being too trusting

The most significant improvements for children, who often or sometimes demonstrated each behaviour upon entering the program, included:

- Trusting others more
- Needing less encouragement
- Having more confidence
- Not getting tired as easily
- Being less easily distracted
- Handling change more easily
- Requiring less consistency
- Crying less easily
- Playing more with other children
- Seeming less anxious or worried
- Being less frustrated

By the end of the program, children who were observed with these behaviours sometimes or often when they first entered the program were seldom or rarely doing so by the end of the program.

8.2) Improvements In Children's School-Readiness Behaviours And Attributes Over Time:

The most significant improvements for all children related to an increase in the following observed behaviours and attributes (in ranked-order):

- Demonstrating knowledge of their numbers
- Using problem-solving skills in social situations
- Demonstrating knowledge of their letters
- Paying attention
- Playing with different children
- Adapting to transitions
- Undertaking self-directed activities
- Appearing enthusiastic
- Initiating activities at their programs
- Appearing confident and independent
- Demonstrating good strength/balance/coordination
- Taking turns

The most significant improvements for children who rarely or never demonstrated each school-readiness behaviour and attribute, upon entering the program, included:

- Demonstrating knowledge of their numbers
- Demonstrating knowledge of their letters
- Appearing enthusiastic
- Demonstrating good strength/balance/coordination
- Using problem-solving skills in social situations
- Separating easily from their caregivers
- Undertaking self-directed activities
- Following simple rules
- Playing with different children
- Being curious (asking questions, probing)
- Interacting positively with adults
- Communicating their needs, wants and thoughts
- Engaging in conversation
- Initiating activities at their programs
- Understanding simple directions

Children who were rarely or never observed with these behaviours and attributes upon entering the program (Time-One) were almost all universally 'practicing' them by the end of the program (Time-Two).

9) Global Evaluation Measures:

The most serious issues facing AHSOR in Manitoba, identified by stakeholders, included: the need for more support from FNIHB; the need to have more parents actively participate at meetings; difficulty getting parents to actively participate in program activities; the lack of program resources (not enough funding or supplies); parents not understanding the effects of budget constraints; and parents who feel uncomfortable advocating for themselves or their children.

The additional supports requested from FNIHB generally involved the perceived need for increased funding.

Both parents and stakeholders provided very positive evaluations of the AHSOR program environments. They were seen as safe, secure, welcoming and comfortable places in which both children and parents could learn, grow and develop.

Virtually all parents and stakeholders were satisfied, overall, with programs and services provided by AHSOR in Manitoba.

Virtually all parents and stakeholders were likely to recommend AHSOR to friends or family members with young children. Virtually all parents with other young children were likely to have these children attend the program in the future.

Parents and stakeholders were able to identify a broad range of strengths or benefits regarding their programs. These included, in ranked-order: the school-readiness component; developing children's social and communication skills; the Aboriginal language and cultural components; the attributes, knowledge and skills of the staff; the fact that the program serves the whole family; and the safe and positive program environments.

When parents were asked about changes they would make to the program, over half said they would make no changes to it. Changes suggested by fewer than 10% of these parents included increasing the days or hours of service, providing more focus on Aboriginal languages and culture, and increasing parental and family involvement.

Changes suggested by stakeholders included: increasing the size of the program space, adding more staff, putting more focus on Aboriginal culture and language, increasing parental and family involvement, increasing funds for program equipment and supplies, and increasing community participation in the program.

10) First-Person Accounts Of Children's And Parents' Experiences With AHSOR:

In order to personalize the impacts the program could have on children and their parents, seven parent interviews were conducted in four First Nations' communities. Where possible, program staff familiar with each child were also interviewed. Many of the themes and observations that emerged from the preceding evaluation results were illustrated through these interviews.

11) Evaluating AHSOR Employee Satisfaction And Employment Intentions:

Only about one-third of the staff in this study had completed their ECE II certification.

When managers and employees were asked to describe their feelings about their workplaces, they were most likely to report feeling that they are growing and learning at work; and that they feel appreciated, productive, creative, supported, excited, positively challenged, rewarded and respected there. The most frequent negative feeling was frustration, reported by under one-quarter of all managers and employees.

Virtually all managers and employees had positive workplace relationships. This included relationships with their co-workers, immediate supervisors, and parents involved with the program. They also felt welcome at their program sites.

Virtually all managers and employees positively evaluated their program sites. The sites had friendly environments; good internal communication; supported employees' professional development; possessed effective networking among staff, collaborative decision-making, flexible environments, creativity, and effective problem-solving; had clear and realistic expectations of staff; encouraged positive and supportive relationships with managers, and accounted for employees' caring responsibilities outside of work

Virtually all managers and employees were planning to continue working at their current programs over the next year, and three years in the future.

Respondents, who planned to continue their employment in the medium-term, provided many reasons to stay. These included: enjoying working with the children; helping children to grow and develop; enjoying working at their program sites; enjoying their work environments; being involved in meaningful work; promoting children's school-readiness; being positive role models; promoting healthier families; promoting pride in their Aboriginal cultures; and enjoying working in their communities.

HIGHLIGHTS OF THE MANITOBA AHSOR EVALUATION

I) INTRODUCTION:

This report provides the highlights of the evaluation of **Aboriginal Head Start On Reserve (AHSOR) in Manitoba**, which includes selected evaluation findings.¹ It also includes study **conclusions** based on these findings, and related **recommendations**. All aspects of this evaluation were overseen by an **Evaluation Steering Committee**, consistent with the **OACAP Principles** of Ownership, Control, Access, and Possession. The development of the study's conclusions and recommendations was undertaken in conjunction with four members of the Evaluation Steering Committee. The preliminary and final study findings were provided to the Steering Committee through two **PowerPoint** presentations during the 2010-2011 program year. **Cree Nation Tribal Health Centre** administered this evaluation, with support from **First Nations and Inuit Health Branch (FNIHB)**. **Kaplan Research Associates Inc.** was engaged to design and administer this study.

1.1) A Brief Overview Of The Evaluation Methodology:

There were four study populations for this evaluation: participating children in 2010-2011, their parents (including non-parental caregivers), internal stakeholders (AHSOR managers and staff), and external stakeholders (educators, health care professionals, elders, and other community-based program collaterals). The evaluation focused on an examination of program outcomes reported for both participating children and their parents, parental and stakeholder satisfaction with specific and general aspects of the program, and program outputs (i.e., the programs and services provided). The evaluation also included interviews with selected families residing in four First Nations' communities, in order to reflect, first-hand, the impacts that the program had on the children and families involved.

Both quantitative and qualitative measures were included in this evaluation. Quantitative data were analyzed using the **Statistical Package for the Social Sciences (SPSS)**, while qualitative data were subjected to a **content analysis**. All quantitative data were analyzed in the aggregate (i.e., as a single group), with correlations and related statistical tests being undertaken as required. The use of outcome analyses to **measure changes over time** for the children in this study was a key aspect of this evaluation. To ensure the most rigorous analysis of program outcomes, two children's forms were administered. The first form (Time-One) was administered in November-December 2010. The second form (Time-Two) was administered in May-August 2011. Most of the questions on these forms were identical, both in wording and ordering. In addition, **repeated measures** were employed for this analysis. Only children for whom both forms were completed and returned were included in analysis of change over time. To accomplish this each child was assigned a **unique identifier** that was included as a variable on both forms. The two datasets were then merged using the unique identifier as the key.

There were four questionnaires developed for this study: The Children's Participation Form (Time-One); The Children's Participation Form (Time-Two); The Parent-Caregiver Questionnaire; and the Stakeholder Questionnaire, completed by both internal and external stakeholders. A children's form was to be completed for every child in each program by the AHSOR staff person most familiar with each child. This largely involved staff reporting on their observations of each child's behaviours and abilities, with a focus on their school-readiness and social development and interactions with adults and other children. These forms also asked staff to evaluate each child's level of program participation, along with that of their parents. If at all possible, it was suggested that the same staff person complete both forms for each child to avoid issues regarding the effect of 'multiple-raters.'

The content of the evaluation is based on the six components of AHSOR, as follow:

- 1) **Culture and Language:** The program promotes and supports children experiencing their culture and learning their languages
- 2) **Education:** The program promotes life-long learning for each child
- 3) **Health Promotion:** The program encourages children and families to live healthy lives by following healthy lifestyle practices
- 4) **Nutrition:** The program teaches children and families about healthy foods that will help them to achieve their nutritional needs
- 5) **Social Support:** The program assists parents and guardians to become aware of the resources that are available to assist them to achieve a healthy and holistic lifestyle

¹ For a copy of the **full technical report**, including the study background, methodology and all related data, please contact the **Cree Nation Tribal Health Centre** at 204-627-1500.

- 6) Parental and Family Involvement:** The program recognizes and supports the role of parents and families in being the primary teachers and caregivers of their children

In addition to evaluating the degree to which these components were delivered and their related objectives were achieved, several additional evaluation elements were included in this report:

- Levels and types of children's and parents' program participation
- The degree to which children with additional support needs are included in programs, related barriers to achieving this, and the degree to which this is desirable
- First-person accounts of program impacts and outcomes, based on a series of interviews in four communities
- An analysis of global evaluation measures
- Evaluating AHSOR managers' and staff's workplace satisfaction and future employment intentions

1.2) The Numbers Of Completed Forms:

Thirty-four First Nations' communities participated in this evaluation to varying degrees. Seventeen of these returned copies of each of the four questionnaires used in this study. There were two factors that the steering committee believed limited our ability to attain completed forms from a couple of these communities. The first factor was severe flooding in central and northern Manitoba, that resulted in the disruption of services and several communities being evacuated to Winnipeg and other urban centres. The second factor was a Postal Service job action that disrupted the receipt of the questionnaires. The total number of forms received included:

- Children's Participation Forms (Time-One): 588
- Children's Participation Forms (Time-Two): 467
- Matched sets of Children's Time-One and Time-Two Forms: 392
- Parent-Caregiver Questionnaires: 295
- Stakeholder Questionnaires: 183

Conclusion 1: *The numbers of completed Children's Forms, and particularly the number of matched sets of the Time-One and Time-Two forms, are sufficient to adequately test for significant variations in children's social development and school-readiness over time.*

1.3) The Evaluation Benchmarks:

Benchmarks are standards that facilitate the objective assessment of evaluation findings. They help to determine which findings are considered positive, overall; which findings are considered moderately positive; and which findings indicate the need for change. The benchmarks for this study, established by the Steering Committee, are:

Primary Benchmark (*Overall Positive Findings*): 75.0%+ of respondents indicating positive responses²

Secondary Benchmark (*Moderately Positive Findings*): 60.0% to 74.9% of respondents indicating positive responses

Tertiary Benchmark (*Areas Requiring Attention and/or Remediation*): <60.0% of respondents indicating positive responses

II) PROFILES OF STUDY RESPONDENTS:

2.1) Children In The Study:

- Females and males were evenly represented in the evaluation (53.6%/46.4%)
- Most children were 3 or 4 years of age (53.0% and 20.6%, respectively)
- Virtually all children were First Nations' children (99.1%)
- The primary languages spoken in children's homes were English (90.8%), Cree (23.3%), Ojicree (13.3%), Ojibwe (8.5%), and Dakota (6.0%)
- Most children attended centre-based programs as opposed to outreach programs (87.5%/12.5%)
- Most children were in their first year of the program (64.6%)

² The percentage of responses on the positive side of a four-point Likert scale, or 'Yes' responses.

2.2) Parents In The Study:

- Most Parent-Caregiver Questionnaires were completed by children’s parents (87.9%)
- Most were completed by females (88.9%)
- Most parents were 25-34 years of age, followed by those 18-24 years, and 35-50 years (47.8%, 26.0% and 23.9%)
- Parents were evenly divided those who were now married, now single, or living in common-law relationships (26.8%, 26.1% and 25.8%)

2.3) Stakeholders In This Study:

- The largest percentage of stakeholders were AHSOR staff (43.3%), followed by AHSOR managers/ coordinators/supervisors (18.1%), educators (12.3%), and healthcare providers (8.2%)
- Just under two-thirds of these respondents were internal stakeholders (61.4%)
- The largest percentage of stakeholders had been associated with their AHSOR programs from 1 to 2 years (22.9%), from 3 to 4 years (18.7%) or for under 1 year (18.0%)
- The primarily roles stakeholders served within their programs included:
 - Delivering children’s activities (50.0%)
 - Food preparation (49.4%)
 - Program planning (48.2%)
 - Fundraising (39.9%)
 - Staff supervision (33.9%)
 - Attending Parent Council meetings (31.0%)
 - Bus monitoring services (25.5%)
 - Bus driving (23.8%)
 - Custodial and clean-up services (23.8%)
 - Providing training (21.4%)
- The services provided by internal and external stakeholders varied widely.

Conclusion 2: *Many of the activities noted by stakeholders reflected the fact that almost two-thirds of these were AHSOR managers or staff. External stakeholders were less likely to complete many of the hands-on activities noted above.*

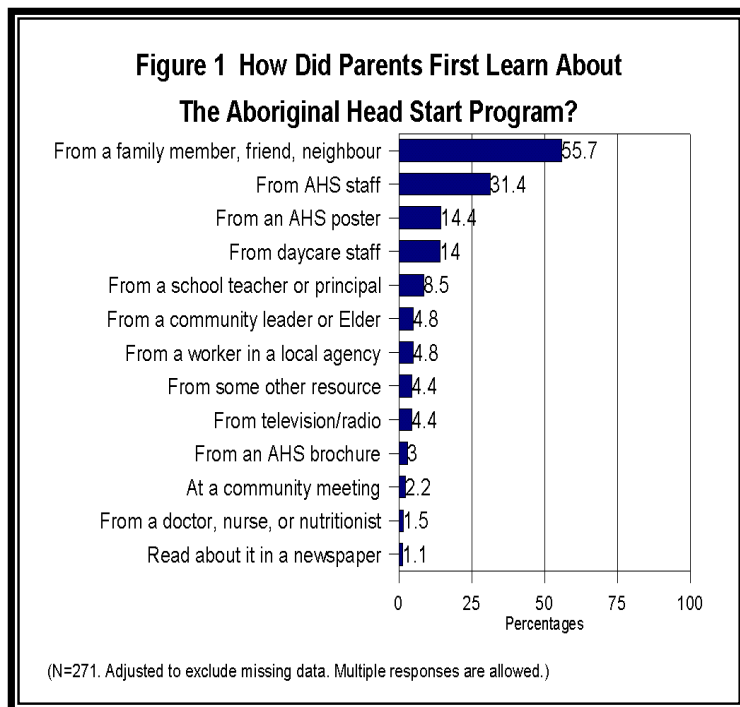
III) CHILDREN’S AND PARENTS’ PARTICIPATION IN THE AHSOR PROGRAM:

3.1) How Parents First Learned About AHSOR:

- When parents were asked how they first learned about AHSOR in their communities, thirteen responses emerged (Figure 1). The most frequent responses were:
 - From family/friends/neighbours (55.7%)
 - From AHSOR staff (31.4%)
 - From an AHSOR poster (14.4%)
 - From daycare staff (14.0%)
- With the exception of daycare staff, few parents learned about the program from community professionals or leaders. These included:
 - From teachers or principals (8.5%)
 - From community leaders or Elders (4.8%)
 - From a worker at a local agency (4.8%)
 - From a doctor, nurse or nutritionist (1.5%)

Recommendation 1:

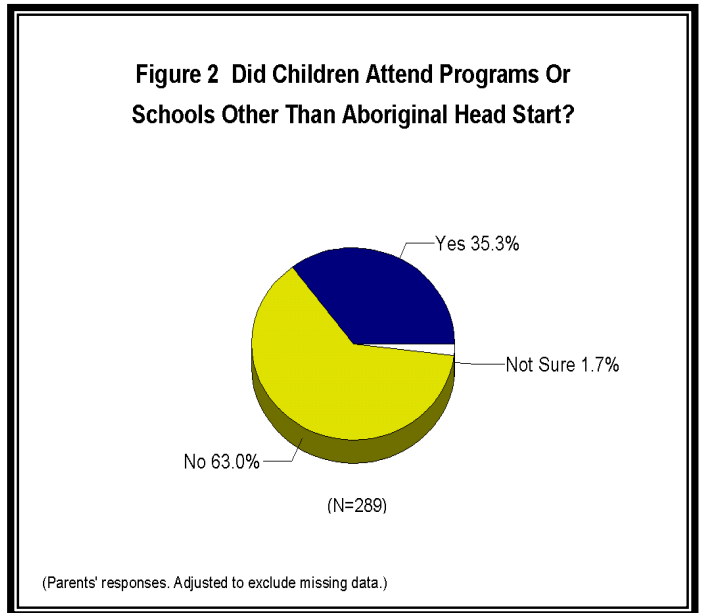
That the Regional Advisory Committee develop a communication strategy to increase the percentage of parents who hear about AHSOR from educators, health professionals, Elders, and other community leaders. This could include sharing selected results of this evaluation.



3.2) Other Programs Or Services Attended By The Children In This Study:

- Only 35.3% of the children whose parents completed a parent questionnaire attended programs or services other than AHSOR (Figure 2)
- Other programs or services attended were generally educational in nature, most frequently including:
 - Daycare (40.2%)
 - Kindergarten (36.1%)

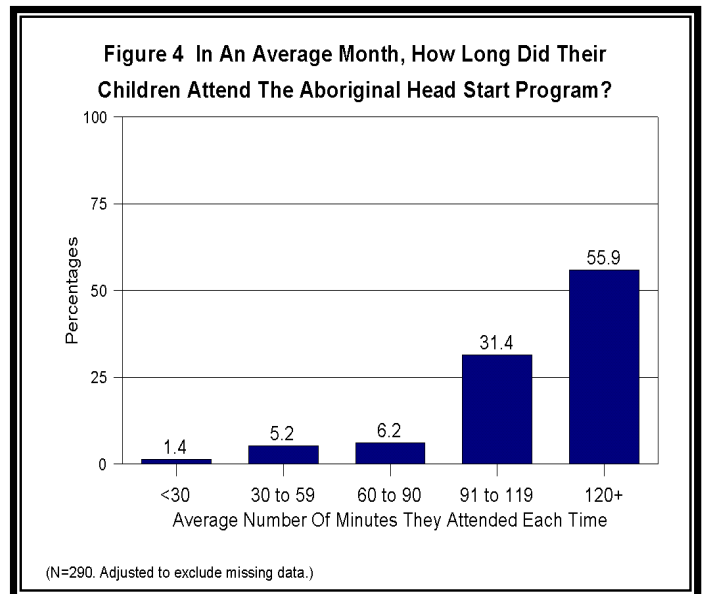
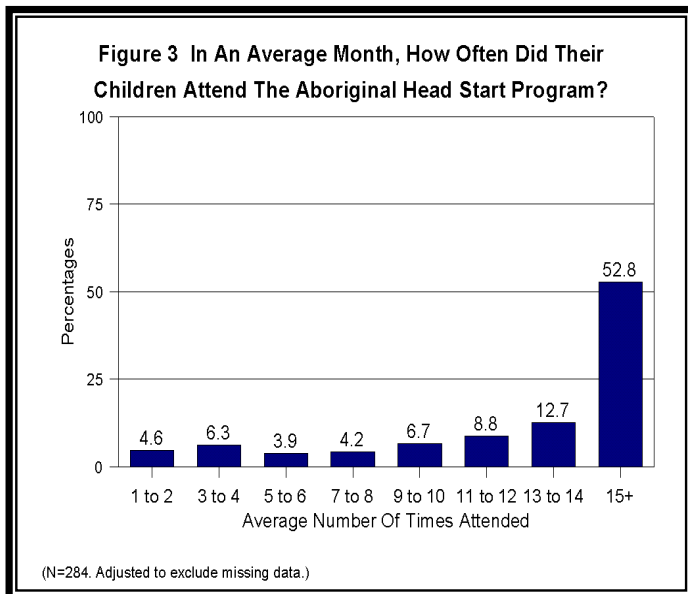
Conclusion 3: *For almost two-thirds of the children in this study, AHSOR is their only option for social interaction in their communities. This elevates the important role this program plays in the lives of these children.*



3.3) Children's Levels Of Program Participation:

- 65.5% of the children in this study attended their programs, on average, 13 or more times per month (Figure 3)
- 87.3% of these children spent 91+ minutes at their programs each time they attended (Figure 4)
- AHSOR staff felt that 96.5% of the children in their programs almost always attended the program
- AHSOR staff felt that 98.0% of these children fully participated in their program activities
- All of these findings far-exceeded the **Primary Benchmark**

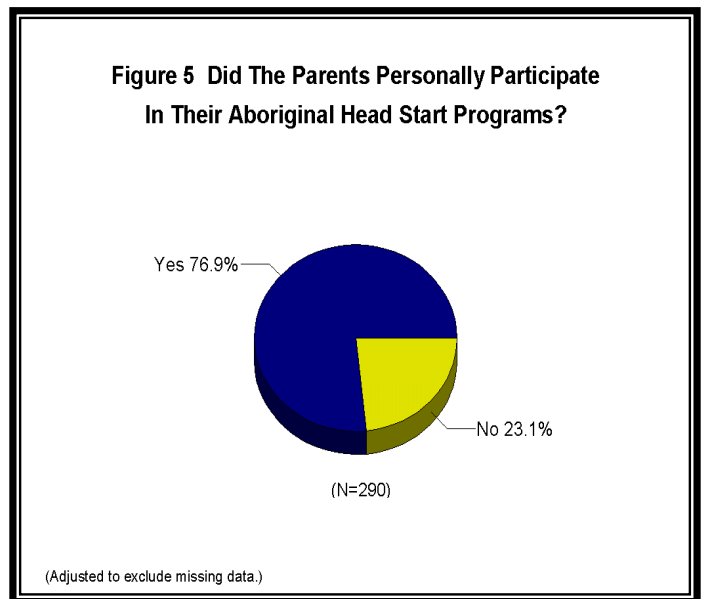
Conclusion 4: *Children's regular attendance at their programs is an indication of parents' or caregivers' commitment to ensure that their children take part in AHSOR. This finding was supported by the staffs' observations of each child. The fact that the children were observed fully participating in their programs validates the relevance of the activities being carried out through the programs.*



3.4) Parents' Levels Of Program Participation:

- 76.9% of the parents in this study reportedly personally participated in the programs (Figure 5)
- This finding is supported by AHSOR staffs' observation that 76.1% of all parents, and an additional 34.0% of other family members of each child, participated in their programs.

- Parents participated in a wide range of activities, most frequently including:
 - Participating in fund raising events (51.4%)
 - Helping at feasts and celebrations (50.5%)
 - Interacting with the children in the program (49.5%)
 - Participating in clean-up activities (44.4%)
 - Attending Parent Committee meetings (38.4%)
 - Providing food preparation (37.5%)
 - Participating in training and/or workshops (29.6%)
- If parents did not participate in the program (n=54), the primary reasons for not doing so included:
 - Having other children at home (57.4%)
 - They were attending work or school (27.8%)
 - They did not have the time to participate (22.2%)
- There was a small group of parents (16.7%) who said they were not aware that they should be involved in the program.



Recommendation 2: *Given that some parents were apparently unaware of the expectation that they be involved in their programs, it is recommended that this be clearly explained to all parents when their children first begin attending AHSOR, and reinforced thereafter.*

- 9.1% of the parents never attended the programs in an average month, while 26.3% or attended them one or two times during this period. Conversely, 22.1% attended their children’s programs 13 or more times per month.
- 52.0% of the parents who attended the program stayed an average of 91 or more minutes each time they attended.
- When staff assessed the rates of attendance of all parents in their program, 29.5% never attended in a given month and 28.6% attended an average of 1 or 2 times per month. The length of their attendance ranged from:
 - Under 30 minutes each visit (24.6%)
 - 30 to 59 minutes each visit (9.5%)
 - 60 to 90 minutes each visit (23.8%)
 - 91 to 120 minutes each visit (21.6%)
 - 121+ minutes each visit (20.5%)
- When staff evaluated parental participation in their AHSOR programs, their responses were either moderately positive (the **Secondary Benchmark**), and in one case indicative of the need for change (the **Tertiary Benchmark**). AHSOR staff observed that:
 - 72.9% of all parents at least somewhat regularly attended programs, events and celebrations
 - 66.4% of all parents participated in their children’s learning and education
 - 58.4% of all parents attended parent-meetings or orientations

Conclusion 5: *Given variations in parental participation rates reported by parents who completed a questionnaire and for all parents reported by AHSOR staff, there is a question regarding the degree to which parent-respondents to this study are representative of all parents. It is likely that the parents who completed a questionnaire are those most active in their programs.*

3.5) Evaluating Parents’ Experiences With Their AHSOR Programs:

Parents were provided with 20 adjectives (Descriptors) and were asked to identify those that reflected their personal experiences with their AHSOR programs. These were evenly divided between positive and negative feelings, and were arranged alphabetically to avoid biasing their responses.

- Parents identified many positive feelings about their relationships with their programs, and virtually no negative feelings (Figure 6). In terms of the positive feelings, these included parents who reported:

- Feeling appreciated (72.3%)
- Feeling respected (72.3%)
- Feeling supported (64.9%)
- Growing and learning (56.1%)
- Feeling excited (50.6%)
- Feeling creative (46.1%)

- Small percentages of parents reported any negative feelings about their programs
- Parents, who participated in their program an average of five or more times per month, were significantly more likely to have positive feelings about their programs.
- Virtually all parents (94.8%) felt that they had personally benefited from participating in their AHSOR programs (Figure 7).

- All of the preceding findings far-exceed the **Primary Benchmark**.
- Both parents and stakeholders felt that the two objectives related to parental participation had been at least somewhat achieved, again far-exceeding the **Primary Benchmark**. This included, for the **parents**:

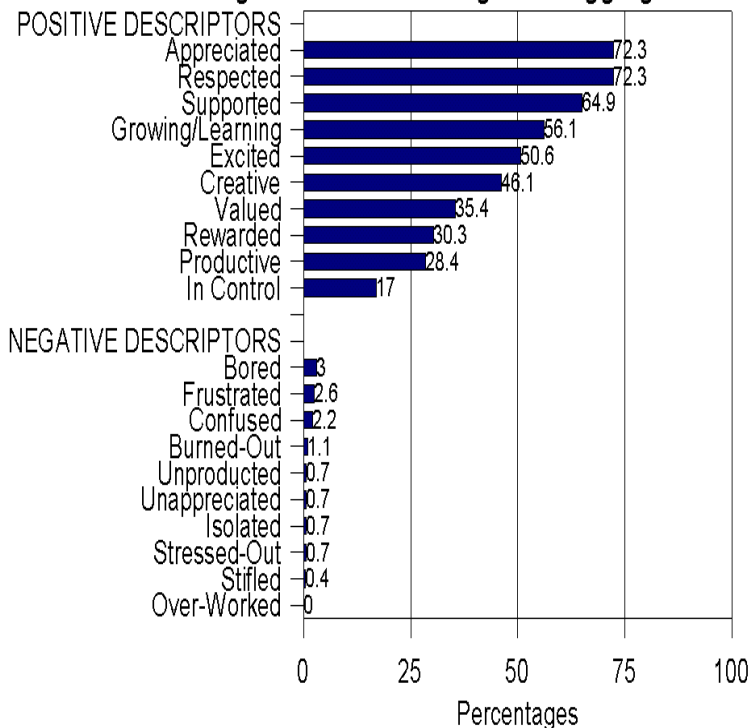
- The program allowing them to socialize with other parents (92.2%)³
- The program allowing them to make contributions to AHSOR's programming (92.0%)

- **Stakeholders'** perceptions regarding these objectives were similar to those of the parents:

- The program allowing parents to socialize with other parents (91.5%)
- The program allowing parents to make contributions to AHSOR's programming (85.2%)

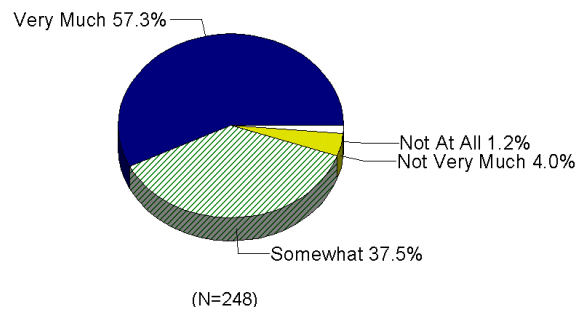
Conclusion 6: *Parents expressed very positive feelings about their AHSOR programs, and their roles within them. This is a very positive finding, particularly since parental and family involvement are among the program's key aims. The fact that these perceptions are equally provided by both parents and stakeholders gives added importance to these findings.*

Figure 6 How Parents Described Their Experiences At Their Aboriginal Head Start Programs: Aggregate



(N=271. Adjusted to exclude missing data. Multiple responses are allowed.)

Figure 7 Did Parents Feel They Personally Benefitted By Being Head Start Participants?



(N=248)

(Adjusted to exclude missing data.)

³ Percentage of parents and stakeholders who responded either 'very much' or 'somewhat' to these questions.

Recommendation 3: *Given that parents had very positive experiences regarding their association with AHSOR, particularly those who were actively involved with it, it is recommended that this information be shared with all parents and referral sources to encourage more parents to participate in their programs.*

IV) EVALUATING THE ABORIGINAL LANGUAGE AND CULTURE COMPONENT OF AHSOR:

4.1) Children Participating In Aboriginal Cultural Activities:

➤ While it is the expectation that all children will have some experience learning or living their Aboriginal cultures and languages through AHSOR, only 67.9% of the parents reported that their children had done so (Figure 8).

➤ The traditional activities in which **parents** most often reported that their children participated included:

- Aboriginal language development (61.0%)
- Feasts/Celebrations (51.6%)
- Traditional crafts (45.6%)
- Smudges (40.1%)
- Traditional story telling (34.6%)
- Traditional singing (25.3%)
- Pow-Wows (22.5%)

➤ The traditional activities in which **AHSOR staff** reported the children participated included:

- Making traditional crafts (84.2%)
- Traditional story telling (49.3%)
- Preparing traditional foods (47.1%)
- Sharing circles (46.4%)
- Smudges (31.3%)

- Jigging (25.4%)
- Gathering goose eggs/wild plants (24.7%)
- Traditional drumming (24.4%)
- Hunting/Fishing/Trapping/Camping (22.7%)
- Traditional singing (22.7%)

➤ Staff indicated that each child participated in an average of 4.7 different traditional activities over the course of the year. Parents reported that their children, on average, each participated in 3.5 different traditional activities.

➤ Children’s most frequent exposure to traditional activities related to:

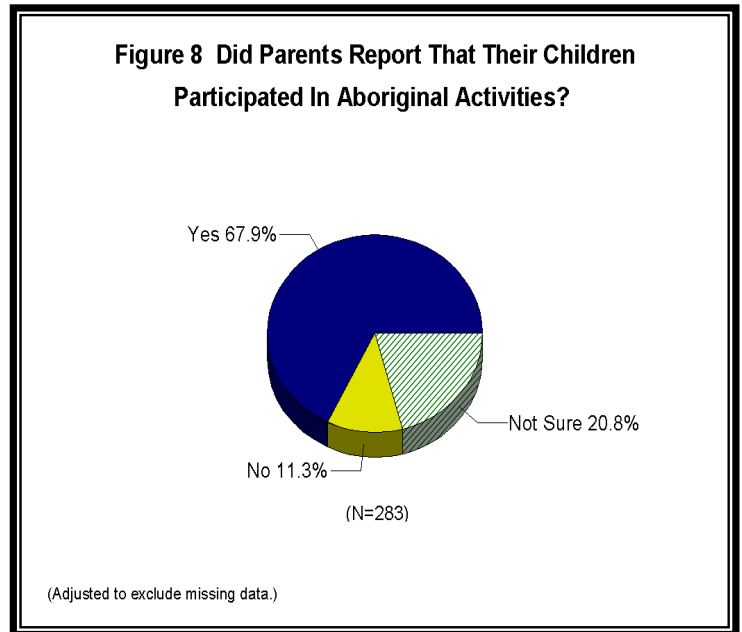
- Being exposed to their Aboriginal languages (89.0%)⁴
- Speaking their languages (63.9%)
- Eating traditional foods (55.4%)
- Visiting or interacting with Elders (44.3%)
- Using traditional medicines (29.9%)
- Playing traditional games (28.2%)

Conclusion 7: *Parents were apparently unaware of the range of traditional activities in which their children were involved.*

Recommendation 4: *That each AHSOR site post the traditional activities they are providing during a given week or month, on a newsletter for parents, on program bulletin boards, and/or their websites, if available.*

4.2) Evaluating Children’s Abilities Regarding Their Aboriginal Languages:

➤ In spite of the children’s frequent exposure to, and use of their traditional languages, they did not significantly attain language skills through the program (the **Tertiary Benchmark**). The percentage of children with ‘very good’ or ‘good’ skills, by the end of the program, related to:



⁴ Percentages who experienced each activity on an daily or weekly basis.

- Their knowledge of numbers in their languages (35.9%)
- Their knowledge of colours in their languages (22.3%)
- Their knowledge of animal names in their languages (32.5%)
- Their overall ability to communicate in their languages (19.6%)
- Their knowledge of the days of the week, months, seasons in their languages (13.8%)
- Their abilities to sing traditional songs in their languages (10.9%)
- Their abilities to write in their language (1.2%)
- Their abilities to read their languages (0.3%)

➤ Notwithstanding these results, there were still statistically significant improvements in three areas of their traditional language usage over time (Figure 9):

- Their knowledge of numbers in their languages
- Their knowledge of animal names in their languages
- Their overall abilities to communicate in their languages

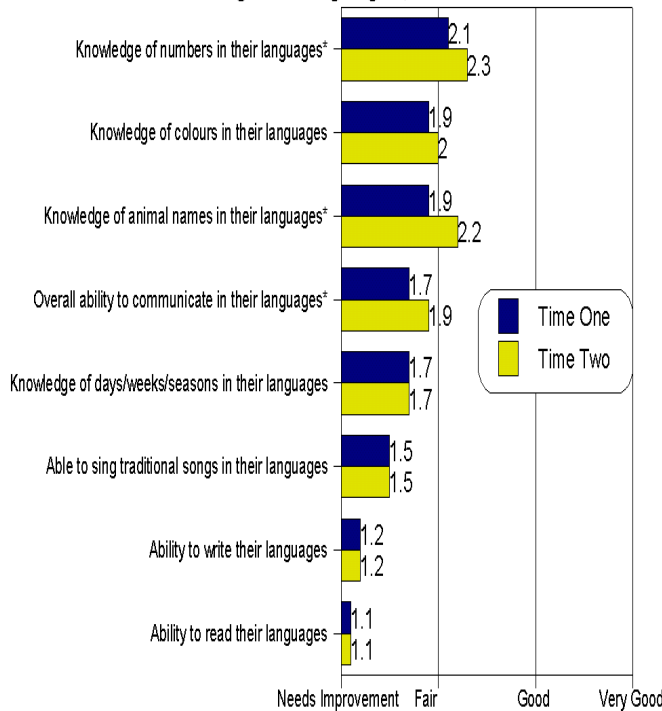
➤ Of the children with only fair language knowledge abilities at Time-One, or those who were in need of improvement when they first started the program, there were statistically significant improvements related to all eight language factors evaluated (Figure 10).

Conclusion 8: *The evaluation findings regarding the development of the children's Aboriginal language skills is one of the few areas where changes are needed, based on the Tertiary Benchmark. It was the opinion of the Steering Committee members that this finding reflects the fact that very few AHSOR staff are fluent in their own languages.*

Recommendation 5: *Given this observation, it is recommended that programs either seek to hire more staff who are fluent in their languages, or provide language training to improve their familiarity with their languages. The increased presence of Elders in the program, who are fluent in their languages, could serve to improve both the children's and staff's Aboriginal language skills in the future.*

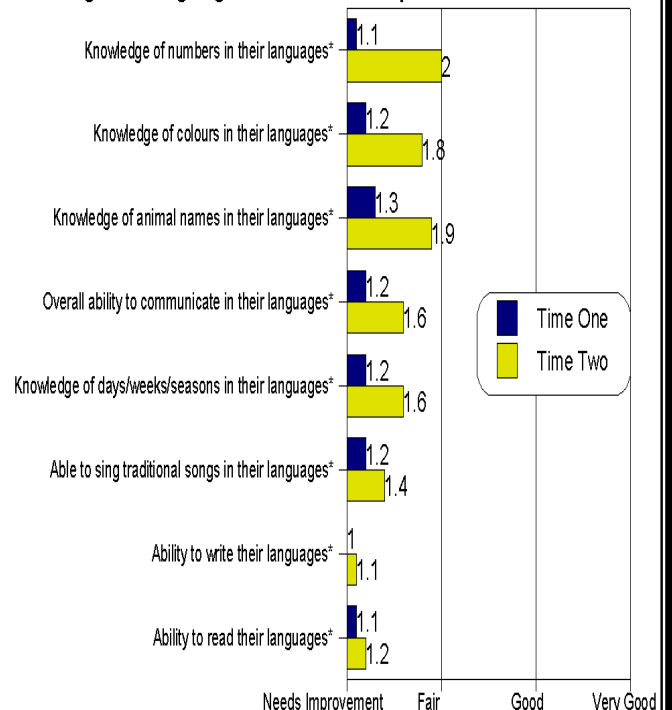
As staff's language skills develop, a total immersion approach to Aboriginal language development would be the recommended best practice.

Figure 9 Evaluating Children's Abilities Regarding Their Aboriginal Languages, Over Time



(Paired N=311, 287, 287, 271, 279, 260, 176, 175. *Statistically significant variations over time. Adjusted to exclude missing data.)

Figure 10 Evaluating Children's Abilities Regarding Their Aboriginal Languages: Fair/Needs Improvement Time-One



(Paired N=204, 197, 203, 209, 205, 217, 163, 173. *Statistically significant variations over time.)

4.3) Evaluating Children's Awareness Of Their Aboriginal Cultures:

➤ There was a statistically significant increase in the children's awareness of their cultures, over time, based on AHSOR staff's observations (Figure 11). At Time-One only 23.3% of all children had 'very good' or 'good' levels of cultural awareness. This increased to 36.1% at Time-Two. However, both responses fall within the **Tertiary Benchmark**.

Conclusion 9: *It was observed by members of the steering committee that communities may have varying beliefs related to their traditional ways. As a result, some communities may be more accepting of their children participating in cultural activities than others. This may be reflected through some of the evaluation findings related to Aboriginal cultural activities. This observation does not negate the reality that the promotion of communities' languages and cultures are a component of AHSOR.*

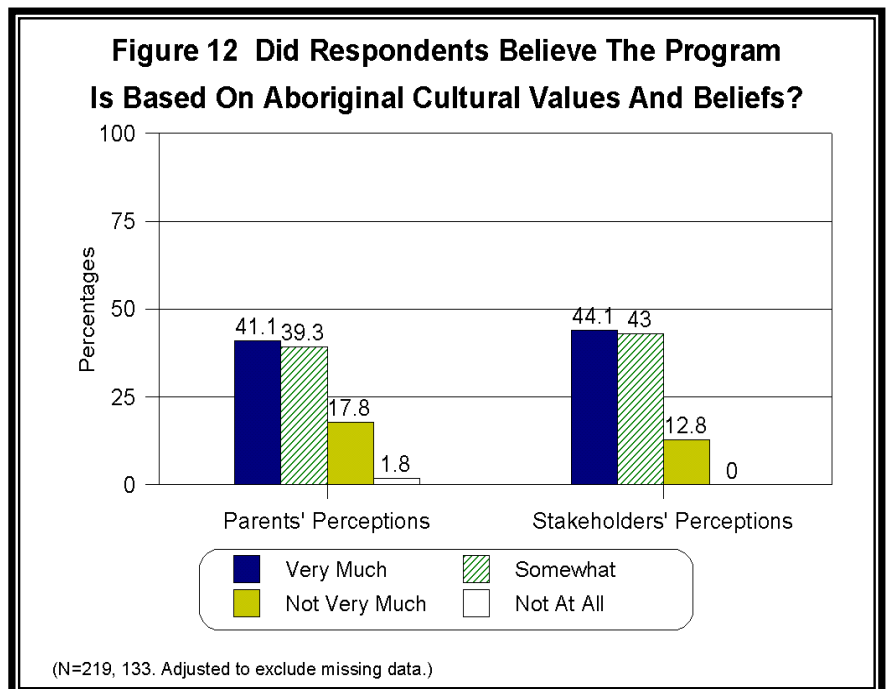
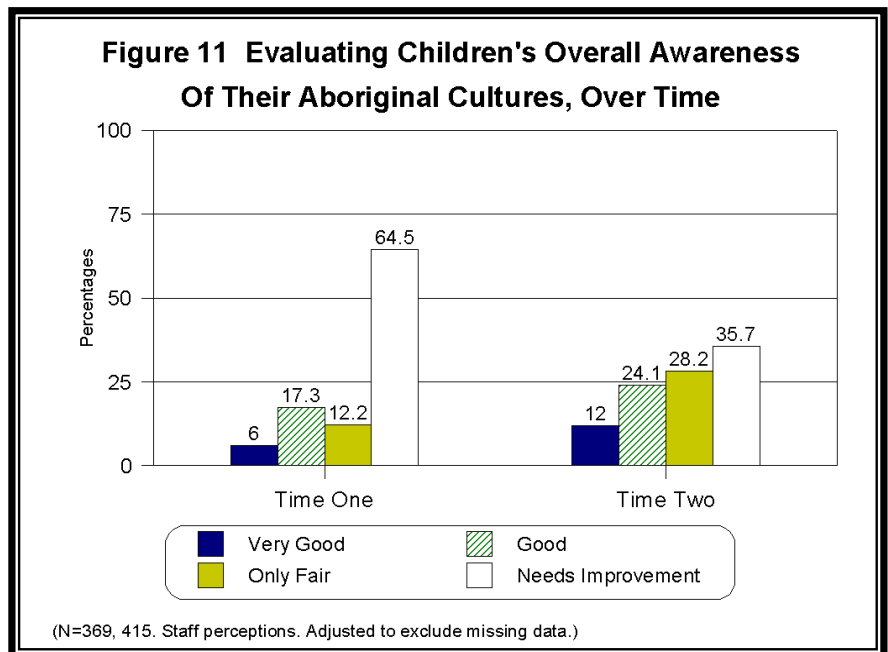
Recommendation 6: *Given the small number of children who were aware of their cultures, it is recommended that the Regional Advisory Committee, in conjunction with the AHSOR program coordinators, develop strategies to increase children's exposure to their traditional foods, songs, stories, games and medicines.*

If staff are unfamiliar with their traditional ways, then program sites should draw on Elders and other community members to facilitate this knowledge transfer to children and staff.

Recommendation 7: *That FNIHB encourage program sites to share cultural and linguistic resources they possess related to their traditional foods, songs, stories, games, dances and medicines. FNIHB could also collect, organize and bind related written materials for distribution to all program sites as a program guide.*

4.4) Evaluating Whether AHSOR Is Based On Aboriginal Cultural Values And Beliefs:

➤ The large majority of respondents believed that AHSOR is based on Aboriginal cultural values and beliefs (Figure 12) (exceeding the **Primary Benchmark**). This was the perception of:



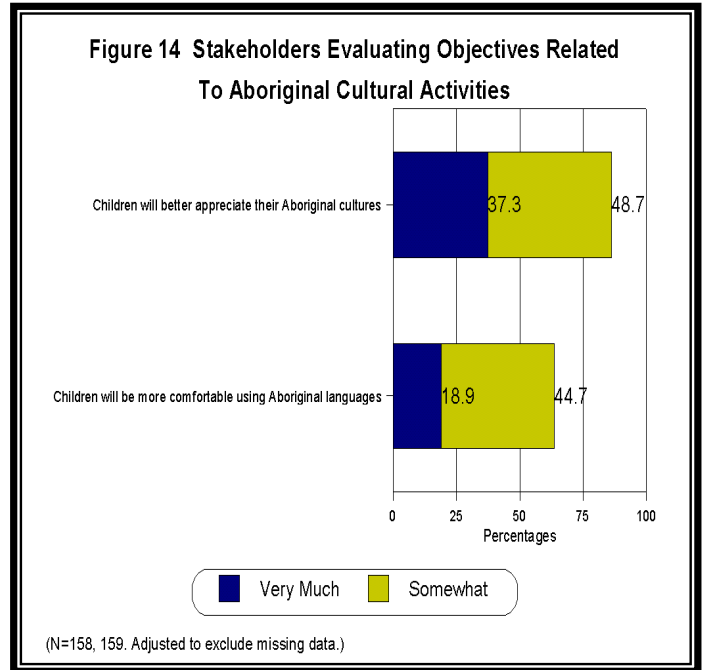
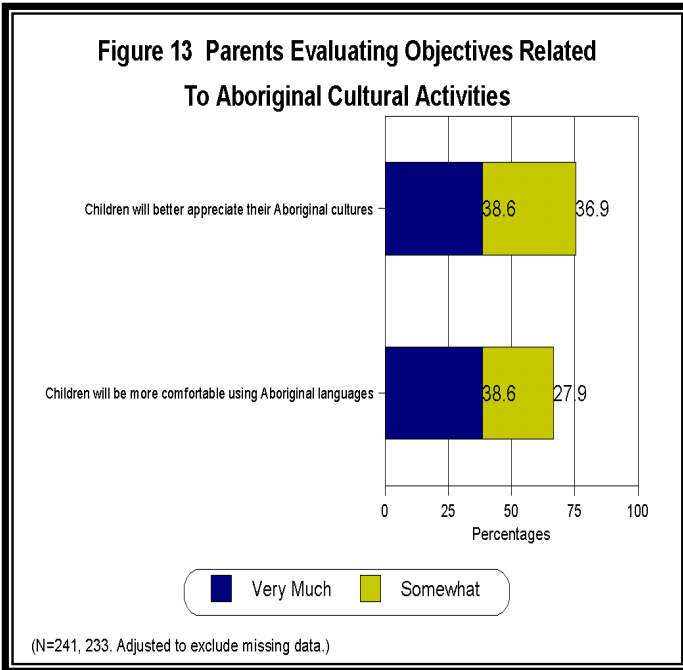
- 80.4%⁵ of the parents in this study
- 87.1% of the stakeholders in this study

4.5) Evaluating Whether Related Objectives Were Achieved:

➤ There were two objectives related to this program component: one related to Aboriginal cultures and the other related to Aboriginal languages.

-Both parents and stakeholders believed that the program had been successful, overall, when it came to **children better appreciating their Aboriginal cultures** (the **Primary Benchmark**), although stakeholders were more likely to believe this to be true (75.5% and 85.7%, respectively) (Figure 13)

-Parents and stakeholders were only moderately positive when evaluating whether the program successfully increased **children's feelings of comfort with their languages** (the **Secondary Benchmark**) (66.5% and 63.6%) (Figure 14)



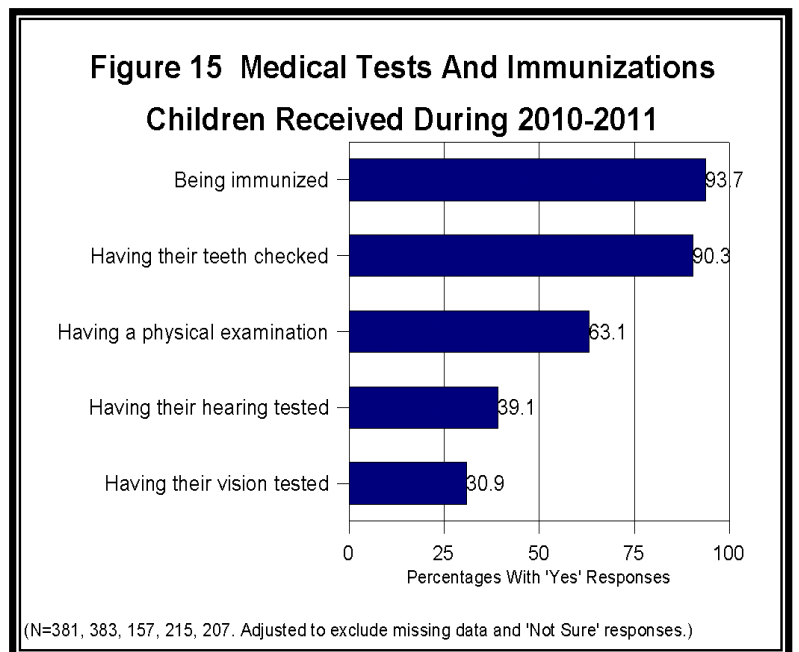
V) EVALUATING THE HEALTH INFORMATION AND SUPPORT COMPONENT OF AHSOR:

5.1) Medical Check-Ups and Immunizations:

➤ Almost all children in the program had been immunized during the program year, and had their teeth checked (93.7% and 90.3%, respectively) (Figure 15).

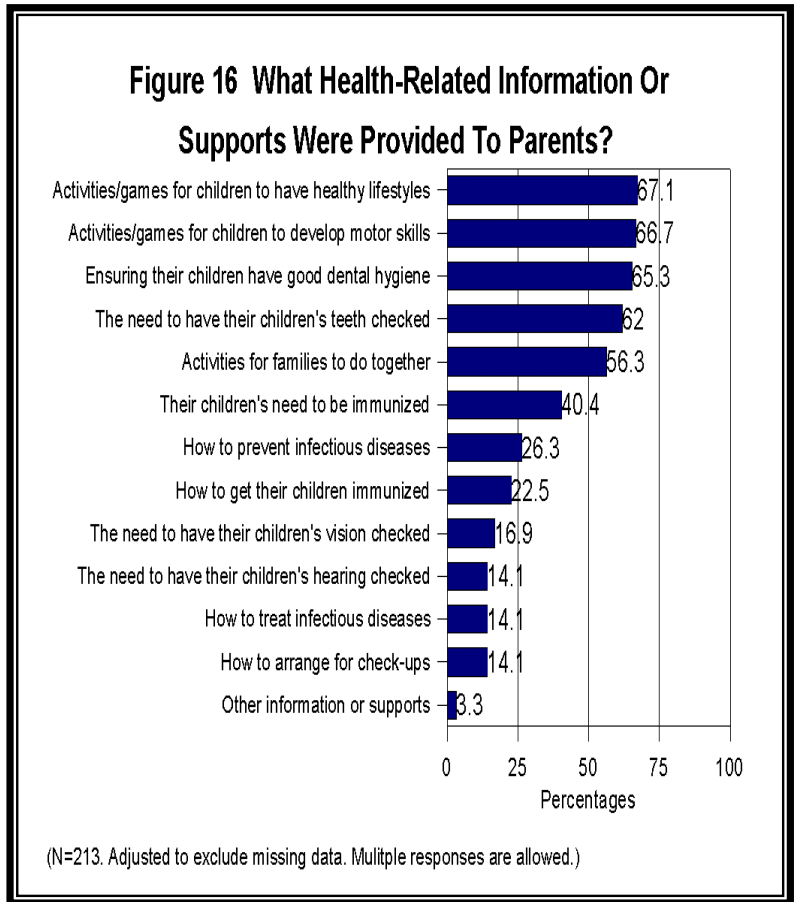
➤ Other examinations occurred with somewhat less frequently, including children:

- Having physical examinations (63.1%)
- Having their hearing tested (39.1%)
- Having their vision tested (30.9%)



⁵ Percentages responding 'very much' or 'somewhat.'

- 35.4% of the parents whose children were examined by a doctor or dentist, said this was the direct result of the program.
- 29.3% of the parents whose children were immunized, said this was a direct result of the program.
- 80.1% of the parents said they received health information or supports from the program. They most frequently included (Figure 16) receiving information regarding:
 - Activities or games for children to have healthy lifestyles (67.1%)
 - Activities or games for children to develop their motor skills (66.7%)
 - The need to ensure that children have good dental hygiene (65.2%)
 - The need have their children's teeth checked (62.0%)
 - Activities that families can do together (56.3%)
 - The need to have their children's need to be immunized (40.4%)
 - How to prevent infectious diseases (26.3%)
 - How to get their children immunized (22.5%)
- Of the 48 children in this study for whom there was a health concern, an attempt was made to have 55.6% of these children medically assessed. Of these children, 89.5% (n=19) had an assessment.



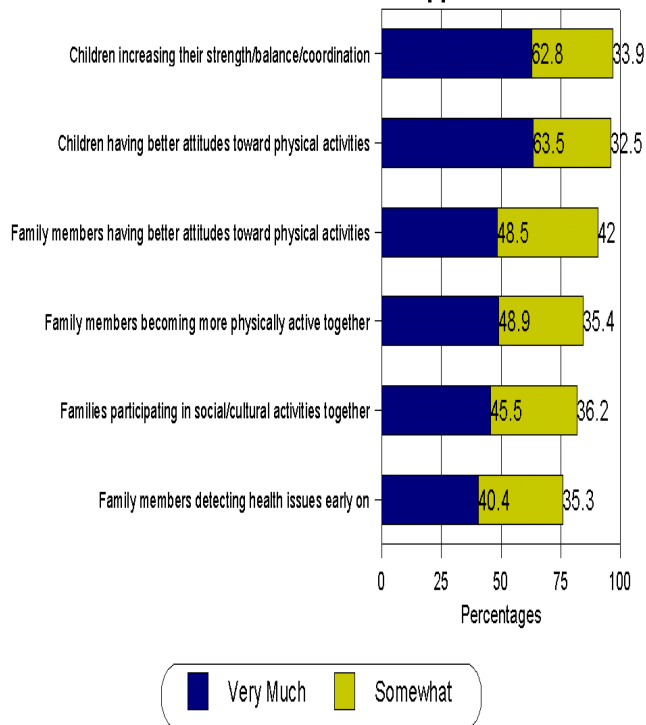
Recommendation 8: *Given that it appears that some parents may be unaware of the importance of having their children's vision and hearing tested, it is recommended that programs ensure that this information is clearly communicated to all parents.*

5.2) Evaluating Whether Related Objectives Were Achieved:

There were six objectives related to the health information and support component of AHSOR. All of these either far-exceed or achieved the **Primary Benchmark**.

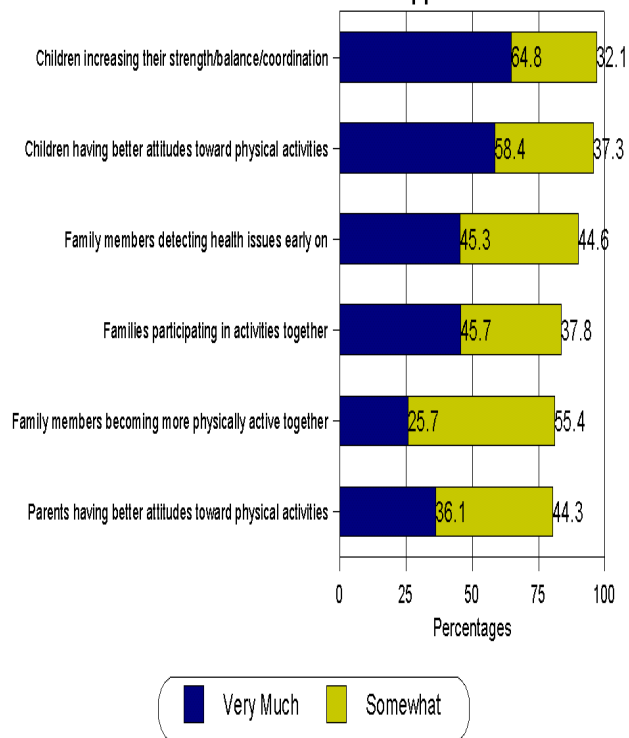
- The percentages of **parents** who felt that each objective was at least somewhat achieved included (Figure 17):
 - Children increasing their strength, balance and coordination (96.7%)
 - Children having better attitudes toward physical activities (96.0%)
 - Family members having better attitudes toward physical activities (90.5%)
 - Family members becoming more physically active together (84.3%)
 - Family members participating in social or cultural activities together (81.7%)
 - Family members detecting health issues early on (75.7%)
- The percentages of **stakeholders** who felt each objective was at least somewhat achieved included (Figure 18):
 - Children increasing their strength, balance, and coordination (96.9%)
 - Children having better attitudes toward physical activities (95.7%)
 - Family members detecting health issues early on (89.9%)
 - Family members participating in social or cultural activities together (83.5%)
 - Family members becoming more physically active together (81.1%)
 - Family members having better attitudes toward physical activities (80.4%)

Figure 17 Parents Evaluating Objectives Related To Health Information And Supports



(N=277, 277, 264, 274, 268, 255. Adjusted to exclude missing data.)

Figure 18 Stakeholders Evaluating Objectives Related To Health Information And Supports



(N=162, 161, 148, 164, 148, 158. Adjusted to exclude missing data.)

Conclusion 10: *Based on these evaluation findings, it is concluded that AHSOR in Manitoba successfully achieved the objectives related to the provision of health information and supports for parents participating in the program. There are children in the programs who had medical check-ups and had their immunizations brought up-to-date as a direct result of the program. Parents also learned about, and made use of, health resources in their communities. There was also a notable focus on the need for good dental hygiene, which were followed-up by dental examinations.*

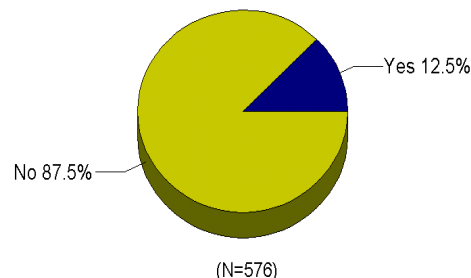
VI) AHSOR PROGRAMS SERVING CHILDREN WITH ADDITIONAL SUPPORT NEEDS:

This evaluation examined the degree to which children attending AHSOR experience medical or developmental diseases or conditions, whether programs can and are serving this population, and the perceived barriers that may keep this from happening.

6.1) Children In AHSOR Programs Experiencing Additional Support Needs:

- Based on AHSOR staffs' observations, 12.5% of the children in their programs experience physical or developmental support needs (Figure 19)
- When staff assessed the children in their programs, they were asked to identify those they suspected were experiencing additional support needs, without a medical assessment on that child. Very few were identified. The top five concerns or issues included:

Figure 19 Were There Concerns Regarding Children's Physical Health Or Development During 2010-2011



(N=576)
(Staffs' perceptions. Adjusted to exclude missing data and 'Not Sure' responses.)

- Speech or language issues (9.2%)⁶
- ADHD (2.3%)
- Hearing issues (1.7%)
- ADD (1.5%)
- FASD (1.4%)

- The prevalence rates for medically assessed additional support needs is even lower for these children, including:
 - Speech and language issues (1.5%)
 - Allergies (1.1%)
- A relatively small percentage of all children in this evaluation had been observed by staff as experiencing any developmental disabilities or concerns. These included:
 - Behavioural concerns (9.4%)
 - Developmental concerns (6.4%)
 - Learning disabilities (6.0%)
 - Concerns regarding their fine motor skills (4.0%)
 - Concerns regarding their gross motor skills (4.0%)
 - Physical health conditions (4.0%)
 - Physical disabilities (2.0%)

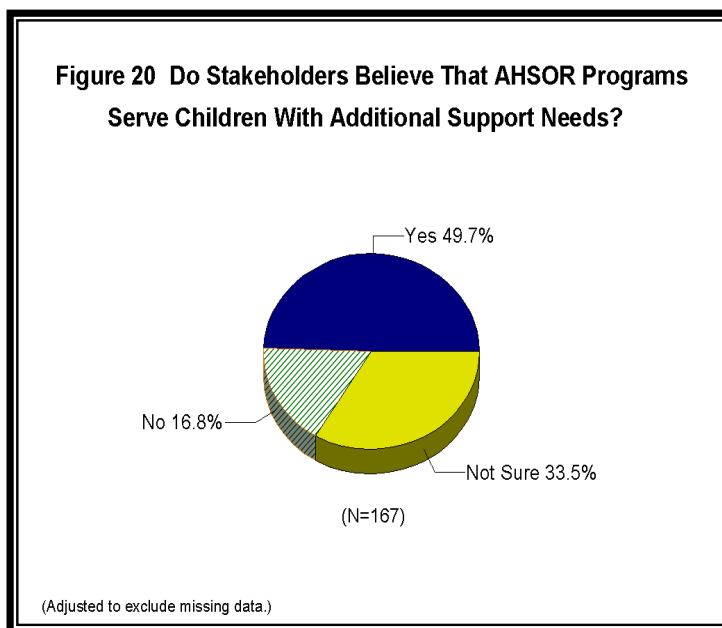
Conclusion 11: *It is anecdotally assumed that many children living in First Nations' communities experience a broad range of medical and developmental illnesses and conditions. The related findings from this study are not consistent with this assumption. There are three possible explanations for these differences:*

- *First, there may be many children living in these communities experiencing these illnesses and conditions, but they are not attending their AHSOR programs.*
- *Secondly, the child prevalence rates for these illnesses and conditions, for these communities, are not as high as has been assumed.*
- *Thirdly, AHSOR staff may be aware of children whom they suspect are experiencing the illnesses or conditions highlighted in this evaluation, but they are wary of making an informal assessment in this regard, based on their observations alone.*

Recommendation 9: *That FNIHB, in consultation with Manitoba Health, determine the illness and disability prevalence rates for children residing in First Nations' communities. This will allow FNIHB to determine whether the related evaluation data are reflective of the actual prevalence rates, or are indicative of an under-representation of children with additional support needs who are attending AHSOR programs.*

6.2) Determining Whether AHSOR Programs Serve Children With Additional Support Needs:

- Just under half of the stakeholders in this study (49.7%) reported that the AHSOR programs in their communities serve children with additional support needs (Figure 20). One-third of these respondents, most of whom are AHSOR managers and staff, were unsure about this.
- Of the stakeholders who felt that these children were being served by AHSOR, these children most frequently experienced:



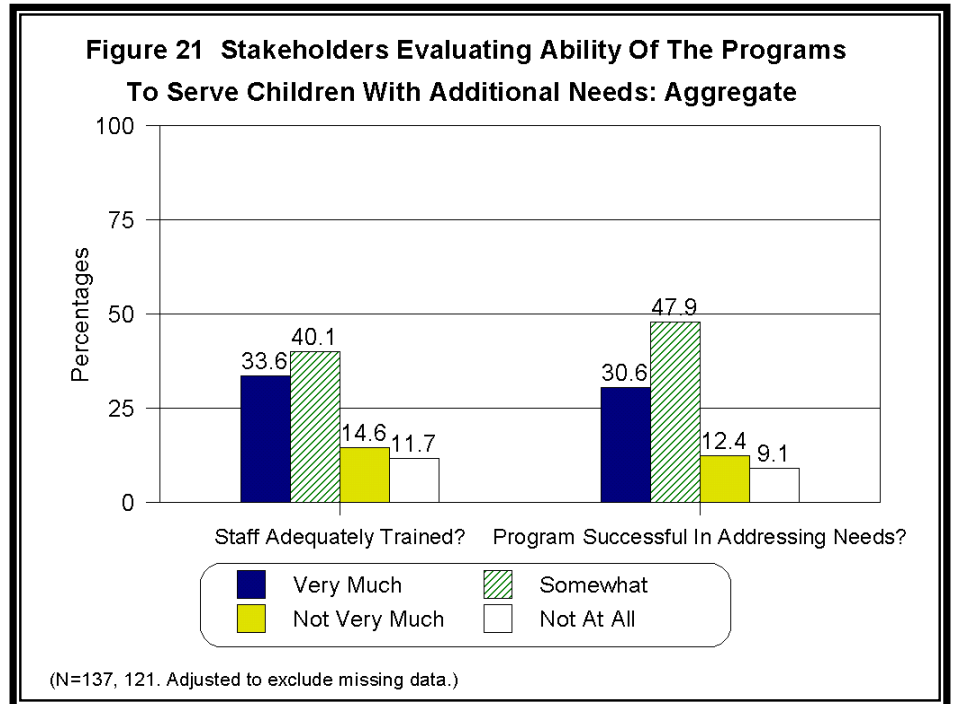
⁶ **Prevalence rates:** indicating the percentage of the entire children's study population

- Speech and language concerns (25.1%)⁷
- FASD (25.1%)
- Behavioural issues (23.0%)

- Learning disabilities (18.6%)
- Developmental concerns (16.9%)

6.3) Evaluating The Current Abilities Of AHSOR Programs To Serve These Children:

- In the aggregate, 73.7% of all stakeholders felt that AHSOR staff were at least somewhat adequately trained to successfully work with children with additional support needs, with 33.6% of these stakeholders very much believing this to be true (Figure 21) (the **Secondary Benchmark**).
- Also in the aggregate, 78.5% of all stakeholders felt that the AHSOR programs are successfully addressing the needs of these children, with 30.6% very much believing this to be true (the **Primary Benchmark**).

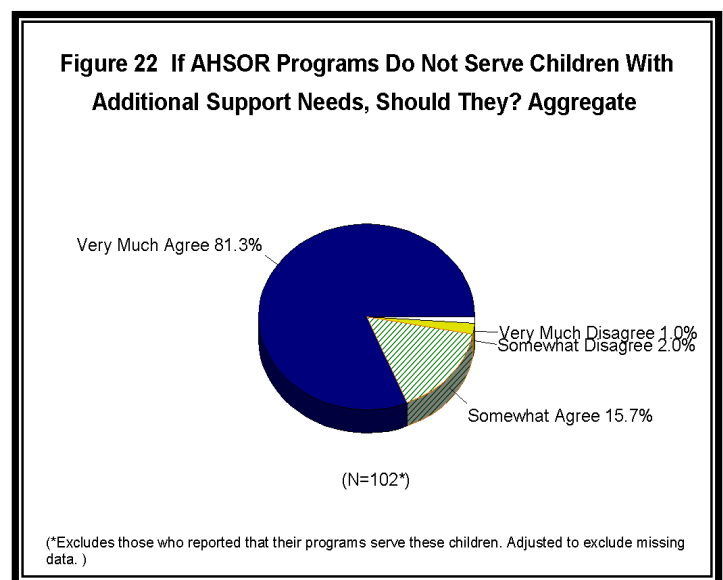


- External stakeholders were significantly more likely than AHSOR managers and staff to believe both statements to be true,
- Stakeholders were asked what additional training AHSOR staff would need to successfully address the needs of these children, as an open-ended question. Four themes emerged:

- The need for general specialized training
- The need for training to work with children experiencing FASD, ADHD, ADD and/or speech disorders
- Learning how to adapt program sites to make them more accessible for all children
- Learning how to assess children's needs

6.4) Should AHSOR Programs In Manitoba Serve Children With Additional Support Needs?

- In the aggregate virtually all stakeholders (97.0%) felt that AHSOR programs in Manitoba should meet the needs of these children, with 81.3% strongly agreeing with this. (Figure 22).
- Internal and external stakeholders had almost identical responses to this question.



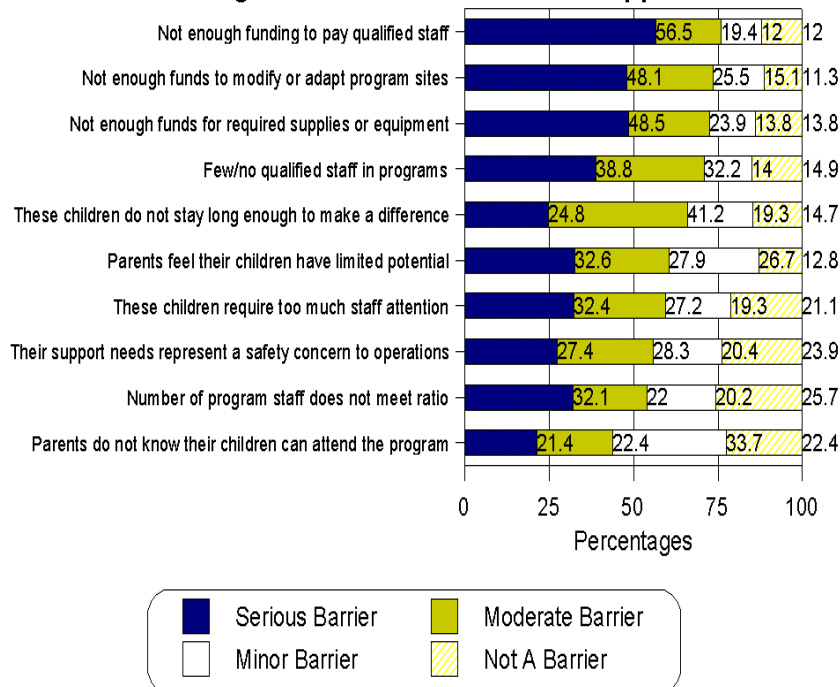
6.5) Identifying Barriers To Serving These Children:

- Although stakeholders were strongly supportive of the need to include children with additional support needs in their AHSOR programs, they were able to identify numerous barriers that would need to be overcome for this to occur (Figure 23). Many barriers were financial or resource-oriented, including:

⁷ The percentage of stakeholders identifying each additional support need experienced by children in their programs.

- Not having enough funding to pay qualified staff (75.9%)⁸
- Not having enough funding to modify or adapt their program sites to serve these children (73.6%)
- Not having enough funding to pay for required supplies and equipment (72.4%)
- Having few or no qualified staff in their programs (71.0%)
- These children do not stay with their programs long enough to make a difference (66.0%)
- Parents feel that their children have limited potential (60.5%)
- These children require too much staff attention (59.6%)
- Support needs of these children are a safety concern to the operation of the programs sites (55.7%)
- The current number of staff does not meet the ratio for working with these children (54.1%)
- Parents of children with additional needs do not know their children can attend the program (43.8%)

Figure 23 Stakeholders' Perceptions Of Barriers To AHSOR Serving Children With Additional Support Needs



(N=108, 106, 109, 121, 109, 86, 114, 113, 98. Adjusted to exclude missing data.)

Conclusion 12: *It is evident that stakeholders are committed to including children with additional support needs in their programs. However, program staff and managers generally feel that they require more professional development to successfully meet the needs of these children. They also feel that they are not as successful as they would like to be in addressing their needs.*

While stakeholders were able to identify additional training they felt would help them to better support these children, many of the barriers to assisting these children go beyond training, and are financial in nature.

Recommendation 10: *That FNIHB, in conjunction with the AHSOR Regional Advisory Committee, review the perceived barriers to serving children with additional support needs, in order to find ways to increase their participation in AHSOR in Manitoba.*

Recommendation 11: *Notwithstanding the identified barriers to AHSOR programs effectively serving children with additional support needs, it is recommended that FNIHB reinforce the principle that AHSOR programs in Manitoba should be inclusive, accommodating, and welcoming to all children, to the extent that this is currently possible.*

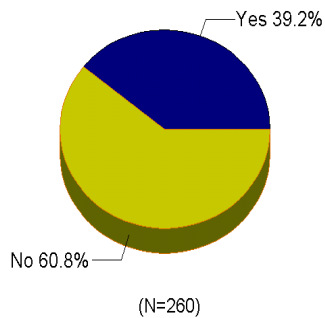
VII) EVALUATING THE COMMUNITY AND PARENTING SUPPORT COMPONENT OF AHSOR:

7.1) Parents Receiving And Using Community And Parenting Information

- Over one-third of the parents in this study (39.2%) were provided with information regarding community and/or parenting supports (Figure 24)
- Referrals to community resources were made on behalf of 28.5% of all parents in the study
- Of these, 78.6% followed-up on their referrals (Figure 25) (attaining the **Primary Benchmark**)

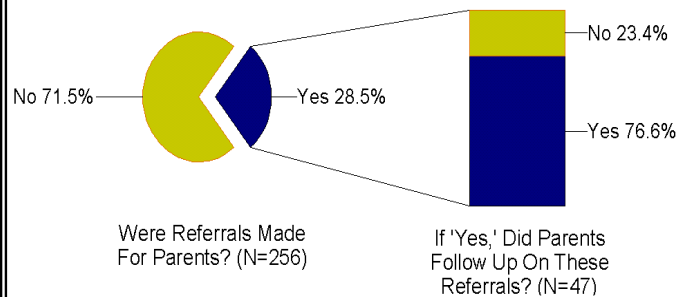
⁸ The percentage of stakeholders who felt that each statement was a 'serious' or 'moderate' barrier.

Figure 24 Did The Program Provide Parents With Information About Community/Parenting Supports?



(Adjusted to exclude missing data.)

Figure 25 AHSOR Staff Making Referrals For Parents Regarding These Resources



(Adjusted to exclude missing data.)

➤ Virtually all parents who followed through with their referrals (94.6%) felt that they were helpful for them. Of these, 50.0% felt that they were very helpful (far-exceeding the **Primary Benchmark**) (Figure 26)

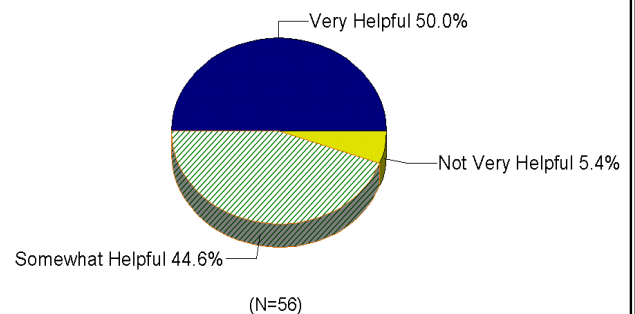
➤ Referrals were made to twenty-five community professionals, leaders, agencies and organizations. These most frequently included:

- Daycares (37.9%)
- Educational programs (34.8%)
- Public health clinics (27.3%)
- Transportation services (21.2%)
- Elders in the community (18.2%)
- Families First/Babies First (16.7%)
- Child and Family Services (13.6%)
- Private counsellors (10.6%)
- Traditional healers (10.6%)

➤ Some parents used federal-funded programs, including:

- Canadian Prenatal Nutrition Program (CPNP) (31.2%)
- Maternal Child Health (MCH) (23.1%)
- The Aboriginal Diabetes Initiative (ADI) (16.9%)
- Healthy Bodies Healthy Minds (HBHM) (11.2%)
- The FASD Program (9.8%)

Figure 26 If Parents Attended The Referral, Overall How Helpful Was It To Them?



(Adjusted to exclude missing data.)

7.2) Evaluating Whether Related Objectives Were Achieved:

Once again both parents and stakeholders felt that the two related objectives of this AHSOR component had been achieved (exceeding or far-exceeding the **Primary Benchmark**)

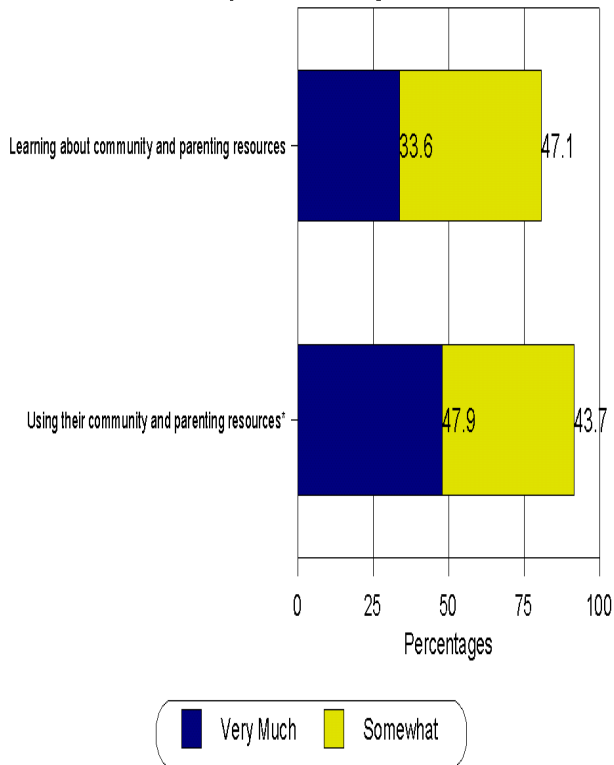
➤ The percentage of **parents** who felt that these objectives had been achieved (Figure 27) included:

- Parents learning about community and parenting resources (80.7%)
- Parents using their community and parenting resources (91.6%)

➤ The percentage of **stakeholders** who felt that these objectives had been at least somewhat (Figure 28) included:

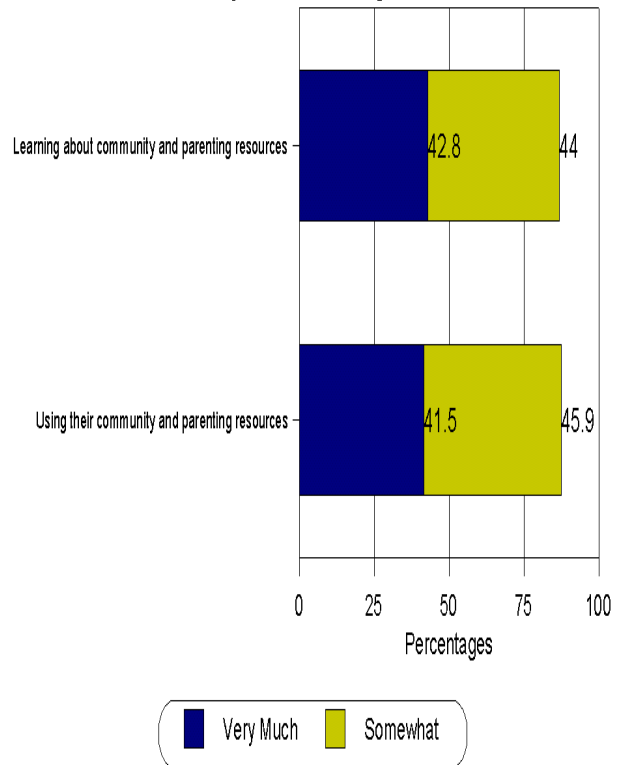
- Parents learning about community and parenting resources (86.8%)
- Parents using their community and parenting resources (87.4%)

Figure 27 Parents Evaluating Objectives Related To Community And Parenting Resources



(N=238, 71. Adjusted to exclude missing data. *Of those parents who made use of these.)

Figure 28 Stakeholders Evaluating Objectives Related To Community And Parenting Resources



(N=159, 159. Adjusted to exclude missing data.)

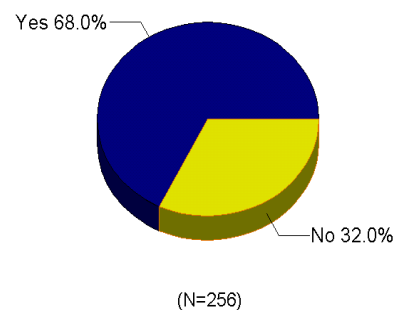
Conclusion 13: *Based on the preceding findings it is concluded that AHSOR in Manitoba has achieved its objectives regarding this program component. Parents became aware of, and made use of a wide range of community and parenting supports, and found them to be useful.*

VIII) EVALUATING THE COMPONENTS OF AHSOR THAT SUPPORTS PARENTS' ROLES AS PRIMARY CAREGIVERS TO THEIR CHILDREN:

8.1) Parents Receiving Help In Their Roles As Parents:

- 68.0% of the parents in this study received information and/or supports on their roles as parents or caregivers (Figure 29).
- While many parents felt that they had 'good' or 'very good' parenting skills when their children first entered the program, they were still able to significantly improve their skills over time (from 91.9% reporting good or very good skills at Time-One, to 96.7% reporting this at Time-Two) (far-exceeding the **Primary Benchmark**).
- Parents who initially reported having only fair parenting skills, or needing to improve these skills, demonstrated the largest degree of positive change over time.

Figure 29 Did Parents Receive Information Or Supports Regarding Their Roles As Parents Or Caregivers?

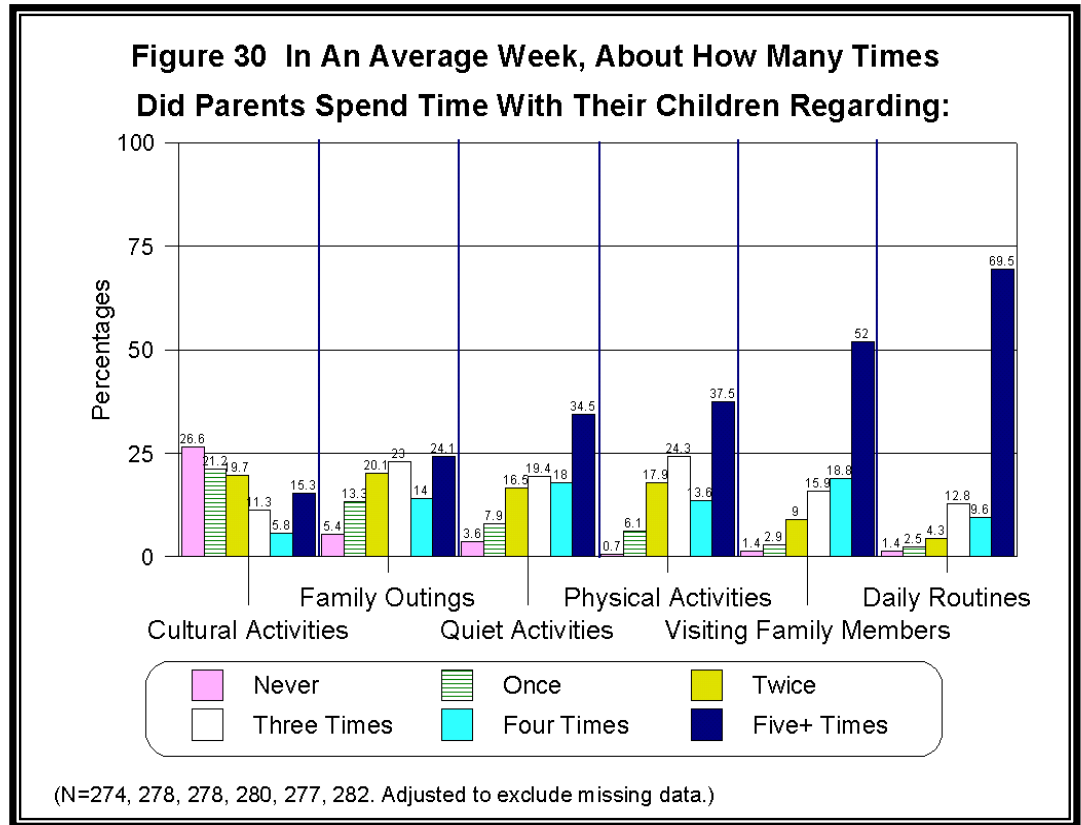


(Adjusted to exclude missing data.)

8.2) Parents Spending Time With Their Children:

- One of the more important missions of AHSOR is to increase the amount of time that children and parents spend together. Accordingly, parents were asked to indicate the amount of time they spent with their children (Figure 30). This included parents who frequently reported spending time together:

- Doing daily routines such as cleaning, shopping and eating together (79.1%)⁹
- Visiting family members (70.8%)
- Doing quiet activities (52.5%)
- Doing physical activities (51.1%)
- On family outings (38.1%)
- Participating in cultural activities (21.1%)



Conclusion 14: *Families spent most of their time together undertaking informal activities and daily routines. Consistent with preceding findings, the least amount of time was spent on cultural activities.*

8.3) Evaluating Whether Related Objectives Were Achieved:

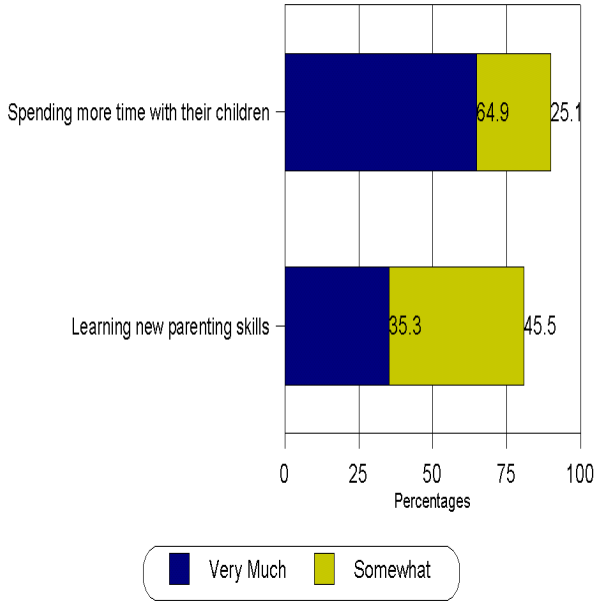
Both parents and stakeholders felt that the related objectives were achieved (far-exceeding the **Primary Benchmark**):

- Most **parents** positively evaluated the following objectives (Figure 31):
 - 90.0% of these parents spent more time with their families as a result of the program
 - 80.8% of these parents felt that they had improved their parenting skills as a result of their participation in the program
- Most **stakeholders** shared the views of these parents (Figure 32):
 - 89.9% of the stakeholders felt that parents spent more time with their families as a result of the program
 - 85.7% of the stakeholders felt that parents had improved their parenting skills as a result of their participation in the program

Conclusion 15: *Again, based on the related study findings, it is concluded that AHSOR in Manitoba successfully achieved its objectives related to this component. Parents received information on supports to augment their roles as caregivers for their children, had been able to identify activities that their families participated in together, and reported perceived improvements to their parenting skills. This last finding is more notable given that most parents felt they had positive parenting skills upon entering the program (at Time-One).*

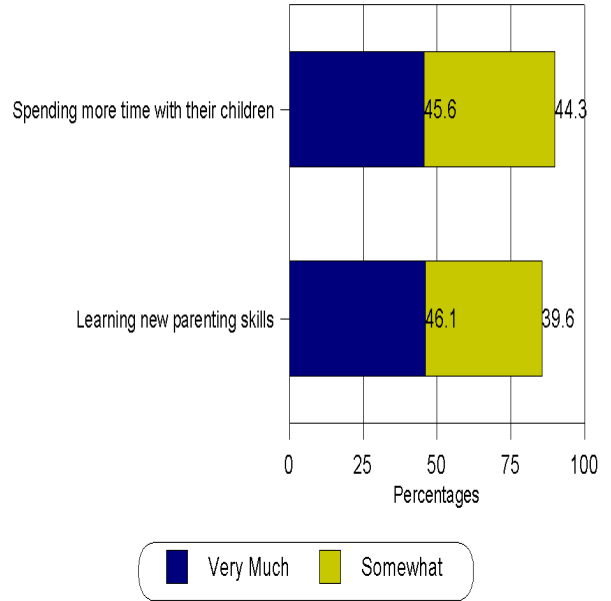
⁹ The percentages who reported being involved in each activity with their children 4 or more times per week.

Figure 31 Parents Evaluating Objectives Related To Information/Supports For Their Roles As Parents



(N=271, 266. Adjusted to exclude missing data.)

Figure 32 Stakeholders Evaluating Objectives Related To Information/Supports Regarding Parents' Roles



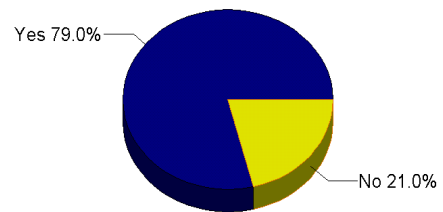
(N=149, 154. Adjusted to exclude missing data.)

X) EVALUATING THE NUTRITION/HEALTHY EATING COMPONENT OF AHSOR:

9.1) Parents Receiving Nutritional Information And Supports:

- 79.0% of the parents received information or supports from AHSOR regarding nutrition and healthier eating (Figure 33)
- 67.8% of the parents received information regarding the Canada/Aboriginal Food Guides
- Of these, 95.2% said that they have read one or both of these guides (Figure 34)

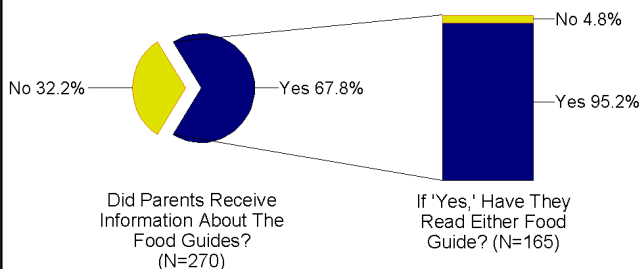
Figure 33 Did Parents Receive Information Or Supports Regarding Nutrition And Healthier Eating?



(N=271)

(Adjusted to exclude missing data.)

Figure 34 Parents And The Canada/ Aboriginal Food Guides



(Adjusted to exclude missing data.)

9.2) Parents' Nutritional Knowledge And Healthy Eating Practices:

- 88.5% of these parents reported having 'good' or 'very good' knowledge regarding proper nutrition and healthy eating, when they first entered the program (Time-One). At Time-Two 95.0% of these same parents reported this. While there was a notable improvement in these responses at Time-Two, these variations are not considered statistically significant.

9.3) Reasons Why Parents Do Not Buy Healthy Foods:

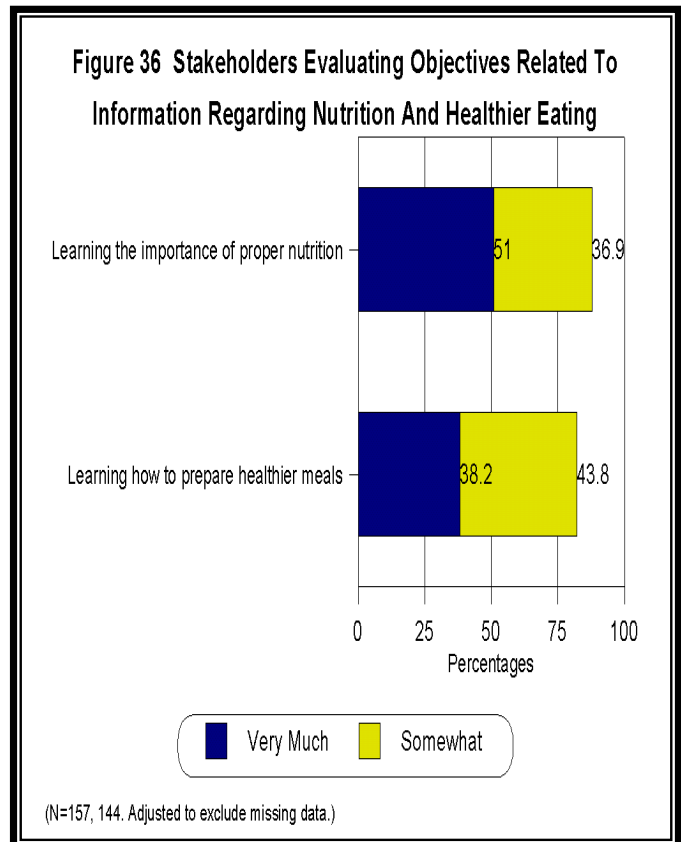
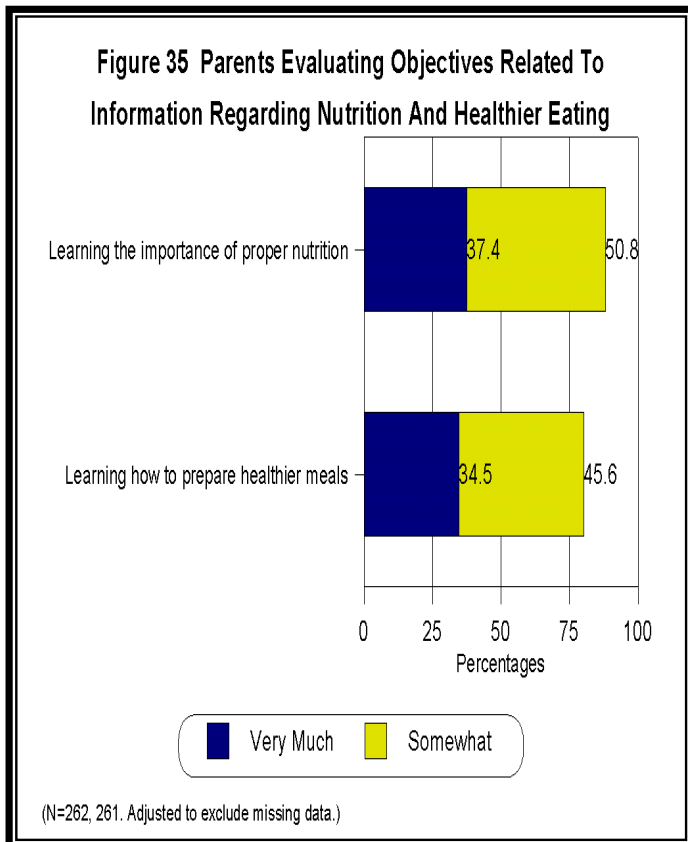
- Parents, who do not buy healthy foods, were asked for their reasons for not doing so. The five most frequent reasons were:
 - There are limited food choices available in local stores (43.8%)
 - Healthy foods are too expensive (39.2%)
 - They need more information about healthy food choices (23.5%)
 - There are no grocery stores close by (20.3%)
 - They do not have the time to prepare proper meals (13.7%)

Recommendation 12: *Given that some parents' reasons for not buying healthy food reflect the reality of high costs to ship food to hard-to-reach communities, and difficulty accessing these foods, it is recommended that AHSOR programs enlist the support of local nutritionists to provide parents with related information, advice and resources to help them overcome their barriers to healthier eating.*

9.4) Evaluating Whether Related Objectives Were Achieved:

Again both parents and stakeholders felt that the objectives related to this program component had been achieved (meeting or exceeding the **Primary Benchmark**).

- Most **parents** positively evaluated the following two objectives (Figure 35):
 - 88.2% of these parents learned the importance of proper nutrition for themselves and their families
 - 80.1% of these parents learned how to prepare proper meals
- Most **stakeholders** positively evaluated the following two objectives (Figure 36):
 - 87.9% of the stakeholders believed that parents learned the importance of proper nutrition for themselves and their families
 - 82.0% of the stakeholders believed that parents learned how to prepare proper meals



Conclusion 16: *Even though most parents said that they came into the program with good or very good knowledge regarding nutrition and healthy eating, there were still improvements noted. Parents' findings are validated by the corroborating perceptions of the stakeholders.*

Conclusion 17: *It is concluded, based on these evaluation findings, that the objectives related to nutritional knowledge and healthier eating have been achieved by AHSOR program sites in Manitoba.*

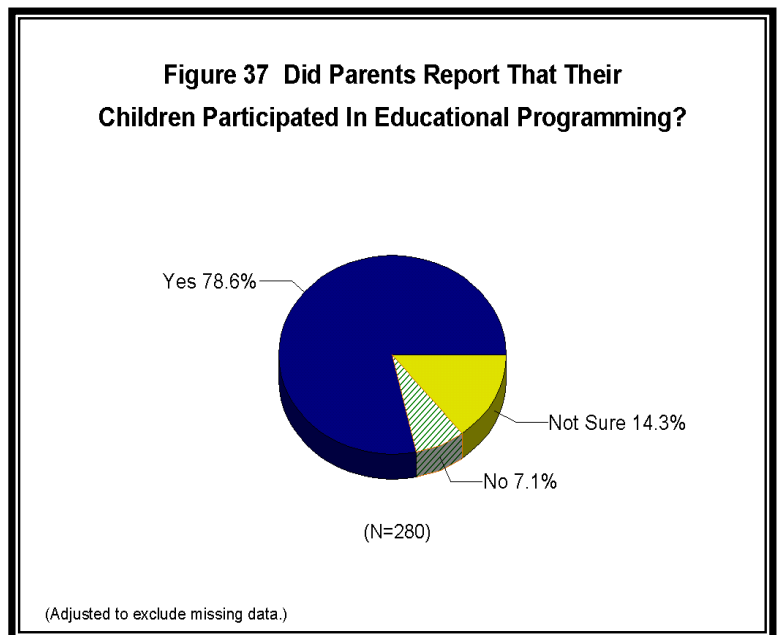
X) EVALUATING THE SCHOOL-READINESS AND LIFE-LONG LEARNING COMPONENT OF AHSOR:

The analysis of the school-readiness component of AHSOR is the most in-depth research component of this evaluation. It incorporated the use of several pretest/post-test comparisons related to the social and developmental skills children will require to successfully transition to a formal school setting.

10.1) Children's Participation In Educational Activities:

- 78.6% of the parents in this study reported that their children participated in educational programming through their AHSOR programs, while 14.3% were unsure about this (Figure 37)

Conclusion 18: *Given that all children participated in at least some educational activities through the program, it is concluded that a small percentage of parents may not be aware of the educational value of activities such as solving puzzles or going on fieldtrips.*



Recommendation 13:

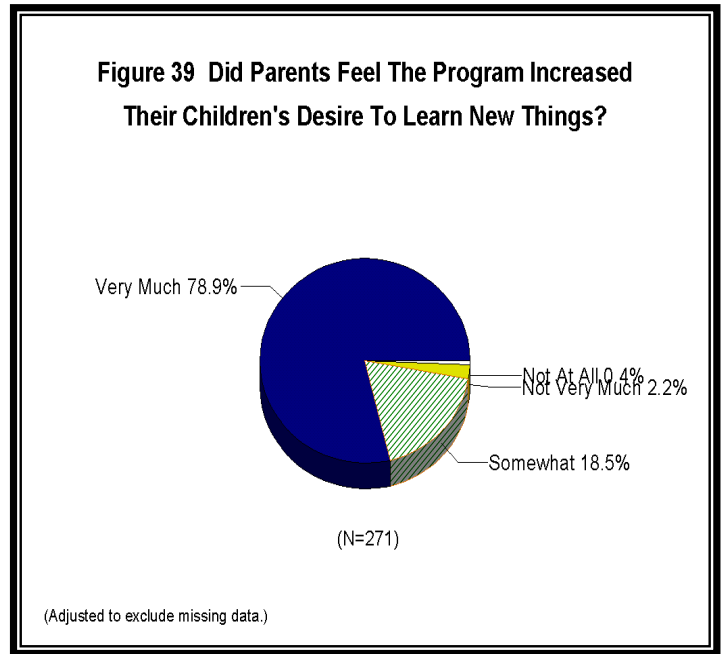
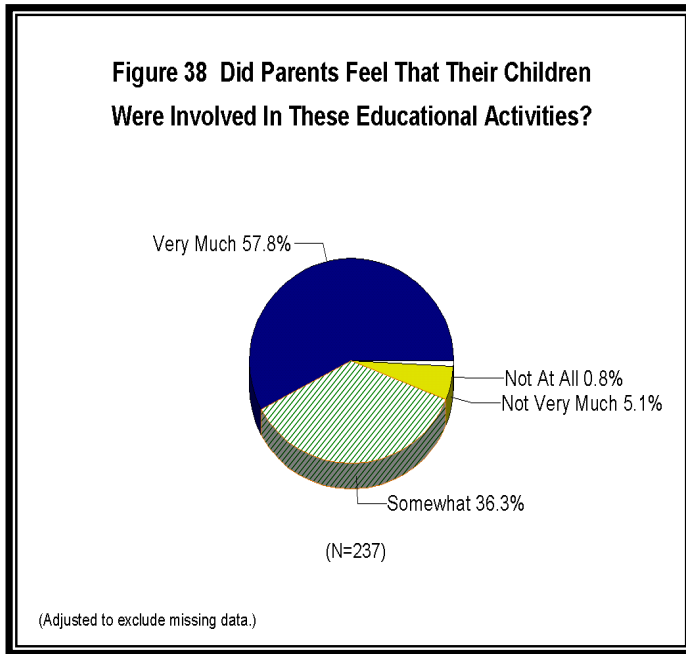
That each AHSOR centre ensure that all parents have information explaining how the broad range activities they provide that will assist their children to become both school-ready, and to practice life-long learning.

- Most parents were able to identify a range of educational activities in which their children participated. The most frequently identified activities included:
 - Go on outings or fieldtrips (72.3%)
 - Solving puzzles (70.9%)
 - Practicing their numbers or math skills (65.3%)
 - Practicing their reading skills (64.8%)
 - Practicing their writing skills (56.8%)
 - Music and movement (54.9%)
 - Learning about nature (46.5%)
- 48.8% of these parents reported that at least some of these learning concepts were provided in their children's Aboriginal languages

Conclusion 19: *Providing educational instruction or facilitating conversations in children's Aboriginal languages is a good example of a total immersion approach to language instruction.*

- 94.1% of the parents felt that their children were actively involved in the educational activities provided at AHSOR, with 57.8% feeling that they had been very involved (Figure 38) (far-exceeding the **Primary Benchmark**).

- 97.4% of the parents felt that the program had increased their children’s desire to learn new things, with 78.9% of these feeling that this was very much the case (Figure 39) (far-exceeding the **Primary Benchmark**).



10.2) Parents Participating In Their Children’s Educational Programming:

- 74.4% of the parents said that they participated directly in their children’s educational activities
- Of these, 97.5% felt that this helped parents to feel more involved in the program, with 61.9% saying that this had been very much the case.

10.3) Measuring Improvements In Children’s Social Behaviours And Interactions Over Time:

This analysis was based on AHSOR staffs’ assessments of the frequency with which each child in their programs was observed to demonstrate nineteen behaviours that would contraindicate their school-readiness. Questions were answered for each child at both Times-One and Two. The separate Time-One and Time-two findings were reported for all children with either forms completed. However, only the children for whom both forms were completed were included in the outcome analysis (i.e., repeated measures using paired t-tests).

Where possible it was requested that the same staff person assess each child at both times, to reduce inter-rater reliability issues. Possible responses included behaviours being observed ‘often’ (scored as ‘4’); ‘sometimes’ (scored as ‘3’); ‘rarely’ (scored a ‘2’); and ‘never’ (scored as ‘1’).

10.3.1) The Aggregate Findings:

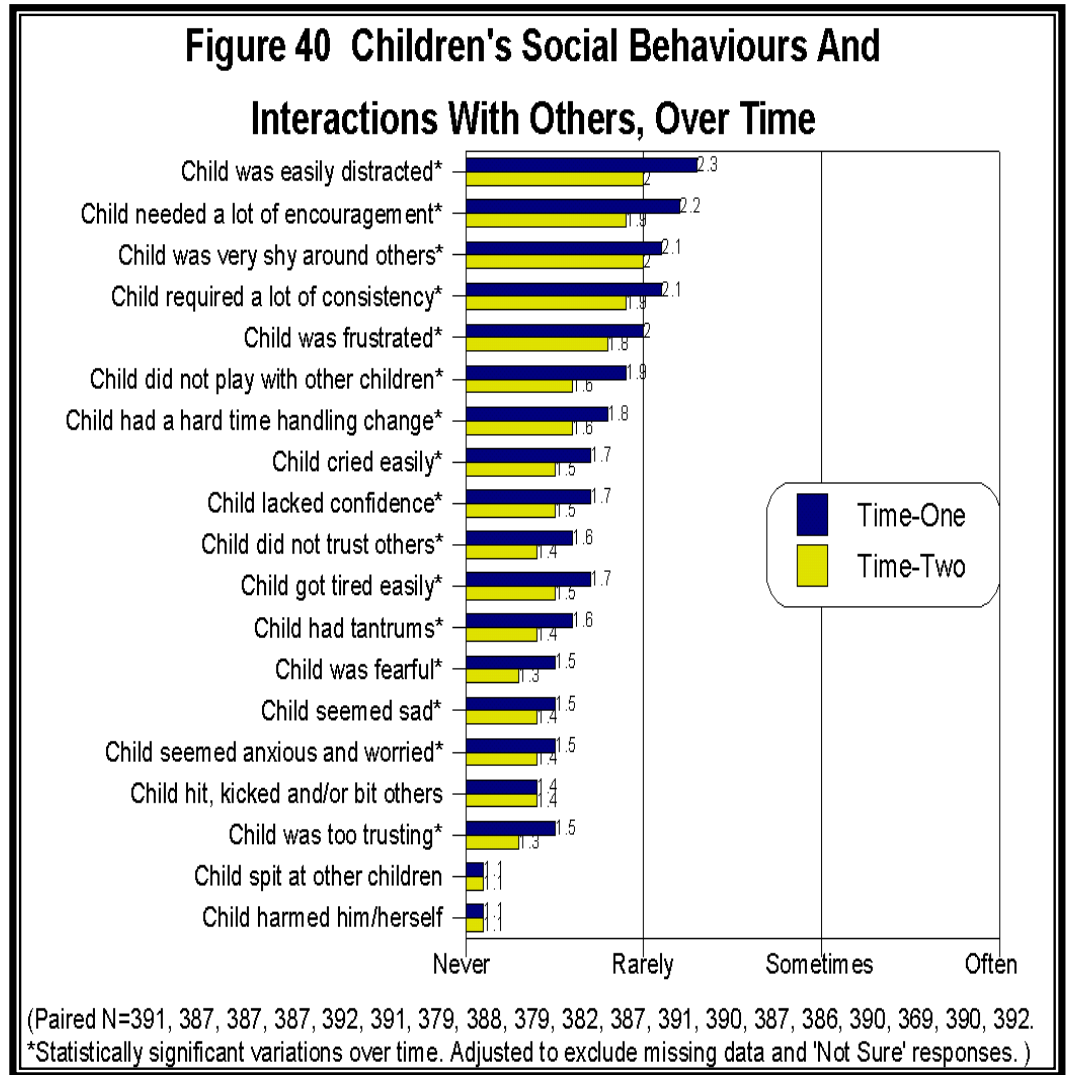
- The most frequent behaviours observed regarding these children when they first arrived at their programs included:
 - Children being easily distracted (45.8%)¹⁰
 - Children needing a lot of encouragement (42.8%)
 - Children appearing very shy around others (40.4%)
 - Children requiring a lot of consistency (33.5%)
 - Children appearing frustrated (28.7%)
 - Children not playing with other children (27.7%)
 - Children appearing to have a hard time handling change (21.1%)

¹⁰ Percentages of children who sometimes or often demonstrating these behaviours, as observed by program staff.

➤ When these Time-One responses were compared to responses to the same questions at the end of the program, there were statistically significant improvements for all but three of these behaviours (Figure 40). These three behaviours were initially observed in very few instances.¹¹

➤ The most significant improvements for the children in this analysis related to reductions in the following behaviours, in ranked-order:

- Children playing more with other children
- Children needing less encouragement
- Children being less easily distracted
- Children trusting others more
- Children requiring less consistency
- Children being less fearful
- Children not being too trusting



Conclusion 20: *The fact that there were statistically significant improvements in these behaviours for all children in this study is particularly notable given that most of these children rarely or never displayed these behaviours at Time-One.*

10.3.2) For Children Who Often Or Sometimes Demonstrated Each Behaviour:

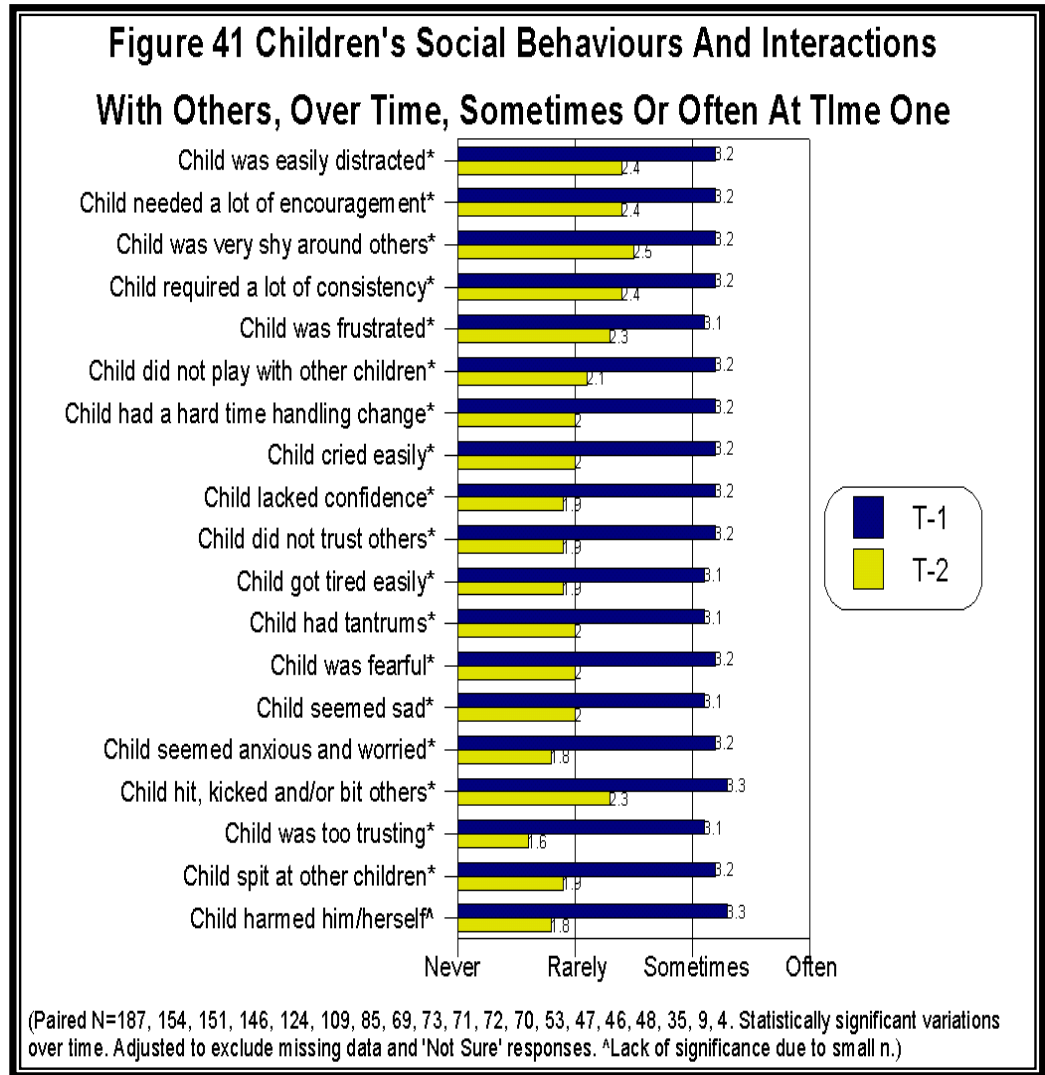
- When this analysis was limited solely to those children who displayed each of these behaviours often or sometimes at Time-One, the extent of improvement for each behaviour was highly statistically significant (Figure 41). In addition, there were significant improvements regarding all but one of the nineteen behaviours. While each of these behaviours was displayed at least some of the time by these children at Time-One, by Time-Two many of them were displayed rarely or even less frequently.
- In many cases, the findings for these children, regarding specific behaviours, was at par with all children at Time-Two
- The most significant improvements related to the following behaviours, listed in ranked-order included children who
 - Trusted others more
 - Needed less encouragement
 - Had more confidence

¹¹ They included children hitting, kicking or biting other children, children spitting at other children, and children harming themselves. The mean responses for these three behaviours ranged from 1.1 to 1.4 out of 4.0.

- Did not get tired as easily
- Were less easily distracted
- Handled change more easily
- Required less consistency
- Cried less easily
- Played more with other children
- Seemed less anxious or worried
- Were less frustrated

Conclusion 21:

Based on the empirical findings of this analysis, it is included that AHSOR in Manitoba has been successful in reducing the behaviours that contraindicate school-readiness in children attending the program. The rates of change for children who sometimes or often displayed each behaviour at Time-One was particularly significant. The children in this latter group went from sometimes or often displaying each behaviour, to rarely or never doing so.



10.4) Measuring Improvements In Children’s School-Readiness Skills And Abilities Over Time:

The second set of school-readiness statements related to the skills and abilities children possessed at Time-One and then at Time-Two. This included their ability to socialize and communicate in a positive manner, their knowledge regarding literacy and numeracy skills, and attributes such as curiosity, attentiveness, and the ability to adapt to new situations. Once again staff were asked to assess each child regarding the extent to which each of these 22 school-readiness factors was observed. Possible responses included ‘performed independently’ (scored as ‘4’); ‘practicing’ (scored as ‘3’); ‘beginning’ (scored as ‘2’); and ‘not observed’ (scored as ‘1’).

10.4.1) The Aggregate Findings:

- Consistent with the preceding section, most of these children were already practicing each of these skills and abilities at Time-One (Figure 42). The most frequently observed school-readiness skills and abilities when the children first entered their AHSOR programs included:
 - Children demonstrating strength, balance, and coordination (72.6%)¹²
 - Children interacting positively with adults (72.2%)
 - Children understanding simple directions (70.0%)
 - Children following simple rules (69.3%)
 - Children appearing enthusiastic (67.8%)

¹² Percentages of children observed independently performing or practicing each skill or ability.

- Children playing with different children (66.7%)
- Children separating easily from caregiver (66.2%)
- Children communicating their needs, wants and thoughts (66.2%)
- Children trying new things (65.6%)
- Children's speech being understandable (65.5%)
- Children taking turns (65.2%)
- Children engaging in conversation (64.5%)
- Children adapting to transitions (64.7%)
- Children demonstrating perceived levels of confidence and independence (64.7%)
- Children paying attention (64.3%)
- Children appropriately expressing emotions (63.7%)

➤ Notwithstanding the relatively large percentage of children who were observed by AHSOR staff to be practicing or independently

performing each of these skills and abilities upon entering the program, there were statistically significant improvements with regard to each of these factors, over time.

➤ The most significant improvements for all children were documented for the following skills and abilities, in ranked-order, included children:

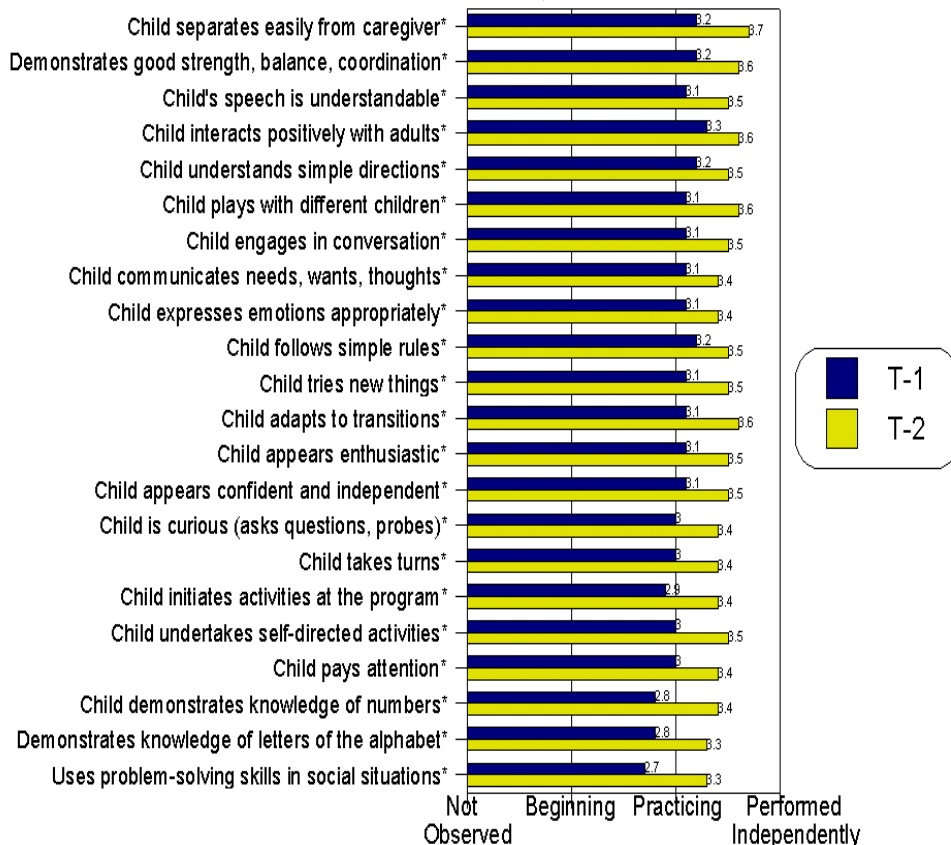
- Demonstrating knowledge of numbers
- Using problem-solving skills in social situations
- Demonstrating knowledge of letters
- Paying attention
- Playing with different children
- Adapting to transitions
- Undertaking self-directed activities
- Appearing enthusiastic
- Initiating activities at their programs
- Appearing confident and independent
- Demonstrating good strength, balance and coordination
- Taking turns

➤ The global variation of mean scores for this set of 22 measures went from 3.1 out of 4.0 at Time-One (the 78th percentile), to 3.5 at Time-Two (88 the percentile): from practicing each of these skills and abilities when they entered the program, to moving toward independently performing them at the end of the program.

Conclusion 22: *Even though these children, in the aggregate, had fairly well-developed school-readiness skills and abilities when they enrolled in their programs, they still demonstrated statistically significant growth regard each of the 22 factors that were analyzed.*

Figure 42 Assessing Children's School-Readiness

Skills And Abilities, Over Time

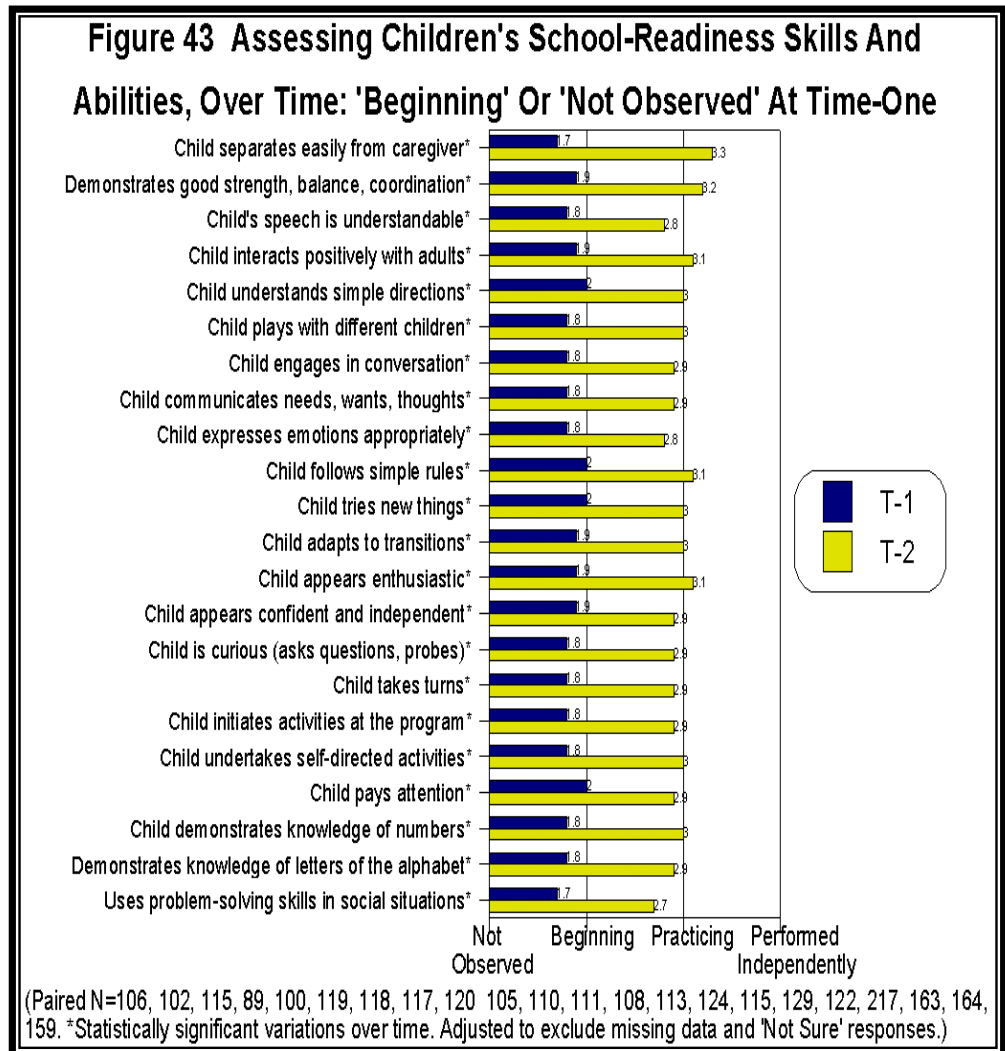


(Paired N=379, 373, 375, 389, 383, 386, 376, 381, 380, 387, 381, 383, 384, 384, 381, 384, 371, 381, 383, 373, 372, 387. *Statistically significant variations over time. Adjusted to exclude missing data and 'Not Sure' responses.)

10.4.2) For Children Who Were Just Beginning Or Not Performing Each Skill And Ability At Time-One:

- Much more significant improvements, regarding each of the 22 skills and abilities, were observed for those children who were either just beginning to demonstrate each skill or ability at Time-One or were not yet performing them (Figure 43).
- The most significant growth over time, for these children, was associated with the following skills and abilities, in ranked order:

- Demonstrating knowledge of numbers
- Demonstrating knowledge of letters
- Appearing enthusiastic
- Demonstrating good strength, balance and coordination
- Using problem-solving skills in social situations
- Separating easily from their caregivers
- Undertaking self-directed activities
- Following simple rules
- Playing with different children
- Being curious (asking questions, probing)
- Interacting positively with adults
- Communicating their needs, wants and thoughts
- Engaging in conversation
- Initiating activities at their programs
- Understanding simple directions



Conclusion 23: *In addition to the amount*

of growth reported for children who were readily using these school-readiness skills and abilities over time, the most significant improvements related to their numeracy and literacy skills, their problem-solving skills, and their ability to undertake self-directed activities and to follow simple rules. All of these are key school-readiness skills.

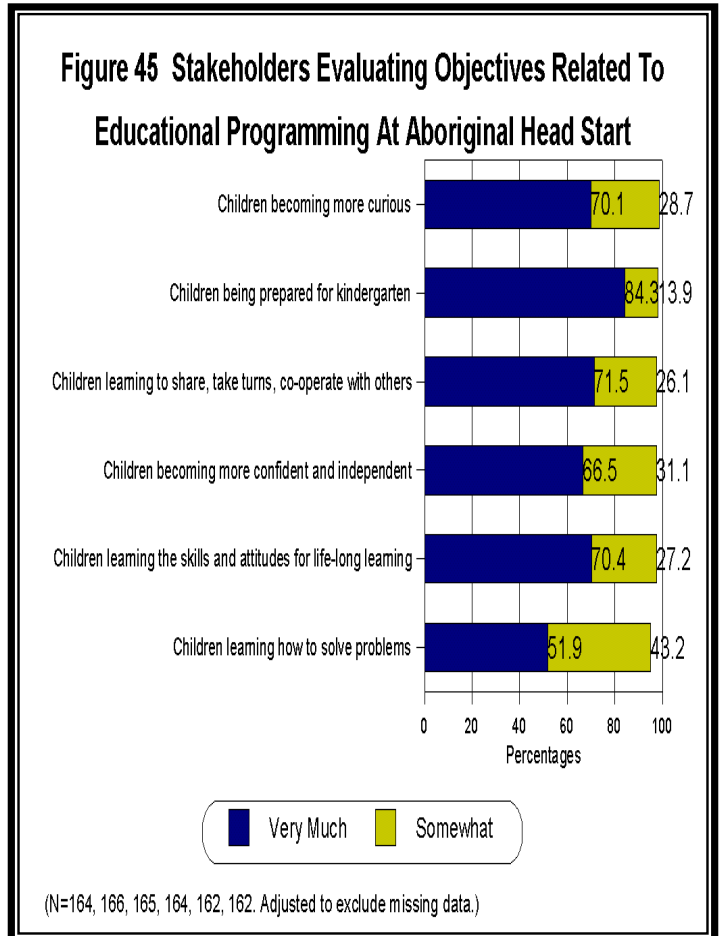
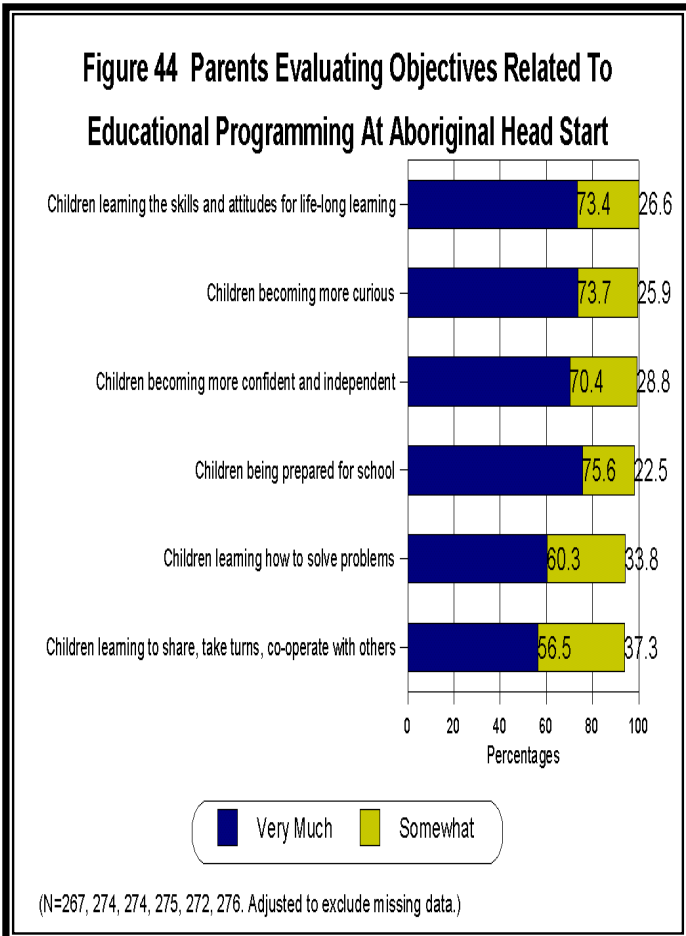
10.5) Evaluating Whether Related Objectives Were Achieved:

There were six AHSOR objectives related to children's school-readiness and life-long learning. In every instance virtually all parents and stakeholders felt that they were achieved as a direct result of the program (far-exceeding the **Primary Benchmark**).

- All, or virtually all, **parents** positively evaluated the following objectives (Figure 44):
 - Children learning the skills and attitudes needed for life-long learning (100%)
 - Children becoming more curious (99.6%)
 - Children becoming more confident and independent (99.2%)
 - Children being prepared for kindergarten (98.1%)
 - Children learning how to solve problems (94.1%)
 - Children learning to share, take turns, and co-operate with other children (93.8%)

➤ **Stakeholders** held almost identical perceptions to those of the parents when it came to the extent to which the six school-readiness and life-long learning objectives had been achieved (Figure 45), as follows:

- Children becoming more curious (98.8%)
- Children being prepared for kindergarten (98.2%)
- Children learning to share, take turns, and co-operate with other children (97.6%)
- Children becoming more confident and independent (97.6%)
- Children learning the skills and attitudes needed for life-long learning (97.6%)
- Children learning how to solve problems (95.1%)



Conclusion 24: *Based on the evaluation findings related to school-readiness and life-long learning, it is concluded that all related objectives were achieved by AHSOR in Manitoba. This includes:*

- The extent of parental participation in this aspect of the program
- Parents' perceptions that their children were actively involved in their educational activities,
- Parents' perceptions that the program increased their children's desire to learn new things,
- The statistically significant decrease in children's problematic social behaviours and interactions over time, particularly among children who demonstrated these behaviours and interactions upon entering the program
- The statistically significant increase in children's school-readiness skills and abilities over time, particularly among children who were just beginning to use these skills and abilities upon entering the program
- Parents' and stakeholders' overwhelmingly positive evaluation of the related program objectives

Recommendation 14: *Given the overwhelmingly positive findings regarding the school-readiness and life-long learning component of AHSOR, and given the very small percentage of parents who first heard about this program from an educator, it is recommended that the value of this program as a means to enhance the school-readiness of children living in First Nations' communities be widely disseminated to educators and school administrators working in these communities. This could be undertaken by FNIHB as well as the individual programs.*

XI) GLOBAL EVALUATION MEASURES:

11.1) The Most Serious Issues Facing AHSOR In Manitoba:

- Stakeholders were presented with a series of potential issues that programs may experience, and were asked to indicate the degree to which they related to their own program sites.¹³ The most frequently identified barriers included:
 - The need for more support from FNIHB (75.7%)¹⁴
 - The need to have more parents actively participate at meetings (63.8%)
 - The overall difficulty getting parents to actively participate in program activities (55.8%)
 - The lack of program resources (not enough funding or supplies) (47.3%)
 - Parents not understanding the effects of budget constraints (39.3%)
 - Parents who feel uncomfortable advocating for themselves or their children (39.1%)
 - Parents who have different priorities for the program than do program staff (37.0%)
 - The lack of community resources, including collateral organizations and agencies (36.6%)
 - Difficulty finding times to offer activities that are convenient for parents (35.3%)
 - Too few opportunities for program staff to interact with parents (26.1%)
 - Not having enough programming time (22.4%)
- There were no significant variations in the issues identified by internal and external stakeholders.
- Stakeholders who identified the need for more support from FNIHB were asked to indicate the kinds of additional support they require, as an open-ended question. The most frequent responses included:
 - More training and staff development (39.2%)¹⁵
 - More funding in general (24.1%)
 - Funding and other resources to serve children with additional support needs (17.7%)
 - More funding to hire more staff (17.7%)
 - More program supplies and equipment (15.2%)
 - Larger facilities, program-owned facilities or space (10.1%)

Recommendation 15: *That FNIHB review stakeholders' responses to these two questions, including the verbatim comments included in the report, to determine which of these issues and needs it can respond to.*

11.2) Evaluating Programs' Social Culture And Environments:

Both parents and stakeholders were asked to evaluate the social environments of their program sites, to determine whether they would be considered safe and welcoming for both children and parents. The responses indicated, overwhelmingly, that they were.

- Virtually all **parents** were satisfied that their program sites were safe, secure and welcoming (Figure 46) (far-exceeding the **Primary Benchmark**). This included:
 - Providing children with a safe and secure place to be (98.9%)¹⁶
 - Providing a welcoming atmosphere for the children (98.5%)
 - Providing children with a place to learn, grow and develop (98.2%)
 - Providing a welcoming atmosphere for parents or caregivers (97.7%)
 - Providing adequate equipment and supplies (96.3%)

¹³ This list was developed by the AHSOR Evaluation Steering Committee.

¹⁴ The percentage of stakeholders identifying each issue as being of moderate or serious concern to their programs.

¹⁵ The percentage of stakeholders who responded to this question.

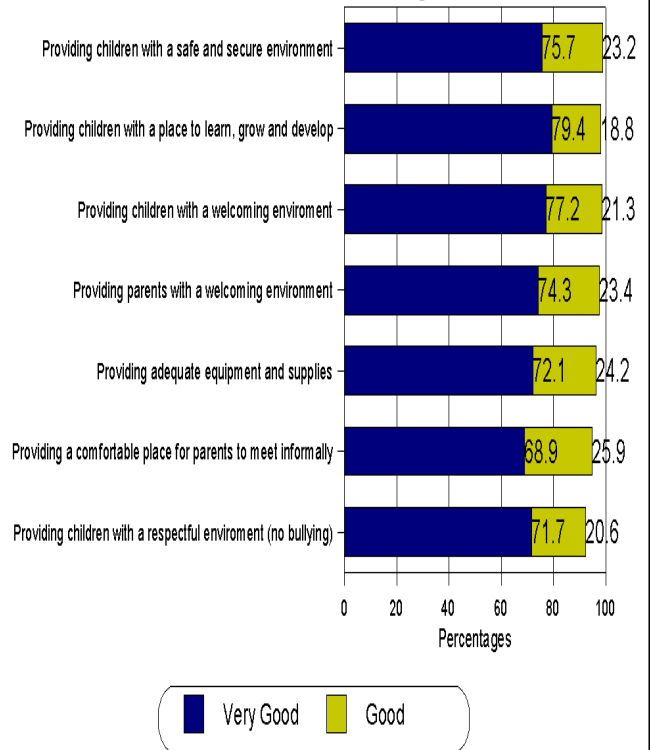
¹⁶ The percentage who evaluated each program element as either 'Good' or 'Very Good.'

- Providing a comfortable place for parents or caregivers to meet informally (94.8%)
- Providing a respectful environment for the children (free from bullying) (92.3%)

➤ Virtually all **stakeholders** provided almost identical assessments regarding the social cultures and environments of their programs (Figure 47), including:

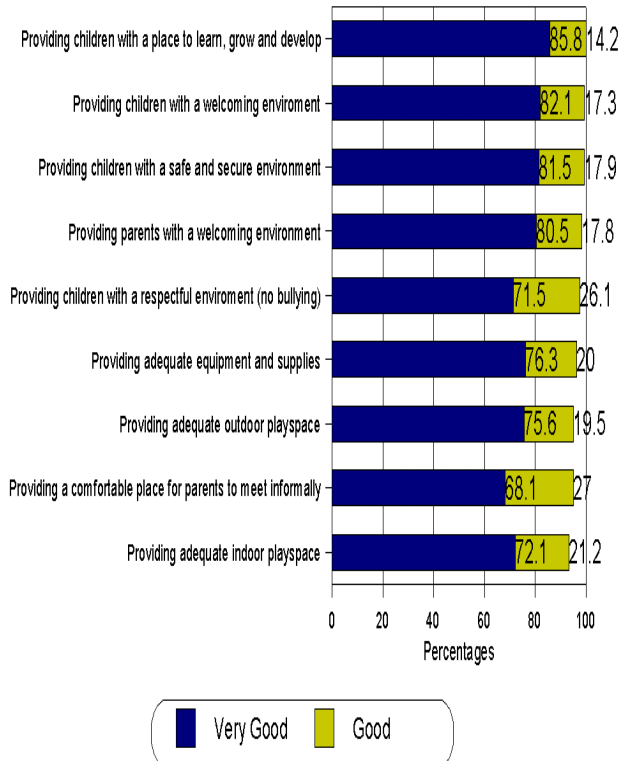
- Providing children with a place to learn, grow and develop (100%)
- Providing a welcoming atmosphere for the children (99.4%)
- Providing children with a safe and secure place to be (99.4%)
- Providing a welcoming atmosphere for parents or caregivers (98.3%)
- Providing a respectful environment for the children (free from bullying) (97.6%)
- Providing adequate equipment and supplies (96.3%)
- Providing a comfortable place for parents or caregivers to meet informally (95.1%)
- Providing adequate outdoor playspaces (95.1%)

Figure 46 Parents Evaluating The Culture, Environment And Amenities Of Their Programs



(N=267, 274, 274, 275, 272, 276. Adjusted to exclude missing data.)

Figure 47 Stakeholders Evaluating The Culture, Environment And Amenities Of Their Programs



(N=169, 168, 168, 169, 165, 160, 164, 163, 165. Adjusted to exclude missing data.)

➤ Virtually all **parents** felt that their children had fun at their programs (99.6%), and were able to make new friends there (97.8%). Almost all parents strongly agreed that this occurred (again far-exceeding the **Primary Benchmark**) (Figure 48). This perception was shared by 98.8% of the stakeholders in this study.

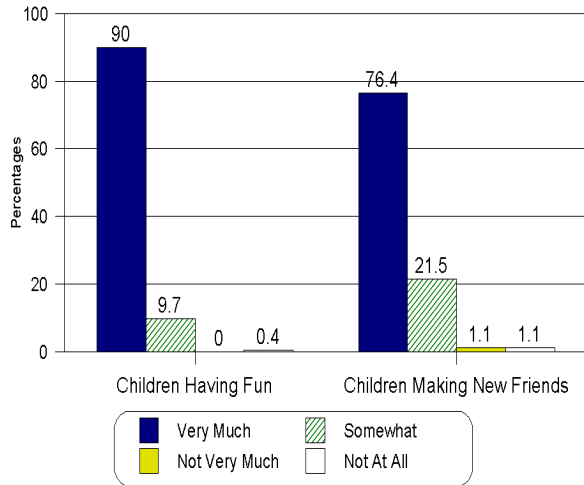
Conclusion 25:

AHSOR program sites can serve as a model for inclusive, safe, secure and welcoming program and service environments for both children and their parents.

11.3) Evaluating Respondents’ Overall Satisfaction With Their AHSOR Programs:

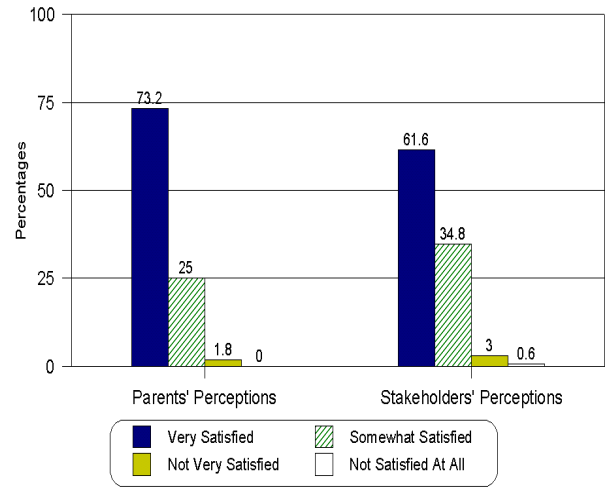
➤ Virtually all **parents** (98.2%) were satisfied, overall, with the program and services they received from their AHSOR programs (far-exceeding the **Primary Benchmark**). Of these, 73.2% were very satisfied. (Figure 49)

Figure 48 Parents Evaluating Their Children's Social Experiences At Their Programs



(N=279, 275. Adjusted to exclude missing data.)

Figure 49 Overall, How Satisfied Were Respondents With The Programs And Services Of AHSOR?



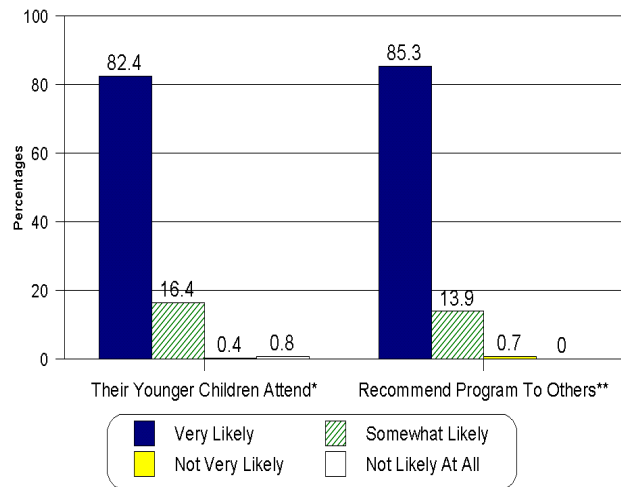
(N=276, 164. Adjusted to exclude missing data.)

- **Stakeholders** held very similar views, with 95.4% being satisfied with the services and programs offered by their programs, and 61.6% of these being very satisfied in this regard. There were no significant variations in the responses provided by internal and external stakeholders.

11.4) Respondents' Future Intentions Regarding The Program:

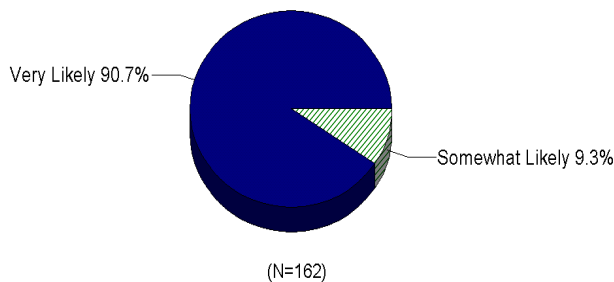
- Virtually all **parents** with younger children (98.8%) plan to have these children attend the program in the future. Of these, 82.4% reported that they would be very likely to do so (Figure 50).
- Virtually all **parents** (99.3%) would be likely to recommend the program to others, with 85.3% being very likely to make this recommendation.
- All **stakeholders** (100%) would recommend the program to a friend or relative with children, with 90.7% being very likely to make this recommendation (Figure 51).

Figure 50 Evaluating Parents' Future Intentions Regarding Aboriginal Head Start



(N=250, 273. Adjusted to exclude missing data. *If applicable. **Question noted "friends/relatives.")

Figure 51 Stakeholders' Likelihood Of Recommending Aboriginal Head Start To A Friend Or Relative



(Adjusted to exclude missing data.)

11.5) Identifying AHSOR Manitoba's Greatest Strengths Or Benefits:

- 188 **parents** identified what they felt were the program's greatest strengths or benefits, as an open-ended question. Many of these are consistent with preceding evaluation findings (Figure 52). The most frequently cited strengths or benefits included:

- The school-readiness/life-long learning component of the program (56.9%)
- The program assisting children to develop their social and communication skills (20.7%)

- Positive programming and resources provided by the program (12.2%)
- The positive attributes and abilities of the program staff (11.2%)
- The Aboriginal language and culture components of the program (8.0%)
- The programs' positive environment and atmosphere (8.0%)
- The ability of the programs to enhance children's growth and development (6.9%)

➤ 135 Stakeholders identified what they felt were the program's strengths and benefits (Figure 53). The most frequently cited strengths and benefits included:

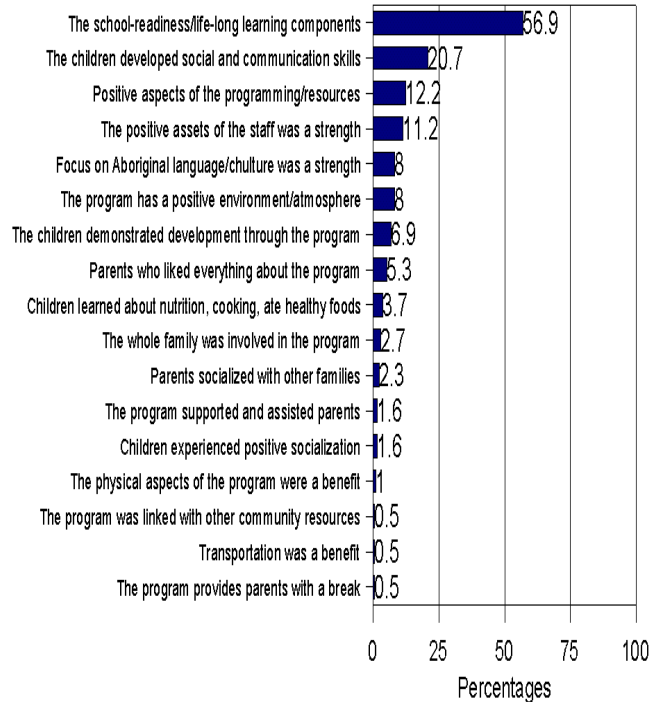
- The program prepares children for school and life-long learning (44.4%)
- The Aboriginal language and culture components of the program (20.0%)
- The positive aspects of the program and its available resources (19.3%)
- The staff are its strength (18.5%)
- The program served the whole family (14.8%)
- The program enhanced children's social and communication skills (14.4%)
- The program supported parents' development (11.9%)
- The programs' positive environment and atmosphere (9.6%)

Conclusion 26: *Many of the strengths and benefits put forward by parents and stakeholders are consistent with the quantitative evaluation findings highlighted in this report. This supports the internal consistency of these findings for both respondent groups.*

Recommendation 16: *Given that parents and stakeholders provided many personal and insightful comments regarding their positive perceptions of the program, it is recommended that the verbatim comments be reviewed by both FNIHB and the AHSOR Regional Advisory Committee to find comments that can be incorporated into materials used to promote the program to prospective parents. This information can also be made available to potential referral sources.*

Figure 52 What Did Parents Identify As

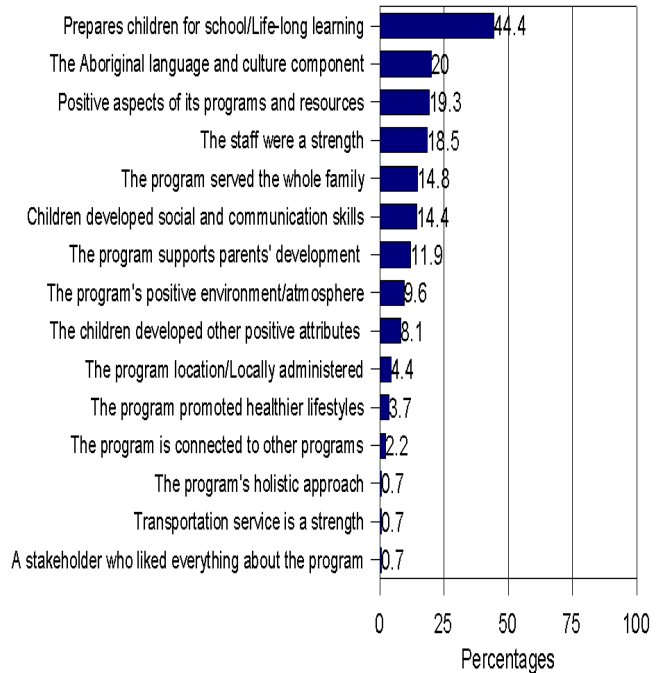
AHSOR's Greatest Strengths Or Benefits?



(N=188. Based on the number of stakeholders who provided a comment.)

Figure 53 What Did Stakeholders Identify As

AHSOR's Greatest Strengths Or Benefits?



(N=135. Based on the number of stakeholders who provided a comment.)

11.6) Changes Respondents Would Make To The Program, If They Could:

➤ 179 **parents** responded to the question regarding changes they would make to the program if they could (Figure 54). The majority of these requested that the program remain unchanged. Their most frequent comments are provided below:

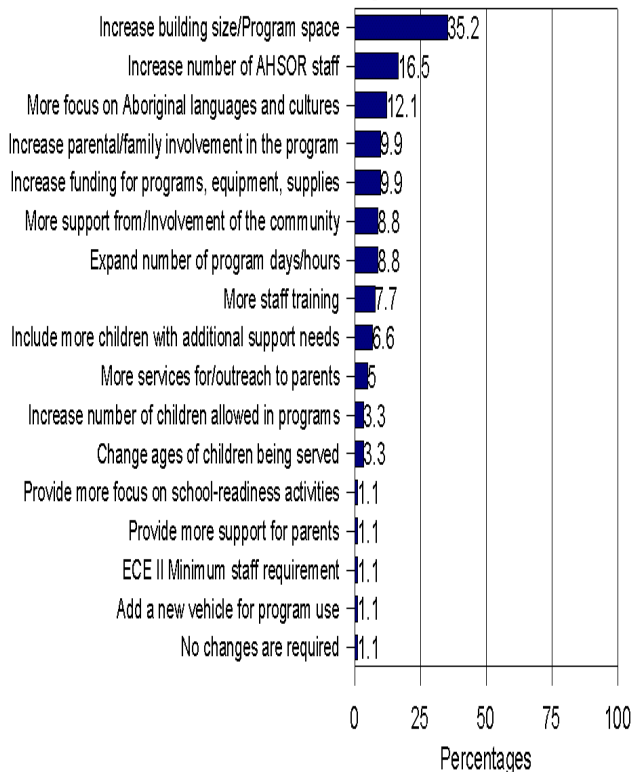
- No changes are required (50.8%)
- Expand the days and/or hours of AHSOR service delivery (8.4%)
- Provide more of a focus on Aboriginal languages and culture (8.4%)
- Increase parental and family involvement in the program (7.8%)
- Provide larger buildings and program space (6.7%)
- Add more staff (5.1%)

➤ 91 **stakeholders** provided suggestions to improve AHSOR in Manitoba (Figure 55). Only one stakeholder suggested that the program not be changed. The suggested changes included:

- Increase the size of the program space (35.2%)
- Increase the number of AHSOR staff (16.5%)
- Put more focus on Aboriginal languages and culture (12.1%)

Figure 55 Changes Stakeholders Would Make

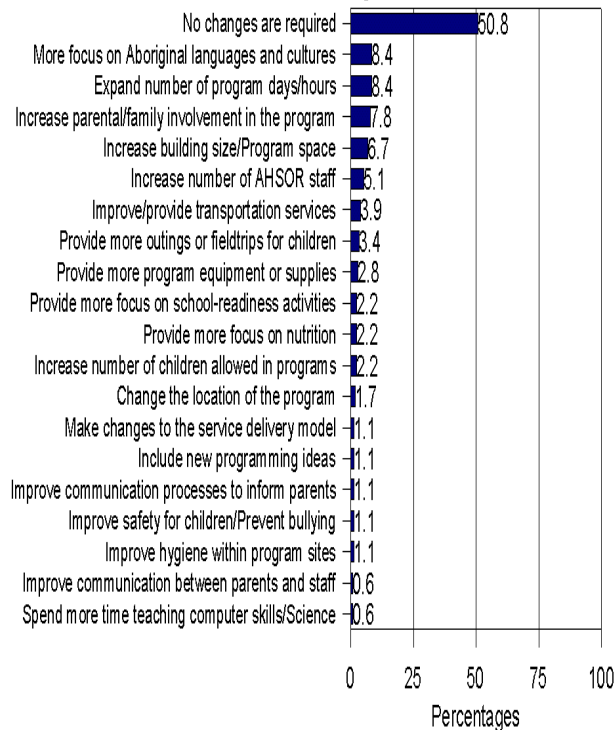
To AHSOR, If They Could



(N=91. Based on the number of stakeholders who provided a comment.)

Figure 54 Changes Parents Would Make

To AHSOR, If They Could



(N=179. Based on the number of parents who provided a comment.)

- Increase parental and family involvement in the program (9.9%)
- Increase funding for programs, equipment and supplies (9.9%)
- Increase the support and involvement of local communities (8.8%)
- Expand the number of program days per week, and/or the number of hours per program day (8.8%)
- Facilitate more staff training (7.7%)
- Include more children with additional support needs (6.6%)

Recommendation 17:

That FNIHB, in conjunction with the AHSOR Regional Advisory Committee, review the verbatim suggestions put forward by both parents and stakeholders. The purpose of this review would be to rank these suggestions based on their importance, and to develop strategies to implement changes.

XII) FIRST-PERSON ACCOUNTS OF CHILDREN'S AND PARENTS' EXPERIENCES WITH AHSOR:

In order to personalize the impacts the program could have on children and their parents, seven parent interviews were conducted by the researchers in four First Nations' communities. Where possible, program staff familiar with each child were also interviewed. The full content of these interviews is provided as Chapter Eleven of the Technical Report. A brief summary of the interview content is provided below:

- The parents mostly found out about the program from their friends or relatives.
- They enrolled their children to enhance their school-readiness, to help them develop interpersonal and social skills, to overcome their shyness, or to give them something constructive to do.
- Parents and staff said that developmental growth had occurred for each child due to the program.
- Most parents were personally involved in a range of AHSOR program activities.
- Parents identified ways in which they, and their families, benefited from the program. They developed parenting skills, learned about hygiene or nutrition, and developed their cooking and food preparation skills. Some parents developed their ability to speak their Aboriginal languages with their children.
- Several parents became familiar with parenting and community supports through their programs, that they later accessed. They learned important health information, such as the need to have their children's health monitored, and their immunizations kept up-to-date.
- Most parents talked about their personal connections to their programs. They developed friendships through their programs, became more connected to their communities, and have other parents they can talk to for advice or support. Families spend more time together participating in healthy and positive activities as a direct result of AHSOR.
- Their children benefited from AHSOR. They learned about proper nutrition, and gained experience preparing and eating healthy meals and snacks. They also learned about hygiene, practiced through frequent hand washing and brushing their teeth. Some children became more aware of, and interested in, their languages and cultures. They learned how to socialize and interact positively with other children and adults at the program. They learned to share and take turns. They became independent of their parents. They developed self-esteem and self-confidence by independently learning and practicing new skills, and by developing relationships outside of the home.
- A prominent theme was the role AHSOR played to help the children successfully transition to school. They learned many school-related skills: learning their letters and numbers, learning about shapes, learning how to read, learning how to solve puzzles, participating in arts and crafts projects, and learning about the days of the week and months of the year. They became more comfortable with the routines and structure associated with school. Some learned how to ride on a school bus, and the importance of punctuality.

Recommendation 18: *Given that the content of these first-person interviews illustrates the positive impacts and outcomes of the program for these children and parents, it is recommended that FNIHB consider publishing and disseminating this component of the report as a stand-alone document.*

XIII) EVALUATING AHSOR EMPLOYEE SATISFACTION AND FUTURE EMPLOYMENT INTENTIONS:

13.1) Profile Of Participating AHSOR Staff And Managers:

- 68.7% of these respondents were AHSOR staff, with the remaining 31.3% being program managers, supervisors or coordinators¹⁷
- On average, each of these respondents worked 5.6 years in their current positions and 5.8 years at their current work sites
- Before working for AHSOR, 78.9% of these respondents had experience working in an allied field. This applied to 85.7% of the managers and 75.4% of the employees
- 72.7% of these respondents work at a centre, 7.1% work in an outreach program, and 20.% work at both

¹⁷ For the sake of brevity, these respondents will be referred to collectively as 'managers.'

- In terms of degrees or certification, 70.1% of these respondents had completed First Aid/CPR certification, 34.5% their ECE II certification, 19.5% their CCA certification, and 8.0% their ECE III certification. Some respondents were in the process of attending courses.

Recommendation 19: *Given that the majority of managers and employees do not have ECE certification, it is recommended that the Regional Advisory Committee work with the programs to find ways to increase the number of ECE II-accredited staff working in the AHSOR programs.*

13.2) Respondents Evaluating Their Workplaces:

Employees were asked to describe how they feel about their workplaces by selected adjectives (Descriptors) from a list of 12 positive and 12 negative words or phrases. Consistent with a similar question answered by the parents, these Descriptors were listed alphabetically to avoid biasing responses. As a general observation, respondents were much more likely to select positive than negative Descriptors (Figure 56).

- The nine most frequently selected **Positive Descriptors** included:
 - Feeling they are growing and learning (69.1%)
 - Feeling appreciated (67.0%)
 - Feeling productive (60.6%)
 - Feeling creative (58.5%)
 - Feeling supported (55.3%)
 - Feeling excited about their work (54.3%)
 - Feeling positively challenged (46.8%)
 - Feeling rewarded (45.7%)
 - Feeling respected (45.7%)

- The four most frequently selected **Negative Descriptors** included:
 - Feeling frustrated (22.3%)
 - Feeling over-worked (14.9%)
 - Feeling stressed-out (13.8%)
 - Feeling burned-out (11.7%)

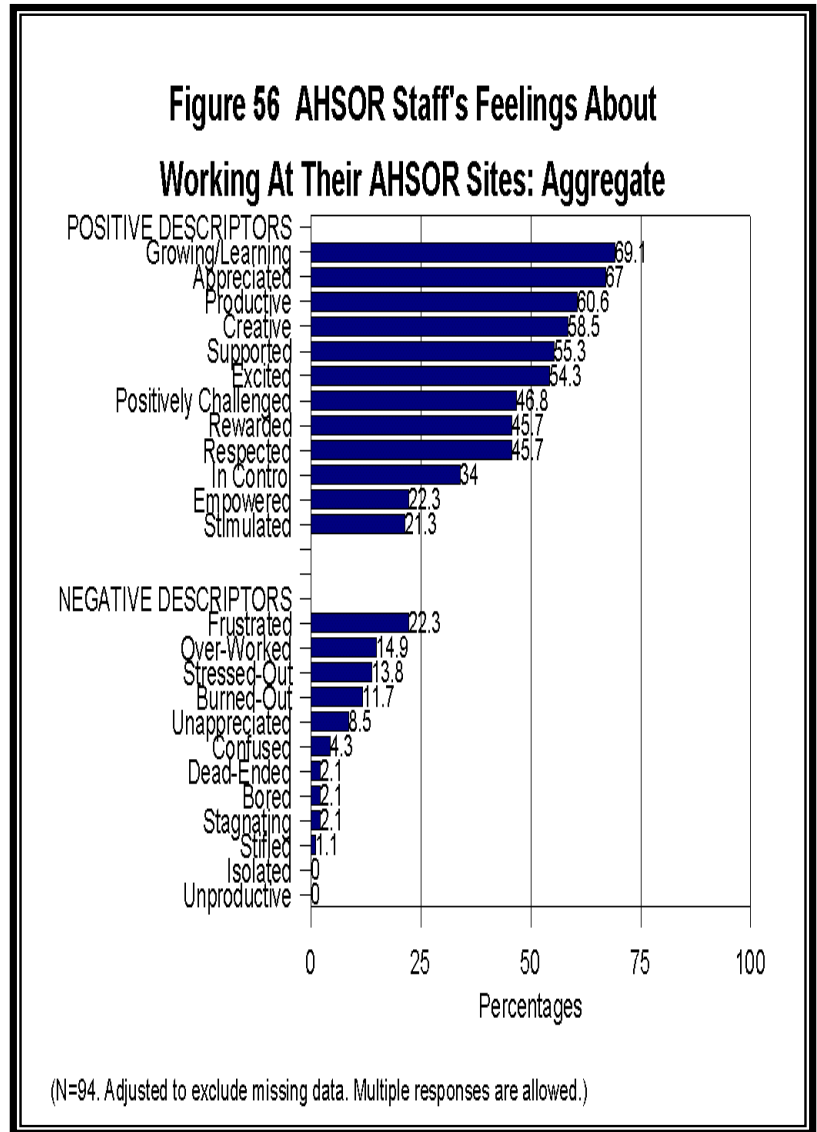
- By position, managers were significantly more likely than employees to feel Empowered (39.3% compared with 14.8%, respectively); Unappreciated (17.9% compared with 4.9%); and dead-ended (7.1% compared with 0%).

- Conversely, employees were significantly more likely than managers to feel appreciated (73.8% compared with 50.0%)

- Respondents were very positive about their relationships at work (Figure 57) (far-exceeding the **Primary Benchmark**). This included:

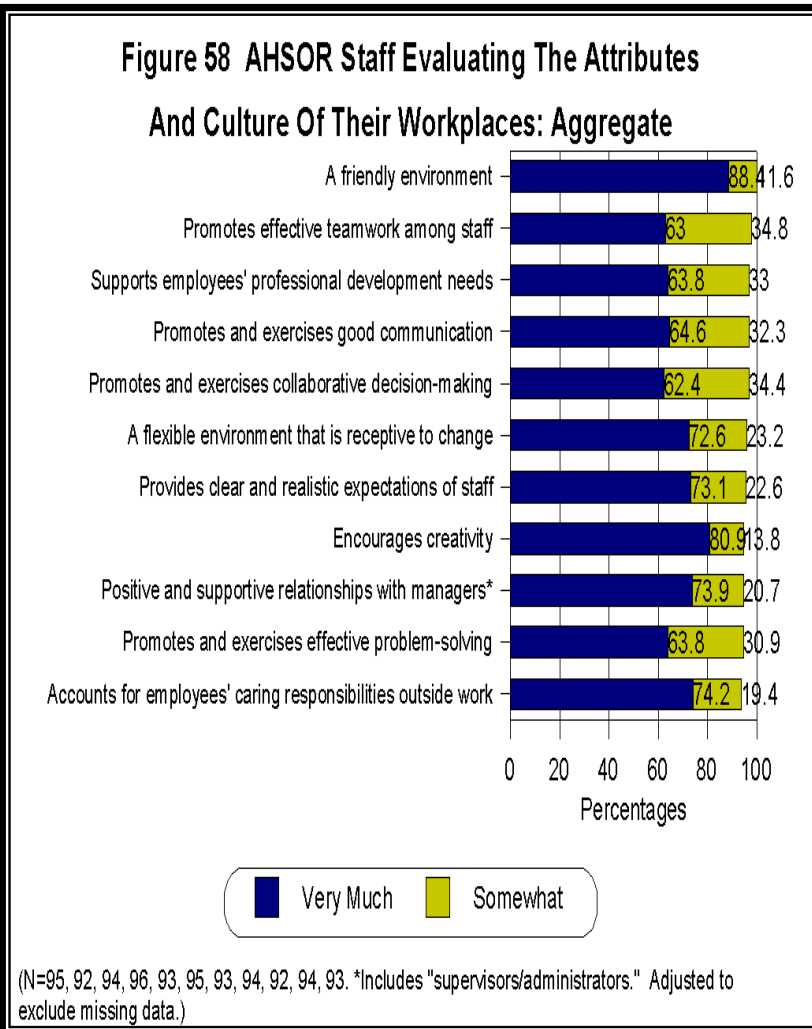
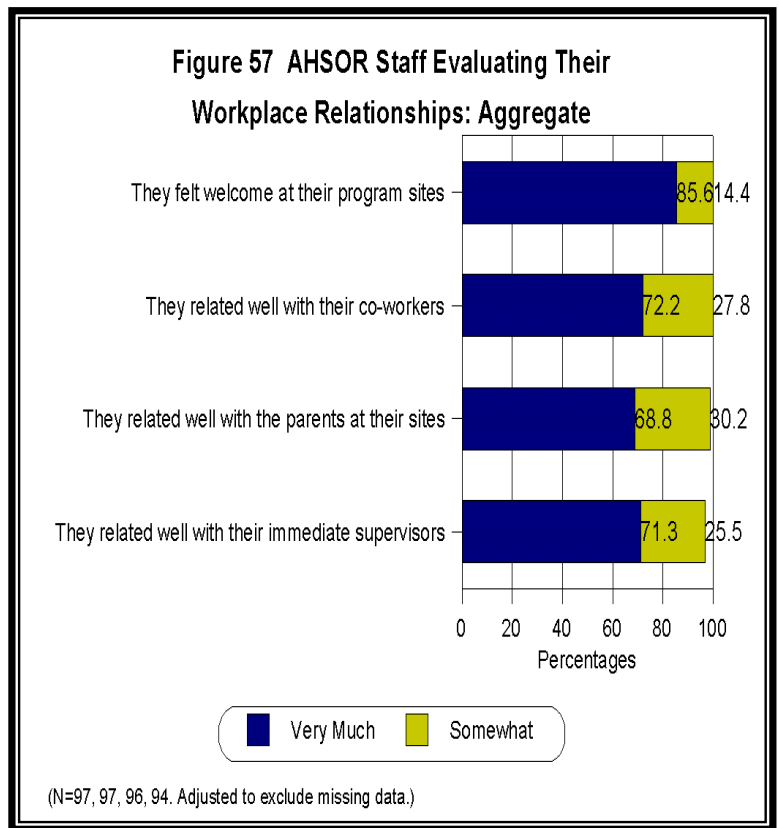
- Feeling welcome at their program sites (100%)¹⁸
- Relating well with their co-workers (100%)
- Relating well with parents at the programs (99.0%)
- Relating well with their immediate supervisors (96.8%)

- These results did not vary significantly based on respondents' positions



¹⁸ Percentages responding 'very much' or 'somewhat.'

- When respondents evaluated the attributes and climate of their workplaces, equally positive responses emerged (far-exceeding the **Primary Benchmark**) (Figure 58). This included feeling that their workplaces:
 - Possess friendly environments (100%)
 - Promote effective networking among staff (97.8%)
 - Promote and exercise good communication (96.9%)
 - Support employees' professional development needs (96.8%)
 - Promote and exercise collaborative decision-making (96.8%)
 - Possess flexible environments that are receptive to change (95.8%)
 - Providing clear and realistic expectations of staff (95.7%)
 - Encourage creativity (94.7%)
 - Promote and exercise effective problem-solving processes (94.7%)
 - Promote positive and supportive relationships with their immediate managers (94.6%)
 - Account for employees' caring responsibilities outside of work (93.6%)



- These results did not vary significantly based on respondents' positions

Conclusion 27: *It is apparent that both AHSOR managers and direct-service employees had very positive perceptions of their workplaces, and their roles within them. This included respondents' workplace relationships, and their assessment of their work environments. They also feel that they work in friendly, fair, flexible, supportive and inclusive workplaces.*

13.3) Respondents' Future Employment Intentions:

- Virtually all of these respondents (94.2%) planned to continue working at their current programs over the next year (Figure 59). Of these, 82.6% felt that this was very likely. A very high percentage of these respondents (93.1%) planned to be working at their current programs three years in the future, with 69.8% feeling that this was very likely.
- Program managers were significantly more likely than their employees to continue working at their current programs in the short- and medium-term. However, a large percentage of employees still plan to

continue employment with their current programs.

➤ Respondents, who planned to continue their employment, provided many reasons to stay with their current employers. (Figure 60). Primary among these were:

- They enjoy working with the children (91.8%)
- They help the children to grow and develop (87.7%)
- They enjoy working at their program sites (79.5%)
- They enjoy their work environments (78.1%)
- They are involved in meaningful work (74.0%)
- They promote children's school-readiness (72.6%)
- They are positive role models (72.6%)
- They promote healthier families (67.1%)
- They promote pride in their Aboriginal cultures (65.8%)
- They enjoy working in their communities (64.4%)
- They feel they are making a difference in their communities (57.5%)
- They are experiencing personal growth (50.7%)
- They are receiving valuable professional training (49.3%)
- They enjoy working with their co-workers (45.2%)

➤ Managers were significantly more likely than direct-service employees to stay with their current programs because they feel they are making a difference in their communities (78.6% compared with 50.9%)

Conclusion 28: *Employees' and managers' positive feelings about their workplaces, and their roles within them, have translated into very positive future employment intentions. This means that the programs in this evaluation can look forward to a stable workforce, continuity of service delivery, and ongoing positive program outcomes and impacts.*

Recommendation 20 : *That individual programs incorporate selected finding from this section when recruiting new employees.*

