Immigrant and Refugee Community Organization of Manitoba

Early Childhood Development Hub Evaluation

Final Report (2017/18)

HEALTH in COMMON

HeaLTH in COMMON

200–141 Bannatyne Avenue
Winnipeg, MB
204.946.1888 / 1.800.731.1792

Table of Contents

Executive Summary

The Immigrant and Refugee Community Organization of Manitoba (IRCOM) is a non-profit organization that operates two transitional housing complexes and provides programming for newcomer families in Winnipeg, Manitoba, Canada. Over 90% of families living at IRCOM are refugees, and all are in their initial years of settlement. In partnership with the Healthy Child Manitoba Office, Freight House Early Learning and Care and IRCOM, the Early Childhood Development Hub (ECD Hub) was opened in 2017. It is the only newcomer focused ECD Hub in Manitoba and is one of two such sites.

Inspired by the evidence-based Abecedarian Approach, childcare at the ECD Hub emphasizes playful exchanges, frequent language interactions, daily learning games, enriched care, conversational reading and a focus on developing stable relationships. The holistic ECD Hub model, which includes full-time, part-time and respite/emergency child care as well as programming for parents, delivers Abecedarian-inspired practice in a licensed child care facility tailored for newcomers. Early Childhood Educators (ECEs) at the ECD Hub were trained in the Abecedarian Approach by instructors at Red River College and mentored for up to 6-months after course completion. In addition to child care support, IRCOM provides housing and direct programming to newcomers, including financial literacy programs, settlement services, English classes, after-school and parenting programs.

In addition to a review of administrative data collected by ECEs, the evaluation included a pre-/post-assessment of language development and changes in social-emotional behaviour in 14 children enrolled in the ECD Hub and 13 children in a control group that did not participate in the Abecedarian intervention. The age range of the children in the ECD Hub was between 2-5 years old, coming from Syria, Eritrea, Ethiopia, Nigeria and Somalia. Most were privately sponsored refugees, others included government sponsored refugees and refugee claimants. At the onset of the evaluation (June 2017) most of the children had been in Canada for under 2 years. The evaluation used validated assessment tools, including the Brigance Language/Literacy Early Childhood Screen and the Strengths and Difficulties Questionnaire, to investigate changes in language and social-emotional behaviour in both the ECD Hub and control group. A pre-/post-survey and two focus groups conducted with parents enrolled in IRCOM's parenting programs assessed changes in parenting practices and confidence. A staff focus group explored program implementation and prompted staff to discuss qualitative changes observed in program participants.

Highlights

ECD Hub Child Outcomes

- ECD Hub children experienced improved language development. Children enrolled in the Hub improved language development scores by 36%, compared to 16% in the control group.
- While most Strengths and Difficulties Questionnaire subscales remained unchanged, the emotional symptoms subscale improved to a greater degree in ECD Hub children as compared to the control group. The emotional symptoms subscale includes feeling worried, unhappy or nervous in new situations.

ECD Hub Implementation

- The ECD Hub model was tailored to meet the needs of newcomer families. Adaptations made to address cultural differences included staff fluency in multiple languages, availability of interpretation services and having respite and emergency child care available to relieve parents.
- Children enrolled in the ECD Hub attended an average of 181 days.
- While attending the ECD Hub, children were engaged in one-on-one conversational reading an average of 305 times (approximately 1.7 times per day). Children were also engaged in an average of 478 learning games (approximately 2.6 learning games per day).

Parent Outcomes

- After completing programs, parents understand the importance of physical activity, and balancing academic and personal pursuits.
- Parents reported enhanced feelings of belonging, particularly in the work environment and personal interactions.
- Parenting programs provided a venue to discuss common challenges and helped connect families to promote social connections.
- Parents' improved communication skills resulted in positive interactions with children. Improved problem-solving and disciplinary skills helped parents address problematic behaviour and reinforce positive achievement.

- IRCOM staff developed a Family Programming Advisory Committee, which provides ongoing direction on selection and implementation of parenting programs to ensure the needs of newcomers are being addressed.
- Partnerships with community-based organizations, such as Mosaic Newcomer Family Resource Network, support program delivery through co-facilitation and staff development.
- Over 96% of parenting program attendees indicated the program met their needs and reported learning skills for everyday life.
- Over 95% of parenting program attendees agreed they were ready to access services, have healthy relationships and set goals for the future.
- As programs are updated and added, there is a growing need for additional human and material resources at IRCOM.
- Parenting program attendees desire flexible attendance options, including multiple sessions per week to make up for missed sessions.

Recommendations

1. **Implement strategies to enhance retention and attendance in ECD Hub**

    Attendance at the intervention ranged from 51 to 273 days with a high correlation existing between attendance and the number of times a child was engaged in conversational reading and reading games. Although the small sample size limited the ability to demonstrate a relationship between attendance and language development, it is expected that children attending more frequently derive additional benefit. It should be noted that most of the nine children that left the ECD Hub and control group were a result of personal circumstance (e.g. moving out of province, family expanding).

2. **Seek additional resources to expand number of available childcare spaces in ECD Hub and build internal capacity of staff to deliver Abecedarian practice**

    With 8 full-time and 12 part-time licensed childcare spots, the ECD Hub is unable to fully meet the demand for high quality childcare among IRCOM residents, which includes 110 families across two transitional housing complexes. To promote continued delivery of Abecedarian-inspired practice, the program would need to be repeated in multiple cohorts of children, including possible expansion at IRCOM's Ellen location. As IRCOM staff become comfortable with the Abecedarian Approach, delivery is likely to become more effective. Building internal capacity at IRCOM by training all Early Childhood Educators in the Abecedarian Approach would enhance buy-in and consistency across the organization. Mentorship, delivered internally by experienced Freight House staff members previously involved in the ECD Hub, would support delivery of high-quality, enriched care that is characteristic of the Abecedarian Approach.

3. **Strengthen IRCOM programming for parents through additional program offerings, leveraging community partnerships and ongoing training for existing staff**

    Establishment of the Family Programming Committee helps to ensure IRCOM programs reflect the most pressing needs for the newcomer population. Recognizing the need for enhanced programming in the newcomer population, delivering programs that address emotional management, relationship development, nutrition and food preparation, and the development of programs targeted towards men would address gaps in current offerings. Exploring and expanding synergistic partnerships with community organizations would enhance the complement of programming offered by IRCOM.

    Since the evaluation was conducted, IRCOM has expanded facilitator training to include Circle of Security, a program designed to foster secure attachments between

parents and children, added a male facilitator to deliver men's programming and expanded resources to provide enhanced flexibility and space to deliver programs.

4. **Develop and implement framework for ongoing evaluation and long-term outcome tracking**

While the evaluation demonstrated positive language development in children enrolled in the ECD Hub, developing and implementing a framework for tracking school readiness and long-term outcomes would strengthen the case for sustained funding. This process would involve re-visiting the program logic model/evaluation framework and implementing a strategy for annual re-assessment of language development. Further evaluation efforts would also need to consider addressing low literacy levels in the newcomer population and ensure outcome monitoring is relevant to participants enrolled in the program (e.g. cultural adaptations to survey tools).

Longitudinally monitoring the progression of language development would allow IRCOM management and funders to determine if observed improvements in the intervention group persist into early school years. Continued evaluation of the ECD Hub in subsequent cohorts would also increase the sample size available to investigate a potential exposure-response relationship between attendance and language development.

Introduction

Background

The Immigrant and Refugee Community Organization of Manitoba (IRCOM) is a non-profit organization that operates two transitional housing complexes in downtown Winnipeg, Manitoba, Canada. IRCOM's Mission is to strive to empower newcomer families to integrate into the wider community through affordable transitional housing, programs and services. IRCOM provides affordable and secure apartments to newcomers for up to three years and presently houses 110 families across their two locations. Over 90% of families living at IRCOM are refugees, and all are in their initial stages of settlement. In addition to providing housing for newcomers, IRCOM offers onsite support including English classes, childcare, after school programs, financial literacy services, settlement services, and parenting programs.

In collaboration with the Healthy Child Manitoba Office (HCMO), Freight House Early Learning and Care and IRCOM, the Early Childhood Development Hub (ECD Hub) was opened in 2017. With 20 licensed child care spots (16 pre-school, 4 infant), weekly parenting programs and home visits, the ECD Hub provides a wraparound approach to childhood development and settlement services. The program is tailored to refugee families and uses the evidence-based Abecedarian Approach – which includes playful exchanges, frequent language interactions, daily learning games, high-quality enriched care, conversational reading and a focus on developing stable relationships between caregivers/ECEs, parents and children. Priority is placed on children's language acquisition; a core component of early learning and school readiness.

The Abecedarian Approach, initially developed in North Carolina, improves reading skills and positive long-term outcomes, including college graduation, employment and decreased reliance on social assistance.[1] In Manitoba, the Abecedarian intervention has increased parent-child interactions in the home environment[2] and improved language development.

All ECD Hub staff were trained in the Abecedarian Approach via a 30-hour instructional course with blended online and in-person learning plus mentorship, offered by Red River College. Trained staff implemented "Abecedarian-inspired practice;" a scaled version of the Abecedarian Approach that includes conversational reading, learning games, enriched caregiving and enhanced priority on language development.

---

[1] Campbell, F.A. et al. Adult Outcomes as a Function of an Early Childhood Educational program: An Abecedarian Project Follow-Up. Developmental Psychology. 2012: 48(4): 1033-1043.
[2] Kiansky, V. 2017, 'Raising Potential: Exploring Parent-Child Interaction Levels Among Families in the Abecedarian Program and its Effects on Language Development', M.Sc. Thesis, University of Manitoba, Winnipeg, MB.

Scope and Purpose

Intended to consider program delivery and the ECD Hub's impact on children and their families, the evaluation (Appendix-A) considered the following intended outcomes:

- Improvements in physical, social, cognitive and emotional health among newcomer children and families, and increased capacity of parents to nurture their children's development in these areas
- An increase in children and their families' positive self-concept and identity, and sense of belonging
- An increase in children's readiness to learn upon Kindergarten entry
- An increase in parenting skills, and more positive relationships between family members
- Improvements in lifestyle choices related to healthy eating, physical activity and injury prevention
- An increase in social contact and mutual support among community members.
- An increase in families' connection to other supports and services, such as community organizations, schools, etc.

Methodology

Pre and post-assessment

To assess the impact of IRCOM's ECD Hub Abecedarian-inspired practice on language development, 16 children enrolled in the ECD Hub (i.e. intervention group) and 16 children enrolled in the ESL (English as a Secondary Language) childcare program (i.e. control group) were assessed prior to program entry and post-program completion. The control group received funder-regulated childcare services from IRCOM and were eligible to receive childcare at other locations, outside of IRCOM. The service was provided by ECEs and CCAs (with or without certification) for 8-10 hours per week. The program was not offered through the summer. The intervention group received holistic, Abecedarian-inspired childcare, delivered by trained educators at IRCOM through Freight House Early Learning and Care.

Language development was assessed prior to program entry and post-program completion using Brigance language/literacy screens.[3] An external evaluator, trained in delivering Brigance screens, conducted both the pre- and post-assessment on intervention and control participants. Pre- and post-Brigance screens were separated by a minimum 6-month period. The "language development" domains of the Brigance screen were assessed and considered in the analysis. Only children completing a post-

---

[3] Brigance Early Childhood Screens III developed by Curriculum Associates, tools accessed from https://www.curriculumassociates.com/products/detail.aspx?title=brigec-screens3

Brigance screen were included in the final analysis, which resulted in a sample size of 27 children (control - n=13, intervention - n=14).

Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) was completed by the Early Childhood Educator (ECE) pre-program entry and post-program completion (Appendix-B). The SDQ is a self-report, brief behavioural screen that is sensitive to treatment effects of interventions, including parenting programs.[4] The 25-item SDQ focuses on positive attributes (strengths) and risk symptoms (difficulties), observed over the preceding six-month period. Results of the SDQ are summarized across multiple subscales, including prosocial behaviour, emotional symptoms, peer relationships problems, conduct problems and hyperactivity/inattention. A total difficulties score is also computed as an aggregate of the latter four subscales.

Administrative Data Review

A review of administrative program data was used to examine rates of learning, progress/mastery and qualitative examples of the program's impact on self-concept, identity and sense of belonging. Standardized tracking sheets were completed weekly by ECEs and recorded student attendance, frequency of conversational reading engagement and number of learning games delivered (Appendix-C).

Quantitative data was exported and analyzed using Microsoft Excel 2016 and SPSS (version 24.0, IBM Corp., Armonk, NY, USA). Descriptive statistics, statistical comparison of means and exploratory data analysis using multiple regression were used to summarize the data.

Parenting Program Surveys

As part of ECD Hub programming, three parenting programs were delivered between September 2017 and April 2018, including: (1) Nobody's Perfect, (2) Positive Discipline in Everyday Parenting and (3) Coping with Change. For each parenting program, a pre-survey and retrospective pre-/post-survey was developed (Appendices D-F) using principles from Bandura's Guide for constructing self-efficacy scales.[5] Survey questions were divided into three to four sub-domains for analysis. Surveys were completed for the Nobody's Perfect, Positive Discipline in Everyday Parenting Program and Coping with Change programs, by 28, 38 and 11 respondents, respectively. Average change score from pre- to post-program and from retrospective pre- to post-program are presented in this

---

[4] Nowak, C. and Heinrichs, N. Clin Child Fam Psychol Rev (2008), 11:114. https://doi.org/10.1007/s10567-008-0033-0
[5] Bandura, A. (2006). Guide for Constructing Self-Efficacy Scales (Revised). Self-efficacy beliefs of adolescents. 5. 307-337.

report. Overall satisfaction with parenting programs was also assessed as part of the post-survey for each parenting program.

Focus groups with parents (n=2 focus groups, n=10 parents) and a focus group with IRCOM staff (n=1 focus group, n=6 staff) conducted in May 2018 (Appendix G, H) focused on the implementation and impact of the ECD Hub. Focus group data was themed using Dedoose software (Version 8.0.35, SocioCultural Research Consultants, Los Angeles, CA) for mixed-methods research. Primary codes, identified by the evaluator, aligned with the evaluation framework. Secondary codes emerged from thematic textual analysis. Representative quotes were selected by the evaluator for presentation in the final report.

Limitations

Due to transience in the ECD Hub intervention and control groups, several children dropped out of the program, including 3 children in the intervention and 6 in the control group. It is possible that a selection bias existed, such that children dropping out were systematically different from children completing the evaluation. Children dropped out of the program for a variety of circumstantial reasons, including moving out of province, lack of time and for personal reasons. Statistical comparison of language development scores at baseline were not different between the group completing the evaluation and those that did not. Another limitation is that families self-selected to either the intervention group or the control group.

The final sample size for the evaluation was 27 children, including 14 in the intervention and 13 in the control group. Although the sample size was sufficient to detect a statistically significant change in language scores, investigating the relationship between amount of exposure to Abecedarian and child outcomes was limited due to small sample size. The evaluation was also unable to capture improvements in school readiness, assessed by the Early Development Instrument (EDI), as few children involved in the evaluation were the appropriate age (i.e. Kindergarten). As one of IRCOM's values is to put people first, throughout the evaluation, priority was placed on responding to the needs of newcomer families, rather than outcome monitoring specifically. For example, if a family intended to move out of IRCOM housing or circumstances dictated they could no longer participate, they were simply withdrawn from the evaluation.

Although the evaluation captured attendance and engagement in conversational reading/learning games, program staff were not required to track occurrences of enriched caregiving due to limited resources and the nature of the task. It's a style of interaction, surrounding nearly every routine and action during the day. Examples of enriched caregiving include the promotion of secure emotional attachment through consistent engagement, using positive language to describe what is happening and asking questions. Tracking enriched caregiving may have provided a more comprehensive picture of intervention dosage received by individual children; this data could be used in

sub-group analysis to describe the relationship between exposure to the ECD Hub intervention and outcomes.

As Brigance language screens require an objective, trained individual to administer, children were not familiar with the evaluator completing the assessment even though a familiar person was present. Some children, including many using English as a second language, were not comfortable responding to questions and refused to speak throughout the assessment. As such, Brigance scores for these children may not represent true progression of language development.

Low literacy levels among parenting program attendees may have contributed to difficulty assessing changes in knowledge on pre-/post-surveys. Several concepts assessed by the survey (e.g. goal setting, nurturing self-care) are associated with North American styles of parenting and may not have been well understood.

Findings

Child Outcomes

Key findings:

- Children enrolled in the ECD Hub attended an average of 181 days.
- While attending the ECD Hub, children were engaged in one-on-one conversational reading an average of 305 times (approximately 1.7 times per day). Children were also engaged in an average of 478 learning games (approximately 2.6 learning games per day).
- ECD Hub children experienced improved language development. Children enrolled in the Hub improved language development scores by 36%, compared to 16% in the control group.
- While most SDQ subscales remained unchanged, the emotional symptoms subscale improved to a greater degree in ECD Hub children as compared to the control group. The emotional symptoms subscale includes feeling worried, unhappy or nervous in new situations.

Baseline Demographics

Basic child demographics, including age, gender and language development scores did not differ between intervention and control groups at baseline (Appendix-I). The average age of the entire cohort was 4.3 years and 44% (n=12) were female. The number of days enrolled in child care and the percentage of children receiving subsidized care was similar between groups (Figure 1). The percentage of children enrolled in full-time programming was greater in the intervention group (n=8, 57.1%) compared to the control group (n=0, 0%). Although most domains assessed by the SDQ were similar at baseline (Figure 2, 3), peer relationship problems (range of scores 0-10) were more prevalent in the control group (3.7/10) compared to children enrolled in the intervention (1.7/10).

Figure 1. Baseline Demographics by Study Group

Statistical comparisons calculated using χ^2 or Fisher exact test for categorical variables and unpaired t test for continuous variables. * = different from control (p < 0.05).
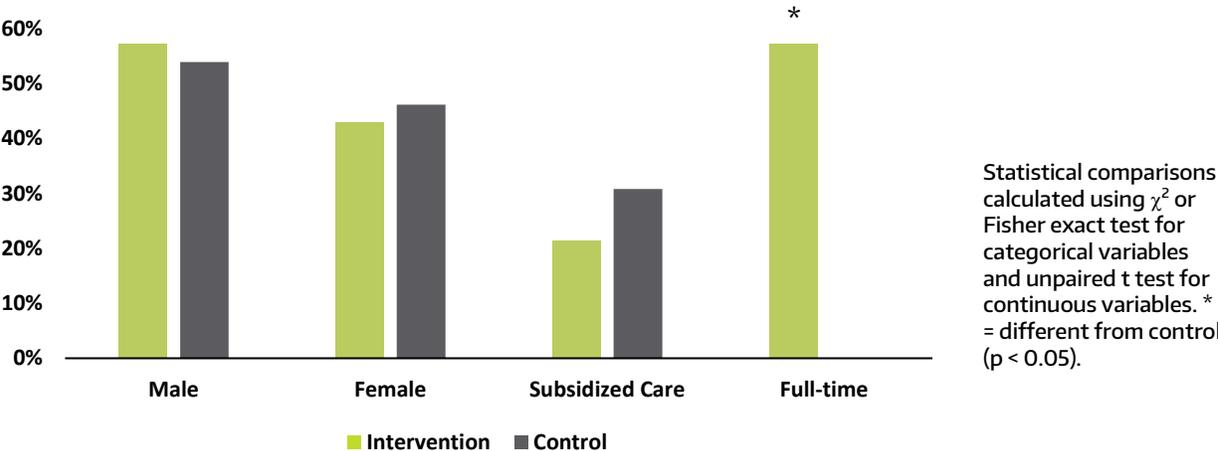
Figure 2. Baseline Strengths and Difficulties Questionnaire Scores by Study Group[6]
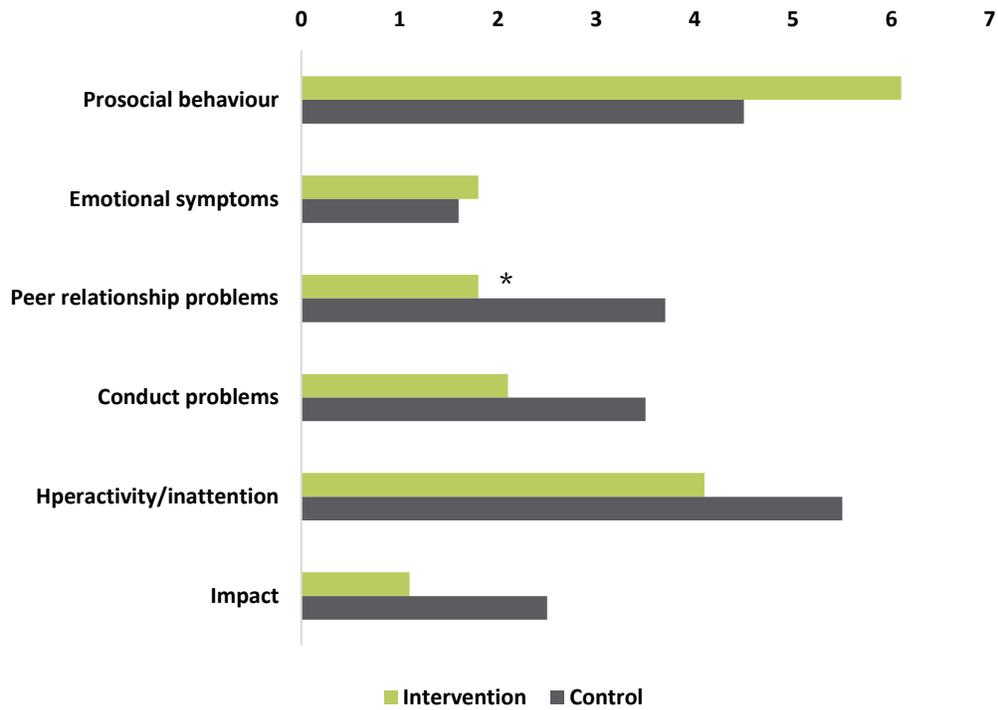
Statistical comparisons calculated using unpaired t test for continuous variables. * = different from control (p < 0.05).

Figure 3. Baseline Strengths and Difficulties Questionnaire Scores by Study Group
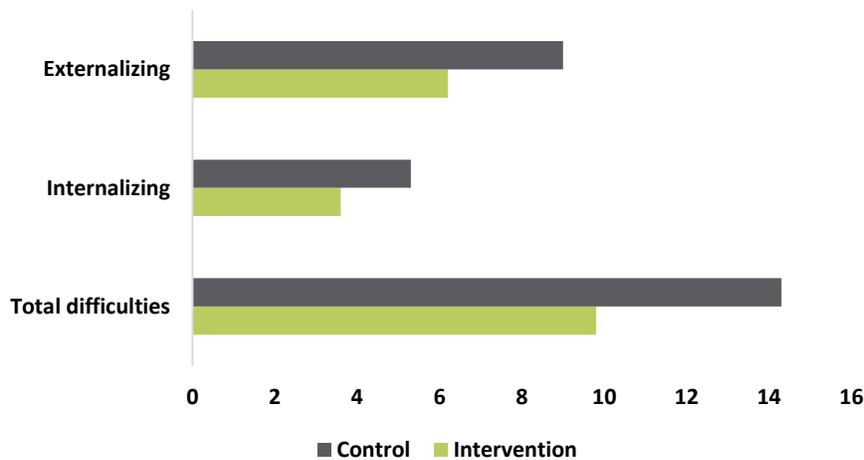
[6]Prosocial Behaviour: considerate of other's feelings, sharing, kindness; Emotional Symptoms: worried, unhappy or nervous in new situations; Peer-Relationship Problems: desire to be alone, having friends and being bullied; Conduct Problems: temper, fighting, lying or stealing; Hyperactivity/Inattention: restless, overactive, fidgeting, easily distracted and overall attention span; Impact: how difficulties interfere with day to day activities. Refer to Appendix-B for more information.

Learning Games and Conversational Reading

On average, children enrolled in the ECD Hub attended the program for 181 days (range 51-273 days; Figure 4). As part of the Abecedarian-inspired approach, children were engaged in one-on-one conversational reading at least once per day. Conversational reading included strategies such as "See, Show and Say", where children were actively engaged by pointing, acting and talking about a book. Children in the intervention group were engaged in conversational reading an average of 305 times (approximately 1.7 times/day), while some children were engaged as many as 586 times (2.6 times/ day; Figure 5). Learning games, selected according to a child's interests, were tracked daily. Learning games place an emphasis on oral language development and can be initiated by the child or the caregiver. Children enrolled in the ECD Hub were engaged in an average of 478 learning games (approximately 2.6 times/day) throughout the program (Figure 6).

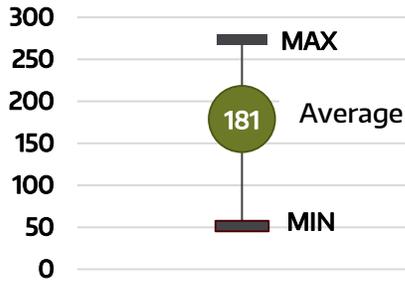Figure 4. Total Days of Attendance in ECD Hub (n=13 children)

Figure 5. Total Times Engaged in Conversational Reading (n=13 children)
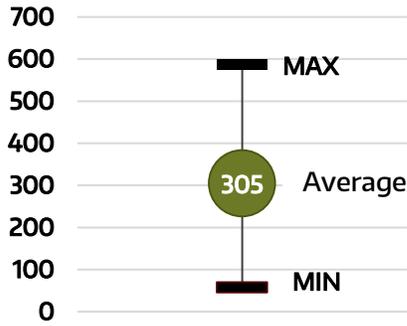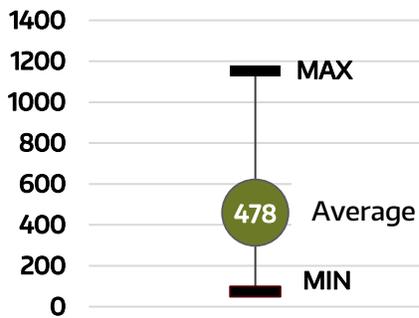

Figure 6. Total Times Engaged in Learning Games (n=13 children)

Language and Literacy Development

At baseline, children scored an average of 26% (intervention group) and 12% (control group) on the language development domains of the Brigance Early Childhood screen (p=NS). Following the program, average language development scores increased to 61% (26.2% - 92.6%) and 28% (0 – 88.9%) in the intervention and control groups, respectively. The average change in language development (Figure 7) among children attending the ECD Hub was significantly greater compared to children in the control group (+36% in the intervention group versus +16% in the control group). This difference in language development change scores remained significant even after adjustment for baseline Brigance score and number of days enrolled in the program, using analysis of covariance (F (1,25)=9.514, p=0.005).

Figure 7. Brigance Language Development Change Scores in INTERVENTION and CONTROL groups
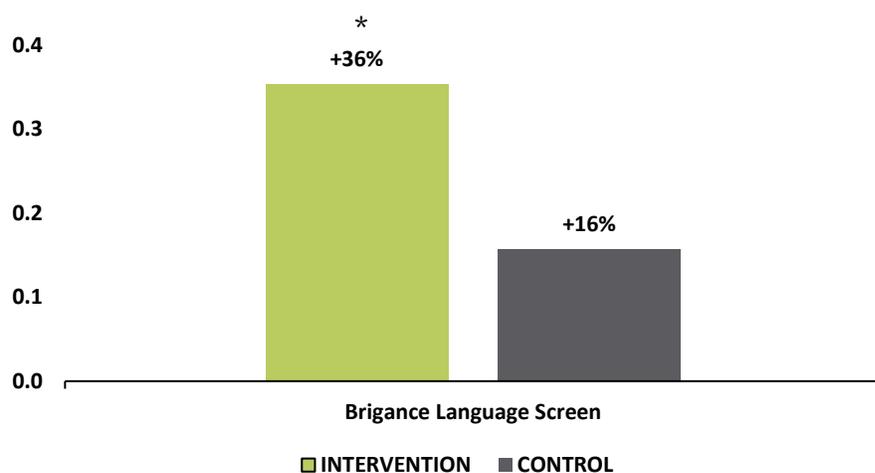
Statistical comparison calculated on change scores using unpaired t test. * = different from control (p < 0.05).

Behavioural Outcomes

The SDQ focused on children's positive attributes (strengths) and behavioural risks (difficulties) observed over the preceding six-month period. The 25-item questionnaire provides a score from 0 – 10 across five subscales (Table 1): prosocial behaviour, emotional symptoms, peer relationship problems, conduct problems and hyperactivity/inattention. Low scores generally indicate absence of a problem, except in the prosocial behaviour subscale, where higher scores are preferable.

While no significant improvements were observed in prosocial behaviour (Figure 8), conduct problems, hyperactivity/inattention, externalizing and overall impact score (Figure 9), the internalizing subscale improved by 2.0 points in children enrolled in the intervention compared to a 2.0-point decrease in control group children (p=0.004). Similarly, the total difficulties subscale, which combines all difficulties in an aggregate

score, improved by 4.2 points in the intervention group, compared to a decrease of 2.2 points in the control group. These changes were driven by a significant change in the emotional symptoms subscale, which improved by 1.2 points in intervention children and decreased by 1.7 points in the control group.[7]

Table 1. Range of Scores on the Strengths and Difficulties Questionnaire

Subscale	Range of Scores
1) Prosocial Behaviour	0-10*
2) Emotional Symptoms	0-10
3) Peer Relationship Problems	0-10
4) Conduct Problems	0-10
5) Hyperactivity/Inattention	0-10
Internalizing (subscales 2 and 3)	0-20
Externalizing (subscales 4 and 5)	0-20
Total Difficulties (subscales 2,3,4 and 5)	0-40
Impact Score	0-9

*Scale is reversed, higher average score is preferable.

Figure 8. Change Score in Prosocial Behaviour Subscale in INTERVENTION and CONTROL Groups
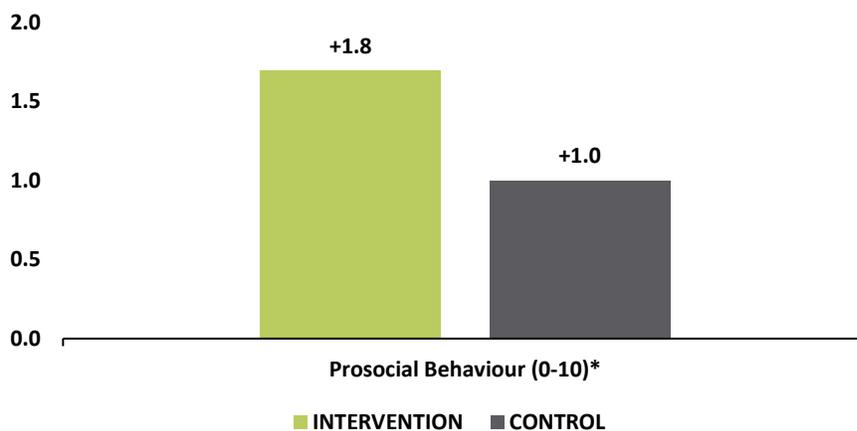
Statistical comparison calculated on change scores using unpaired t test, p=0.50.

[7] For additional SDQ data, refer to Appendix-J.

Figure 9. Change Scores in Strengths and Difficulties Subscales in Intervention and Control Groups
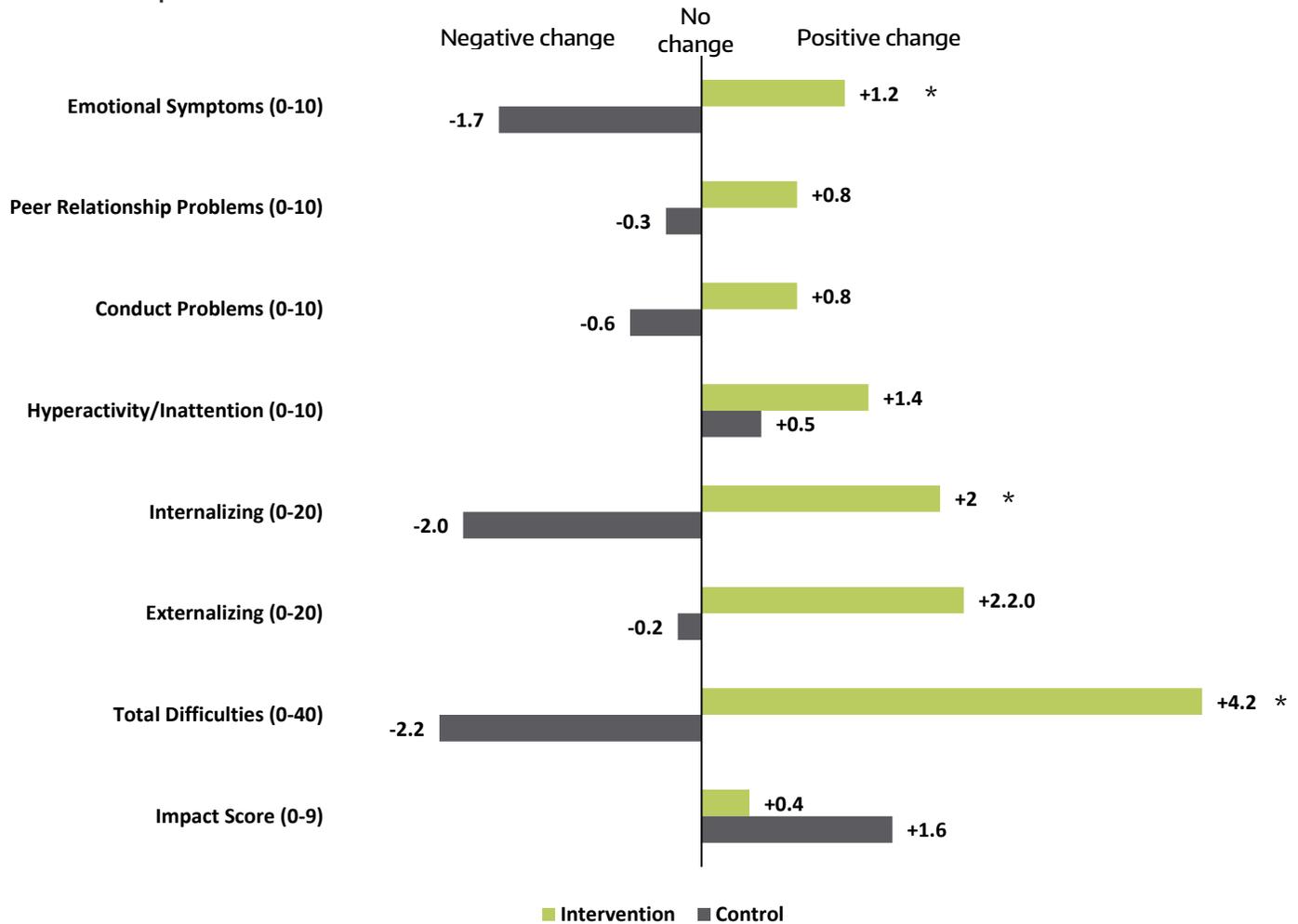
Negative change   No change   Positive change

	Intervention	Control
Emotional Symptoms (0-10)	+1.2 *	-1.7
Peer Relationship Problems (0-10)	+0.8	-0.3
Conduct Problems (0-10)	+0.8	-0.6
Hyperactivity/Inattention (0-10)	+1.4	+0.5
Internalizing (0-20)	+2 *	-2.0
Externalizing (0-20)	+2.2.0	-0.2
Total Difficulties (0-40)	+4.2 *	-2.2
Impact Score (0-9)	+0.4	+1.6

■ Intervention   ■ Control

Statistical comparisons calculated on change scores using unpaired t test. * = different from control ($P < 0.05$). Note: scales have been reversed, where negative change score in SDQ domains represent positive change in figure.

Program Implementation

Key findings:

- IRCOM staff developed a Family Programming Advisory Committee, which advises on selection and implementation of parenting programs to ensure the needs of newcomers are being addressed.
- Partnerships with community-based organizations, such as Mosaic Newcomer Family Resource Network, support program delivery through co-facilitation and staff development.
- Over 96% of parenting program attendees indicated that the program met their needs and reported learning skills for everyday life.
- Over 95% of parenting program attendees indicated they were ready to access services, have healthy relationships and set goals for the future.
- As programs are updated and added, there is a growing need for additional human and material resources at IRCOM.
- Parenting program attendees desire flexible attendance options, including multiple sessions per week to make up for missed sessions.

Relevance of Parenting Program Topics

To ensure IRCOM programming consistently addressed the needs of newcomers, IRCOM management developed a "Family Programming Committee," consisting of IRCOM staff from various programs working closely with families, which serves as an advisory body for the organization. Streamlining operations and supporting the provision of holistic, wraparound care to newcomer children, the committee acts as a central body to advise on selection and implementation of parenting programs. Nobody's Perfect, Positive Discipline in Everyday Parenting Program and Coping with Change were among the parenting programs offered by IRCOM in the 2017-2018 year.

> "Programming was an issue as an organization. We got together, streamlined our operations and called ourselves the Family Programming Committee. We have a philosophy and guidelines through which we would filter our parenting programs."
>
> -IRCOM Staff

Staff highlighted that IRCOM programming is based on needs expressed by newcomers, including book making programs to support relationship and language development. The Coping with Change program was implemented after receiving requests for mental health related programming. IRCOM is also increasingly tailoring programs for men, as women traditionally account for the majority of parenting program attendees. Participants

requested male-directed programming to ensure parents are "on the same page" and providing a consistent approach when parenting their children.

> "All the programming at IRCOM is very needs-based. Even the ECD Hub has gone through so many changes. Establishing the ECD Hub came out of a need of parents asking about respite."
>
> -IRCOM Staff

Partnerships with community-based organizations, which strengthen programs, were also identified as an approach to ensure topics remain relevant to newcomers. IRCOM partners with the Mosaic Newcomer Family Resource Network to co-facilitate programs, including Nobody's Perfect, Positive Discipline in Everyday Parenting Program and Coping with Change.

> "We have a book making program which is a parenting program started in 2010 as a partnership between Victoria Albert [School] and IRCOM. And the program was [focused on] literacy, spending time together and making a family album. Then, in 2011 we partnered with Mosaic."
>
> -IRCOM Staff

Adaptations for Newcomers

When asked about program adaptations that reflect the needs of newcomers, IRCOM staff spoke about increasing the number of visual representations, "hands-on" learning and enhanced availability of interpretive services to support Newcomers with low English literacy. Interpreters, available in multiple languages, were hired to ensure all individuals understand and benefit from programming. The Family Programming Committee also ensures parenting programs consider and adapt to reflect the cultural context (e.g. gender roles) of participants. A culturally diverse staff at IRCOM helps participants feel comfortable accessing programming and ensures content is adapted to address challenges common to Newcomer parents. Availability of respite care and the on-site, relationship-based ECD Hub model (i.e. services and resources are provided at place of residence) is also designed to ensure barriers to access are reduced.

"In the beginning, it was too hard because it was only open to people who spoke English. I ran the Nobody's Perfect program in January and we had translators, the parents had a better understanding because there was no language barrier."

-IRCOM Staff

To meet the needs of newcomer parents, IRCOM staff adapt materials and lessons to emphasize important learning concepts. For example, dealing with problem behaviours was identified as a challenge for parents; IRCOM instructors emphasized strategies to address behavioural challenges in the Nobody's Perfect program. Another group of parents, during the Coping with Change program, expressed a desire to focus on emotional management in stressful situations. IRCOM staff adjusted the curriculum to ensure the needs of participants were met.

Program Satisfaction

Nearly all (96%, n=48/50) survey respondents agreed or strongly agreed that IRCOM's parenting programs met their needs (Figure 10). Over 95% (n=49/51) of parenting program attendees reported learning information that they could use in everyday life. The majority of respondents agreed or strongly agreed they were ready to access services and have healthy relationships (100.0%, n=20/20), set goals (95.6%, n=22/23), as well as engage in self-care and manage emotions (75.0%, n=6/8) following the program.

"We would do about 7 to 8 sessions but have flexibility on if you want to do two sessions on behaviour, for example. But we cover all of the topics in eight sessions."

-IRCOM Staff

Figure 10: Parenting Program Satisfaction Scores

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree
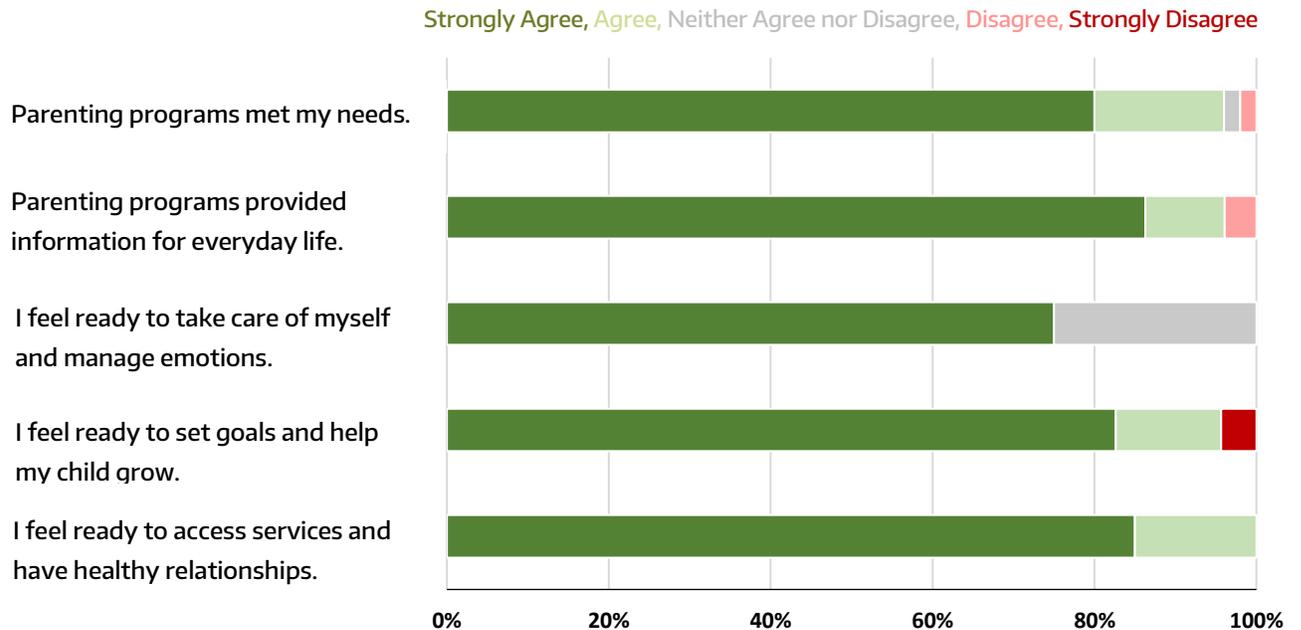
IRCOM staff spoke about the growing need for resources, both human and material, including developing an inventory of bilingual materials and having adequate storage space. As programs are updated and added, additional training will be required for staff to strengthen skills and facilitate educational sessions. Parenting program participants discussed the need for flexible attendance options, providing multiple sessions per week and ensuring time offerings are tailored to participants.

> "It was not convenient for me. When I changed jobs, it enabled me to have more time. I would suggest that we could have a poll before setting a time for programming. Maybe provide two sessions a week instead of one, so if you miss something you can attend another day."
>
> -IRCOM Parenting Program Attendee

Parent Outcomes

Key findings:

- After completing programs, parents understand the importance of physical activity and balancing academic and personal pursuits.
- Parents reported enhanced feelings of belonging, particularly in the work environment and in personal interactions.
- Parenting programs helped connect families to promote social connections and provided a venue to discuss common challenges.
- Improved communication skills resulted in many positive interactions with children. Improved problem solving and disciplinary skills helped parents address problematic behaviour and reinforce positive achievement.

Nurturing Physical, Social, Cognitive and Emotional Health

After completing parenting programs at IRCOM, participants reported an improved ability to nurture their child's physical health, placing an emphasis on dietary choices and avoiding "sugary snacks". Parents mentioned the importance of being physically active and learning to value the role of sports and academics equally. Introducing developmentally appropriate activities that children are passionate about, including cycling, soccer and swimming, was referenced as a strategy to integrate children into Canadian culture. Keeping up to date with vaccines and regularly visiting the doctor were also mentioned as approaches to nurture children's physical health.

> "I learned a lot from this program and parenting programs. We learned about the child development stages and what kind of treatment you need to do for the kid based on their age. Giving them a balanced diet and letting them play helps provide health."
>
> -IRCOM Parenting Program Attendee

In addition to physical health, IRCOM'S programs supported parents to nurture emotional and social health. Parents referenced teaching children the importance of respecting opinions, sharing with their peers and talking about their feelings, rather than reacting emotionally. Parenting

> "I have to remember that they learn first from home and how to label what is good and bad. To participate and play together and share ideas, because that is part of socializing. And it will help for them to get something from others."
>
> -IRCOM Parenting Program Attendee

programs emphasized the importance of nurturing social connections and how the home environment influences a child's ability to interact respectfully with others. The concept of personal space is often not well understood by other cultures. IRCOM's parenting programs emphasize sharing and respectful interactions (in a Canadian context) to ensure parents are aware of cultural differences.

Self-Concept, Identity and Sense of Belonging

Reported parenting program outcomes included an enhanced feeling of belonging and self-confidence extending beyond the home environment (i.e. to employment and personal interactions). Being able to share ideas in a group setting allowed participants to develop relationships with peers and discuss common challenges. Participants developed trust in their parenting skills and enhanced their understanding of culturally appropriate discipline methods. Learning about Canadian culture supported participants to adapt parenting styles and feel a sense of belonging. Other parents mentioned involvement in sporting events (e.g. local professional sports teams) as contributing to a sense of belonging.

> "And the other one is for me, it is connecting with other communities for my work because of the understanding and confidence I have developed through training to connect and participate in another place and to perform my job in a good manner."
>
> -IRCOM Parenting Program Attendee

Positive Interactions

Participants referenced many positive interactions with their children after completing IRCOM'S parenting programs, which were attributed to improved communication skills. Instead of reacting emotionally to problematic behaviour, IRCOM's programs helped parents identify an issue and logically come to a solution. Parents are now working to ensure their child understands that discipline is for their benefit and that "every correction ends with I love you." Parenting programs helped them relate to their children, understand why they may be engaging in problematic behaviour and reinforce positive achievements through encouragement. Parents referenced developing a "symbiotic" or "two-way" relationship with their children that creates opportunity for ongoing parent-child dialogue that provides "enough time to know what's wrong." For example, one parent indicated communication skills developed through parenting programs helped support a child that had previously refused to attend school.

> "I learned that yelling will solve no problems. It's better for me to sit down and find out what the problem is. It gives me peace and now I can calm down. I have different ways of communicating with my child."
>
> -IRCOM Parenting Program Attendee

Parenting Skills and Confidence

Parents mentioned feeling "more confident and outgoing" because of IRCOM's parenting programs. Learning effective strategies to deal with children and finding solutions to problems, instead of resorting to punishment, were identified by parents as contributing to enhanced confidence. Participants also referenced learning to work effectively with their partner as a team to manage time and balance responsibilities at home, including driving to appointments, food preparation and extra-curriculars.

> "It's made us improvise with our time. For where we come from, kids can be left at home. Now it's teamwork with us. If I'm not going to be around, my wife has to be around and vice versa. Plan out a week or two in advance, who will pick up the kids, be home, etc."
>
> -IRCOM Parenting Program Attendee

Social Contact and Mutual Support

Parenting programs connected participants with resources in the community and provided support for daily tasks, including tax filing, booking medical appointments and searching for a job. Sharing ideas with other participants in a collaborative environment helped parents develop a network of support, a safe space where common challenges and effective parenting strategies were discussed.

> "When I was attending the program, I was getting ideas from others. That makes me feel I am part of the society and I have somebody around me to feel my problems and it helped with my sense of loneliness."
>
> -IRCOM Parenting Program Attendee

Pre-/Post- Self-Efficacy Surveys

For all parenting programs, in all domains of self-efficacy assessed[8], the average self-reported change score was positive on the retrospective pre/post survey (Figures 11, 12, 13). Improvements in confidence were smaller, but generally positive on the pre/post survey, compared to change scores on the retrospective pre/post survey.

---

[8] Self-Efficacy is defined as one's belief in their ability to succeed in specific situations or when accomplishing specific tasks.

In the Nobody's Perfect program, the largest improvements were noted in parents' confidence accessing services in the community, including health care or free recreational opportunities (2.75 point increase on 10-point scale) and in developing healthy relationships with others (2.15 point increase on 10-point scale; Figure 11). When questions were analyzed individually, 23 of 25 activities were rated as being easier to complete after finishing the Nobody's Perfect parenting program. "Getting my child to clean messes" and "helping my child get enough sleep" were not rated more confidently after completing the program.

Figure 11: Nobody's Perfect Parent Survey Average Change in Confidence at Pre/Post and Retrospective Pre/Post
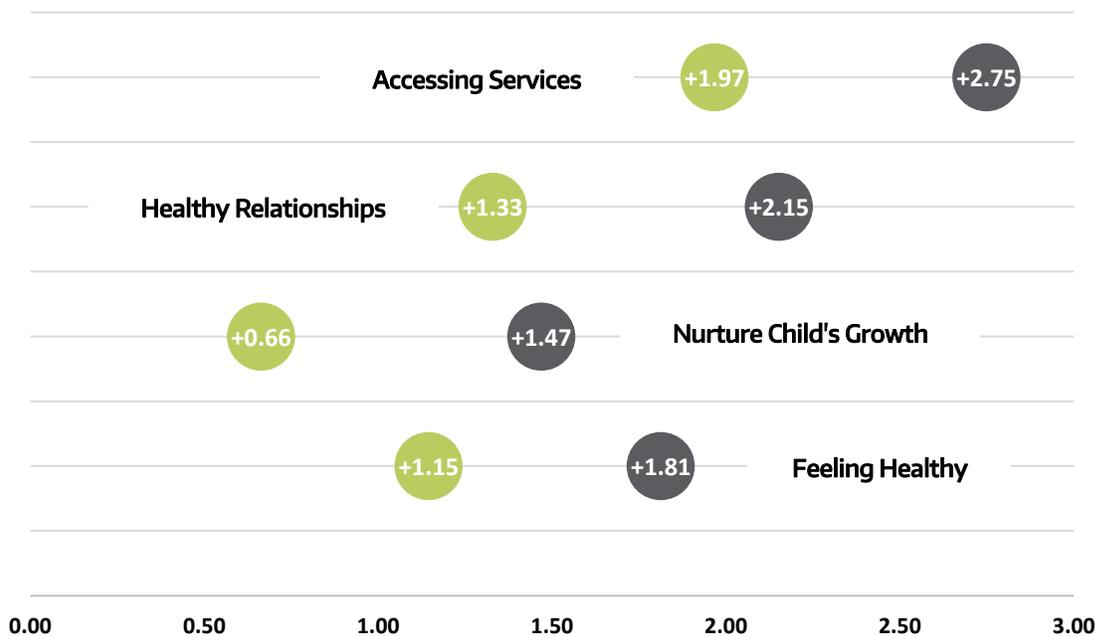
Positive Discipline in Everyday Parenting Program

For the Positive Discipline in Everyday Parenting Program, the largest improvements in confidence occurred in goal setting (1.34 point increase on a 5-point scale; Figure 12) and problem-solving domains, which includes responding to difficult situations and understanding a child's developmental stage (1.35 point increase on a 5-point scale). When questions were analyzed individually, 12 of 14 activities were rated as being easier to complete after finishing the Positive Discipline in Everyday Parenting Program. "Showing love even when my child does something wrong" and "having fun with my child" were two activities that were not rated more confidently after the program.

Figure 12: Positive Discipline in Everyday Parenting Program Survey Average Change in Confidence at Pre/Post and Retrospective Pre/Post

	Pre/Post	Retrospective Pre/Post
Goal Setting	+0.92	+1.34
Warmth and Structure	+0.08	+0.86
Understanding Your Child	+0.46	+1.25
Problem Solving	+0.61	+1.35

0.00   0.20   0.40   0.60   0.80   1.00   1.20   1.40   1.60
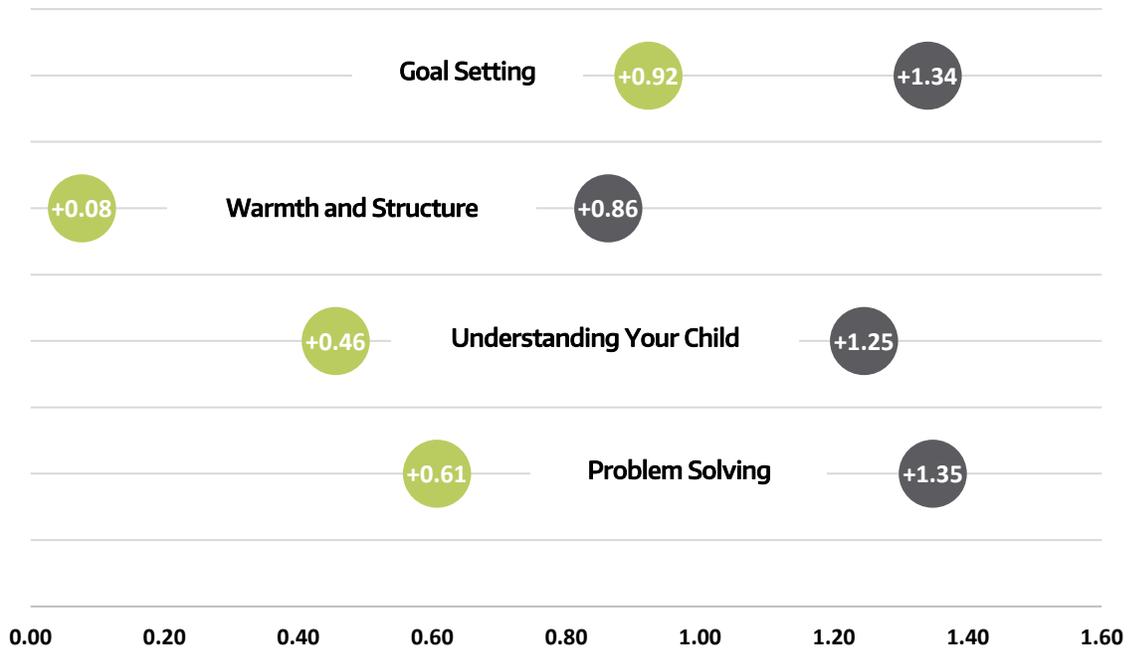
Coping with Change

Improved confidence in self-care activities, such as cooking nutritious meals, sleeping or being physically active (0.81 point increase on 5-point scale; Figure 13) were reported by participants of the Coping with Change program. The Coping with Change program had mixed effects on emotional management (e.g. feeling pressure to be a perfect parent), with the pre-post survey showing a negative change (0.50 point decrease on a 5-point scale) and the retrospective pre-post survey showing a small positive change (0.53 point increase on a 5-point scale) in this domain. When questions were analyzed individually, 8 of 16 activities were rated as being easier to complete after finishing Coping with Change.

Figure 13: Coping with Change Parent Survey Average Change in Confidence at Pre/Post and Retrospective Pre/Post
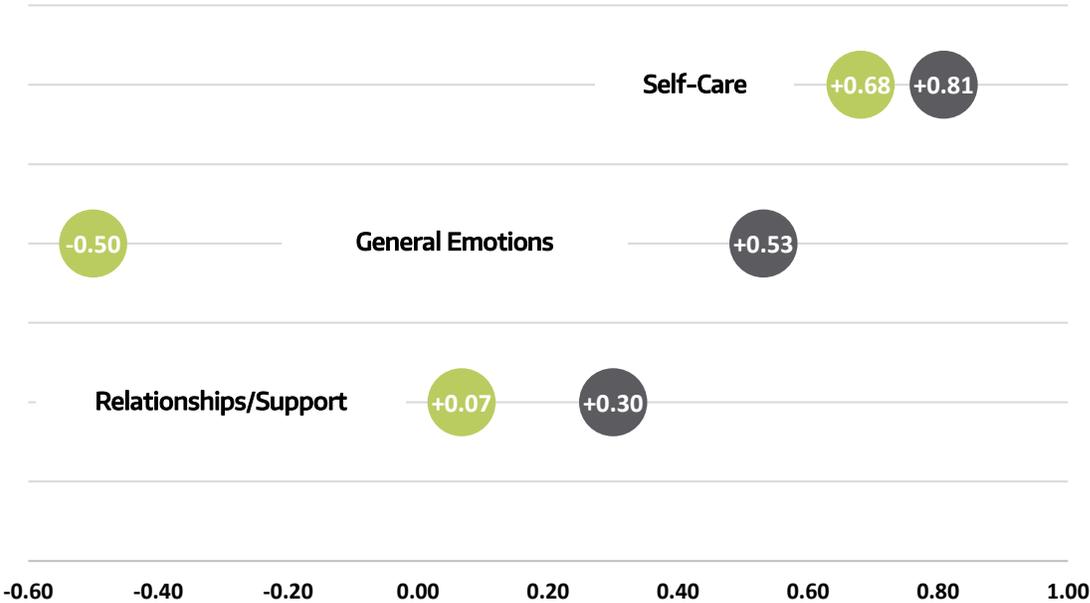
Conclusions

Successes

Hub children experience improved language development

After implementing Abecedarian-inspired practice in the ECD Hub, children's language development scores improved by 36%, compared to 16% in the control group. This represents a statistically significant change (i.e. unlikely to occur by chance) and aligns with previous research indicating that Abecedarian-inspired practice can be effectively implemented and benefit language acquisition in newcomer children.

Delivery of needs-based, tailored programming for newcomers

All programs at IRCOM, including the ECD Hub, are delivered based on needs expressed by newcomers. New in 2017/18, the Family Programming Committee serves as an advisory body to determine which programs most effectively address the needs of newcomers in the community. Following the advice of the Committee, IRCOM adapted programs to include "hands-on learning" and updated course content to reflect the cultural context of participants. Paid interpreters are an important component of IRCOM's tailored programming.

Parents learn skills to nurture development and experience improved confidence

Parents attending IRCOM programs reported an improved ability to nurture their child's physical, social and cognitive health. Integrating children into recreational activities, promoting healthy dietary choices and teaching children to express their feelings were examples provided by parents. Parents reported feeling more confident at work and at home, including being better able to balance responsibilities with their partners.

Opportunities

Measuring school readiness through the Early Development Instrument

Although the evaluation demonstrated positive results in language development and emotional symptoms, it was not possible to determine the program's impact on school readiness (assessed by the Early Development Instrument). Given the additional time and resources required to implement Abecedarian-inspired childcare, future evaluation should include EDI scores as a measure of the ECD Hub's effect on school readiness; a more comprehensive outcome measurement than language development alone.

Staff recruitment

As new programming is added for parents, staff will require training to ensure the ability to facilitate sessions effectively. In addition to staff development, recruiting a diverse cohort of instructors (both male and female) with unique language proficiencies will help IRCOM continue to deliver programs that meet the diverse needs of the newcomer community.

Flexible attendance options for parents

Parents found it challenging to attend program sessions due to work/family commitments and expressed a desire to have multiple offerings per week to make up for missed sessions. As a program is started, consulting with attendees to determine the weekly time that works best for the group may support increased attendance and allow parents to adapt schedules.

Implement strategies to enhance attendance

Although the average ECD Hub attendance was 181 days, several children attended significantly less and three children dropped out of the ECD Hub mid-way. While transition is a reality in the newcomer population, preliminary data indicates children with lower attendance and fewer interactions may not derive the same benefit as children attending the intervention more frequently.

Recommendations

Grounded in the evaluation findings, the following recommendations are intended to enhance IRCOM's programming and the support it provides to newcomer families.

1. **Implement strategies to enhance retention and attendance in ECD Hub**

   Attendance at the intervention ranged from 51 to 273 days with a high correlation existing between attendance and the number of times a child was engaged in conversational reading and reading games. Although the small sample size limited the ability to demonstrate a relationship between attendance and language development, it is expected that children attending more frequently derive additional benefit. It should be noted that most of the nine children that left the ECD Hub and control group were a result of personal circumstance (e.g. moving out of province, family expanding).

2. **Seek additional resources to expand number of available childcare spaces in ECD Hub and build internal capacity of staff to deliver Abecedarian practice**

   With 8 full-time and 12 part-time licensed childcare spots, the ECD Hub is unable to fully meet the demand for high quality childcare among IRCOM residents, which includes 110 families across two transitional housing complexes. To promote continued delivery of Abecedarian-inspired practice, the program would need to be repeated in multiple cohorts of children, including possible expansion at IRCOM's Ellen location. As IRCOM staff become comfortable with the Abecedarian Approach, delivery is likely to become more effective. Building internal capacity at IRCOM by training all Early Childhood Educators in the Abecedarian Approach would enhance buy-in and consistency across the organization. Mentorship, delivered internally by experienced Freight House staff members previously involved in the ECD Hub, would support delivery of high-quality, enriched care that is characteristic of the Abecedarian Approach.

3. **Strengthen IRCOM programming for parents through additional program offerings, leveraging community partnerships and ongoing training for existing staff**

   Establishment of the Family Programming Committee helps to ensure IRCOM programs reflect the most pressing needs for the newcomer population. Recognizing the need for enhanced programming in the newcomer population, delivering programs that address emotional management, relationship development, nutrition and food preparation, and the development of programs targeted towards men would address gaps in current offerings. Exploring and expanding synergistic

partnerships with community organizations would enhance the complement of programming offered by IRCOM.

Since the evaluation was conducted, IRCOM has expanded facilitator training to include Circle of Security, a program designed to foster secure attachments between parents and children, added a male facilitator to deliver men's programming and expanded resources to provide enhanced flexibility and space to deliver programs.

4. Develop and implement framework for ongoing evaluation and long-term outcome tracking

While the evaluation demonstrated positive language development in children enrolled in the ECD Hub, developing and implementing a framework for tracking school readiness and long-term outcomes would strengthen the case for sustained funding. This process would involve re-visiting the program logic model/evaluation framework and implementing a strategy for annual re-assessment of language development. Further evaluation efforts would also need to consider addressing low literacy levels in the newcomer population and ensure outcome monitoring is relevant to participants enrolled in the program (e.g. cultural adaptations to survey tools).

Longitudinally monitoring the progression of language development would allow IRCOM management and funders to determine if observed improvements in the intervention group persist into early school years. Continued evaluation of the ECD Hub in subsequent cohorts would also increase the sample size available to investigate a potential exposure-response relationship between attendance and language development.

Appendix A – Program Evaluation Framework

Expected outcome	Indicators	Data source(s)	Method(s)	Collector	Frequency	Notes
a) Improvements in physical, social, cognitive and emotional health among newcomer children and families, and increased capacity of parents to nurture their children's development in these areas.	a.i. difference in pre and post mean scores on Brigance language and literacy domains (ECD Hub vs EAL Childminding participants)	ECD HUB program and comparison group (EAL Childminding Program)	Pre and post assessment using age-appropriate Brigance screen	Evaluator	June/Sept 2017 (Pre) June 2018 (Post)	
	a.ii. Rate of learning games and conversational reading completion and progress/mastery among ECD Hub children	Learning Games and Conversational reading progress record and assessment instrument	ECD Hub staff will complete weekly tracking sheet	Hub staff	Tracked weekly on teleform submitted in batches to HCM for scanning	
	a.iii. # an % of parents self-reporting increased capacity to nurture childrens' physical, social, cognitive and emotional health	Parenting program participants	Pre and post survey Focus group	Evaluator	Surveys: 1st and last session in groups (Nobody's Perfect and Positive Parenting)	
b) An increase in children and their families' positive self-concept and identity, and sense of belonging.	b.i. Difference in pre and post mean scores on Strengths and Difficulties Questionnaire (ECD Hub vs EAL childminding participants)	ECD Hub and childminding program staff	Pre and post assessment using age-appropriate SDQ	ECEs and childminders	June/Sept 2017 (Pre) June 2018 (Post)	
	b.ii. Testimonials and examples from participating parents re: programs ability to positively impact on self-concept, identity and sense of belonging	IRCOM Support Staff documentation	Document review (IRCOM family case files)	Evaluator	April - May 2018	Review assessments and progress notes on families
		Parenting program participants	Pre and post survey Focus group	Evaluator	Surveys: 1st and last session in groups (Nobody's Perfect and Positive Parenting)	
	b.iii. Description of cultural adaptations made to ensure program fully supports and engages newcomer families	IRCOM staff	Focus group	Evaluator	April 2018	

c) An increase in children's readiness to learn upon school entry.	c.i. # and % of ECD Hub children at or above school readiness in 5 EDI domains	Healthy Child MB EDI administrative data	Review and analyze EDI scores as they become available	Evaluator (w/ Healthy Child)	TBD - dependent on ages of children and ability to collect data in years EDIs aren't collected	assumes evaluation activities continue beyond June 2018; if desired, can also gather EDIs on childminding program to compare outcomes
d) An increase in parenting skills, and more positive relationships between family members.	d.i. # and % of parents who self-report increase in positive interactions within family (e.g, increased reading with child)	Parenting program participants	Pre and post survey Focus group	Evaluator	Surveys: 1st and last session in groups (Nobody's Perfect and Positive Parenting)	
e) Improvements in lifestyle choices related to healthy eating, physical activity and injury prevention.	e.i. # and % of parents involved with improved knowledge, attitudes and behaviours re: health and healthy behaviours	Parenting program participants	Pre and post survey Focus group	Evaluator	Surveys: 1st and last session in groups (Nobody's Perfect and Positive Parenting)	
f) An increase in social contact and mutual support among community members.	f.i. participants' self-reported level of social contact and mutual support	Parenting program participants	Pre and post survey Focus group	Evaluator	Surveys: 1st and last session in groups (Nobody's Perfect and Positive Parenting)	
		IRCOM Case notes and families	Document review (IRCOM family case notes)	Evaluator	April - May 2018	
g) An increase in families' connection to other supports and services, such as community organizations, schools, etc.	g.i. families' self-reported connection to other supports and services	Parenting program participants	Pre and post survey Focus group	Evaluator	Surveys: 1st and last session in groups (Nobody's Perfect and Positive Parenting)	
		IRCOM Support Staff documentation	Document review (IRCOM family case files)	Evaluator	April - May 2018	Review assessments and progress notes on families

Appendix B – Strengths and Difficulties Questionnaire

Strengths and Difficulties Questionnaire   P or T[2-4]

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name ....   Male/Female

Date of birth...

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example toys, treats, pencils	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often argumentative with adults	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often offers to help others (parents, teachers, other children)	☐	☐	☐
Can stop and think things out before acting	☐	☐	☐
Can be spiteful to others	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees work through to the end	☐	☐	☐

Signature ....   Date ....

Parent / Teacher / Other (Please specify):

Thank you very much for your help   © Robert Goodman, 2005

5 Subscales	25 Items	Not true	Somewhat true	Certainly true
Prosocial Behaviour	Considerate of other people's feelings	0	1	2
	Shares readily with other youth, for example pencils, books, food	0	1	2
	Helpful if someone is hurt, upset or feeling ill	0	1	2
	Kind to younger children	0	1	2
	Often offers to help others (parents, teachers, children)	0	1	2
Emotional Symptoms	Often complains of headaches, stomach-aches or sickness	0	1	2
	Many worries or often seems worried	0	1	2
	Often unhappy, depressed or tearful	0	1	2
	Nervous in new situations, easily loses confidence	0	1	2
	Many fears, easily scared	0	1	2
Peer Relationship Problems	Would rather be alone than with other youth	0	1	2
	Has at least one good friend	2	1	0
	Generally liked by other youth	2	1	0
	Picked on or bulled by other youth	0	1	2
	Gets on better with adults than with other youth	0	1	2
Conduct Problems	Often loses temper	0	1	2
	Generally well behaved, usually does what adults request	2	1	0
	Often fights with other youth or bullies them	0	1	2
	Often lies or cheats	0	1	2
	Steals from home, school or elsewhere	0	1	2
Hyperactivity / Inattention	Restless, overactive, cannot stay still for long	0	1	2
	Constantly fidgeting or squirming	0	1	2
	Easily distracted, concentration wanders	0	1	2
	Thinks things out before acting	2	1	0
	Good attention span, sees work through to the end	2	1	0

Impact Score (Teacher-Completed)	Not at all	Only a little	A medium amount	A great deal
Difficulties upset or distress child	0	1	2	3
Difficulties interfere with peer relationships	0	1	2	3
Difficulties interfere with classroom learning	0	1	2	3

Appendix C – Child Tracking Sheet

Abecedarian Tracking Sheet

Centre's Tracking Number: [ ]

17791

CHILD'S LAST NAME:	CHILD'S FIRST NAME:	CHILD'S TRACKING NUMBER
		[ ]

CHILD'S AGE: Years [ ] Months [ ]

WEEK OF: Monday — M M / D D / Y Y Y Y [ ][ ]/[ ][ ]/[ ][ ][ ][ ]

NUMBER OF DAYS CHILD ATTENDED DAYCARE THIS WEEK: [ ][ ]

CAREGIVER'S LAST NAME:	CAREGIVER'S FIRST NAME:	CAREGIVER'S TRACKING NUMBER
		[ ][ ]/[ ][ ]/[ ][ ][ ]

Language Priority Focus:

NUMBER OF TIMES ENGAGED IN:

CONVERSATIONAL READING	Monday	Tuesday	Wednesday	Thursday	Friday	WEEKLY TOTALS
						[ ][ ]

NUMBER OF TIMES ENGAGED IN:

LEARNING GAME NUMBER	Monday	Tuesday	Wednesday	Thursday	Friday	WEEKLY TOTALS
[ ][ ][ ]						[ ][ ]
[ ][ ][ ]						[ ][ ]
[ ][ ][ ]						[ ][ ]
[ ][ ][ ]						[ ][ ]
[ ][ ][ ]						[ ][ ]

Enriched Caregiving Focus:

Notes:

FAX your completed surveys to 204.948.3768
or MAIL to: Healthy Child Manitoba Office, Data Centre, 332 Bannatyne Ave., 3rd Floor, Winnipeg MB R3A 0E2
QUESTIONS: Email Harvey Stevens: hstevens@mts.net

Appendix D – Nobody's Perfect Parent Program Survey

The survey lists different activities. Rate how easy it was to do these things <u>BEFORE</u> Nobody's Perfect (left column) and how easy it is to do these things <u>TODAY</u> (right column), after completing Nobody's Perfect. Choose a number between 1 and 10 using the scale:

1	2	3	4	5	6	7	8	9	10
Extremely difficult to do				I can manage but with some difficulty					Very easy to do

	BEFORE Nobody's Perfect Score (1 – 10)	TODAY Score (1 – 10)
Accessing services in the community		
1. Get help if my child is sick		
2. Get free recreation for my children		
3. Know about agencies and organizations in the community		
4. Have enough food for my family		
5. Get help with immigration issues		
6. Get help with my child's behaviour		
Have healthy relationships with others		
7. Get help from friends and family if I need it		
8. Have close relationships that make me feel safe and loved		
9. Have social time with family and friends		
10. Work with others to solve a problem		
11. Settle arguments with other people		
Nurture your child's growth		
12. Get your children to help clean up messes		
13. Get your children to eat healthy foods		
14. Get your children to play well with others		
15. Help my child calm down		
16. Help my child stay calm		
17. Help my child get enough exercise		
18. Deal with my child's behaviour		
19. Help my child get enough sleep		
Feeling healthy		
20. Get time to yourself		

21. Read with your child	
22. Have fun with your child	
23. Handle stress	
24. Get enough rest	
25. Get help with child care when I need it	

IRCOM Nobody's Perfect Parent Survey

In the table provided below, please check off (✔) how strongly you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. The Nobody's Perfect program provided me with information that I can use in everyday life.					
b. I feel ready to access services, have healthy relationships and help my child grow because of the Nobody's Perfect program.					
c. The Nobody's Perfect program met my needs.					

Appendix E – Positive Discipline in Everyday Parenting Program Survey

The survey lists different activities. Rate how easy it is to do these things BEFORE Positive Discipline in Everyday Parenting Program (left column) and how easy it is to do these things TODAY (right column). Think about all the things that affect your ability to do the activity, including language and understanding Canada. Use a number between 1 and 5 using the scale:

1	2	3	4	5
Very difficult to do		I can do, but it's difficult		Very easy to do
☹		😐		☺
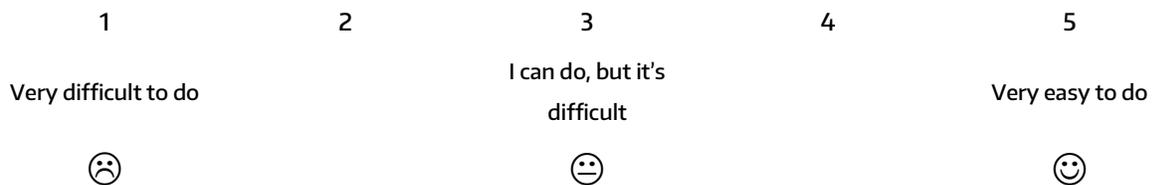
For example, if the activity is "Make short term goals for the day", imagine your child is getting ready for school and you are running late. When this happens, are you able to make goals for yourself to help your child arrive to school on time? If you are easily able to do this, select a 5 (e.g. you regularly make goals like getting your child dressed quickly, waking up earlier, making lunches the night before etc.). If you can make these goals sometimes, but other times like when you are stressed or busy with work you have more difficulty, select a 3. If you have never made daily goals for yourself, select a 0.

Goal Setting	BEFORE Positive Discipline in Everyday Parenting Program Score (1 – 5)	TODAY Score (1-5)
1. Make short-term goals for the day	1 2 3 4 5	1 2 3 4 5
2. Make long-term goals for when my child is grown up	1 2 3 4 5	1 2 3 4 5
3. Know what to do when I become frustrated	1 2 3 4 5	1 2 3 4 5
4. Know what to do when short-and long-term goals are different	1 2 3 4 5	1 2 3 4 5
Providing Warmth and Structure		
5. Show my child love, even when they do something wrong	1 2 3 4 5	1 2 3 4 5
6. Listen to my child's worries and comfort them	1 2 3 4 5	1 2 3 4 5
7. Have fun with my child	1 2 3 4 5	1 2 3 4 5

8. Help my child fix mistakes that they make	1 2 3 4 5	1 2 3 4 5
9. Prepare my child for difficulties and problems in life	1 2 3 4 5	1 2 3 4 5
10. Explain and talk about rules with my child	1 2 3 4 5	1 2 3 4 5
Understanding Your Child		
11. Understand how my child is feeling	1 2 3 4 5	1 2 3 4 5
12. Understand what my child needs to do well	1 2 3 4 5	1 2 3 4 5
Problem Solving		
13. Understand my child's developmental stage	1 2 3 4 5	1 2 3 4 5
14. In a difficult situation, problem solve for a good response	1 2 3 4 5	1 2 3 4 5

IRCOM Positive Discipline in Everyday Parenting Program Survey

In the table provided below, please check off (✔) how strongly you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. The Positive Discipline in Everyday Parenting Program provided me with information that I can use in everyday life.					
b. I feel ready to set goals and help my child grow because of the Positive Discipline in Everyday Parenting Program					
c. The Positive Discipline in Everyday Parenting Program met my needs.					

Appendix F – Coping with Change Parent Program Survey

The survey lists different activities or tasks that you may experience as a new parent. Rate how easy it is to do these things <u>BEFORE</u> Coping with Change (left column) and how easy it is to do these things <u>TODAY</u> (right column). Think about all the things that affect your ability to do the activity, including lack of time, work commitments or your emotions on any given day. Choose a number between 1 and 5 using the scale below:

1	2	3	4	5
Very difficult to do		I can do, but it's difficult		Very easy to do
☹		😐		☺

For example, if the activity is "Take time to care for yourself", imagine your child has been up all night and you are very tired. When something stressful like this happens, are you able to take time to eat a nutritious meal, read a book, watch a movie or catch up with family? If you are easily able to take time for yourself, select a 5. If you can make time for yourself sometimes, but other times like when you are stressed or busy with work, you have more difficulty, select a 3. If you are too busy taking care of your child and never take time for yourself, select a 0.

	Are you able to…	<u>BEFORE</u> Coping with Change Score (1 – 5)	Today Score (1-5)
Self-Care	1. Take time for yourself to do something you like?	1 2 3 4 5	1 2 3 4 5
	2. Cook easy, nutritious meals and eat regularly?	1 2 3 4 5	1 2 3 4 5
	3. Get enough rest when you are tired?	1 2 3 4 5	1 2 3 4 5
	4. Sleep when your baby sleeps?	1 2 3 4 5	1 2 3 4 5
	5. Use deep breathing to help calm down?	1 2 3 4 5	1 2 3 4 5
	6. Get outside and be active?	1 2 3 4 5	1 2 3 4 5
	7. Have a healthy body image?	1 2 3 4 5	1 2 3 4 5
	Do you…		
Emotions	8. Understand that "I am okay", even if you feel angry, anxious, tired, guilty, disappointed or lonely?	1 2 3 4 5	1 2 3 4 5
	9. Do you have scary thoughts about harming your baby?	1 2 3 4 5	1 2 3 4 5
	10. Know what to do if your sadness or "Baby Blues" become a problem?	1 2 3 4 5	1 2 3 4 5
	11. Do you feel pressured to be a "perfect mother"?	1 2 3 4 5	1 2 3 4 5

Relationships/ Support	12. Have a network of support to help care for your child?	1 2 3 4 5	1 2 3 4 5
	13. Talk about your feelings with someone you trust?	1 2 3 4 5	1 2 3 4 5
	14. Know how to ask for help when you need childcare, need rest or when you don't know what to do with your child?	1 2 3 4 5	1 2 3 4 5
	15. Have a healthy relationship with your partner?	1 2 3 4 5	1 2 3 4 5
	16. Have healthy relationships with your friends and family?	1 2 3 4 5	1 2 3 4 5

IRCOM Coping With Change Parent Survey

In the table provided below, please check off (✔) how strongly you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. The Coping with Change program provided me with information that I can use in everyday life.					
b. I feel ready to take care of myself, manage my emotions and have healthy relationships because of the Coping with Change program.					
c. The Coping with Change program met my needs.					

Appendix G – Staff Focus Group Discussion Guide

IRCOM ECD Hub

Introduction

Thank you for agreeing to be part of this interview/focus group discussion. My name is Andrew and I am helping to evaluate IRCOM's Early Childhood Development Hub. Part of the process includes gathering input and ideas from parents and key stakeholders, such as the staff at IRCOM. To better understand existing services provided, we'd like to know more about how parenting programs were implemented at IRCOM and if there are any additional resources that could support your daily work with newcomers.

You should know that:

- Being part of this interview/focus group discussion is voluntary.

- You are free to skip or not answer any question you don't want to, or if you don't know the answer. You are free to leave the conversation at any time.

- What you say will be confidential. Comments will not be attributed to individuals / your name will not show up in the final report.

- We would like to take notes and record the conversation to make sure that we accurately reflect your comments. Is recording this discussion okay with you?

- The information you give me will be part of a report that will be shared with management staff at IRCOM.

Any questions? Let's begin.

Questions for IRCOM Staff

1. What is your name and how long have you been working at IRCOM? What is your role at IRCOM?

2. Can you talk about how parenting programs were implemented at IRCOM?

   Prompt: What were the topics addressed by IRCOM's parenting programs? What were some of the teaching/educational methods that were used?

3. Can you speak to the relevance of the topics addressed in parenting programs, in particular, how were the topics useful for newcomer parents?

4. What are some of the ways that IRCOM parenting programs were adapted to meet the needs of newcomers?

5. Can you speak to some of the positive improvements that you observed in parenting skills and the relationships developed between family members?

6. Were there any unexpected outcomes of the parenting programs?

   Prompt: unexpected outcomes can include program delivery and/or individual outcomes

7. Are there additional training or resources that could support you to work with newcomer parents?

8. Are there additional training or resources that could support you to work with newcomer children?

Thank you.

Appendix H – Parent Focus Group Discussion Guide

IRCOM ECD Hub

Introduction

Thank you for agreeing to be part of this interview/focus group discussion. My name is Andrew and I am helping to evaluate IRCOM's Early Childhood Development Hub. Part of the process includes gathering input and ideas from parents and key stakeholders. To better understand existing services provided, we'd like to know what you learned from IRCOM parenting programs and how it has affected your life outside the program.

You should know that:

- Being part of this interview/focus group discussion is voluntary.

- You are free to skip or not answer any question you don't want to, or if you don't know the answer. You are free to leave the conversation at any time.

- What you say will be confidential. Comments will not be attributed to individuals / your name will not show up in the final report.

- We would like to take notes and record the conversation to make sure that we accurately reflect your comments. Is recording this discussion okay with you?

- The information you give me will be part of a report that will be shared with management staff at IRCOM.

Any questions? Let's begin.

Questions for Parents

1. What is your name and how long have you been living in Canada?

2. Can you talk about what you do to support your child's physical health?

    a. How has this changed since taking parenting programs at IRCOM?

        Prompt: getting your child to eat healthier food, being more physically active, helping your child get enough rest, etc.

    b. Can you provide examples of how you support your child's physical health?

3. Can you talk about what you do to support your child's social health?

    a. How has this changed since taking parenting programs at IRCOM?

        Prompt: getting your child to share with others, to understand when they are hurting someone else, how to stay calm when they are frustrated, etc.

    b. Can you provide examples of how you support your child's social health?

4. Can you talk about what you do to support your child's emotional health?

    a. How has this changed since taking parenting programs at IRCOM?

        Prompt: helping your child label their feelings and emotions, helping your child feel happy, helping your child find hobbies that they enjoy

    b. Can you provide examples of how you support your child's emotional health?

5. Have the lessons you learned from IRCOM's parenting programs impacted your self-esteem? Please share examples.

    Prompt: Think about before you took IRCOM's parenting programs, talk about your self-esteem, or how positive you felt about yourself at this time. How do you describe your feelings toward yourself right now?

6. Have the lessons you learned from IRCOM's parenting programs impacted your sense of belonging? Please share examples.

Prompt: Think about before you took IRCOM's parenting programs, talk about your sense of feeling accepted at this time. How do you describe your sense of belonging or feeling accepted right now?

7. Have the lessons you have learned from IRCOM's parenting programs impacted your identity? Please share examples.

    Prompt: Think about before you took IRCOM's parenting programs, talk about your sense of identity at this time. How do you describe your sense of identity, or the qualities you see in yourself right now?

8. Thinking back to before the program started, have parenting programs made your relationships with family members and children better/the same/or worse?

    a. Do you have examples of how IRCOM parenting programs have impacted the way you communicate with your family?

9. Have parenting programs made it easier to understand healthy behaviours and how to be physically healthy?

    a. What changes have you made in your life to be healthier?

        Prompt: taking time to exercise and be physically active, getting enough rest, making healthy food choices, etc.

10. Can you talk about your relationships (beyond your family) and how IRCOM has supported you in developing relationships with people that care for you?

11. Do you feel that you are connected to supports and services in the community? Please share examples.
    Prompt: Are you able to get help if your child is sick? Are you able to get help if you run out of food for the week?

12. What are some positive changes that you have seen in your child's behaviour?
    Note: only ask this question of parents that have children in the Hub

    a. Have these changes in behaviour encouraged you to adapt your parenting style?

13. Do you have any final comments/anything that you think IRCOM should know?

Thank you.

Appendix I – Demographic and Baseline Characteristics of Children

Variable	Intervention (n=14)	Control (n=13)	p-value
Demographics			
Age (years)	4.5 ± 0.8	4.0 ± 1.0	0.16
Gender (% Female)	6 (42.9%)	6 (46.1%)	1.0
Subsidized Care	3 (21.4%)	4 (30.8%)	0.68
Full-Time Status	8 (57.1%)	0 (0%)	0.002
Days enrolled in program	481 ± 141	413 ± 150	0.23
Language/Literacy			
Brigance Language/Literacy Score	0.26 ± 0.23	0.12 ± 0.21	0.11
Strengths and Difficulties			
SDQ Prosocial Behaviour Score (scale from 0-10)	6.1 ± 2.5	4.5 ± 3.4	0.19
SDQ Emotional Symptoms Score (scale from 0 to 10)	1.8 ± 1.9	1.6 ± 2.0	0.82
SDQ Peer Relationship Problems (scale from 0 to 10)	1.8 ± 1.7	3.7 ± 2.4	0.02
SDQ Conduct Problems (scale from 0 to 10)	2.1 ±2.6	3.5 ± 2.7	0.20
SDQ Hyperactivity/Inattention (Scale from 0 to 10)	4.1 ± 3.1	5.5 ± 2.7	0.21
SDQ Total Difficulties Score (Scale from 0 to 40)	9.8 ± 7.3	14.3 ± 7.5	0.11
SDQ Internalizing Score (Scale from 0-20)	3.6 ± 3.4	5.3 ± 3.9	0.22
SDQ Externalizing Score (Scale from 0-20)	6.2 ± 4.8	9.0 ± 5.0	0.15
SDQ Impact Score (Scale from 0-9)	1.1 ± 2.8	2.5 ± 3.4	0.25

Statistical comparisons calculated using χ^2 or Fisher exact test for categorical variables and unpaired t test for continuous variables.

Appendix J – Strengths and Difficulties Questionnaire Supplemental Data

Average SDQ Score	Intervention			Control			p-value
	Pre	Post	Change	Pre	Post	Change	
Sub-Scales							
1) Prosocial Behaviour	6.1 ± 2.5	7.9 ± 2.8	1.8 ± 1.6	4.5 ± 3.4	5.7 ± 2.5	1.0 ± 3.2	0.43
2) Emotional Symptoms	1.8 ± 1.9	0.6 ± 0.9	–1.2 ± 2.1	1.6 ± 2.0	3.5 ± 3.1	1.7 ± 2.7	0.01
3) Peer Relationship Problems	1.8 ± 1.7	1.0 ± 1.4	–0.8 ± 1.0	3.7 ± 2.4	3.9 ± 1.9	0.3 ± 2.0	0.10
4) Conduct Problems	2.1 ± 2.6	1.4 ± 2.1	–0.8 ± 2.2	3.5 ± 2.7	4.4 ± 2.6	0.6 ± 3.0	0.18
5) Hyperactivity/Inattention	4.1 ± 3.1	2.6 ± 2.6	–1.4 ± 2.1	5.5 ± 2.7	5.1 ± 1.3	–0.5 ± 2.3	0.29
Internalizing (subscales 2 and 3)	3.6 ± 3.4	1.6 ± 1.7	–2.0 ± 2.5	5.3 ± 3.9	7.5 ± 4.8	2.0 ± 3.8	0.004
Externalizing (subscales 4 and 5)	6.2 ± 4.8	4.0 ± 4.4	–2.2 ± 3.4	9.0 ± 5.0	9.5 ± 3.6	0.2 ± 4.6	0.15
Total Difficulties (subscales 2,3,4,5)	9.8 ± 7.3	5.6 ± 5.4	–4.2 ± 5.1	14.3 ± 7.5	16.9 ± 7.0	2.2 ± 8.2	0.02
Impact Score	1.1 ± 2.8	0.6 ± 2.4	–0.4 ± 1.6	2.5 ± 3.4	1.7 ± 2.9	–1.6 ± 4.0	0.36

Statistical comparisons calculated on change scores using unpaired t test.