
Banyan Community Services - Girls Connection Program

Final Evaluation Report

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Introduction & Background

Purpose of the Evaluation

The purpose of this research project is to provide:

- a replication of the preliminary evaluation done by the Child Development Institute (CDI);
- an improvement of the evaluation methodology, such as decreasing sample loss, increasing the number of informants providing data, and using broader research measures;
- a contribution to the literature on effective interventions for girlhood aggression,
- an evaluation of the program by a third party; and
- evidence about the efficacy of collaborative work between a community organization and academic researchers.

The purpose of the evaluation is to determine:

- the baseline characteristics of participants (child and family characteristics, program entry characteristics, measures of baseline measures of behaviour);
- the outcomes for girls participating in the program (including , rule-breaking behaviour, aggressive behaviour, conduct problems, and other measures of behaviour and competence);
- participant and community partner satisfaction with program services;
- the community partners' opinions about conducting a more rigorous, randomized control-oriented evaluation in the future.

Project Overview

Project History

In 2001, prior to the inception of the Girls Connection (GC) program, partners of the Banyan Community Services (BCS) worked collaboratively with the BCS to help develop a protocol for a more coordinated approach for service delivery to children under the age of twelve. The protocol, implemented in 2002, ensures that children under the age of 12 involved in anti-social or criminal-like behaviours are directed to a centralized intake system, and then guided to the appropriate support services.

In response to the findings of their extensive research into early intervention and crime prevention and to the demand from community partners and families for a program targeting girls, BCS established the Girls Connection program. In January 2004, the GC program, based on the CDI model, began to be offered to community members in Hamilton.

Community Profile and Target Group

Most recent census data¹ indicates that the city of Hamilton has:

- a population of 490,268 – of which approximately 20% of the population lives on incomes below the poverty line (which includes 25% of all children under the age of 12);
- an unemployment rate of 5.5%;
- a total of 135,980 families – 74% of whom are married couple families, 16.5% are lone-parent families
- 13.7% of female-led lone-parent families, 81% of whom live in poverty and have children under the age of six;
- a violent crime rate higher than other census metropolitan areas across Canada

The BCS-GC program is offered to girls between the ages of six and twelve, living in the Hamilton area, who have had police contact and/or who are

¹ Data from the 2006 Census will not be made available to the public until July of 2007. As a result, the data reported above are based on the findings of the 2001 Census.

considered to be displaying anti-social behaviour (determined by the BCS-GC intake measures).

Project Partners

The BCS staff has been dedicated to fostering strong community partnerships with other service providers offering support to similar populations of children and families. These efforts have resulted in mutually beneficial relationships that have helped raise awareness of various resources in the community (with referrals flowing both ways) and more efficient means of connecting families to appropriate services. The following community partners have played a significant role in supporting the GC program:

- Hamilton-Wentworth District School Board
- Hamilton Emergency Services-Fire
- Hamilton Police Services
- Lynwood Hall
- Catholic Children's Aid Society of Hamilton
- Hamilton-Wentworth Catholic District School Board
- Children's Aid Society of Hamilton
- CONTACT Hamilton for Children's and Developmental Services
- Hamilton Health Sciences Corp, Child and Family Centre

BCS Girls Connection Program Description

Based on the model developed by CDI in 1996, the GC program is a gender-specific intervention that aims to address the various social systems within which the child interacts, including: the family, peers, school, and the greater community. Treatment plans are tailored to the individual needs of each child and family. Using a *crime prevention through social development* framework, the program aims to:

- reduce risk factors linked to future criminal behaviour;
- enhance protective factors in the lives of children and their families, including effective parenting, targeting and reducing aggressive behaviour, improving academic performance, and
- facilitating connections to positive community involvement.

Program Services

The GC program consists of three core components:

- i) The Girl's Club program, a 12-week cognitive-behavioural therapy-based program utilizing SNAP™ (Stop Now and Plan) concepts for girls six to eleven years old,
- ii) a corresponding optional parent/caregiver group (SNAP™ Parent Group), and
- iii) an eight week mother/daughter group (Girls Growing Up Healthy) focused on cultivating positive mother-child relationships while improving girls' self-image and understanding of healthy physical and sexual development, for girls and their mothers who have successfully completed the aforementioned Girls Club and SNAP™ Parent Group.

In addition to the core components described above, families enrolled in the GC program are granted access to various other support services that BCS offers.

Some of these services are recommended by program staff based on outcomes from the intake screening measures and/or the initial family case conference.

A brief description of additional program components is included below:

Academic Tutoring – Girls identified as functioning well below their grade level are offered volunteer-run remedial sessions to aid them in completing homework assignments and improving their reading skills.

Clinical Services – A social worker from the BCS Clinical Services department can assist in treatment planning, providing direct counseling services to families or children, or when necessary, referring to more appropriate services within the community.

Community Advocacy – GC workers will attend community meetings and/or establish relationships with other agencies with whom the family is involved to ensure that the child and parents are having their needs met and are receiving the best possible services.

Community Hook-Up – The GC staff assist families in accessing subsidized recreational activities in the community.

Crisis Intervention – Counseling support is provided to parents and children in crisis situations (either by telephone or through face-to-face meetings).

Hamilton Arson Prevention Program for Children (HAPP-C) – Children who are identified as engaging in fire-setting behaviour will be visited by a Fire Inspector, who will conduct an in-home educational session on the dangers of fire-play, fire prevention, and home escape planning.

Individual Befriending – Child Workers develop a mentoring, one-on-one relationship with children by involving them in recreational opportunities in the community, and by reinforcing SNAP™ strategies.

Individualized Family Intervention – Assistance for families who are unable to attend the SNAP™ Parent Group or who may require additional support to reinforce the SNAP™ strategies.

Kidz Club – A group that is offered to the siblings of girls enrolled in the GC program, where siblings are introduced to the SNAP™ concepts while participating in pro-social recreational activities.

Pre Support Nights for Girls – This group is offered to all girls that have been screened and accepted into the GC program and are waiting for their 12 week SNAP™ group to begin. The group allows for girls to be introduced to some of the SNAP concepts, to participate in leisure activities, and to build rapport with their Child Worker.

Pre Support Night for Parents – This group is offered to all parents that are waiting for their 12 week SNAP™ Parent Group to begin. There are a variety of topics covered some of which include, parenting strategies, methods for reducing stress, and making healthy lifestyle choices. Occasionally, guest speakers are invited to discuss various topics of interest to parents.

Post Support Nights for Girls – This group is offered to all girls that have graduated from the Girl's Club program. The group provides girls with an opportunity to reinforce the SNAP™ strategies that they have learned, as well as a chance to participate in structured pro-social activities.

Post Support Nights for Parents – This group offers ongoing support to parents that have completed the 12 week SNAP™ Parent Group. Guest speakers are also invited to the group to present on various topics of interest.

School Advocacy – Family workers support parents who are discouraged with their relationship with the school, offering assistance to develop a plan for addressing their concerns, and/or by attending meetings between the parents and the school.

School Support – Child Workers contact the teachers of children enrolled in the GC program to inform them about the program and offer behavioural management strategies. If the teacher is interested, Child Workers will make presentations to the child's class on SNAP™ concepts.

Victim Restitution – Provides GC children with the opportunity to apologize to the people affected by their negative behaviour.

Anticipated Outcomes

The anticipated outcomes of involvement in the GC program include:

- increased social competence for girls 12 and under exhibiting anti-social behaviour or criminal-like activity;
- a reduction in girls' offending behaviour;
- girls' proficiency in SNAP™ techniques for self-control and problem solving;
- parents' increased understanding of effective child management strategies;
- parents' awareness of SNAP™ concepts in order to support their children in applying the strategies;
- participants' improved social skills, increased involvement in pro-social activities, and noted academic-related improvements;
- enhanced mother-daughter relationships; and
- participants' enhanced self-esteem and healthy self-image.

Methodology

Data Sources

Data were collected from a variety of sources over the duration of the evaluation.

These sources included:

| Informant | Measure | Collected By |
|-----------------------|----------------------------------|---------------|
| GC staff | Questionnaire | Research team |
| GC parents | Satisfaction Questionnaires | BCS GC staff |
| | CBCL (Child Behaviour Checklist) | BCS GC staff |
| | Family Information Form | BCS GC staff |
| | EARL – 21G | BCS GC staff |
| | Service Inquiry Record | BCS GC staff |
| | Interview | Research team |
| GC girls | Child Screening Interview | BCS GC staff |
| | Satisfaction Questionnaires | BCS GC staff |
| | Interview | Research team |
| GC siblings | Interview | Research team |
| Teachers | TRF (Teacher's Report Form) | BCS GC staff |
| GC community partners | Interview | Research team |
| BCS/GC documentation | Training Manuals | Research team |
| | Databases | Research team |

Evaluation Design

Timeline for Outcome Data Collection

The timing of data collection was:

-Baseline/Pre-Group—Data collected at time of inquiry/admission to program

-Post-Group—Data collected after completion of program (approximately 6 months after pre-data collected if received on time)

Quantitative Data

The choice of measures used is related to the specific aims of the Banyan Girls Connection program and were based on, and guided by, the CDI Girls Connection program evaluation. These tools were first used as assessment tools, and also serve as evaluation tools (see Attachments for measures).

Measures

Child Behaviour Checklist (Achenbach and Rescorla, 2001)-Completed at pre- and post

Teacher's Report Form (Achenbach and Rescorla, 2001)-Completed at pre- and post

Family Information Form—Completed at pre-only, except parent management strategies information collected at post

Ontario Service Inquiry—Completed at pre-

The Girls Connection program aims to decrease “offending” behaviour in girls and increase social competence. Offending behaviour is measure by police contact (baseline) and six additional variables: rule breaking behaviour, aggressive behaviour and conduct problems as obtained from the Child Behaviour Check List (CBCL, parent response) and the Teacher's Report Form (TRF, teacher response). Scores for each of these CBCL and TRF variables are available as continuous variables and as dichotomous variables (above clinical threshold or 2 standard deviations above the mean vs. not).

At baseline the CBCL may be completed face-to-face, or mailed. The TRF is mailed, accompanied by a letter to the principal of the school. After the program the CBCL is given to families at the final Transformer Club session and it is requested that they complete and send it back after the program. The request for TRF completion is also sent out to the girl's school.

Social competence is measured by adaptive functioning (teacher report) and total competence (parent report). Adaptive functioning measures a variety of aspects of functioning at school, and includes (i) works hard, (ii) behavioural problems, (iii) learning, and (iv) happy. Scores are summed to provide the total.

Overall competence is measured by parent providing information about participation in activities (sports and non-sports), social participation (amount and skill in organizations, friendships), and school (academics and difficulties).

Qualitative Data

Methods

Key Informant Interviews

Key informants are individuals who are familiar with and knowledgeable about a particular topic, and have access to information concerning a community or the program that researchers otherwise would not. A total of 70 key informant interviews were conducted with various GC program community partners as well as program participants who represented the following roles:

- Hamilton Wentworth Catholic District School Board
- Hamilton Emergency Services-Fire
- GC parents
- CONTACT Hamilton for Children's and Developmental Services
- GC Program Staff
- GC girls

The research team contacted community partners provided by the program staff members, and invited them to participate in an interview. Prior to the interview, participants were emailed a copy of the consent form (see Attachment D) as well as the questions (see Attachment E) that were to be addressed in the interview. Three of the six community partners that were contacted did not participate in an interview.²

Participating families were initially contacted by program staff to inform them about the evaluation, and to obtain consent for the possibility that the research team would contact them to inquire if they were interested in participating in an interview. Once the staff had confirmed with the families that they were agreeable with being contacted, their contact information was provided to the research team who worked to arrange a suitable interview time (see Attachment F for consent form and Attachment G for interview guide).

Questionnaires

An additional source of data for the GC evaluation were satisfaction questionnaires, which were administered by GC staff to parents and girls that

² One individual did not feel knowledgeable enough about the program to participate, while two others did not return emails or voicemail about the interview.

attended the last session of the 12 week SNAP™ program. For the purposes of this evaluation, 83 parent questionnaires and 74 child questionnaires were analyzed.

Data Analysis

We began our analyses of the data by examining the notes from the key informant interviews, and identifying preliminary categories that emerged therein. We referred frequently to the interview guides and the evaluation questions to keep the context of the data in mind. In addition, we highlighted phrases in the notes, and viewed them in light of their corresponding category, grouping all examples of a particular category together. Finally, we listed all of the categories, and examined them in terms of their more broad and overarching themes.

Findings

Quantitative Findings

The outcome analysis findings are presented in the following sections:

1. Baseline characteristics of all participants (child and family characteristics, program entry characteristics on CBCL and TRF, parent management strategies)
2. Baseline characteristics of participants with pre-post data (child and family characteristics, program entry characteristics on CBCL and TRF, parent management strategies)
3. Pre-post comparisons (CBCL and TRF, parent management strategies)

Baseline Characteristics

Child and Family Characteristics

The characteristics of all girls and families participating in the program are shown in the table below. Almost half of the families participating (47.2%) are lone parent families (i.e., where the parent's spouse or partner is not currently in the home). Almost half of the families participating rely on forms of government assistance for their income (43.8%).

A minority of girls have had police contact according to their parents (14.1%), though over 2 in 5 have had some child welfare contact in the past or currently (41.8%). About a third of girls have been identified as having difficulties requiring special education in school (29.1%).

Families report a number of concerns. The most common specific concerns are trouble with money (63.7%), depression (39.6%) and violence between children (30.2%).

PARTICIPANT CHARACTERISTICS (ALL)

| Characteristics | n | Mean (SD) | % (No.) |
|---------------------------|-----|------------|------------|
| Child Age | 213 | 9.0 (1.7) | |
| Parent Age | 183 | 37.7 (8.6) | |
| Lone Parent | 212 | | 47.2 (100) |
| Marital Status | 212 | | |
| Married | | | 34.0 (72) |
| Divorced | | | 11.8 (25) |
| Separated | | | 17.5 (37) |
| Widowed | | | 3.3 (7) |
| Never Married | | | 21.7 (46) |
| Other | | | 11.8 (25) |
| Income Source | 208 | | |
| Wages | | | 56.3 (117) |
| Unemployment Ins. | | | 2.9 (6) |
| Government Asst. | | | 22.6 (47) |
| Other | | | 18.3 (38) |
| Police Contact | 185 | | 14.1 (26) |
| Past diagnosis | 213 | | 32.9 (70) |
| Child Welfare | 189 | | |
| Past | | | 38.1 (72) |
| Current | | | 29.6 (56) |
| Any | | | 41.8 (79) |
| Ward | | | 5.3 (10) |
| Child Sp Ed | 213 | | 29.1 (62) |
| Repeated a Grade | 213 | | 13.1 (28) |
| Family concerns | 212 | | |
| Money | | | 63.7 (135) |
| Trouble with Law | | | 8.0 (17) |
| Housing | | | 11.3 (24) |
| Heavy / Problem Drinking | | | 6.6 (14) |
| Marital Difficulties | | | 11.8 (25) |
| Drug abuse | | | 4.7 (10) |
| Poor health | | | 25.0 (53) |
| Violence between Parents | | | 10.8 (23) |
| Depression | | | 39.6 (84) |
| Violence between Children | | | 30.2 (64) |

| | | |
|--------------------------|----|-----------|
| Psychiatric difficulties | | 9.4 (20) |
| Sexual Abuse of Children | | 8.5 (18) |
| Other (≥ 1) | | 42.9 (91) |
| Total Number of Concerns | 0 | 8.5 (18) |
| | 1 | 22.2 (47) |
| | 2 | 23.6 (50) |
| | 3 | 11.3 (24) |
| | 4 | 15.1 (32) |
| | 5 | 11.8 (25) |
| | 6 | 4.2 (9) |
| | 7 | 1.4 (3) |
| | 8 | 0.5 (1) |
| | 9 | 0.5 (1) |
| | 10 | 1.0 (2) |

Program Entry Characteristics on CBCL and TRF

Girls can enter the program based on reported police contact and/or scores above the clinical threshold ($t > 69$) on rule breaking behaviour, aggressive behaviour or conduct problems on either the CBCL or TRF. Parent reports of behaviour of all girls on the CBCL show mean scores above the clinical threshold for both aggressive behaviour (75.5) and conduct problems (73.8), while the mean score for rule breaking behaviour is slightly below the clinical threshold (69.6). Teacher reports of behaviour of all girls on the TRF show no mean scores above the clinical threshold for any of rule breaking behaviour (62.2), aggressive behaviour (63.8) or conduct problems (64.5).

Based on parent report, girls entering the program have a range of other behavioural and emotional difficulties. For all scales listed, higher scores demonstrate worse behaviour, except for competence scores on the CBCL and adaptive functioning scores on the TRF where higher scores are better.

The CBCL scores for oppositional defiant disorder (70.5), external problems (72.9) and total problems (70.5) are also above the clinical threshold. Scores for affective disorder (66.9), attention deficit hyperactivity disorder (66.7), social difficulties (68.9), attention difficulties (68.9) and internal problems (66.5) are also elevated. Among teacher reports on the TRF, scores are generally lower than

those on the CBCL. The most elevated scores are attention deficit hyperactivity disorder (63.6), oppositional defiant disorder (62.1), social problems (62.0), attention (62.6), external problems (63.1) and total problems (62.0).

Measures of competence (competence scales on CBCL, adaptive functioning on TRF) demonstrate decreases from average (i.e. lower than score of 50) indicating more difficulties. Most difficulties are reported in social competence (38.7) and school competence (36.9) on the CBCL. Most difficulties are reported in overall adaptive functioning (38.9) and appropriate behaviour (39.6) on the TRF.

GIRLS BASELINE SCORES (ALL) – Parent Source (CBCL)

| DSM – Oriented Scales | n | Mean (SD) | (Min – Max) |
|--|----------|------------------|--------------------|
| Affective Disorder | 213 | 66.9 (8.9) | 50 - 86 |
| Anxiety Disorder | 213 | 62.3 (8.6) | 50 - 80 |
| Somatic Disorder | 213 | 60.8 (9.6) | 50 - 90 |
| Attention Deficit Hyperactivity Disorder | 213 | 66.7 (8.9) | 50 - 80 |
| Oppositional Defiant Disorder | 213 | 70.5 (7.2) | 50 - 80 |
| Conduct Disorder | 213 | 73.8 (8.2) | 50 - 94 |
| Competence - Activities | 212 | 44.9 (8.5) | 27 - 65 |
| Competence – Social | 213 | 38.7 (9.5) | 20 - 62 |
| Competence - School | 210 | 36.9 (8.3) | 20 – 55 |
| Competence – Total | 209 | 37.7 (8.6) | 20 – 67 |
| Syndrome Scales | | | |
| Anxiety / Depression | 213 | 64.8 (10.6) | 50 - 94 |
| Withdrawal / Depression | 213 | 64.3 (10.0) | 50 - 97 |
| Somatic | 213 | 61.3 (8.9) | 50 - 88 |

| | | | |
|----------------|-----|-------------|----------|
| Social | 213 | 68.9(10.3) | 50 - 95 |
| Thought | 213 | 64.0 (9.5) | 50 - 86 |
| Attention | 213 | 68.9 (11.5) | 50 - 100 |
| Rule breaking | 213 | 69.6 (6.7) | 50 - 84 |
| Aggressive | 213 | 75.5 (10.7) | 50 - 99 |
| Internal | 213 | 65.5 (10.7) | 33 - 91 |
| External | 213 | 72.9 (7.2) | 41 - 87 |
| Total Problems | 213 | 70.5 (7.1) | 48 - 84 |

GIRLS BASELINE SCORES (ALL) – TEACHER SOURCE (TRF)

| DSM-Oriented Scales | n | Mean (SD) | (Min – Max) |
|--|----------|------------------|--------------------|
| Affective Disorder | 179 | 59.5 (8.2) | 50 – 86 |
| Anxiety Disorder | 179 | 57.2 (6.4) | 50 - 73 |
| Somatic Disorder | 178 | 53.2 (6.4) | 50 - 85 |
| Attention Deficit Hyperactivity Disorder | 179 | 63.6 (10.7) | 50 - 100 |
| Oppositional Defiant Disorder | 179 | 62.1 (10.1) | 50 - 80 |
| Conduct Disorder | 179 | 64.5 (10.7) | 50 - 96 |
| Syndrome Scales | | | |
| Anxiety / Depression | 179 | 56.0 (6.1) | 50 – 76 |
| Withdrawal / Depression | 179 | 58.3 (8.6) | 50 – 96 |
| Somatic | 179 | 53.9 (6.6) | 50 - 84 |
| Social | 179 | 62.0 (9.0) | 50 - 87 |
| Thought | 179 | 56.7 (8.7) | 50 - 90 |

| | | | |
|-----------------------------|----------|------------------|--------------------|
| Attention | 179 | 62.6 (9.2) | 50 - 93 |
| Rule breaking | 179 | 62.2 (8.9) | 50 - 93 |
| Aggressive | 179 | 63.8 (10.7) | 50 - 99 |
| Internal | 179 | 54.6 (9.8) | 37 - 77 |
| External | 179 | 63.1 (10.8) | 43 - 90 |
| Total Problems | 179 | 62.0 (9.9) | 33 - 89 |
| Adaptive Functioning | n | Mean (SD) | (Min – Max) |
| Academic Performance | 178 | 41.0 (6.3) | 35 - 59 |
| Working Hard | 178 | 41.2 (6.9) | 35 - 64 |
| Behaving Appropriately | 178 | 39.6 (5.9) | 35 - 62 |
| Learning | 173 | 40.7 (6.2) | 35 – 65 |
| Happy | 175 | 40.6 (5.6) | 35 – 64 |
| Sum | 172 | 38.7 (5.3) | 35 - 57 |

Parent Management Strategies

Parent report of management strategies for all girls in the program demonstrates that the most common strategies used when the girl behaves well are praise (98.1%) and hugs (94.8%). Providing a toy or game (43.1%) or money (50.7%) are used least frequently among specific strategies. The most commonly reported discipline strategies used were sending to room (94.3%), removing privileges (92.0%) and talking (90.6%). Hitting is used least frequently among specific strategies (7.7%). Most discipline strategies are not felt to work well. Specific strategies reported to work best are removing privileges (47.4%) and making the child do extra work (40.4%).

PARENT MANAGEMENT STRATEGIES (ALL)

| | n | % (No.) | | |
|---------------------|-----|------------|-----|------------------|
| Mom disciplines | 212 | 78.8 (167) | | |
| Dad disciplines | 212 | 21.7 (46) | | |
| Other disciplines | 211 | 34.1 (72) | | |
| When behaves well | | | | |
| - praised | 211 | 98.1 (207) | | |
| - hugs | 211 | 94.8 (200) | | |
| - toy / game | 211 | 43.1 (91) | | |
| - special time | 211 | 60.7 (128) | | |
| together | | | | |
| - money | 211 | 50.7 (107) | | |
| - food / treats | 211 | 67.3 (142) | | |
| - privilege | 211 | 78.7 (166) | | |
| - other | 211 | 6.6 (14) | | |
| Discipline | | | n | Works % (No.) |
| - room | 212 | 94.3 (200) | 194 | 27.8 (54) |
| - hit / slap | 212 | 9.9 (21) | 20 | 15.0 (3) |
| - bed | 212 | 54.7 (116) | 115 | 29.6 (34) |
| - remove privileges | 212 | 92.0 (195) | 194 | 47.4 (92) |
| - spanking | 212 | 34.9 (74) | 72 | 12.5 (9) |
| - talking | 212 | 90.6 (192) | 190 | 32.6 (62) |
| - extra work | 212 | 27.4 (58) | 57 | 40.4 (23) |
| - ignoring | 212 | 52.4 (111) | 108 | 29.6 (32) |
| - grounding | 212 | 84.4 (178) | 174 | 39.1 (68) |
| - yelling | 212 | 80.7 (171) | 169 | 10.1 (17) |
| - other | 212 | 7.0 (15) | 14 | 42.9 (6) |

Baseline characteristics of participants providing pre-post data

Among participants starting the program and providing baseline data, some did not provide post data. This section mirrors the previous section but provides information on participants who provided both pre- and post-information.

Child and Family Characteristics

The characteristics of girls and families participating in the program and providing both pre- and post-information are shown in the table below. The characteristics of this smaller group of children and families are similar to those who started the program. Almost half of the families participating (47.9%) are lone parent families

(i.e., where the parent’s spouse or partner is not currently in the home). Almost half of the families participating rely on forms of government assistance for their income (43.1%).

A minority of girls have had police contact according to their parents (13.0%), though about 2 in 5 have had some child welfare contact in the past or currently (38.5%). About a third of girls have been identified as having difficulties requiring special education in school (27.1%).

Families report a number of concerns. The most common specific concerns are trouble with money (60.4%), depression (37.5%) and violence between children (39.6%).

PARTICIPANT CHARACTERISTICS (PRE-POST)

| Characteristics | n | X (SD) | % (No.) |
|------------------------|----------|---------------|----------------|
| Child Age | 96 | 9.0 (1.7) | |
| Parent Age | 79 | 38.8 (8.8) | |
| Lone Parent | 96 | | 47.9 (46) |
| Marital Status | 95 | | |
| Married | | | 38.5 (37) |
| Divorced | | | 12.5 (12) |
| Separated | | | 15.6 (15) |
| Widowed | | | 4.2 (4) |
| Never Married | | | 18.8 (18) |
| Other | | | 10.4 (10) |
| Income Source | 95 | | |
| Wages | | | 56.8 (54) |
| Unemployment Ins. | | | 4.2 (4) |
| Government Asst. | | | 18.9 (18) |
| Other | | | 20.0 (19) |
| Police Contact | 92 | | 13.0 (12) |
| Past diagnosis | 96 | | 34.4 (33) |
| Child Welfare | 96 | | |
| Past | | | 36.5 (35) |
| Current | | | 27.1 (26) |
| Any | | | 38.5 (37) |

| | | | |
|--------------------------|----------|---------------|----------------|
| Ward | | | 6.3 (6) |
| Child – Sp Ed | 96 | | 27.1 (26) |
| - Repeated a Grade | 96 | | 12.5 (12) |
| Family concerns | 96 | | |
| Money | | | 60.4 (58) |
| Trouble with Law | | | 6.3 (6) |
| Housing | | | 8.3 (8) |
| Heavy / Problem | | | 4.2 (4) |
| Drinking | | | |
| Marital Difficulties | | | 10.5 (10) |
| Drug abuse | | | 4.2 (4) |
| Poor health | | | 28.1 (27) |
| Violence between | | | 10.4 (10) |
| Parents | | | |
| Depression | | | 37.5 (36) |
| Violence between | | | 39.6 (38) |
| Children | | | |
| Psychiatric difficulties | | | 9.4 (9) |
| Characteristics | n | X (SD) | % (No.) |
| Sexual Abuse of Children | | | 10.4 (10) |
| Other (≥ 1) | | | 30.2 (29) |
| Total Number | 0 | | 9.4 (9) |
| | 1 | | 21.9 (21) |
| | 2 | | 22.9 (22) |
| | 3 | | 10.4 (10) |
| | 4 | | 17.7 (17) |
| | 5 | | 12.5 (12) |
| | 6 | | 4.2 (4) |
| | 7 | | 1.0 (1) |

Program Entry Characteristics on CBCL and TRF

Parent reports of behaviour of girls providing pre-post information using the CBCL show mean scores above the clinical threshold for both aggressive behaviour (78.7), conduct problems (76.0) and rule breaking behaviour (71.0). Teacher reports of behaviour of all girls on the TRF show no mean scores above the clinical threshold for any of rule breaking behaviour (62.3), aggressive behaviour (64.3) or conduct problems (64.6).

Additional areas of particular difficulty on the CBCL include oppositional defiant disorder (72.7), external problems (75.1) and total problems (71.5), and these are also above the clinical threshold. Scores for affective disorder (66.3), attention deficit hyperactivity disorder (67.5), social difficulties (69.8), and attention difficulties (69.2) are also elevated. Among teacher reports on the TRF, scores are generally lower than those on the CBCL. The most elevated scores are attention deficit hyperactivity disorder (64.7), oppositional defiant disorder (63.2), social problems (61.6), attention (63.3), external problems (63.5) and total problems (62.2).

Measures of competence (competence scales on CBCL, adaptive functioning on TRF) demonstrate decreases from average (i.e. lower than score of 50) indicating more difficulties. Most difficulties are reported in total competence (37.1) and school competence (35.6) on the CBCL. Most difficulties are reported in overall adaptive functioning (38.5) and appropriate behaviour (38.9) on the TRF.

In general, participants providing pre-post information tend to do worse on externalizing characteristics than those providing pre-group data only.

**GIRLS BASELINE SCORES (PRE-POST) –
PARENT REPORT (CBCL)**

| DSM-Oriented Scales | n | Mean (SD) | (Min – Max) |
|--|----------|------------------|--------------------|
| Affective Disorder | 80 | 66.3 (8.7) | 50 – 84 |
| Anxiety Disorder | 80 | 62.1 (7.7) | 50 – 78 |
| Somatic Disorder | 80 | 59.3 (8.6) | 50 – 83 |
| Attention Deficit Hyperactivity Disorder | 80 | 67.5 (8.3) | 50 – 80 |
| Oppositional Defiant Disorder | 80 | 72.7 (6.4) | 52 – 80 |
| Conduct Disorder | 80 | 76.0 (6.8) | 52 – 91 |
| Competence - Activities | 80 | 45.0 (8.2) | 27 – 65 |

| | | | |
|-------------------------|----|-------------|---------|
| - Social | 80 | 38.2 (9.2) | 23 – 60 |
| - School | 80 | 35.6 (7.9) | 24 – 55 |
| - Total | 80 | 37.1 (8.3) | 23 – 67 |
| <u>Syndrome Scales</u> | | | |
| Anxiety / Depression | 80 | 63.8 (10.0) | 50 – 94 |
| Withdrawal / Depression | 80 | 64.1 (9.1) | 50 – 87 |
| Somatic | 80 | 60.3 (8.1) | 50 - 88 |
| Social | 80 | 69.8 (10.3) | 52 - 95 |
| Thought | 80 | 63.5 (8.7) | 50 - 83 |
| Attention | 80 | 69.2 (10.7) | 50 - 97 |
| Rule breaking | 80 | 71.0 (6.0) | 52 - 84 |
| Aggressive | 80 | 78.7 (9.6) | 52 - 96 |
| Internal | 80 | 64.6 (9.8) | 39 - 91 |
| External | 80 | 75.1 (5.9) | 51 – 86 |
| Total Problems | 80 | 71.5 (5.7) | 54 - 83 |

**GIRLS BASELINE SCORES (PRE-POST) –
TEACHER REPORT FORM (TRF)**

| DSM-Oriented Scales | n | Mean (SD) | (Min – Max) |
|--|----------|------------------|--------------------|
| Affective Disorder | 89 | 59.2 (8.0) | 50 – 86 |
| Anxiety Disorder | 89 | 56.6 (6.5) | 50 – 73 |
| Somatic Disorder | 89 | 53.6 (6.3) | 50 – 81 |
| Attention Deficit Hyperactivity Disorder | 89 | 64.7 (11.6) | 50 – 100 |

| | | | |
|------------------------------------|----------|------------------|--------------------|
| Oppositional Defiant Disorder | 89 | 63.2 (9.8) | 50 – 80 |
| Conduct Disorder | 89 | 64.6 (9.6) | 50 – 88 |
| <u>Syndrome Scales</u> | | | |
| Anxiety / Depression | 89 | 55.5 (5.9) | 50 - 76 |
| Withdrawal / Depression | 89 | 57.7 (8.0) | 50 – 96 |
| Somatic | 89 | 54.1 (6.7) | 50 - 79 |
| Social | 89 | 61.6 (8.9) | 50 - 85 |
| Thought | 89 | 56.7 (8.5) | 50 - 90 |
| Attention | 89 | 63.3 (9.6) | 50 - 88 |
| Rule breaking | 89 | 62.3 (8.2) | 50 – 75 |
| Aggressive | 89 | 64.3 (10.0) | 50 – 93 |
| Internal | 89 | 53.7 (9.7) | 37 – 77 |
| External | 89 | 63.5 (10.1) | 43 – 85 |
| Total Problems | 89 | 62.2 (9.6) | 33 - 89 |
| Adaptive Functioning Scales | | | |
| | n | Mean (SD) | (Min – Max) |
| Academic Performance | 89 | 40.8 (6.0) | 35 - 57 |
| Working Hard | 89 | 41.0 (6.8) | 35 - 64 |
| Behaving Appropriately | 89 | 38.9 (5.4) | 35 - 54 |
| Learning | 85 | 40.5 (5.6) | 35 - 57 |
| Happy | 87 | 41.1 (5.3) | 35 – 56 |
| Sum | 85 | 38.5 (4.9) | 35 - 54 |

Parent Management Strategies

Parent report of management strategies for all girls in the program demonstrates that the most common strategies used when the girl behaves well are praise

(97.9%) and hugs (97.9%). Providing a toy or game (40.6%) or money (50.0%) are used least frequently among specific strategies. The most commonly reported discipline strategies used were sending to room (92.7%), removing privileges (93.8%) and talking (93.8%). Hitting is used least frequently among specific strategies (8.3%). Most discipline strategies are not felt to work well. Specific strategies reported to work best are removing privileges (51.1%) and making the child do extra work (46.4%).

PARENT MANAGEMENT STRATEGIES (PRE-POST)

| | n | % (No.) | | |
|-------------------------|----|-----------|----------|----------------------|
| Mom disciplines | 96 | 76.0 (73) | | |
| Dad disciplines | 96 | 22.9 (22) | | |
| Other disciplines | 96 | 37.5 (36) | | |
| When behaves well | | | | |
| - praised | 96 | 97.9 (94) | | |
| - hugs | 96 | 97.9 (94) | | |
| - toy / game | 96 | 40.6 (39) | | |
| - special time together | 96 | 65.6 (63) | | |
| - money | 96 | 50.0 (48) | | |
| - food / treats | 96 | 66.7 (64) | | |
| - privilege | 96 | 80.2 (77) | | |
| - other | 96 | 9.4 (9) | | |
| Discipline | | | n | Works % (No.) |
| - room | 96 | 92.7 (89) | 88 | 28.4 (25) |
| - hit / slap | 96 | 8.3 (8) | 8 | 25.0 (2) |
| - bed | 96 | 55.2 (53) | 53 | 41.5 (22) |
| - remove privileges | 96 | 93.8 (90) | 90 | 51.1 (46) |
| - spanking | 96 | 36.5 (35) | 33 | 12.1 (4) |
| - talking | 96 | 93.8 (90) | 90 | 32.2 (29) |
| - extra work | 96 | 29.2 (28) | 28 | 46.4 (13) |
| - ignoring | 96 | 66.7 (64) | 62 | 37.1 (23) |
| - grounding | 95 | 86.3 (82) | 80 | 41.3 (33) |
| - yelling | 96 | 85.4 (82) | 81 | 9.9 (8) |
| - other | 96 | 9.4 (9) | 9 | 33.3 (3) |

Pre-Post Comparisons

CBCL and TRF

Girls enter the program based on reported police contact and/or scores above the clinical threshold ($t > 69$) on rule breaking behaviour, aggressive behaviour or conduct problems on either the CBCL or TRF. Differences pre-post program on parent reports of entry behaviours (reported on the CBCL) are shown in a table below. All entry offending behaviours show significant improvements pre-post [conduct disorder 76.0 to 70.7, rule breaking behaviour 71.0 to 66.4, aggressive behaviour 78.7 to 78.1, all $p < 0.001$]. Despite significant improvement in behaviour, both conduct disorder and aggressive behaviour levels remain above the clinical threshold at post. Teacher reports of entry behaviour changes pre-post demonstrate no significant improvements in any of conduct disorder, rule breaking behaviour or aggressive behaviour.

Based on parent report, girls demonstrate significant improvements on a number of other behaviours. All behavioural and emotional difficulties improve significantly pre-post except somatic disorder (59.3 to 58.2, $p = 0.252$). None of the other teacher rated difficulties with behaviour improve significantly.

The parent-rated measures of competence (competence scales on CBCL) show significant improvement pre-post on social, school and total competence, but not on competence in activities. For teacher-rated measures of competence (adaptive functioning on TRF) there are no significant improvements demonstrated.

Parent Report-CBCL Pre-Post Differences

| DSM – Oriented Scales | n | Pre X (SD) | Post X (SD) | t | p |
|------------------------------|----------|-------------------|--------------------|----------|----------|
| Affective Disorder | 80 | 66.3 (8.7) | 62.5 (9.3) | 4.28 | 0.000 |
| Anxiety Disorder | 80 | 62.1 (7.7) | 58.9 (7.4) | 4.70 | 0.000 |
| Somatic Disorder | 80 | 59.3 (8.6) | 58.2 (7.9) | 1.15 | 0.252 |

| | | | | | |
|---|----|-------------|-------------|-------|-------|
| | | | | | |
| Attention Deficit Hyperactivity Disorder | 80 | 67.5 (8.3) | 63.7 (8.9) | 4.05 | 0.000 |
| | | | | | |
| Oppositional Defiant Disorder | 80 | 72.7 (6.4) | 67.9 (8.2) | 5.13 | 0.000 |
| | | | | | |
| Conduct Disorder | 80 | 76.0 (6.8) | 70.7 (8.8) | 5.64 | 0.000 |
| | | | | | |
| Competence – Activities | 79 | 45.1 (8.2) | 46.4 (7.6) | -1.43 | 0.157 |
| | | | | | |
| Competence – Social | 80 | 38.2 (9.2) | 40.9 (8.9) | -3.08 | 0.003 |
| | | | | | |
| Competence – School | 76 | 35.5 (7.9) | 37.3 (8.8) | -2.23 | 0.029 |
| | | | | | |
| Competence – Total | 75 | 37.0 (8.4) | 39.6 (8.6) | -2.77 | 0.007 |
| | | | | | |
| Syndrome Scales | | | | | |
| | | | | | |
| Anxiety / Depression | 80 | 63.8 (10.0) | 60.4 (8.9) | 4.07 | 0.000 |
| | | | | | |
| Withdrawal / Depression | 80 | 64.1 (9.1) | 60.5 (8.9) | 4.02 | 0.000 |
| | | | | | |
| Somatic | 80 | 60.3 (8.1) | 58.6 (7.4) | 2.24 | 0.028 |
| | | | | | |
| Social | 80 | 69.8 (10.3) | 66.1 (9.8) | 3.98 | 0.000 |
| | | | | | |
| Thought | 80 | 63.5 (8.7) | 61.5 (9.0) | 2.63 | 0.010 |
| | | | | | |
| Attention | 80 | 69.2 (10.7) | 65.8 (10.6) | 3.20 | 0.002 |
| | | | | | |
| Rule breaking | 80 | 71.0 (6.0) | 66.4 (8.0) | 5.91 | 0.000 |
| | | | | | |
| Aggressive | 80 | 78.7 (9.6) | 71.3 (11.7) | 6.27 | 0.000 |
| | | | | | |
| Internal | 80 | 64.6 (9.8) | 59.7 (11.6) | 5.60 | 0.000 |
| | | | | | |
| External | 80 | 75.1 (5.9) | 68.9 (9.8) | 6.28 | 0.000 |
| | | | | | |
| Total Problems | 80 | 71.5 (5.7) | 66.3 (9.3) | 6.04 | 0.000 |

Teacher Report- TRF Pre-Post Differences

| DSM – Oriented Scales | n | Pre X (SD) | Post X (SD) | t | p |
|---|----------|-------------------|--------------------|----------|----------|
| Affective Disorder | 89 | 59.2 (8.0) | 58.9 (7.6) | 0.32 | 0.749 |
| Anxiety Disorder | 89 | 56.6 (6.5) | 56.6 (7.5) | -0.04 | 0.967 |
| Somatic Disorder | 88 | 53.6 (6.3) | 52.9 (5.4) | 1.12 | 0.266 |
| Attention Deficit Hyperactivity Disorder | 89 | 64.7 (11.6) | 64.0 (11.1) | 0.58 | 0.564 |
| Oppositional Defiant Disorder | 89 | 63.2 (9.8) | 62.3 (9.6) | 0.92 | 0.363 |
| Conduct Disorder | 89 | 64.6 (9.6) | 63.4 (9.1) | 1.14 | 0.259 |
| Syndrome Scales | | | | | |
| Anxiety / Depression | 89 | 55.5 (5.9) | 55.8 (6.9) | -0.49 | 0.628 |
| Withdrawal / Depression | 89 | 57.7 (8.0) | 57.3 (7.7) | 0.42 | 0.679 |
| Somatic | 89 | 54.1 (6.7) | 53.4 (6.0) | 1.08 | 0.283 |
| Social | 89 | 61.6 (8.9) | 61.3 (8.6) | 0.35 | 0.730 |
| Thought | 89 | 56.7 (8.5) | 56.6 (8.4) | 0.01 | 0.991 |
| Attention | 89 | 63.3 (9.6) | 62.6 (8.5) | 0.58 | 0.565 |
| Rule breaking | 89 | 62.3 (8.2) | 61.1 (8.5) | 1.38 | 0.170 |
| Aggressive | 89 | 64.3 (10.0) | 63.6 (9.6) | 0.68 | 0.499 |
| Internal | 89 | 53.7 (9.7) | 53.2 (10.4) | 0.51 | 0.610 |
| External | 89 | 63.5 (10.1) | 62.9 (10.0) | 0.65 | 0.518 |
| Total Problems | 89 | 62.2 (9.6) | 61.8 (8.7) | 0.40 | 0.694 |
| | | | | | |
| | n | Pre X (SD) | Post X (SD) | T | p |
| | | | | | |

| Adaptive Functioning | | | | | |
|-----------------------------|----|------------|------------|-------|-------|
| Academic Performance | 84 | 40.9 (6.0) | 40.6 (6.7) | 0.42 | 0.676 |
| Working Hard | 88 | 40.9 (6.8) | 40.8 (6.3) | 0.14 | 0.889 |
| Behaving Appropriately | 87 | 38.8 (5.4) | 39.0 (5.6) | -0.23 | 0.820 |
| Learning | 84 | 40.5 (5.6) | 39.9 (5.5) | 0.78 | 0.438 |
| Happy | 85 | 41.0 (5.2) | 41.4 (5.7) | -0.53 | 0.595 |
| Sum | 83 | 38.4 (4.8) | 38.0 (5.2) | 0.50 | 0.618 |

Parent Management Strategies

Parent report of management strategies for girls in the program demonstrates very little change pre-post. The only significant changes are a significant increase in each of mother and father disciplining. Otherwise, there are non-significant increases in the use of special time together and privileges as strategies to use when a child behaves well. There are also decreases in the use of yelling, slapping and spanking.

PARENT MANAGEMENT STRATEGIES (PRE-POST CHANGES)

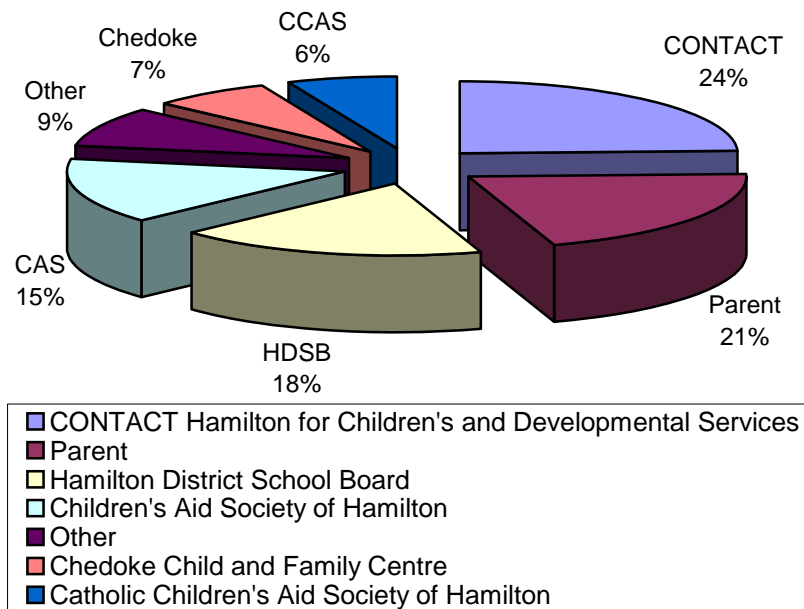
| | n | Pre Yes % (No.) | Post Yes P % (No.) | |
|----------------------------|----------|--------------------------------|---------------------------------------|----|
| Who disciplines? | | | | |
| - Mom | 28 | 78.6 (22) | 89.3 (25) | S |
| - Dad | 23 | 21.7 (5) | 30.4 (7) | S |
| - Other | 19 | 47.4 (9) | 42.1 (8) | NS |
| When behaves well | | | | |
| - praised | 30 | 96.7 (29) | 96.7 (29) | NS |
| - hugs | 28 | 96.4 (27) | 96.4 (27) | NS |
| - game / toy | 23 | 52.2 (12) | 43.5 (10) | NS |
| - special time together | 25 | 64.0 (16) | 88.0 (22) | NS |
| - money | 22 | 68.2 (15) | 63.6 (14) | NS |
| - food / treat | 23 | 78.3 (18) | 82.6 (19) | NS |

| | | | | |
|------------------------|----|-----------|------------|----|
| - privilege | 28 | 85.7 (24) | 92.9 (26) | NS |
| Discipline Used | | | | |
| - room | 22 | 88.9 (24) | 88.9 (24) | NS |
| - slap | 17 | 5.9 (1) | 0.0 (0) | -- |
| - send to bed | 22 | 54.5 (12) | 50.0 (11) | NS |
| - remove privileges | 30 | 96.7 (29) | 100.0 (30) | -- |
| - spanking | 17 | 17.6 (3) | 0.0 (0) | -- |
| - talking | 27 | 85.2 (23) | 96.3 (26) | NS |
| - ignoring | 21 | 71.4 (15) | 57.1 (12) | NS |
| - grounding | 27 | 85.2 (23) | 88.9 (24) | NS |
| - yelling | 22 | 77.3 (17) | 45.4 (10) | NS |
| - other | 16 | 12.5 (2) | 0.0 (0) | -- |

GC Referral Source

As illustrated in the chart below, the GC program receives referrals from a variety of sources. The most up-to-date data indicates that out of the 190 program participants, the majority of referrals to BCS come from CONTACT Hamilton for Children’s and Developmental Services, followed by parents, the Hamilton-Wentworth District School Board, and the Children’s Aid Society of Hamilton.

BCS GC Referral Sources



Patterns of Use of the BCS GC

As outlined in the program description, the GC is composed of a range of components. Although there are 13 components outside of the three core components, the GC staff have mainly tracked participant use (in hours) of individual befriending (IB), school advocacy (SA), family counseling (FC), community advocacy (CA), and school support (SS). The total use of these five components across ten sessions are as follows (see Attachment H for patterns of use by session):

1. Individual befriending – 943 hrs
2. Family counseling – 139 hrs
3. Community advocacy – 111 hrs
4. School advocacy – 75 hrs
5. School support – 44 hrs

In an effort to determine the distribution of delivery of service hours across staff members, the GC employees have been tracking the hours spent by each employee who delivered the service (e.g., the Child Worker, the Family Worker, the Social Worker). The proceeding chart provides a breakdown of service delivery hours by position.

| Staff | IB | FC | SA | CA | SS | Total |
|--------------|-----------|-----------|-----------|-----------|-----------|--------------|
| CW | 407.5 | 50.5 | 48 | 66.5 | 26 | 598.5 |
| FW | 531.5 | 52 | 15.5 | 50 | 11 | 660 |
| SW | - | 25.5 | - | 1 | 1 | 27.5 |

Attendance Rates at Girls Club and Parents' Group

In addition to program usage, the GC staff also tracked attendance at the Girls Club and the corresponding parent group. As aforementioned, the Girls Club is comprised of 12 group meetings, with attendance at no less than eight sessions required to graduate from the program. At the conclusion of the evaluation, 10 Girls Club sessions had been completed with an average graduation rate of 65% (see Attachment I for attendance by session).

The parent sessions are also composed of 12 group meetings, and 10 parent sessions have been offered thus far, with an average graduation rate of 63%. It is important to note that although it is strongly recommended, participation in the

parent group is not compulsory in order to access GC services (see Attachment J for attendance by session).

Client Satisfaction

Data on client satisfaction was obtained through questionnaires administered following the final session of the 12-week SNAP™ children’s and parent’s group (quantitative), as well as through interviews conducted with program participants (qualitative). Quotations from the interviews will be used to support the quantitative findings of the satisfaction questionnaire.

Child Satisfaction Questionnaire

Each child (n = 74) was asked to respond to three satisfaction-related questions using a four-point Likert scale (1 = not much, 2 = a little, 3 = pretty much, and 4 = a whole lot). The answers to the questions are included in the table below.

| Question | N | Mean | Std. Deviation |
|--|----------|-------------|-----------------------|
| How much did you learn in the GC about stopping yourself and staying in control of your behaviour? | 74 | 3.61 | .658 |
| How much did you learn in the GC about making good choices and keeping your problems small? | 74 | 3.58 | .641 |
| Do you think SNAP™ works? | 74 | 3.41 | .739 |

Approximately 93% of the girls reported that they had learned “pretty much” to “a whole lot” about how to stop themselves and to stay in control of their behaviour. Similarly, 90% of the girls responded that they had learned “pretty much” to “a whole lot” about making good choices and keeping their problems small. Notably, none of the girls reported learning “not much” about making good choices. Finally, 91% of the girls felt that SNAP™ works “pretty much” to “a whole lot”, while only two participants felt that SNAP™ worked “not much”.

These findings were also supported by data collected from interviews of parents and their daughters. Several of the parents commented on the changes that they had seen in their daughters:

Sometimes she'll say, 'Mom, I'm using SNAP', you know and she'll walk away, you know, and she does it at school too.

She is nothing like she used to be. [The program] has helped her problem-solve better. She still gets in fights with her sisters, but it is not as much as it used to be. Going to Banyan showed her a lot of things.

[My daughter] has learned how to deal with other people better and maybe to understand herself better when she is getting angry.

Many of the girls also shared how participating in the SNAP™ group had helped them learn new strategies for controlling their behaviour:

[The GC program] helped me a lot. It taught me not to get into fights and [kept] me from hitting the other kids. It has stopped me from getting into fights.

I would go home and do [the homework sheets] right away and I never forgot and like I said, it gets into your mind and the back of your mind and you have it there for ever and ever. I actually still have the homework sheets and everything upstairs in my folder that they gave me and I kept those and I use them and when I have scenarios I look through [them] and I use it a lot.

Parent Satisfaction Questionnaire

Parents (n = 83) completing the 12-week SNAP™ Parent Group were also asked to complete a satisfaction questionnaire regarding their group experience. Two of the parents' questions used a five-point Likert scale (1 = not at all, 2 = no, 3 = somewhat, 4 = yes, and 5 = definitely), and the answers to these questions are summarized below.

| Question | N | Mean | Std. Deviation |
|---|----------|-------------|-----------------------|
| Has participation in the parent groups led to a better understanding of your child's needs? | 83 | 4.11 | .749 |
| Has participation in the parent groups made you feel more confident as a parent? | 83 | 3.96 | .803 |

Approximately 98% of the parents felt that participation in the parent groups led to an increase in their understanding of their child's needs, with 80% of them answering "yes" or "definitely". Only one parent reported not gaining a better understanding of their child's needs. When asked if participation in the parent

groups improved their confidence as parents, 98% answered between “somewhat” and “definitely”, with only one parent responding that they hadn’t gained any confidence.

Parents were also asked about their overall satisfaction with the parent group, using a 5-point Likert scale (1=very dissatisfied, 2=somewhat satisfied, 3=okay, 4=somewhat satisfied, and 5=very satisfied).

| Question | N | Mean | Std. Deviation |
|--|----|------|----------------|
| In general, how satisfied were you with the parent groups? | 83 | 4.60 | .661 |

Parents mean score of 4.60 indicates a high level of satisfaction with the parent groups. These findings were reflected in the interviews, as several parents shared their approval of the group. The opportunity to connect with other parents coping with similar difficulties contributed particularly to their satisfaction in this area:

Sometimes it was good to know that I wasn’t the only one. I guess I liked going because you would hear what other people are doing too.

It’s nice to know that other parents are in the same boat. We’re not the only ones.

Finally, parents were also asked to rank the different group topics covered, from most helpful (1) to least helpful (6). The ranking of the various parent group topics are listed in the chart below:

| Group Topic | N | Ranking |
|--------------------------------|----|---------|
| Discussion of new parent skill | 83 | 1 |
| Review of Girls Club topics | 83 | 2 |
| Role play of new parent skill | 83 | 3 |
| Homework | 83 | 4 |
| Review of parent’s homework | 83 | 5 |
| Stretch/Relaxation | 83 | 6 |

Many of the parents that were interviewed described the transformation of their parenting techniques. They also commented on what they had learned from the group, and shared some of the strategies that they had used with their children:

You know, there are things where I don't like to give power up, and I've learned to say sometimes, it's not worth it. There's been a lot I've learned personally. It's been the most amazing program that I've ever seen actually.

All the techniques that you hear from the parents in the group, that all helps. Possible ways of encouraging your children and you know, picking out the good instead of harping on the bad.

Impressions of GC Group Leaders

Many of the parents commented on their satisfaction with the work of the GC leaders, and expressed gratitude for the skills and insight that each leader possessed. As two parents explained,

They've always been very open with us. Even if they don't agree with it, they will tell you. I like that. I can't always be right, obviously I'm here because I'm not right.

I loved the workers. [One leader] had her own kids, which was nice. I liked the way they [shared] their own life experiences. Like she would give you an example of whatever she was talking about, you know.

Several of the parents also commented on how comforting it was to know that they could rely on the group leaders for support. They were confident that the GC staff would be there for them in a time of crisis, or if they just needed some advice. Two parents in particular spoke about how they could depend on GC staff:

We had one incident a few weeks ago and we had to get [the leader] to come in from Banyan and have a meeting with us here at the house. And that really helped. Just knowing that I can call them at anytime, and knowing that the support is there is amazing.

If I needed them, they were there for me. [One of the leaders] offered to come to the school to talk with me. I know that they were there for me.

Some parents shared their appreciation for the support staff provided to their daughters. It was a comfort to them, as well as to their kids, to know that they could rely on the staff to listen in times of difficulty. As one parent explained,

[My daughter] knows who to go to, you know, the staff there, if there's a problem, and she knows that she can call them any time. They do say, 'You know if you need to call me, call me!' So, if there's a problem with us, she's able to go and call.

The girls we interviewed also indicated their high level of satisfaction with the relationships they formed (and sometimes maintained) with the GC staff, as well as the support that they received:

I found um, new people to communicate with...about my problems and stuff.

I could talk to [the leaders]. I could talk to them about anything.

Outcomes of Participation in GC Program

Improved Parenting Skills

All of the parents that we interviewed disclosed that participation in the parent group had encouraged them to change their approach to parenting. Several parents talked about learning the importance of being consistent with their children. Two parents explained the changes that they had made:

I really try to follow through with what I say now and think about what the consequences are going to be if I really don't follow through with it because I have to live with it.

I've learned so much too, to work with my husband and not to say 'You know, I've had enough, you deal with it' because that is the wrong thing to do. You deal with things together, you talk it out, you're on the same wavelength a lot more.

Participation in the parent group also helped some of the parents renounce the unhealthy parenting approaches they had been exposed to as children. Instead, parents learned to utilize more effective parenting styles:

I think that the [GC program] has helped me quite a bit. Because before I used to scream, I used to yell or use my hand. Because that's the way that I was raised. But then I went [to the GC program] and realized that you know, hey, I can't be doing this. I really have to be doing things a bit differently.

Improved School Performance

Several of the parents that we interviewed commented on the improvements in their child's academic performance and overall behaviour at school. Challenging behaviours at school had been a considerable source of stress for parents. After

participating in the GC program, many of the parents spoke of the changes they had witnessed in their daughters:

I think that her relationships with her peers at school have improved. I think she is getting along with them better.

And at school she's getting along better and listening to the teachers because that was an issue at school too. So yeah, she's changed a lot and better on her report card too so that kind of helped too.

Some of the girls we interviewed also commented on the changes that they had experienced at school.

Well, I learned not to let my mood interrupt, like, the whole class, because usually I get moody when the whole class is listening so moments when I'm upset I usually talk to the teacher about it.

When I know that I am getting really mad I know that I need a time out and I ask my teacher for one.

Improved Relationships

Caregiver/Child Relationships

Many participants disclosed that they had noticed significant changes in the way they interact as a result of their involvement in the GC program. The combination of girls learning new skills to manage their behaviour, and parents/caregivers learning how to communicate in healthier, more effective ways resulted in an overall improvement in the quality of their relationships. Three parents/caregivers describe this transformation:

We're more able to talk and be together as mother-daughter instead of being mad at each other. We know what to expect and it's more calm now. We can talk without getting upset and, she knows what I expect and so if she needs a time out, you know, she'll say 'I need a time out' or I say the same thing, you know. I am less likely to yell at her. I think that a lot of her anger problems were learned from me. I can get like that too. So when she gets really angry, I understand where she is coming from and can help her calm down from it. It was also nice because when we went to the program it was just the two of us, so we had that time to spend together.

[The best part of participating in the program was] that my daughter and I got closer. We used to be pretty far apart and we are so close now.

Many of the children that we interviewed also commented on the changes they had noticed in their relationships with their parents. Several of them noticed their parents' new methods of communicating:

Well my grandma doesn't yell as much and she tries to talk to me about it.

Well, [my mom] doesn't get that mad and she doesn't really yell anymore.

[My mom] doesn't yell as much anymore and her anger, she can control her anger better.

Sibling Relationships

In addition to caregiver/child relationships improving, many participants spoke of the improvements they had seen in the relationships between the GC girls and their siblings. Although parents often mentioned this, several of the girls talked about what happened when they implemented some of the SNAP™ strategies they had learned:

I get into less fights with [my siblings]. With one of my sisters I knock now every time before I go into her room.

Well, I haven't been hitting my sisters like I used to. I haven't been fighting with my sisters very much lately.

[Our relationship] has gotten better. We don't fight anymore.

Some of the girls that we spoke with shared that they had taught their siblings the SNAP™ techniques they had been learning in the GC group. Some of the siblings in turn, ended up applying these strategies at school and at home. As one girl shared:

Yeah, [SNAP™] really helped me a lot. Like, 'specially with my brother, I came home and said 'I'm gonna teach you something'. But I think the first session, every single day I'd teach him one thing more. But he's actually, like, using it, like with his friends and with his teacher.

Peer Relationships

As a result of their participation in the GC program, several of the girls were able to improve their relationships with their friends or in some cases, make new ones.

In the past, their aggressive or anti-social behaviour had prevented them from forming new relationships, or from having positive social interaction with their peers. Many of the parents commented on the improvements in their daughters' social skills:

She had a problem with making friends and now she's starting to make friends.

I think that now she is starting to be nicer to other children.

Some of the girls also shared some of the changes they had seen in themselves and their interactions with their friends:

I have stopped bullying people, and I've stopped beating people up. I used to beat up my friends, and now I don't.

Communication Issues Requiring Attention

Clarity of Program Services

In several of the interviews that we conducted with parents, it became apparent that they had different expectations for what the post SNAP™ group support nights would entail. Many of the parents thought that the post support nights would retain some of the structure of the 12-week SNAP™ groups, and were disappointed to find the post nights more of an informal social gathering.

The [post support nights] are just about talking to each other about our own things...but some of the other stuff should be more structured, more like stealing and drugs and stuff, you know. Well, when we were in [the 12-week group] that's what we had, but now I think with the extra support, I think part of it should still have that structure.

If there was more of a controlled setting and if there was possibly a topic, that would have been more helpful possibly.

Possibly have more of the topics, so it wasn't just a social group.

To counter this difference between what is feasible to offer and what is expected by parents, the GC staff may want to consider either a) providing parents with a description of what the post support nights involve (i.e. format, purpose) in order to avoid any disappointment, or b) consider incorporating some of the parents' suggestions (i.e., more structure, specific group topics, guest speakers, etc.).

In addition to their expectations of the parents' post support nights, many parents also assumed that the girls' post support group spent a significant amount of time reviewing the SNAP™ concepts that they had covered in the 12-week group. When this did not appear to be happening, some of the parents also expressed frustration with the lack of structure to the children's group:

So for about three or four weeks or five weeks [they] played games and I'm thinking, 'I am taking her there to play games and I am coming here and we have things to do at home.' So I spoke with [the group leader] and I let her know that [my daughter] is telling me that she is playing games, not practicing SNAP™ and another parent had issues with that and had voiced that.

Given the frequency with which this issue also arose, it may be helpful for the staff to remind parents what to expect at the post support nights, or alternately, to dedicate more time to reviewing the SNAP™ content in the children's group.

Access to Other Services

In addition to some confusion around expectations of group content, approximately 20% of the parent/caregiver participants were unaware of the additional services offered by the GC program. When asked about the Girls Growing Up Healthy™ program, many of the parents expressed an interest but had not been aware of the program until that moment. Similarly, some of the parents were unaware of the school support offered to GC families. For the most part, many parents were enthusiastic about the idea of having SNAP™ taught to their child's classmates and teachers, but indicated that they had not been informed of this option.

In order to ensure that parents are informed about the range of services available to them as GC participants, staff may want to provide handouts outlining the various resources available to them, in addition to providing intermittent reminders throughout the duration of the formal program.

Communication Between Staff and Families

Although parents that we interviewed all had positive comments to share about the GC program and the staff, approximately 17% of the parents/caregivers

reported that at least one individual befriending appointment had been missed. In some situations, an appointment had been made and the GC staff member did not show up and did not follow-up with a phone call. One parent explained her disappointment:

[The GC staff member] was supposed to take her to the movies, but she never did call and it would have been really good. So I think that she just forgot but it really upset [my daughter]. It had been a couple of weeks before Christmas she told her and she mentioned it to her again, you know, 'I am going to call you', but she never did. I don't like to see that, because that I'm sure that in [my daughter's] eyes it seems like she doesn't care.

Although this miscommunication may have been due to an oversight or to the numerous demands placed on the GC staff, the program's success is contingent upon maintaining a trusting relationship between the staff and participants. Further, a consistent supportive relationship can be a key protective factor for at-risk youth who are susceptible to engaging in future criminal-like behaviour.³

Community Partner Thoughts on Future Evaluation Plans

One of the purposes of this evaluation was to explore community partners' thoughts on the possibility of future GC evaluations. When community partners were asked for their feedback for the evaluation, we also took the opportunity to ask them if they would continue to refer families to the program if future evaluations included a randomized control trial (RCT). In addition, we asked them to share any concerns that they may have with such a research design.

All of the partners that were interviewed indicated that although they would prefer that families received services immediately, they would still continue to refer to the program if an RCT design was utilized. As two partners shared,

Personally, I would feel a little less comfortable referring [to the program]. I would feel badly know these families need help and that there would be a 50% chance that they wouldn't get help right away. Having said that, I would still make the referral.

I would prefer that families needing help get it right away but I would still refer to the program.

³ Please refer to DuBois and Silverthorn's National Study on mentoring in the American Journal of Public Health (2005).

Although 100% of the community partners stated that they would continue to refer to the program, they also had some legitimate concerns. There was a general sense of uneasiness with the idea that families in crisis may not get timely support once they were referred. Partners felt that an effort would have to be made during the screening process to ensure that families in crisis were assured a spot in the intervention. As one partner explained,

High needs kids who are a risk to themselves or a danger to the community should not end up in the control group. They should be getting help right away.

Another partner expressed concern for children randomized to the control group potentially growing out of the program's age requirements before they ever received the intervention. It was this partner's suggestion that a protocol be in place to ensure that this didn't happen to any of the control families:

My only concern would be kids turning 12 while in the control group. It would be awful if they ended up not getting the program because they turned 12 while waiting. Something would have to be done to make sure that this wouldn't happen.

Overall, the individuals we spoke with were open to the idea of a RCT being part of future evaluations – providing the above-mentioned concerns were addressed. Therefore a recommendation is to consult community partners to create entrance criteria and protocols for these kinds of situations with control families.

Discussion

Girls participating in the Girls Connection program represent a population of children experiencing many challenges. Many of the girls live in families who are supported by government assistance, where one of the parents does not live in the home, and where child welfare agencies have been involved. Each of these characteristics has been linked in the research literature with increased risk for child and adolescent difficulties, including emotional and behavioural problems, difficulties in school and difficulties getting along with peers and teachers. Further, these problems may continue into adulthood, and have an impact on later mental health and functioning. Families also struggle with a wide range of concerns, and report a range of both positive and inappropriate discipline practices.

Based on parent/caregiver reports, roughly 10% of the girls in the program have had police contact based on their parent report. Parents and caregivers reported high levels of rule-breaking, aggressive and conduct problems that fell within the clinical range. Teachers also report difficulties, with levels not as high as parent reports. These girls have substantial difficulties with behaviour and their families struggle with management of these behaviours, so there is a clear opportunity to assist families in these areas.

Evaluation of the program participation at six months follow-up shows improvements in most areas on the CBCL and TRF, though only parent-rated outcomes show significant change.

Interview findings indicate a high level of satisfaction with the GC program as well as the GC staff. Data from program participant interviews also signify that the program is achieving its anticipated outcomes with parents and children reporting decreases in aggressive behaviour at home and at school, improved academics, enhanced caregiver/child, sibling, and peer relationships, healthier parenting techniques, and an increase in children's use of effective problem-solving strategies.

Attachment A

Child Behaviour Check List and Teacher's Report Form Description

(Achenbach, 2002)

Competence Scales:

The Competence Scales are created by the CBCL. Maladaptive behaviour is indicated by low scores.

1. Activities Scale:

Composed of six scores from the CBCL sections I, II, III and IV reflecting ratings of the child's involvement in number of sports and the amount of participation and skill, number of other nonsports activities and the amount of participation and skill in nonsports activities, and number of jobs and job quality.

2. Social Scale:

Composed of six scores from the CBCL sections III-A, III-B, V.1, V.2, VI.A and VI-B V and VI, reflecting ratings of the child's involvement in number of organizations and the amount of participation and skill in organizations, number of friends and frequency of contact with friends, behavior with others and behavior alone.

3. School Scale:

Composed of four scores from the CBCL sections VII.1, VII.2, VII.3 and VII.4, reflecting ratings of the child's performance in up to seven academic subjects and information on whether or not the child attends a 'Special Class', has ever 'Repeated Grade', or experienced 'Other Academic Problems'.

4. Total Competence Score

The Activities, Social, and School Scales are totaled to create the Total Competence score.

Adaptive Functioning Scales

The Adaptive Functioning Scales are created by the TRF. Maladaptive behaviour is indicated by low scores.

1. Academic Performance

In section VII-1 of the TRF, the mean of the teacher's ratings of the child's performance in academic subjects is summarized.

2. Adaptive Functioning

The scores for each of four adaptive characteristics coded by the TRF are rated (with a range of 1-7). In section VIII-1 of the TRF, 'How hard the child is working' is evaluated. In section VIII-2 of the TRF, 'How appropriately he/she is behaving' is evaluated. In section VIII-3 of the TRF, 'How much he/she is learning' is evaluated. In section VIII-4 of the TRF, 'How happy he/she is' is evaluated. These four scales are tallied into the 'Sum' score (with a range of 4-28).

Syndrome Scales

(Maladaptive behaviour is indicated by HIGH scores for Problems)

The syndrome scales are assembled by the CBCL and the TRF. The syndrome scales are named in a descriptive manner reflecting the inclusion of items empirically found to make up each syndrome:

Anxious/Depressed
Withdrawn/Depressed
Somatic Complaints
Social Problems
Thought Problems
Attention Problems
Rule-Breaking Behavior
Aggressive Behavior

Achenbach reports that the scales of Anxious/Depressed, Withdrawn/Depressed, and Somatic Complaints form the broad category of Internalizing. Achenbach reports that the scales of Rule-Breaking Behavior, Aggressive Behavior form the broad category of Externalizing.

DSM-Oriented Profiles

(Maladaptive behaviour is indicated by HIGH scores for Problems.)

The DSM-Oriented Profiles are assembled by the CBCL and the TRF. The DSM-Oriented Profiles are “scales comprising problem items that experienced psychiatrists and psychologists from nine cultures rated as being very consistent with categories of diagnoses defined by the American Psychiatric Association’s (1994) *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*.” (Achenbach, 2002, p.61)

Attachment B

Family Information Form

PARENT/GUARDIAN: The information in this questionnaire will help us to work with your child and family. It is strictly confidential, and cannot be shared without your consent. Thank you for your cooperation.

| | | | |
|------------------|---|-----------------------------------|---|
| Child's Name | _____ _____ (First) (Last) | Child's Date Of Birth | _____ / _____ / _____ (Day) (Month) (Year) |
| Informant's Name | _____ _____ (First) (Last) | Informant's Relationship To Child | |
| Date Completed | _____ / _____ / _____ (Day) (Month) (Year) | | |

ALTERNATE CONTACTS: Please provide information on 2 people we might contact to get in touch with you, if we were unable to locate you for follow-up purposes.

| | | | |
|------------|--|------------|--|
| Name #1 | | Name #2 | |
| Address | | Address | |
| Home Phone | | Home Phone | |
| Work Phone | | Work Phone | |

BASIC INFORMATION: Please list ALL HOUSEHOLD MEMBERS and specify their relationship to your child (for example: sister, step-sister, foster brother, uncle, boarder, etc.)

| Name | Age | Relationship to Child | Grade/Occupation | Place of Birth |
|------|-----|-----------------------|------------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

NON-RESIDENT SIBLINGS: Please list **ANY OF YOUR CHILD’S SIBLINGS WHO DO NOT LIVE IN YOUR HOME** and specify the relationship to him/her (for example: brother, half-sister, stepbrother, etc.)

| Name | Age | Relationship to Child | Place of Residence |
|------|-----|-----------------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

PARENT INFORMATION: Please complete the following information about **YOURSELF:**

| | | | |
|---|---|---|--|
| Place of Birth: <input type="checkbox"/> Hamilton <input type="checkbox"/> Elsewhere in Ontario <input type="checkbox"/> Elsewhere in Canada Other: _____ _____ | | Occupation (please specify): _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Occasional <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____ _____ | |
| Marital Status: Are you currently... | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single (i.e. never married) | <input type="checkbox"/> Other: _____ _____ (please specify) | |

PARTNER/SPOUSE INFORMATION: Are you currently **LIVING WITH A PARTNER/SPOUSE?**

- No (Please go now to the **next** section)
- Yes (Please give us some information about him/her below)

| | | | | |
|--|---|--|---|--|
| Name of Partner/Spouse | _____ | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth |
| | _____ (First) (Last) | | | _____/_____/_____ (Day) (Month) (Year) |
| How many years have you and your partner/spouse been living together? | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 10 years <input type="checkbox"/> Longer than 10 years | Current Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Common-law | Relationship to Child |
| | | | | <input type="checkbox"/> Natural parent <input type="checkbox"/> Common-law parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Adoptive parent |
| Occupation | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Occasional <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____ | Was your partner/spouse previously married? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ (Please specify) | _____ (Please specify) | | | |

ABSENT PARENT INFORMATION: Is there a **NATURAL PARENT NOT LIVING WITH YOUR CHILD?**

- No (Please go now to the **next** section)
- Yes (Please complete the section below to the best of your knowledge)

| | | | | |
|------------------------------|----------------------------|------------|--|----------------------------------|
| Name of Absent Parent | _____ | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | Current marital status, if known |
| | _____ (First) (Last) | | | |

| | | | | |
|--------------------------------------|--|---|---|---|
| Does he/she visit your child? | <input type="checkbox"/> Yes <hr/> <input type="checkbox"/> (How often?) | Where does this natural parent live? | <input type="checkbox"/> In the same neighbourhood <input type="checkbox"/> In the same city <input type="checkbox"/> In the same province <input type="checkbox"/> Whereabouts unknown Other: <hr/> <hr/> (Please specify) | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other: <hr/> <hr/> (Please specify) |
|--------------------------------------|--|---|---|---|

HOUSEHOLD INFORMATION

| | | | |
|---|---|---|---|
| How long have you been living at your current address? | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> Longer than 3 years | This accommodation is: | <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Subsidized <input type="checkbox"/> Other: <hr/> (Please specify) |
| How many times have you moved in the last 5 years? | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more | What is the major source of income in your household? (Check one item) | <input type="checkbox"/> wages and salaries <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Government assistance <input type="checkbox"/> Other: _____ <hr/> (Please specify) |
| What do you enjoy doing most as a family? | | | |
| Here is a list of concerns that people may have about their families. (Please check all that are currently a problem for you family.) | <input type="checkbox"/> Money <input type="checkbox"/> Housing <input type="checkbox"/> Marital difficulties <input type="checkbox"/> Poor health <input type="checkbox"/> Depression <input type="checkbox"/> Psychiatric difficulties | | |
| Do you have any other current concerns about your family? (Please describe) | <input type="checkbox"/> Trouble with the law <input type="checkbox"/> Heavy or problem drinking <input type="checkbox"/> Drug abuse <input type="checkbox"/> Violence between arents <input type="checkbox"/> Violence between children <input type="checkbox"/> Sexual abuse of children | | |

CHILD WELFARE INVOLVEMENT

| | | |
|--|---|--|
| <p>Is your family currently involved with a Children's Aid Society?</p> | <p><input type="checkbox"/> No</p> | <p><input type="checkbox"/> Yes (please specify)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supportive counseling <input type="checkbox"/> Foster/adoption Worker <input type="checkbox"/> Supervision order <input type="checkbox"/> Other: _____ |
| <p>Is your child currently in the care of a Children's Aid Society?</p> | <p><input type="checkbox"/> No</p> | <p><input type="checkbox"/> Yes (please specify)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crown Ward with access <input type="checkbox"/> Crown Ward with no access <input type="checkbox"/> Society Ward <input type="checkbox"/> Voluntary |

CHILD INFORMATION

| | | | |
|--|---|---|---|
| <p>Who ordinarily disciplines your child?</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ <p>_____ (please specify)</p> | <p>Check off <u>ALL</u> the things that happen when your child behaves well:</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Gets praised <input type="checkbox"/> Gets hugs <input type="checkbox"/> Gets a game/toy <input type="checkbox"/> Gets some special time together <input type="checkbox"/> Gets money <input type="checkbox"/> Gets food/treats <input type="checkbox"/> Gets a special privilege <input type="checkbox"/> Other: _____ <p>_____ (please specify)</p> |
| <p>Which of these disciplines do you</p> | <p align="center">Discipline:</p> | <p align="center">Does it work?</p> | <p align="center">Comments:</p> |

| | | | | |
|--|--|--|---|--|
| <p>use with your child? (Check ALL the ones you use, and indicate whether you think that they are effective or ineffective.)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Sending to room <input type="checkbox"/> Hitting/slapping <input type="checkbox"/> Sending to bed <input type="checkbox"/> Removing privileges <input type="checkbox"/> Spanking <input type="checkbox"/> Talking <input type="checkbox"/> Extra work <input type="checkbox"/> Ignoring <input type="checkbox"/> Grounding <input type="checkbox"/> Yelling <input type="checkbox"/> Other: <p>_____</p> <p>_____</p> <p>(please specify)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | |
| <p>Has your child ever lived away from you?</p> | <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes <p>(Please indicate...)</p> | <p>Child's age at the time he/she lived away from you?</p> | | |
| | | <p>Length of time away?</p> | | |
| | | <p>Where did your child live?</p> | | |
| | | <p>What were the reasons for the separation?</p> | | |

SCHOOL INFORMATION

| | | | |
|--------------------------|---|--------------------------------------|--|
| Current School | | Current Grade Level | |
| How long at this school? | | How many different schools attended? | |
| Type of class | <input type="checkbox"/> Regular <input type="checkbox"/> Regular + Withdrawal <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Behavioural <input type="checkbox"/> Other: _____ _____ (please specify) | | |

MEDICAL INFORMATION

| | | | |
|---|------------------------------------|--|----------------------------------|
| Name of Child's Doctor | | | |
| During pregnancy, delivery or after birth, did the mother or the child experience any illnesses or complications? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (please describe) | |
| Was your child's birth..... | <input type="checkbox"/> Full term | <input type="checkbox"/> Premature | <input type="checkbox"/> Overdue |
| Did your child experience any hospitalizations, illnesses or complications during the first 2 years of life? Examples: colic, earache, frequent infections | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Please describe) | |
| Did you have any concerns about your child's early development? Examples: walking, talking, eating, toilet training | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Please describe) | |
| Does your child have a diagnosed medical problem? Examples: epilepsy, diabetes, hearing problem | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Please describe) | |

| | | |
|--|-----------------------------|--|
| | | |
| Has your child experienced any speech problems? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Please describe) |
| Has your child had any operations? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Please describe) |
| Has your child had any major accidents? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Please describe) |
| Is your child currently taking any medication? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Please list) |
| | | |

IS THERE ANYTHING ELSE WE SHOULD KNOW, TO HELP US SERVE YOU AND YOUR CHILD BETTER?

Please comment in the space below.

Attachment C

Service Inquiry Record

SERVICE INQUIRY RECORD

| | | |
|---|---------------|------------------|
| | Intake Worker | Date |
| BANYAN COMMUNITY SERVICES / UNDER 12 OUTREACH PROGRAM | | 905 - 544 - 7778 |

Section A: Individual

| | | | | |
|--|------------|-----------------------------------|--|---------------|
| Last Name | First Name | Initials | AKA | |
| Address: Street Number and name | | Apartment or unit | Gender | Date of Birth |
| City | | Postal Code | Home telephone number () | |
| Quadrant <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | | Other telephone number () | | |
| Languages spoken at home | | Interpreter needed | If yes, language | |
| Some services are designed to respond to an individual's culture or religion. Is there anything about your cultural background you would like us to know that might help us to serve you better? | | | Do you wish to receive services from an Aboriginal Agency? If so, refer to Native Child and Family Services 416-969-8510 <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Knowing the outcome of past assessments may help us serve you better. Has there ever been a diagnosis, including developmental disability? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

Section B: Briefly describe concerns/ service needs

| |
|--|
| |
| |
| |
| |

Section C: Primary Contact

| | | | | |
|---|---|------------------------|------------------------|-----------------------|
| Last Name | First Name | Initials | | |
| Address: <input type="checkbox"/> Check if Same as primary contact | | Street number and name | Apartment or unit | Home telephone number |
| City | | Postal Code | Other telephone number | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship to service user <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian | | Other (specify) | |

Section D: Alternate Contact

| | | | | |
|---|---|------------------------|------------------------|-----------------------|
| Last Name | First Name | Initials | | |
| Address: <input type="checkbox"/> Check if Same as primary contact | | Street number and name | Apartment or unit | Home telephone number |
| City | | Postal Code | Other telephone number | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship to service user <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian | | Other (specify) | |

Section E: School Information

| | |
|---|--------------|
| School Board <input type="checkbox"/> Public <input type="checkbox"/> Catholic <input type="checkbox"/> Separate | School name: |
| Teacher: | Principal: |

Section F: Authority Contact Information

| | | |
|---|---|--|
| Fire Setting: <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No | Suspensions: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|

Section G: Society Information

| | | |
|--|---|---------|
| Society involved: <input type="checkbox"/> Children's Aid Society <input type="checkbox"/> Catholic Children's Aid Society | | Worker: |
| Support Type: | Wardship Status: | |
| <input type="checkbox"/> Family Counselling <input type="checkbox"/> Supportive Counselling <input type="checkbox"/> Supervision Order <input type="checkbox"/> Foster / Adoption Worker | <input type="checkbox"/> None <input type="checkbox"/> TCA <input type="checkbox"/> TPP <input type="checkbox"/> SW <input type="checkbox"/> CW | |

Section H: Referral Information

| | | |
|---|--|------------------------------|
| Referring person <input type="checkbox"/> Check if Same as primary contact | Telephone number | |
| Referring Source / Agency | Referral confirmed with family <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, date of confirmation |

Section I: Other Major Involvement

| | | |
|---------------------------|----------------|------------------|
| Name of agency/ physician | Contact person | Telephone number |
| Services provided | | |
| Name of agency/ physician | Contact person | Telephone number |
| Services provided | | |
| Name of agency/ physician | Contact person | Telephone number |
| Services provided | | |

Section J: General Notes

Section K:

Retained in agency for assessment and planning (Note: Consent to exchange information not required)

| | |
|-------------|------|
| Referred to | Date |
| Reason | |

Consent to exchange information contained herein
If information to be forwarded to another provider, ask client or legal guardian the following:
"May we have your consent to transmit by e-mail, telephone or fax the information you have just provided us to _____, another service provider that might be able to provide service to you or your family member?"
Please indicate caller's response: Yes No

Attachment D

Consent Form for Participation (community partners and staff)

Banyan Community Services GC Program Evaluation

Consent for Participation

Study Sponsor: The Centre for Excellence in Child and Youth Mental
Principal Investigator: Dr. Ellen Lipman at the Offord Centre for Child Studies

About the Study

Dr. Ellen Lipman, at the Offord Centre for Child Studies, has been contracted by Banyan Community Services to conduct an evaluation of the Banyan Community Services Girls Connection Program.

The purpose of this evaluation is to

- explore program design, implementation, and on-going service provision activities;
- assess the development and implementation of the project and compare it with what was initially intended;
 - examine the targeted outcomes that were achieved

As someone with valuable insight into these issues, we would like to invite you to take part in this interview to contribute to our understanding of how the GC is running and whether or not it is achieving its desired outcomes.

Your Rights & Protection

Our discussion today is voluntary. You will not have to answer any questions that you don't want to, and you can stop participating at any time.

You are not obligated to take part in this interview. Your choice to either agree or decline to speak with us will not affect your position within the organization, and will not be relayed to your peers.

If you choose to speak with us, our discussion will remain confidential. Any notes, transcripts, and audio-tapes from this interview will be identified by code number only (and not your name), and will be stored in a locked drawer to protect your identity.

Your name will not be associated with any quotations that we may use in any reports or publications that result from this study. Your answers will be put together with those of other people with whom we speak, and will be reported as a group. No information can be linked to you personally.

Researcher's Pledge: I agree and will act in a manner consistent with the statements above.

Researcher's Signature

Date

Participant's Consent: I have read and understood the above, and agree to take part in this interview.

Participant's Signature

Date

To make sure that we don't miss anything you say we would like to tape-record today's interview. You can turn off the tape recorder at any time if you don't want to be taped. May we tape-record the interview?

ρ Yes ρ No

If you have any questions or additional comments you can contact Meghan Kenny, Project Manager, at 521-2100 ext. 74349 or Dr. Ellen Lipman, Chief Researcher, at ext. 77359.

Attachment E

Interview Guide for Community Partners

Banyan Community Services Girls' Connection Interview Guide for Community Partners

1. Could you tell about what your involvement has been with the Girls' Connection?
2. Could you tell me about your working relationship with GC staff? Are you satisfied with the relationship? Is there anything that could be done to improve?
3. How needed is the GC in the Hamilton community?
4. What are the barriers/facilitators to the GC being implemented in Hamilton? (i.e., are there any community conditions that make implementing the GC difficult? Are there conditions that facilitate the implementation of the GC in Hamilton?)
5. How helpful is the GC to your organization? How could it be more helpful?
6. How can the GC improve? (Are there barriers to those improvements happening? How could those barriers be removed?)
7. If you think about some of the children that both you and the GC have been involved with, have you seen any improvements you could attribute to the GC?
8. In your opinion, how do you see the GC contributing to crime prevention?
9. Banyan is interested in exploring whether or not evaluating the program using a control group (half of the participants would not get service right away but would still answer pre and post questionnaires) is a possibility. If Banyan was to use a control group in a future evaluation, would you as a service provider still feel comfortable referring clients to the GC program knowing that there would be a 50% chance that they may not receive service right away?
10. Is there anything else that you would like to tell about?
11. Can you think of other people that we should talk to?

Attachment F

Consent for Participation (Parents)

Evaluation of Banyan Community Services Under 12 Outreach Program

Study Sponsor: The Centre for Excellence in Child and Youth Mental

Principal Investigator: Dr. Ellen Lipman at the Offord Centre for Child Studies

I agree to take part in a research study being done by Dr. Ellen Lipman. The purpose of this study is to evaluate whether participation in the Banyan Community Services Girls Connection Program is helpful for me, my child and our family.

When I began the Girls Connection Program, I agreed to answer questionnaires before the group, after the group, and at follow-up. By signing this form I agree to participate in an interview to answer additional questions about whether the Banyan Community Services Girls Connection Program has been helpful to my child, my family and me.

I understand that the results of the interviews will be confidential and will not be released without my written consent. If the results of the study are published, my child or family will not be identified in any way. If I wish I may discuss the results of the questionnaires with the investigator.

I have been told that if the study team becomes aware of any abuse or neglect that is happening or has happened to a person under 16 years old that has not been reported to a child protection agency, they are required to report it. I understand this law is the same as for any health care professional.

I understand that I may withdraw from the study at any time, even after signing this form. If I choose not to participate in, or to withdraw from the study, this will not affect my services I received currently or may receive in the future at the Hamilton Health Sciences. If I have any questions, I may contact Dr. Lipman at Hamilton Health Sciences at (905) 521-2100, Ext. 77359.

I understand that I will be given a signed copy of this consent form.

Signature of Parent

Print Your Name

Date

Person obtaining consent

Print Your Name

Date

Signature of PI

Print Your Name

Date

Attachment G

Interview Guide for Program Participants (girls)

Banyan Community Services Girls Connection Program
Interview Guide for Children in the Girl's Club

1. So you went to the Girl's Club – what was that like? What did you do there? What is the Girl's Club for – why did you get to go? Did your brothers and sisters go?
2. Did your parents go? Did you like it? Why?
3. What do you think of your worker at the Girl's Club? What did you like about them? Was there anything that you wanted them to do that they didn't? Was he/she a good listener? What did they listen to you about?
4. What's the best/worst thing about the Girls' Club?
5. Do you feel like you got help with some of the things that you needed help with? Was the Girl's Club helpful?
6. Do you think the Girl's Club made things better or worse in your life? (parents, school friends, brothers/sisters) How?
7. How do you feel about the Girl's Club? Are you glad that you went to it?
8. Would you recommend the Girl's Club to other kids?
9. Did you make any new friends after you started coming to the Girl's Club? Did you meet them at the Girl's Club or somewhere else? Where did you meet them?
10. Did the Girl's Club help you make changes in your relationships with your parents or your brothers or sisters? If so, what kind of changes? (do they get along better with family)
11. Can you think of an example where SNAP has worked at home/at school?
12. Did a Girl's Club worker talk at your school? Do you think that it would be helpful if your classmates all learnt SNAP?
13. Is bullying a problem at home or at school? Has the Girl's Club helped you deal with bullying? How?
14. What has been your favorite/least favorite session so far? Why? What parts did you like about it?
15. Are you involved in the Girls Growing Up Healthy Program? Do you like it?
16. What things do you think should change about the Girl's Club? Why?

Interview Guide for Program Participants (Parents)

Banyan Community Services Girls Connection Program Interview Guide for Parents in the SNAP Parenting Group

1. Tell me about your involvement with the Girls Connection: How long have you been involved in the program? What brought you to the Girl's Connection? (What problems had you been having)? What things have you done in the Parent's Group? What things has your daughter done in the Girl's Club? Do you think she enjoys going? What things have her brothers and sisters done in the Program? Is the Girl's Connection what you thought it would be?
2. What do you think about the Girl's Connection staff? (probe re: helpfulness of staff, quality of relationships, amount of support provided by the staff, ability of staff to understand the family)
3. Other than the SNAP group, what other parts of the Girl's Connection has your family been involved in? (e.g., individual befriending, tutoring)
4. What is the best thing that has happened to you because you are a part of the Girl's Connection?
5. Is there anything negative that has happened to you because you are a part of the Girl's Connection?
6. What is the best thing that has happened to your daughter because she is involved in the Girl's Connection?
7. Is there anything negative that has happened to your daughter because she is a part of the Girl's Connection?
8. Are your other children a part of the SNAP program?

If yes, what is the best thing that has happened to your other children because they are a part of the SNAP program?

Is there anything negative that has happened to your other children because they are a part of the SNAP program?
9. Has the Girl's Connection helped you make changes? What changes have you made?
10. Has the Girl's Connection helped your daughter to make changes? What changes has she made?
11. Has the Girl's Connection helped your other children to make changes? What changes have they made?
12. Has your child made any new friends since being involved with the Girl's Connection? Are they a good choice of friends? Are they also involved in the Girl's Connection?

13. Have you made any new friends since being involved with the Girl's Connection? Were they also involved with the SNAP parenting group?
14. Have you noticed any improvements at school in your child's behaviour, academics? Have there been any changes in your relationship with the school?
15. Do you practice SNAP at home? Does it work? Do you see your daughter practising SNAP at home or at school?
16. Are you involved in the Girls Growing Up Healthy Program? Would you be interested in becoming involved? If you are involved, are there any particular aspects that you find especially interesting/relevant?
17. Did any of the Girl's Connection workers talk at your child's school? If not, would you be interested in this? Do you think it would be beneficial?
18. Would you recommend this program to other families? If your time back would you do it again? Are you satisfied with the Girl's Connection? (probe re: Girl's Connection as a whole, specific components the girl has been involved in)
19. What changes would you make to the Girl's Connection? Why?
20. Is there anything else that you would like to add?

Attachment H

Patterns of Use of Program Components

| Session | Stage | IB | SA | FC | CA | SS | Total Hrs |
|--------------------|------------------|------------------------|-------------|-------------|-------------|------------|--------------|
| 1 | Pre | - | - | - | - | - | - |
| | In Group | 21 | 13 | 20 | 0 | 0 | 54 |
| | Post | 210.5 | 6 | 4 | 2 | 3 | 225.5 |
| | Total hrs | 231.5 | 19 | 24 | 2 | 3 | 279.5 |
| 2 | Pre | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Group | 18 | 2.5 | 0 | 4 | 2 | 26.5 |
| | Post | 19 | 1 | 5.5 | 5 | 5 | 35.5 |
| | Total hrs | 37 | 3.5 | 5.5 | 9 | 7 | 62 |
| 3 | Pre | 1 | 0 | 0 | 0 | 0 | 1 |
| | In Group | 15.5 | 5 | 17 | 1 | 0 | 38.5 |
| | Post | 143 | 6.5 | 15 | 30 | 4.5 | 199 |
| | Total hrs | 159.5 | 11.5 | 32 | 31 | 4.5 | 238.5 |
| 4 | Pre | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Group | 10 | 4 | 0 | 1 | 0 | 15 |
| | Post | 243 | 20 | 15.5 | 19 | 12 | 309.5 |
| | Total hrs | 253 | 24 | 15.5 | 20 | 12 | 324.5 |
| 5 | Pre | 10 | 0 | 0 | 0.5 | 0 | 10.5 |
| | In Group | 14 | 1 | 15 | 8 | 0 | 38 |
| | Post | 94.5 | 3 | 18 | 16 | 2.5 | 134 |
| | Total hrs | 118.5 | 4 | 33 | 24.5 | 2.5 | 182.5 |
| 6 | Pre | 3 | 0 | 0 | 0 | 0 | 3 |
| | In Group | 1.5 | 0 | 7.5 | 2.5 | 0 | 11.5 |
| | Post | 21.5 | 0 | 0.5 | 2.5 | 0 | 24.5 |
| | Total hrs | 26 | 0 | 8 | 5 | 0 | 39 |
| 7 | Pre | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Group | 33.5 | 6.5 | 5 | 2.5 | 2.5 | 50 |
| | Post | 25.5 | 0.5 | 13 | 2 | 6.5 | 47.5 |
| | Total hrs | 59 | 7 | 18 | 4.5 | 9 | 97.5 |
| 8 | Pre | 6 | 0 | 0 | 5.5 | 0 | 11.5 |
| | In Group | 26 | 4 | 2 | 9 | 1 | 42 |
| | Post | 12 | 1 | 0 | 0 | 3.5 | 16.5 |
| | Total hrs | 44 | 5 | 2 | 14.5 | 4.5 | 70 |
| 9 | Pre | 7.5 | 1 | 0 | 0.5 | 0.5 | 8.5 |
| | In Group | 7 | 0 | 0 | 0 | 1 | 8 |
| | Post | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total hrs | 14.5 | 1 | 0 | 0.5 | 1.5 | 17.5 |
| 10 | Pre | 0 | 0 | 1 | 0 | 0 | 1 |
| | In Group | 0 | 0 | 0 | 0 | 0 | 0 |
| | Post | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total hrs | 0 | 0 | 1 | 0 | 0 | 1 |
| 11 | Pre | Data not yet available | | | | | |
| | In Group | Data not yet available | | | | | |
| | Post | Data not yet available | | | | | |
| | Total hrs | Data not yet available | | | | | |
| Grand Total | | 943 | 75 | 139 | 111 | 44 | 1312 |

IB = Individual Befriending
SA = School Advocacy
FC = Family Counselling
CA = Community Advocacy
SS = School Support

Pre = before GC
In Group = during GC
Post = after GC

Attachment I

Attendance by Session - SNAP™ Children's Group

| Session | 1 n=16 | 2 n=1 2 | 3 n=2 0 | 4 n=2 4 | 5 n=22 | 7 n=21 | 6 n=18 | 8 n=19 | 9 n=17 | 10 n=19 |
|-----------|-----------|---------------|---------------|---------------|-----------|-----------|-----------|-----------|-----------|------------|
| GRAD (8+) | 75% | 50% | 55% | 71% | 64% | 95% | 50% | 63% | 82% | 74% |
| 12 | 6 | - | 2 | 4 | 3 | 3 | - | 5 | 5 | 4 |
| 11 | 3 | 2 | 6 | 5 | 6 | 4 | - | 2 | 5 | 6 |
| 10 | 1 | 2 | 2 | - | 2 | 5 | 1 | 1 | - | 3 |
| 9 | 2 | 1 | 1 | 6 | 1 | 6 | 6 | 2 | 3 | 1 |
| 8 | - | 1 | - | 2 | 2 | 1 | 2 | 2 | 1 | - |
| 7 | 1 | - | 1 | 1 | 1 | 0 | 2 | 1 | - | 1 |
| 6 | 2 | 1 | - | - | 1 | 0 | 1 | 1 | - | 1 |
| 5 | - | - | 1 | - | 1 | 0 | 1 | - | 1 | - |
| 4 | - | 1 | - | 2 | - | 1 | 1 | 1 | - | - |
| 3 | 1 | - | 2 | - | - | 1 | 1 | 3 | - | - |
| 2 | - | - | - | - | - | 0 | - | 1 | - | - |
| 1 | - | 1 | - | 1 | 1 | 0 | - | - | 1 | 1 |
| 0 | - | 3 | 5 | 1 | 2 | 0 | - | - | - | 2 |

Attachment J

Attendance by Session – SNAP™ Parent Group

| Session | 1 n=14 | 2 n=12 | 3 n=21 | 4 n=22 | 5 n=20 | 7 n=34 | 6 n=15 | 8 n=19 | 9 n=17 | 10 n=19 |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| GRAD (8+) | 79% | 58% | 48% | 68% | 55% | 56% | 40% | 63% | 82% | 74% |
| 12 | 6 | 1 | - | 2 | 3 | 5 | - | 4 | 4 | 4 |
| 11 | 3 | 2 | 4 | 4 | 5 | 3 | - | 3 | 6 | 5 |
| 10 | 1 | 2 | 2 | 3 | 1 | 5 | 1 | 1 | - | 2 |
| 9 | 1 | 1 | 3 | 3 | 2 | 5 | 2 | 2 | 3 | 3 |
| 8 | - | 1 | 1 | 3 | - | 1 | 3 | 2 | 1 | - |
| 7 | - | - | 2 | 1 | - | 4 | 3 | 1 | - | 1 |
| 6 | 1 | - | - | 1 | 1 | 1 | 1 | - | - | - |
| 5 | 1 | 1 | 1 | - | 1 | 0 | 1 | - | 1 | - |
| 4 | 1 | - | - | 2 | 1 | 3 | 2 | 1 | - | 1 |
| 3 | - | - | 2 | - | 1 | 4 | 1 | 4 | - | - |
| 2 | - | - | - | - | - | 1 | - | 1 | 1 | - |
| 1 | - | 1 | 1 | 1 | 2 | 2 | 1 | - | 1 | 1 |
| 0 | - | 3 | 5 | 2 | 3 | 0 | - | - | - | 2 |