

CAPC Participant Outcome Survey (2025)

INTRODUCTION

The program you attend is supported by the Public Health Agency of Canada (PHAC) through the Community Action Program for Children (CAPC). There are over 400 community organizations across Canada delivering CAPC programs to children and their families. CAPC programs are called by different names in each local community across the country.

PURPOSE OF THE SURVEY

This survey looks at what CAPC participants learn from the program. Responses will be grouped and will be used in reports to better understand how the program can be improved.

CONFIDENTIALITY

This survey does not ask for any information that will directly identify you (such as your name or address). Answers to the survey will be kept in an electronic database which will be given to the Public Health Agency of Canada to be stored securely.

PRIVACY NOTICE

The information you provide to PHAC will be used under the authority of:

- section 4 of the *Department of Health Act*;
- section 3 of the *Public Health Agency of Canada Act*; and
- handled in accordance with the *Privacy Act*.

You have a right to raise any concerns to the Privacy Commissioner of Canada if you feel that your personal information has been handled improperly. For more information about these rights, please send an e-mail to: dca_public_inquiries@phac-aspc.gc.ca

PARTICIPATION

- You can complete this survey if you are a **parent or main caregiver of a child 0-6 years old and you and/or your child attends CAPC**.
- The survey will take about 15 minutes to complete.
- There are no right or wrong answers.
- It is your choice whether to participate and you can skip questions you do not want to answer.
- You can complete this survey on your own or you can ask program staff for help.
- If you do not fill out this survey, it will not affect the services you receive from this program.

CAPC PARENT/CAREGIVER CONSENT FORM

INFORMED CONSENT: Do you agree to fill out this survey? A response to this question is required.

- ☐ Yes, I agree
- ☐ No, I do not agree **(End of survey)**

1. Are you the parent or main caregiver of a child 0-6 years of age? A main caregiver is a person who has primary responsibility for the care and upbringing of a child. A response to this question is required.

- ☐ Yes
- ☐ No **(End of survey)**

SECTION A: PROGRAM PARTICIPATION

A1. How long has your family been coming to this CAPC program?

- ☐ Less than 3 months
- ☐ 3 months to less than 6 months
- ☐ 6 months to less than 1 year
- ☐ 1 year or more

A2. In general, how often does your family participate in this CAPC program? (Check only one)

- ☐ This is our first visit
- ☐ More than once a week
- ☐ Once a week
- ☐ 2-3 times a month
- ☐ Once a month
- ☐ Less than once a month

A3. What types of activities (virtual and/or in-person) has your family participated in at this CAPC program? (Check all that apply).

- ☐ Group programs or classes (parenting classes, parent-child programs, drop-in programs, community kitchens)
- ☐ Home visiting program (services received in your home)
- ☐ Individual counseling
- ☐ One-on-one support
- ☐ Other (please specify): _____

SECTION B: PARENT/CAREGIVER KNOWLEDGE AND SKILLS

The next questions are about the knowledge and skills you have gained as a result of participating in this CAPC program.

B1. How much do you agree or disagree with the following statements?

If you have not participated in these types of activities, please select "Not Applicable".

[illegible]

Not for Completion

l.	I am better able to cope with my stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m.	My mental health has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n.	My overall health and well-being has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o.	I prepare healthier meals and snacks for my family when possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION C: CHILD'S EXPERIENCE IN THE PROGRAM

C1. Does your child(ren) participate in this CAPC program?

- ☐ Yes
- ☐ No (Skip to Section D)

IF YOU HAVE MORE THAN ONE CHILD, PLEASE ANSWER THESE QUESTIONS BASED ON YOUR OLDEST CHILD WHO IS BETWEEN 0-6 YEARS OLD WHO PARTICIPATES IN CAPC.

C2. What is YOUR CHILD'S gender?

- ☐ Female
- ☐ Male
- ☐ Another gender
- ☐ Do not know
- ☐ Prefer not to answer

C3. What is YOUR CHILD'S age?

- ☐ Less than 1 year old
- ☐ 1 years old
- ☐ 2 years old
- ☐ 3 years old
- ☐ 4 years old
- ☐ 5 years old
- ☐ 6 years old

[illegible]

SECTION D: YOUR EXPERIENCE WITH THE PROGRAM

D1. Thinking about your experience with this program, how much do you agree or disagree with the following statements? These statements are meant to reflect your overall experience.

Statements	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Not Applicable
a. I feel welcomed and accepted at this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Staff help me learn how to get valuable information and resources I need for my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My personal and cultural beliefs are respected by this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION E: PARENT/CAREGIVER INFORMATION

E1. What province or territory do you live in?

- ☐ Alberta
- ☐ British Columbia
- ☐ Manitoba
- ☐ New Brunswick
- ☐ Newfoundland and Labrador
- ☐ Northwest Territories
- ☐ Nova Scotia
- ☐ Nunavut
- ☐ Ontario
- ☐ Prince Edward Island
- ☐ Quebec
- ☐ Saskatchewan
- ☐ Yukon

E3. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Another gender
- ☐ Prefer not to answer

E4. How old are you?

- ☐ 19 years or less
- ☐ 20-29 years
- ☐ 30-39 years
- ☐ 40-49 years
- ☐ 50 years or more

E5. What is your HIGHEST level of education?

- ☐ Less than High School
- ☐ Finished High School
- ☐ Certificate or Diploma after High School
- ☐ College or University Degree
- ☐ Prefer not to answer

E6. Are you a lone parent/caregiver (for example, parenting on your own)?

- ☐ Yes
- ☐ No

E7. Do you identify as First Nations, Inuk/Inuit and/or Métis? (Check all that apply)

- ☐ Yes, First Nations
- ☐ Yes, Inuk/Inuit
- ☐ Yes, Métis
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

E8. Were you born in Canada?

- ☐ Yes (Skip to question E10)
- ☐ No

E9. How long have you lived in Canada?

- ☐ Less than one year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11 or more years

E10. What languages do you speak and understand? (Check all that apply)

- ☐ English
- ☐ French
- ☐ Indigenous language(s) (please specify):
- ☐ Other language(s) (please specify):

E11. Which race/racial/ethnic background category best describes you?
(Check all that apply. Do not respond if you answered “yes” to question E7).

- ☐ Black (for example, African, African Canadian, African Caribbean descent, Caribbean)
- ☐ East Asian (for example, Chinese, Japanese, Korean, Taiwanese descent)
- ☐ Latin American (for example, Hispanic or Latin American descent)
- ☐ Middle Eastern/West Asian (for example, Arab, Persian, Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish)
- ☐ South Asian (for example, Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)
- ☐ Southeast Asian (for example, Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other Southeast Asian descent)
- ☐ White (for example, European descent)
- ☐ Another race category — please specify:
- ☐ Do not know
- ☐ Prefer not to answer

E12. Including you, how many people live in your home?

Number of people 18 years of age or older

Number of people 17 years of age or younger

E13. In the last 12 months, were there times when you had challenges in any of the following areas? (Check all that apply). Please reach out to staff at your local CAPC program if you need information or support in any of these areas.

- ☐ Stress
- ☐ Feeling isolated
- ☐ Having enough food for your family
- ☐ Housing
- ☐ Family violence
- ☐ Drug / Alcohol use in family
- ☐ Mental health
- ☐ Physical health
- ☐ Parenting a child with developmental or physical challenges or special needs (for example, troubles with hearing, seeing, speech, learning, moving or behaviour)
- ☐ Other (please specify): _____

E14. What is your best estimate of your total household income in 2023?

(Total household income is income from all household members from all sources including social assistance before taxes and deductions.)

- ☐ Less than \$10,000
- ☐ \$10,000 to less than \$20,000
- ☐ \$20,000 to \$30,400
- ☐ \$30,401 to \$43,000
- ☐ \$43,001 to \$52,700
- ☐ \$52,701 to \$60,800
- ☐ \$60,801 to \$68,000
- ☐ \$68,001 to \$74,500
- ☐ \$74,501 to \$80,400
- ☐ \$80,401 to \$86,000
- ☐ \$86,001 to \$91,200
- ☐ \$91,201 to \$96,100
- ☐ \$96,101 or more
- ☐ Don't know
- ☐ Prefer not to answer

Overall, is there anything else you would like to share about how this program has made a difference for you or your family?

This survey is set up to be anonymous, so please do not provide any information that could identify you and/or other individuals.

Thank you for taking the time to complete this survey!