Community Impact Report

V1.0 July 24, 2015

CUPS Mission Statement

Through integrated healthcare, education, and housing services, CUPS empowers people to overcome the challenges of poverty and reach their full potential. In this pursuit, we draw upon our spiritual roots honouring the dignity of every human being.

Charity Model

Individuals and families come to CUPS with different levels of need and health. Dedicated staff and volunteers assess their needs and offer a range of services from crisis intervention to long-term support in the areas of health, housing, and education. We work closely with participants to identify workable long-term solutions to support their transition from surviving to thriving.

CUPS does not claim to reverse all problems or to pave every path, but we do aspire to create the conditions that equip people to get off the sidelines – and back into the thick of things. By reducing barriers to healthcare, education and housing, we address the root causes of poverty and help achieve long-lasting solutions for individuals, families and communities.

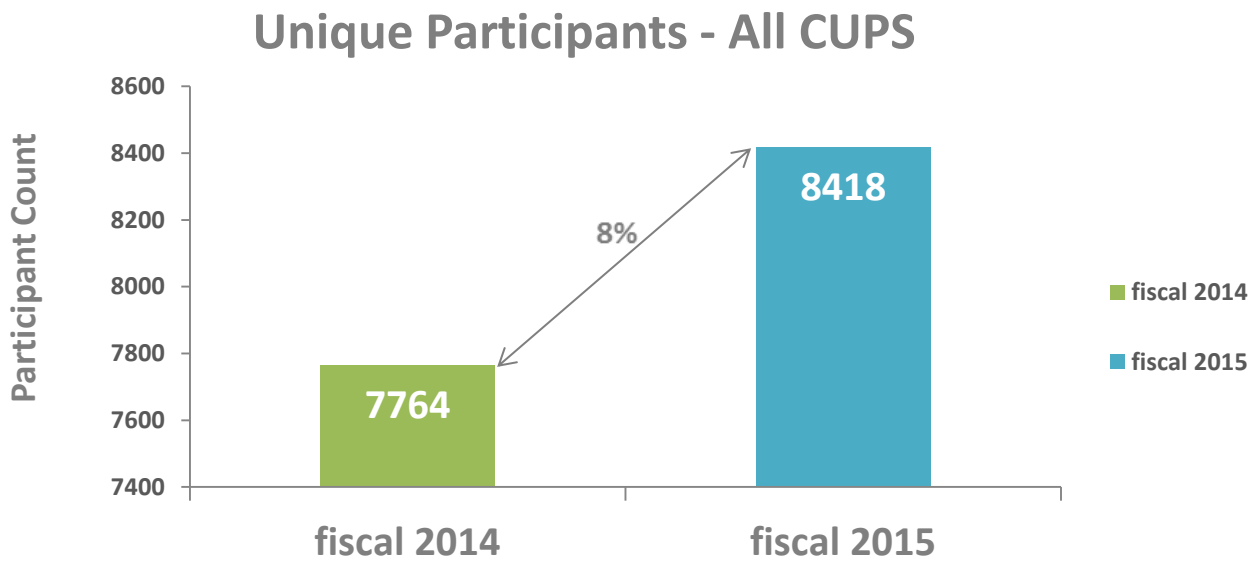
Problem Discussion

Poverty is a reality for many Calgarians. In 2004, 72,000 (17.5%) of Calgary families were identified as poor – with lone-parent families particularly vulnerable to poverty. Poverty has many effects, including homelessness, food insecurity, poor physical and mental health, addictions, poor child development, social isolation and violence. Without accessible healthcare, housing and education – key social determinants of health[6] – low-income individuals and families will continue to be trapped in the cycle of poverty.

Quantification of Problem

In 2004, 72,000 (17.5%) of Calgary families were identified as poor. An average of 76 Calgarian children (age 0-18) sleep in homeless shelters every night (Alberta Human Services).

CUPS Outputs

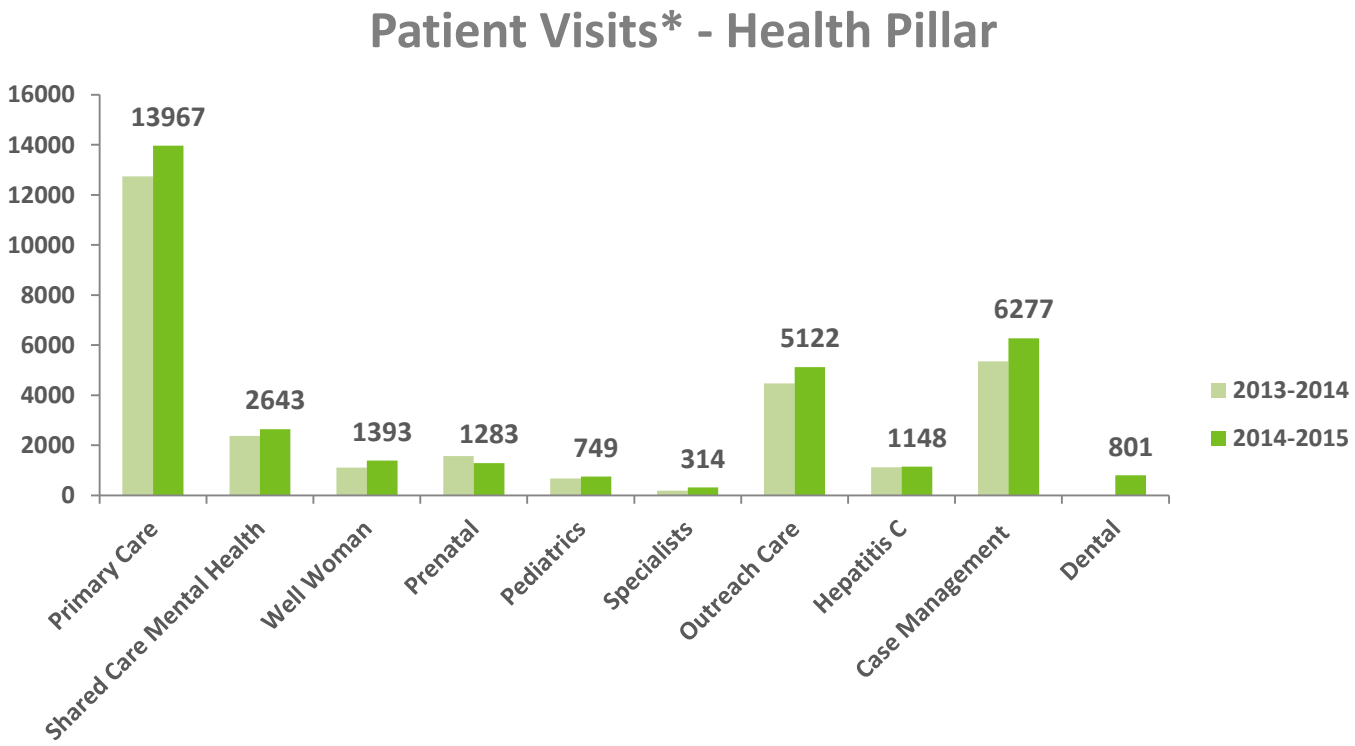


Compared to last fiscal year, there was an 8% increase from 7764 to 8418 unique participants accessing CUPS programs.

Health Outputs

Goal: CUPS aimed to have 5,000 patients access health services annually.

Actual output: 5,169 unique patients.



**Number of times services were accessed, not the number of patients*

Health Pillar Chart Information

- Diabetes visits are combined with Primary Care visits.
- Dental Count not available for 2013 – 2014.
- Case Management definition: work done on behalf of the patient when he/she is not seen, in order to provide seamless care to complex patients who cannot be directly seen by a Clinician. Activities may include phone calls with patients and pharmacy consultations.

Health Highlights

CUPS Health Pillar provides individuals in poverty much-needed access to multidisciplinary health care for acute and chronic illnesses, mental health problems, and addictions that are often left untreated due to their instability or inability to meet basic needs.

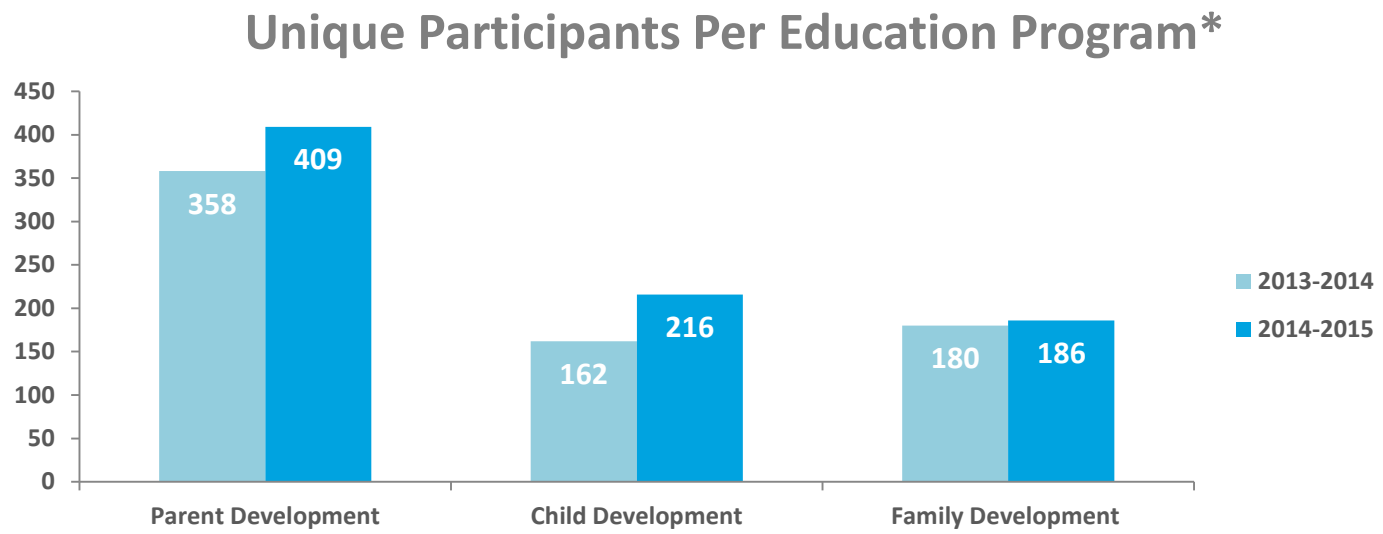
CUPS goals are: to reduce barriers to healthcare; provide medical, psychological and social support; and promote facilities and programs aimed at achieving a solid base of well-being, a stable environment and an improved quality of life.

- 5,169 CUPS participants improved their physical and mental health in the past 12 months, accessing 33,977 services potentially saving the healthcare system approximately $15 million every year.
    - 1,159 new patients this year
- 2,643 Shared Care Mental Health patient visits for 556 unique patients this past year; an evidence-based measure shows that participants significantly improved their personal well-being and relationships with others in as little as two counselling visits.
- The dental clinic provided free care worth close to $100,000 during their Saturday clinics to adults without insurance.
- 10 visiting specialists in a variety of medical fields including neurology, cardiology, and gynecology saw a total of 298 patient visits this past year, giving our participants - who have significant barriers to transportation - an opportunity to address serious medical conditions.

Education Outputs

Goal: CUPS aimed for 100 families to be under Family Development program annually.

Actual Output: We were able to exceed this target and help 117 families (186 participants).



**There are overlaps in one unique participant accessing more than one program. Overall, the Education Pillar has 1027 unique participants.*

Education Outputs Chart Information

- Parent Development: 16-session Nurturing Parenting Program, drop-in and other shorter term programming
- Child Development: Pre-natal to Three and One World Child Development Centers and drop-in childcare
- Family Development: Home visits and family support on a case-by-case basis

Education Highlights

CUPS Education Pillar disrupts the intergenerational cycle of poverty by offering research-based early intervention and two-generation approach support programs that focus on child development and the overall well-being of parents and the family.

CUPS goals are: to teach parents nurturing parenting concepts and skills; prevent child abuse and neglect; improve family cohesion; help children develop to their full cognitive, social and psychological potential within the context of the family or a family-like group; and disrupt intergenerational transmission of risk and associated stressors.

Outcomes in 2014/2015 included:

- Parents' high-risk attitudes about corporal punishment decreased by 73%.
- After one year at One World, children moved half a grade closer to their peers academically; on average, they went from 1.5 grades to 1 grade behind peers. If trends continue in this direction and pace, we can expect a One World child who has been enrolled for the full three years to be at the

Canadian average when they enter elementary school.

- The Family Support program filled to capacity this quarter, with 117 families receiving case support
  - Living conditions improved for 24% of families
  - 37% of families were in unstable housing situation at their initial assessment; 80% of families were in stable housing (either affordable market housing or subsidized housing) at their most recent home visit
- The Family Development Centre has two ongoing research projects:
  - ATTACH with the University of Calgary: study on reflective functioning with parents and children under the age of 2.5 that are in the 16-session Nurturing Parenting Program
  - Ready 4 Routines with Harvard University and 5 other USA-based organizations: study on improving parent and child executive function through the use of family routines
  - 26 recipients of the Lorraine Melchior Bursary Fund this year, with a 97% success rate – counted as students who graduated or are still in school – while 3% dropped out of the education program

Parent Development

This fiscal year, 409 parents enrolled in CUPS long- and short-term parenting programs. Our parenting programs teach parents fundamental skills of how to raise and care for their child and strengthen parent-child attachment. In the 16-session Nurturing Parenting Program, we use two main measures to evaluate the pre and post change within our participants, the Adult Adolescent Parenting Inventory (AAPI) and the Nurturing Skills Competency Scale (NSCS).

AAPI – determines whether or not a child is at risk of child abuse or maltreatment from their parents

AAPI constructs n=56 2013-2015	Is it statistically significant?[1] (<0.05)	Positive % change across the sample	**CUPS Benchmark 0.15** (Cohen's d Effect Size)
A. Expectation of children	No	↑4.9%	**0.17**
B. Empathy towards children's needs	Yes	↑15.1%	**0.32**
C. Use of corporal punishment	No	↑3.2%	**0.15**
D. Parent-child role responsibilities	No	↑5.4%	**0.14**
E. Children's power and independence	No	↑1.3%	**0.03**
			Avg: **0.16**

[1] Statistically significant results mean that the changes are due to the program, and not by random chance.

When we compare our measurement results with other organizations, we fall in the middle: two programs achieved greater results than we did,[2] while another two programs did worse.[3]

If we choose to take a closer look at the change in high-risk behaviours instead of overall change, 51% of high-risk parental child abuse behaviours were eliminated after intervention. A percent change for each construct can be calculated by counting the number of high-risk behaviours before and after the intervention. **Our target here is to reduce high-risk attitudes by 50%** after completing the Nurturing Parenting Program (16 sessions).

AAPI constructs n=56 2013-2015	# High-risk attitudes		Positive % change in attitudes
	Pre test	Post test	
A. Expectation of children	20	10	↑50%
B. Empathy towards children's needs	29	18	↑38%
C. Use of corporal punishment	15	4	↑73%
D. Parent-child role responsibilities	25	12	↑52%
E. Children's power and independence	22	10	↑55%

Combing the results by using a weighted average, the positive change is 51% meeting our targeted change.

Nurturing Skills Competency Scale (NSCS) – evaluates if a family is at risk for an initial or recurrent episode of child abuse

NSCS constructs n=54	Is it statistically significant? (<0.05)	Positive % change across the sample	**CUPS Benchmark 0.15** (Cohen's d Effect Size)
E. Knowledge of nurturing parenting practices*	Yes	↑9.2%	**0.35**
F. Use of nurturing parenting skills*	No	↑10.9%	**0.35**
			Avg: **0.35**

** CUPS does not report on the first four constructs (A-D) because they are baseline information and does not vary within the 16-session timeframe.*

Child Development

216 children were involved in our Child Education Programs. Of this, 188 enrolled in CUPS Child Development Centres: CUPS Pre-Natal to Three Child Development Centre (newborn to 35-months-old) and

[2] Both studies taken from SAMHSA's National Registry of Evidence-based Programs and Practices: A. Bavolek, S.J. Comstock, C.M., & McLaughlin J.W. (1983). The Nurturing Program: A validated approach for reducing dysfunctional family interactions. B. Bavolek, S.J., Henderson, H.L., & Schultz, B.B. (1988). Reducing chronic neglect in Utah. Summary of neglect project from September 30, 1985, to December 30, 1987. Grant #90 CA 1161.02.

[3] A. Maher, E.J., Marcynyszyn, L.A., Corwin, T.W., Hodnett, R. (2011). Dosage matters: The relationship between participation in the Nurturing Parenting Program for infants, toddlers, and preschoolers and subsequent child maltreatment. Child and Youth services Review 33. B. St. Pierre, R.G., Layzer, J.I. (1999). Using Home Visits for Multiple Purposes: The Comprehensive Child Development Program. Source of Children, Vol.9, No.1.

CUPS One World (3-6 years old). All children enrolled are seen by a team of consultants, including pediatrics, speech pathology, occupational therapy, physiotherapy, and psychology.

Ages and Stages Questionnaire (ASQ) – measures risk for developmental delays

ASQ constructs n=33 2013-2015 (One World only)	Is it statistically significant? (<0.05)	Positive % change across the sample	**CUPS Benchmark** (Pearson Chi-Square* (p<0.05))
A. Communications	No	↑9.8%	**0.0001**
B. Gross Motor	No	↑10.7%	**0.025**
C. Fine Motor	Yes	↑38.0%	**0.0134**
D. Problem-solving	Yes	↑26.1%	**0.001**
E. Personal-social	Yes	↑11.2%	**0.003**

**We do not use Cohen's d Effect Size as a benchmark since the ASQ interpretation of the data is incompatible. Pearson Chi-Square is a better measurement tool when we work with ordinal data such as ASQ (typical, grey area, concern). The benchmark here is a p-value <0.05. We only were able to run analysis on one of the constructs (A. Communication) due to time constraints; we reached our benchmark in this domain with a p-value of 0.00.*

Unfortunately, after some preliminary analysis on the Pre-natal – 3 ASQ data, we found some errors with how the test was administered as well as data collection problems. Therefore, we are unable to show any results; we are currently addressing the problem.

Brigance – measures the development and functioning in academic/cognitive skills (2013-2014)

- After one year at One World, children moved half a grade closer to their peers academically; on average, they went from 1.5 grades to 1 grade behind peers. If trends continue in this direction and pace, we can expect a One World child who has been enrolled for the full three years to be at the same level as their peers when they enter elementary school:

  Academic skills
  - **PRE:** 14 months behind peers
  - **POST:** 10 months behind peers (4 month difference made in 1 school year)

  Literacy skills:
  - **PRE:** 14.5 months behind peers
  - **POST:** 10 months behind peers (4.5 month difference made in 1 school year)

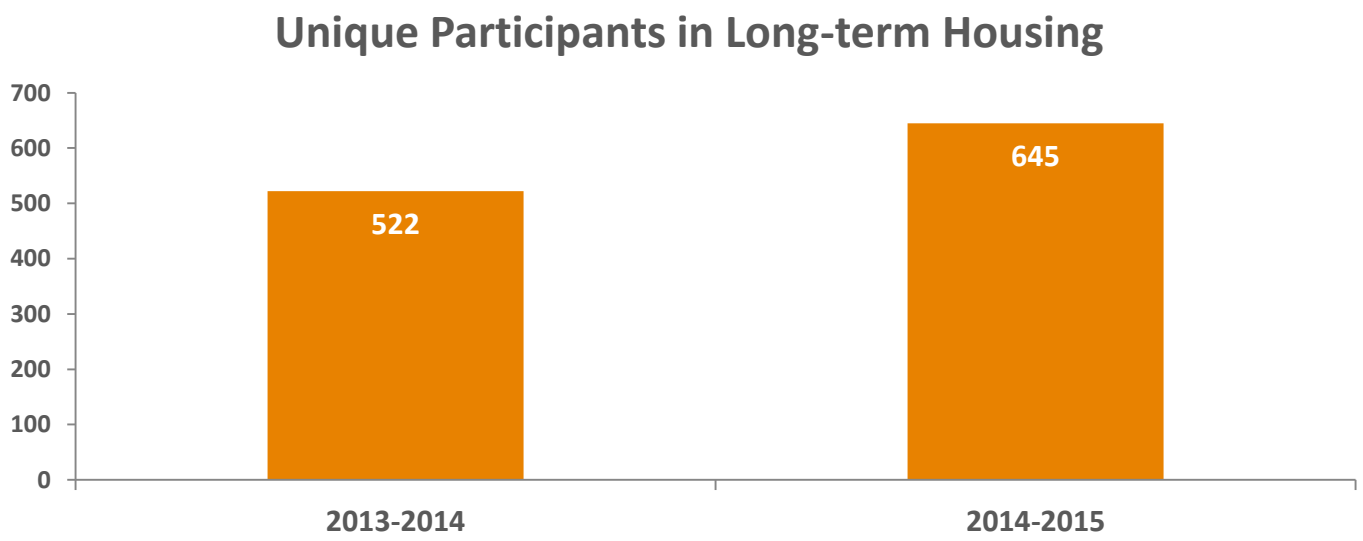
  Math skills:
  - **PRE:** 15.5 months behind peers
  - **POST:** 10.5 months behind peers (5 month difference made in 1 school year)

Therefore, the average made on all three constructs is ~5month difference made in 1 school year

(One year at school = 10 months (1 grade difference) Therefore, 5 months = 0.5 grade difference, 15 months = 1.5 grades behind. Average months behind before One World = ~15 months. If each school year decreases by the gap by 5 months, then after three year, there is a 0 month difference between One World students and peers.)

Housing Outputs

Goal: CUPS aimed to have 500 people either get rehoused, or maintain their housing annually.
Actual Outcome: In 2014- 2015 CUPS had 645 participants in long-term housing. This includes the programs of Key Case Management, Community Development, and Graduated Rent Subsidy Program.



Long-term housing includes Key Case Management, Community Development, and Graduated Rent Subsidy Program

Housing Highlights

CUPS Housing Pillar stabilizes individuals and families in poverty by providing a variety of supports to find and maintain housing and foster feelings of belonging in society.

CUPS goal is to provide housing and support to individuals and families to maintain housing stability regardless of their history or life issues.

Outcomes in 2014-2015 included:

- 94% of previously homeless individuals referred to CUPS Housing now have safe and stable homes
  - 101/103 of Key Case Management participants were housed within 2 months of program intake; surpassing the funder's (Calgary Homeless Foundation) mandated target of 3 months
  - 93% of Key Case Management participants, and, 95% of Graduated Rent Subsidy and Community Development participants remained successfully housed or graduated from program
- 71% of individuals housed by CUPS drastically reduced their inappropriate use of public systems after 6 months of being housed:
  - In total, 76/107 CUPS participants decreased their combined public system uses:
    - Emergency room visits - 98 → 72 (↓ 27%)
    - Police interactions - 119 → 29 (↓ 76%)

    - Emergency Medical Services dispatches - 61 → 17 (↓ 72%)
- The one-time financial assistance program, Clients in Transition, helped:
    - 77 individuals and 31 families move out of homelessness
    - 55 individuals and 29 families avoid homelessness
- 74% of new tenants in the Community Development Program engaged in programming during their first 3 months, demonstrating their desire to establish social connections with others and belong in the community
- Good Food and Nutrition Program taught 96 nutrition/food-focused events/classes this year with over 750 nutritious meals prepared and eaten:
    - 64% of participants who attended 1 or more classes stated that they choose foods based on nutrition labels
    - 36% of participants improved the quality of their eating habits
    - There was an 83% increase of families eating together every day

What has CUPS learned and therefore changed?

To improve the 'no-show' rate for Health programs, methods of contacting and reminding patients were examined, and increased to lower this rate.

Methods surrounding the collection of child screens were examined, to improve the data quality of testing, and data entry.

The results from Community Development Housing program confirmed the model of working with participants to build community is a cost effective and participant enabling model.

For questions or concerns, please contact
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