

# Children and Communities Grow:



## Atlantic CAPC and CPNP Successes in Public Health



Prepared by:  
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# Introduction

Thousands of people in communities across Atlantic Canada are working together to improve the lives of children and their families. This booklet highlights some of these efforts — 12 success stories of the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP). Funded by the Public Health Agency of Canada (PHAC), these initiatives are innovative, community-based and collaborative. Each addresses the health and developmental needs of children living in conditions of risk and contributes to helping them get a healthy start in life.

The **Community Action Program for Children (CAPC)** funds 43 projects in Atlantic Canada. A typical CAPC project operates through a Family Resource Centre (FRC), of which many have outreach programs to serve rural communities in their area. Programs focus on early childhood development and are designed for children with parent involvement. Some programs are also designed specifically for parents and provide opportunities for education, mutual support, and personal and leadership development.



Each CAPC project is unique and offers its own smorgasbord of programming. Some provide parenting workshops, one-on-one counseling or referrals for families to access other community resources. They may provide home visits, organize play groups and community gardens, and operate toy-lending libraries and community kitchens. They offer programming on nutrition education, budgeting and food security, as well as car seat safety and emergency preparedness. Projects promote positive parent-child interaction through recreation, special events and cultural programs. The programs can take place in FRCs, in schools, church basements, community halls and individual homes. CAPC projects work in collaboration with many community partners — including health and social service providers, volunteers and businesses — and with governments at the policy and systems level.

The 14 CAPC projects in Nova Scotia operate 23 permanent FRCs that offer programming in well over 100 outreach sites throughout the province. In Newfoundland and Labrador, nine CAPC projects offer close to 200 different programs in 65 locations. Prince Edward Island hosts seven FRCs that also provide outreach to rural communities throughout the island. In New Brunswick CAPC funds 13 FRCs, with 82 outreach sites, many in isolated rural areas.

The **Canada Prenatal Nutrition Program (CPNP)** has 25 projects in Atlantic Canada. Many are affiliated with CAPC sites, while others operate independently. While activities vary from group to group, they all provide food supplements for pregnant women, including milk and juice. They also provide prenatal support and education, referrals, breastfeeding support and postnatal follow-up. While some project groups visit pregnant women in their homes, others bring women together in small groups. Priority participants vary in each community but most often include pregnant adolescents, women with low incomes and those who are socially or geographically isolated.

Each success story outlined in this booklet highlights only one of the programs being offered by the FRC or CAPC/CPNP project site. All sites carry out a multitude of programming and most would be involved in a range of programming, including those profiled in this report. As often occurs within the CAPC and CPNP network, the skills, knowledge and resources gained through project work are often transferable and shared with other FRCs.

This booklet was compiled from a review of project documents, including proposals, reports, resource kits, websites, evaluations, promotional materials, a DVD and a theatre script. Information was also gathered through interviews with CAPC/CPNP staff involved in each of the projects.

These success stories illustrate why PHAC is funding CAPC and CPNP and what these programs mean for children, parents, families, service providers, communities and governments. For over 15 years CAPC and CPNP projects in Atlantic Canada have been an integral part of the public health system. FRCs funded by CAPC and CPNP across the region provide the infrastructure to leverage other funding for projects that provide evidence-based programming for families. Regarded as experts in early childhood development and in reaching at-risk families, the voices of CAPC and CPNP staff are often sought after for provincial policy and program committees and research initiatives. Collaborations with government and non-governmental organizations are long-standing and effective. CAPC and CPNP programs are on the cutting edge of current thinking and practices to reduce childhood injury, build resiliency and protective factors for mental wellness, and to support healthy and active living.

## Play groups: the first step in family support

A playgroup was one of the first programs Cape Breton Family Place (CBFP) offered when it opened its doors more than 15 years ago. The CBFP now operates out of five Family Resource Centres (FRCs) and provides programming from 82 sites across the Island, including 25 playgroups. To a casual onlooker, any one of these drop-in playgroups appears to be a relaxed and wonderful way to start the day.



Parents gather in a pleasant, family-friendly space to chat and share a cup of tea, while their children play with high quality toys. Free play is followed by circle time, during which a staff or community volunteer shares a story or leads the group in song. Information on a variety of topics, for example, the importance of handwashing to avoid contracting H1N1, is presented. A snack of healthy foods, including fruit, yogurt and cereals is provided. For many, this snack is breakfast. Craft time follows, during which supplies are laid out for adults or caretakers to help the children make their own creation. The playgroup ends with a goodbye song to help the children transition. During the whole time staff are available to talk to parents one-on-one.

There is more to playgroups than meets the eye. They are the foundation program for FRCs, allowing them to reach the intended population — families facing multiple challenges within complex lives. Staff work to ensure the physical environment and approach is safe, non-judgmental and supportive. Playgroups are a family's entry point into a wide range of FRC services to help them cope and live happier and healthier lives. Whatever the struggles are — parenting, language, incarceration, child protection, family violence, poverty, racism or social isolation — barriers are taken down. Relationships get built during playgroups that allow families to take the next step.



*In this playgroup, I saw one mom whose older kids had been apprehended the day before. I saw one adult, not a parent but a child protection worker, trying to integrate into the circle while supervising, and at the same time trying to make the mom comfortable having her around. One mom was from China, with limited English. I was happy to see her back with her child. One father was just out of jail, where he participated in one of our parenting programs. One woman had just left the transition house. It takes a real complex set of skills to work in this environment. A mom will come to a play group, thinking she's doing it for the kids. She checks out what's happening, the kind of language that's being used, how safe the place feels, how comfortable. From the playgroup experience, she'll start talking, about parenting, about child development issues "My baby is not talking yet, or not walking yet. Is something wrong?" Issues come to the forefront. We'll refer her to one of our parenting programs, early literacy, resources to deal with childhood obesity, mental health, recreation or to meet their kid's pre-school readiness needs. The success happens by making sure the programs are not stigmatized. We'll meet you where you are. You can be yourself. The children are welcomed. They know when someone is genuinely happy to see them. Confidentiality is respected. We provide a first rate service for families who have nowhere else to go.*

JoAnna LaTulippe-Rochon  
Executive Director  
Cape Breton Family Place

## Using theatre to raise community awareness of breastfeeding

In 2006 when the CPNP-funded Baby and Me group<sup>1</sup> in Kent County, New Brunswick was discussing how to best promote community awareness of breastfeeding, participants quickly embraced the idea of using theatre rather than the standard guest speaker event. The group's breastfeeding coordinator, who had a background in theatre and the arts, was tasked to write the script. Thirty-five volunteers, both young and old, were recruited to serve as actors, light and sound technicians, and costume and set designers.

Inspired by real life experiences and imbued with humour and the full range of human emotion, the play tells the story of Jo and Alexe who just had their first baby and are living the highs and lows of life and breastfeeding for new parents. *Le Blues d'la bouboule* also packs a lot of information about the benefits of breastfeeding, debunks myths and brings home the importance of family and community support for the breastfeeding mom. New parents learn that it is okay to need support and that there is a support group, and the family and community learns that they too can play a role.

Since its first performance in 2007, the play has reached almost 1,400 people with a total of eight performances, often to sold-out houses. The play reaches more than the converted. The production has played to laughing, clapping and cheering audiences in various New Brunswick communities: St. Louis, Richibucto, Bouctouche, Moncton, Shediac, Dalhousie as well as Summerside, P.E.I. The play has also received a lot of media attention, further promoting the benefits of breastfeeding at the regional, provincial and national level. Funds are now being sought to take the play further afield, including the Acadian Peninsula, to continue to spread the good word.

*This play opens people's eyes. The play has touched people of all ages, and many have told us the play made a difference in how they see breastfeeding. We want people to be more aware that breastfeeding is a family affair, a community affair, everyone's business. Breastfeeding saves lives. It reduces the risk of asthma, allergies, diabetes, multiple sclerosis and obesity in children. It reduces the risk of cancer for breastfeeding moms.*

Anne Renée Landry  
Breastfeeding Coordinator  
Director, Le Blues d'la bouboule

*We wanted to reach more than just the converted. A lot more people in the communities are now more aware about not just the benefits of breastfeeding, but also that moms should feel comfortable breastfeeding anywhere, any time and not feel like they're getting stared at in public.*

Christine LeBlanc  
District Manager  
Healthy Baby and Me



<sup>1</sup> The CPNP-funded Baby and Me program is operated by the VON in 15 sites across New Brunswick.

## The Wellness Project: nutrition and food security

In 2006 the Brighter Futures Coalition in St. John's combined efforts with Burin Peninsula Brighter Futures to develop a set of tools and approaches to promote better nutrition in their communities. With CAPC core funding, they were able to leverage \$200,000 from the Provincial Government for a three-year Wellness Project that incorporated five components: community gardens, a Level Best Club, Healthy Eating tool kits for Family Resource Centres (FRCs) and Healthy Baby Clubs, and food security workshops. Piloted in an urban and rural site, within three years the project had expanded to 11 sites across the province.

The community gardens brought families together to plant, tend and harvest their own chemical-free food. Both vegetables and communities grew. The funding was used for start-up materials, to hire a local experienced gardener to mentor the group and to pay resource people at food security workshops. Gardens provided recreation, exercise, therapy and education. Families gathered in the fresh air to do something physical. Parents spent quality time with their children. The harvest helped low-income families save on household food costs. Cooking classes helped parents learn different recipes. Children were keener to eat vegetables they grew themselves. The following year new beds were cultivated. Some sites began to compost and some added a greenhouse. Families, now armed with the necessary skills and knowledge, started their own garden. One garden turned into twenty.



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*This project was able to happen because CAPC provides a province-wide infrastructure of family support that can support all kinds of programming. CAPC allows so much to happen. We're in a position to hit the ground running with these programs... This project really morphed in some communities. Some sites have greenhouses, some are growing vegetables they wouldn't be able to buy at the supermarket. In one place the FRC partnered with the Women's Shelter, where the women are finding it therapeutic to work in a garden. On the Burin Peninsula, they developed a cookbook that grew out of sharing recipes for the vegetables growing in the garden and for local and wild foods. The project did wonders for people's self-esteem. There were financial benefits. It brought communities together. It was very empowering. It's a wonderful feeling of security to be able to go pick your own lettuce out of your garden and have it for supper. You know where it came from and that it's safe to eat. The learnings around nutrition were amazing.*

Rod O'Driscoll  
Excutive Director  
Brighter Futures Coalition, St. John's



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*The level of support for the project has surpassed anything we have done in the past. The use of the land was donated, local farmers donate seedlings for planting in spring and help for organic fertilizer, and the coffee shop donates organic coffee grounds to help with problems like slugs. We've had limitless advice from local experts and free use of gardening tools.*

Family Resource Centre Coordinator



Through the Level Best Club, low-income parents contributed money towards bulk purchasing that increased the variety and nutritional value of food they were able to access. The \$15 monthly contribution from each family was matched by the project. Once a month families compiled the list to purchase fresh fruits and vegetables, dairy, meat, fish and poultry, baking supplies and household essentials. Participants assisted in the shopping, recordkeeping, budgeting and decision-making. Through a Basic Shelf Cooking Program, families also came together to prepare and share a meal. At workshops on food security, they learned about nutrition, reading nutritional labels, meal preparation and how to make the most of their limited food budget. Community partnerships were and continue to be key to the success of Level Best Clubs. These partners may include a women's centre, a youth group, a town council and local businesses.

The Wellness Project also partnered with nutritionists from the province's Department of Health and Community Services to produce two tool kits for use by Resource Mothers and FRC staff. The user-friendly binders include fact sheets, a sample nutrition policy, interactive ideas, a list of suggested resources — books, videos and websites, and a variety of health promotion activities and strategies. A hands-on workshop was held to train staff on how to use the tool kits and build their competencies regarding nutrition and healthy living.

The Wellness Project received a lot of media coverage, which further spread its health promotion message. All Wellness Project tools and resources are now available on a website for communities interested in community gardens and promoting healthy eating. The three-year project funding has ended, but most of the sites are continuing with the work. Many sites have secured funding from local partners for their community gardens and Level Best Clubs.

## A DVD celebrating healthy living for Aboriginal families

In 2009 the Mi'kmaq Family Resource Centre in Charlottetown partnered with Aboriginal Head Start (AHS) on-reserve projects around the province to create the DVD *Our Children, Precious Gifts* about healthy living for children and families. Filmed at the Lennox Island, Abeqweit and Wekatesk AHS sites, the DVD focuses on nutrition, culture, and physical activity, and how all these contribute to physical, mental, spiritual and emotional well-being.



The beautifully-shot and delightful DVD presents children engaged with parents and caretakers in indoor and outdoor play — beading, pretend play, digging in a sand box, follow the leader and running circles with a parachute. Dressed as little chefs, the children prepare and eat healthy fruits and vegetables. They learn about their culture through singing, drumming, dancing, circle time and quiet time. Each child is a star. The video also touches on the issue of Aboriginal childhood obesity and lifestyle factors that put children at risk. Two parents provide the voice-over narration.

Other collaborating partners included the Children's Secretariat Aboriginal Network, the Native Council of P.E.I., the Lennox Island Wellness Centre and the Lone Wolf Singers of Lennox Island. Additional funding for the project was obtained through the Partnerships for Children Program of the provincial Department of Education and Early Childhood Development.

*The video is very much a teaching tool. The children in it are so engaged. Every kid wants to play it over and over again. Parents and children watching themselves are bound to get the messages about how to be healthy... We are building good memories for these kids. We did this video to help kids know who they are. They can take pride in who they are and where they come from. Our kids have to face the stereotypical views of being First Nations. We're helping children to have enough knowledge and self-esteem to counter those views, to know that many Native people can do wonderful things.*

Sharon O'Brien, Director  
Mi'kmaq Family Resource Centre  
Charlottetown

Copies of the DVD have been distributed to parents, extended family and caregivers. It has been presented at provincial, regional and national venues and conferences. It is being distributed as a teaching tool through the national AHS network. The Mi'kmaq Confederacy of P.E.I. and the Native Council of P.E.I. have also offered to help with wider distribution.

## Food safety and security: making the most of a Christmas turkey

Flexibility in CAPC/CPNP programming, that allows each site to respond to the evolving needs of families as they arise, is a cornerstone to the success of the work. One such response by the Families First Resource Centre to a group of young mothers in Montague, P.E.I. is a case in point.

Families First staff often provide transportation to families in need. A lot of conversations go on in the van. During one such chat in December 2008 staff learned that the young mothers were planning to pick up Christmas turkey baskets at the local food bank and would need a ride. The women talked about how they did not know what to do with the turkey and vegetables. They planned to pick out what they wanted — nuts, candies, gifts for the kids — and trade or give away the rest.



*If someone didn't grow up with cooking and baking in their home, they are not exposed to it and they won't consider doing it themselves. This project worked because we listened to the women. By talking to them, we know their day-to-day struggles. It all started with a chat in the van... The baskets are well-intentioned — a great idea, but people walk out the door with no support to know how to use the basket. You can't assume anything in this work. Don't assume that people have a roasting pan or a cookie sheet. It is our role to go to where our participants are, to gently encourage them, to give them tools and skills, like we did here.*

Darlene Mellish  
Executive Director  
Families First Resource Centre

Centre staff contacted the food bank to get a list of the ingredients included in the Christmas basket. One week before the baskets were ready for pick-up, the Centre provided a hands-on cooking class that covered the steps to preparing a turkey with all the fixings, as well as recipes for soup and casseroles to use up the leftovers. Childcare was provided. A nutritionist provided information on how to handle the turkey safely, how to make gravy and how to cook the vegetables. Women shared a meal and took home the leftovers. The Centre gave out foil roasting pans and some women borrowed pots to cook the vegetables.

After Christmas the women were interested in doing more cooking and trying new foods, so the Centre organized more classes. When Christmas rolled around again, the women were invited to another Christmas dinner at the Centre. New participants also came. This time participants did all the cooking and shared the meal with the Centre's staff.

The Centre is now connecting with the food bank to see how they can expand their partnership and complement each other's efforts. Families using the food bank can be referred to the Centre for support such as budgeting, meal planning and preparation.

## Leadership in emergency preparedness and response



Since 2006, three regional CAPC/CPNP projects in Nova Scotia — Kids First, Cape Breton Family Place and the Southern Shore Family Resource Association — have played a pivotal role in helping to build the capacity of Nova Scotia communities to prepare for public health emergencies. The expertise and strong relationships within the CAPC/CPNP network across Nova Scotia allowed these three FRCs to respond to this emerging public health priority quickly and effectively.

The Emergency Preparedness and Response (EPR) work involved the organization of two training events for FRC staff from across the province. The first event focused on information about who was responsible for what at the federal, provincial and municipal levels, how FRCs could work with agencies within their communities to respond to emergencies and to help families prepare. The information from this event was compiled into an EPR Binder, including a sample 72-hour emergency kit, which FRCs could use to share information and to deliver workshops for families to help them plan for an emergency.

The second event provided information on developing a Business Continuity Plan. Participants learned to develop and document policies, procedures and strategies to ensure that their FRC could be operational as soon as possible after an emergency, and thus able to meet the needs of participants, staff and communities also experiencing the impacts of the unfortunate events. An Emergency Response and Recovery Guide was produced out of this event, providing a template to help FRCs develop their plan.

As a result of this initiative many FRCs have become players in their communities' emergency response systems. With their long tradition of working with vulnerable families in urban, rural and remote areas, CAPC/CPNP projects have a lot of expertise to share. They are in a good position to mobilize resources and reach deeply into communities through their outreach and satellite locations to ensure that people's basic needs are met in emergency situations, including food, clothing, shelter, first aid and emotional support. The EPR work builds on FRC support to the most vulnerable in their communities. The resources developed are very practical and have been widely used to facilitate the continuation of the work at the local level.

The project leads in Nova Scotia are now looking for ways to share their emergency management resources and tools with CAPC/CPNP projects across Canada.

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*Some projects have done workshops to help families put together an emergency kit... Projects went back and developed a relationship with their local emergency organization. Also they realized they needed to have their own ducks in a row as an organization, or else they were useless to the families. The Guide came into play during the H1N1 epidemic. FRCs had a policy and staff were prepared. They communicated the most current information to families. Families were secure in knowing where to get their information. Now we're invited to other tables to talk about emergency preparedness. We can bring forward information that other organizations have not thought about.*

Michelle Ward  
Executive Director  
Kids First Association

## Car seat safety: saving children's lives

For over ten years, Kids West in Alberton, P.E.I. has hosted a Car Seat Safety Week, during which Child Restraint Systems Technicians are trained to assist parents and caregivers in correct car seat installation and to ensure that children are properly secured in age-appropriate seats. Each year new people are trained and certified and a refresher program is provided for people already certified. In 2007 Kids West hosted this hands-on certified training for staff from all P.E.I. CAPC/CPNP Family Resource Centres (FRCs).

Kids West works in partnership with the Cooperators Buckle Up Bears Program and the Infant and Toddler Safety Association (ITSA) to provide this training. Kids West hosts and organizes the event. The Cooperators provide funding and ITSA provides the trainers.

The workshop familiarizes participants with the various levels of child restraint protection, and their use and misuse. Training includes hands-on demonstrations and instruction on correct child restraint choice and use. Participants also learn about child restraint safety standards and provincial laws, and how to do car seat inspections of different models of car and booster seats.

During the year, Kids West and other FRC staff put the training to good use. They carry out car seat inspections in their respective communities and assist families in the safe installation of the seats. On average Kids West does about 60 inspections and installations and distributes information to about 200 families each year. They also help direct parents to purchase the best seat for their buck, knowing that price is not indicative of safety ratings. They assist families who cannot afford to purchase a seat to access a safe second-hand one.

Kids West also partners with the RCMP, Child Safety Link, the Island Injury Prevention Network and the Highway Safety Division of the Department of Transportation and Public Works to provide them with the most current information on the correct and consistent use of car seats.

Kids West has been a key advocate for the P.E.I. car seat and booster seat legislation, which is among the most comprehensive in the country. They also continue to be the leader and mentor among all P.E.I. FRCs in regards to car seat safety.



*Expectant moms come in looking for help with the car seat manual. Many then keep coming each year as their child grows into the next seat. Our numbers increase every year. Every year the newspaper does a story and that creates a buzz for a while. The RCMP are doing more enforcement now. Parents are learning that they can always pay the ticket, but their child's safety is what is important. Safe Kids Canada puts out a booklet with stats for all of Canada. Atlantic Canada has a significantly lower death rate in children from motor vehicle crashes.*

Cindy Griffin  
CAPC Coordinator  
Kids West



## Mothers United: community supports mental health

The Digby County Family Resource Centre operates a Mothers United program in three Nova Scotia communities — Digby, Digby Neck and Weymouth. The program links experienced moms with new or soon-to-be moms and their young children. Moms range in ages from teens to their eighties. Great grandmothers, grandmothers and older moms provide support to young moms. Groups meet weekly for a few hours and experienced moms also agree to be phone buddies for young moms.



Mothers United has organized and built on natural community supports. It breaks down feelings of loneliness and isolation for all participating moms. In a rural area where many seniors live far from their own families, United Mothers has helped senior participants get involved and feel validated and useful. They get to share their knowledge and experience with the younger generations and young moms get the support they need.

During weekly meetings senior moms tend to the children as they play, while younger moms get to talk. Time is spent discussing and exploring topics such as emergency preparedness, food safety, nutrition, mental health, stress and time management, literacy, and physical activity. Once a month they hold a cooking class, where moms learn to prepare a healthy recipe. Some meetings include a craft

component, such as scrapbooking. The meeting can also be a celebration with a sing-along and dancing.

The group had inspired other connections amongst participating moms. When a young mom goes through a particularly hard time, senior moms will visit her home every day and help with meals, housework and childcare. In one group some of the young and senior moms get together and carpool to a fitness centre twice a week. Other moms from the group sometimes provide childcare, while other times the dads get together to look after the children and develop their own friendships.



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*“With the massive out-migration of young people, there are many seniors, a lot of widows, who have nothing to do. Their own families live far away. With Mothers United they get to share their wisdom and knowledge and experience to young moms who need help. One young mom says it’s the only time she gets to talk to other adults. Another one used to sit in the Walmart parking lot to see people. She says this group is her lifeline. It keeps her sane.”*

Kris Herron  
Program Manager  
Digby County Family Resource Centre

## H1N1: partnering with Public Health to vaccinate Aboriginal families

In the whirlwind that was Canada's largest ever immunization campaign in the fall of 2009, Halifax's Mi'kmaq Child Development Centre hosted an H1N1 clinic for Aboriginal families. Partnering with Capital Health, the Centre provided easy access to the vaccine to a priority group not being reached by other H1N1 clinics.

The Centre and Capital Health had already been working together for a couple of years. The Centre was offering a safe and inviting venue for Capital Health nurses to provide information on pregnancy, delivery and breastfeeding to Aboriginal women. Previous to this arrangement Capital Health had been unable to attract this target group to its pre and postnatal programs.

The H1N1 clinic was planned for a Wednesday, when the Centre holds its parents' support group Let's Gather. Once a month families gather for supper and to focus on topics that address their physical, spiritual, mental and emotional health. At a September meeting the parents were asked about holding an H1N1 clinic. At first parents were unsure. Staff continued to consult them for their input over a number of weeks and eventually gathered the necessary information to know how to best provide a service and break down barriers faced by Aboriginal families at other clinics.



During the weeks leading up to the clinic, staff provided up-to-date information about the H1N1 vaccine through posters, stickers and handouts specifically geared to an Aboriginal audience. The information was also discussed during group programs and one-on-one. Staff had been working with families on emergency preparedness, including how to deal with pandemics. The high attendance of families in their programs was a reflection of the level of trust they had in Centre staff. On the day of the clinic, families waited in a relaxed and comfortable setting. Children had a space to play. Juice and cookies were available all day and supper was cooked as usual for the Wednesday night meeting. Nurses were able to address the individual needs of families and still deliver 90 vaccinations.



*Some of our parents were turned away at other clinics because they did not have a status card. We don't work with individuals, but with families, whether one or all of the members are Aboriginal, or mixed, or non-Aboriginal. We are inclusive... We wanted the process to be empowering, for parents to feel like they were making a decision about taking care of their family's health... Together with the nurses, we were able to combine the best of what they have and the best of what we have to offer a clinic that was very effective. They could have come in with a very medical model, but it was a good community process. The nurses told us they felt like they had been at a big community reunion rather than a medical clinic.*

Lee Merrigan-Thomas  
CAPC Coordinator  
Mi'kmaq Child Development Centre

## Trust and relationship-building: the cornerstone of collaboration

The Community Action Committee works with a variety of local and regional partners to offer programming throughout a vast region that includes Bay St. George, the Codroy Valley, Port aux Basques, Burgeo and Ramea in the Southwestern Region of the Newfoundland. CAPC and CPNP provides core funding for basic infrastructure, including staff, enabling the Committee to leverage provincial funding to enhance their Family Resource Program (FRP) and reach more rural and remote communities.



One of the Committee's key partners is Western Health, through which it receives ongoing Early Childhood Development Initiative FRP enhancement funding as well as Provincial Poverty Reduction Strategy funding. With the CPNP Healthy Baby Club, the funding has helped the Committee double the number of participants who receive prenatal nutrition supplements. The Committee and Western Health have also collaborated through the Western Injury Prevention Coalition to train certified technicians to assist parents in the correct car seat installation and ensure children are properly secured in age-appropriate seats.

Western Health staff — public health nurses, nutritionists and specialists in parent, child and maternal health — also provide support and expertise to enhance the Committee's family support programs, including: Health Baby Clubs,

Nobody's Perfect and Parenting Young Children programs, as well as the Level Best Club and Basic Shelf Cooking program. A new pilot project is Families Walk Together that promotes healthy eating and active living. The program includes child/parent activities as well as information sessions and workshops on topics ranging from nutrition, immunizations, safety and injury prevention, mental health and well-being. Western Health and Committee staff work side by side to ensure the program's success.

For Western Health, the partnership enables them to serve a target population who are not accessing their public health programs. Women, who are isolated socially or geographically, are often unable to connect with the public health nurse or nutritionist. The Committee's Resource Mothers bridge the gap between the government service and the people who need it. By the time the baby is born, the mom who needs support has a positive and supportive relationship with the public health nurse.

Key to the success of the partnership is trust and relationship-building at all levels — from the mom who is expecting, to the Resource Mother, FRC staff, volunteers, and the nurse or nutritionist. Everyone works hard to foster a supportive environment for everyone, which encourages participation at all levels, that then leads to capacity building at all levels.

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*The best way to describe our partnership with Western Health is "seamless." The public health nurses will describe the Healthy Baby Clubs as a public health program, although it is funded by CAPC. The silo approach to working doesn't exist here. The Resource Mothers coordinate the programs and work closely with nurses and other health care workers. When the Resource Mom is doing a home visit, she'll be talking on the phone and e-mailing the nurse, making sure the expectant mom's needs are addressed... A mom is struggling emotionally or financially with little support. We see her grow strong with the knowledge she's gaining, the new skills she's learning, the connections she's making with her peers. She'll often stay connected with the Family Resource Centre and the nurse. It's all about ownership of the program. This is her program.*

Bernice Hancock  
Program Coordinator  
Community Action Committee

## Mothers' mental health: Adjusting to Parenting

The birth of a baby can trigger powerful emotions, from excitement and joy to fear and anxiety. It can also result in perinatal mood disorders that range from baby blues to serious postpartum depression. In 2008 the Fredericton Regional Family Resource Centre (FRC) partnered with the VON to develop a Perinatal Connections Project that would address the gap in mental health services for new mothers. The project was funded by the provincial Department of Family and Community Services through its Communities Raising Children Fund.

An Adjusting to Parenting group was organized to provide support through weekly drop-in meetings for mothers facing difficulties adjusting to a new baby or dealing with mild or moderate postpartum blues. The FRC provides a safe and supportive environment for mothers to talk about the challenges of new parenthood, to break their social isolation and to explore positive ways to cope. The meetings are facilitated by an FRC staff member, a nurse or a psychologist with expertise in maternal mental health. The group is unstructured and informal, but questions are prepared each week to help direct the discussion as required. Transportation, childcare and snacks are provided.

The Project also provides telephone consultations, information and referrals to professionals for women who need one-on-one support. As well, a Perinatal Connections network, involving a number of service providers for new mothers, meets bi-monthly to discuss issues related to maternal mental health, to share information with interested parents, professionals and family members, and to influence policy and services on a local level.

The network contributes to an Atlantic Mothers' Mental Health Program Advisory Committee, working with health professionals to develop a toolkit on perinatal mood disorders for FRCs to use in their work with new moms. The Perinatal Connections Project is also a member of a National Project Advisory Committee for Maternal Depression as well as Postpartum Support International.

Postpartum blues? Not what you expected?

# Adjusting to parenting

A group for mothers

Contact	When	Where
Carla Hitchcock: 474-0282	Friday evenings	Fredericton Regional Family Resource Centre
Leslie Dostello: 455-0044	10:00am - 11:30am	68- Veteran's Drive

**FREE**  
On-site childcare  
Refreshments  
Transportation  
Support

This program is free but registration is required.

This group is designed to offer support and social networking for mothers from mothers.



*A highlight for me was when I could see that one mom after her second baby took one of the younger moms, whose kid had been apprehended, under her wing. They developed a friendship. The group fosters a support system. The women feel like they have someone to call when there is no group. Having a new baby, being stuck at home, can be a very lonely time. This connection is such a key factor for women with no support.*

Carla Hitchcock  
Executive Director  
Fredericton Family Resource Centre

## The FASD Project: gender as a social determinant of health

In 2006 Burin Peninsula Brighter Futures sponsored a Strengthening the Newfoundland and Labrador FASD Network project in response to a concern that the prevailing approach to Fetal Alcohol Spectrum Disorder (FASD) intervention, with its narrow focus on alcohol and the impact on the unborn child, was not addressing the needs of women. A Gender Analysis and FASD discussion paper was produced, as well as a resource kit of gender-sensitive materials that was distributed to all CAPC/CPNP projects and the government's health and social service providers around the province.

The paper spurred a lot of discussion at an Atlantic workshop for CAPC/CPNP staff, spawning a collective interest within the network to learn about FASD from the perspective of gender as a health determinant. Staff wanted to explore how their FASD work could be improved through a deeper analysis of the reality of women's lives and a greater empathy for why women struggle with alcohol during pregnancy. In response, an Atlantic Gender and FASD Project was developed in 2007.

The project began with a literature review, as well as action research to learn directly from women who struggle with substance use during pregnancy. The stories were compiled into a resource kit *Women's Lives Women's Health: A Critical Part of FASD Prevention*. In 2008 an Atlantic regional Train the Trainer workshop was held in Halifax engaging CAPC/CPNP staff to do their own gender analysis and to examine ways to use the kit in Family Resource Centres and the community at large. Trainers returned to their home provinces and used the resource kit and accompanying facilitator's guide to offer workshops both within their own network and to community partners at local, regional and provincial venues. Word spread about the power and impact of the workshop, demand grew and workshops continue to be offered.



Grounded in research and evidence-based best practices in FASD prevention, the resource kit and workshops helped both CAPC/CPNP staff and community partners gain a deeper understanding of the complexity of FASD and of the social and economic conditions that influence all aspects of both the mother's and child's health. They recognized that a broad-based collaborative approach is required to provide adequate services for women, and that they needed to develop stronger partnerships with those in government who develop policy and programs.



*Our approach is to tell the woman that we know she wants what is best for her baby. The woman is the expert. Only she can tell us what's helpful or not. We don't know her story. The poster that says that her baby is drinking the beer too is not helpful. She may be in an acute stage of addiction. She may not even know what will help. That's when harm reduction kicks in. We spend a lot of time giving practical advice about how to get through the day with less or no alcohol, or fewer cigarettes. We might go to her house 10 times with the same message, and maybe the 11<sup>th</sup> time she'll hear it because she's finally ready. It's all about being non-judgmental and building a trust relationship.*

Lorena Lundrigan  
Executive Director  
Burin Peninsula Brighter Futures

In response, a workshop — *Working with Women on Substance Use and Related Health Issues Pre, During and Post Pregnancy* — was held in each Atlantic province in 2009. The workshops featured Nancy Poole (BC Centre of Excellence for Women’s Health and Research) and Cristine Urquhart (Act Now BC, Healthy Choices in Pregnancy) to facilitate a discussion on how to work on gender and FASD across systems. Common values required for such a collaboration were identified. A session on motivational counseling helped strengthen the ability of frontline staff to work with women in their communities. It also provided the opportunity to build relationships with provincial government colleagues in mental health, addictions and public health, to speak openly about gaps and opportunities in relation to women’s health services and to improve policy and services. For example, researchers at Correctional Service of Canada are using it in research on FASD and the needs of women in the prison population.

Funding for the Atlantic Gender and FASD project was obtained from the FASD National Strategic Projects Fund. The project was directed by an Atlantic Advisory Group, made up CAPC/CPNP/AHS staff and PHAC program consultants. The first phase of the project was sponsored by the Mi’kmaq Family Resource Centre in Charlottetown, and the second phase by the Exploits Community Coalition in Newfoundland.



*People who know what this work is about use an approach that looks at the determinants of health. They understand that everyone is a player and that we need to work with partners on FASD and other issues... The FASD and Gender training is very powerful. When I did it, I was blown away. I could really see my biases. I did the training with my staff and I see a huge attitude shift in their conversations. I see the impact on their interaction with families. It gives you a totally different perspective on women’s issues, not just FASD, but smoking, poverty, homelessness, housing. Now we’re always looking at the determinants of health. Conversations are so much broader now. We’re more likely to look deeper and into all the aspects of an issue.*

Karen Beresford  
Executive Director  
Exploits Valley Early Intervention Program