



# Sharing Matters

## CAPC's CPNP's & OEYC's Work Together

In early 2007, consultant Tom Zizys was contracted by Public Health Agency of Canada (Ontario Region) in collaboration with Ontario Ministry of Children and Youth Services, to look at how CAPC, CPNP and OEYC intersect and work together in Ontario.

Tom interviewed many people involved in the different programs. He expressed surprise at the degree to which at-risk families are different and experience social exclusion, no matter where they live. "There literally is a class distinction," he said. "At-risk families do require specialized targeted services, and a different approach. At-risk families don't feel comfortable in mainstream services and mainstream services may not want at-risk families until they have acquired a set of interpersonal skills that helps them fit in better."

The more heavily resourced CAPC & CPNP programs allow for more in-depth programs/services and deeper levels of support. However, as Tom pointed out "you can't avoid mainstream." All parents have to deal with schools, health services, other parents, businesses. Tom encountered three primary, and clearly conscious, strategies for successful

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### Calendar of Events:

- Oct 11 – 13, 2007, 2007 **Ophea Kids' Health Conference**, Alliston ON [conference@ophea.net](mailto:conference@ophea.net)
- October 25 & 26 2007, **FASD 2007 Conference**, Guelph ON 519-341-0295 or [fasat@golden.net](mailto:fasat@golden.net)
- October 2 – 4, 2007, **CAPC/CPNP 2007 Conference: On the Frontline**, Minett ON [on\\_coalition@rogers.com](mailto:on_coalition@rogers.com)
- Jan 31 – Feb 2, 2008, **Early Years Conference 2008** Vancouver, BC (604) 822-7524
- April 4 & 5, 2008, **Expanding Horizons for the Early Years 2008** Toronto ON 416-813-6062

## CAPC & CPNP Crucial

Kathleen Babcock used to work with CAPC in Huron county. After 10 years she left to become the Resources Supervisor for Foster Care and Adoption for the Children's Aid Society in Lambton.



"There are many reasons children come into CAS care," Kathleen mused. "Some of those are: drugs, previous abuse, poor coping skills often over generations, poverty, unemployment, mental illness. The Adoption Research Exchange (which profiles hard-to-adopt children) has a significant number of children who have FASD, attachment disorders or disabilities from lack of prenatal care or poor

nutrition. These are the children and families that CAPC works with." Kathleen believes it's crucial to have programs like CAPC and CPNP. "They have more of an ability in rural areas to do outreach, to

identify families who 'get lost' and they do it in a non-intrusive way," she said. "It's important for programs to be able to address the barriers that face vulnerable families, and CAPC/CPNP can do that!"

## PHAC Update

On March 8, 2007, Dr. Kristinn Kellie Leitch was appointed by Health Minister Tony Clement as his Advisor on Healthy Children and Youth. Since her appointment, Dr. Leitch has met with stakeholders from across the country, and with provincial and territorial government representatives, to identify key federal priorities and opportunities regarding children and youth health. She met with various stakeholders in Toronto on May 7 and 8, 2007. Her recommendations will be submitted to Minister Clement in July 2007.

The Report on Plans and Priorities for the Public Health Agency of Canada for 2007/08, an outline of the PHAC's corporate direction for the coming year, can be found at the following website [http://www.tbs-sct.gc.ca/rpp/0708/PHAC-ASPC/PHAC-ASPC\\_e.asp](http://www.tbs-sct.gc.ca/rpp/0708/PHAC-ASPC/PHAC-ASPC_e.asp).

After a two-year interchange with the provincial government, Jennifer Corbiere returned to the PHAC in March as the Interim Team Leader for the Aboriginal Children's Team. Welcome to Lisa McDonald-Jensen, who

joined the Sudbury office in February as part of the Healthy Child Development team. We wish Margaret Zubert well as she retires in June after spending 14 years with the Healthy Child Development Team, which formed part of her 33 years of service with the federal government.

*Marilyn Tate,  
Acting Section Manager,  
Healthy Child Development*

**36% of CAPC participants in Ontario were born outside Canada (2006 Snapshot Census)**

## CAPC's CPNP's & OEYC's ... Continued from page 1

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1. locating CAPC & CPNP services in an OEYC
  2. drawing on mainstream staff to help deliver services to vulnerable families
  3. arranging site visits to the OEYC settings, and going in groups or pairs.
- He was impressed with the myriad of ways communities and organizations knit together the three streams of funding (and often other funding) to provide a comprehensive range of services. Tom reflected "There were some clever, creative ways to stretch resources."

**Contact the Ontario Coalition of CAPC & CPNP Projects at [www.realhelp.ca](http://www.realhelp.ca) Social Marketing and Communications Committee Members:**

Joanne King, Chair  
Alison Barclay, PHAC  
Beth Bonvie, Consultant  
Kim Groskleg  
Louise Guay, PHAC  
Jim Howes

Judy Kloosterman  
Tammy Ross  
Gena Robertson (ex officio)  
Linda Brunet  
Barb Wallace  
Elaine Pellerin

### Newsletter Team

Gena Robertson  
Rebecca McMurray  
Joanne Vanier

Editor and interviews  
Production  
Layout

SIRCH Community Services & Consulting 1-888-405-5555 or [info@sirch.on.ca](mailto:info@sirch.on.ca)

For information on recycling glossy paper, contact RCO 416-960-1025

**French Translation By**  
Vox International

Funding provided by  
Public Health Agency  
of Canada

**26% of CAPC participants in Ontario were in single parent families (2006 Snapshot Census)**

## Coordinating Committee Update

The Coordinating Committee has been working to ensure that CAPC and CPNP projects in Ontario get opportunities to share expertise and professional development opportunities. The Committee submitted a proposal, via our sponsor Catholic Family Counselling Centre, to Public Health Agency of Canada (PHAC). Funding is to provide training to Ontario CAPC & CPNP staff, and Aboriginal CAPC & CPNP staff on a variety of National Projects developed

over the last few years.

A number of "Staff Shadowing and Discovery" visits have taken place, where staff from one project visit with another to learn new strategies. See excerpts from their experiences below.

The Coordinating Committee and Social Marketing subcommittee have been active in raising the profile of CAPC & CPNP. Two reps met with Dr. Kellie Leitch, Advisor (to the federal Minister of Health)

on Healthy Children and Youth, to speak with her about the important work programs do to assist families living in conditions of risk and in May, Louise Guay (PHAC) and I did a joint presentation at the national PHAC meeting in Toronto about the Ontario Coalition.

The Coordinating Committee has been instrumental in starting a National CAPC/CPNP

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**33% of Ontario CAPC participants had family incomes of less than \$15,000 (2006 Snapshot Census)**

## Coordinating Committee...

Network, and several teleconferences have taken place to date. It has been wonderful to connect with program coordinators from across the country and share information about what is happening in different provinces and territories. There is great interest from projects in formalizing the National Network as a venue for sharing information and effective practices among the approximately 780 projects across Canada. As well, I had the great pleasure of

being invited to talk about our Ontario Coalition at the B.C. conference "Creating Healthy Children, Families and Communities" which was a collaborative venture among CAPC & CPNP, and other funding streams in British Columbia.

Thanks to some impetus from the Coordinating Committee, the Centres of Excellence are planning a think tank to consider how to increase collaboration among the Centres and community-based

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programs. CAPC and CPNP reps from across the country will be invited to attend and give input.

It has been a huge benefit to have Beth Bonvie on board as Coalition Coordinator. Beth has been helping with the conference, social marketing initiatives and acts as a point person for the Coalition.

Gena Robertson, Co-chair

## Staff Shadowing

A number of CAPC and CPNP staff took advantage of the Staff Shadowing and Discovery Program since January, 2007. Here are some excerpts from their reports on their visits to other programs.

### *A Visit to Our Children, Our Future in Sudbury*

*I was surprised by the amount of work involved in running the community kitchen. The facilitator did share with me the forms used during the program, which will allow me to start up a community kitchen without totally reinventing the wheel. It was also nice to see that CAPC/CPNP has amazing, flexible and dedicated staff everywhere, and the importance of this to the participants. I also, surprisingly to me, learned that projects everywhere seem to have the same challenges. I was asked about getting first time moms to playgroup for example; I wish that I had an answer.*

*By far this was one of the most useful learning experiences I have had the pleasure to take part in.*

*San Goodwin, Acting Coordinator, Best Start CPNP, Killaloe*

### *A Visit to the North York Coalition of CAPC and CPNP*

*During our visit we learned about many new teaching kits that the dietitians use to enhance the nutrition education of their participants. These include kits on healthy weight gain, snacking and of particular interest, the focus on food demonstrations. These demos are done on a regular basis in a variety of formats. These delivery styles would allow participants to enhance their cooking, recipe reading and budgeting skills.*

*Several similarities and differences existed between the two sites. For example: the North York site does not function with a Community Nutrition Worker (CNW), instead they have a Community Parent (CP) who is a liaison between the site and the community. Part of the CP's role is to prepare snack. CNW's at the Region of Waterloo set the snack menu and add to the creativity and skill development of the participants through the Nutrition Volunteer Program.*

*Visiting the North York Coalition Program provided us with many ideas to expand the nutrition education opportunities for our local CPNP participants.*

*Caroline Valeriotte RD, Contract Dietitian, Region of Waterloo Public Health*

### *A Visit to Breaking the Cycle in Toronto*

*I watched the Outreach Worker, and learned how to engage and motivate a woman into [attending] her first prenatal appointment. I also was fortunate to be able to take part in a Relapse Prevention Group. I watched first hand, motivational counselling with a woman who had used the harm reduction approach and reduced the harm to her fetus.*

*I will be able to identify and talk about drug use easier now in my own CPNP groups. I would highly recommend Job Shadowing with another agency. It is worth taking the time in our busy schedules, it will confirm for you the great work that is being done and the great work you are doing too.*

*Maureen Hampton, Connections, Carleton Place*

### *A Visit to Jessie's Centre for Teenagers in Toronto*

*I learned that both sites face challenges in counselling and supporting pregnant teens on quitting smoking in the face of the many other issues these young women are dealing with. With respect to preventing repeat pregnancy, I had a chance to explore how the one-to-one support from health counsellors at Jessie's and connection with their partner agencies goes further than our site in providing sexual health information and access to birth control and emergency contraception. I also gained some good ideas about how to put more breastfeeding supports in place for our participants.*

*The Staff Shadowing and Discovery Program offers a unique way to share ideas and experiences with another project. I encourage anyone who has been considering the opportunity to apply. It was well worth it!*

*Dianne Gammon, Public Health Nurse, Growing Health Together, Brantford*

### *A Visit to Better Beginnings, NOW in Toronto*

*Coming from a mostly unilingual small rural community with its own set of challenges, we were amazed to find at BBN such diversity in terms of families and staff (who among them can speak over 20 different languages).*

*One of the programs which was particularly inspiring to us was their "Community Garden Program" which began on a piece of land rented to them by a church. Families learn to plant and look after a garden and have a hands-on experience with nature and are able to connect with other families. When harvest time arrives, they all cook together and enjoy the results of all their hard work. The second year that they ran this program, the church (impressed by the program) allowed them to use the land at no cost.*

*We would encourage everyone to Job Shadow. As Early Childhood Educators it was good to see other ECEs doing such a range of different jobs.. We came back recharged and with new ideas for programs we could run in our setting.*

*By Stephanie Burk and Janet Rows of the Bruce and Grey Brighter Futures Program (Meaford Site)*

### *A Visit to Building Blocks for Better Babies in Windsor*

*BBBB is a very different program than Guelph CPNP in size, resources, staffing and cultural makeup but both programs have the same goals. I came away with some ideas on: how we could improve our discharge procedures, promotional items for participants, food security strategies, sources of local funding, program planning & topics for program/guest speakers, potential new partnerships, and organization of resources.*

*Guelph is in the process of developing a database so it was extremely helpful to see a database in action. I now have a better idea of how I want our database to be set up, the types of data we should collect and the kinds of reports that I want to be able to generate.*

*For me the Job Shadowing and Discovery Program allowed me to step back from the program I am involved in everyday and see other possibilities of how to better serve the pregnant women in my community.*

*Karen Wismer, Guelph CPNP & Healthy Moms Eating Well for 2, Haldimand-Norfolk*