

# CELEBRATING 20 YEARS OF CAPC

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An eNewsletter to Support BC Families



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## CAPC IN THE BEGINNING

# Building a National Program to Support Families

The Community Action Program for Children (CAPC) is a federal initiative of the Public Health Agency of Canada (PHAC). The program provides funding to community-based groups and coalitions to develop and deliver comprehensive, culturally-appropriate prevention and early intervention initiatives to promote the health and social development of young children (0-6 years) and their families facing conditions of risk.

CAPC is founded on the principle that communities are well positioned to recognize the needs of their children and have the capacity to draw together the resources to address those needs. CAPC projects often act as an entry point where families that are geographically and socially isolated are linked to the health system and to additional supports in the broader community.

Because community needs—as well as local and regional resources—are unique, the CAPC approach is flexible and as diverse as the regions in which programs are located. Some activities include:<sup>01</sup>

- » Drop-in childcare
- » School readiness programs for pre-school-aged children
- » Outreach and home visiting
- » Nutritional support and collective kitchens
- » Child development activities
- » Cultural programs and celebrations
- » Healthy physical activities
- » Literacy development
- » Community capacity building.

<sup>01</sup> *Summative Evaluation of the Community Action Program for Children: 2004-2009*



Currently, there are over 400 CAPC projects operating in more than 3,000 communities across the country, with 120 sites delivering community-driven programming in 22 different regions in BC.

CAPC was designed to serve children who are at the greatest risk of not reaching their full potential. The program targets children living in low-income families; children living with young parents; children experiencing developmental delays, social, emotional or behavioural problems; and abused or neglected children. Special consideration is given to Métis, Inuit and off-reserve First Nations children, children of recent immigrants and refugees, children in lone-parent families, and children who live in remote and isolated communities.

CAPC is an evidence-based program with a strong history of evaluation at the local, regional and national levels. With the support of PHAC staff, CAPC was an early adopter of logic models and outcome evaluation, current industry standards, and continues to offer responsive programming that reflects a combination of cutting edge research and evaluation results. Measuring the impact of CAPC has been important since its inception and has been a focus for a dedicated team of regional coordinators and PHAC staff.

Further, a strong commitment by PHAC to providing training on regionally identified topics has led to a deep understanding of the many issues families are facing. Staff also shares best practices during regional training events, building communities of practice and strong networks of support both for each other and for BC families.

- 1990 United Nations World Summit for Children, co-chaired by Brian Mulroney. Joint signing of the *World Declaration and Plan of Action on the Survival, Protection and Development of Children*—includes child-related human development goals for the year 2000.
- 1992 Government of Canada initiates *Brighter Futures: Canada's Action Plan for Children*. This includes a five-year, \$500 million Child Development Initiative (CDI). CAPC is announced as a key approach to addressing the CDI.
- 1994 CAPC is first implemented by Health Canada. Each province/territory identifies priorities for their region. In BC, a unique coalition model is adopted.

“  
 Parenting is an impossible task to do alone. This program has kept me from feeling isolated, supported me, uplifted me when I was struggling with two young children.”  
 —CAPC parent from Vancouver Island

The goals established at the Summit have had an extraordinary mobilizing power, generating a high level of commitment on behalf of children around the world, and creating new partnerships between Governments, NGOs, donors, the media, civil society and international organizations in pursuit of a common purpose.<sup>02</sup>

02 [www.un.org/geninfo/bp/child.html](http://www.un.org/geninfo/bp/child.html) World Summit for Children (1990)

The following six Guiding Principles inform program design, implementation, operations, governance and evaluation for the CAPC programs and are rooted in health promotion principles:

### CHILDREN FIRST

In planning, developing and implementing programs for children and their families, the health and well-being of the child must be the primary consideration.

### STRENGTHENING + SUPPORTING FAMILIES

While parents have the primary responsibility for the care and development of their children, all sectors of Canadian society—governments, agencies, employers, organized labour, educators, voluntary community organizations—share the responsibility for children by supporting families.

### EQUITY + ACCESSIBILITY

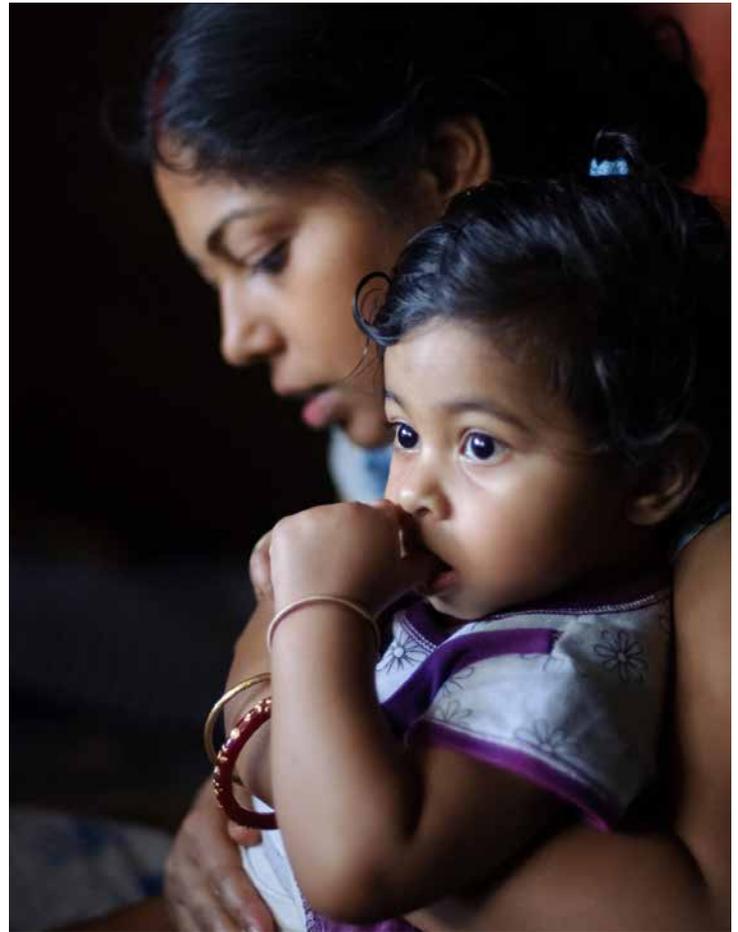
Children, regardless of their culture and socio-economic status, are entitled to equal rights and opportunities to develop to their full potential. Programs are to be sensitive to the cultural and linguistic diversity of Canadian families and accessible to children and their parents who are experiencing factors of increased vulnerability.

In British Columbia, CAPC programming targets:

- » Single parents
- » Families living on low income
- » Recent immigrants to Canada
- » Ethnic or cultural minority families
- » Families with low education levels (not completing high school)
- » Teenage parents
- » Aboriginal persons
- » Families living in isolation, and
- » Families experiencing drug/alcohol misuse

### PARTNERSHIPS

Partnerships and collaborative activities at the community level are essential to the development of an effective and coordinated range of prevention and early intervention programs for children.



Holistic care and support for children and their families is achieved through the combined efforts of parents, families, communities, governments and service providers. Partnerships in planning, development and support of community-based programs provide a significant and sustained contribution towards addressing the needs of children at risk.

### COMMUNITY-BASED

The community is the focus for decision-making and action. Families and community groups have a key role in planning, design, implementation and evaluation of programs. The term “community” may be described as a geographic area or as a group of individuals sharing common interests living within a geographic area.

### FLEXIBILITY

Programs are to be flexible in recognizing the differences in communities and the changing needs and circumstances of children and families in those communities.

The program recognizes that communities are best equipped to identify and respond to the needs of their children. It also realizes the importance of working with community partners to build community capacity.<sup>03</sup>



## CAPC PROVIDES SUPPORT

### Support for High Need Parents in Sooke

**D**aphne Raymond, Program Manager of Children and Family Services at Sooke Family Resource Society (SFRS)—part of the Capital Children Coalition, which offers family support programming at two locations in Sooke and Westshore—is responsible for managing the organization’s CAPC-funded programming. This includes specialized support to high-need families. With over 30 years experience in the provision of social services, SFRS was one of the first round of identified Early Years Centres in the provincial program initiated in 2014 in their local area.

As well as their more generalized, universally accessible CAPC parent-child groups (including a Parent Discussion Drop-In Group and Parent and Tot Drop-Ins), SFRS offers free, voluntary, specialized one-on-one and small group support at both their locations (Sooke and Westshore) to parents who are experiencing difficulties with family life and parenting.

The Family Support program is open to families that self-identify or who are helped by SFRS staff to identify as needing extra support. This can involve individualized one-to-one work with a Family Support Worker through an MCFD-funded program, as well as the CAPC small group offering a deeper level of support than is possible in the universal-access drop-in setting. The Family Support Worker also assists in referrals to community resources that aid the family in reaching their goals. They are focused on parents who have children aged 0-6 and who may be facing challenges in life such as single parenthood, low income, young parenthood, or anxiety. The group focuses on developing supportive, coping strategies to assist families in strengthening their movement toward healthy family life skills and a healthy home environment.

The Family Support small group at the Sooke location runs for two hours once a week, and includes families sharing a healthy snack together. Parents meet with a facilitator while children play under the supervision of support staff with ECE or Child & Youth training, then each session ends with parents and children sharing circle time together. In order to create a safer environment for participants, numbers for this group are limited.

The Family Support Group at the Westshore location started in 2012 and is run as a parent-tot drop-in, without a separate childcare component. However, both locations offer joint facilitation by a Family Resource Program Coordinator and a Family Resource Worker. The Family Resource groups use strength-based approaches, modeling trauma-informed practice, and include visits by guest facilitators from organizations such as gambling addiction groups and mental health organizations.

One of the strengths of the CAPC model is its flexibility in adapting to the needs of the community. The combination of group and one-on-one support has proven particularly successful in meeting the needs of families in this community who are struggling to adapt to their new role, and who need extra support in order to form successful attachment with their young children.



“

*I really appreciate and enjoy this program. I think it is so important for parents, and the staff and resources available are wonderful.”*

“

*I appreciate the support. I know that if I have questions I can come here to find advice and resources. The program is welcoming and an easy place to make friends and my kids love it.”*

“

*I am so happy that this resource is here in Sooke— with a limited budget, my living situation and my new baby, it is amazing having this resource here. The staff is absolutely amazing!”*



## CAPC SUPPORTS BREASTFEEDING MOTHERS

### Breastfeeding and Post Natal Support Program on Vancouver's North Shore

**M**arianne Brophy, Facilitator in the Breastfeeding and Post Natal Support Program for Family Services of the North Shore (which is the host agency of the *First Years Count* CAPC Coalition) is an International Board Certified Lactation Consultant (IBCLC) and educator who facilitates the weekly *I-hope* family centre CAPC-funded Breastfeeding & Postpartum Group.

Marianne also serves as a director for the Breastfeeding Committee for Canada (BCC), and chairs the Baby-Friendly Initiative Assessment Committee. Similarly to the PHAC CAPC/CPNP/AHS programs, the BCC was established in 1991, as a Health Canada Initiative, following the UN World Summit for Children. The mandate of the BCC is to oversee and facilitate the implementation, assessment and designation of the WHO/UNICEF Baby-Friendly Initiative in Canada, working towards establishing breastfeeding as the cultural norm.

The drop-in Breastfeeding and Postpartum group is facilitated by an International Board Certified Lactation Consultant (IBCLC), a Family Counsellor and Family Resource Program Worker. Participants come to the program in a variety of ways: by self-referral, by word of mouth from other parents, through the Facebook page for North Shore mums, and through midwives and doctors. A local psychiatrist, who specializes in post-partum work, will often refer at-risk patients to the group prenatally, to familiarize them with breastfeeding and post-partum everyday realities before they give birth.

The drop-in group is open to all parents, single or partnered. Participants are diverse, including low-income families, Aboriginal families, recent immigrants, LGBTQ, parents with multiple births, and a wide age range of mothers from late teens through to late forties, including those who find themselves unexpectedly pregnant. Many have differing levels of knowledge and experience, and meet to support each other in the busy work of parenting young children and finding success in breastfeeding.

The program assists in dealing with the issues of breastfeeding twins, of practical support where mothers choose to mix bottle and breast, and of support for the grieving process on occasions when a mother finds that she is not able to breastfeed as planned. The program aims to problem solve challenges, discuss interesting topics and enjoy social time together.

While there is no set time limit on how long it takes to learn to breastfeed, it seems to take about six weeks for it to feel more natural and comfortable. It is also during the first six weeks that many common challenges arise. Knowing that it will get better, and that there will be a point at which breastfeeding will happen naturally, is a big source of comfort to many women.<sup>04</sup>

Marianne's experience of running the group over the past 17 years is that having a personal link with mothers has a huge impact on duration of breastfeeding. The group sessions cover a range of topics, from effective latching and weaning to postpartum adjustment, baby blues, nutrition, and sexuality and contraception.

The group offers opportunities for participants to speak with other parents and with a Certified Lactation Consultant, and to regularly weigh their baby. The Breastfeeding and Post-Natal Support Program is often the first encounter space for parents to connect to community, health and mental health supports. Family Services of the North Shore is a broad-spectrum agency and its *I-hope family centre*



offers the peer-based, professionally supported breastfeeding programs within a hub program with access to early childhood services and counseling support, a model they have found to be effective in meeting the needs of their community.

The program has also been able to establish valuable Health Service partnerships, such as with the local hospital, public health nurses and the North Shore Infant Development Program, both to connect parents to services and supports, and to bring in outside expertise as guest presenters.

The program is also able to offer peer support in 12 languages, including Urdu, Japanese and Arabic. Volunteers who have themselves been participants in the program offer translation support for current participants. Many immigrant women are able to find peer support to stand in for the family support they would normally have turned to in times of illness or family crisis. This can make an enormous difference to families coping with change and adaptation to life in a new country.

The Breastfeeding & Family Support program works to nurture attachment and relationship between the mother and child, develop strong, supportive peer relationships amongst families, and develop connections to a range of community supports for families at risk. Marianne emphasizes how humbling it is to be able to work in partnership with participants to strengthen families and community.

<sup>04</sup> *A Review of Policy Options for Increasing Food Security and Income Security in British Columbia; A Discussion Paper, (2007)* prepared for John Millar, PHSA Executive Director, Population Health Surveillance & Disease Control Planning <http://www.phsa.ca/Documents/areviewofpolicyoptionsforfoodsecurityandincomesecu.pdf>



## CAPC SUPPORTS VULNERABLE FAMILIES

### 20 Years of CAPC in the Cowichan Valley

The Healthy Children Healthy Futures Coalition, based on Vancouver Island, was formed in 1993 with the support of Health Canada through CAPC (Community Action Program for Children) as one of the initial coalitions established in BC. The CAPC program is currently funded by the Public Health Agency of Canada (PHAC).

The coalition is based in two partner agencies, both Aboriginal Friendship Centres: the Port Alberni Friendship Center (Port Alberni), founded in the 1960's by a group of community members and Nuu-chah-nulth band members; and the CAPC Coalition Host Agency, Hiiye'yu Lelum (House of Friendship) Society (Duncan), established in 1975 through a community initiative led by Cowichan Band Chief Dennis Alphonse, Duncan Mayor Mike Coleman, and initial Board President Alfie McDames. This group saw a need for a cultural bridge between the local Aboriginal and non-Aboriginal communities. Nationwide, there are 119 Friendship Centres (25 in BC) supporting Urban Aboriginal Peoples in Canada. The Friendship Centres are designed to support self-determined activities that encourage equitable access to, and participation in, Canadian society, and to respect Aboriginal cultural distinctiveness.

CAPC program development began in the coalition in 1994, and was locally researched and developed with the support and cooperation of Elders, Christine Sim and local staff and community members. Facilitators were trained and the first parenting discussion groups were presented in 1996. Over the ensuing 20 years, the Healthy Children Healthy Futures Coalition has provided a peer-facilitated, modular-based, parent education and discussion program to over 2000 participants and over 100 parents each year. The current Program Coordinators are Darlene Leonew in Port Alberni and Mark Turner in Duncan. Mark celebrates his 20th year in CAPC in 2016.

In June and July of 2014, the coalition invited 11 parents who had been part of CAPC programming over the years to take part in an interview process as part of a report on the history of the coalition. Seven women and four men who had participated in the programs, ranging in age from late teens to late forties, were interviewed. Amongst them, these parents have 28 children, a number of whom either don't live with the parents or are in care.

"What I've learned in the last few years is that there is no perfect parent and to hear everyone else's views on parenting, to discuss them, I gained perspective," said one participant. "It is really good to know that, and honestly I really do use some of their techniques for my children."

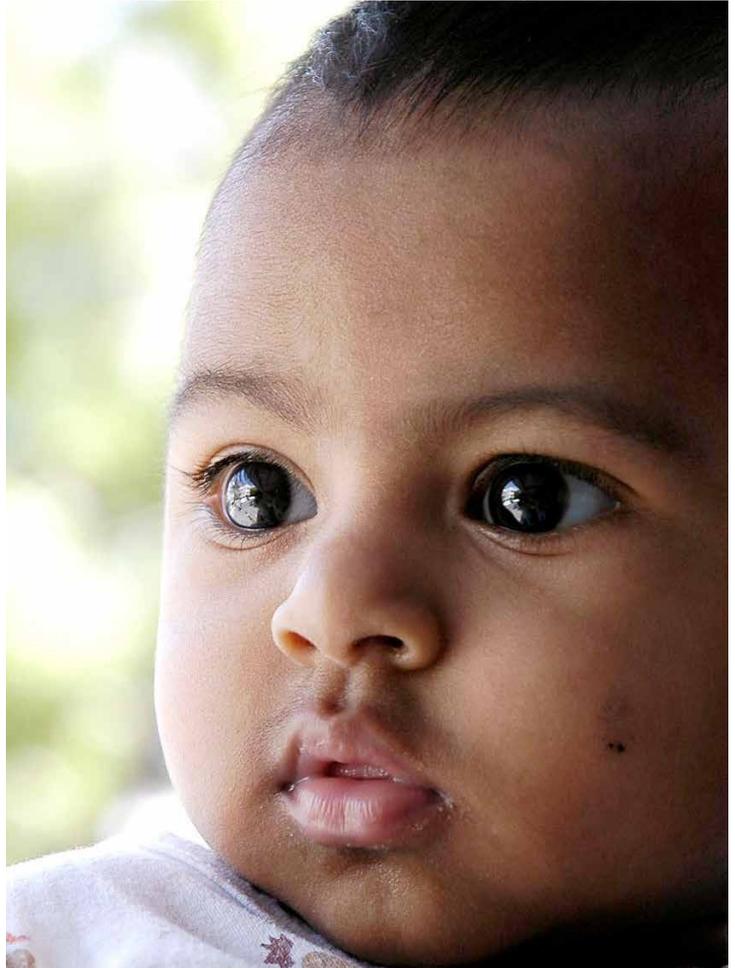
Another, commenting on having her children taken into care, said, "As soon as my kids were taken away, I kind of went up the wall. I started drinking and getting [depressed], but when I went back, [the program] picked me back up and it made me feel like a good mom again."

The value of community is poignantly expressed by a parent who states: "That was a big part of me that really had to change and have an understanding to have my kids around me. I didn't want anyone around me. It is being here at groups that really changed my life. I was always indoors, kept in my room. Now I get out with people."

The report, produced for the coalition by Susan Dann, notes that: "Several themes appear in almost all the life-histories of the people interviewed: first and foremost, they themselves had little experience of having been parented; they commented on their social isolation (often an outcome of having had children at a very young age); many had (or had in the past) problems with drugs and alcohol; and many had experienced various types of abuse.

Some had had children taken away from them by child protection agencies, and many were afraid of having that happen again. Those life histories often make participation in the Healthy Children Healthy Futures/Brighter Futures [CAPC programs] a powerful experience. Participants reported feeling that they were part of a supportive community—sometimes for the first time in their lives."

“  
The people are happy  
and smiling when you come in.  
The families are always happy.  
The kids are always  
happy and playful.”  
—CAPC parent from the  
Cowichan Valley



Both *Healthy Children Healthy Futures/Brighter Futures* have set up the same specific desired outcomes for the programs:

### PARENTING

Parents/caregivers increase knowledge of effective parenting skills.

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*"I find myself more patient around kids, more outgoing, more confident with choices and being sure what I can and can't do, like serving foods, being careful with what you serve a child. It makes me feel good about myself knowing I can do it."*

### FAMILIES GETTING HEALTHY

Parents/caregivers increase knowledge and use of healthy living practices.

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*"I was trying to get my kids back. We were both in a bad spot together, drugs and alcohol, and one day I just told him we can't continue dating if that was all we were going to do. So that day we both quit and started to go to the parenting program. That was major, big change."*

### COMMUNITY SUPPORT

Parents/caregivers increase level of personal and family support from their community.

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*"Then I had the Ministry and it was really scary. They were still kind of involved because my kids were in care. When I had her, (my new baby) they let me have her because they noticed how much I have improved because this program, Families Growing Together, and other groups, give me support."*

### COMMUNITY RESOURCES

Parents/caregivers increase knowledge and/or use of community resources appropriate to their needs.

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*"The Elder talked about patience in a different type of way than people would. I can remember what he said but can't put it into words. My son was only 6 months old but he sat there and watched the elders, he (my son) had understanding, like they had a connection. It was amazing to see and amazing to listen. A great opportunity."*

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The report concludes:

"Conversations with the program participants made it clear that almost all of them have dealt with a range of social problems that have created difficulties with parenting as well as other areas of their lives. Many are socially isolated; some have had their cognitive abilities damaged by FAS or abuse; some are poor or stressed about money; they face racial prejudice; few have adequate education, and therefore few are readily employable.

Most are pragmatic. They want to be able to raise their children—and they hope someday to be able to have children

in care returned to their families. All of them would like to learn how to be better parents to their children.

Until they found the *Healthy Children Healthy Futures/Brighter Futures* program, most of them had no idea that family support was available to help them achieve their parenting goals. In conversation, they are very clear that the programs have given them hope that they may be able to do that."



## CAPC ADDRESSES FOOD SECURITY

### Gardening with Participant Families in Northern BC

**G**eographic isolation and weather pose issues for low-income families in the Northwest Region, particularly around food security and access to fresh fruits and vegetables. CAPC-funded programs have taken innovative measures to help their participant families engage with growing vegetables and harvesting fruits to supplement their regular diet.

Kate Langham, who coordinates the CAPC-funded Pregnancy Outreach Program (POP) in Houston, BC, had experience with growing vegetables, and, with her husband, has been enthusiastic about the potential to involve parents and children in growing their own food. The Pregnancy Outreach Program has since incorporated gardening skills development into its work with parents.

Canada is faced with a rising prevalence of chronic diseases such as diabetes, hypertension, cardiac disease and cancer, which in turn are exacerbated by the growing problem of obesity. Obesity is the result of a sedentary lifestyle coupled with poor nutrition, particularly increased calorie consumption. There is growing evidence that families who cannot afford to buy adequate amounts of nutritious food (i.e. food insecure families) respond by consuming more energy-dense, nutrient-poor food products, and that this is contributing to our rising incidence of obesity.<sup>05</sup>

<sup>05</sup> *A Review of Policy Options for Increasing Food Security and Income Security in British Columbia: A Discussion Paper, (2007)* prepared for John Millar, PHSA Executive Director, Population Health Surveillance & Disease Control Planning <http://www.phsa.ca/Documents/areviewofpolicyoptionsfor-foodsecurityandincomesequ.pdf>

The greatest challenge in growing fresh produce at this northern latitude is weather; by August, many Canadians are already experiencing night frosts. A variety of crops have been successfully harvested in soil and raised beds, but most often, in balcony or patio containers so they can be covered and brought indoors for protection and light control.

All the family programs at the Centre (Pregnancy Outreach, Family Support, and Aboriginal Early Childhood Development) include a food security component, and include meals or snacks as part of the program. Fruits and raw vegetables are really popular with parents and kids.

The program teaches techniques to maximize the food value of plants, such as using beet greens as a leafy vegetable as well as the beet itself. Cooking techniques are also taught, such as steaming baby greens and making kale chips. Outings are organized to harvest wild berries, from raspberries and soapberries to Saskatoon berries. Medicinal herbs are also collected, such as yarrow, wild mint, nettles and rose hips.

Other programs in the North, such as the CAPC-funded Pregnancy Outreach in Dease Lake—located even further north than Houston and with more extreme conditions—have also established gardening initiatives.

Working through this first year has pointed out some logistical challenges. Severe weather in winter means that families with young children tend to “hibernate” during the bad weather. The program is busy in spring and autumn, but numbers drop in the summer, particularly in July, during the fishing season, as families are busy.

“It’s an organic process,” says Kate. The results show that the rewards are worth the effort in improved diet, skills development, self-confidence and community. The ability to grow fresh produce makes a direct improvement to quality of life for the program participants in these northern communities.



“The broccoli and kale are a big hit. All the families love it, and the children get really excited when the carrots are sliced to reveal sunburst designs, and the beets to reveal candy-stripe patterns.”

—Kate Langham



## CAPC SUPPORTS YOUNG PARENTS

### Support for Young Parents in Victoria

**Y**oung Parents Support Network (YPSN) in Victoria hosts one of the original CAPC-funded programs, running since 1994. Focused on supporting young parents and their children aged 0-6, the program also impacts older siblings and the wider community. The program offers support to parents under 30 living in poverty, and has served parents as young as 13 years old. It is designed to be flexible and responsive to community need.

The median group is parents in their mid-teens to mid-twenties and 60% of the parents served are Aboriginal. This percentage has increased over the years due to changing demographics. The parents served live with complex risks and multiple barriers. There is typically MCFD involvement and support for the very young parents who come to the group. The service is available by self-referral and offers support to any young parent who comes through the door.

Support is offered both through one-on-one outreach and through a weekly low-barrier drop-in group. The one-on-one outreach walks the young parent through decision-making and how to navigate the system to access the support available. The free, weekly drop-in includes coffee, healthy food, and bus tickets to enable attendance. There is high ratio of staff to participants in the group.

The challenges faced by the young parents who attend the group are significant. Most have personal experience of trauma and many are affected by multi-generational trauma in their family of origin.

Petra Chambers-Sinclair became a parent as a teenager and today is part of the leadership team at YPSN along with Jacquelin Green. Petra has worked with youth and families for over 20 years and holds an MA in Conflict Analysis & Management. She also has a background in ECE and Child & Youth work. She affirms that what really stands out about the young parents who come into the group is that they are so motivated; they really want to make changes in their own lives and in the lives of their children.

In a blog post, Petra says:



“First thing to know is that in our experience, young parents who live in poverty (that’s who we serve!) are some of the most hard-working, determined, amazing people we have ever met and that’s why we do what we do.

Second thing is that most young parents are capable of exceeding everyone’s expectations (including their own) if they get the support they need when they need it. That’s the reason Young Parents Support Network exists on this planet; to be that resource.

Third thing is, and this is going to get theoretical so bear with me, things can become less complex and they can even become less complicated. What’s the difference? Michael Quinn Patton says, ‘a situation is complicated when there is either a high degree of uncertainty or a high degree of disagreement. If there is both high uncertainty and high disagreement [...] we have moved into the area of complexity.’ So, therefore, if we can reduce uncertainty (by, say, having a plan) and disagreement (by finding ways to live in community with each other and ways to help each other be the best we can be), then we can reduce the complexity.”

The evidence-based YPSN program is designed to create a new context, to show how these young parents can make changes for their children. While the program serves mainly young women, there are an increasing number of dads (partners and single dads) participating. The support is personalized, practical and placed within a relational connection in which trust issues are addressed.

YPSN has also created an individualized, cloud-based Comprehensive Life Assessment tool, which they use with all participants in one-on-one support, held wherever the young parent is most comfortable, such as a coffee shop, a house, or even the park. The trauma-informed approach used by the support worker involves multiple sessions, which act as a conversation starter to develop an initial assessment and track progress over a time.

For young parents who have stayed involved with the program for several years, YPSN offers a leadership program. The leadership program:

- » Helps develop an understanding of society structures
- » Develops confidence in young parents to bring forward their personal cultural traditions into their parenting and their work community
- » Offers round-group facilitation
- » Brings in an Elder from the Sto:lo Nation to educate and train participants
- » Demonstrates what leadership looks like
- » Explores how the youth aligns her/himself within family and the wider community



*This program has provided me with a safe, secure and culturally appropriate place I can go to with my child and interact with other aboriginal parents.”*  
—CAPC parent from Vancouver Island



## CAPC SUPPORTS NEWCOMERS

### Support for Immigrant and Refugee Families in the Fraser Valley

**B**urnaby Family Life is a non-profit organization that has been serving Burnaby and New Westminster for over 40 years, focusing on supporting the communities' most vulnerable populations. Lisa Lothian, Supervisor of Pre & Postnatal Services at Burnaby Life, reports that Burnaby Family Life has a high intake of immigrant and refugee participants in their CAPC-funded programs. Most participants—about 75%—have immigrated to Canada from countries all over the world, most significantly from Afghanistan, China and Iraq, says Lisa. Some of the barriers that clients face are food security, financial instability and low income, history of trauma, homelessness, varying situations of abuse, lack of language skills, and sometimes addiction."

“

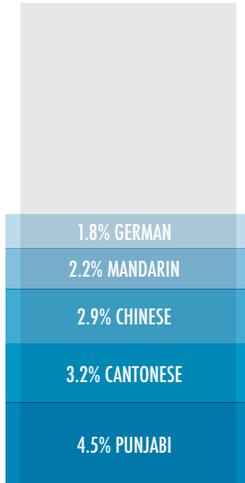
*This program is very valuable to new moms as it provides them with resources and help they might need. The staff never judges the choices moms make for their kids.”*

*—CAPC parent from the Fraser Valley*

The following statements from the BC and Yukon Settlement Overview [November 2014 BC/Yukon Integration Summit] provide a glimpse of the importance that newcomers play in making up our social fabric in BC:

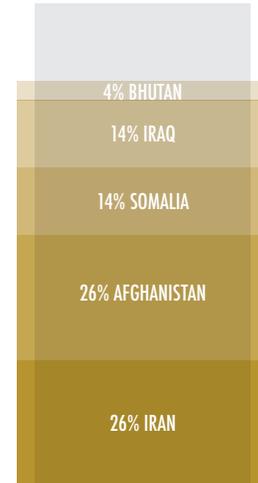
### MOST COMMON MOTHER TONGUES

*"BC is the most linguistically diverse province in Canada, with 26.5% of BC speaking a non-official language as their mother-tongue."*



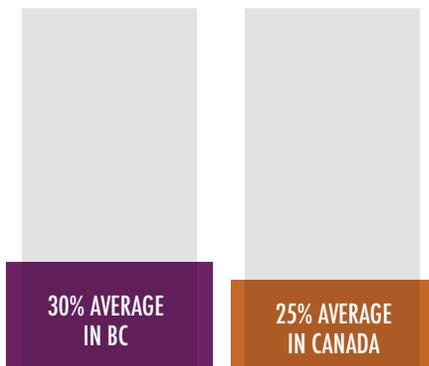
### TOP REFUGEE SOURCE COUNTRIES

*"In 2012, BC welcomed 711 Government Assisted Refugees from 20 different countries."*



### FAMILY CLASS IMMIGRANTS

*"BC has a higher share of family class immigrants."*



### NET POPULATION GROWTH BY 2017

*"It is estimated that 2/3 of BC's net population growth will come exclusively from immigration by 2017."*



### JOBS

*"Between 2010 and 2020, there is expected to be over 1 million job openings in BC. Internationally trained workers and workers from other provinces are expected to fill about 1/3 of jobs opening during this time."<sup>06</sup>*

<sup>06</sup> Spring 2015 (Language Support and Training Network ) LISTN newsletter reported on the Nov 2014 BC / Yukon Integration Summit where a number of presentations and facts were offered on immigration and settlement in BC <http://www.bcyukonintegrationsummit.ca/resources>

At Burnaby Family Life, many of the families coming into the program are referred through other immigrant support agencies such as Immigrant Services Society of BC, MOSAIC, or Moving Ahead. Many participants have only recently arrived in Canada, sometimes joining the program within their first week in the country, and a high percentage of families have been in Canada for less than a year. There are 28 different languages represented amongst the families in the program, with at least four or five different languages being spoken in the program on any given day. Use of English is encouraged, and participants help with translation for each other.

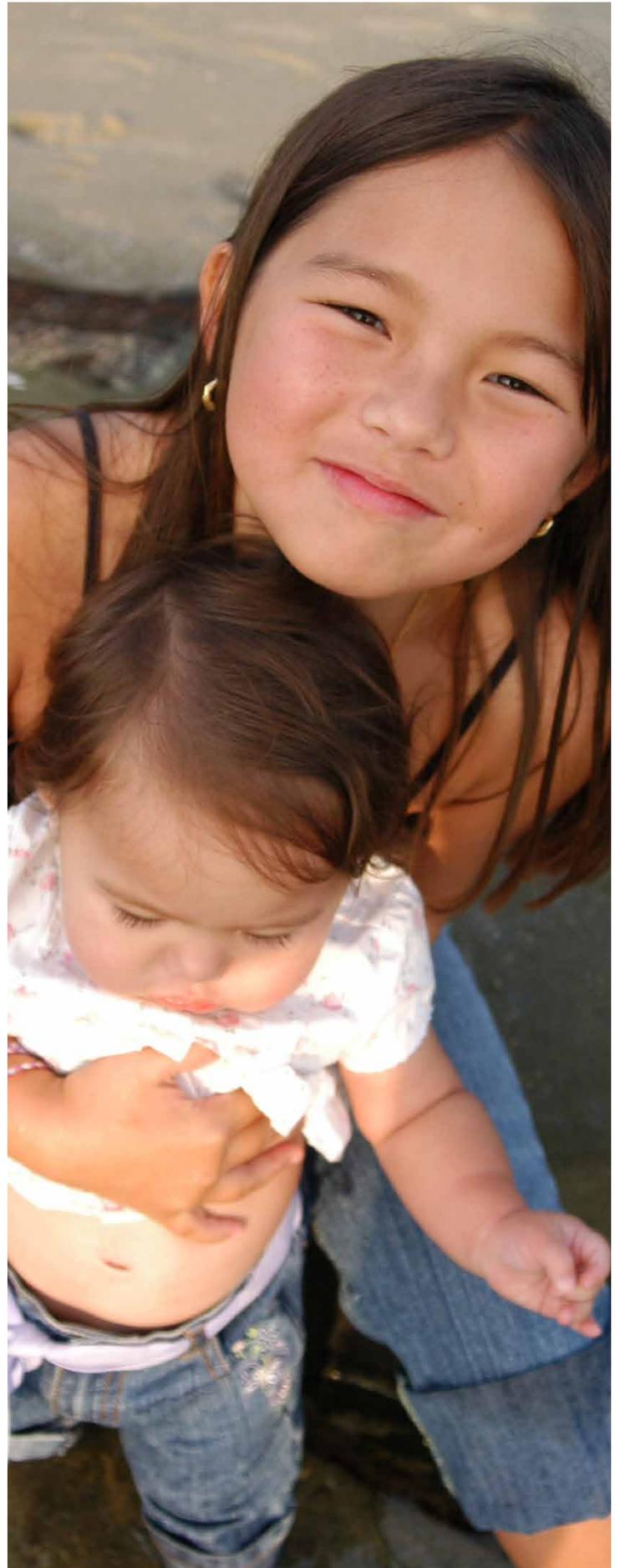
A mother who came to the program at Burnaby Life, having recently arrived in Canada as a refugee from the Republic of Congo with a baby and a pre-school child, was coping with significant life changes and learning to find her way around in a new community using her second language. Through the program she found out how to get her older child into a Strong Start program, built relationships with other parents, and connected with community resources. Her older child has started kindergarten in a Program Cadre elementary for children with a French first-language parent. She spoke of how grateful she was for the support she has received settling into a new country and finding her way.

The Pre and Post Natal programs run at capacity and consistently receive more requests for service than can be accommodated, necessitating a waiting list. There is a continuing search for partnership opportunities and creative ways to enhance program capacity in order to meet demand.

“

*Children are incredibly close to their hearts. They only need an emotional connection with a caring adult where they are safe to develop the capacity to feel and articulate their complex emotions.”*

*–Denise Findlay, 2014 Fraser Valley Trainer*





“A woman is at the highest risk in her lifetime of developing a new mental illness in the first year after a baby is born. At least 15 per cent of new mothers experience significant postpartum mood disorders and many more report important difficulties in coping and adjusting.

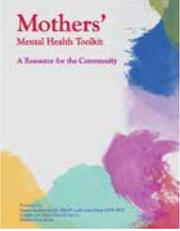
Sixty to seventy per cent of women with a serious postpartum mood disorder have no previous history to alert them, so the illness takes them and their partners and families by surprise, often at a time when everyone expects a new baby to bring happiness into the family. It is concerning that 50 per cent of women with a postpartum mood disorder never seek treatment.”

## CAPC SUPPORTS MENTAL HEALTH

### Mothers' Mental Health Toolkit: A Resource for the Community

In recognition that mothers' mental health matters to the development of strong children and healthy communities, the Mothers' Mental Health Toolkit (MMHTK) was born out of a partnership between the IWK Reproductive Mental Health Service and Family Resource Centres. It also includes a website with a downloadable PDF of the toolkit, along with support materials including worksheets and training videos. [www.iwk.nshealth.ca/mmh](http://www.iwk.nshealth.ca/mmh)

The project aims to enhance mental health literacy for support providers, provide a guide for the promotion of mental wellness for mothers, and promote practices that build resiliency and a strong network of community supports. The collection of resources available on the website is intended to support those who work with vulnerable mothers and families; the toolkit was not developed for self-help use by mothers.



“The toolkit describes how “the job of mothering can begin without training or mentoring, in circumstances of tremendous social stress. Yet mothering is often thought to be instinctive or something that can be improved upon by a few tips in a magazine. Many women speak of feeling unprepared for the job and being already exhausted by life stressors such as poverty, mental health issues, racism, or a history of abuse, to name a few.

*Unwell mothers can be found in all sectors of neighbourhoods, regions, economic status, education, race, ethnicity, language, and belief. The most vulnerable women lack the family, personal, and financial supports to buffer the impact of a mental health issue on their function.*

*[...] Challenges to mothers' mental health are identified every day by the Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) projects and their community colleagues. Formal mental health services are in high demand and deficits in primary health care are identified in both rural and urban communities.”*

The toolkit is not a comprehensive mental illness education or a treatment manual and is not intended as a replacement for needed mental health assessment or service. However, community support providers can be the first point of contact for a mother struggling with a mental health problem and the aim of the toolkit is to equip them with an approach and some tools specific to their roles in supporting parenting, generally at the neighborhood level.

An Advisory Committee for the toolkit was established in 2013 and comprised of representatives from across Canada, including Lea Laberge, Family Programs Coordinator at Frog Hollow Neighbourhood House (host agency of the Families Branching Out CAPC coalition), social workers, psychiatrists, and Diane Wilmann, Coordinator of the Families Branching Out coalition and President of the BC CAPC Society, who has been involved in the development of the toolkit since 2011.

In 2013, Lea Laberge and Kate Wilton (a licensed practical nurse from Ladysmith, Vancouver Island, who works in the field of adult mental health, and Coordinator of the Born Healthy CPNP program in Ladysmith) were the BC representatives to a “training the trainer” conference in Halifax for provincial/territorial representatives. In BC, a Regional Training Conference in January, 2014, was then held where Lea and Kate offered training in the toolkit for those who would be providing training at a local level in each region

of the province. Since then, Lea and Kate have been called in from time to time as “travelling trainers” to fill in any regional gaps, and have also been called on to provide training on the toolkit for the BC Council for Families *Nobody's Perfect* facilitator training. A one-year window was built in for rolling out the cascaded training to PHAC programs in recognition that training staff on using the toolkit was integral to the process and a vital part of the initiative.

The toolkit is a valuable resource to frontline staff in the three PHAC-funded program streams. Lea says of the value of the toolkit in her own program at Frog Hollow Neighbourhood House, “It helps staff to be more mindful in what they are doing; for example, to promote and articulate observations about positive interactions between parent and child. Staff don't use the technical maternal mental health or post-partum language in their work with participants; they talk about ‘keeping mothers healthy.’”

The strength-based tools offered by the Mothers Mental Health Toolkit help parents maintain their own mental health, develop strong maternal-infant attachment, create healthy family and friendship relations, and be aware of their own self-care while caring for their children.

The approach is pragmatic and down to earth; it focuses on reducing isolation and building healthy relationships.



## CAPC BUILDS CAPACITY

# CAPC: Bridging the Gap from Darkness to Light

**T**he Bridge Youth and Family Services, part of the Okanagan Brighter Futures for Children CAPC Coalition, offers parenting education and support groups that include: Creative Playtime—a drop-in parent support group; Special Deliveries—a prenatal education and support group; and Wee-Tots—parent and tot education and support group. All programs offer a warm and welcoming environment for parents and their children (aged 0-6 years) where they can have some creative fun, connect with other families, relax and enjoy healthy snacks, and find out more about other resources in the community. Guest speakers are also offered occasionally who provide information and expertise in the area of health, nutrition, wellness and life-skills. All the CAPC groups are led by qualified and experienced parenting support facilitators. These groups are offered at no cost, and registration is not required.

CAPC-funded programs are offered by The Bridge Youth & Family Services in Kelowna, Rutland and Peachland.

Sheryl Sargent, Family Services Program Coordinator at The Bridge, shared with us a poem created by a program participant and presented to the team at The Bridge Youth & Family Services Society.

Thank you for  
"Bridging the Gap from Darkness to Light"

For letting me be me, and helping heal my 'sweet sorrows', with arms of understanding, kindness, empathy and the freedom to learn, grow, to show me a way, to open the doors I have been knocking on for so long.

You are part of a 'group of hearts' I hold near and dear to mine. A group of leaders I can choose to follow and have helped me find my pathway, to lead and love my life...

Thank you all...

For helping me see with a view like that of a symphony of colour, a view of full colour, not a 'coloured' view.

You have helped me build my final 'corner stone' and I love you...all infinity

Thank you for your love

We are grateful for "The Bridge"  
over troubled waters.

CAPC is powered by a dedicated group of professionals across the province and funded by the Public Health Agency of Canada.

We look forward to supporting BC children and families for another 20 years!

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**For additional information, please contact:**

Keeping In Touch, An eNewsletter to Support BC Families

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**Frog Hollow**

NEIGHBOURHOOD HOUSE