AT THE HEART OF OUR WORK

The Theoretical Framework and Core Elements of a Reporting and Evaluation System for the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) in Atlantic Canada

> Frances Ennis and Yolande Samson Population and Public Health Branch Atlantic Region

> > September 2002





The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of Health Canada or any of the four Atlantic provincial governments.

Également disponible en français sous le titre : Au coeur de notre travail : Le cadre théorique et les éléments essentiels d'un système d'évaluation et de présentation de rapports destinés au Programme d'action communautaire pour les enfants (PACE) et au Programme canadien de nutrition prénatale (PCNP) au Canada atlantique.

CAPC and CPNP projects in Atlantic Canada may reproduce this document in whole or in part. Contents may not be commercially reproduced, but any other reproduction with acknowledgment is encouraged. Please credit the source as follows: *At the Heart of Our Work: The Theoretical Framework and Core Elements of a Reporting and Evaluation System for the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) in Atlantic Canada*, September 2002. Frances Ennis and Yolande Samson, Population and Public Health Branch, Atlantic Regional Office, Health Canada.

For more information contact:

Atlantic Regional Office Population and Public Health Branch Health Canada 1525 - 1505 Barrington Street Halifax, Nova Scotia B3J 3Y6

Tel: (902) 426-2700 Fax: (902) 426-9689

E-mail: pphatlantic-spspatlantique@hc-sc.gc.ca

Web site: www.pph-atlantic.ca

©HER MAJESTY THE QUEEN IN RIGHT OF CANADA (2002) as represented by the Minister of Health.

Acknowledgments

Thank you to all the people who were involved in the activities that are the source of this document. These include program participants, project staff, board members, community partners, provincial and federal government representatives, evaluators and researchers.

A very special thank you to the members of the Atlantic Children's Evaluation Subcommittee Working Group (ACES Working Group), both past and present: Nicole Bernard, New Brunswick Project Representative; Bernice Hancock, Newfoundland Project Representative; Wendy Pobjoy and Laura Quinn, Prince Edward Island Project Representatives; Joanna LaTulippe Rochon, Nova Scotia Project Representative; Joan Glode, Atlantic Aboriginal Project Representative; Kathy Flanagan-Rochon and Alicia Nolan, Provincial Government Representatives; Frances Ennis, Sylvie Thibodeau-Sealy and Susan LeBlanc, Federal Government Representatives; Judy Watson, Chantal Roy and Sharon Gribbon, Childhood and Adolescence Division, Health Canada, National Office; Yolande Samson and Anne Guy, Evaluation Consultants, Health Canada, Atlantic Region.

The efforts of this Working Group over the past three years helped to ensure the many "voices" that make up the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) in the Atlantic region continue to be heard and respected within a participatory action research process.

Thank you also to several consultants, including Madine VanderPlaat, Natalie Kishchuk, Ken Barter, Brenda Grzetic, Christine Ogaranko, Pam Whitty, and the Canadian Institute of Child Health, who helped with the content and the process.

Special thanks go to our colleague, Anne Guy, Evaluation Consultant, Population and Public Health Branch, Atlantic Region, for providing advice and excellent editing and production skills to shape the final document.

The authors also gratefully acknowledge the financial investment of other Health Canada contributors, the Ontario and Quebec Regions of the Population and Public Health Branch and the Division of Childhood and Adolescence, National Office.

Table of Contents

Preface	1
Purpose	3
Introduction	5
Theory-of-change	
Core Elements	
Core Element A: Supportive Environments	
Core Element B: Participation and Involvement	
Core Element C: Capacity Building	33
Conclusion	43
Glossary	45
Supporting Documents	49
Appendices	51
Appendix 1: Core Elements and Sub-elements	
Appendix 2: CAPC and CPNP Guiding Principles	

Never doubt that a small group of thoughtful, committed citizens can change the world.

Margaret Mead

This document grows out of an ongoing participatory process.¹ It draws on the experience and expertise of all key stakeholder groups involved in the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) in Atlantic Canada. These stakeholders are parents, staff, volunteers, community partners, provincial and federal government representatives, evaluators and researchers. The document also draws from CAPC and CPNP work at the national level, as well as the most current research on community-based programming for children and families and on evaluation.

This document pulls together concepts, ideas, beliefs and theories based on the knowledge and experience gained by the various people involved in managing, implementing and evaluating the CAPC and CPNP programs in the Atlantic region. Finding appropriate evaluation methodologies for community-based programs is a challenge. Health Canada in the Atlantic Region is trying to meet this challenge head on by developing a new reporting and evaluation system.

In this new system, the evaluation process must maintain the integrity of the programs and reflect their guiding principles. It must develop an analytical framework, or way to evaluate, that can capture the essence of people's experiences. It must be flexible and respect the fact that projects are at different stages of development and evolving at a pace set by the realities and capacities of their participants and communities. The evaluation process must generate comparable data from more than 65 projects located in four provincial jurisdictions. These projects reflect a wide diversity in demographics, language, culture, experiences, program goals and objectives. Finally, the evaluation process has to be reliable and valid.

Various activities were undertaken to identify and validate the content in this document. A number of literature reviews were undertaken to examine different bodies of knowledge related to the work, including Canadian and international research on inclusion, community-based programs for children and how to evaluate them, the empowerment approach to intervention programs, population health promotion, and social ecological models in relation to healthy child development.

¹ A participatory process has as its starting point the concrete experience of its participants. It is committed to the notion that everyone can contribute and everyone can benefit from their participation. Participants define the issues and develop the strategies to address them.

A number of reflective sessions were also organized to pull together the content of this document. These sessions included program participants, staff and board members from CAPC and CPNP projects, and provincial and federal government representatives. Two Atlantic Regional Think Tanks with representatives from all stakeholder groups were also held. As well, project reports and other documents were reviewed and used to inform this document.

The content may be used to create other documents for different audiences and different purposes. Our knowledge will evolve as we continue our work. It will grow as we further reflect on the complexity of the work and its power to bring about change in the lives of children and families, in communities and within the system in our region. As such, the content in this document will continue to be a work-in-progress.

*Until the invisible is made visible, it will not be valued.*Ash Sooknanan²

The purpose of this document is to define the thinking or theoretical framework behind the CAPC and CPNP programs in Atlantic Canada. This theoretical framework draws on four main bodies of knowledge: 1) the social ecological approach to healthy child development, 2) population health promotion, 3) the empowerment approach, and 4) social and economic inclusion.

The **social ecological approach** recognizes that many factors contribute to children's development. The focus is no longer on children alone; the importance and influence of their parents and communities is also taken into account. This approach recognizes that supporting parents is critical and that some of the problems families face are systemic and require action or intervention at the community level. Intervention can occur through mobilizing group and community resources. It can also take the form of advocating or recommending measures and services that contribute to the development of safe and sustainable communities.

Population health promotion focuses on health in the broadest sense, including physical, mental, social and spiritual health. It recognizes that the health of a person is affected by more than his/her characteristics or behaviours. A wide array of interrelated factors affect a person's health. These factors are called determinants of health and include income and social status, social support networks, education, employment and working conditions, physical and social environments, personal health practices and coping skills, healthy child development, health services, gender, culture, and biological and genetic endowment. Population health promotion also focuses on strengthening individual and community capacities. It is based on social justice and equity, and on relationships built on respect and caring.

The **empowerment approach** believes change can occur at an individual, interpersonal and political level. It is committed to enhancing and building the capacities **of** people, **by** people and **for** people. This approach is also committed to social justice and a respect for people's knowledge of their own experiences. It

² Ash Sooknanan. A White Paper on Knowledge Management and Corporate Culture, Workplace Safety and Insurance Board, Toronto, Ontario, November 2000, p. 5.

believes in their capacity to recommend actions for change on their own behalf, within their families, communities and in the system.³

Social and economic inclusion is an approach that believes all people should have access to the social and economic benefits of living in our society. It stems from an understanding that some people live on the margins of our society due to many causes, impacts and barriers that exclude them from resources and opportunities considered the norm. Marginalized people are often single mothers, children, youth, cultural and racial minorities, fragile seniors, the sick and the disabled. Once excluded, it seems difficult for them to get back into the mainstream of society and enjoy the benefits of being part of the system. They are often judged as being inadequate, incapable or disinterested in becoming part of the mainstream. They are seen as unable to help themselves. This judgement reinforces their exclusion.⁴ "Social inclusion, on the other hand, is the capacity and willingness to keep all groups within reach of what we expect as a society – the social commitment and investments necessary to ensure that socially and economically vulnerable people are within reach of our common aspirations, common life and its common wealth."⁵

These four bodies of knowledge reveal that many interrelated and interdependent factors and circumstances influence the lives of children, their families and their communities. The four approaches have come together and become part of the theory-of-change for CAPC and CPNP programs in Atlantic Canada.

A new approach to reporting and evaluation for federally funded community-based programs in Atlantic Canada is being attempted. Stakeholder groups came together to create a theoretical framework and to define core elements. It is hoped that the learning from this process will strengthen the ability of projects and other key stakeholders to document the outcomes of their programs and projects and to share these with others. We also hope that our understanding of what works or does not work will be sharpened. The lessons learned can be used to inform program, research and policy decisions at community and government levels. In turn, we anticipate this will generate more support for these creative and successful programs for children and families in Atlantic Canada.

³ Within the CAPC and CPNP context, the system includes the people working within provincial or federal governments or universities. They work on broad programs, services, policies or research beyond the community level, e.g., on child care policies for the province.

⁴ Carol Amaratunga, et al, "Inclusion: Will our Social and Economic Strategies Take Us There?" *Women's Health in Atlantic Canada Trilogy*, Volume 2, Maritime Centre of Excellence for Women's Health, Halifax, 2000, p. 5.

⁵ Christa Freiler, *What needs to change? Towards a vision of social inclusion for children, families and communities,* draft concept paper, Laidlaw Foundation, Toronto, October 2001, www.laidlawfnd.org/

This document is organized into two main sections. The first section, **Theory-of-Change**, describes how change may occur through participation in CAPC and CPNP programs. It responds to the question: *What is it about CAPC and CPNP programs that make them lead to positive changes?*

The second section, **Core Elements**, describes the values, beliefs, philosophies and assumptions that are key to the success of CAPC and CPNP programs in Atlantic Canada. This section also describes how the core elements contribute to change by outlining the structures and mechanisms of CAPC and CPNP projects. It goes a step further by looking at potential changes not only at the project level but also at the community and system level. This approach is consistent with the population health promotion, social ecological, empowerment and social inclusion approaches to community-based programming.

In addition, a glossary is provided as well as a list of supporting documents whose content contributed to this report. The supporting documents include information gained about CAPC and CPNP programs from the people who are directly involved, as well as from research

This section describes the theory-of-change or theoretical framework for CAPC and CPNP in Atlantic Canada. It does so by outlining the assumptions about change and how and why the hoped-for changes for children, families and communities may occur through CAPC and CPNP programs.

One key question needs to be explored: What is it about the CAPC and CPNP programs that make them lead to positive changes? We believe the answer lies in the values built into the programs: respect, inclusion, equity, capacity and citizenship. These values are also imbedded in the core elements outlined in the next section.

The extent to which each core element is put into practice in each CAPC and CPNP project depends on its focus and priorities. Each project bases its work on the guiding principles of the program, the needs and interests of their program participants, the resources available to them, and the community and system that surrounds and affects them. The success of each project is not based on the presence or absence of the core element. Each project will be at a different place on the continuum of incorporating each core element in its work.

Theory-of-Change: Assumptions

It is difficult to attribute change directly to any one or several CAPC and CPNP programs. However, our experience and information from past evaluations tell us a strong link exists between participation in CAPC and CPNP projects and positive impacts in the lives of babies, pregnant women, children and families.

I have totally changed mine, my husband's and my kids eating habits because ... they just showed us easy, low cost ways of eating.

CAPC Participant

You can't teach a child not to hit by hitting him. I went by the old school the way we were all raised and what not. It was hard not to hit him anymore ... I find our relationship is a lot more laid back and he has more respect for me now.

CAPC Participant

I learned that I have something to give. I learned that my experience can help somebody else.

CAPC Participant

The following are some of our assumptions about change drawn from research and the experiences of CAPC and CPNP projects in this region:

- Change can occur in individuals, projects, communities and the system; it can take place in the short or longer term.
- Change can be positive or negative, intended or unintended, predictable or unpredictable.
- Change can progress or regress; its direction may be affected by events that are beyond the control of individuals, e.g., a fishery crisis in the community.

The rate at which people,⁶ projects, communities and the system move through change depends upon many factors and circumstances. Where they are at any given time must be acknowledged, respected and considered as the starting point. From there, progress and outcomes can be determined and informed decisions can be made about the programs.

In previous CAPC and CPNP evaluations, people reported positive changes in health, well-being, social and family relationships, personal development, educational achievement, employment and citizen involvement. Although there are common themes within these changes, it is impossible to predict when or what changes will occur among a particular individual or group. There are at least two reasons for this:

- 1. CAPC and CPNP are not magical strategies that cause people to act in a certain way. Rather, people participate in these programs in an effort to enhance their capacities as parents⁷ within their families or as citizens within their communities.
- 2. Individuals come to CAPC and CPNP programs with different strengths, goals and capacities for learning. Therefore, change is best assessed according to a person's own starting point, intentions and time frame. For example, graduating from university may be an achievement for one person, while learning to read may be just as great or greater an achievement for another.

The evidence strongly suggests that CAPC and CPNP projects do lay the foundation for individual change, for personal and group empowerment and for community action. In an effort to understand how and why this happens, a series of assumptions or beliefs

⁶ The word "people" includes babies, children, pregnant women, parents, caregivers, elders, staff, volunteers, board members, community partners, program managers, funders, evaluators and researchers. We choose to use the word "people" to reflect the importance of inclusion and the participatory approach to our work.

⁷ In CAPC and CPNP programs, the term "parent" is used to include other caregivers, e.g., grandparents or elders who accompany children to a centre or an activity.

about CAPC and CPNP projects in Atlantic Canada have been identified. We have grouped these into three core elements: supportive environments, participation and involvement and capacity building.

Supportive environments. Environments where people feel valued, respected and safe can contribute to learning, change, empowerment and mutual benefit.

Participation and involvement. People develop or enhance their confidence to participate, become involved and contribute in whatever ways are comfortable and mutually beneficial.

Capacity building. People's capacities for learning, mutual support and action can be further developed and enhanced in supportive environments where there are opportunities for growth and meaningful participation and involvement.

When people develop and enhance their capacities, they can feel empowered to take action as individuals. This, in turn, can set the stage for people with common interests to take action within communities and the system.

One core element does not exist separately from the others. They are all interrelated and interdependent. They represent a continuum of opportunities, experiences, challenges and benefits which can result in changes among individuals, families, communities and the system.

The core elements flow from the theory-of-change or theoretical framework. They describe the values, beliefs and philosophies key to the success of CAPC and CPNP programs in Atlantic Canada.

The three core elements are:

- supportive environments
- participation and involvement
- capacity building.

See Appendix 1 for a listing of the elements and sub-elements.

The core elements were checked against the national CAPC and CPNP guiding principles to ensure they hold true to the intent and direction of CAPC and CPNP as national programs. (See Appendix 2.)

It is assumed that pregnant women, children, parents and families are the focal point of CAPC and CPNP programs. However, the values and beliefs inherent in the core elements apply to all people involved, including volunteers, staff members, community partners, program managers, funders, evaluators, researchers and academics. We all benefit when we learn from each other. Our new understandings help us to make informed choices and take actions that result in positive change. The supports we need and the type of change we create depend on how we are connected to the CAPC and CPNP programs. The rewards are great when people from different perspectives and levels of influence work together to create an environment where learning, growth, responsibility and accountability are all shared.

The core elements are consistent with principles of adult education and community development. One of these principles is that empowerment is seen as a journey that starts from wherever people are. One person may begin her journey by enhancing her self-esteem. Better self-esteem may lead to greater involvement in groups, participation in decision making structures and to collective or group action.

I cannot say that one program is the best - every program has provided me with a stepping stone towards a stable, responsible future. Each of my children has gained in some way or another.

CPNP Participant

Environments where people feel valued, respected and safe can contribute to learning, empowerment and mutual benefit.

- A1. CAPC and CPNP programs work when safe and respectful environments are created for and by the people involved and where capacities are celebrated.
- A2. CAPC and CPNP programs work when environments are created where the people involved can learn from each other, develop new relationships and establish social supports and networks.
- A3. CAPC and CPNP programs work when the overall project goals can be achieved in a flexible manner and according to the diverse needs of the individuals, families and communities they serve.
- A4. CAPC and CPNP programs work when there are adequate resources and effective management practices and organizational structures to support the people involved and the work they do.

Supportive environments may mean different things to different people, depending upon their life circumstances, past experiences and ongoing daily realities. Within CAPC and CPNP programs, supportive environments are ones where people feel safe, respected and valued for who they are and what they bring. This is demonstrated in the daily operations of projects and the interactions among people at an individual, community or system level. In these environments, people value each other's individual capacities and strengths. These environments encourage information sharing, learning and empowerment.

Staff are very important in this process. Their respectful approach to all pregnant women, parents, children and families creates the foundation for a supportive environment where they can grow and learn. Staff also facilitate and nurture relationships between program participants and others. They create conversational spaces and learning opportunities where people can meet, talk openly, learn from each other and contribute to a sense of community. Program participants also sometimes interact with professionals, community partners, funders, evaluators and researchers. Specific concerns are addressed and broader issues are dealt with regarding practice or policies related to children and families.

The staff and Centre made families - both parents and children - feel as though someone really cared about them. The staff's welcoming presence, encouragement, listening, and in so many concrete ways "being there" made a great difference in people's lives.

Partner

This core element – supportive environments – is about making space for supportive and respectful relationships to flourish. It is about putting processes in place so that experiences, resources and knowledge can be shared among people both inside and outside CAPC and CPNP projects. Environments are created that are open, sensitive and responsive to differences. These environments offer flexible opportunities and programs. Effective management practices are developed and maintained. Organizational structures support the people involved and the work they do. This experience sets the stage for creating other similar settings within the community, such as a partners' coalition, the school PTA, a tenants' association, and so on.

A1. CAPC and CPNP programs work when safe and respectful environments are created for and by the people involved and where capacities are celebrated.

In safe and respectful environments, people are welcomed warmly. They are supported without judgement, and their knowledge and skills are valued. People nurture others and are nurtured themselves. They are encouraged to build on their strengths to enhance growth and self-esteem.

It's certainly helped me with my education. Because of the support I got from people at the Centre, I'm now going into my second year at university. The difference has been the kind of support from people here.

CAPC Participant

Safe and respectful environments are created in a number of ways:

- The physical environment is appropriate for the different stages of children's development and comfortable for all ages.
- People interact with pregnant women, children, parents, families, and with each other in a comfortable and supportive way.
- People take into account the different experiences, perspectives and needs of women, men and children and make space available for them to participate together or separately.
- People seek and include the views of pregnant women, children, parents and families to make the environment more child- and family-friendly.

- Non-threatening ways are found to connect with babies and children and to enter into their worlds in an effort to listen and respond to their needs and perspectives.
- The content of programs and processes responds to the immediate and emerging needs and interests of participants.
- There is a conversational space where children and adults have a place to be, to learn, and from which they can openly speak and act.
- The language used to speak or write about the program focuses on strengths and skills rather than shortcomings and weaknesses.
- Attitudes and activities are culturally respectful and appropriate.
- People are supported as they begin to become involved in other ways in their community.

A2. CAPC and CPNP programs work when environments are created where the people involved can learn from each other, develop new relationships and establish social supports and networks.

People involved in CAPC and CPNP can learn from each other and flourish when projects provide opportunities for learning to occur for everyone. These are informal and formal program initiatives or activities where individuals are respected for who they are and for the strengths they bring. Trust and mutual respect are encouraged. Processes are put in place for those involved to share experiences, resources and knowledge. This sharing fosters the development of long-lasting relationships, social supports and networks. Individuals and organizations begin to realize they have mutual interests and are willing to address common issues and goals together. This can be seen in the kinds of partnerships and working relationships established within projects and communities and with funders, government agencies, evaluators, researchers and academics.

Now that we are more established and well known in the community we do now have more people approaching us looking to partner.

CAPC/CPNP Staff

Supportive environments can enhance learning opportunities in a number of ways:

• The programs operate from a model of community development and hold strongly to the belief of working with, by and for the people.

• All program participants can have input into the programs. Special efforts are made to include children. Music, art and theatre, as well as children's conversations, are used to inform program content and process.

I like to colour and sing songs at play group.

CAPC Child Participant

- Formal and informal training opportunities are provided to enhance the knowledge, skills and competencies of all individuals involved. This includes participants, staff, volunteers, board members, community partners, funders, evaluators and researchers.
- The principles of adult education are understood and used. For example, the starting point for people's involvement is the reality of their lives, their experiences and existing knowledge and skills. Safe opportunities are provided for them to share their knowledge and experience. It is okay to take risks, make mistakes and learn from them. The message to people is that they know what they want and need. It is recognized that learning happens best when the content is varied, meaningful and related to people's needs and interests. As well, different learning styles are respected. It is understood that the circumstances in people's lives affect their interest in learning as well as their ability to learn. Positive attitudes and behaviours are modeled at all levels:
 - at the **individual** level through interactive play and spontaneous, informal conversations
 - at the **project** level through discussions on topics ranging from labour and delivery, parenting, and child development to program planning, problem solving and policy development
 - at the **community** level through collaborative initiatives and partnerships
 - at the **system** level through joint evaluation and strategic planning.

Supportive environments nurture the development of new relationships in a number of ways:

- People feel listened to and heard. They are comfortable with the way individuals relate to each other. Respectful processes are in place to solve problems and resolve conflicts when they arise.
- Learning opportunities occur through spontaneous conversations and through more formalized initiatives such as breastfeeding support groups, parenting programs and community development projects.

- Thoughtful friendships and relationships are nurtured so that people can reflect on their worlds, think about making changes and perhaps feel confident and supported enough to make changes within their own lives. They may then be able to work together to address issues, solve problems and contribute to social change.
- An individual's growth is supported from a level of personal empowerment to involvement in groups, the community and the system.

[Program participants] began taking more responsibility. Speaking out. Asking hard questions and standing up for themselves and others.

CAPC Project Evaluation Report

Supportive environments nurture the development of social supports and networks in a number of ways:

- Relationships are built on trust and mutual respect.
- Experiences, resources and knowledge are shared among individuals within the project, and among community partners and people working within the system.
- People are encouraged and supported to voice their opinions and concerns within and outside the project. They are encouraged to participate in committees and organizations that address their interests, life circumstances, issues or concerns.
- Program policies and procedures affect the people involved in a positive way.
- Management, staff, program participants, community partners and people working within the system actively seek out information about policies and programs that impact on the lives of CAPC and CPNP priority populations. This knowledge is used in policy discussions and advocacy work.
- A3. CAPC and CPNP programs work when the overall project goals can be achieved in a flexible manner and according to the diverse needs of the individuals, families and communities they serve.

Environments need to be created that respect and are sensitive to differences. Programs need to be flexible in how, when and where they are available. From a community development perspective, flexibility recognizes the uniqueness and diversity of each situation and responds accordingly. Responding to the diverse needs of individuals, families and communities is a challenging task. Flexibility requires a commitment to identifying the needs of people and organizations and creating opportunities to meet

those needs. At the same time, flexibility can only occur within the realities and limitations of project resources.

I think this is one of our strongest elements ... the amount of effort that is put into getting feedback is enormous ... and it is not just getting feedback but following through on it and reacting to it and modifying the program right away to meet their needs ... it's not a matter of saying "next year when we offer this program we will change this," we adapt programs right away to meet needs ... we are adapting our programs constantly - we are really flexible and are able to do it to all of our programs ... we respond very quickly to parents' needs.

CAPC/CPNP Staff

Flexibility is demonstrated in a number of ways:

- A community development model and the principles of adult education are used.
- It is recognized that projects cannot be all things to all people.
- An environment is created where people are open and responsive to others' points
 of view. A balance between individual and group needs is negotiated and
 accepted.
- It is recognized that needs and interests change over time as a result of family, project, community and system realities. Policies, procedures and activities may also need to change in response to these realities.
- Programs respond to changing needs through:
 - the type, duration and content of the activities offered
 - the formal and informal training opportunities made available
 - the policies and procedures that are developed and followed
 - the working relationships that are established.
- Staff is acknowledged as an emerging profession of community workers with a range of formal and informal education and learning in their repertoire. Their ongoing needs for professional development and training are acknowledged and addressed.
- A project is committed to ongoing learning and evaluation that focuses on the successes and also on the changes required to improve the organization and the work.

Diversity is demonstrated in a number of ways:

- Differences in family structures, race, language, color, gender, sexual orientation, religion, ethnic or social origin, disability, birth or social status are recognized, celebrated and respected. Programs respond to these differences and share this approach with others and in so doing promote the inclusion of marginalized children and families.
- The language used, along with the recruitment, programming, management and staffing practices, reflect, respect and include a diverse population.
- Policies are in place to encourage the involvement of staff, board and volunteers that reflect the demographics of the priority populations in the communities where the programs take place.

A4. CAPC and CPNP programs work when there are adequate resources and effective management practices and organizational structures to support the people involved and the work⁸ they do.

Environments need to be created where effective management practices and organizational structures support the people involved and the work they do. This is evident in the kinds of policies, practices and programs implemented by CAPC and CPNP projects, community partners and the system. It is also evident in the resources available to support them. It is reflected in the opportunities created for people to discover and articulate the nature of their reality as individuals within families, communities and the system. It ensures that differences are acknowledged and respected. A tone is set to allow for feedback and resolution, and adequate time is set aside for self-reflection and evaluation.

Management practices and organizational structures can support the people involved and the work that they do in a number of ways:

- Information is communicated in a clear, concise, accessible and timely manner to people who need it and are directly affected by it. This includes:
 - rules and regulations governing day-to-day operations and schedules, and other information about program activities
 - project and program goals and objectives, and the values and principles used to guide the work

⁸ Within the CAPC and CPNP context, the term "work" is used broadly and reflects the participatory and empowerment approach of its programs. Work within CAPC/CPNP programs includes the effort of all key stakeholders — program participants, projects, community partners, government representatives, evaluators and researchers.

- roles and responsibilities of the board, staff and committees
- the responsibilities and expectations of any other group connected with the project including participants, volunteers, ad hoc committees, community partners, program managers, funders, evaluators and researchers.
- Time is allocated to reflect on policies and practices that support and enhance the work. Policies and procedures are reviewed on a regular basis to ensure they are supportive of all people involved. Changes to these are communicated in a timely manner to those affected or who require this information, e.g., a project or a funder
- Evaluation and training is seen as a critical element to the work. Training needs assessments and training plans are integrated into annual workplans and strategic planning. Regular training opportunities are made available to all those involved as required. Evaluation is integrated into all aspects of the work and made a key part of ongoing reflection and planning. Evaluation is most effective when the process includes representatives of all stakeholder groups. Trainers and evaluators need to have the skills to carry out their work. They should know how to design and deliver programs, facilitate groups, communicate clearly, build relationships, manage conflicts, etc.
- The work is valued and recognized by spreading the word about the learning, challenges and benefits of CAPC and CPNP programs. This includes the work at the project level and the reciprocal impacts that projects have on children and families, communities and the system. Evaluation results both the successes and the challenges need to be communicated and made accessible to all those involved so that their power to influence change can be maximized. Adequate human and financial resources are made available to carry out the work. These resources are acknowledged as benefiting all stakeholder groups. This includes individual capacities, skills and time; ongoing funding; the provision of space and materials; the availability of personnel; and the sharing of resources among community agencies, partners and people within the system.
- Efforts are made to share the decision making power. For example, opportunities and support are offered to ensure program participants, staff, and community partners can all be involved in decision making processes as well as project-related activities and actions. In this way, a reciprocal and collaborative environment is established.

Project ownership is built both within and outside the project through a
participatory process. This encourages buy-in and shared responsibility and
accountability for the results among all those involved.

The most successful thing the centre has created is an environment where parents feel welcome and supported. The programming is adaptable, accessible, meets group need, and always positive. I hear from parents how welcome and comfortable they feel here. I have seen changes in families who go there. Their self-confidence is the first thing I notice. It's the little things that are paid attention to that makes the centre special and successful - the supportive staff, the goodies for families (parents and children), the clean safe place for families, the variety of programs and services.

Partner

People develop or enhance their confidence to participate, become involved and contribute in whatever ways are comfortable and of mutual benefit.

- B1. CAPC and CPNP programs work when special efforts are made to reach pregnant women, children, parents and families from priority populations.
- B2. CAPC and CPNP programs work when they are respectful of cultural and individual differences and make special efforts to be inclusive.
- B3. CAPC and CPNP programs work when there is a commitment to engage people and partners in ways that are meaningful.
- B4. CAPC and CPNP programs work when there is a commitment to provide opportunities and supports for people to become involved in ways that are comfortable and of mutual benefit.

Participation in CAPC and CPNP programs puts program participants, staff and board members in the role of citizens with needs, rights and political will. This is a shift from thinking that participants are consumers and that staff and board members are service providers. As citizens, **everyone** has equal rights to become active in decision making processes and structures. This does not mean that everyone **must** participate in decision making, nor does it mean that everyone becomes involved to the same degree.

People are never pressured to register for a program series or pressured to take on tasks or responsibilities they don't want to. We let them know that they should feel free to just come and participate.

CAPC Staff

Involvement is viewed as a process of working in relationships characterized by reciprocity and mutuality. Everyone gives and takes, helps and receives help. Participation is not limited to program participants. It includes staff, volunteers, funders, program managers, community partners, evaluators and researchers. Together everyone becomes part of a "community of support."

This core element is about reaching priority populations and finding ways to encourage their participation and involvement. Differences are respected, and principles of social justice, inclusion and equal opportunity are practiced. Supports are provided, opportunities are created, and people are encouraged to become involved in ways that are meaningful and beneficial to all.

We are starting with the people who come to the Healthy Baby Club and hoping that it will spread out and reach out into the community and help them to set up other support systems. The possibilities are endless. The healthier the people are in the community the healthier the community will be.

CPNP Key Informant

B1. CAPC and CPNP programs work when special efforts are made to reach children, pregnant women, parents and families from priority populations.

Priority populations for CAPC and CPNP are defined in federal-provincial agreements. These agreements are based on family and community needs and capacities. The agreements support programs to increase equity and accessibility. As Canadian citizens, we all have an equal **right** to access resources. This principle is known as universality. However, we do not all share equal **opportunities**. Many people experience barriers to participation. These include isolation, discrimination, poverty, racism, lack of knowledge about or access to services, and so on. It is these people CAPC and CPNP are attempting to reach in an effort to equalize opportunities and life chances.

The program has been successful. We reach many from the target population in the communities. It is great that they can come together to support each other during pregnancy.

CPNP Staff

CAPC and CPNP projects make special efforts to reach members of priority populations when they:

- reflect the issues, concerns and life experiences of members of priority populations in programs, policies and practices
- locate in areas that are accessible
- create programs, services, policies and promotional materials that are sensitive to literacy levels, differences in culture and language, sexual orientation and family structures
- try to make programs and facilities accessible to people with disabilities
- do outreach and visit homes to reach children and families who otherwise might not come
- develop strategies in collaboration with community partners and other likeminded organizations to address barriers to participation, including isolation, discrimination, racism, poverty, lack of access to services and lack of involvement in decision making.

B2. CAPC and CPNP programs work when they are respectful of cultural and individual differences and make special efforts to be inclusive.

CAPC and CPNP projects demonstrate respect for cultural and individual differences when policies and processes are in place to share and celebrate differences. Individuals can participate without fear of discrimination.

The inclusion of priority populations is enhanced in projects in a number of ways:

- The language and processes used in recruitment, programming, management and staffing practices are respectful of differences in race, gender, sexual orientation, religion, ethnic or social origin, disability, birth or social status and family structure.
- Policies, procedures and practices are applied to all people involved children, parents, staff, volunteers, community partners, funders, evaluators and researchers.
- Policies addressing harassment, discrimination and other related issues are developed and discussed with people so that everyone is aware of what is expected.
- Behaviours which are not in keeping with stated policies are discussed in a safe and respectful way with the individuals involved. Examples of these behaviours include the corporal punishment of children and the use of offensive language. Efforts are made to ensure an understanding of why these behaviours are not acceptable and support is offered to develop more acceptable ones.

B3. CAPC and CPNP programs work when there is a commitment to engage people and partners in ways that are meaningful.

Meaningful and mutually beneficial involvement in CAPC and CPNP projects occurs at many levels. For **pregnant women, children, parents and families**, it can mean direct participation in programs. It can mean participating in parent committees to plan special events or to resolve particular challenges and issues. They can affect the direction and management of a project by participating in project evaluations and strategic planning sessions. They also become involved in project boards and committees and in partners' coalitions.

Thanks for the opportunity. It was good to have my voice heard.

CAPC Participant

For **staff and volunteers**, involvement in CAPC and CPNP can mean enhancing their knowledge and skills related to health, child development, adult education principles, etc. They can develop and implement appropriate and relevant activities and programs for participants. They can manage the day-to-day operations and ensure project activities are carried out. Their involvement can also mean the initiation of projects and their direct participation in administration and management, evaluation and strategic planning. As well, they can be involved in the development of partnerships and maintaining relations with community partners, funders, evaluators and researchers.

For **community partners and people within the system**, involvement can mean meeting their own organization's goals and objectives. This can be accomplished by representing their group on a CAPC or CPNP board or advisory committee. They can also provide human and financial resources to help run the programs. They can collaborate with projects to examine their own family-related policies, or they can influence others to examine their policies and make changes where necessary.

Whether people come into the project as an individual or from a project, community or system, they can all become involved in a meaningful and mutually beneficial way. Children, families, staff, volunteers, partners and funders can all feel a sense of belonging and responsibility for what happens and for the results of the work. This leads to project success. People have more control over community resources. They share accountability for the results of the work and learn more about best practices. When positive change occurs in the lives of children and families, the whole community benefits.

CAPC and CPNP projects engage **pregnant women**, **children**, **parents and families** in meaningful and mutually beneficial ways when:

- They can influence program content and direction and enhance and use their leadership skills.
- Policies, procedures and programs provide opportunities and supports for people to make positive changes in their lives by encouraging them to:
 - confirm existing values, attitudes, skills and knowledge in the process of learning new ones
 - increase self-esteem and self-confidence
 - enhance their abilities to deal with problems in their daily life or health through an increased awareness of problems, their sources and solutions
 - recognize that individuals have a right to make their own decisions

⁹ Best practices are defined as the most appropriate and effective ways to achieve intended purposes and outcomes. For example, CAPC and CPNP projects share best practices among themselves in order to better meet the needs of participating families.

- develop confidence and skills to engage with others in a cooperative and collective way.
- Ways are found to listen to pregnant women, children, parents and families, especially the most vulnerable and least vocal. They become involved in identifying strategies to achieve their goals in the most comfortable environment for them home visits, one-on-one exchanges or groups.
- Options and opportunities are provided to solve problems and deal with conflicts in a constructive way.

I find I am more patient ... I've learned over the months how to sit and draw with her and to talk to her.

CAPC Participant

• Efforts are made to include children in the decision making process at a level relevant to their age. They are encouraged to speak, act and draw about their thoughts and feelings and about activities, people or events. Research indicates this may also help children to expect equal rights to express themselves and to develop the skills and confidence they need as youth and adults.

I have seen the children come as babies and now they are in Kindergarten. They have grown to interact more, share with each other more, and develop a higher self-esteem. CAPC Participant

CAPC and CPNP projects engage **staff and volunteers** in meaningful and mutually beneficial ways when:

- The key role they play in every aspect of the work is recognized, respected and celebrated.
- Staff contributions are acknowledged through regular reviews of their performance or work and by adequate salaries and benefits (within the limits of project funding).
- Events are organized to acknowledge volunteer contributions.
- Ongoing support, direction and encouragement are provided to ensure staff and volunteers can carry out their work as effectively and efficiently as possible. This includes opportunities to participate in training events to enhance personal and professional development and to increase knowledge, skills and competencies.

- Opportunities are provided for their involvement in decision making structures to ensure they have a say in how programs are planned and implemented, and in how to solve problems and deal with conflicts in a constructive way.
- They are encouraged to seek out opportunities to learn about, develop and evaluate best practices and share them with others.

CAPC and CPNP projects engage **community partners and people within the system** in meaningful and mutually beneficial ways when:

- Projects actively seek out individuals, agencies and organizations with whom they can develop relationships and establish partnerships. Together they can collaborate on issues of mutual interest and reduce duplication of programs and services. Examples include:
 - planning around child care for a jointly sponsored event
 - organizing a community event such as preparing pre-natal information sessions with hospital staff
 - ► initiating community change by transforming old or developing new programs, policies or practices to respond to the emerging needs of parents or children
 - securing agreements that reduce barriers to participation
 - building long-term and sustainable ways to address issues together.
- Projects hold events to acknowledge the contributions and supports provided by partners. These may include providing a space, funding or human resources, participating in decision making structures, etc.
- Projects and partners share resources knowledge, skills, experience and competencies, as well as space, materials, etc.
- Projects and partners promote each other's work and link each other to resources and supports in the broader community and within the system.
- Projects and partners promote an empowerment and community development approach to developing community-based programs.
- Projects and partners promote equal access to decision making structures and set up processes for decision making that are fair, transparent and understood by everyone.
- Projects and partners work together on developing methods for evaluation and reporting that truly reflect program design and intent. These methods also demonstrate the positive impacts of projects as well as the challenges they face.

[The Centre's] input provided us with a way of developing our program – giving us input into the design in terms of what's important, helping us in terms of clarifying our three strategic directions.

Partner

B4. CAPC and CPNP programs work when there is a commitment to provide opportunities and supports for people to become involved in ways that are comfortable and of mutual benefit.

People come to CAPC and CPNP programs for very different reasons. They come with different life experiences, capacities, needs, expectations and comfort levels. These differences may influence how long they choose to participate or how they become involved. They may participate in program activities or on committees and decision making structures. They may also work with community partners, evaluators, researchers, funders, etc. Depending on their level of involvement, people need a variety of opportunities and supports to encourage or continue that involvement.

Projects cannot determine in advance how people will become involved. They also do not know how people will act or react when they become involved. The best they can do is ensure that opportunities and supports are available to engage people at whatever level they feel comfortable. These opportunities and supports must value and build on the participants' knowledge, skills and competencies at whatever level seems mutually beneficial.

The centre believes in involving parents in the process. Their needs are first and services are developed to meet their needs. Families feel supported and safe at the centre. I have heard from families that it is a fun place to be.

Partner

Projects provide **opportunities** for people to become involved in ways that are mutually beneficial when:

- Pregnant women, parents, children and families are encouraged and supported in their efforts to:
 - share their knowledge, skills and experiences
 - identify possible resources
 - participate in project management
 - ask questions and challenge aspects of policies, programs and practices
 - take steps to identify and pursue goals, and redefine them when necessary.
- Projects use an approach that focuses on the participants one that is safe, comfortable, and relevant to their lives and experiences. This enhances the possibility that individuals will continue with the project. This approach includes,

but is not limited to, providing a place where participants can meet others with children of the same age and with whom they share interests and concerns.

- Projects do not force or require any level of participation; people voluntarily choose to participate.
- Resources, such as child care and transportation, are provided to assist and encourage people to participate in activities, committee or board meetings, strategic planning and training events.
- Projects recognize that the length of time people are exposed to the program is not as important as the kinds of opportunities available to them. Whether they are program participants, community partners or people working within government systems, what is important is that their needs are identified and met.
- Projects recognize that how long and in what way people participate will depend on what brings them to the project their interests, needs, issues and concerns. As well, their involvement will depend on whether projects create spaces that provide opportunities to:
 - learn, grow and bring about positive change
 - work directly with children and families and influence project policies and programming
 - promote project results and learnings to make changes in policies, programs and research at the local, provincial and national levels
 - work in partnership with others who share interests.
- Projects acknowledge the reciprocal nature of relationships that all people have something to give and receive.
- Projects acknowledge that what each person is capable of giving and receiving at any given time is influenced by:
 - the complexity of their lives and the energy they need for survival or meeting their day-to-day needs
 - the energy they have for learning and change
 - their personal or organizational goals, roles and resources
 - their skills, experiences and workload.

Projects provide **supports** for people to continue their involvement in ways that are mutually beneficial when:

• They provide adequate and appropriate training so that all people involved will clearly understand their roles and responsibilities and expectations of them.

- They set aside time for reflection and planning so that informed decisions can be made about each aspect of their involvement content, process, management or evaluation.
- Through policies, procedures and a participatory approach, they ensure that the project is a comfortable place to be, where people can develop a sense of belonging as they become part of it.
- They recognize the contributions staff and volunteers make to the work and the importance of maintaining a skilled work force by:
 - valuing and building on the knowledge, skills and competencies of staff and volunteers
 - ensuring each person has a reasonable workload and that salaries and benefits are in keeping with others in the field
 - making personal and professional development opportunities available.
- Projects recognize the effort needed to maintain community partners and create partnerships that are mutually beneficial. These efforts include a commitment on the part of projects and partners to:
 - explore common ground and understand the ways in which the partnership benefits both of them
 - develop strategies to work together
 - provide or share human and financial resources to do the work
 - review the partnership on a regular basis to determine if it is still relevant and mutually beneficial.
- Projects recognize that maintaining a positive working relationship with people in the system is very important. It is not always easy to work together. The relationship must be built on trust, respect, inclusiveness and reciprocity for its ongoing success. Opportunities need to be provided to gain an understanding of each other's challenges.

People's capacities for learning, mutual support and action can be further developed and enhanced in supportive environments where there are opportunities for growth and meaningful participation and involvement.

When people develop and enhance their capacities, they can feel empowered to take action as individuals. This, in turn, can set the stage for people with common interests to take action within communities and the system.

- C1. CAPC and CPNP programs work when opportunities are provided for people to build their capacity to learn, make choices and take action.
- C2. CAPC and CPNP programs work when opportunities are created for people and partners to work together.
- C3. CAPC and CPNP programs work when opportunities are provided for people to exercise their capacity to take action within the broader "community of support."

Parents want what is best for their children. They want to be good parents. Project staff and others, committed to making a difference in the lives of children and families, also want what is best for them. CAPC and CPNP programs provide opportunities for people to recognize, enhance, strengthen and renew their skills and self-awareness. These programs do not promote one "right" way. In the process of developing their problem-solving and critical thinking skills, people learn from each other. If they are interested and able, they may also take advantage of opportunities to build and apply their skills at the organizational, professional, community and system levels.

I personally have grown much more in self-esteem and positive attitude towards life and parenting.

CAPC Participant

Through supportive environments, people gain the confidence to make informed choices and to act. Academic research shows that the key to capacity building is the empowerment of people. Building self-esteem and feeling empowered may come from successfully overcoming personal, family or work challenges. This personal growth may also result from experiencing and learning behaviours that express commitment, caring, respect, reciprocity, trust and the sharing of resources and power.

It built up my confidence — it's part of your life ... you would not believe how much it has helped me speak out for myself; you can grow here.

CAPC/CPNP Participant

The process of capacity building begins with sharing experiences or interests. Through this process people can gain some influence over an issue that matters to them. Individuals may then be able to question attitudes or policies within the established system or to support others to do so. For this to happen, it is helpful if professionals and bureaucrats take on new roles and approaches. Pregnant women, parents, children and families need to be seen as critical resources and partners. Families need to be welcomed in a way that draws on their creative talents and strengths. Their definition of the problem or issue must be recognized and they need to be involved in the change process.

Capacity building is about seeing opportunities rather than problems. It uses collective wisdom and builds on people's diversity and strengths. Through capacity building, new systems emerge that are driven by common values and a synergy of effort across programs and services. The focus for everyone is on prevention, early intervention and outreach services. These services are part of a whole continuum of services that are user-friendly, accessible, flexible and responsive to the needs of pregnant women, children, families and communities. A space is created for a community of support to work together to effect broad changes to the surrounding social institutions and structures.

Working together we cooperatively meet the needs of families. We can see a bigger piece of the puzzle. Partner

Key principles in this capacity-building approach include:

- valuing people's strength and resilience
- emphasizing inclusion and democratic processes
- reducing power differences and sharing knowledge for empowerment
- creating nurturing environments
- valuing diversity
- using consciousness raising for personal and collective empowerment and for political and social action.

Capacity building in CAPC and CPNP programs is about providing opportunities for all stakeholders to feel confident and competent to act individually or together to share, collaborate and build social support networks. These networks can facilitate both personal responses and public solutions to the most important issues they face. CAPC and CPNP projects accomplish this through their empowerment and community-development approaches in planning, programming and evaluation and through their many community partnerships.

Joint benefits - increases opportunity/ability to reach mutual clients, increase access to target group, share information and resources, act as promotional resource for services and programs offered, cross referring and we don't duplicate services but enhance existing ones.

Partner

C1. CAPC and CPNP programs work when opportunities are provided for people to build their capacity to learn, make choices and take action.

CAPC and CPNP projects provide support for parents to understand the responsibilities, rewards and challenges of preparing for and being a parent. They provide supports for parents to be the best they can be. Projects support parents to build strong relationships with their children and family members, and to create a sense of caring about others within the projects and their communities. Contact with people who share similar issues or challenges builds social support, relationships and a sense of belonging. This contact can also encourage people to engage in collective action. Through this process, people more fully understand themselves in relation to others and their environment.

I was a nobody (at least that's how I felt) before coming here. My spirits and personality are high with confidence, that's because I've met so many new friends and staff that has helped me build up the confidence.

CAPC Participant

Pregnant women, parents and families can become more confident and skillful when they have opportunities to:

- enhance their knowledge and skills in areas such as labour and delivery, breastfeeding, nutrition, parenting, relationships, leadership, mutual support, citizenship, employment, etc.
- develop or enhance their self-esteem
- share their experiences as a means to connect with people, to create dialogue and as a basis for future directions and decisions
- establish relationships built on trust, respect, contribution and caring
- have a voice in the day-to-day operations of the project, on working committees and within decision making structures
- recognize their power as individuals and their right to make informed choices and act

- increase their ability to deal with change, by talking about it, understanding how it comes about and becoming more comfortable with it
- increase their ability to question and be questioned
- take responsibility for their own decisions and actions, evaluate their progress and be accountable
- experience empowerment in their own personal and professional growth, and in the broader community
- assume a leadership role in activities and programs
- understand and appreciate diversity and differences and experience the benefits of this understanding.

I eat a lot better now. I now eat three meals a day ... in the program we learned about healthy eating ... I always hated milk, but I learned that there are substitutes that I can have that makes it good for me and the baby.

CPNP Participant

When the opportunity arose for me to join the Parent Advisory Committee ... I was unsure of how much I could contribute to the committee ... I eventually went on to be the vice-chair of the Parent Advisory Committee, at which time I also joined the Board of Directors. I later took on the position of vice-chair of the board and finally the chair. CAPC Participant

In CAPC and CPNP projects, **babies and children** are provided with opportunities to develop skills in motor development, language, social interaction and readiness to learn. As well, projects often engage them in the participatory process at a level relevant to their age. They are invited to identify their needs, to participate in decisions about their physical environment and to make choices about their activities. At a very early age, they become engaged in a way that helps them develop the skills and confidence that they will need as youth and adults.

Teachers always notice the difference in those who come to the program ...
they are better prepared for kindergarten ... getting along with others and
with school work.

CAPC/CPNP Project Evaluation Report

Babies and children can develop or enhance their capacities to grow and learn through activities and programs that:

• respect them as individuals and beings in their own right

- encourage children to participate in project processes such as evaluation through drawings, seeking their opinion, actively listening to them and making them part of any changes that may occur
- provide appropriate stimulation for them to develop skills in the areas of motor development, language, social interactions and readiness to learn
- provide nutritional supplements to pre-natal and post-natal women
- provide education and support to parents, families and communities.

I couldn't afford them [vitamins]. I mean, they are \$20 a bottle, ... I just couldn't afford it, not when you have other children ... when I joined the program I couldn't believe the benefits of this and how they helped you.

CPNP Participant

Staff and volunteers have the opportunity to enhance their own capacities and competencies. They can contribute to positive changes for children and families at the individual, project, community and system levels. Staff and volunteers also play a critical role in creating supportive environments and encouraging participation and involvement. They can involve people in processes that will enhance their capacities and competencies to make choices and act.

To accomplish their work, CAPC and CPNP project staff and volunteers bring an array of knowledge and skills from their accumulated experience and training. Projects provide learning opportunities to address their ongoing professional development needs within the field of early childhood development and community development. Staff and volunteers take the time to reflect on their work, revise it, implement changes and reevaluate it. This has resulted in the creation of their own curricula in this new and emerging field. They work with peers in early childhood and community development to identify emerging needs. They seek out individuals who can provide learning and training opportunities to respond to those needs.

Staff and volunteers can enhance their skills and confidence to fulfill their roles and responsibilities within projects when opportunities are provided for them to:

- value and share their strengths and resiliency
- be an informed resource to people, organizations, government and academics on issues related to pregnant women, babies, children and families
- take part in assessments of training needs, formal and informal training and professional development opportunities to:

- enhance their knowledge and skills around early childhood and community development, adult education, problem solving, empowerment, social and economic inclusion, determinants of health, etc.
- develop their competencies to challenge and be challenged, to evaluate progress, to share experiences and to become more comfortable with innovation.
- participate in consciousness-raising events around issues of rights, equity and diversity so that differences among people are recognized, honoured and respected
- work as part of a team responsible for management and organizational structures and support and encourage others to be part of decision making about program practices and policies
- assess progress and promote the use of results to inform decision making and to explore new ways of doing things to enhance best practices.

Community partners, program managers and funders also have the opportunity to build their capacities to influence positive changes. They can increase their knowledge of child- and family-related issues as described by those who live the experiences. This knowledge can help them identify barriers that may exclude individuals from actively participating in organizations, communities or the system. They can work to remove or lessen these barriers. Capacity building for partners and bureaucrats can also involve recognizing that there may not be a quick solution. Opportunities for growth require reflection, analysis and thoughtful preparation. It may take time to figure out what needs to happen. Flexibility may be required to "do it differently." It can be challenging and daunting to work within hierarchal organizations to promote empowerment and the principles of reciprocity and equity for all stakeholders.

I feel very proud to have been part of [the CAPC/CPNP project]. I have a strong feeling of pride of what has been done in the community and a great feeling of accomplishment in getting through some difficult times of change.

Partner

Community partners and people within systems can enhance their capacities to influence structures within their own institutions and to influence broader public policies when they:

- demonstrate a willingness to cross bureaucratic boundaries to take risks and assume new roles and ways of working across program, policy and research areas
- use language that focuses on strengths and respect for people, especially program participants

- acknowledge that people come to CAPC and CPNP programs with pre-existing knowledge, skills and competencies
- promote a mutual understanding of everyone's challenges and realities by involving project participants in advisory or decision making committees and encouraging others to do the same
- work to strengthen and support the collective efforts of families and partnerships in the promotion of the health of children by:
 - investing in outreach, early intervention and prevention programs and in evaluation and research
 - providing opportunities to collaborate on common issues, leading to the development of mutually beneficial solutions, practices and policies
 - focusing on flexibility, community-based decision making, partnerships, diversity and equity.

Working with the [CAPC project] has taught us more about the circumstances of their participants. They have contributed to our working with that environment. They continue to raise issues of poverty - they know the situation. If we do not address X,Y or Z, they will tell us. We're on a learning curve and we're learning from their experiences.

Partner

C2. CAPC and CPNP programs work when opportunities are created for people and partners to work together.

CAPC and CPNP projects provide opportunities to develop knowledge, skills and a sense of collective identity that result in the establishment of social supports and networks. These supports can help people feel a greater sense of ownership of the programs. Their capacity to become more confident and skillful citizens increases and they may then become more involved in broader community networks and activities. As a result, people learn to care for and about others in a respectful and mutually beneficial way that values shared responsibility and accountability.

Their strength comes from knowing how to bring members of the community into a community development approach.

Partner

The capacity to create social support systems and networks can be developed when:

 People's experiences are recognized as legitimate and used to inform decision making.

- Diversity is recognized and celebrated.
- Creativity in problem solving and empowerment is encouraged.
- CAPC and CPNP vision, values and beliefs are reflected in policies and practices.
- Processes and relationships are built on trust, participation and respect in order to facilitate mutual support, collaboration, partnerships and citizenship.
- Partners are aware of each other's strengths and limitations in responding to needs and working with others.
- Program participants are seen as valuable players and encouraged to assume facilitating and consultative roles within these systems and networks.
- CAPC and CPNP projects are seen as key and valuable players in community life, and are thus in a better position to affect change for children and families within their communities as well as collectively within the system.
- The importance of developing common ground and negotiating differences in philosophical approaches is recognized.
- There is recognition of the time required to develop and maintain partnerships and the implications this will have on human and financial resources.
- People understand that priorities change over time and available resources can fluctuate; therefore, partnerships must be periodically reviewed to ensure they remain relevant.
- Projects, community partners and people within the system are prepared to challenge the status quo and seek additional human and financial resources to support the work in a mutually beneficial way.
- People within the system recognize the value of consultation and collaboration for developing programs, policies and research agendas that address issues related to children and families.

C3. CAPC and CPNP programs work when opportunities are provided for people to exercise their capacity to take action within the broader "community of support."

CAPC and CPNP projects are not only tools for personal and professional growth, they are also a means to create a synergy and "community of support." Synergy is the

interaction of combined efforts and collaboration to increase effectiveness and success. A "community of support" is a group of people with common interests and goals who are able to mobilize resources and act upon issues of importance to them. People within this community can make informed choices and take action on a broader level. By building the strengths of individuals, projects, communities and the system, CAPC and CPNP projects are key players in producing change at broader levels. Everyone in the process is an agent of change. Projects act as facilitators to connect people and create and harness this synergy. They act as the "bridge" between program participants and people working within communities or the system. This synergy fosters collective action that can lead to positive changes in the lives of children and families within their communities.

There are a number of problems in the community. But the Resource Centre has helped many who live there to develop skills, like mediation skills, or how groups work, that can then help them in the tenants' association or in other ways.

Partner

Belonging to a **community of support** provides a number of important opportunities:

- People see themselves as growing and contributing individuals who may need help but who can also provide help.
- People can exercise their rights and obligations as citizens through their leadership and volunteer contributions.
- People recognize the interdependency among individuals, families, communities and the system. They understand they can all benefit from working together.
- Programs and services can be planned together and offered in a more complementary, coordinated, flexible and accessible way, with strong referral systems.
- Projects, partners and people within the system can share human and financial resources with other organizations to extend their reach and to reduce costs.
 - Projects, community partners and people within the system recognize, celebrate and can respond to differences. In this way, they promote inclusiveness for children and families.
 - Projects, program participants, community partners and people within the system can work together to advocate for sustainability and a balance between expectations and resources.

• People, organizations and government can work together to build evidence that informs program, policy and research development. They can also work together to mobilize additional human and financial resources.

These core elements reflect our current understanding of what is important within CAPC and CPNP programs in Atlantic Canada. To what extent each element is present in any individual project depends on the priorities and realities of the people, the community and the system surrounding and affecting them.

These core elements will evolve as our understanding increases and as we work together to produce the evidence that will make "the invisible visible and valued."

It has been less about what parents learn from a craft class, or a parenting program or fitness or potluck - i.e., the "content" was NOT the program. The program WAS the atmosphere of the Centre and what that gave to people in terms of them moving forward and developing a sense of community and sense of self, a sense of being a woman, a sense of being what they want to be, their capacity in terms of being good parents and neighbours - whatever.

CAPC Project Evaluation Report

Accountability: The responsibility to demonstrate that agreements have been carried out. For example, CAPC and CPNP projects must show that they are *accountable* for the funds received and that they are effectively achieving their goals and objectives.

Advocate/Advocacy: An *advocate* is someone who represents someone else on their behalf or defends the cause of another. For example, a CPNP staff person may talk to Children's Aid workers on behalf of a CPNP participant. *Advocacy* is the act of appealing for change. For example, pregnant teens may come together to request changes in policies in their local hospital so that their needs are better met.

Citizenship: A person's membership or involvement in a community. For example, CAPC and CPNP participants and staff demonstrate *citizenship* by being board members for a community organization.

Core elements: The values, beliefs and philosophies that are key to the success of CAPC and CPNP programs in Atlantic Canada. The core elements describe the intended changes and benefits of these programs for all stakeholders. The core elements of CAPC and CPNP programs in Atlantic Canada are supportive environments, participation and involvement, and capacity building.

Community-based: A program, group or organization located within a community that brings together people who share a common interest or direction and who can make their own decisions at the local level.

Community development: A process committed to building the necessary capacity within a community to identify and respond to issues on an ongoing basis. Within CAPC and CPNP, the process enables people and communities to mobilize and develop the skills and organization they need to make their voices heard and to plan and implement strategies to improve their lives and their community.

Community-level change: CAPC and CPNP projects work in local communities with individuals and organizations such as community health nurses or local school boards. This work may play a role in effecting change within the community. These changes may include the sharing of resources and expertise or collaboration on a strategic plan that focuses on the health of families.

Community of support: A group of people from different organizations or backgrounds that have similar interests and goals. These people may share and develop knowledge about practices in order to promote program or policy changes. They are able to mobilize resources and act upon issues of importance to them.

Demographics: The characteristics of people in a community, e.g., gender, income level, education level, race, rural/urban, age, family structure, etc. For example, CAPC and CPNP projects tailor their programs to meet the particular needs of Black and Francophone participants, people with low incomes or single-parent families.

Determinants of health: Factors that influence health. Health Canada has defined 12 important factors that influence a person's health. These factors are income and social status, social support networks, education, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture.

Diversity: Having different and distinct characteristics or elements in a group, community or partnership. CAPC and CPNP programs may operate somewhat differently in various communities as they respond to the differences, or *diversity*, of those communities.

Equity: Equity is defined as "the absence of systemic differences in one or more aspects of health across socially, economically, demographically, or geographically defined populations or subgroups." Equity is often confused with equality but actually means something different. For example, while all Canadians have an equal right to health care, some groups may not have the same access to health care because of language or transportation barriers. Actions that reduce barriers for particular groups help create a more *equitable* or fair society.

Family structure: The characteristics or makeup of a family. For example, some families have one parent and some have two parents, and some families are made up of grandchildren living with grandparents.

Hierarchal organization: An organization that is arranged by rank or level of authority, with decision makers at the top.

Network: People or groups that are linked or interconnected around an issue, concern or interest. In CAPC and CPNP programs, networking provides opportunities to share information, to work together on shared issues, to address training needs, to enhance ways to support each other, to showcase best practices and to set priorities for joint work.

Participatory process: A participatory process has as its starting point the concrete experience of its participants. It is committed to the notion that everyone can contribute and everyone can benefit from their participation. Participants define the issues and develop the strategies to address them.

¹⁰ International Society for Equity in Health, Working Definition, www.iseqh.org/en/workdef.htm

Priority population: For CAPC programs, the priority population includes children (birth to 6 years of age) and families who need additional support because of difficult life circumstances. For CPNP programs, the priority populations include pre-natal and postnatal women facing difficult life circumstances. Each province defines the difficult life circumstances that would make people part of a priority population.

Processes: The approach, methods, or steps taken to address certain needs or issues.

Program participants: CAPC and CPNP program participants include those directly affected by the projects such as pregnant women, babies, children, parents-to-be, parents, caregivers and families.

Project-level change: In CAPC and CPNP programs, project-level change can involve changes in structures or processes to allow for the creation of supportive environments, the promotion of participation and involvement, and the building of capacity. For example, a project may learn that new partners would benefit from an orientation to the project before joining the board. Therefore, the project may set up orientation sessions for all new partners.

Reciprocity: The giving and receiving of something; the sharing and learning from one another

Social inclusion: Social inclusion is the sense of belonging and acceptance in society. People feel included when they can participate fully and feel valued in their community. Within CAPC and CPNP, strategies to promote inclusion would address isolation, discrimination, racism, lack of access to services and marginalization from decision making. A commitment to social inclusion promotes equal opportunities to be involved, to act and to be heard politically.

Social justice: A commitment to ensuring that all members of society have equal access to the various benefits and opportunities of that society, regardless of their position or station in life.

Social status: The rank or position of individuals in relation to others in society, based on people's access to goods, services, income, education, resources, etc.

Stakeholder: A stakeholder is anyone who has an interest in a particular issue. For CAPC and CPNP programs, stakeholders include parents, staff, volunteers, community partners, provincial and federal government representatives, evaluators and researchers.

Sub-element: A part of a core element that provides more detail about how the core element works.

Sustainable/Sustainability: CAPC and CPNP programs are sustainable when communities and groups have the proper supports, commitment and resources in place for the ongoing operation of their programs and services. Within this program model, sustainability requires a recognition that healthy child development is dependent on healthy social, economic and political environments.

Synergy: Combined and mutually beneficial efforts that together make more of a difference than individual efforts would have made.

System: Within the CAPC and CPNP context, the *system* includes people working within provincial or federal governments or universities. They work on broad programs, services, policies, or research beyond the community level, e.g., on child care policies for the province.

System-level change: System-level changes are policies, practices or research that take place beyond the local community level, e.g., within provincial or federal governments and universities. Changes at this level can include a deeper understanding of children and family-related issues, reinforcement of current direction, validation of best practices, or changes in programs, policies or practices.

Theoretical framework: Explaining in detail a way of thinking about something. Within the CAPC and CPNP context, the theoretical framework spells out a theory-of-change, based on the concepts of how and why the programs work. These concepts are described as supportive environments, participation and involvement and capacity building, at the individual, project, community and system levels. This theory-of-change is based on the experience of all stakeholders as well as on research.

Supporting Documents

- Amaratunga, Carol, et al, "Inclusion: Will our Social and Economic Strategies Take Us There?" *Women's Health in Atlantic Canada Trilogy*, Volume 2, Maritime Centre of Excellence for Women's Health, Halifax, 2000.
- Barter, Ken, Capacity Building as a Core Element of Evaluation: A Literature Review, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2001.
- Bernard, Nicole, Pauline Raven, Michelle Rivard, Yolande Samson, Madine VanderPlaat and Lynn Vivian-Book, *Learning to listen: what program participants can teach us about empowerment*, paper presented at the International Qualitative Health Research Conference, Australia, 2000.
- ———, Made to measure: qualitative data and evaluation empowerment research, paper presented at the International Qualitative Health Research Conference, Australia, 2000.
- Canadian Institute of Child Health, *Part I: Supplement to Literature Review*, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2000.
- Grzetic, Brenda, *Social Action as a Core Element of Evaluation: A Literature Review*, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2001.
- Freiler, Christa, What needs to change? Towards a vision of social inclusion for children, families and communities, draft concept paper, Laidlaw Foundation, Toronto, October 2001. www.laidlawfnd.org/
- Health Canada, Moving Along, Growing Strong: The Final Report of the Atlantic Community Action Program for Children (CAPC) Regional Evaluation, Health Promotion and Programs Branch, Atlantic Region, Health Canada, Halifax, 1997.
- Kishchuk, Natalie, *Part II, Reflective Sessions Held with Key Stakeholder Groups*, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2000.
- ———, *Part III, Document Review*, Health Canada, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2000.

- ———, Part IV, Synthesis Report on the CAPC/CPNP Atlantic Regional Think Tank, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2000.
- ———, *Think Tank Discussion Document*, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2000.
- Ogaranko, Christine and Jacqueline Jean, Evaluation of Participation in CAPC and CPNP Projects in Atlantic Canada, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2001.
- Tipper, Jennifer and Denise Avard, *CPRN Discussion Paper: Building Better Outcomes for Canada's Children*, Canadian Policy Research Network, Ottawa, 1999.
- Treasury Board of Canada Secretariat, *Guide for the Development of Results-based Management and Accountability Frameworks*, Treasury Board of Canada Secretariat, Ottawa, August, 2001. www.tbs-sct.gc.ca
- VanderPlaat, Madine, *Part I: Literature Review*, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2000.
- VanderPlaat, Madine, et al., *Towards an Equitable Society: A Discussion Paper on the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP)*, prepared for Population and Public Health Branch, Health Canada, Ottawa, 2002.
- VanderPlaat, Madine, Yolande Samson and Pauline Raven, "The Politics And Practice of Empowerment Evaluation and Social Interventions: Lessons From the Atlantic Community Action Program for Children Regional Evaluation," *Canadian Journal of Program Evaluation*, 2000.
- Weiss, Carol Hirschon, "Nothing as Practical as Good Theory: Exploring Theory Based Evaluation for Comprehensive Community Initiatives for Children and Families," *New Approaches to Evaluating Community Initiatives*, Vol. 1, Concepts, Methods and Contexts, The Aspen Institute, 1999. www.aspenroundtable.org
- Whitty, Pam, *Supportive Environments: A Literature Review*, prepared for Population and Public Health Branch, Atlantic Region, Health Canada, 2001.

APPENDIX 1 CORE ELEMENTS AND SUB-ELEMENTS

This appendix contains a summary of the core elements of the CAPC and CPNP programs in Atlantic Canada. The core elements are defined as assumptions or beliefs about how and why CAPC and CPNP work, i.e., how they lay the foundation for individual change, personal and group empowerment and community action.

- **A: Supportive Environments**. Environments where people feel valued, respected and safe can contribute to learning, empowerment and mutual benefit.
- A1. CAPC and CPNP programs work when safe and respectful environments are created for and by the people involved and where capacities are celebrated.
- A2. CAPC and CPNP programs work when environments are created where the people involved can learn from each other, develop new relationships and establish social supports and networks.
- A3. CAPC and CPNP programs work when the overall project goals can be achieved in a flexible manner and according to the diverse needs of the individuals, families and communities they serve.
- A4. CAPC and CPNP programs work when there are adequate resources and effective management practices and organizational structures to support the people involved and the work they do.
- **B:** Participation and Involvement. People develop or enhance their confidence to participate, become involved and contribute in whatever ways that are comfortable and of mutual benefit.
- B1. CAPC and CPNP programs work when special efforts are made to reach pregnant women, children, parents and families from priority populations.
- B2. CAPC and CPNP programs work when they are respectful of cultural and individual differences and make special efforts to be inclusive.
- B3. CAPC and CPNP programs work when there is a commitment to engage people and partners in ways that are meaningful.

- B4. CAPC and CPNP programs work when there is a commitment to provide opportunities and supports for people to become involved in ways that are comfortable and of mutual benefit.
- **C:** Capacity Building. People's capacities for learning, mutual support and action can be further developed and enhanced in supportive environments where there are opportunities for growth and meaningful participation and involvement. When people develop and enhance their capacities, they can feel empowered to take action as individuals. This, in turn, can set the stage for people with common interests to take action within communities and the system.
- C1. CAPC and CPNP programs work when opportunities are provided for people to build their capacity to learn, make choices and take action.
- C2. CAPC and CPNP programs work when opportunities are created for people and partners to work together.
- C3. CAPC and CPNP programs work when opportunities are provided for people to exercise their capacity to take action within the broader context of a "community of support."

APPENDIX 2 CAPC AND CPNP GUIDING PRINCIPLES

This Appendix contains the national guiding principles for CAPC and CPNP, outlining program intent and direction.

The Community Action Program for Children (CAPC) National Guiding Principles

Children First

The health and development of the child is the primary consideration in planning, developing and implementing CAPC programs for children and their families.

Strengthening and Supporting Families

Parents have the primary responsibility for the care and development of their children. However, all sectors of Canadian society share the responsibility for children by supporting parents as they raise their children

Equity and Accessibility

Children, regardless of their cultural and socio-economic status, are entitled to equal rights and opportunities to develop to their full potential. CAPC programs are accessible and sensitive to the cultural and linguistic diversities of families.

Flexibility

CAPC programs are characterized by flexibility in recognition of the diversity of communities and the particular circumstances and changing needs of the children and families in communities.

Community-based

The community is viewed as the focus for decision making and action. Parents and communities have a key role to play in the planning, design, implementation and evaluation of CAPC programs.

Partnerships

Partnerships are crucial to the development of an effective and coordinated continuum of prevention and early intervention programs for children and their families and can only be achieved through the combined efforts of caregivers, families, communities, governments and service providers.

Canada Prenatal Nutrition Program (CPNP) National Guiding Principles

Mothers and Babies First

The health and well-being of the mother and baby are most important in planning, developing and carrying out every program.

Strengthening and Supporting Families

Families have the main responsibility for the care and development of their children. However, all parts of Canadian society, governments, agencies, employers, organized labour, educators and voluntary community organizations share the responsibility for children by supporting parents and families.

Equity and Accessibility

Programs must meet the social, cultural and language needs of pregnant women in the community and must be available in all parts of the country, particularly isolated areas or those with poor access to services, to women with disabilities, to refugees and to off-reserve Indian, Metis, Aboriginal and northern women.

Partnerships

Partnerships and cooperative activities at the community level are the key to developing effective programs. Programs must work in partnership with other services in the community.

Community-based

Decision making and action must be community-based. Pregnant women, new mothers, families and community groups must have an active role in planning, designing, operating and evaluating programs. New programs and changes to existing programs must be based on what participants need and want, and be appropriate to the culture and language of the women.

Flexibility

Programs must be flexible to respond to the different needs in each community and to the changing needs and conditions of women in these communities.