

MAKING CONNECTIONS

Linking Theory and Practice within the Canada Prenatal Nutrition Program

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INTRODUCTION

BACKGROUND

The Canada Prenatal Nutrition Program (CPNP) is a community-based program for pregnant women whose life situation may place them at risk of having unhealthy babies. The program provides food supplements, support, education, counselling and referral services to these women. There are currently 25 CPNP projects in Atlantic Canada.

The objectives of the CPNP program include:

- improving the health of pregnant women
- reducing the number of babies born with unhealthy birth weights
- promoting breastfeeding
- increasing access to services for pregnant women and teens.

CPNP projects in Atlantic Canada were required to complete evaluations in December 1999 and in May 2002 in order to renew their funding. This document presents the voices of CPNP participants, staff and community partners who participated in these evaluations. It tells some of their stories, from their perspective and using their own words. It includes a collection of direct quotes from the project evaluation reports. The quotes help to clearly illustrate some of the results or outcomes of CPNP projects in the Atlantic Region.

APPROACH

Since 1997, CPNP projects have used a list of questions developed by Health Canada to help focus their evaluation efforts. Answers to these questions reveal the impacts of projects on participants and how these impacts relate to the guiding principles of the program. These principles spell out the beliefs that guide the work of the CPNP. The evaluation questions sought answers to find out:

- the effectiveness of the program (Was it working?)
- the target population reached (Was it reaching the people for whom it was intended?)
- the management of the project (How was it being run?)
- the outcomes (Was it producing the results intended?).

In early 2000, Health Canada asked CPNP projects to reflect on what they had learned from their evaluation experiences. They were asked what worked, did not work or needed to change about the way the evaluations were carried out. The responses from the projects showed that the reporting and evaluation requirements should be revised. New processes and tools were needed. The Atlantic Children's Evaluation Sub-committee (ACES) Working Group was set up to develop the new reporting and evaluation system. The Working Group is made up of project staff, as well as provincial and federal

government representatives involved with both the CPNP program and the Community Action Program for Children (CAPC) in the four Atlantic provinces.

As the ACES Working Group reviewed tools and methods to evaluate the CPNP and CAPC programs, they felt it was important to define the thinking or theoretical framework behind these two children's programs. Consultations were held with all the stakeholders,¹ a literature review was carried out and a number of documents were produced. These all helped to identify and reach consensus on the assumptions and beliefs about how CAPC and CPNP projects work to produce positive changes. These assumptions and beliefs were grouped into three core elements:

- ▶ **Supportive environments.** Environments where people feel valued, respected and safe can contribute to learning, empowerment and mutual benefit.
- ▶ **Participation and involvement.** People develop or enhance their confidence to participate, become involved and contribute in whatever ways that are comfortable and of mutually benefit.
- ▶ **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.

Each of these core elements is further defined through sub-elements.² (See Appendix A for the full definition of the core elements.)

Once the theoretical framework and core elements had been drafted, Health Canada wanted to see if the core elements and sub-elements reflected what CPNP program participants, staff and community partners were saying in their evaluation reports. Twenty-five CPNP evaluation reports from December 1999 were reviewed and analyzed to see the connections between the core elements and the evaluation results. A further 19 evaluation reports from the May 2002 process were reviewed to supplement and enrich the findings from 1999. The findings from both these efforts are documented in this report.

¹The stakeholders included project staff, volunteers, community partners, provincial and federal government representatives, evaluators and researchers.

²As well, the core elements are discussed at length in *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.

The overall findings have been categorized according to the core elements and their sub-elements.

Following each sub-element is presented a selection of quotes from the evaluation reports that reflect how the core element is put into practice in the CPNP program. In order to respect the voices of the participants in the evaluations, their words have not been changed within the direct quotes.

The evaluation questions developed by Health Canada focus mostly on individual change. The core elements of the CPNP program define potential changes at project, community and system levels as well. While there is some mention of outcomes at a project, community or system level, the stories presented in this document focus mostly on individual change. As a result, these findings do not accurately reflect the full scope of the outcomes of the CPNP program in Atlantic Canada.

The evaluation reports contain mostly qualitative information about the CPNP projects in Atlantic Canada. Qualitative information gives a detailed description of a situation, or in this case, of a project and its participants. Little quantitative data or information is provided in the evaluation reports. Quantitative data provides numbers or statistics to analyze a situation or project. Some quantitative information about the CPNP projects was collected at a national level over a number of years and documented in 2000.³ Data about CPNP project participants from this research is included in this document.

³These data are presented in *A Portrait of Participants – Highlights of the Canada Prenatal Nutrition Program's Individual Client Questionnaires, 2000*.

THE FINDINGS

I am a single mother on mother's allowance and I could never have afforded to buy all the milk that a pregnant woman required. I would like to thank the [program] for the very healthy birth weight of my baby. She was 8 lbs 2 oz and 21 1/4 inches long ... The supplements are definitely an important part of this program but I think the whole program is great. When I got there I always felt welcome because all the workers are very nice. I didn't have to feel like I was the only pregnant, tired, cranky woman in the world because I could be around other women who were feeling the same way as me. The nutritionist helped a lot by teaching us which foods are better for us and our children. The Health Nurse and [staff] were great in preparing us for labour and delivery, our stay in the hospital and caring for ourselves and our babies when we get home. I think that any woman who takes this course while she is pregnant is very lucky. I believe it increases the odds of having a healthy baby. Thank You Very Much!

Participant

A. FINDINGS ON SUPPORTIVE ENVIRONMENTS

Supportive environments may mean different things to different people, depending upon their life circumstances, past experiences and ongoing daily realities. The process of defining this core element for CPNP projects concluded that 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 and mothers with infants creates the foundation for a supportive environment where they can grow and learn. Staff also facilitate and nurture relationships among 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.

SUPPORTIVE ENVIRONMENTS

This core element 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 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.

During the evaluations carried out in 1999 and 2002, project participants, staff and community partners spoke of outcomes and stories that illustrate how supportive environments are created in CPNP projects. Each sub-element of this core element of supportive environments is outlined below. It is followed by direct quotes from evaluation participants. These quotes reflect the assumptions and beliefs spelled out in the sub-element.

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

CPNP participants report that an environment that encourages positive role modelling and support increases their confidence, self-esteem and self-image. This is particularly important to young pregnant women.

If you have a problem and you want to talk about it, everybody will help you through it. We'll all discuss it and, more or less, it helps with self-esteem and self-confidence.
Participant

We talked a lot about self-esteem and stuff like that 'cause I was feeling bad about the weight I'd gained. I was so huge. We talked about self-esteem, watched videos about it and then she (staff) talked about that it comes off slowly. She made me feel a lot better about it
... Participant

SUPPORTIVE ENVIRONMENTS

The evaluation reports reveal that a supportive and non-judgmental environment allows pregnant women and teens to handle in a more positive way community attitudes about their abilities to be effective parents. The supportive environment is created by both staff and other project participants.

Here, instead of trying to tell you what to do, they just encourage you to make the right choices, but if you don't they don't judge you. It's not like other people out there who think that just because you're young you don't know anything.

Participant

I like how they don't judge you or anything. You are just a person. It doesn't matter [what others think]. Like the people around here - I've lived here for a long time so people know us - and they look down at you.

Participant

Participants report that the staff in CPNP projects are dependable, dedicated and respectful of their needs and circumstances. These qualities help to create a safe and nurturing environment for everyone involved in the program. Resource Mothers⁴ were also praised for the support they give participants.

She (staff) goes right into detail with everything. She takes her time with every person. She just doesn't say, "Okay that's fine," and go on to the next person.

Participant

I found the staff really good and supportive ... very knowledgeable and are really good not to tell you what to do, they give you suggestions but leave the decision up to you ... they don't overstep their boundaries ...

Participant

⁴ In some provinces, CPNP staff are called Resources Mothers. Resource Mothers are often women who have been participants in the CPNP program in their community. Some work on a full-time basis while others work part-time or as volunteers.

SUPPORTIVE ENVIRONMENTS

...[W]e didn't have somebody who we couldn't talk to or feel comfortable with. She was really nice and down to earth. It made it a lot easier to talk to her. She knew what she was talking about ... it wasn't somebody who had just read something in a book ... she really knew about it from personal experience.

Participant

Participants in a number of projects indicate that they also value the knowledge and experience of community partners involved with CPNP projects. This includes the work of community partners in the delivery of programs, making referrals and supporting participants.

She (Public Health Nurse) gets in with us in the discussions ... She tells us what she has learned in her life. That's good because she is sharing her experiences, it's not just out of a book. They are all easy to talk to.

Participant

Getting to know my Resource Mother and Community Health Nurse makes me feel comfortable about calling them for advice and support.

Participant

I knew about Community Health before but I would not have called them. Now that I've met them I would feel comfortable calling them at any time.

Participant

- A2. 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.**

Participants report that the supportive environment within their project encourage them to respect and support each other. This is particularly important for young pregnant women who often feel isolated. Supportive environments set the stage for participants to share information and learn from each other.

Some classes we just sit around and talk. We start talking and it's so interesting that we just continue ... we learn from each other. I think it's as valuable as the classes where we have a guest speaker.

Participant

SUPPORTIVE ENVIRONMENTS

One of the best things is coming here and talking to the girls who have already had their babies and finding out first-hand what it is like. There are a lot of teens who come in here and they are scared to death ...

Participant

As well, participants say they have built new friendships and relationships with other participants in their project. This is a common theme in the majority of the evaluation reports.

It's like you know them. You're sitting there and you know everybody and everybody knows you ... I felt like I kind of belong here because everybody was going through the same thing I'm going through. It made me less fearful in a way because at least I felt, well at least I'm not the only one.

Participant

Sometimes I was embarrassed to ask a question – the first couple of weeks especially – but then after a while you got to know the group and you could say basically anything.

Participant

I was feeling very insecure and depressed because I had to stop breastfeeding. A lot of the moms let me know that it was okay, that I wasn't less of a mom.

Participant

An increase in social support networks among participants is also mentioned by community partners and staff in a number of evaluation reports.

You see the girls really start to support one another. They become friends and offer ongoing support even after the program. They car pool and they share babysitting or car seats or clothing and stuff. They often tend to remain friends because they have such a close bond with each other.

Partner

SUPPORTIVE ENVIRONMENTS

I think that it certainly encourages friends and peers. I think that helps to remove barriers ... I've always been struck by how much these girls have in common. They have a lot to talk about and you hope that these friendships sustain them through some of the tough times. I think it's the peer support that's really helpful.

Partner

Another thing is the peer support. They meet up with people in their situations, many are single mothers. They like knowing there is someone there they can relate to. They also make new friends and, in many cases, continue the friendship.

Staff

- A3. 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.**

Participants and staff report that the flexible and open approach used in their project is a critical component to its success. They also identify as key the willingness of projects to include participants in decision making. These two project characteristics allow their programs to be adapted to meet the needs of participants and still follow the guidelines of the program.

It's nice because we are asked what we would like to have in next, is there anything that we're dealing with that we need a little help on and I think it's great that she (staff) asks this.

Participant

[The staff] was a really good listener ... I noticed that a lot. I mean, someone would have a question and then the next week magically it was blended in as one of the topics we talked about. It was really neat the way she did it.

Participant

SUPPORTIVE ENVIRONMENTS

I think it will be important for the [program] to stay flexible ... we need to be able to respond to the needs that are going on in their lives at the time. Trying to have some kind of set schedule and come in and try to teach them things that aren't relevant to their lives at the moment, then you're going to lose them. We have to stay flexible.

Staff

Most evaluation reports make reference to the use of guest speakers and other community resources to help support their programs. This enables participants to talk with service providers in an environment in which they feel safe. Presentations focus on a variety of topics including breastfeeding, labour and delivery, exercise, nutrition, housing, child protection, legal services and so forth.

She had a lawyer come in and talk to us about our rights. Some of the girls weren't with the baby's father and so the lawyer told us if we wanted child support the father would have to prove he is not ... She gave us this book that talked about the amounts of money we would get for child support and different ways of going about it, about paternity tests and all that kind of stuff.

Participant

And we had people come in to talk to us too. The guest speakers were good. I liked the one lady that came in and actually showed us how to breastfeed ... She had a baby doll and a plastic nipple and she showed how to hold the baby and about the suction and stuff.

Participant

CPNP staff from a few projects indicate that training opportunities enable them to better understand the diverse needs of pregnant women. They can then design programs and resources that are sensitive and more effective to the needs of participants.

SUPPORTIVE ENVIRONMENTS

I'm redoing all my brochures. Also, there are hand-outs that you have to give out. Everything I'm doing now I'm seeing through different eyes ... And as little written material as possible if you're talking literacy. Like, how to communicate without all this paper. Staff

- A4. 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.**

Evaluation reports indicate it is an ongoing challenge for projects to create an environment that invites participants to become involved in ways with which they feel able and comfortable. The reality of the arrival of a new baby and other obstacles prevent participants from getting too involved or volunteering at the project or community level. However, an increased sense of accomplishment and greater self-confidence prompts some participants to try to give back to their project and their community. Some get involved in project Advisory Committees or become program facilitators. Others donate to the clothing bank and still others become board members with like-minded community organizations.

I felt so good about what the [project] did for me that I figured I owed something back so I started the PEPS (Program for Early Parent Support) group in my area.

Participant

It is the first time I have done facilitation but the staff will help me along.

Participant

[The project] has been a great help to me ... The clothing has been a tremendous help and that is what I try to do too - I give back. I can't volunteer because I babysit at home and I have my baby. But when my kids outgrow stuff I send it up here because I know it will go where needed ... some of us just can't afford to buy clothes - even second-hand.

Participant

SUPPORTIVE ENVIRONMENTS

Staff and board members say they make a concerted effort to ensure that their roles and responsibilities are clear. They work as a team to ensure appropriate management and organizational structures are in place. They also explore ways to improve programs and services to better meet the needs of pregnant women in their communities.

There was a lot of effort at defining the roles within the organization and developing the current organization, we consciously determined what was needed ... and went about to ensure that this happened ... we are quite confident in the organizational management of the Centre.

Board member

Students often help CPNP staff be more reflective about what they do ... by asking staff certain questions about what they do and why they do it, staff become more aware of their service methods and behaviours.

Partner

Most CPNP projects have an Advisory Committee that directs the work of the project. Projects indicate that these committees are an effective means of raising the profile of the projects. They also help to develop linkages to other community services and to enhance programs offered through the CPNP.

We have a really effective tool, the [project] Advisory Committee, and that has brought a lot of the professionals with some common denominators together. So we've been able to address some needs in the community, gaps that need to be filled, that sort of thing.

Partner

...[T]hese advisory committees have excellent memberships, people who are interested and keen. The advisory committees see the big picture and territorial issues have died down.

Staff

PARTICIPATION AND INVOLVEMENT

B. FINDINGS ON PARTICIPATION AND INVOLVEMENT

Participation in CPNP programs puts program participants, staff and board members in the role of citizens with needs, rights and political will. In the CPNP definition of this core element of participation and involvement, there is a shift away 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.

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.

During the evaluations carried out in 1999 and 2002, CPNP project participants, staff and community partners spoke of outcomes and stories that illustrate how projects support the participation and involvement of pregnant women and teens in CPNP programs and their communities.

Each sub-element of this core element of participation and involvement is outlined below. It is followed by direct quotes from evaluation participants. These quotes reflect the assumptions and beliefs about involvement and participation spelled out in the sub-element.

Quantitative data about project participants collected and documented in 2000 is also included below. This information shows the percentages of project participants that represent priority populations for CPNP projects in the Atlantic Region.

PARTICIPATION AND INVOLVEMENT

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

The findings in the evaluation reports indicate that CPNP projects are reaching women from priority populations. This includes women living in poverty, pregnant adolescents, pregnant women living in isolation and women diagnosed with gestational diabetes or other significant risks to the birth of healthy babies.

Pregnant adolescents:

There were 13 year olds in the Program. When I was having [my baby] I felt so bad for one girl who was only 12 years old. Participant

It helped me face birth feeling better and less scared as I was 15 at the time. I learned what to expect during the birthing. Participant

First-time mothers:

I decided to go because it was my first baby and I didn't have a clue about anything really. Participant

I'm a first-time mom. Joining the [project] has helped me in many ways such as body change, healthy eating and the supplements were a great help. Participant

Low-income women:

... [I] never had no income so the supplements were also very helpful. Participant

I'm on low income. I wouldn't be able to buy 7 litres of fresh milk. I would have done without it. Participant

Single women:

The help I received is helping me cope with the fear of surviving as a single parent. Participant

PARTICIPATION AND INVOLVEMENT

It helped me overcome the stress of being single and pregnant.

Participant

Isolated women:

If they (staff) weren't around (home visiting) I would be sitting with her and that's all. Because there is no way of going anywhere or anything.

Participant

A number of projects indicate there is greater awareness in the community about the pregnant women served by their project. This helps to ensure that pregnant women from the priority population are being reached.

[Health and Community Services] has done prenatal education for years and we've typically reached people who are well-read and interested - not the at-risk population. Now this population is getting the support piece they need.

Partner

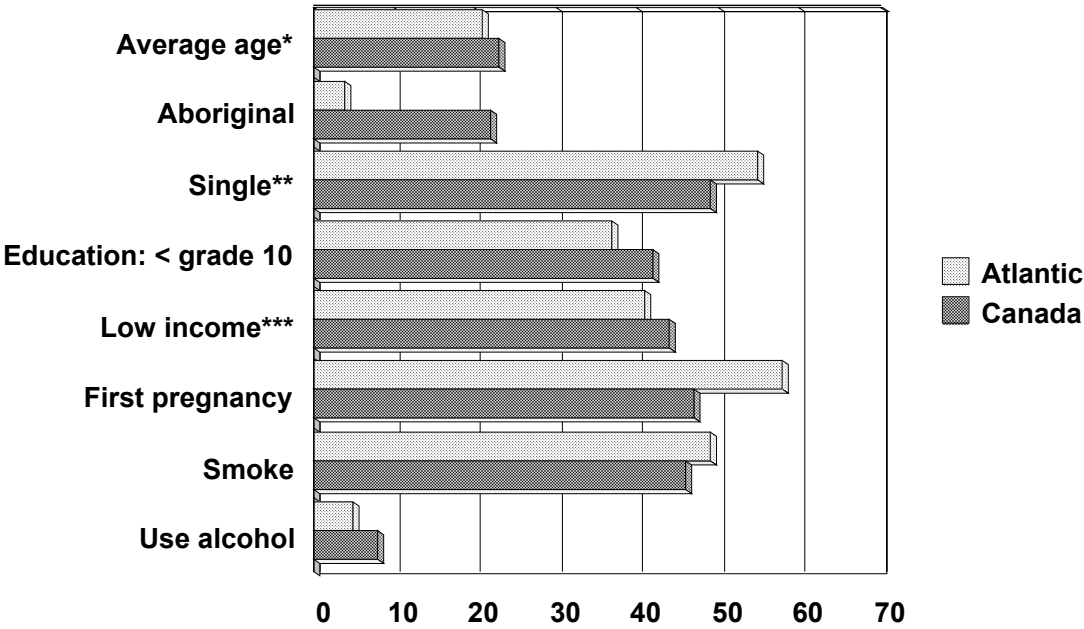
... [A]ll the people in the program need the information and support ... we have them on social assistance, on employment insurance, some are living at home ... all have different needs ... On low income they have to struggle because they don't have the drug card and other benefits of social assistance recipients.

Staff

Quantitative data collected between 1995 and 1999 show how many pregnant women participating in CPNP projects in the Atlantic Region represent priority populations. The graph that follows maps out the various percentages of project participants from these priority populations.

PARTICIPATION AND INVOLVEMENT

Participant Profile



* New Brunswick identifies teens as a priority population for the CPNP.
 ** Single also includes women who are separated, widowed or divorced.
 *** Low income means a net monthly income of \$1,000 or less.

Brief profiles of CPNP participants from two projects can also be found in Appendix B. The profiles reflect the individual life circumstances and day-to-day realities that participants, staff and volunteers have to address.

During the evaluations of 1999 and 2002, participants reported that they recognize the special efforts that are made by staff to encourage participation and involvement. They expressed their appreciation for these efforts. For some new mothers, knowing that the staff is there when needed is a source of comfort and security.

PARTICIPATION AND INVOLVEMENT

If she (staff) didn't hear from me she would call me. Pick up the phone and call me. That really made a huge difference to me, to know that there was somebody out there that really cares. I felt very cared for, very nurtured.

Participant

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

Evaluation reports show how projects make special efforts to be inclusive. This means they try to tailor their programs to meet the particular needs of participants from different cultures, including Aboriginal, Black and Francophone participants.

Many of our parents suffer from shame and low self-esteem because racism exists on a very real level in society and many people harbour stereotypical beliefs about Native people. It is at a PowWow that many of these feelings are put aside.

Staff

Parents also report that culture and language is important to them and their family.

Geared to culture - not a "white people's" place.

Participant

The activities give me a chance to speak French and I make more of an effort and I learn more, because of the different people in the activities and the relaxed atmosphere that welcomes French. (Translation)

Participant

I wasn't brought up with Aboriginal culture so the Centre provides information to help maintain my culture.

Participant

A few evaluation reports point out that service providers and the community experience greater awareness of and sensitivity to both the cultural and individual differences of CPNP participants.

PARTICIPATION AND INVOLVEMENT

We provide a great deal of cultural and language information to individuals, schools and our community in order to promote understanding. Countless hours have been spent advocating for and supporting our parents during meetings with Social Services, Child Welfare and/or the Courts.

Staff

I'm more aware of the native community and cultural needs. It helps with my service delivery. The commitment and regular contact means that this will continue.

Partner

When people aren't knowledgeable on Aboriginal issues and how they affect individuals, they often feel at wit's end as to what to do. There is a legacy of mistrust. The Centre helps to build understanding.

Partner

CPNP projects also ensure their programs and policies are respectful of the participants involved. One evaluation report details an incident that illustrates this well.

Participants were taking objection to the way they were being treated by a visiting resource person. They took their concerns to the Prenatal staff for discussion and ended up sitting down together to draw up a set of rules of behaviour on a large sheet of paper that they posted on the wall of their meeting room. All expressed a great deal of satisfaction in the process and were impressed by the solution they devised for their problem.

Evaluation report

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

Pregnant women say they value the different ways programs are offered in environments that are the most comfortable for them. This ensures that involvement is mutually beneficial to both the project staff and participants.

PARTICIPATION AND INVOLVEMENT

Many of the things I do today I do because of what I learned in this group. For my first baby, I asked myself if I would have continued to feed it if I hadn't been in a breastfeeding support group. For my second baby, if I hadn't had home visits, I would have collapsed ... My baby had a health problem that was identified by the (project) team and the bilingual nurse. (Translation)

Participant

Evaluation reports show that participation in the CPNP allows pregnant women and new mothers to increase their awareness of the realities of the lives of other program participants.

I feel more compassion for young mothers, and I really feel that we have to be there as a community to help and lift them rather than putting them down.

Participant

Participants in a number of projects report they are encouraged to offer opinions about the programs and about what occurs in their group.

... have plenty of opportunities to give feedback ... there are several evaluation forms and methods available to give feedback ... if I had any concerns I would feel comfortable talking with staff ...

Participant

The participants are good at telling me what they want and need. They are good at making me aware of their baby's needs too ... they are not afraid to call.

Staff

Partners report how they and their organizations have made changes in the way they work with participants as a result of their involvement with the CPNP project. They attribute this to the fact that this kind of partnering is a new experience for them. Partnerships help mobilize and promote programs. They build credibility, stretch resources and meet participants' needs.

PARTICIPATION AND INVOLVEMENT

... [T]hey (participants) can have support services in place longer, they are able to overcome breastfeeding problems with their help, breastfeed longer, and have a sense of belonging and greater self-esteem ... It has made work easier for us (Public Health) with some [participants] who may need more intensive supports.

Partner

The women in the [project] are the ones that community health couldn't get because they felt uncomfortable in coming. As facilitators we became less hung up on giving sessions and became more focussed on their needs and involved with them.

Partner

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

Evaluation results show that participants get involved in CPNP programs because of the opportunities for learning and the support they receive from other participants.

I was looking for knowledge and the support of other women who were having children. It was just so important to know that I'm not alone. I definitely got that out of the program ... One of the real benefits of the program is the support I get from other women, just hearing them talk about their lives and their experiences

...

Participant

Personally, I think both pre and post-natally was having somewhere to go, somewhere where you shared common ground, where you could escape from home and meet others that you could share bellyaching with, share low mood stories. That was the best part for me.

Participant

Project participants report there are opportunities and supports for them to have a say in how programs are delivered. They say these opportunities and supports

PARTICIPATION AND INVOLVEMENT

meet their needs as well as those of their families. The opportunities and supports are also seen as mutually beneficial to both the participants and the projects.

... feel comfortable with staff and feel they respect us and what we suggest ... you feel respected ... they are very good to respond to parents suggestions ... I feel it is parent driven.
Participant

CPNP projects point out that they recognize the importance of developing and maintaining positive working relationships with other community agencies. The mutual benefit of working in partnerships allows both CPNP projects and their partner groups to better serve the needs of pregnant women in their communities. Having these strong relationships enables projects and their partners to provide supports that normally go beyond the scope of either group.

Partners contribute to CPNP in various ways ... they refer clients, provide us with knowledge and expertise ... we complement and support each other very well ... we work together to meet the needs of clients.
Staff

If you are working in the community with people and families, you must have partners. These are the professionals working with the families at another level. Our partnerships have improved over time as we ourselves have become more confident in what we are doing. Our partnerships function very well.
Staff

CAPACITY BUILDING

C. FINDINGS ON CAPACITY BUILDING

The definition of this core element of capacity building recognizes that parents want what is best for their children. They want to be good parents. CPNP project staff and others committed to making a difference in the lives of children and families, also want what is best for them. CPNP programs provide opportunities for people to recognize, enhance, strengthen and renew their skills and self-awareness. 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.

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. Increased self-esteem and empowerment 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.

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.

During the evaluations carried out in 1999 and 2002, CPNP project participants, staff and community partners spoke of outcomes and stories that illustrate how projects encourage capacity building. Each sub-element of this core element of capacity building is outlined below. It is followed by direct quotes from evaluation participants. These quotes reflect the assumptions and beliefs about capacity building spelled out in the sub-element.

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

In all evaluation reports, participants talk about how the information they receive through the program helps prepare them for their pregnancy and the birth of their baby. This information helps ease some of their fears about labour and delivery.

I was freaked out and scared and I didn't know what to expect at all ... [I]t (video) showed us how to breathe and the different positions to get in to make it easier. And stuff you could ask for. So I wasn't scared.

Participant

I found that the sessions on delivery were most important to me because I was extremely nervous before the delivery, but during the whole time that I was in the case room I just kept remembering everything that [staff] told me about breathing and not to push too early. I honestly would have never been able to have such an easy birth without this program.

Participant

The majority of reports indicate that CPNP participants are supported post-natally. This support ranges from one month to one year after the delivery. Participants report how CPNP helps them to develop closer bonds with their infant. The program helps them become more patient and better able to cope with the stress of parenting.

I learned a lot of stuff about baby care, how to feed, how to change diapers, emergency stuff you have to do with babies. There was a lot of stuff I didn't know being young and having a baby.

Participant

The most useful thing was how to care for my baby ... [T]alk to him, cuddle him, things like that.

Participant

Evaluation findings demonstrate that participants appreciate the help, advice, information and support they receive from project staff, community partners and resource libraries. This is particularly helpful when they get conflicting information from other sources. Many trust the project as a reliable source of

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information to help them make informed and healthier choices for themselves and their babies.

You know, you're always hearing that if you pick up a baby when it's crying for no reason that you'll spoil it, but we learned that babies need lots of love and that it's okay to pick them up whenever they need it. Participant

I remember I asked about what was the best way to lay my baby. My mom said "Lay her on her stomach." My aunts said, "No, on her back," and other people told me on her side. So I didn't know what to do and I came here and asked and she (staff) told me the facts about each way. That gave me the information that made it easier to decide what to do. Participant

My sister said, "You're feeding her too much ... you are not feeding her the right stuff." I still look at it (book from the resource library) and see. "What should I be giving her now?" It helps a lot ... Participant

Involvement in CPNP programs results in a number of lifestyle changes for participants. For example, some change their eating habits as a result of the nutrition counseling and education they receive. The development of skills in food preparation and budgeting also affects their eating habits.

I learned a lot ... about nutrition and I was really interested in that. I wasn't sure if I was eating right and I wanted to make sure that I ate everything I was supposed to. Participant

I was a junk food junkie before ... They showed me the food guide ... I knew about more nutritious food but then they pointed out how better your baby will do when you eat better. Participant

It was very informative and I enjoyed hearing facts about gestational diabetes. I feel 110 percent better and twice as confident about my child's health and my feeding habits. Participant

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All CPNP projects report that they provide food supplements to participants. These supplements can range from milk, orange juice and/or eggs on a weekly basis to food boxes valued at \$50-\$60 a month. Healthy snacks and meals offered during program sessions also help the participants' nutritional intake. This, in turn, affects the health of their unborn child. Overall, participants are pleased with this aspect of the program. For many, this is a key reason for participating in the CPNP program.

Milk is definitely a big part. I would never have drunk that much milk if it were not for this program. I would not have been so healthy. When I first started I could maybe get in about four litres a week. I couldn't get used to drinking it. And now, like over the weekend, I had to buy more milk.

Participant

It (the program) meant a great deal to me because it helped me each month with the groceries I could not afford. It helped me budget the money. I will miss the knocks on the door with the food box.

Participant

Participants in many projects also report learning about the effects of smoking, alcohol and drug use on their unborn babies. Many quit smoking or reduce the number of cigarettes they smoke.

We also talked a lot about smoking during pregnancy and second-hand smoke ... We learned all the different drugs that are in cigarettes and it really made me think ... It was the [program] that helped me to see what I would do to my baby if I smoked around him. I feel a lot better about myself now.

Participant

I was so sold on the program that we both quit smoking. We put a sign on our house that this is a non-smoking house. It worked.

Participant

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We also got information about drugs and the things that are harmful ... We had a video that showed all the effects of drugs on the babies and it showed a crack baby and one that had too much alcohol ... It made us realize that everything you put in your body, the baby gets too.

Participant

The majority of evaluation reports contain comments from participants about the breastfeeding information and support offered by the CPNP staff, peers and community partners. Participants learn about the benefits of breastfeeding and many change their attitudes towards it.

Honestly it wouldn't even cross my mind. But then when I came here I didn't know anything about it either. I thought it was dirty ... I'd see someone else doing it and I was appalled ... that's how I felt. But here, everybody sat around and talked about it ... and I started to consider it and I thought I could just try ... and I did.

Participant

I don't think I would have breastfed if I hadn't taken the [program]. Before I took this course people were telling me that breastfeeding was just a hassle and that I might as well just bottle-feed. But the course taught me that breastfeeding was what was best for the baby so I thought, "Well I have to at least try," and I was glad that I did.

Participant

Presently there is no research available that directly links increased birth weights to participants' involvement in CPNP projects. However, as the following quotes demonstrate, participants in four projects openly credit their CPNP project for their healthy pregnancy and baby.

I had six children before attending the [project] and their weights were in the five-pound range. On the last two, which I had while in the [project], their weights were in the nine-pound range. I credit the [project] for their advice, guidance and food supplements for having had such good pregnancies and healthy babies.

Participant

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I ate well and had healthy twin boys. I went full term with the twins. They were over seven pounds when they were born. I attribute that to what I learned at the [project] about eating well.

Participant

Some CPNP projects report the involvement of fathers. They either attend group support sessions or are encouraged to review the materials available to the mothers. Fathers express their appreciation about how responsive and flexible CPNP programs can be. They see the program as an effective way to get information and support.

... I learned so much that it's hard to know what to say. I was a first-time Dad and I didn't know anything. I had every kind of questions. I guess that's the thing that I liked best. That I could come here with any questions and [the staff] would always have the answer. Or someone else in the group could tell me what they had gone through and I always learned something.

Father

I learned a lot ... got a lot of information about ... how to care for the baby, nutrition and all that.

Father

Community partners such as social workers and nurses noted that CPNP participants are better prepared for childbirth. The participants have more support, they seem happier and they appear to be suffering less anxiety than those who have not participated in the program.

We notice the difference in patients from [the project] when they come to the maternity ward. They are so prepared. They come with their coaches, they are prepared nutritionally, educationally and are more focused regarding parenting and breast-feeding.

Partner

I see what effects the program has had on my clients during and after pregnancy. I have noted a great difference in their parenting skills and I feel they provide a safer environment for their children after birth. They seem to fare much better from having been at the [project].

Partner

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

CPNP projects report that they have formed strong partnerships and linkages in their communities. Partners contribute a broad range of services to the projects. They assess pregnant women and make referrals to the CPNP program. They offer education sessions and support. They can also assist in the management of the project. The linkages enable projects to stay in touch with other organizations. Project participants are better informed about programs available within the community. Partners contribute expertise and knowledge about other programs and help validate government funding for the project. The partnerships and opportunities for collaboration increase the capacity of projects and the community to serve the needs of pregnant women.

The quality of pre and postnatal care and nurturing affects an individual for his/her lifetime which impacts on the larger community. Together [the project] and its partners can meet more of the needs of the community.

Partner

Sharing the same clientele, with the same purpose and objectives: to produce healthy babies and be supportive and informative to the parents during their pregnancy. This is achieved in this partnership by the cooperative spirit of the Prenatal Coordinator and her willingness to share information and resources in a friendly, open manner.

Partner

CPNP projects describe how they provide information on other programs and services available in the community. Participants are encouraged to access those services and are supported when they approach these agencies. As well, staff advocate with these agencies on behalf of participants.

I find that she (staff) is good to go to when you have to deal with someone in the system or at the hospital. She'll make the call for you and so they already know the situation when you get there instead of trying to explain it yourself. You're able to tell someone you trust and then it's not as hard to go to that other person because the door has already been opened for you.

Participant

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One of the strengths of [the project] is that ... we fill the gap of helping to advocate for the teens to have unmet needs addressed within the community.

Staff

I think that [the project] helps to remove some barriers by informing [participants] of the other community services that are out there. If they don't know about them, they can't access them and that's a barrier in itself. So I think that the information they provide about what else is available in the community really does help to reduce some barriers.

Partner

Many stakeholders indicate that they refer pregnant teenagers and women to CPNP projects, particularly those individuals who are in greater need of support. This is because of the quality and flexibility of programs, and the fact that they are based on participants' needs. Participants also refer other pregnant women to the program because of their positive experience.

I'm glad my doctor told me about it. I had never heard about it. I'm really glad I could participate.

Participant

Public Health initially referred the majority of our clients. Now it is a shared effort whereby we are referring [participants] to them also, as we often have first contact.

Staff

I think they join because, well in our cases anyhow, it was recommended by a peer, a friend. I know that we refer and I think it's great when we do ... when a friend also refers, then I think there's a better chance that they will join in.

Partner

- C3. 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.”**

Evaluation results indicate that the support participants receive from the project leads to an increase in self-confidence about their abilities as parents and

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community members. This, in turn, leads to an increase in self-esteem. Participants thus become more comfortable to ask for what they need and to share with and support one another.

We have learned to speak out on behalf of ourselves and our family.

Participant

My confidence has increased and I'm not afraid to speak in public and put my five cents in where I think it is necessary. It has been a learning process which has helped me with my child and I recommend it to anyone.

Participant

Staff and community members also report that they notice an increase in the confidence and self-esteem of CPNP participants.

We see growth in the participants and some participate on the [project] Advisory Committee ... This is their chance to speak with other community members. [The project] has given them a voice – that is an important gap that we have filled.

Staff

I see that they're more confident and they know where to go to seek help ... They're more apt to ask for things they need. They're more aware.

Partner

We try to help the participants become self-advocates. Low self-esteem is an issue with many of the teens and so it is a major jump to become an active voice in the community.

Staff

Staff point to an increased awareness of the needs of pregnant women in their community as a result of partnerships between CPNP projects and other agencies. Partnerships with other community agencies is seen as an important part of the work of CPNP projects. It increases their awareness of other initiatives and trends. Project staff serve on other community committees, boards or special working groups. They also participate in joint committees dealing specifically with issues faced by pregnant women or women with infants. For example, some projects are involved in local breastfeeding committees.

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The stigma attached to being a pregnant teen is a major barrier in this area. That's why it's so important to advocate on behalf of these girls. Or on the committees that I do sit on, to make sure they have a voice.

Staff

We always invite the teens to participate in public policy meetings such as the consultations for the social policy framework. We try to promote self-advocacy, encouraging them to have a say in their own life.

Staff

If we raise the awareness of the general community about the importance of prenatal care then this awareness will spill over to the teens themselves. This level of public education would require a broader level of collaboration and action at the provincial level ...

Staff

Projects report on positive changes in community attitudes. This impact is demonstrated by an increased interest in supporting pregnant women. There is also greater interest and support for prenatal nutrition and postnatal programs.

It has created more and more awareness in the community of certain issues like breastfeeding. The [project] has brought it out into the open again.

Participant

The amount of participation and recognition in the community is incredible. People know of the Program and professionals are confident in sending their clients. We are well supported and referred to by the health community.

Staff

There has been an increase of support, donations, and services to teens ... The kind interest and contributions of individuals and groups improves teens' self-esteem – they are touched that someone else cares.

Staff

CONCLUSION

This document acknowledges the work of CPNP projects in Atlantic Canada, as illustrated through the rich stories and testimonials found in the evaluation reports of 1999 and 2002. The document also reflects on the connections between these stories and the theory or thinking behind the work of the Atlantic Region's CPNP program. Key to this theory is the ongoing process of defining the core elements of the work of the CPNP program.

All evaluation reports contained information on changes and outcomes resulting from CPNP projects. However, the information focussed primarily on individual change. Changes at a project, community or system level were not specifically examined in these evaluation efforts. Although there is some information about these broader changes, this document does not represent the full scope of the CPNP program in Atlantic Canada. It is hoped that future evaluation efforts will help identify emerging patterns and outcomes at all levels.

Despite this weakness, we can conclude that the core elements for the CPNP are valid and appropriate for Atlantic Canada. This conclusion is based on the stories from participants, staff and community stakeholders in the evaluation reports. The findings from the evaluations also confirm that CPNP projects in Atlantic Canada are performing well and have had positive impacts on participants and stakeholders.

The work, energy and creativity that went into the CPNP evaluation reports were impressive. It continues to be a learning process for everyone involved – from participants in the evaluations to the members of the Joint Management/Program Advisory Committees. It is our hope that this document will help facilitate discussions on what we are learning about the CPNP program and its impact on participants. The document can serve as a learning tool for future project evaluation efforts. It can also be used to help inform projects and other key players about the core elements upon which the CPNP is based.

GLOSSARY

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 at their local hospital so that their needs are better met.

Community of support: A group of people from different organizations or backgrounds that have similar interests or 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.

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.

Evaluation: The process of collecting and analyzing information about a project, program or organization to make it more effective. Evaluation can also demonstrate accountability, or whether agreements have been carried out. It allows judgements to be made about relevance, progress, success and cost effectiveness.

Guiding principles: The fundamental beliefs that guide the operation of a program. In the CPNP, the guiding principles include mothers and babies first, strengthening and supporting families, striving for equity and accessibility, having partnerships, being community-based and being flexible.

Inclusive/Inclusion: Inclusion is the sense of belonging and acceptance in society. People feel included when they can participate fully and feel valued in their community. CPNP strategies to promote inclusion 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.

Literature review: Research of existing articles, publications and other documents pertaining to a specific field or body of knowledge.

Outcomes: The results that the project expects to happen as the project reaches its goals and objectives. Outcomes can be short-, medium- or long-term, direct or indirect, intended or unintended. They are the changes that CPNP projects hope and expect to see at the individual, project, community or system level.

Priority population: For CPNP programs, the priority populations include prenatal and postnatal women facing difficult life circumstances. Each province defines the difficult life circumstances that would make people part of a priority population.

Qualitative data: Information from open-ended questions that provides a detailed description of a situation, problem or in this case, CPNP project. For example, the words, thoughts and phrases from program participants, staff and partners in the evaluation reports help to describe and understand the experience of people involved in the CPNP program, as well as its outcomes.

Quantitative data: Information based on numbers or statistics that describes programs, activities and populations. The data come from closed-ended questions, random samples, counting, etc.

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

System: Within the CPNP context, the system includes people working within provincial or federal governments or universities. They work on programs, services, policies or research beyond the community level, for example, on child welfare policies for the province.

APPENDIX A

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 the 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 are comfortable and mutually beneficial.

- 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 B

PARTICIPANT PROFILES

Two projects included profiles of some of their participants and their life circumstances to reflect the variety of situations of risk faced by many participants. The following vignettes reflect individual life circumstances and day-to-day realities that participants, staff and volunteers have to address.

- *Woman aged 20 years joined the program at 20 weeks gestation. She is a single mother of an infant aged 16 months. She lives in a rural town and attends adult high school. She is involved with the local child protection agency. They are in the process of completing a parental capacity assessment. Her current boyfriend is not allowed to be present with her toddler due to a history of violent behaviour. This participant often requires help from the food bank but has no car.*
- *Woman aged 26 years joined the program at 27 weeks gestation. She has an infant aged 16 months. She was a participant in [the program] during her first pregnancy. She and her partner live in a rural village in a camper that is located on the grounds of the property owned and shared by his parents. Their electricity comes via the parents' home. The camper is heated by a wood stove, which is located in a room added to the camper. This participant has had some medical difficulties in her first pregnancy and is experiencing a great deal of anxiety during this pregnancy.*
- *Woman aged 38 years joined the program post-natally when her baby was aged 6 weeks. Participant was referred by Mental Health Services for extra support related to adjustment with regard to caring for a baby. The family lives on a rural route. Participant's husband is deaf and communicates by lip reading/sign language. The family's income source is a disability pension. They are most interested in the food box component of the program. They are a very private couple and have their own car and phone.*
- *[Name] is a pregnant teenager who was living in a tent behind her boyfriend's house for part of the summer. Social Services insists that she can return home to her parents; therefore they (Social Services) will not provide support. She has a Resource Mother and attends our weekly meetings ... Her living situation has improved recently and the plan is that she will be staying with her maternal grandmother after the baby is born.*
- *[Name] is a 19-year old mother who had her first baby at 16. She now has a child 3 years old, a 17-month old and a 6-week old baby. She started coming to her prenatal group after her second child was born and has continued throughout her third pregnancy. She has great demands on her with three small children and has accessed the services of a Resource Mother throughout her pregnancy.*

- *[Name] is a young mother who came to the Resource Centre for services for her first pregnancy. She would drop in during the week but she wasn't interested in attending our weekly group. Since the beginning of her second pregnancy she decided to join the prenatal group and has attended weekly. She relies on her Resource Mother for support throughout the week. This mother lives in a situation of domestic violence and the Resource Mother has attended several meetings with her at Social Services because they are concerned about the safety of the younger child. Her partner has a history of child molestation and domestic violence. Recently she gave birth to a healthy baby boy whom she brought to the group last week.*