

## Manitoba Community Action Program for Children

# BUILDING STRONG FAMILIES AND HEALTHY CHILDREN

Manitoba families are benefiting from an exciting program – the Community Action Program for Children (CAPC). CAPC helps community groups meet the developmental needs of children living in conditions of risk, by offering information, resources and support.

CAPC grows out of the recognition that ‘it takes a village to raise a child.’ Parents have primary responsibility for the nurture and care of their children, but they can rarely do it alone. Parents, particularly parents who experience poverty and social marginalization, need support – and CAPC provides it. Across Canada, 464 CAPC projects provide over 1,790 programs to more than 3,000 communities.<sup>1</sup> Manitoba has fourteen CAPC projects which offer 105 programs to children and families.

### Background

The Community Action Program for Children (CAPC) is a National program delivered by the Public Health Agency of Canada.<sup>2</sup> It was established in 1992 to enhance the well-being and healthy development of children living in conditions of risk.

Through CAPC and other programs, the Government of Canada is helping children have a healthy start in life -- one of the promises Canada made when it signed the 1990 United Nations Convention on the Rights of the Child. CAPC represents “a significant investment in children, based on strong partnerships among federal, provincial and territorial governments and different sectors of society.”<sup>3</sup>

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<sup>1</sup> Public Health Agency of Canada, 2005a

<sup>2</sup> Formerly the Population and Public Health Branch, Health Canada

<sup>3</sup> Health Canada, 1998, p. 3

## CHILD DEVELOPMENT AND POPULATION HEALTH

CAPC projects work to buffer children and their families from known risks to healthy development, using a population health approach. This approach reflects the growing awareness that health is more than being disease-free. Health is affected by factors such as where we live, our income and education level and our relationships with friends and family, as much as by our genetics, nutrition and lifestyle.

Research shows that “one of the best strategies for helping young children to reach their full developmental potential is to provide parents, as early as possible after a child is born, with the support, information and skills they need to raise their children.”<sup>4</sup>

CAPC programs focus on children and families from birth to age six. They also serve youth aged 7 – 17, as well as adult parents and caregivers.<sup>5</sup> CAPC programs generally welcome all families, and make a special effort to attract children and parents who are high-priority.

### Manitoba's Priority Groups

1. Adolescents who are at risk of pregnancy, are pregnant, or who have children aged 0 - 6;
2. High risk single parent families;
3. Children at risk of having or who have developmental difficulties and their families, in particular where the difficulties are the result of Fetal Alcohol Spectrum Disorder (FASD);
4. Urban Aboriginal, rural and northern non-status and Metis children, including those living adjacent to reserve communities.

CAPC's population health approach is successful. In 2001, a comprehensive review concluded that Manitoba's CAPC projects reach children and families who face multiple risk factors.<sup>6</sup> In 2004, a Manitoba evaluation determined that CAPC projects are having an

<sup>4</sup> Health Canada, 1998, p. 3

<sup>5</sup> NPP Cycle 4

<sup>6</sup> Health Canada, 2001, p. 31

“overwhelmingly positive impact” as they offer “relevant, popular programs and opportunities to people who greatly appreciate them.”<sup>7</sup>

### **What do Children Need to be Healthy?**

Children need positive experiences to help them develop into healthy adults. Children find these positive experiences through play, in healthy homes, and when they are part of their communities. Children grow when they are loved and supported, have cultural pride, are safe, and have informed, confident parents.<sup>8</sup>

Children can be at risk from a range of conditions. Some risk factors are associated with household characteristics, such as low income, teen-age parents, lone-parenthood, or living in remote or isolated communities. Risk can also include developmental delays (including FASD or Fetal Alcohol Spectrum Disorder), social, emotional and behavioural problems, abuse, and neglect. Special consideration may be needed for recently immigrated or refugee children as well as Metis, Inuit or off-reserve First Nations children.<sup>9</sup>

### **The CAPC Philosophy of Empowerment**

CAPC programs are based on a new way of thinking about children and families at risk. They start with the idea of *strength and empowerment*. This approach sets CAPC apart.

CAPC programs work to increase the strength of parents and communities. CAPC programs build strong communities and social networks, as well as help empower individual children, parents, and families. Projects emphasize partnerships and capacity-building, as well as advocacy for change and social justice.

CAPC programs are special because they include parents and children as active participants in their programs. Instead of being just consumers, parents and children play a very meaningful role in shaping the programs they use.

Participants say it best. One young mother speaks warmly about her CAPC program, saying: “I feel like I’m part of a family that is so positive,” she reports, “I know I could ... tell the staff there anything.

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<sup>7</sup> Ristock, 2004, pp. 1 and 87

<sup>8</sup> Health Canada, 1998, pp. 6-7

<sup>9</sup> Public Health Agency, 2005a

They never judge anyone.” Another explains that if it weren’t for her program, “I don’t know where I’d be today. I made friends, I found work and housing through this place. I think it takes a community to raise a child, and for my kids and me, [CAPC] has been that community.”<sup>10</sup>

<b>CAPC Guiding Principles</b>	<b>CAPC Manitoba Key Values<sup>11</sup></b>
Children first Strengthening and supporting families Equity and accessibility Partnerships Community-based Flexibility	Supportive environments Participation and involvement Capacity building Social action

## **CAPC IN MANITOBA**

Fourteen Manitoba community-based organizations receive CAPC funding. They use the funds to offer 105 programs to children and families. Manitoba’s CAPC projects tailor their programs to be flexible and responsive to their communities. CAPC programs serve 11 neighbourhoods, 20 towns and cities, 30 villages or rural communities, as well as all of Manitoba.<sup>12</sup>

Each CAPC project plays a central role in its community. Five are family resource centres; the others provide specialized services. Most have been operating for more than ten years. Registered and informal programs, as well as special events, happen year-round. CAPC projects also offer individualized services that meet a range of child

<sup>10</sup> MCC, nd, pp 1, 2.

<sup>11</sup> Based on the Core Values of the CAPC/CPNP Atlantic Region (Ennis and Samson, 2002).

<sup>12</sup> NPP 2004

development and family needs. Manitoba's CAPC projects offer a high degree of one-on-one work with children and caregivers.<sup>13</sup> The priority of CAPC projects is to enhance:<sup>14</sup>

- Child development
- Aboriginal culture
- Access to services and resources
- Community development
- Knowledge of Fetal Alcohol Spectrum Disorder (FASD)
- Parent life skills
- Parenting skills
- Youth development

A wide range of programs operate at the 14 CAPC projects.<sup>15</sup> The main activities include Aboriginal focus, children's programs, community kitchens, family supports, free clothing/ household supplies, home visits, parenting programs, adult/family drop-ins, and resource lending libraries. Specialized programming includes work on FASD, sexual abuse counselling, family violence, francophone services and teen sexuality.

**To learn more about the unique programs offered by Manitoba's CAPC projects, and for contact information, visit the website of the CAPC Coalition of Manitoba at [www.manitobacapc.org](http://www.manitobacapc.org).**

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<sup>13</sup> NPP Cycle 4

<sup>14</sup> NPP Cycle 5

<sup>15</sup> Data from CAPC Coalition website, accessed March 14, 2005

### **Manitoba's CAPC Projects**

Aboriginal Health and Wellness Centre *Winnipeg*

Andrews Street Family Centre *Winnipeg*

Child Family Resource Centre *Cranberry Portage*

Futures *Thompson*

Growing Years *Selkirk*

In a Good Way *Brandon*

Interagency FAS/E Program *Winnipeg*

Laurel Centre *Winnipeg*

Manitoba Association of Women's Shelters *province-wide*

Pluri-Elles *St. Boniface*

The Pas Family Resource Centre *The Pas*

Wahbung Abinoonjiiag *Winnipeg*

Wolseley Family Place *Winnipeg*

Young Parents Resource Centre *Portage La Prairie*

**Plus:** The CAPC Coalition, a coalition of CAPC-funded projects,  
*province-wide*

### **What do we know about people who use CAPC programs?**

Some participants register for on-going projects, while others drop-in casually. Most of what we know about people who use CAPC programs comes from registered participants.

In 2003 - 2004, 3,441 people registered in Manitoba's CAPC: 1,643 children, 775 youth (aged 7 – 17) and 1,203 adults. Together, they made over 33,000 visits. The number of registrants has grown 40 percent since 1999 – an impressive sign that CAPC programs meet community needs.<sup>16</sup>

Children and women use CAPC programs in large numbers. In 2003 - 2004, close to half of all program registrants (47.7 percent) were

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<sup>16</sup> PGCC 2000, p. 61. 1999 was the first full year of data collection.

children, up from 1999 when 40.7 percent were children.<sup>17</sup> This trend shows that CAPC programs reach more children today than they did five years ago. In 1999, boys and men made up 29 percent of program registrants.<sup>18</sup> The current rate is 34.5 percent, an encouraging sign that more male caregivers are becoming involved in CAPC programs.

Most children, youth, and adults participating in CAPC programs in Manitoba live in deep poverty. Across Canada, about 50 percent of caregivers in CAPC programs have incomes less than \$20,000.<sup>19</sup> In Manitoba, over 80 percent of CAPC participants have incomes under \$20,000. Manitoba's rate is much worse than the national average – evidence of serious and widespread poverty in our province.

Income is not the only condition of risk, but it is a very important one. Other factors include not completing Grade 12, moving within the last year, and receiving social assistance, among others. Over 70 percent of adults participating in a Manitoba CAPC program have three or more risk factors and 42 percent of children and youth face three or more.

More than 650 health, development or behaviour concerns occur among children who are registered in Manitoba CAPC. Difficulties include developmental delay, speech problems, and prenatal exposure to alcohol, among others. Health issues represent a challenge for over 42 percent of enrolled children. In 1999, 32 percent of CAPC child participants had a health or disability concern.<sup>20</sup> This increase shows that CAPC is reaching more children who need special consideration.

Many children and families in CAPC programs are Aboriginal. In Manitoba, 67 percent of participants are Aboriginal – close to twice the national average.<sup>21</sup> This rate has remained steady since 1999, a sign that CAPC continues to reach Aboriginal children and families.

#### **CAPC Visits**

In total, between registered and informal programs, as well as special events, more than 82,900 visits were made to Manitoba's 105 CAPC programs in 2003 - 2004.

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<sup>17</sup> PGCC 2000, p. 61

<sup>18</sup> PGCC 2000, p. 61

<sup>19</sup> Health Canada, 1998, p. 3

<sup>20</sup> PGCC 2000, p. 228

<sup>21</sup> PHAC 2005b, p. 33

### **In an average month in Manitoba**

- 3,180 different people participate in CAPC programs
- Participants make 6,908 visits
- Volunteers donate 2,600 hours
- Partners contribute 700 hours
- Staff organize 688 referrals

### **Participants Speak about CAPC<sup>22</sup>**

*"When I first found out my baby was going to be apprehended from me, we [CAPC staff] both just sat there and cried. It was really neat. I never had that kind of compassion.... We got together and fought. We wound up – they gave me a chance to parent my baby. And they got CFS to help me... They helped me."*

*"It teaches them appropriate ways to express that anger, too, right. Like, even just the drumming taught my son: if you're mad, grab the drum."*

*"I began to see the effects of my drinking on my parenting, because she [CAPC staff] was helping me to see that."*

*"I found the circles really helped my son to explore his emotions regarding the abuse and realize more that he did have a voice."*

*"One day we had a first aid thing – it was good, because my son choked on teething cookies and he was turning blue. I gave him the Heimlich manoeuvre – now I can teach my husband, and his other grandma."*

*"Oh, he's my little guy. This morning he said, 'Mom, I'm gonna become a famous chef... and when you're old,' he says, 'I'll come and make good meals for you.' I thought wow.... That's the first time he's been speaking that he had dreams, you know, cause it was always 'I'm not going to be nothing because I'm stupid.' And now he's got dreams."*

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<sup>22</sup> Stories from Ristock, 2004

# **SOCIAL AND ECONOMIC IMPACTS OF CAPC**

## **CAPC Funding**

Manitoba received \$2.47 million of federal CAPC funds in 2004 - 2005, and has accrued a total of \$25.4 million since the program began.

In 2003 – 2004, Manitoba CAPC programs raised an additional \$957,944 to support their work.<sup>23</sup> Manitoba raised proportionally more funds than most other provinces.

## **In-kind Donations**

Manitobans generously support CAPC. Over \$370,000 worth of in-kind donations (such as food, space, books and office equipment) was made to CAPC programs in 2003 - 2004. Over 85 percent of Manitoba's CAPC projects received in-kind donations, significantly more than the national average.<sup>24</sup>

## **Community Contributions**

Over 2,600 hours of volunteer time is donated every month to Manitoba's CAPC projects from participants, partners, and other people. If those volunteer hours were paid at minimum wage, the value of their 2003 - 2004 contributions would be more than \$215,000 – evidence of the real value-added impact of CAPC.

## **Community development**

Community development is a primary objective in 13 of Manitoba's 14 CAPC projects. Community development happens as users and staff create participatory programs and inclusive management structures. Community development also occurs through partnerships, as well as from efforts to create system change and social justice.

## **Partnerships**

Manitoba CAPC projects have built far-reaching community linkages.

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<sup>23</sup> NPP 2004

<sup>24</sup> PHAC, 2005b, p. 15

CAPC projects collaborate with many different organizations, in 200 active partnerships.<sup>25</sup> Partners include health care providers, literacy groups, food and clothing banks, childcare centres, Aboriginal associations, volunteer and service clubs, women's groups and more.<sup>26</sup> Over half of Manitoba's 14 CAPC projects have ten or more partners, and none have fewer than four. In an average month, partners contribute over 700 hours to CAPC.

Partnerships benefit projects and participants in many ways, including increased resources, referrals, visibility, exchange of information and service for families. Moreover, partnerships contribute to community capacity building. The scope of partnerships is an indication of collaboration, which is crucially important in a comprehensive population health strategy.<sup>27</sup>

### **Participant Involvement**

CAPC participants play a very important role. In Manitoba, all 14 CAPC projects provide formal opportunities for participant involvement - the only province in Canada to do so. In 13 projects, participants also have informal opportunities to contribute. In 12 projects, they play an active role as program volunteers. In 8 of the 12 projects, participants sit on boards or advisory councils and play a direct role in decision-making – a rate that is well above the national average.<sup>28</sup> Many CAPC staff are former participants, who know first-hand how important it is to involve families.<sup>29</sup>

### **CAPC Labour Force and Job Creation**

CAPC creates employment, often in hard-to-reach populations. In a typical week, 101 people are employed in Manitoba through CAPC funding. Half of Manitoba's CAPC projects hire participants – a 50 percent rate that is the best in the country.<sup>30</sup> This approach helps to create economic opportunities, and substantially contributes to community development.

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<sup>25</sup> NPP, 2004 - tied only by British Columbia

<sup>26</sup> NPP 2004

<sup>27</sup> NPP Cycle 4

<sup>28</sup> PHAC 2005b, p. 24

<sup>29</sup> NPP 2004

<sup>30</sup> NPP Cycle 5 - tied only by British Columbia

Staff work over 2,080 hours/week in full and part-time positions. CAPC staffing has remained remarkably constant. Over 1997–2000, CAPC staff hours averaged about 1,980/week; today the figure is just 5 percent higher.<sup>31</sup>

We know less about who works for CAPC than we do about CAPC participants. Only one evaluation has provided background information on the CAPC labour force.<sup>32</sup> It discovered that CAPC staff and users share many similarities, including cultural background and long-time experience. Women predominate, making up 93 percent of CAPC staff. Almost half are First Nations or Metis (45 percent). The average staffperson has worked for CAPC for 3.5 years. Many Aboriginal women report that they particularly value non-authoritarian, individualized and unhurried care something that CAPC staff can relate to and provide.<sup>33</sup>

CAPC staff are “recognized community leaders.”<sup>34</sup>

## **Referrals**

CAPC projects have extensive networks. Over 2003 – 2004, CAPC received 2,051 referrals in from external agencies, made 4,558 referrals out to external agencies, and 1,645 times linked participants with other agencies or organizations that share space with CAPC programs. The referral rate is 70 percent higher than in 1999.<sup>35</sup>

## **FUTURE CHALLENGES FOR CAPC IN MANITOBA**

CAPC programs are in high community demand. Yet, budget items have not been increased in ten years, even though use has grown by more than 40 percent. CAPC projects are serving more participants with essentially the same amount of CAPC funding.<sup>36</sup> Staff workloads

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<sup>31</sup> PGCC, 2000, p. 114

<sup>32</sup> Ristock, 2004, p. 27

<sup>33</sup> Picard, 2001, p. 17

<sup>34</sup> PHAC, 2005b, p. 18

<sup>35</sup> PGCC 2000, p. 143

<sup>36</sup> Health Canada, 2003b, p. 1

have grown as a result. Budgets are now “stretched to the limit” and programs must rely more on other sources of funding.<sup>37</sup>

Doing more with less is becoming increasingly difficult for CAPC programs. The most common recommendation from participants and staff is to expand the priority age category beyond age 6, to extend hours, and to offer more programs. Better wages, too, are needed to recruit and retain skilled staff.<sup>38</sup> Each of these improvements requires increased funds.

Perhaps most importantly, child and family poverty is worsening. The 2001 Census shows 18.4% of Canada’s children are living in poverty, up from the 1990 rate. Absolute numbers of poor children and families are also greater.<sup>39</sup> Moreover, household incomes are becoming more polarized, as income distribution becomes more unequal. These are disturbing trends in one of the world’s richest nations.

Today, as they have for over ten years, children and their families draw on the support and resources provided by CAPC programs. In the face of persistent poverty, CAPC remains an essential support for Manitoba’s children and families.

## **Contact CAPC**

Manitoba CAPC Coalition  
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220 Andrews Street, Winnipeg, Manitoba, R2W 4T1  
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[www.manitobacapc.org](http://www.manitobacapc.org)

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<sup>37</sup> PHAC 2005b, p. 20

<sup>38</sup> Ristock, 2004

<sup>39</sup> CCSD, 2003

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