

**Collaborating for Impact:**

**Report on the**

**Joint Benefits of**

**the Community Action Program for Children (CAPC),**

**the Canada Prenatal Nutrition Program (CPNP), and**

**the Ontario Early Years Centres (OEYC)**

October 2007

## ACKNOWLEDGEMENTS

Collaborating for Impact: Report on the Joint Benefits of the CAPC, CPNP and OEYCs.

The Joint Benefits Working Group consisted of representatives from the Public Health Agency of Canada, Ontario and Nunavut Region, the Ontario Ministry of Children and Youth Services (member from the Joint Management Committee), and CAPC, CPNP and OEYC projects. The goal of this joint project was to demonstrate how CAPC, CPNP, and OEYC projects have integrated their services at the ground level and have worked in collaboration with other system partners. The Public Health Agency of Canada (PHAC), Ontario and Nunavut Region, contracted with Tom Zizys to undertake this project, which included conducting interviews with CAPC, CPNP and OEYC project representatives in preparation for this report. The report was submitted by Tom Zizys to PHAC July 2007. Minor revisions were made to it.

We are pleased to share this report, which illustrates how these programs fit into the continuum of healthy child development programming currently available in the province of Ontario with CAPC and CPNP projects, OEYC centres and other relevant stakeholders.

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## EXECUTIVE SUMMARY

There currently exists in Ontario a wide array of pre-natal, post-natal, early child development and family support programs, involving federal, provincial and municipal government initiatives. These are delivered through a variety of community-level agencies and partnerships. This report limits its focus to three important programs, namely:

- The federal Community Action Program for Children (CAPC);
- The federal Canada Prenatal Nutrition Program (CPNP); and
- The provincial Ontario Early Years Centres (OEYCs).

Each of these programs promote distinct yet complementary goals, the end purpose being the healthy development of young children:

**CAPC** supports the healthy development of children aged 0 to 6 years old, and their families, who are facing difficult life circumstances.

**CPNP** provides access to programs and services for pregnant mothers who are most at risk of having unhealthy babies because of poor health and nutrition.

**OEYCs** act as a central access point for all parents and caregivers of children aged 0 to 6 years of age seeking early learning programs, services and supports, with a common set of universal programs and services for children and families.

The CAPC and CPNP programs were created in the early 1990s as part of a national initiative. CAPC and CPNP programs are geographically dispersed in Ontario and do not cover the entire province. OEYCs, which were established beginning in 2002, are intended as universal programs targeting all families and all parts of the province.

The purpose of this report was to examine how CAPC, CPNP, and OEYC initiatives have integrated their services at the ground level, to identify practices that enhance the continuum of services and supports available in a community, particularly for at-risk families.

CAPC and CPNP non-Aboriginal projects are the primary focus of this report<sup>□</sup>. Given that these programs concentrate on at-risk families, the major attention of this report has been to examine how CAPC, CPNP and OEYC work together to address the needs of at-risk families. “At-risk” is most often expressed in terms of isolation (either geographic remoteness or lacking connection with others), identity (for example, young single mothers) and/or social exclusion (the presence of social and class divisions within a community).

The pre-natal and early childhood service needs of families will vary, but often families experiencing risk factors typically require more intensive attention. CAPC and CPNP projects complement OEYC services by:

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<sup>□</sup> In Ontario there is a distinction between non-Aboriginal and Aboriginal projects, with two separate streams of funding for each. This report reviewed only the non-Aboriginal projects.

- Undertaking more targeted outreach to at-risk families;
- Contributing another layer of services for those who have greater needs;
- Providing further resources by which to reach geographically remote, socially isolated or socially excluded families;
- Where appropriate, working with OEYCs to help at-risk families make the transition to mainstream services.

Community agencies deliver CAPC and CPNP projects and OEYC programs drawing on a wide variety of service models. The multiplicity of project and program designs means that there is no one model that easily describes how CAPC, CPNP and OEYC work together. This is a testament to the creativity of communities across Ontario in adapting and integrating these programs to suit local circumstances.

The focus on integration of services is important because individuals and families have multiple needs that evolve over time, and no one agency is capable of addressing each of those needs. In order to support the whole person and the whole family, agencies must work together to ensure that clients can access the type of service they require when they need it. Funding, particularly from government programs, is earmarked for specific clients or purposes, but clients come with multiple needs, and needs that evolve over time. Community agencies must play the function of brokers, matching funding programs that are delivered through jurisdictional and departmental silos to clients whose needs are not restricted in the way that individual programs may define them. CAPC, CPNP and OEYCs regularly work together to address the needs of the communities they serve.

The goal of integration is a challenging one, by reason of geography, the degree to which the programs focus on the same client, the management structure for delivering the services (a single agency or consortium versus separate agencies) and the overall propensity of a given community to engage in collaboration.

CAPC and CPNP are defined as programs that target at-risk populations, and OEYCs are clearly mandated to serve all families. It would be an inaccurate over-simplification to say that where CAPC or CPNP projects are in place, that they serve the at-risk populations, leaving the OEYCs to deliver their services to average, mainstream families. It is quite apparent in practice that across all communities, many at-risk families feel comfortable accessing OEYCs, relying on the staff found in these centres. Obviously, in many communities where no CAPC or CPNP project is operating, OEYCs must serve those needs.

However, for a number of at-risk parents and families, the prospect of attending a mainstream service is more daunting and the need to receive a higher level of service or a more targeted service is far more pronounced. In these circumstances, many feel more comfortable taking advantage of the presence of CAPC or CPNP. Moreover, the availability of CAPC and CPNP projects means that, together with the OEYC program, communities are able to devote more resources to those families who truly need a higher level of service.

In numerous ways, CAPC, CPNP and OEYC programs strive in a collaborative fashion to help at-risk families move from a reliance on targeted programs to using mainstream services. The integrated approach of the collaborating service agencies often means that at-risk families may not even be able to distinguish where an at-risk program ends and a mainstream program begins.

Clearly, the added resources that CAPC and CPNP projects bring to a community can only help the local system of early childhood services. The existence of different streams of funding, each of which has a different focus, also creates the conditions for local variation and innovation. Were funding to come from only one source, there would be a tendency towards homogenization of programming, given the likelihood that such a program would be required to focus primarily on serving the mainstream population. It is the variety of funding sources that allows for local adaptability to meet the needs of the at-risk populations specific to that community.

Furthermore, the accumulated habits of cooperation and communication arising from the planning and implementation of CAPC and CPNP in the 1990s, made it easier in later years to undertake the planning and implementation of the OEYC, particularly on such sensitive questions as determining the allocation of lead and satellite functions among agencies.

Overall, the presence of CAPC and CPNP projects helps OEYCs have a wider and deeper impact by bringing more intensive and targeted services to at-risk families, by making it possible for OEYC resources to reach further, and by facilitating more linkages among services and among agencies.