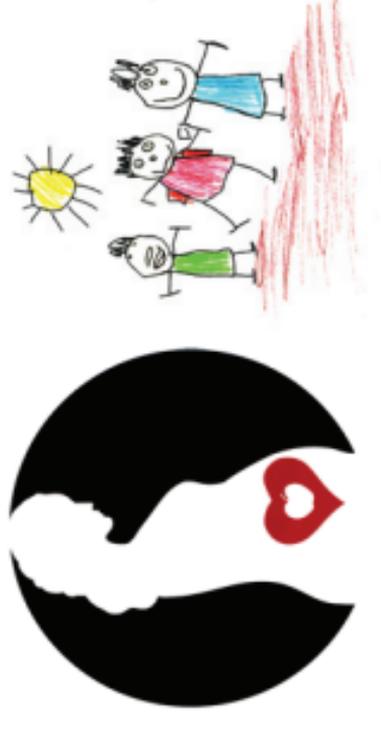
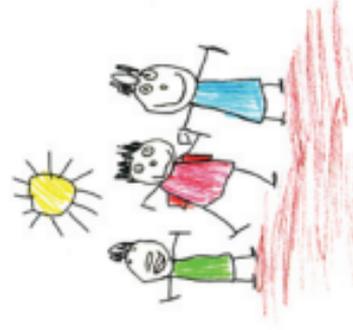


This project has been  
funded by the Public  
Health Agency of Canada



# Alberta CAPC and CPPP Coalition

This project has been  
funded by the Public  
Health Agency of Canada



# Alberta CAPC and CPNP Coalition



Alberta CAPC and CPNP  
**Coalition**

# Welcome



If you are connected with either a **CAPC** or a **CPNP** program in Alberta, congratulations. You are a part of the wonderful world of babies, children and families who are trying their best to thrive in a sometimes unfriendly world.

It is challenging, frustrating, and rewarding, often all at the same time. As part of your work is to connect with your families and community partners, it is also important to connect with similar programs in Alberta, and indeed, across Canada, both for your families and yourself.

This binder has been prepared to help with those connections. Whether you are new to your position or well experienced, we hope you will find information between the covers to:

- **Learn about other programs and people working in programs similar to yours;**
- **Connect your families to other programs when they move;**
- **Feel pride in the history of CAPC and CPNP programs across Canada;**
- **Connect with other professionals working with the Public Health Agency of Canada;**
- **Become energized by connecting with like-minded people through teleconferences, working on the Alberta CAPC-CPNP Coalition Coordinating Committee or attending provincial and regional training;**
- **Apply for a staff shadowing grant to learn about other programs and practices;**
- **Discover valuable websites for information to improve our practices.**

This binder is a “work in progress.” As the Coalition grows, we will be adding newsletters, minutes from Zone and annual meetings and other resources when they are developed.

It is also a collaborative effort. So, your contributions to the **Alberta CAPC-CPNP Coalition** are critical to the quality of the work we do.

Linda West  
Chair

Kari Degethoff  
Co Chair

March 2009

# Making a Difference



"I guess I just felt called to do this job, says Marlaina from High Prairie. "Maybe it's because of my love for the people and the children in this area. Maybe also it's for the hope that I can make a positive difference."

After working for **CAPC** and **CPNP** for a few years we sometimes wonder if what we are doing is helping families and communities we serve. In our fast-paced lives, small steps accomplished every day are sometimes hard to recognize as progress.

But, from time to time, it is important to add up the small steps and see the bigger picture. We must never lose sight of that picture. When we work together collectively, as a team, we do make a difference.

What is it that keeps us inspired to do our work? What is it that keeps us doing what we do? Across the province, north to south and west to east, we get very similar answers.

"I have worked with children and families for 27 years and always wished we had early intervention," says Cindy from Medicine Hat. "Thankfully we now have early intervention programs to promote early learning, parenting strategies and support to families. This will have a positive impact on communities."

Karen from Edmonton says: "My values about the importance of families and community play a huge part in why I do what I do. And I believe, if we all help one another, we contribute to making our society and community a better place."

"I believe in the strength that comes from recognizing the important role of language, culture and beliefs that each parent or caregiver brings into the child's development," says Louise from St Paul. "In order to do this, the francophone family must be informed, accompanied and supported with health and education programs and services in French within the community."

"I enjoy helping others," says Rhonda from Athabasca. "In any way, whether big or small, I enjoy walking with families and providing information and resources that help them feel that their relationships, responsibilities and triumphs are meaningful and fulfilling."

From these very dedicated people we understand the passion and belief that what we are helping families and communities where they live. These statements give us all a pat on the back. We are making a difference in our communities.

**Thanks for being part of our team.**



## OVERVIEW

The **Alberta CAPC – CPNP Coalition**, formed in December 2007, is a network of **CAPC** and **CPNP** projects throughout Alberta committed to collective actions and effective partnerships to ensure healthy outcomes for babies, children and their families.

Throughout Alberta, **CAPC – Community Action Program for Children** - and **CPNP – Canada Prenatal Nutrition Program** – projects are set up to be unique and responsive to each individual community.

The projects use a strength-based approach to connect with partners, communities and participants. This strength-based approach is also important as we work together in a provincial network to share information and exchange resources among the projects.

**CAPC** and **CPNP** projects throughout Canada have also seen benefits of increased communication and collaboration through the formation of the **CAPC-CPNP National Network**, of which we are a member.

### Membership

All **CAPC** and **CPNP** projects, funded by the Public Health Agency of Canada, Alberta Region are members. Currently, there are 27 **CAPC** projects and 25 **CPNP** projects. Each project is a voting member of the Coalition.

For the purposes of the coalition, Alberta is divided into 2 zones: **North**, including Edmonton, and **South**, involving all projects south of Edmonton.



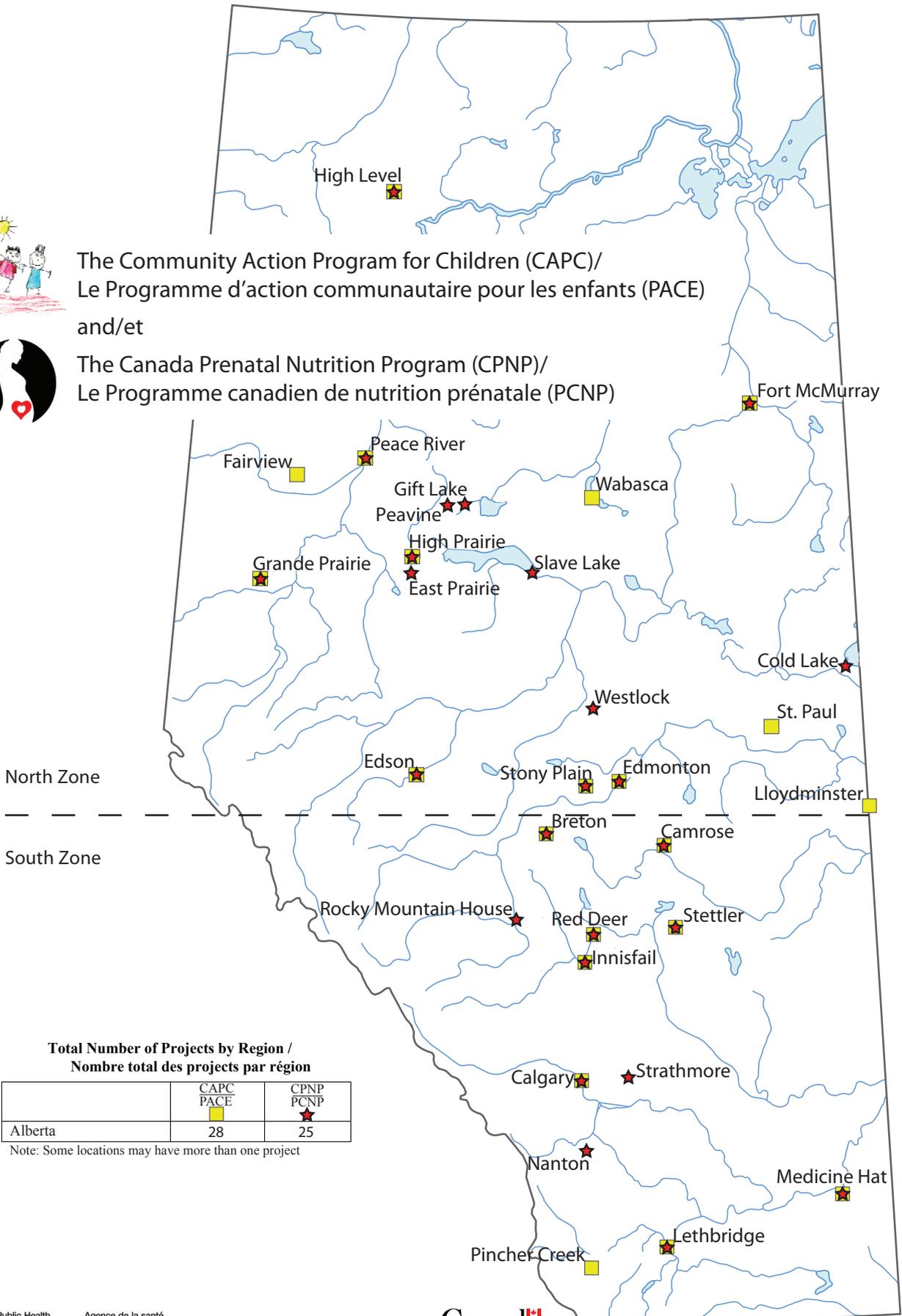
# Alberta CAPC and CPNP projects



The Community Action Program for Children (CAPC)/  
Le Programme d'action communautaire pour les enfants (PACE)  
and/et



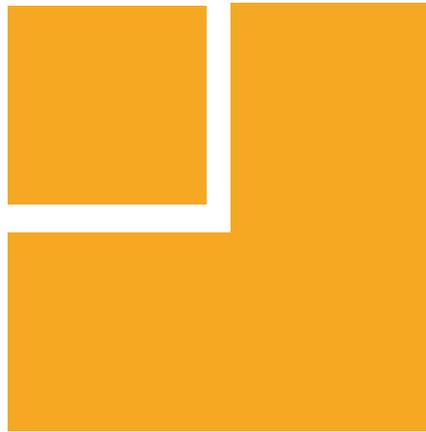
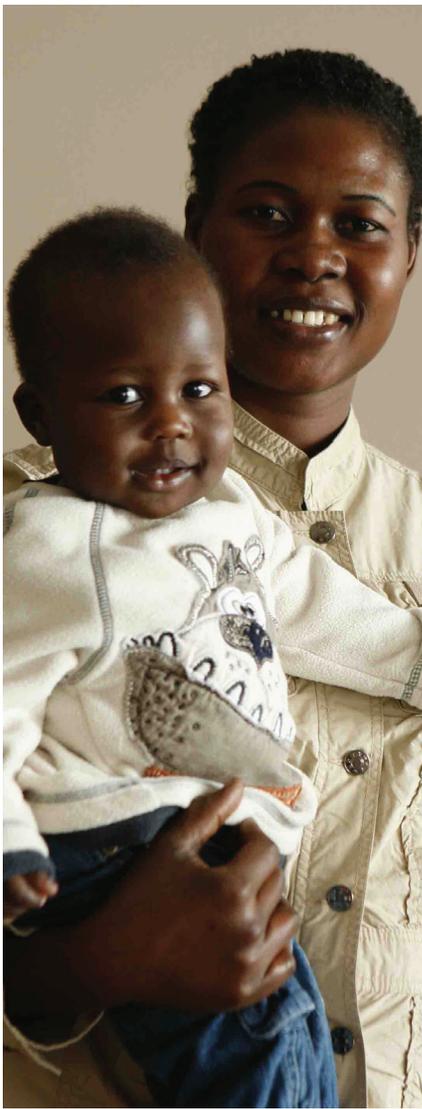
The Canada Prenatal Nutrition Program (CPNP)/  
Le Programme canadien de nutrition prénatale (PCNP)



Total Number of Projects by Region /  
Nombre total des projets par région

	CAPC PACE	CPNP PCNP
Alberta	28	25

Note: Some locations may have more than one project



## Coordinating Committee

The coalition is governed by the Coordinating Committee which oversees and endorses all activities relative to the **Alberta CAPC-CPNP Coalition**.

Two **CAPC** and two **CPNP** representatives, from each of the two zones, are appointed by peers, for a total of 8 representatives. The Coordinating committee also includes representatives from **PHAC**, the banker, and Alberta First Nations and Inuit Health **CPNP** and Maternal and Child Health projects.

## Our Strategies

1. We share information and exchange resources within the **Alberta CAPC-CPNP Coalition** and the **CAPC-CPNP National Network**:

- Alberta Zone quarterly teleconferences
- Annual conference
- Provincial and National Project Fund Training
- Staff shadowing opportunities

2. We explore strategic opportunities for collaboration and partnering within the **Alberta CAPC-CPNP Coalition**, and between the Coalition and other groups and organizations, provincially and nationally.

- Alberta CAPC-CPNP Coalition Binder
- Newsletter (planned for 2009-10)
- Connection to the FASD cross ministry committee

3. We increase awareness of emerging issues or areas of common concern

- Response to the Leitch Report
- Alberta 2008 CAPC-CPNP Report

4. We strive to maintain and increase communication between projects and **PHAC**

- Participation in committees and zone teleconferences
- PHAC evaluation updates

## National Network

The National Network of **CAPC** and **CPNP** Projects provides leadership to facilitate an interconnected and coordinated system of **CAPC** and **CPNP** programs across the country. The network consists of a **CAPC** and **CPNP** representative from each province/region. The representatives meet via teleconference and have an established a website at:

[www.realcanadianchildren.com](http://www.realcanadianchildren.com)





## MISSION:

To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health

## VISION:

Healthy Canadians and communities in a healthier world

The **Public Health Agency of Canada - PHAC** - delivers on the Government of Canada's commitment to help protect the health and safety of all Canadians and to increase its focus on public health. Created in September 2004, PHAC incorporated staff and programs of Health Canada's former Population and Public Health Branch, in addition to emergency preparedness and response and laboratory functions.

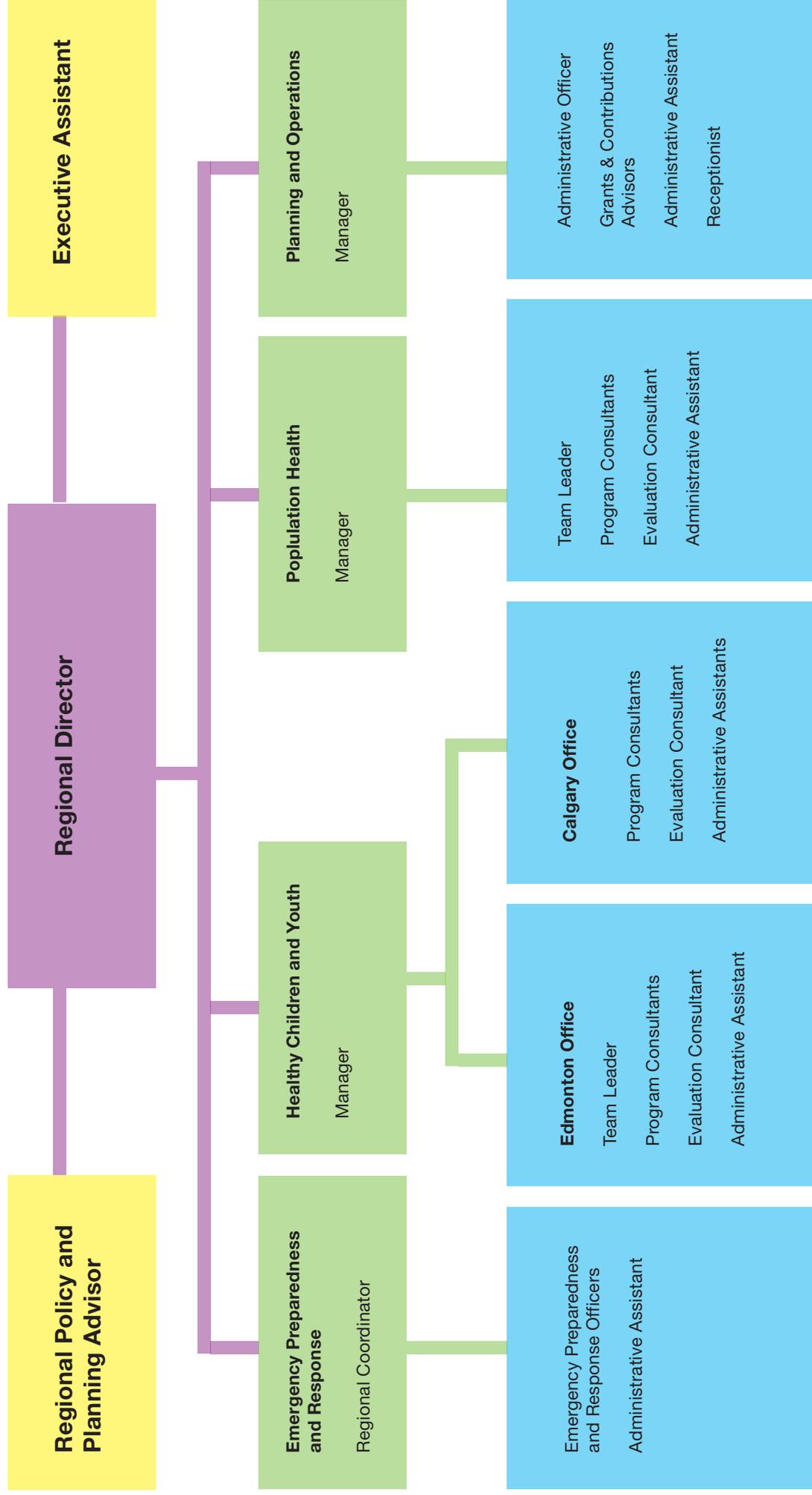
In order to help reduce pressures on the health care system, **PHAC** works closely with provinces and territories to prevent chronic diseases such as cancer and heart disease, prevent injuries, and respond to public health emergencies and infectious disease outbreaks.

**Public Health Agency of Canada** programs focus on building community capacity, developing knowledge about regional public health issues and facilitating collaboration among people from diverse sectors. The principles of population health, health promotion and healthy public policy development are integral to **PHAC's** work.

The **CAPC** and **CPNP** programs are funded by the **Public Health Agency of Canada** and administered by the Healthy Children & Youth Manager with offices in Calgary & Edmonton.

For more information on **PHAC**, visit the Agency's web site at [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

# PHAC ALBERTA/NWT REGION





## OVERVIEW

As **Community Action Program for Children - CAPC** - service providers, our purpose is to address health and developmental needs of children, – birth to 6 years old – and their families living in conditions of risk.

It is work important to our communities and vital to the health and well being of people we serve. To succeed in our endeavours, it takes dedicated people, successful partnerships, community engagement and added resources.

In a word it's *teamwork*. When teamwork is efficient and effective it succeeds at all levels: local, regional, provincial and national.

## Background

At the 1990 United Nations World Summit for Children, leaders of 71 countries made a commitment to invest in the well-being of vulnerable children. The Government of Canada responded by establishing the Brighter Futures Initiative, Canada's Action Plan for Children involving a series of steps towards a better tomorrow for Canadian children and their families.

In 1993, the Government of Canada launched the **Community Action Program for Children**, – **CAPC** – as a component of the Brighter

Futures initiative. It is a federally funded program jointly managed with provinces and territories, to allow for identification of priorities and target groups, reflecting each region's particular needs.

**CAPC** provides funding to community groups and coalitions to develop and deliver appropriate programs that address the health and social development of children who are living in conditions of risk.

Conditions of risk include:

- children living in low-income families;
- children living in teenage-parent families;
- children experiencing developmental delays, social, emotional or behavioral problems; and abused and neglected children.

Special consideration is given to Métis, Inuit and off-reserve First Nations children, the children of recent immigrants and refugees, children in lone-parent families and children who live in remote and isolated communities.

**CAPC** recognizes communities are able to identify and respond to needs of children and it places a strong emphasis on partnerships and community capacity building. Projects provide parents with support and information to raise their children.





### **Making a difference**

CAPC projects offer parents information and support to help them with healthy development of their children.

Employing a population health approach to mobilize communities in supporting at-risk children and families, projects advance the work of the Public Health Agency of Canada. Links to community provide opportunities for partnerships, participant involvement and community collaboration.

Programs include established models, such as family resource centres, parenting classes, parent-child groups, home visiting. Also included are innovative programs such as street-level programs for substance abusing mothers.

### **Guiding Principles:**

The common threads for all CAPC projects are the Guiding Principles:

- Children First
- Equity and Accessibility
- Community-based
- Strengthening and Supporting Families
- Flexibility
- Partnerships

The Guiding Principles are frequently cited by projects as the key to success and some of the theoretical assumptions behind them are so widely shared that they seem self-evident to projects.

*“Without these groups, I’d still be behind locked doors and my daughter would still be sitting watching TV instead of playing with kids. If it hadn’t been for these sessions, if it hadn’t been for the Resource Centre, a lot of us women would still be behind locked doors and closed curtains.”*

*- CAPC parent*



## Program Objectives

The objectives of **CAPC** people and programs are to:

- Improve health and social development of children and their families.
- Reduce incidence of childhood injuries.
- Increase partnership and collaboration among governments, families, professionals, and community groups.
- Increase the number of effective community resources and programs.
- Increase recognition and support for communities at risk, their needs, interests and rights.
- Increase empowerment and knowledge of families and communities.
- Increase accessibility to sensitive programming.

## Serving people and demonstrating success

**CAPC** is successfully reaching at-risk populations. A summary of a one-month 2006 survey of participating Canadian parents and caregivers reveals:

- 26 per cent of participants were single parents.
- 27 per cent of participants had not completed high school.
- 22 per cent of participants were born outside of Canada.
- 15 per cent of participants self-identified as Aboriginal.
- 58 per cent of CAPC households fell below the Low Income Cut-Off (LICO) in their community.
- 17 per cent of participants were caring for a child with special needs.

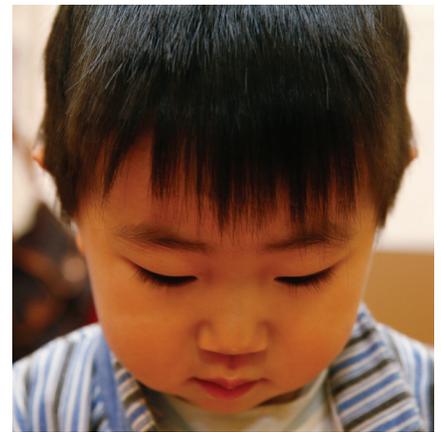
In 2005-06, **CAPC** projects have developed successful and mutually beneficial partnerships with a variety of organizations across multiple sectors of the economy. On average, our projects have 17 partners in each Canadian community. Health organizations represented the largest proportion. But other partners included educational institutions, community and neighbourhood associations, childhood or family resource centres and child protection services.

Nearly all **CAPC** projects have reported some form of participant involvement in their projects and more than half involved participants directly with decision-making.

Communities and other funders support **CAPC** projects. On a national basis, more than \$6.7 million of in-kind donations were received in 2005-06. Projects also received more than \$21.7 million in additional funding from other sources and 68,000 hours of donated time from 9,600 people, in a typical month.

Staff are consulted regarding content areas, such as Aboriginal programming, Fetal Alcohol Spectrum Disorder, teen pregnancy and poverty issues. Community partners also recognize staff experience in organizational and community development issues, such as strategic planning, community needs assessment, and evaluation.

\*Source of information in this segment Community Action Program for Children Overview – Public Health Agency of Canada



*“It’s good to know there’s someone, someplace that will support me in being a good a parent and make sure I know what I should. They’ve made it easier and I don’t feel so stressed or alone.”*

*- CAPC participant*



# CAPC Logic Model

## OVERALL GOAL:

Contribute to the health and social development and reduce health disparities of pregnant women, children 0-6 and their families facing conditions of risk

## CAPC Program Resources

Financial and human resources • Program principles, core elements and management framework • F/P/T protocol agreements and joint management structures

## Program Management and Capacity Building

## Knowledge Exchange and Knowledge Translation

## Intersectorial Collaboration

## Analysis & Communication

- Program, policy and research analysis
- Reports to strategic audiences
- Communication

## Project Monitoring and Reporting

- Tools for managing programs
- Partnership and networking supports

## Capacity-building

- Training and support to build project capacity

## Infrastructure to support investments in children's health

- Partnerships at federal, F/P/T, and project levels
- Stakeholder/citizen engagement

## Program Delivery

- Programming delivered to pregnant women, children 0-6 and families in priority populations

Increased capacity to reach priority populations facing conditions of risk

Increased capacity to successfully contribute to public health goals through a population health approach

Increased capacity to inform policy, programming and research for priority populations facing conditions of risk, including showing program relevance

Provide access to services for vulnerable populations

Utilize population health approach to contribute to the health determinants of participants

- Address health determinants
- Involve participants
- Increased knowledge, skills, and health for parents
- Increased health and development for children

Contribute to community capacity

- Policy and research influence
- Quality cost-effective programs
- Collaborations and partnerships

Improved policy, programming, and research for priority populations facing conditions of risk at the systems level

Reduced health disparities in participating communities

Improved health and social outcomes for participating pregnant women, children 0-6, and their families

Conceptual and philosophical foundations and orientations. External, contextual factors.

Inputs

Activities

Outputs

Immediate outcomes

Intermediate outcomes

Long-term outcomes



# CPNP

## OVERVIEW

As service providers with the **Canada Prenatal Nutrition Program – CPNP** – we work to help vulnerable pregnant women to stay healthy and have healthy babies.

Through a community development approach, the **CPNP** service providers aim to reduce the incidence of unhealthy birth weights and improve the health of both infant and mother, among other objectives.

**CPNP** projects also increase availability of culturally sensitive prenatal support for Aboriginal women.

As a team, we work collectively throughout the province to make a difference in the everyday lives and futures of young Albertans and, very often, their young parents.

## Background

The **Canada Prenatal Nutrition Program** was introduced in 1994 to help community organizations address needs of at-risk women and improve birth outcomes.

For more than a decade, the **CPNP** has helped mobilize communities to promote public health and reduce health disparities affecting pregnant women and their infants.

Community-based groups and coalitions receive support to increase access to health and social supports for prenatal and recently postpartum women facing challenging circumstances such as:

- poverty;
- teen pregnancy;
- social and geographic isolation;
- recent arrival to Canada;
- substance use;
- family violence;
- poor access to services.





## Making a difference

The program makes a difference by funding community groups and coalitions to increase access to health and social supports for prenatal and recently postpartum women in challenging circumstances that put their health and the health of their infants at risk.

More than 95 per cent of projects target pregnant women living in poverty, teens, or women living in isolation or with poor access to services.

**CPNP** projects offer comprehensive services, tailored to meet participant needs. On average, participants begin the program five months before baby is born and stay for four months after baby's birth.

A range of services provided may include:

- nutrition counseling;
- prenatal vitamins, food and food coupons;
- prenatal health and lifestyle counseling;
- breastfeeding education and support;
- food preparation training;
- education and support on infant care and child development;
- referrals to other agencies and services.

## Guiding principles

A set of 6 guiding principles helps to unify the approach to program delivery at the national, regional and local levels:

1. Mothers and Babies First
2. Strengthening and Supporting Families
3. Equity and Accessibility
4. Community-based
5. Partnerships
6. Flexibility

## Program objectives

Using a community development approach the **CPNP** aims to:

- improve mother and infant health;
- reduce the incidence of unhealthy birth weights;
- promote and support breastfeeding;
- build partnerships;
- strengthen community supports for pregnant women.

*"If it hadn't been for the outreach worker and the pregnancy outreach program, I wouldn't be where I am today. I would still be on the streets, using drugs and living with an abusive boyfriend."*

*- a CPNP participant*



The **CPNP** is jointly managed by the Government of Canada and by Provincial/Territorial governments.

Funding for each project is managed by sponsoring organizations such as family resource centres; Native friendship centres and other Aboriginal organizations; health authorities and not-for-profit organizations at the community or regional level.

### Serving people and demonstrating success

**CPNP** fills a distinct gap in communities and at times the projects are the community's only source of prenatal nutrition services. This is a collaborative initiative and the program often provides services in communities where none exist or it enhances access to existing services where they do.

On average, **CPNP** projects work with eight different partners in their community such as, health professionals, not-for-profit groups, schools, other government programs and Aboriginal organizations, to name a few.

The **CPNP** is successfully reaching the intended population. A summary of national data collected on participants entering the program in 2005-2006 reveals:

- 18 per cent were 19 years old and under, including 3% who were 16 or younger;
- 67 per cent had 12 years or less of education, including 29% who had 10 years or less of education;
- 29 per cent had lived in Canada for less than 10 years;
- 23 per cent reported being Aboriginal;
- 31 per cent smoked; and
- 35 per cent were single, divorced, separated or widowed.

In 2005-2006, approximately 22 per cent of prenatal entrants under 19 indicated this was not their first pregnancy – six percent of these women were under 16.

**CPNP** projects advance the work of the **Public Health Agency of Canada** by employing a population health approach to mobilize communities in support of pregnant women and their infants. A population health approach recognizes that a range of social, economic and physical environmental factors contribute to health including: income; food security; education; employment; access to health and other services; housing; social support; and personal health practices and coping skills, to name a few.

The **CPNP-PHAC** provides more than \$27 million, on a national basis, directly to communities each year to fund local projects. Government of Canada investments are enhanced by financial and in-kind contributions from other governments and stakeholders. Also, nearly every project receives in-kind contributions of space, materials, food, transportation and other goods.

After more than a dozen years, the **CPNP** is still meeting a need. Evidence collected over the life of the program, and from key informant interviews, focus groups and case studies confirms the ongoing relevance of the program and the value placed by communities and partners on Government of Canada involvement in prenatal care. In a 2006 report it was noted, 98 per cent of projects surveyed reported they were making a unique contribution to prenatal care in their communities.

\*Source of information in this segment Community Action Program for Children Overview – Public Health Agency of Canada

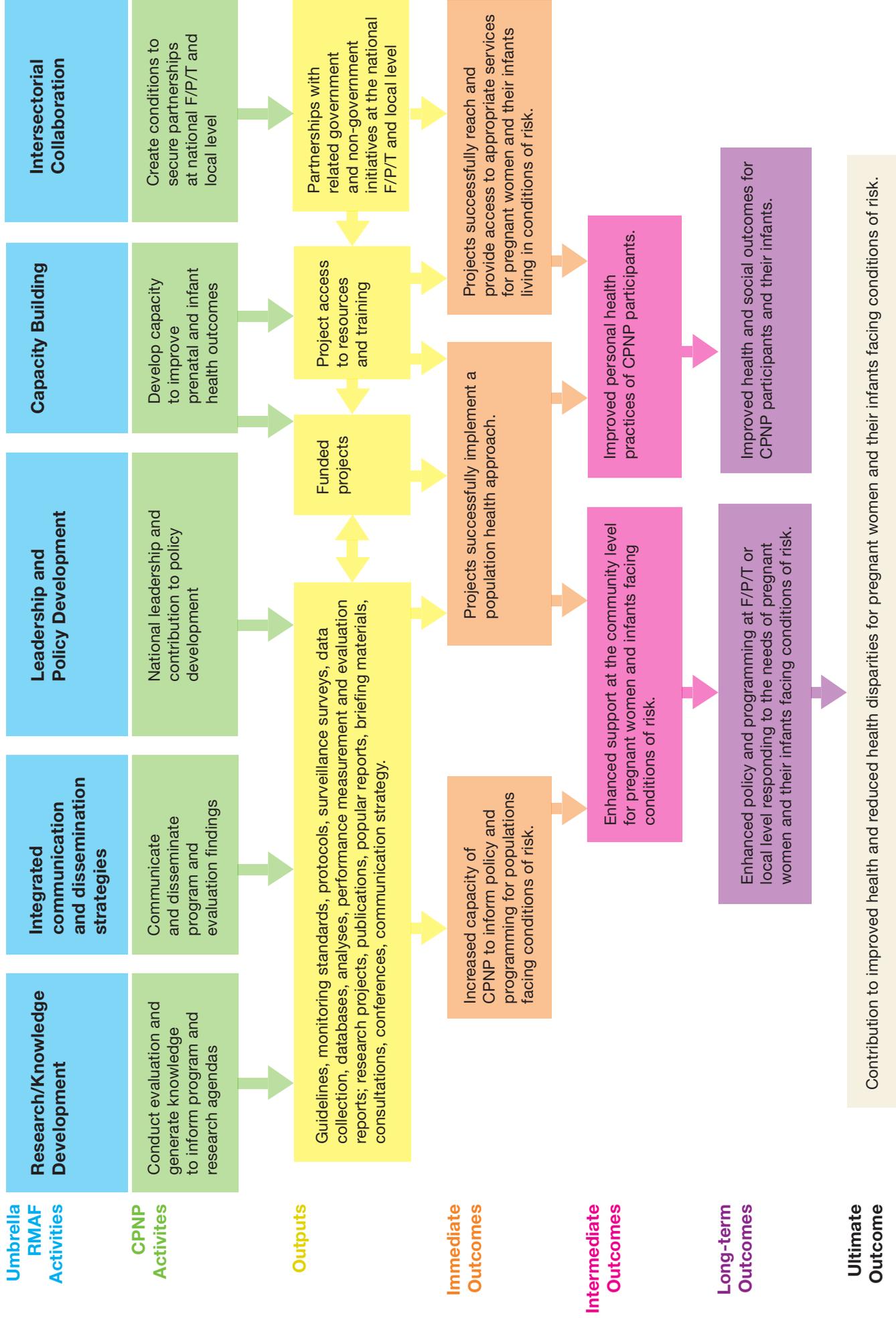


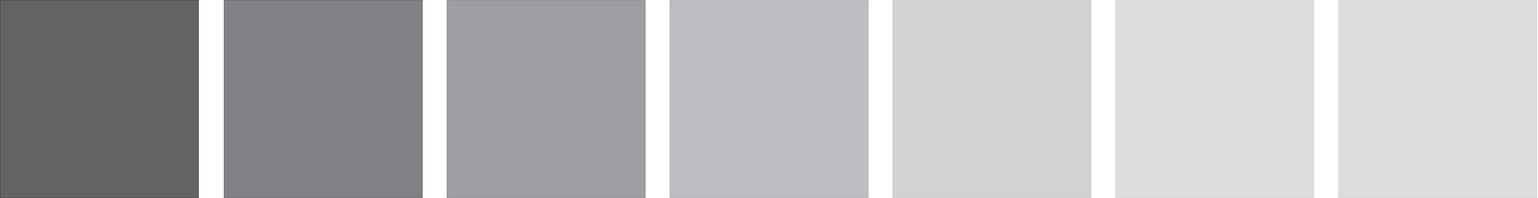
*“Being single and having no family in Canada, I found the project enabled me to meet others and feel less isolated. I learned how to eat properly and take care of myself during pregnancy.”*

*- a CPNP Participant*



# CPNP Logic Model





# Alberta CAPC-CPNP Coalition Directory

## ALBERTA SOUTH ZONE

### CAPC Projects

#### Breton

##### **Brighter Futures Breton**

Brighter Futures Family Resource Society  
Box 779, Breton, AB T0C 0P0

##### **Debbie Roberts, Program Supervisor**

Phone: 780.696.2543

E-mail: debbie roberts@brighter-futures.ca

#### Breton

##### **Brighter Futures Breton**

Brighter Futures Family Resource Society  
Box 779, Breton, AB T0C 0P0

##### **Debbie Roberts, Program Supervisor**

Phone: 780.696.2543

E-mail: debbie roberts@brighter-futures.ca

#### Calgary

##### **Aboriginal In-Home Support Program**

Families Matter Society  
Suite 325, 2116 – 27 Ave. NE, Calgary, AB T2E 7A6

##### **Shelley Balas, Team Leader**

Phone: 403.205.5195

E-mail: shelleybalas@familiesmatter.ca

#### Calgary

##### **Grandir Ensemble**

Societe de la petite enfance et de la famille  
du Sud de l'Alberta  
Cite des Rocheuses  
4800 Richard Rd. SW, Calgary AB T3E 6L1

##### **Claudine Cormier**

Phone: 403.249.0525

E-mail: direction@spiefsa.com

### CPNP Projects

#### Breton

##### **Nutritious Beginnings**

Brighter Futures Family Resource Society  
Box 779, Breton, AB T0C 0P0

##### **Lisa Cottrell, Coordinator**

Phone: 780.361.4119

E-mail: nutritiousbeginnings@brighter-futures.ca

Serves: communities throughout the David Thompson Health Region

#### Breton

##### **Nutritious Beginnings**

Brighter Futures Family Resource Society  
Box 779, Breton, AB T0C 0P0

##### **Lisa Cottrell, Coordinator**

Phone: 780.361.4119

E-mail: nutritiousbeginnings@brighter-futures.ca

Serves: communities throughout the David Thompson Health Region

#### Calgary

##### **Healthy Start Calgary**

Calgary Immigrant Aid Society  
Mosaic Family Resource Centre  
12th Floor, 910 – 7th Ave SW, Calgary, AB T2P 3N8

##### **Wendy Auger, Program Manager**

Phone: 403.265.6093

E-mail: wendya@immigrantservicescalgary.ca

#### Calgary

##### **Coordinated Community Response for Healthy Babies (Healthy Babies Network)**

Catholic Family Service of Calgary  
Louise Dean Centre  
120 – 23rd St. NW, Calgary, AB T2N 2P1

##### **Holly Charles, Director**

Phone: 403.777.7635

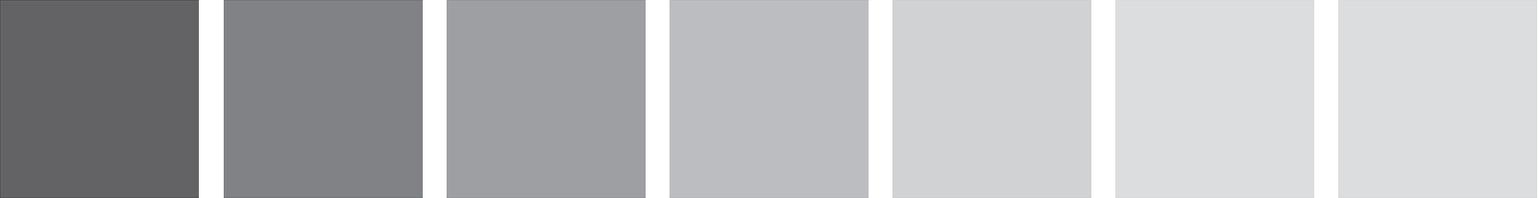
Email: holly.charles@cfs-ab.org

##### **Donna George, Supervisor**

Phone: 403.777.7635

E-mail: donna.george@cfs-ab.org

Serves: City of Calgary



## ALBERTA SOUTH ZONE

### CAPC Projects

#### Calgary

##### Pre-School Children of Adolescents

Louise Dean Centre  
102 – 23 St, Calgary, AB T2N 2P1

##### Holly Charles, Director

Phone: 403.777.7635  
E-mail: holly.charles@cfs-ab.org

#### Camrose

##### Teaching Independence & Parenting Support (TIPS)

Camrose Association for Community Living  
4604 – 57 St., Burgess Bldg, Camrose, Ab T4V 2E7

##### Annette Hillaby

Phone: 780.672.0257  
E-mail: ahillaby@cafcl.org

Serves: Camrose, Killam, Provost, Tofield, Wainwright and surrounding areas

#### Lethbridge

##### Early Childhood Health Opportunities (ECHO)

South Region Parents as Teachers Society  
Park Meadows Elementary School  
#50 Meadowlark Blvd, North, Lethbridge, AB T1H 4J4

##### Deborah Josuttes, Coordinator

Phone: 403.320.5983  
E-mail: Deborah.josuttes@lethsd.ab.ca

Serves: all of SW Alberta except for Pincher Creek & Crowsnest Pass

#### Lethbridge

##### Lethbridge Head Start Program

Box 1448, Lethbridge, AB T1J 4K2

##### Doris Sweet Grass, Executive Director

Phone: 403.329.6506  
E-mail: nwthsoc90@hotmail.com

#### Medicine Hat

##### Best Babies Building Blocks

477 – 3 St SE, Medicine Hat, AB T1A 0G8

##### Kari Degethoff, Young Family Wellness Coordinator

Phone: 403.526.7473  
E-mail: kdegethoff@palliserhealth.ca

Serves: Medicine Hat, Brooks, Bow Island, Oyen and surrounding areas

### CPNP Projects

#### Calgary

##### Teaching Independence & Parenting Support (TIPS)

Camrose Association for Community Living  
4604 – 57 St., Burgess Bldg, Camrose, Ab T4V 2E7

##### Annette Hillaby

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##### Annette Hillaby

Phone: 780.672.0257  
E-mail: ahillaby@cafcl.org

Serves: Camrose, Killam, Provost, Tofield, Wainwright and surrounding areas

#### Lethbridge

##### Better Beginnings

Chinook Health Region  
801 – 1 Ave South, Lethbridge, AB T1J 4L5

##### Debbie Martin, Coordinator

Phone: 403.388.6666 ext.6683  
E-mail: dmartin@chr.ab.ca

Serves: all of SW Alberta except for Pincher Creek & Crowsnest Pass

#### Lethbridge

##### Best Babies Building Blocks

477 – 3 St SE, Medicine Hat, AB T1A 0G8

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E-mail: kdegethoff@palliserhealth.ca

#### Medicine Hat

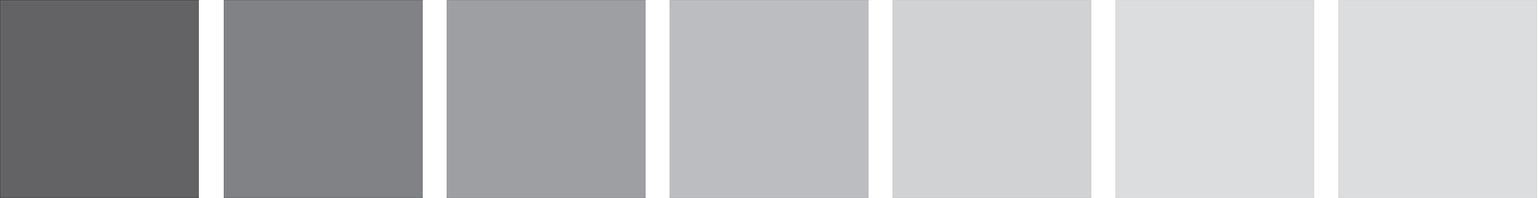
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Serves: Medicine Hat, Brooks, Bow Island, Oyen and surrounding areas



## ALBERTA SOUTH ZONE

### CAPC Projects

#### Pincher Creek

##### Brighter Futures Project Pincher Creek

Crowsnest Pass  
Napi Friendship Centre  
Box 657, Pincher Creek, AB T0K 1W0

##### Marilyn Rees, Coordinator

Phone: **403.562.8020**  
E-mail: [twylla97@hotmail.com](mailto:twylla97@hotmail.com)

### CPNP Projects

#### Okotoks

##### Healthy Moms, Healthy Babies

Alberta Health Services, Calgary  
Okotoks Health & Wellness Centre  
11 Cimarron Common, Okotoks AB T1S 2E9

##### Shelley Herr, Coordinator

Phone: **403.995.2618**  
E-mail: [Shelley.herr@calgaryhealthregion.ca](mailto:Shelley.herr@calgaryhealthregion.ca)

Serves: Banff, Black Diamond, Canmore, Claresholm, High River, Nanton, Okotoks and Vulcan

#### Red Deer

##### Infant Preschool Wellness Program

Family Services of Central Alberta  
5409 – 50 Ave, Red Deer, AB T4N 4B7

##### Lisa Smith – Program Coordinator

Phone: **403.309.8204**  
E-mail: [lsmith@fsca.ca](mailto:lsmith@fsca.ca)

#### Red Deer

##### Building Incredible Babies: Growing Together

Family Services of Central Alberta  
5409 – 50 Ave, Red Deer, AB T4N 4B7

##### Monique Nicholls, Program Manager

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E-mail: [mnicholls@fsca.ca](mailto:mnicholls@fsca.ca)

Serves: Red Deer and Sylvan Lake

#### Rocky Mountain House

##### Baby Biz

Box 656, Rocky Mountain House AB T4T 1A5

##### Shannon Beagle-Thompson, Coordinator

Phone: **403.844.7851**  
E-mail: [babybiz@telus.net](mailto:babybiz@telus.net)

#### Stettler

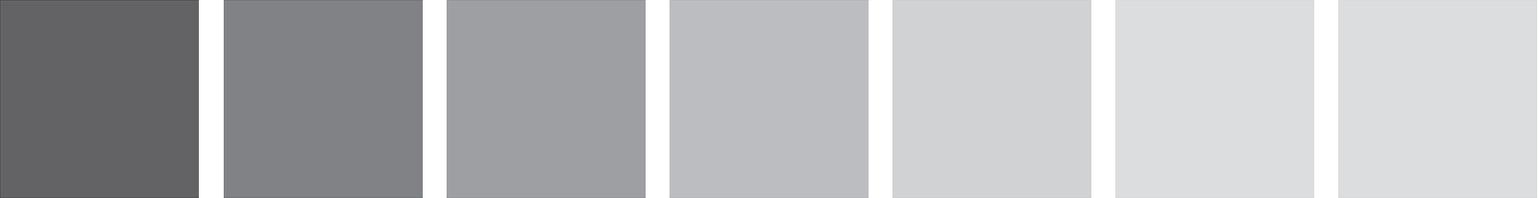
##### Child Abuse Prevention

The Association of Communities Against Abuse  
Box 2132, Stettler, AB T0C 2L0

##### Judilonne Beebe, Executive Director

Phone: **403.742.3558**  
E-mail: [acaat@telusplanet.net](mailto:acaat@telusplanet.net)

#### Stettler



## ALBERTA SOUTH ZONE

### CAPC Projects

#### Stettler

##### Connections

McMan Youth, Family's Community Services Assoc  
5028 – 49 St, Innisfail AB T4G 1M1

##### Jocelyn Kormendy, Project Coordinator

Phone: **403.741.6858**

E-mail: [Jocelyn.kormendy@mcman.ca](mailto:Jocelyn.kormendy@mcman.ca)

Serves: Stettler & Consort

### CPNP Projects

#### Stettler

##### Connections

McMan Youth, Family's Community Services Assoc  
5028 – 49 St, Innisfail AB T4G 1M1

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Serves: Stettler & Consort

#### Strathmore

##### Growing Opportunities

Growing Families Society  
650 Westchester Rd, Strathmore AB T1P 1H8

##### May Rostecki-Budzey, Coordinator

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Serves: Strathmore & Drumheller areas

## ALBERTA NORTH ZONE

### CAPC Projects

### CPNP Projects

#### Cold Lake

##### Healthy Babies Program

Cold Lake Community Health Services  
4720 – 55 St, Cold Lake AB T9M 1V8

##### Candice Sutterfield, Coordinator

Phone: **780.594.4404**

Cell Phone: **780.573.5248**

E-mail: [candice.sutterfield@aspenrha.ab.ca](mailto:candice.sutterfield@aspenrha.ab.ca)

Serves: Cold Lake, Elizabeth Metis Settlement, Fishing Lake Metis Settlement, Bonnyville, Lac La Biche, Buffalo Lake Metis Settlement and Kikano Metis Settlement.

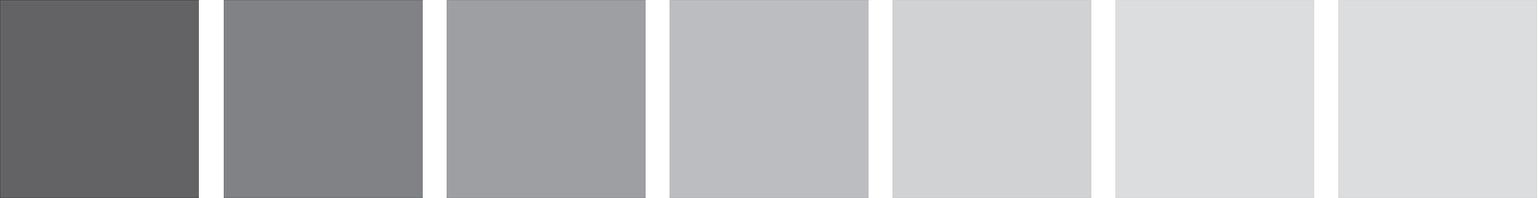
#### East Prairie Metis Settlement

##### Prenatal: Parenthood Regarding Every New Age Taught About Life

Box 1289, High Prairie AB T0G 1E0

##### Vacant, Comm. Service Coordinator

Phone: **780.523.2594**



## ALBERTA NORTH ZONE

### CAPC Projects

#### Edmonton

**Community Action for Children**

Candora Society of Edmonton  
266 Abbotsfield Shopper's Mall  
3210 – 118 Ave, Edmonton AB T5W 4W1

**Diane Sopher, Children's Program Manager**

Phone: **780.477.5655**  
E-mail: [diane.sopher@candorasociety.com](mailto:diane.sopher@candorasociety.com)

Serves primarily Northeast Edmonton, specifically Beverly, Clareview and Hermitage communities

#### Edmonton

**Edmonton Head Start**

Edmonton City Centre Church Corp  
9321 Jasper Ave, Edmonton AB T5H 3T7

**Kourch Chan, Project Coordinator**

Phone: **780.424.7543**  
E-mail: [kchan@e4calberta.org](mailto:kchan@e4calberta.org)

Edmonton Head Start Project is a collaboration between 3 agencies: ABC Head Start, E4C, and Oliver Centre. It serves the City of Edmonton across 15 locations.

#### Edmonton

**Meeting the Challenge of Teen Pregnancy**

Terra Association  
9930 – 106 St, Edmonton AB T5K 1C7

**Karen Caine, Senior Manager**

Phone: **780.428.3772**  
E-mail: [Karen.caine@terraassociation.com](mailto:Karen.caine@terraassociation.com)

Serves: pregnant and parenting teens in the Edmonton area only

#### Edmonton

**Oteynaw Iyniuk**

Ben Calf Robe Society  
12046 – 77 St, Edmonton AB T5B 2G7

**Marg Mitchell, Coordinator**

Phone: **780.477.6648**  
E-mail: [marg@bcrsociety.ab.ca](mailto:marg@bcrsociety.ab.ca)

### CPNP Projects

#### Edmonton

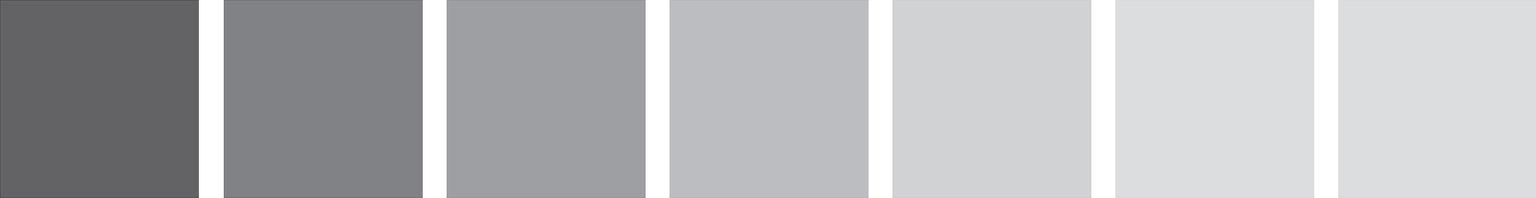
**Health For Two**

Alberta Health Services,  
Suite 300, 10216 – 124 St Edmonton AB T5N 4A3

**Lorraine Green, Coordinator**

Phone: **780.735.3008**  
E-mail: [Lorraine.Green@capitalhealth.ca](mailto:Lorraine.Green@capitalhealth.ca)

Serves: Edmonton, St. Albert, Strathcona County including Sherwood Park, Fort Saskatchewan, Leduc and Leduc County including New Sarepta, Warburg, Calmar, Beaumont, and Thorsby.



## ALBERTA NORTH ZONE

### CAPC Projects

#### Edson

##### Brighter Futures

Early Learning & Child Care Centre  
5501 – 3rd Ave, Edson AB T7E 1L6

##### Tina Clifton, Coordinator

Phone: **780.723.6444**  
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#### Fairview

##### North Peace Children

Bridging the Gap  
EE Oliver School, Bag 2525, Fairview AB T0H 1L0

##### Pamela Maxwell, Coordinator

Phone: **780.835.2225**  
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#### Fort McMurray

##### The Children's Centre

Bay C, 254 Gregoire Drive  
Fort McMurray, AB T9H 4K6

##### Ruby Canning, Executive Director

Phone: **780.743.3309**  
E-mail: [ccenterm@telus.net](mailto:ccenterm@telus.net)

#### Grande Prairie

##### Enhanced Babies Program

Grande Prairie Friendship Centre  
10507 – 98 Ave, Grande Prairie AB T8V 4L1

##### Carol Auger, Coordinator

Phone: **780.513.2008**  
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### CPNP Projects

#### Edson

##### WIN

Early Learning & Child Care Centre  
5501 – 3 Ave, Edson AB T7E 1L6

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#### Fort McMurray

##### Food for Two

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Fort McMurray AB T9H 4K6

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#### Gift Lake

Apititih Prenatal Nutrition  
Gift Lake Metis Settlement  
Box 60  
Gift Lake AB T0G

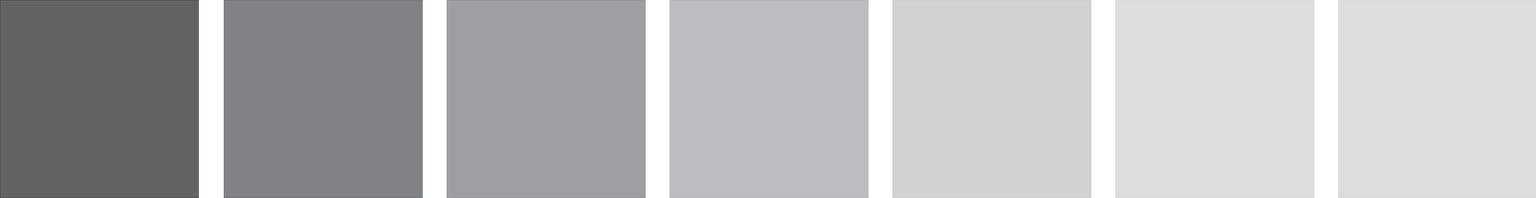
#### Grande Prairie

##### Babies Best Start

Grande Prairie Friendship Centre  
10507 – 98 Ave, Grande Prairie AB T8V 4L1

##### Carol Auger, Coordinator

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## ALBERTA NORTH ZONE

### CAPC Projects

#### High Level

##### **Brighter Futures High Level**

Coalition for Far Northwest Alberta  
Box 1710, High Level T0H 1Z0

##### **Tracy Pederson, Executive Director**

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#### High Prairie

##### **Brighter Futures Program – High Prairie**

Brighter Futures  
Box 888, High Prairie, AB T0G 1E0

##### **Marlaina Goss , Family Life Coordinator**

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#### Lloydminster

##### **Child's Play Program**

Lloydminster Interval Home  
Box 1523, Lloydminster, SK S9V 1K5

##### **Pat Wild, Program Coordinator**

Phone: **780.808.5282**  
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#### Peace River

##### **Families First**

Bag 900 – 17, Peace River AB T8S 1T4

##### **Darlene Hardy-Bennett, Coordinator**

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### CPNP Projects

#### High Level

##### **Baby Counts & Aboriginal Prenatal Nutrition Program**

High Level Native Friendship Centre  
Box 1735, High Level AB T0H 1Z0

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#### High Prairie

##### **The Good Start Prenatal Nutrition Program/Healthy Choices**

Peace Country Health Unit  
Box 888, High Prairie AB T0G 1E0

##### **Jenny Kay, Program Coordinator**

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#### Peace River

##### **Building Better Babies**

Box 400, Peace River AB T8S 1T6

##### **Dianne Ireland, Program Coordinator**

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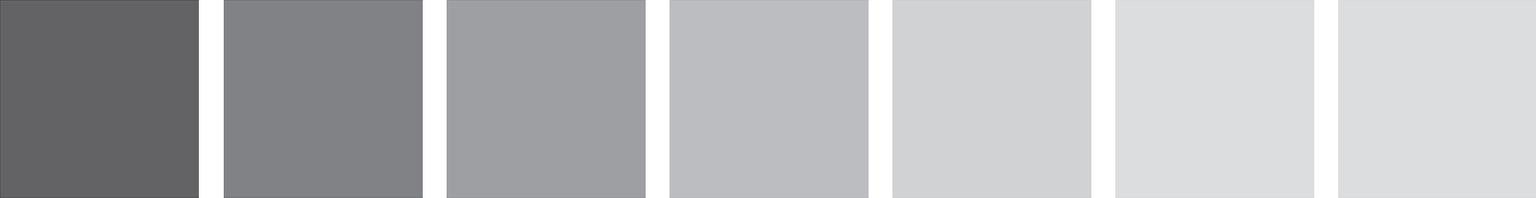
#### Peavine Metis Settlement

##### **Peavine Oskawasis Program**

Box 238, High Prairie AB T0G 1E0  
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## ALBERTA NORTH ZONE

### CAPC Projects

#### St. Paul

##### Programme Franco-Accueil

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##### Louise Reidy

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Serves: St. Paul & area

#### Stony Plain

##### Brighter Futures Project

Alberta Parenting for the Future Assoc  
5413 – 51 St, Box 2695, Stony Plain, AB T7Z 1Y2

##### Barb Fratesi, Program Director

Phone: **780.963.0549**, ext 222

E-mail: barb@apfa.ca

#### Wabasca

##### Little People Project

“Peekiskweetan” Let’s Talk Society  
Box 180, Wabasca, AB T0G 2K0

##### Marie Lavoie, Executive Director

Phone: **780.891.3640**

E-mail: letstalk@telusplanet.net

### CPNP Projects

#### Slave Lake

##### Healthy Choices for Moms & Babes

Slave Lake Health Complex  
309 – 6th St. NE  
Slave Lake AB T0G 2A2

##### Theresa Racine, Project Coordinator

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#### Stony Plain

##### Health for Two

Alberta Parenting for the Future  
5413 – 51 St. Box 2695, Stony Plain AB T7Z 1Y2

##### Angela Lindberg, Coordinator

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Serves: Stony Plain, Spruce Grove, Parkland County, Devon, and Evansburg.

#### Westlock

##### Healthy Families Prenatal Program

Healthy Families Healthy Futures  
#203, 10011 – 106 St, Westlock AB T7P 2K3

##### Linda West, Executive Director

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E-mail: lw.hfr11@telus.net

Serves: Westlock, Barrhead, Swan Hills, Whitecourt, Mayerthorpe, Lac Ste. Anne, Thorhild, Morinville, Redwater, Sturgeon County, Athabasca

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www.schoolscool.org

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Email: gwylie\_healthystart@mts.net

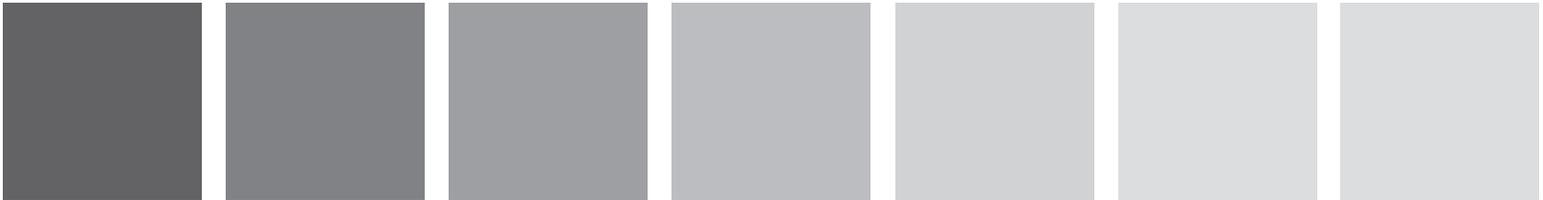
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## Participants on the CAPC & CPNP National Network 2008

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### Linda West

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Healthy Families Healthy Futures  
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BC Association of Pregnancy Outreach  
Programs  
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BC Association of Pregnancy Outreach  
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Sheryl Sargent, MSW Candidate (alt for Sue)  
BC CAPC Society - Treasurer  
The Bridge: Youth & Family Services  
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Email: sheryl.sargent@thebridgeservices.ca  
Email: slsargent@shaw.ca

### Northwest Territories

Tina Drew (calls)  
Brenda Hall (Chari NWT Coalition)

Ruth Adamchick (minutes only)  
Chair of the NWT CAPC/CPNP Coalition  
Box 1830, Yellowknife, NT X1A 2P4  
Phone: 867.669.6772 Fax: 867.669.6773  
Email: ruth\_adamchick@mail.ycs.nt.ca

# 2008



A Report of the  
Alberta CAPC and CPNP Coalition



## We are members of a network

Alberta CAPC-CPNP Coalition was formed early in 2008. This is a network for 25 Community Action Programs for Children projects (CAPC) and 28 Canada Prenatal Nutrition Programs (CPNP) in Alberta. Our mission is to strengthen member agencies and promote attitudes, practices and conditions that contribute to quality services for vulnerable children and families.

CAPC serves children living in low-income families; children living in teenage-parent families; children experiencing developmental delays, social, emotional or behavioral problems; and abused and neglected children. Special consideration is given to Metis, Inuit and off-reserve First Nations children and the children of recent immigrants and refugees, children in lone-parent families and children who live in remote and isolated communities.

CPNP targets those women most likely to have unhealthy babies due to poor health and nutrition. Over 95% of projects target pregnant women living in poverty, teens or women living in isolation or with poor access to services. Other client groups targeted included women who abuse alcohol or drugs, live with violence, women with gestational diabetes, Aboriginal women, and immigrant and/or refugee women.

Funding for both CAPC and CPNP projects is received from the Public Health Agency of Canada (PHAC) as well as community partnerships and other contracts held locally.



## Staff survey overview

The CAPC and CPNP population health model has been very successful over the years. However, the funding model has not evolved in response to the changes taking place given Alberta's strong economic growth. Higher operating costs and increasingly complex social issues from a transient and increasing multicultural population influx has created an exponential increase in demand for services.

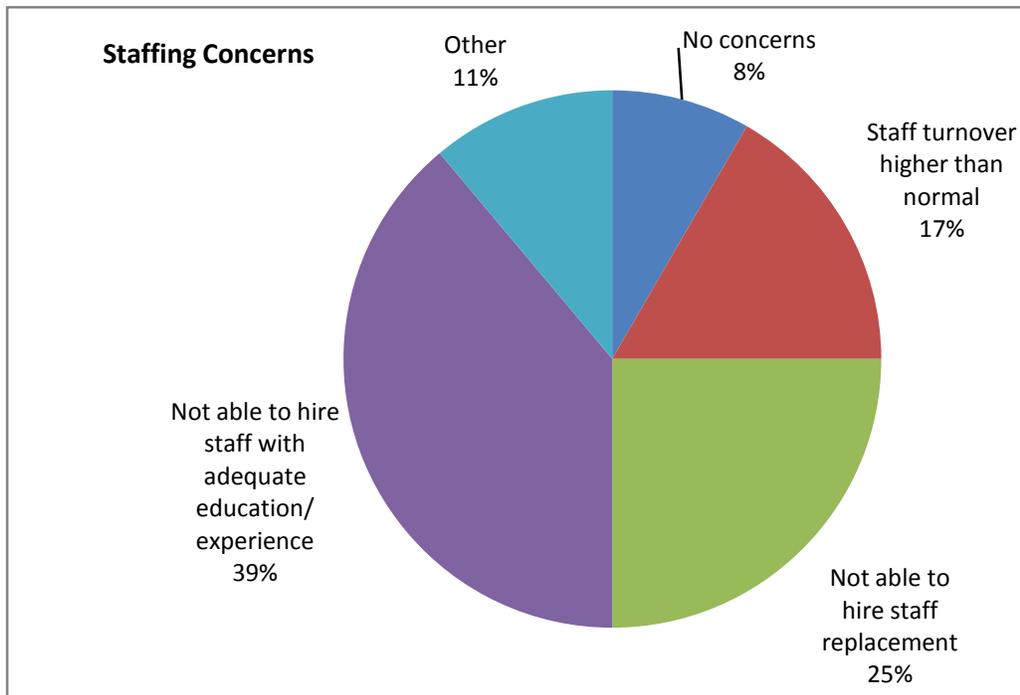
Funding shortfalls have been identified as a concern for a number of years and so a survey was developed in July 2008, to assess how these factors were impacting the CAPC and CPNP programs and their clients.

CAPC and CPNP programs across the province have been very successful at creating partnerships and leveraging additional sources of funding and support, including in-kind resources and volunteer involvement. The survey also sought to capture these creative strategies to share with other projects.

The survey was sent out to 53 funded projects across Alberta. We received a 70% response rate, with 21/24 projects in the South zone and 16/29 projects in the North zone responding.

## Staff recruitment and retention

Most projects are increasingly concerned about their ability to hire staff replacements with adequate education and experience. Only 3/36 responses indicated no concerns about staffing. The high staff turnover has created significant workload increases for the remaining staff. The longer that staff work under these high stress conditions, the more likely they are to burn out, and need an extended leave and/or seek alternative career paths. Funding and staff shortages have also limited the ability to offer training and career advancement opportunities that are commonly available to staff in other sectors.



Quotes from individual surveys:

*“It is difficult finding and retaining qualified staff considering the competitive nature of employment opportunities in (Alberta) and the specifics required for our employees necessary to meet the challenges of this sector. There is also the financial and job security aspects associated with the yearly funding nature of this type of program.”*

*“Long -term staff is upset with no wage increases”*

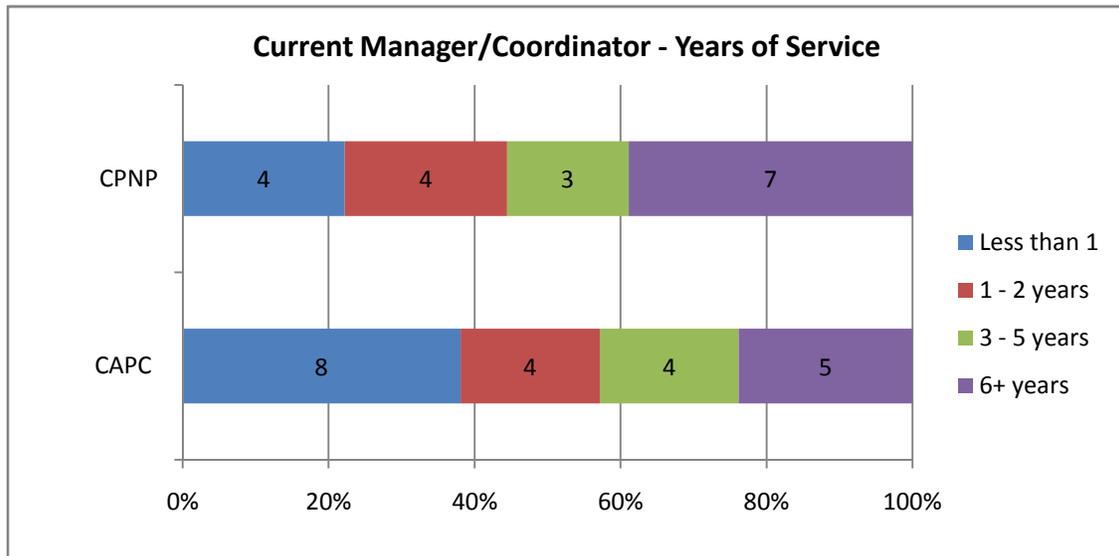
Currently 13% of staff positions are vacant and four projects that did not return the survey were recruiting new project coordinators over the summer. Projects reported 27% vacancy rate over the past year. Those projects with staffing funded through other partners reported a lower staff vacancy rate of 13%. Often, funding partners include the Health Authority or other government funded agency which has received higher compensations increases.

Quotes from individual surveys:

*“With increasing stress due to financial pressures of staff, they are less likely to ‘go the extra mile’ for their clients. Where meeting clients on weekends and evenings to provide extra support used to be a part of what our staff did, they now are either less motivated, or have other jobs to attend and are thus less likely to provide these extra services. Ultimately, clients are receiving less.”*

## Management Longevity

Projects require strong, consistent leadership to build and retain credibility in the community. Unfortunately, 39% of CAPC projects have a coordinator/manager with less than 1 year experience and 45% of CPNP projects have coordinators/managers with less than 2 years of experience. As a result of constant management staff turnover – compounded by the inability to find adequate replacements, CAPC and CPNP projects are losing the skills, knowledge and experience that allow them to consistently deliver high-quality services and respond to changing community needs. High leadership turnover also makes it difficult for funded agencies to plan for organizational sustainability.



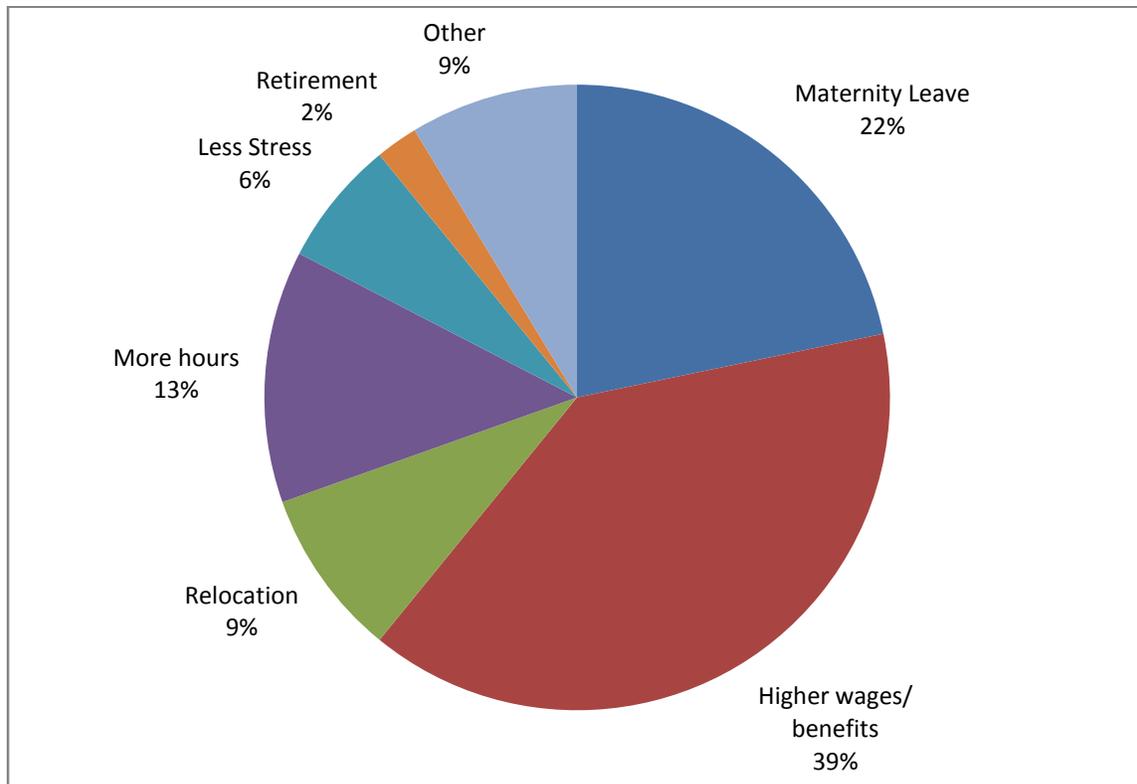
Quotes from individual surveys:

*“The reduced ability to provide staff with basic cost-of-living increases result in higher staff turnover and the recruitment of less-experienced staff. When seasoned staff leave, their experience and knowledge is lost and while clients continue to receive support and information, the quality is lessened due to lack of experience.”*

*“Employees lose heart and ambition. Lack of financial increases devalues the staff and the program - clients miss out on receiving services they need.”*

*“Attracting qualified individuals at the salaries we offer has been problematic. Consequently, the client waiting list has grown, which creates another type of pressure on the program coordinator.”*

## Reasons why staff are leaving



Inadequate compensation was the most common reason given for staff leaving their jobs. The salaries and benefits offered by CAPC and CPNP projects have long been lower than similar positions in other sectors, such as health, education and social services, and are increasingly unattractive in the current competitive job market.

Quotes from individual surveys:

*"I have staff talking about leaving because they cannot make ends meet with the pay. They like the job but feel they are not paid fairly."*

*"The scale for salaries is 1/3 below the union rates, travel costs for rural areas has increased; the high work load with insufficient hours available to provide client service increases frustration for staff."*

*"Low salary compared to increasing cost of living (staff unable to meet personal needs without having more than one job)."*

*"Increasing stress of job – clients are needier, have multiple needs and issues, and fewer community resources to support them"*

*"Increasing workloads - as staff leave, remaining staff 'pick up the work' so that client needs continue to be met"*

## Average CAPC and CPNP Salaries benefits

Position	Requirements	Average Salary	Annual salary @ 35 hrs/week	Annual Salary @ 40 Hrs/week
Director	Degree	\$18 - \$25+ per hour	\$32,760 - 45,500+	\$37,440 –52,000+
Program Coordinator	Diploma - degree	\$18 - \$25	\$32,760 - 45,500	\$37,440 – 52,000
Program Professional	Degree	\$18 - \$25+	\$32,760 - 45,500+	\$37,440 – 52,000+
Front line staff	Diploma	\$14 - \$17	\$25,480 - 30,940	\$29,120 – 35,360
Group facilitators	Diploma - degree	\$10 - \$25	\$18,200 - 45,500	\$20,800 – 52,000

This survey showed that salary and benefits levels of many key positions are significantly lower than comparable positions in the public sector as documented by the 2007 Peter T. Boland & Associates Report and the government of Alberta website. (See appendix 1).

The Alberta 2006 Before Tax LICO (Low income cut off) for a lone parent with one child was \$26,396 (National Council of Welfare, 2007). Our staff is struggling with low incomes in much the same way our clients are. A particularly disturbing fact was that 77% of the projects reported at least one full-time staff who is working at another job to supplement their income. As well, one of the main strategies for balancing budgets is to reduce the work week or reduce the months that programs operate. The end result is a reduced annual income for the staff.

Wages are not the only area of concern – generally the CAPC and CPNP programs have minimal benefits attached to positions – either because of lack of full time positions or lack of funding to provide them.

68% of the CAPC and CPNP programs have basic benefits, with the majority being cost shared with the employee. Only 8 offer any form of pension benefits and those are mainly limited to management or full time staff.

Over 56% of programs only offer the basic 2 weeks of holidays, with 39% receiving 3 weeks. Some programs contract for 11 months, reducing the need for paid leave. This balances the budget, but does not support the financial security needs of the staff.

The lack of adequate cost-of-living adjustments not only increases the salary gap between non-profit organizations and other sectors, it also results in significant lifestyle stress for staff.

## Strategies for managing staff salaries

CAPC and CPNP programs have created strong and sustainable projects by engaging local communities and creating partnerships. This has leveraged additional sources of funding and support, including in-kind resources and volunteer involvement. However, lack of funding has required that 17% have reduced staff and 23% have reduced other costs, including reducing services to clients. Another 23% have not had any staff salary increases in the past two year, further marginalizing our program staff.

Quotes from individual surveys:

*“All contracted staff is contracted for 48 weeks per year (i.e. 4 weeks unpaid leave). No paid leave”*

*“Our board has just implemented a staff retention bonus for staff in the past year”*

*It’s difficult to keep wages in line with the increased cost-of-living and competitive wages”*

There is concern that vulnerable children and families are not receiving the quality of support they need. Not only is there concern that some services are being cut to manage increasing costs, but the constant staff turnover makes it difficult to develop the stable, trusting client-staff relationships very much needed by vulnerable children and families. Added instability not only hinders their progress, but can make things worse.

*“We are offering fewer services – we used to run 40 weeks of programming, now we run 33 weeks”*

*“As the populations we serve are high needs refugee and immigrant families and the need for supports and programs for this population is increasing, we are forced to decrease what we are able to offer to these families”*

*“We have also made requests to staff to take unpaid leaves during slow periods in order to save \$\$, which means that there is limited availability for clients to access drop-in informal counseling and support services”.*

*“Clients are now being wait-listed and staff is doing additional work on their own time to finish paperwork and planning.”*

*“Clients are affected by staff turnover. Clients and their children just get comfortable with a worker and then they are gone.”*

*“Employees lose heart and ambition. Programs costs increase with no increase to funding, makes it difficult to effectively run the program. Lack of financial increased devalues the staff and the programs, clients miss out on receiving services they need’*

On the plus side, programs stress the importance of flex time, paid professional development and family friendly policies as some of the strategies used to retain staff.

Quotes from individual surveys:

*“We offer noon-hour yoga classes twice a week. When staff work a Saturday morning, they get to bank a full day”*

*“We have a positive workplace environment, flexible schedule, students from holistic health offer service for 2 months per year, extra vacation time in lieu of salary increases, annual staff appreciation event and personal wellness seminars, leadership opportunities, regular supervision”*

*“We offer shorter hours such as 35 hour week vs 40 hour week”*

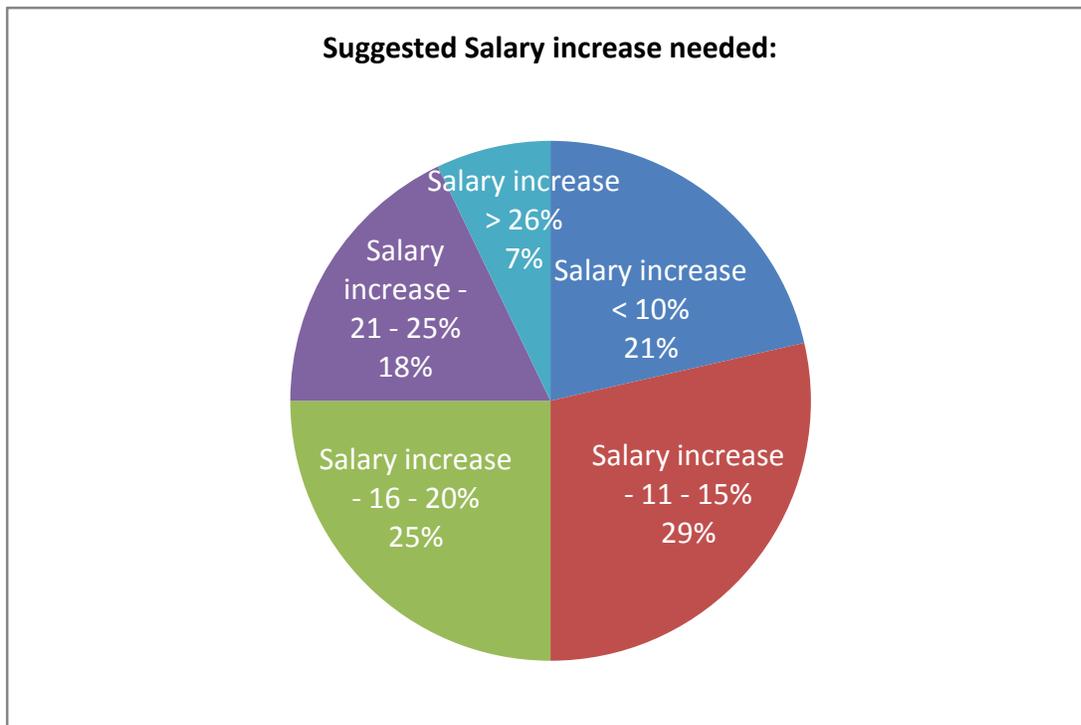
*“We give staff a sense of appreciation, contribution and valued opinion as well as work flexibility”*

The top priority for extra funding was better salary and benefits for existing staff (20/24 responses). The next priority was for higher travel compensation. The third priority was for more staff to reduce burnout, then more professional development. Last priority was more resources for families, with the recognition that the programs cannot operate without adequate staff. Transportation is a huge issue for most of the programs, particularly in the rural areas.

Quotes from individual surveys:

*Without qualified, dedicated staff who are willing to invest time in the agency and with families, the programs will not be effective and therefore more resources for families will no be useful. As well, although staff development is crucial to retaining staff, we first need to focus on retaining our current staff group.”*

Programs had a variety of answers to the question of a suggested percentage for salary increases – 50% suggested 10 – 15% and 50% suggested more is required. Others suggested that an overall increase was not as important as increasing particularly low sectors, such as early childhood program facilitators.



## Other concerns

Other operating costs were not addressed in the survey but were voiced:

Quotes from individual surveys:

*"We have increases in rents and other operating expenses. In places where we were able to "borrow" faculty space for program delivery we now have to pay because their costs are increasing"*

*"We have a licensed preschool program and are required to meet the provincial standards. It is difficult to attract qualified individuals when there is limited salary incentives, especially now that there are accreditation programs for both daycare and out of school care programs which leaves our preschool programs outside of the perks that go along with accreditation such as professional development dollars and salary top-ups"*

*"Childcare is an issue for staff – salary of \$18 and pay a sitter \$6 an hour for one child – who are you working for? (summer issue – no school)Tired of working for 1/3 less market but love job of helping and seeing families grow"*

*"Although the demands for capturing data are increasing, there is little to no funding available for data entry or even to develop a common data base."*

*"It would help a great deal to have a multi-annual funding program to help with stability and longer term planning"*

*"Would like more management training and a new staff orientation program".*



Appendix 1

## Comparative 2000 salary ranges

Information taken from the 2007 *Peter T. Boland & Associates Inc. Report* and the Government of Alberta website

Classification	Government Min. – Max.	NFP* over \$10 million Min. – Max.	NFP* under \$10 million Min. – Max.
Director of operations/CEO	(effective April 2008 unable to find 2007)  \$131,544 - \$172,644	\$82,098- \$105,329	\$67,507-\$88,046
Senior manager/Department head	(effective April 2008 )  \$77,352 - \$118,296	\$69,070 - \$92,576	\$57,095-\$73,234
HSW7 – casework supervisor/contract specialist	(2007)  \$61,824-\$80,052	\$50,466-\$66,361	\$44,333-\$57,771
HSW6- investigator/assessor/  Senior program service provider	\$56,820-\$73,428	\$45,553-\$65,765	\$40,878-\$51,444
HSW5- intervention worker/foster care worker/ agency caseworker	\$54,384-\$70,308	\$38,403-\$50,586	\$36,053-\$45,829
Child and youth Care worker- front line	\$42,828-\$54,384	\$32,426-\$45,282	\$28,768-\$37,462

\*NFP – Not For Profit Agencies

## References

Alberta Association of Services for Children and Families (AASCF). (2007). *The Future is Now! Building Strong and Sustainable Communities through Strong and Healthy social Service Agencies*

Alberta CAPC CPNP Coalition. (August 2008). *Staff Survey*.

Calgary Chamber of voluntary Organizations. (June 2008). In Brief: *Reaching the Limit*

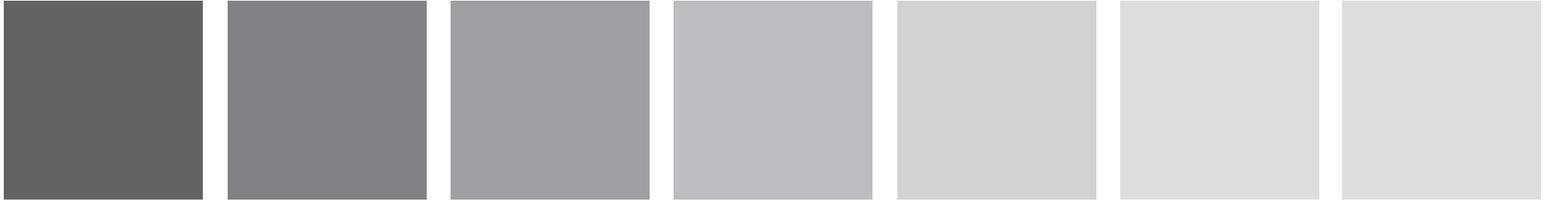
Peter T. Boland & Associates Inc. (October 2007). *Boland Survey of Not for Profit Sector Salaries and Human Resource Practices – Alberta Edition*

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## Websites

### Alberta Breastfeeding Committee

**<http://www.breastfeedingalberta.ca>**

The Alberta Breastfeeding Committee has been formed by a coalition of stakeholders from across the province to promote, protect and support breastfeeding in Alberta.

### Alberta College of Social Workers

**<http://www.acsw.ab.ca>**

### Alberta Home Visitation Network

**[www.ahvna.org](http://www.ahvna.org)**

AHVNA supports quality home visitation programs across Alberta for children and families.

### Breastfeeding: Dr. Jack Newman and Edith Kernerman

**<http://www.drjacknewman.com>**

Our Mission is: To empower mothers to achieve their own breastfeeding goals by providing compassionate and comprehensive support along with current and consistent advice by informed practitioners. At the Newman Breastfeeding Clinic & Institute, we understand the frustration felt by mothers who have received contradictory and conflicting advice about breastfeeding. We recognize the importance of empowering these mothers through consistent education and understanding.

### Canada Prenatal Nutrition Program

**[www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)**

### Canadian Association of Family Resource Programs -- FRP Canada

**[www.frp.ca](http://www.frp.ca)**

### CAPC-CPNP National Network of Projects

**[www.healthycanadianchildren.com](http://www.healthycanadianchildren.com)**

### Centre for Addiction and Mental Health

**<http://www.camh.net>**

Centre for Addiction and Mental Health is Canada's leading addiction and mental health teaching hospital. We improve the lives of those affected by addiction and mental health problems and promote the health of people in Ontario and beyond.

### Centre of Excellence for Child Welfare

**[www.cecw-cepb.ca](http://www.cecw-cepb.ca)**

The Centre of Excellence for Child Welfare encourages collaborative projects that integrate child maltreatment prevention and interventions across a variety of sectors, including health care, education, justice and recreation. The Centre's four main functions are: Fostering research, Disseminating information, Developing policy and Forging networks.

### Centre of Excellence for Children and Adolescents with Special Needs

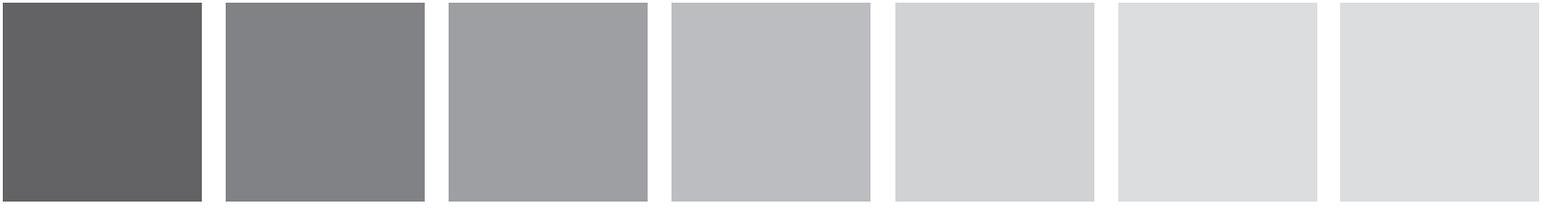
**[www.coespecialneeds.ca](http://www.coespecialneeds.ca)**

Our Centre of Excellence is committed to ensuring that young people with special needs living in rural and northern communities receive the best services Canada has to offer. Established in 2000, the Centre is located at Lakehead University in Thunder Bay, Ontario.

### Centre of Excellence for Early Childhood Development

**[www.excellence-earlychildhood.ca](http://www.excellence-earlychildhood.ca)**

The mission of the Centre of Excellence for Early Childhood Development -- CEECD -- is to improve our knowledge of the social and emotional development of young children. It does this by: Identifying and synthesizing the very best scientific work on early childhood social and emotional development; Disseminating this knowledge to a target audience of planners, public and community service providers, and policymakers; Encouraging leading-edge research on child development from the time of conception to age five; Providing governments and service planners with a consultation service for policies on early childhood development; and Creating, at the local, national and international levels, networks of individuals and groups interested in early childhood development.



Centre of Excellence for Youth Engagement -- CEYE

**[www.engagementcentre.ca](http://www.engagementcentre.ca)**

This website is not only a collection of the work we have done as a Centre but also contains a lot of information done by other people and organizations that are interested in Youth Engagement. We've made space for visitors to the site to provide feedback both for us and for other visitors, we hope it will help to tell us if we're producing the right kind of information.

Developmental Screening Tool Kit for Primary Care Providers

**<http://www.developmentalscreening.org>**

Dietitians of Canada

**[www.dietitians.ca](http://www.dietitians.ca)**

**[http://www.dietitians.ca/public/content/eat\\_well\\_live\\_well/english/index.asp](http://www.dietitians.ca/public/content/eat_well_live_well/english/index.asp)**

Dietitians of Canada is the nation-wide voice of dietitians -- the most trusted source of information on food and nutrition for Canadians. The Website has resources and information for professionals and parents. Check out the "eat-well-live-well" section.

Early Childhood Development Support Services

**[www.ecdss.ca](http://www.ecdss.ca)**

Family Supports Institute Ontario

**[www.fsio.ca](http://www.fsio.ca)**

International Lactation Consultant Association (ILCA)

**<http://www.ilca.org>**

The International Lactation Consultant Association is the professional association for International Board Certified Lactation Consultants and other health care professionals who care for breastfeeding families. Our vision is a worldwide network of lactation professionals. Our mission is to advance the profession of lactation consulting worldwide through leadership, advocacy, professional development, and research.

Invest in Kids

**[www.investinkids.ca](http://www.investinkids.ca)**

By translating the science of parenting and child development into engaging, easy-to-understand, relevant resources for parents and professionals, Invest in Kids aims to strengthen the parenting knowledge, skills and confidence of all those who touch the lives of our youngest children to ensure the healthy social, emotional and intellectual development of children from birth to age five.

La Leche League Canada

**<http://www.lllc.ca>**

To encourage, promote and provide mother-to-mother breastfeeding support and educational opportunities as an important contribution to the health of children, families and society. Through this website you can find answers to your questions about breastfeeding or locate a Leader or LLLC group in your community.

Ontario Aboriginal CAPC-CPNP

**[www.kanen.on.ca](http://www.kanen.on.ca)**

Parent Link Alberta

**[www.parentlinkalberta.ca](http://www.parentlinkalberta.ca)**

The Virtual Parent Link Centre provides information and support for parents and caregivers on how to assist with your child's learning, development and health. Here you will find information about becoming a parent, promoting a healthy pregnancy, locating and choosing child care, various health issues, communication, discipline, and our special section entitled Ages and Stages.

Public Health Agency of Canada, Canada Prenatal Nutrition Program – CPNP

**[www.phac-aspc.gc.ca/dca-dea/programs-mes/cpnp\\_main-eng.php](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/cpnp_main-eng.php)**

Public Health Agency of Canada, Community Action Program for Children – CAPC

**[www.phac-aspc.gc.ca/dca-dea/programs-mes/capc\\_main-eng.php](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/capc_main-eng.php)**

The Canadian Tire Foundation for Children

**<http://canadiantire.ca/jumpstart/about.html>**