Public Health Agency of Canada
Agence de la santé publique du Canada

Investing in Healthy Futures: The Community Action Program for Children (CAPC)

Popular report featuring highlights of the Summative Evaluation of CAPC 2004–2009

Canada

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

— Public Health Agency of Canada

This report highlights some of the key findings of the 2004–2009 summative evaluation, completed by the Public Health Agency of Canada in 2010. The full evaluation report can be accessed on the PHAC website at: http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2009-2010/capc-pace/index-eng.php

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Également disponible en français sous le titre :
Investir dans des avenirs sains : Programme d'action communautaire pour les enfants (PACE)

Cat.: HP10-17/2011
ISBN: 978-1-100-53559-3

Online:
Cat.: HP10-17/2011E-PDF
ISBN: 978-1-100-19002-0

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Investing in the Healthy Development of Young Children, Their Families and Their Communities

"What happens to us early on – the environments and events to which we are exposed – can have immediate, delayed or long-term impacts on our health. These impacts may be compounded over time or by other events, and can sometimes be intergenerational. The importance of a holistic public health approach to early childhood in particular, must not be underestimated."

—Dr. David Butler-Jones, Chief Public Health Officer, Report on the State of Public Health in Canada, 2009: Growing Up Well, Priorities for a Healthy Future

An investment that lays the foundation for good health and well-being

With over 440 projects sharing annual funding of $53.4 million, the Community Action Program for Children (CAPC) is an important component of the Public Health Agency of Canada's (PHAC's) health promotion programming. CAPC funds community-based groups and coalitions to develop and deliver comprehensive, culturally appropriate early intervention and prevention programs that promote the health and social development of vulnerable children (0–6 years).

Designed to address the broader determinants of health, CAPC aims to reduce health inequities while striving to strengthen skills and capabilities of communities, parents and caregivers in order to improve the health and well-being of their children and families.

CAPC is rooted in the United Nations Convention on the Rights of the Child and in a commitment that Canada and 71 other nations made to invest in the well-being of vulnerable children, at the United Nations World Summit for Children in 1990. CAPC was launched as one of four programs of the federal government's Child Development Initiative in 1993, with the first projects being funded in 1994. More than 15 years later, CAPC continues to play an important role in providing a population health approach to meeting the needs of Canada's most vulnerable children and their families.

In a spirit of collaboration and to ensure a coordinated approach to address health, social development, and the learning needs of children at-risk, CAPC is managed by the federal and provincial/territorial governments (and in some cases the community and other stakeholders) through Joint Management Committees across Canada.

Who does CAPC serve?

CAPC is intended to reach and respond to the health issues affecting children aged 0 to 6 and their families facing conditions of risk. These include:

- **Low socioeconomic status**—low income; inadequate housing; insecure employment; food insecurity, and low education.
- **Social isolation**—lone parent and/or lack of supportive relationships and recent arrival in Canada.
- **Teenage parents, situations of violence and/or neglect, tobacco or substance use and/or addiction.**

Special emphasis is given to the inclusion of Métis, Inuit and Aboriginal children and families living in urban and rural communities.

CAPC evaluation results: Overall positive impact in communities

This report is based on the 2004–2009 Summative Evaluation of CAPC. The findings have provided invaluable information about the extent to which CAPC is meeting its objectives, and is providing value for money. Collected through a variety of methods (providing multiple lines of evidence), the regional and national data provided the basis for a comprehensive, evidence-based evaluation. The results indicate that:

- CAPC continues to be relevant as threats to children in Canada persist.
- CAPC is reaching the vulnerable population for which it is intended.
- CAPC initiatives are contributing to healthy child development.
- CAPC is implementing the population health approach.
- CAPC is cost effective.
- Federal government dollars invested in CAPC enable projects to leverage additional resources.

This report provides a summary of the results of the evaluation.

Up close and personal—CAPC at work

CAPC's design is grounded in the science of child development, early intervention and public health, and reflects current and evolving evidence that the health and development of the most vulnerable children can be protected from conditions of risk. This can be done by investing early, and in the whole family, in order to increase family stability. Moreover, the Program's community-based platform recognizes that the community is in the best position to determine needed interventions for its population.

No two CAPC projects are the same. Each is designed and implemented to meet community needs and priorities. Although the focus and content of projects may vary, CAPC projects generally offer the following types of programming:

- Nutritional support and collective kitchens
- Parenting skills programs
- Health programs
- Outreach and home visits
- Child development activities
- Physical activity programs

CAPC projects bring benefits and improvements to children and parents in over 3,000 communities, across Canada.

CAPC principles guide all projects

- Children first
- Strengthening and supporting families
- Equity and accessibility
- Partnerships
- Community-based
- Flexibility

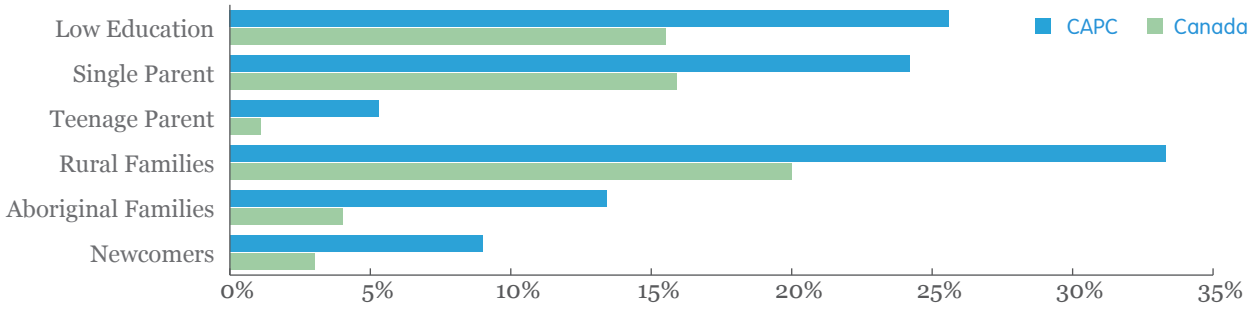
Reaching vulnerable children and their families

Evaluation results confirm that CAPC is reaching children and families most in need—those living in conditions of risk that threaten their healthy development. The proportion of vulnerable individuals included in CAPC initiatives well exceeds the proportion of vulnerable individuals in the general population (see Figure 1). In addition, many families participating in CAPC projects face multiple risks—for example:

- Among Aboriginal parents and caregivers—80% had an income below the low-income cut-off, 52% had not completed high school and 48% were single parents.
- Among single parents and caregivers—87% also had an income below the low-income cut-off.
- Among parents and caregivers who have not completed high school—86% had an income below the low-income cut-off and 43% were single parents.

Early intervention is vital, as children growing up in such conditions as poverty often have higher rates of poor health (both physical and mental), developmental difficulties, as well as social, cognitive and behavioural issues.

Figure 1: Proportion of CAPC Families Facing Conditions of Risk vs. Canadian Families in the General Population



Investing in parents—and reaping the benefits

Self-improvement for better parenting

Improved or increased parental capacity was the single most frequently reported outcome of the qualitative analysis of evaluation findings, with 50% of projects reporting that their participants have better life skills, improved emotional well-being and stronger social support networks. For example, some participants developed improved time management and decision-making skills, as well as increased ability to make healthier personal choices, such as food choices.

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

Evaluation results show that by reducing isolation, improving social skills and supporting new friendships, CAPC provides the foundation for parents to build social networks.

Improvements in other areas that contribute to parenting are also evident, including increased feelings of empowerment (assertiveness skills, ability to advocate for other parents and community), improved personal and family relationships, upgrades in education, improvements in language skills, and increased employment income. As well, participation in CAPC enhanced parents' ability to utilize existing resources. For example, a high proportion of participants in Atlantic Canada were shown to be aware of community resources (84%) and to make use of them (73%).

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

Parenting knowledge and skills make a difference

Parents who understand how children develop and who use effective parenting techniques raise healthier and happier children. There are clear links between parental self-improvement and long-term health impacts for both parents and children. For example, receiving support during the early parenting period is associated with a variety of positive outcomes including improved maternal-child interactions, higher rates of on-time infant immunizations, fewer unintentional infant injuries and less child abuse.

"I learned about feeding, nutrition, diaper changing, bathing, teething, and pretty much every possible encounter you could possibly face with safety proofing your house."

CAPC parents increased their knowledge of and improved skills related to the milestones of healthy child development—enabling them to know what to expect and look for at key stages. Parents also became more knowledgeable about child nutrition, child rearing, and child safety and injury prevention.

Meeting the health and development needs of young children

Physical well-being and overall healthy development

CAPC projects consistently report improved development of gross and fine motor skills among their young participants. These important skills include, for example, drinking from a cup and feeding themselves, putting on their own clothes, walking, using crayons, and doing puzzles and crafts. Among projects in British Columbia, most (85%) parents reported that their children learned at least two motor skills while participating in CAPC.

Language and cognitive development

Language development includes learning from both spoken and written language, while cognitive development is defined as the construction of thought processes, including remembering, problem solving and decision making. Children in CAPC projects improved on a number of fronts including:

- Improved linguistic development of children with limited English/French vocabulary
- Enhanced vocabulary of children
- Improved listening skills and problem-solving ability
- Increased enjoyment of books
- Enhanced ability to identify speech delays by staff
- Improved diagnosis of delays and enhanced interventions

Social knowledge and competence

A child's ability to interact with other children and adults and to be in control of one's self is an important indicator of social knowledge. The reported improvements in CAPC participants were diverse and include: better ability to respond to questions, improved social interactions, better social integration and overcoming shyness. Some regional evaluations pointed to significant improvements in behaviour, supported by such qualitative statements about changes in children's behaviour, such as "they are more than willing to share with their siblings."

"The speech therapist had visited the CAPC project and got our son into therapy right away. She worked with him weekly and gave us and the staff tips on how to stretch his words and how to handle the stuttering in different ways."

Enhancing emotional development and maturity

Children benefit from developing a range of emotions and learning how to deal with them in an appropriate way. CAPC participants demonstrated emotional maturity over the course of their involvement. Parents reported greater feelings of security in new settings, age-appropriate behaviour and increased empathy. Children also overcame "separation anxiety," reduced or stopped inappropriate emotional expressions, or were able to reduce their intensity.

When more is better

One study revealed a significant reduction in behaviour problems in CAPC participants living in poverty and those living in lone-parent households who had higher participation in CAPC programming.

Special issues

Evaluation results support the value of CAPC in addressing such issues as aggression, inattention and hyperactivity—with significant improvements reported in these areas. Using a widely accepted tool (the Behavior Scale for Children) for those aged 24 to 47 months, a study conducted in Ontario found that CAPC participants demonstrated overall improvement in behaviour, as well as in three specific areas: physical aggression, inattention and pro-social behaviour. As a vital link in a whole network of community services and health professionals, CAPC staff may identify children faced with such issues and make referrals so that children get the help they need.

Building community capacity—stronger networks and partnerships

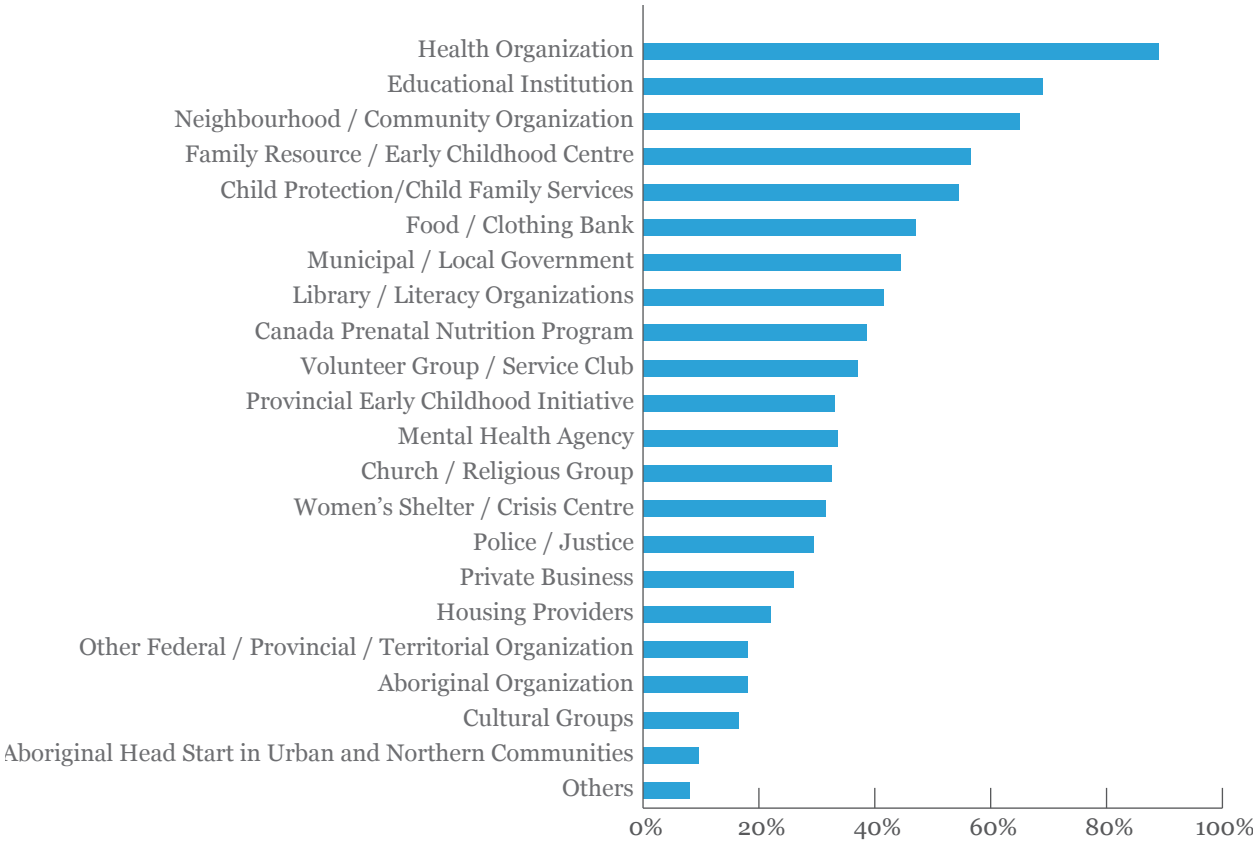
By strategically investing in communities, PHAC aims to increase collaboration and partnerships on public health issues. One of the key strategies underpinning CAPC is the development of capacity at the community level. The evaluation demonstrates success on a number of capacity-building fronts.

Over 6,000 partners . . . and counting

Community capacity building relies on the forging and maintenance of strong partnerships and collaboration. This knowledge is one of the key tenets of CAPC and other PHAC community-based programs. The benefits of collaboration are many and diverse—pooling of resources, provision of complementary services, and providing CAPC participants with direct access to resources and services that they need and might not otherwise know about.

Virtually all (97%) CAPC projects have partners. On average, a CAPC project has 17 partners; almost half (46%) say they have more than 10 partners. Partners range widely in terms of the services they provide, and include: health organizations (for example, local or regional health authorities, community health centres and hospitals); educational institutions (such as community colleges and universities); neighbourhood and community organizations (such as community centres); family resource and early childhood centres; as well as child protection and child family services (see Figure 2).

Figure 2: Type of CAPC Partners



CAPC participants help shape and deliver programming

Not only are participants the receivers of CAPC programming; they are also widely engaged in program development and implementation. Nearly all projects (95%) report participant involvement—from volunteering in CAPC's day-to-day delivery of project services, to participating in management and decision making (such as being on an advisory committee or a board). Overall, more than half of projects (55%) say that participants are directly involved in decision making; 44% report participant involvement on an advisory committee.

CAPC: Population health in action

Rooted in the population health approach, CAPC applies multiple objectives and strategies, works via partnerships and collaboration, and engages participants in its program delivery.

Reducing social isolation

Social isolation is a risk faced by many CAPC parents. Some have not benefited from a sense of community, that feeling of belonging that is a vital ingredient for healthy communities. Measured in terms of participants' ability to access community resources, their involvement in social support systems, the extent to which they take on leadership roles, and the level of inter-cultural interactions in which they are involved, the evaluation demonstrates that participants feel they belong in a number of ways. Community kitchens, for example, offer participants a venue for connecting with other people, learning about nutrition, for sharing their traditions and building healthy communities.

"A highlight for me was when I could see that one mom after her second baby took one of the younger moms, whose kid had been apprehended, under her wing. They developed a friendship. The group fosters a support system. The women feel like they have someone to call when there is no group. Having a new baby and being stuck at home, can be a very lonely time. This connection is such a key factor for women with no support."

CAPC—a wise investment strategy

Attracting resources from partners

While PHAC funding provides a foundational support to CAPC projects, leveraged resources have become a key part of delivering their programming. In fact, half of the estimated value of the Program consists of investments from partners.

The vast majority of projects receive partner contributions in the form of in-kind human resource time. For example, a partner may provide specialized staff time, such as that of a nutritionist, to teach parents about the nutritional needs of their young children. Over three quarters of CAPC projects benefit from a total of almost 300,000 volunteer hours, from either past or current project participants. Similarly, three quarters of projects benefit from outside volunteers, in the order of 268,000 volunteer hours a year.

The ability of CAPC to leverage additional resources and funding demonstrates the community support and ownership for CAPC programs, as well as the "buy-in" and mutual interest of the partners.

CAPC helps avoid public costs

One of the aims of programs like CAPC is to provide what young children need to develop into healthy youth and adults, thus avoiding health and development outcomes that take a toll on the individual, the family and the community—and that have a financial cost to society as well. In the end, CAPC was shown in the evaluation to have a positive economic impact.

Through the use of economic modeling, the public costs avoided due to participation in CAPC projects were conservatively estimated for seven different indicators.

The estimated public cost savings due to participation in CAPC programs is almost **200 million dollars**. While these savings are potential, not realized, the economic modeling sheds light on the cost effectiveness of CAPC—if all at-risk children were able to participate in CAPC projects, the public cost savings are estimated to be $2 billion at minimum.

Moving Forward

The evaluation has provided strong evidence on program implementation, reach and impact. However, it also points to a need to consider changes to strengthen both the Program itself, and the evaluation design. For instance, introducing greater homogeneity could support better tracking of data for the purpose of performance measurement and evaluation, while strengthening the Program's ability to affect and measure systematic national change on Canada's priority public health issues.

The evaluation reveals that CAPC remains relevant as many threats to child and family health persist among various population groups in Canada. CAPC is reaching vulnerable children and their families living in conditions of risk, and is contributing positively to their health and social development. CAPC remains a cost-effective and viable mechanism in the Public Health Agency's effort to reduce health disparities and strengthen public health, thereby contributing to more healthy Canadians.

Other PHAC Programs

Canada Prenatal Nutrition Program (CPNP)—a "sister" program to CAPC

CPNP funds community-based groups and coalitions to provide access to programs and services for pregnant women most at-risk—including adolescents, women living in poverty, women who use alcohol or other substances, and women living in violent situations. CPNP aims to improve the health of pregnant women and their infants, reduce the number of babies born with unhealthy birth weights, and promote and support breastfeeding. For more information about CPNP, please visit: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp/index-eng.php

CAPC/CPNP National Projects Fund

The CAPC/CPNP National Projects Fund (NPF) was created to provide support to the CAPC and CPNP sites in providing them with tools, resources, support and training on specific issues. The NPF provides funding to national, regional or local organizations for specific, short-term activities that help CAPC and CPNP sites meet the needs of their participants and overcome common issues. For more information about the CAPC/CPNP NPF, please visit: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/funding-financement/npf-fpn/index-eng.php

Aboriginal Head Start in Urban and Northern Communities (AHSUNC)

AHSUNC is a community-based children's program that focuses on early childhood development for First Nations, Inuit and Métis children and their families living off-reserve. The program was established to support the spiritual, emotional, intellectual and physical development of Aboriginal children, while supporting their parents and guardians as their primary teachers. For more information about AHSUNC, please visit: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/ahsunc-papacun/index-eng.php

Fetal Alcohol Spectrum Disorder (FASD)

The Pan-Canadian FASD Initiative is a collaborative effort designed to ensure that everyone committed to action on FASD is working towards common goals. The Initiative is reflected in the Fetal Alcohol Spectrum Disorder (FASD): A Framework for Action that was developed in consultation with organizations at the community, provincial, territorial and national levels. The Public Health Agency of Canada works with the First Nations and Inuit Health Branch (http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php) of Health Canada and others in the Health Portfolio on FASD. For more information about FASD, please visit: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fasd-etcaf/index-eng.php