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## *Cranberry Portage Child/Family Resource Centre*

### ***Introduction***

The Community Action Program for Children (CAPC) is an initiative of Health Canada. Its purpose is to fund community groups to establish and deliver services that address the developmental needs of children from birth to age 6 who live in conditions of risk. The program is based on the principle that communities are best positioned to recognize the needs of their children and have the capacity to draw together the resources to address those needs.

CAPC is one of three community-based programs delivered by Health Canada to ensure that children have a healthy start in life. The other programs are the Canada Prenatal Nutrition Program (CPNP) and Aboriginal Head Start (AHS).

'Partnership' is a guiding principle of CAPC. Holistic support for children and their families can be achieved only through the com-

bined efforts of parents, service providers, communities and governments.

The following story is an example of how one community, through innovative partnership arrangements among agencies and programs, was able to identify and take action to better support children and families.

### ***Child/Family Resource Centre, Cranberry Portage, Manitoba***

The Child/Family Resource Centre provides programs for children and families in Cranberry Portage, Manitoba, and surrounding communities. The centre offers a variety of services based on the needs of the children and families in the community, including cooking circles, a breakfast program, a toy/book lending library, in-home visits, parenting programs, play groups and family literacy activities. Community members

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*Children in a summer program at the Resource Centre.*

who have a commitment to the children and families in the area are the backbone of the centre. The Board of Directors includes representatives from a variety of organizations that work with children and families.

### ***The community***

Cranberry Portage is a small community of approximately 800 residents in northern Manitoba. The community has a high incidence of poverty, single-parent families and households on social assistance. The majority of the families with which the Resource Centre works are aboriginal.

A public health nurse is based in the community but other essential services – such as doctors, mental health workers and addiction counsellors – are provided only on a weekly or monthly basis. Families must travel outside the community for all other health or social assistance programs, which can be stressful and difficult for the many who do not have access to a vehicle.

In addition, the number of young people increases during the school year as people come to town from outlying areas to attend Frontier Collegiate Institute, a residential school in Cranberry Portage. In 1990-1991, a statistical study by Frontier School Division found that there were high rates of teen pregnancy among students attending Frontier high schools in Manitoba, and that 16 percent of students were already parents.

### ***History***

The idea for the Resource Centre came from a small group of day care workers at The Children's Developmental Centre in Cranberry Portage who wanted to help children and families obtain support and improve their circumstances. As Director of the day care centre, I organized community meetings in 1994 to let people know about potential funding available from the Community Action Program for Children.

At first, people wanted a youth centre because of the high incidence of vandalism and

alcohol- or drug-related problems involving youth. The day care workers stressed the importance of early intervention with children up to age 6. We believed that if we could reach children early and provide supports to their families, we could reduce the incidence of youth vandalism and criminal behaviour.

Gradually, people began to understand the concept of a ‘family-based centre’ – a centre that looked and felt like home, where families could drop in and feel comfortable and welcome. A few people formed a committee to begin the daunting task of working on the proposal. As the proposal took shape, we continued to hold community meetings to keep the community informed of what was happening.

In August 1994, Health Canada informed us that our funding was approved. We were ecstatic! For the first time, Cranberry Portage would have substantial funding to address the needs of children and families.

### *Growing pains*

Our first task was to find a building that would be accessible to families. The Frontier School Division No. 48 generously supplied a building adjacent to the local elementary school and day care centre. Rent was minimal and the school division covered hydro and water costs. This was the beginning of a partnership that would bring about positive changes in the community and the lives of young families.



*Parents participating in the Kisewatotatowin program for aboriginal parents.*

In February 1995, the centre held its grand opening. Several community members attended and word spread about the centre.

During that first year, the centre offered a toy/book lending library, parenting programs, scheduled play groups and a drop-in program. Play groups were busy, and toys and books were being borrowed, but we realized slowly that the families accessing the centre already had strong supports, were usually two-parent families, displayed positive child/parent interactions and did not feel isolated from the community. Adolescent parents and families living in conditions of risk did not come to the centre, or stayed for only short periods of time.

Over the next two years, the centre went through ‘growing pains’ as we struggled to reach these families. We had to educate ourselves on the issues that faced them. We had to try to understand what it was like to be knocked down time and time again by a system that did not understand many family situations and to be treated in a manner that undermined one’s self-esteem. The centre was often intimidating to some families. Young mothers did not feel comfortable coming to a play group when they knew their children would ‘act up’ and that the other mothers might stare or be judgmental.

We realized that we needed to change our approach to ensure that these families felt comfortable rather than threatened. We also knew that there were no overnight solutions, and that it would take time to build a trusting relationship. We involved parents in ‘fun things’ where conversations developed naturally and staff became part of the group, such as sewing circles and family outings. We also decided that if we could not reach the parents directly, we could try reaching out to the children and gradually involve the parents.

### ***‘Breakfast Buddies’***

In September 1995, discussions with teachers at the elementary school revealed that some children were habitually late, coming to school hungry and falling asleep in class. We began a breakfast program with funding from the Canadian Living Foundation Breakfast for Learning program to help cover the costs for food.

In the first year, about 25 or 30 children attended daily, and nutritional information and recipes were sent home to parents so that they felt connected to the program. Slowly, parents became involved by volunteering to bake muffins at home, and women in church groups volunteered to help cook breakfasts. The children began to talk about the toys and books at the centre and started bringing their parents to borrow items. It was a start.

*“The centre’s support in providing positive parenting instruction, nutrition and meal planning support as well as the ongoing child support programs have added a dimension to our educational program that is the envy of many communities.”*

Jerry Storie, Former Area 4 Superintendent of Frontier School Division

The program has been formally named the ‘Breakfast Buddies’ by the children. The local Lion’s Club provides additional funding for the program and has adopted it as one of its community projects, sending a clear message that the community is becoming aware of and is reaching out to vulnerable families. In 1998, a 9-year-old child – who previously had almost always been late for school or missed school altogether – received a certificate of perfect attendance at a school assembly.



*A Christmas cooking circle.*

### ***Parenting programs***

The number of teenage pregnancies in Manitoba's Frontier high schools is considerable. Many pregnant young women drop out of school, return to their communities and seldom come back to complete Grade 12. Without a Grade 12 education, they have little opportunity to gain well-paid employment to support themselves and their children, and the cycle of poverty and isolation continues.

In 1995, key stakeholders in the school system developed a program that would enable single parents to attend the adult education program at Frontier Collegiate Institute and live on campus with their children. The school felt that the parents needed more support than they could provide and invited the Resource Centre to become a partner in the program. We agreed to organize parenting courses, a toy/book lending library and cooking circles.

Initially we tried to offer 'Nobody's Perfect,' a parenting program developed by Health Canada, in the evenings at the resource centre. Attendance was sporadic at best. We then tried to offer it in the building where the parents lived, but it was too chaotic with children underfoot.

Finally, we discussed offering the parenting programs as part of the Institute's adult education life skills class. The Institute's Speech and Language Pathologist was trained in 'Hanen: You Make the Difference in Helping Your Child Learn,' a program for parents that encourages interaction and language learning. The Director of the Flin Flon Aboriginal Sweetgrass Centre also was interested in what we were doing. She was trained to facilitate the Medicine Wheel program in which aboriginal people learn about ceremonies and traditional culture.

Together we developed a ten-month pilot parenting program that included Hanen, the Medi-

cine Wheel and Nobody's Perfect. Initially, the program had some difficulties, but after adopting several suggestions by parents who had participated (e.g., changing location; emphasizing attendance) the program was improved and strengthened.

We continually seek to improve the parenting program based on parent input and have incorporated a 'Read to Me' family literacy component. The Medicine Wheel has been combined with the Kisewatotatowin program for aboriginal parents.

A number of parents who have participated in the Institute's program have graduated and gone on to take early childhood education courses, enrolled in the Northern Teaching program or expressed a desire to go to university or college. There is a strength and determination in these young parents that is amazing, even though they themselves cannot always see it.

Nevertheless, there continue to be barriers. Some of the parents leave the adult education program. Some young parents have grown up in horrendous conditions and bring those experiences with them. Their children frequently suffer from alcohol-related birth defects and/or other developmental delays. The lack of alcohol and drug treatment facilities and abuse treatment for families in the region is a serious problem. We hope that through the strong partnerships we have developed, something can be implemented to support these families and ensure that they succeed.

### ***'Baby & Me: Best Beginnings'***

Early in the centre's existence, we recognized the need for more support and services for pregnant teenagers and for women at risk of

delivering low birthweight and high birthweight babies due to poor nutrition and lifestyle choices. In 1996, we received funding from the Canada Prenatal Nutrition Program to develop a program for the communities of The Pas, Cranberry Portage and Flin Flon, Manitoba and Creighton/Denare Beach, Saskatchewan. Community members were invited to submit names for the program and 'Baby & Me: Best Beginnings' was selected. A steering committee, composed mostly of public health nurses, was formed to support the registered dietitian who was hired to coordinate the program.

Outreach workers were hired for each of the four communities. They are community women with backgrounds in counselling, nursing, aboriginal culture or early childhood development. Their most important qualification is their caring, nonjudgmental approach. They have been able to reach women when everyone else has failed. Within a two-year period, the outreach workers, who worked 15 hours per week, had full caseloads, and in some communities there were waiting lists. We have been extremely fortunate to have such dedicated people in the program.

*"The Child/Family Resource Centre staff and their programs have helped me through a very difficult pregnancy and they continue to show support for my family and me."*

Mother in Cranberry Portage

In 1998, the Manitoba government initiated the Women and Infant Nutrition (WIN) program for lower-income families and households receiving provincial income assistance. Under WIN, eligible families can receive an income supplement to help pay for healthy foods during pregnancy and the baby's first year of life.

Existing programs in communities were invited to apply for funding or to become WIN sites. Because of the strong nutrition component, coordinators from a number of community organizations selected Baby & Me: Best Beginnings to be the applicant for WIN funding. The other partners would register as WIN sites.

The WIN funding enabled outreach workers to put in additional hours, thereby reaching more women and increasing opportunities for staff training. Cooking circles offered by the Resource Centre and Aboriginal Head Start sites expanded to include families from Baby & Me: Best Beginnings, so there was a mix of pregnant women and mothers with babies, aboriginal and non-aboriginal families. The Resource Centre began providing in-home supports to women in Flin Flon. The In-Home program assists women who need support with nutrition, breastfeeding, child development and parenting after being discharged from Baby & Me: Best Beginnings.

### ***Partnerships benefit all***

The partnerships developed in our community were successful because each organization viewed our initiatives not as individual undertakings but as part of one large project.

Our partnership with the Sweetgrass Centre's Aboriginal Head Start (AHS) program demonstrates how both parties benefit from working together. The Sweetgrass Centre's cultural awareness activities, play groups and parenting sessions are held in the Resource Centre. The Sweetgrass Centre, in turn, provides office space for our registered dietitian and outreach worker in Flin Flon. Sweetgrass Centre staff and parents in the AHS program have benefited through having a registered dietitian on site to advise on nutrition and through access to prenatal information. With an

AHS person on-site, our play group has expanded to include an aboriginal component. Our staff have learned about aboriginal culture and ceremonies and how to work with aboriginal families. Referrals between programs have increased.

In addition to the partnerships already mentioned, we have strategic alliances with Manitoba Justice, Addictions Foundation of Manitoba, the Nor-Man Regional Health Authority, the Manitoba Diabetes Education program, the RCMP, and the Child and Family Services Division of the Manitoba Department of Family Services.

Partnerships enable us to provide consistency to families over a longer period of time; share staff expertise and training; make available a variety of programs on a limited budget through shared office and program space; share space and coordinate program scheduling; share program staff (the Coordinator of Flin Flon Family Literacy offers the 'Read to Me' program in Cranberry Portage and trains parents in facilitating a program); develop innovative fundraising strategies; and address specific issues, such as fetal alcohol syndrome. All partners have benefited by sharing resource materials, office supplies and equipment, and through joint purchases for the toy/book lending libraries.

### ***Lessons learned***

We have learned many things since we first received funding from the Community Action Program for Children to develop the Resource Centre:

1. We have learned the hard way that it is crucial to determine goals from the beginning, and to ensure that everyone understands and agrees with those goals.

2. Since the beginning, evaluation has been an important component of our project. It has taken time to develop tools to gather information from parents that are not seen as intrusive or threatening. Feedback forms given to parents at the end of each parenting program are tailored to the group's needs. For example, if participants are young parents, have low literacy skills or speak Cree as a first language, we use pictures instead of a written questionnaire. For drop-in programs, we encourage parents and children to use a suggestion box in the Resource Centre.

Staff also are involved in informal discussions on a day-to-day basis with the parents and children who come to the centre. In general, our experience has been that if staff are sincere about hearing what parents have to say, the parents are usually very open and feel comfortable.

3. The staff, Board of Directors, parents and interested community members are invited to participate in a yearly review of the goals and objectives for programs and to help develop an operational plan for the next year. This proactive approach has helped ensure that the needs of families are met and that they have a voice in the program and a sense of ownership.
4. During the first three years, we took on more than we could handle. We were the 'only thing in town,' and the community looked to us for services and programs that should have been considered 'extras.' With limited funding and human resources, we found that we could not do everything, and we had to stop and really think about what we were doing and for whom. It took some real soul-searching to drop projects that were not core programs, but the yearly reviews and individual program evaluations keep us grounded and remind us why we are here.

Our community has accomplished a lot in five years. The various partnerships we have developed help us maximize our reach while maintaining our focus. The relationships within the various partnerships continue to grow and change, but the focus remains: listening to what families want and need, and working together to ensure that it happens.

*Wendy Trylinski*

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*For more information about Health Canada's community-based programs, visit the website at <http://www.hc-sc.gc.ca/hppb/childhood-youth/>*

Cet article est également disponible en français.

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