

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**COMMITTEE**

**ON**

**COMMUNITY SERVICES**

**Tuesday, May 13, 2014**

**Legislative Committees Office**

**Family Resource Centres**

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## **COMMUNITY SERVICES COMMITTEE**

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[Mr. Allan Rowe was replaced by Mr. Joachim Stroink.]  
[Mr. Eddie Orrell was replaced by Mr. John Lohr.]

In Attendance:

Ms. Kim Langille  
Legislative Committee Clerk

## **WITNESSES**

Ms. Natalie Brown,  
Executive Director - Fairview United Family Resource Centre

Ms. JoAnna LaTulippe-Rochon,  
Director - Cape Breton Family Resource Centre; and  
Chair - Nova Scotia Association of Family Resource Programs



House of Assembly  
*Nova Scotia*

**HALIFAX, TUESDAY, MAY 13, 2014**

**STANDING COMMITTEE ON COMMUNITY SERVICES**

1:00 P.M.

CHAIRMAN  
Ms. Patricia Arab

MADAM CHAIRMAN: I'd like to welcome you all. This is the Standing Committee on Community Services. My name is Patricia Arab. I'm the MLA for Fairview-Clayton Park and the chairman of this committee.

Today we're going to be receiving a presentation regarding family resource centres. I would like to start by asking the committee members to introduce themselves. We'll start with Ms. Peterson-Rafuse and go around.

[The committee members introduced themselves.]

I'd like to welcome members of the public who are watching these proceedings. I'll just ask you that if you have your phones - and this applies to committee members as well - to please them switched off or on vibrate so as not to interrupt the proceedings. Those of us who are speaking in the microphones, I ask that you don't bend or sway the microphones. Just wait until your red light comes on before you proceed with speaking.

We're going to probably try and wrap up our questioning today around 2:45 p.m. because we do have a few committee items that we have to discuss before our time is up. Without further ado, I will call on Ms. Natalie Brown from the Fairview United Family Resource Centre to introduce herself and our other witnesses.

MS. NATALIE BROWN: Thank you, Madam Chairman, for letting us have this opportunity today to give you some more information about the programs and services that we provide at Family Resource Centres across Nova Scotia. My name is Natalie Brown and I am director of the Fairview United Family Resource Centre. I am here with my colleague, JoAnna LaTulippe-Rochon and she is the director of Cape Breton Family Resource Centre and the chair of the Nova Scotia Association of Family Resource Programs.

Due to our limited time, we're going to jump right into things. We do have a video today to show so we're going to do things a little bit differently. I've cut it down to 10 minutes so we can have five minutes for slides. It represents and it's filmed at the family resource centre in Fairview, but I think what you'll see, there are a lot of similarities for programs and services all over Nova Scotia. This will give you a firsthand of what it's like to be at the centre on a daily basis and also to hear directly from participants, how they benefit from the programs and services at family resource centres. Enjoy.

[Video presentation was shown.]

MADAM CHAIRMAN: That was lovely. We'll turn it back to you, Ms. Brown.

MS. BROWN: Okay, so I hope that the Chair and the committee found that beneficial to kind of see firsthand what goes on at a family resource centre.

We're going to move right into the slides and we're going to talk a little bit more about family resource centres. The first thing is that you will find family resource centres all across Canada. There will be different names; sometimes family resource programs, or early learning centres. Here in Nova Scotia, we have 26 family resource programs across the province. You'll find the focus is really on ages 0 to 6 years for a lot of programming.

I think some of the key building blocks in our program are really that they are accessible, community-based, capacity-building and collaboration; some of our foundations, really, for a lot of our programs.

For the uniqueness of our programs - family resource centres are obviously community-based so like Bob was saying in the video, you are not going to a government office downtown, which can take away a lot of the stigma. But it's also the flexibility in programs. We aren't just delivering one program. We're responding to the needs of the community and the needs of the family, right, so programs are always changing.

Another thing is also the accessibility of family resource centres. Being community-based is a benefit, but also things like the two biggest obstacles you'll hear young families talking about are transportation and child care. We offer transportation and child care onsite so there's really no excuses when it comes to participating. We also offer

in-home supports. Another thing that makes us very successful, I think, is that we reach vulnerable populations - I think that has to do with being community-based.

All family resource centres, you'll find, are a bit unique. That is based on a lot, not only the communities that they are located in, but also how they are funded. One of our main funders is Community Services. Some family resource centres receive United Way funding; some do not. In the ones that do, you'll see more of an adult programs and services focus. Also another large funder is the federal funding from the Public Health Agency of Canada, called CAPC. That started in 1994. That, along with the discretionary grants from Community Services, was really the beginning of a lot of family resource centres in Nova Scotia. Unfortunately, since 1994 there has been no increase from the federal government as far as support. We're very fortunate this year to have an increase in our funding from the province.

Other funders include Capital Health, IWK, Human Resources and Skills Development Canada, another federal grant that a lot of family resource centres use to hire students and summer staff, and then there are private donations. So again, uniqueness is depending on the communities that each of the centres is located in and also our funding.

We're just going to move along to the next slide here. So some of the programs - I just listed today the family programs. Our centre does receive United Way funding so we do a lot of adult-focus programs but I didn't include them here today. Some of the family programs are parenting courses; crisis intervention; advocacy and referrals; health and wellness workshops; youth programs; pre-Primary, which is a school readiness program; public health services - we offer a public health drop-in clinic onsite; literacy and EAL programs in partnership with ISIS, because we have a lot of newcomers in our particular community so instead of going over to their location, they find it much more accessible to be coming to a community-based centre; home safety; prenatal and postnatal supports; in-home visiting; onsite public health clinics; nutrition and food security programs; volunteer and student placement; onsite social worker; and we also have programs tailored to dads and parenting support.

Some of the resources you can find onsite: we have access to Wi-Fi computers, a lending library, and then there are a lot of in-kind goods such as food and clothing. Again, that doesn't include a lot of the adult focus that some of the family resource centres do, depending on funding.

I'm going to hand it over to JoAnna. As I said, JoAnna is the chair of the Nova Scotia Association of Family Resource Programs, which was recently formed, so she's going to give a bit of background on that. So I'll hand it over to you, JoAnna.

MS. JOANNA LATULIPPE-ROCHON: Thank you for that and thank you for the opportunity to speak to you today about something that we're very excited about. We think the formation of our association across the province - well, we know that it's going to be very helpful for us as a family resource sector in the province to build on our collective

strengths and to get ourselves even more organized across the province and increase the visibility in terms of the sector. But we also really hope that the formation of that association is very helpful to you because we have heard over the course of our 20 years that when trying to get the voice of the family resource sector to the table, it's very difficult because we didn't have that sort of organized forum for which different groups and organizations and government departments could speak to.

Our association actually formed in December, but I must say though that in the 20 years prior to this formation, we've associated with each other for a very long time. We certainly have a long history of working together both provincially and federally, and we've been very fortunate in that there has always been recognition that building the capacity does involve us coming together and having those discussions across the province. Both from a federal and provincial government perspective, we've had many opportunities to come together. This provides in some ways our self-directed opportunities to come together and hopefully facilitate discussions like we're having today in a bit of an easier way.

You can see from the slide, which I can appreciate is a little bit teeny but everybody fits there so just in terms of looking at the coverage of our family resource centres - we have 26 organizations across the province. They're very much the same in terms of broad outcomes, but they're also very unique in terms of how they're set up. I'll use the example that I'm most familiar with, which is the establishment of the resource centre in Cape Breton.

We're one organization for Cape Breton but we cover all of Cape Breton Island, so when you look at Eastern Region, you see there's one organization. Within that organization I can tell you we would have operated in 39 different communities out of about 74 different sites last year. So you have some large entities that cover a broad geographic area and then you would also have smaller agencies that cover single communities or single counties, so there is that difference.

You'll note there are nine organizations that are bolded - they would be the nine organizations that have representation on the board of directors for the association. I did want to sort of highlight those for you and, as well, point out that two of the organizations that are listed - one listed in the Northern Region and one listed in the Western Region - actually have a provincial mandate as opposed to sort of a community or a county mandate. So again, we do have a couple of organizations that cover the province in terms of the work.

One of the key messages that is important coming from our family resource centres to yourselves and like-minded groups is that you really do have access to a very strong network in the province of community-based organizations that pay particular attention - very specific and very mindful and intentional attention - to the families that struggle most to access resources.

Oftentimes in a universal model, there are families that are left out of that because they don't have the transportation, they don't have the child care, or also they haven't had a positive experience in terms of engagement. I think one of the key messages is that if you are looking to sort of direct resources and to strengthen - you know oftentimes they say the spirit of our community, or how well we are doing, is how we treat the families that perhaps have the most barriers. We certainly want to send you the message very clearly that you do have a proven track record, you do have a very strong network of agencies that are reaching the population. Sometimes our challenge isn't in who we are reaching, our challenge is in the very complex needs that come to us because we are successfully reaching that population and then the ongoing resources that it actually takes to move forward in terms of being able to support people. Meeting people where they are is very important.

We talk about things like families working together to build healthier families. It's not about staff people presuming where families need to go and we get them there but it is about meeting people where they are and it's about taking the time to figure out where they are and where they want to be for themselves and for their children and how can we then support internally that pathway or how can we stay as informed as we can about the other resources that exist. The funding dollars that come into our family resource centres I have to tell you leverage all kinds of other funds within the community, within other government departments at all levels to kind of move forward. The example of Cape Breton, we're in 39 different communities, we pay rent in five locations, so that will speak to the level of leverage that these dollars offer.

I also need to add to that the reality of our communities now in terms of church buildings closing, in terms of the cost of heating halls - so many of our partners that have been offering those services in kind are struggling more and more and more to do that. It's not that they're backing away from their commitment but it's because of the reality of the cost associated. So again, I want to offer thanks in terms of that increase in funding but also in the reality of how much of that will sustain what it is; to grow it we need to have that ongoing dialogue about what are the complex needs and how do we continue to grow the programs as we get more in-depth in terms of the issues for our families.

Another piece that's really important in terms of a key message is the level to which we take responsibility for being accountable. I think that it's such an important piece of the work that we do as community organizations. We do have that 20-year history and some entered at different points throughout the course of that 20 years but certainly whether it's through national, regional, or local evaluations, or whether it's through the service level agreements that we have, or the building and sharing of policies and procedures, we certainly are truly accountable and consider ourselves at the very first point accountable because we use public funds and we're accountable to the families and the children we serve to offer the very best.

We don't look at those accountability measures as sort of somebody checking to make sure you're doing what you're supposed to be doing. We ourselves embrace that

evaluation and those accountability measures as being absolutely essential to make sure that we're reflecting on our work, that we're maximizing the resources, that we're leveraging the partnerships, and that in fact we are doing everything that we can to show that the funding that does come into the centres is actually adding great value to our families.

On the right-hand side of the slide there, I talk about some of the sample accountability measures that are in place, so in general we look at the participant profile. There is a lot of work done looking at, well, who is accessing the services because unless we know who is accessing, we can't really evaluate who perhaps isn't and why they aren't and how we might be able to engage. Certainly there are work plans and objectives that are set. We talk about outcome measures - how do we know that we're doing what it is that we set out to do.

Each program and each service is very intentional - we looked at to say, okay, here are the programs, here's who is coming to the programs. We also have to look at those numbers with the context around it. You're not going to get the same number of participants in a program in Bay St. Lawrence as you are in HRM. So the three or four that may be from a very rural community that participate, that's not to say that's not a successful program. It's reflective of the population and so just as important to have access to those kinds of programs in our most rural communities as it is to have access in more urban centres.

We look at community support. Partnerships are really important. How do we know that the work that we're doing is necessary work in our community? How do we know that we're not duplicating services? How do we put our piece of the pie together with someone else's to do something that perhaps is more collaborative and, in essence, more effective? Certainly there's a whole host of partnership opportunities and they're evaluated and looked at on an annual basis.

Our capacity - when we talk about a family resource centre, well we all live in family, however we define family. We have to be sure that we don't try to become all things to all people. We need to know what it is that we do, but we need to know as well who does those things that we don't do that also supports families and be working on the same track with them. We certainly have operational, financial and governance reviews to look at how effective and efficient we are and, again, making sure that the dollars that come from Nova Scotians are spent as wisely as they can.

Then we also look at things like successes, challenges and emerging issues. We know that the emerging health issues of Canadians in general are looking at issues such as mental health and wellness. We know that we need to be looking at childhood injury prevention sorts of things. So how do we continue to listen to Canadians, continue to listen to Nova Scotians and shift and change our program so that it responds to those needs so that we stay relevant for our families?



So certainly for us a second key message is around letting you know that we welcome your call for accountability because really it's our own internal call for that accountability piece as well. From those measures we hope that you take comfort in the fact that not only the new dollars that are coming in, but those dollars that have been contributed by the province over these last years are very well cared for and that level of responsibility is very much embedded and internal to us as well.

With that, I think we can turn back to you and welcome your questions.

MADAM CHAIRMAN: That's great, thank you very much. We will start with questions. I'm going to keep a speaking list. We will start with Ms. Peterson-Rafuse.

HON. DENISE PETERSON-RAFUSE: I want to congratulate you and thank you for the work you do. It's extraordinary. I'm very pleased that our new government is supporting family resource centres. I think there are some real opportunities here. We might have had this discussion in the past, looking at family resource centres as the real core key component to any community within the entire province, whether it's rural, suburb or urban.

In places like England - in Hull, England - and New Zealand, there are a lot of examples that we could look at where they create what's called a family centre. So whether you have a question about a two-week-old baby or a 92-year-old grandmother, that's your central point of entry in your community. I believe that family resource centres are those already existing avenues for us to explore that. Certainly you've got a great foundation to that in your ability, reaching out in the community. You know now if something happens a lot of time people say, where do I go for that? If they know like in Hull, it's call the family centre. No matter what the issue is, that's my central point.

I'm very, very glad to hear that you have created an association. I think that will make a world of difference in terms of moving forward and educating community and government and departments. So I'm just wondering about the capacity you could take on that role which would certainly resolve a lot of issues that we're dealing with, especially in rural Nova Scotia. Is that something that you feel that could be explored and could be provided with that responsibility and capacity? Of course I know that funding is a critical part of that.

MS. LATULIPPE-ROCHON: Absolutely. I think we see ourselves as having laid that foundation over the 20 years. We, too, look at those models and think wow, for families I often reflect and say you know moms and dads don't wake up first thing in the morning with their Department of Education and Early Childhood Development needs and then after lunch have their Department of Community Services needs and by evening have their Service Nova Scotia needs. Moms and dads wake up with the reality of what they're facing and wanting to be able to clearly find the right supports. I'm constantly amazed at how much energy it takes to navigate through the system for young families and how many

people give up along the way. I know how much energy it takes, as somebody who has been working in the field for 20 years, to find the right service for the family.

Part of the issue is a lack of service but I'm going to say that lots of the issue is a lack of being able to actually marry up the service provider with the person who is needing the service in the right kind of way, and to take down those barriers around transportation, sometimes even the barriers around self-esteem in terms of having tried to connect with the system for a long time and not had a positive experience - being a bit shy to engage again. Certainly they are models that we've looked at and when we talked about why do we need to be this association, why do we want to strengthen ourselves - it's to share information across Nova Scotia so that the kinds of programs and service and value and all of that is no different in small communities than it is in large communities.

So certainly thank you for your comments and I would assure you that that's the direction we see opportunities to do collective training as being really important as well, to build our own capacity and therefore, the stronger that we are organizationally, the stronger service we can provide. We see the service as being as much about linking our families with other services and the in-house piece.

MS. PETERSON-RAFUSE: I think that once it was established and it was commonality that the family resource centres were your first point of entry in communities, then you would have also those other resource organizations coming to you, too.

One of the other aspects I just wanted you to comment on and then I'll leave it up to my colleagues to ask some other questions - I do know that it is a mix and matching of funding. That's probably one of the key elements that needs to be addressed in order to create a consistency in services across the province, that there is an adaption to the uniqueness of the rural community or the urban community to where you're providing services and that needs to stay, but the issue that has created the inconsistency has been the inconsistency in terms of funding.

I'm just encouraging our government to look at a long-term strategy that works with your new association. If that goal is to become a restorative and holistic approach, as we just spoke about, at the same time the long-term goal has to look at those issues in terms of consistency in funding. Then the resource centres play that major core role throughout Nova Scotia. That's just my vision.

MS. LATULIPPE-ROCHON: I can certainly again echo and share that vision with you because we do recognize that because our geography is very different across the province, so we have larger organizations that cover multiple counties, we have smaller organizations that cover smaller geographic areas and we have histories that say there's a different combination of funding over the years, and currently, so I do think it is really important. Part of our joining together across the province as the full group of family

resource centres is to offer that support for each other and certainly to advocate for the equitable service for all Nova Scotians.

All families are important. We put special emphasis on those that have the least access to resources because if we don't, we'll miss them. We have a history that tells us that. We don't want to lose that piece but we want to have the same capacity across the province to be able to deliver the very, very best to our families.

MS. PETERSON-RAFUSE: Thank you very much. I just want to wish you all the best and congratulate you for all the work and how far you've moved along.

MADAM CHAIRMAN: Thank you. Just for Hansard purposes, it was Ms. LaTulippe-Rochon who answered the previous two questions. Maybe just keeping along the lines of Hansard, for any members who are asking a question, if you could identify who you're asking the question to, just so that we can let them know.

My next speaker is Mr. Lohr.

MR. JOHN LOHR: I would also like to commend you on your work and what you're doing. From the video, it's very clear it is bound up in love and I can see that in what happens there, so I think that is a big part of it in building community and connecting young families together. All of that is so worthwhile.

My question - and I will let you two choose who answers it - it kind of goes back to maybe a little bit about what my colleague was addressing. When I see these 26 locations - and you partly answered it about how you describe Cape Breton - I wonder who's missing in this? I have a multiple-part question, but do you feel you have coverage across the province?

I think of my own children and the organization that we kind of connected with, which isn't here but which almost could be - very similar. I wonder, how does an organization become a family resource centre? Is it possible that you're going to have more than 26 members in the future, and is there a program or a way that would happen to get that designation? I can certainly think in my own community of organizations that could qualify from what I saw on your video with very similar sets of programs.

I guess that's the question. Do you feel you have provincial coverage? Are you open to more organizations being involved in becoming designated family resource centres?

MS. LATULIPPE-ROCHON: Certainly, in terms of coverage across the province, again because of the varying capacities that centres have, I wouldn't say that there's 100 per cent coverage. There's 100 per cent capacity to build the coverage as the funding comes through.

In terms of the 26 organizations that have been named as family resource centres, in the formation of our association, what we did was look at starting that list of family resource centres by those that were designated by the province as family resource centres, but then also an openness. So they are the first group that are sort of being contacted and invited to become members, but if an agency or organization is recognized in their community as offering that family resource centre work, then there's an openness absolutely for people to join the association and to receive the support and to build in that direction.

The key piece, I think, for us is the work that's done very much comes from the community, is reflective of the needs of the community, very focussed in terms of that early childhood experience, in terms of prevention and early intervention kinds of services. There certainly is an openness.

I often say in terms of the Cape Breton coverage, for instance, it sounds in some ways pretty fabulous that we're in 39 different communities at 70-some odd different sites. Pleasant Bay has been looking for service from us since about 1996 and we cannot within our existing resources provide an appropriate level of service because of the rural nature of the community and because of the realities of our funding. So even in places like Cape Breton where we sort of have spread ourselves out and where we've got very strong outreach pieces, there are still holes. So I would say absolutely there are holes across the province, which is why I framed the welcoming of the additional funding as a step in terms of sustainability. But also the reality is that if we want to grow it, if we want to provide that consistent service and be that sort of first door for families, there's more work to be done.

MADAM CHAIRMAN: Mr. Maguire.

MR. BRENDAN MAGUIRE: I want to thank both of you for coming here today. I'm one of the MLAs that is blessed to have a family resource centre in my riding. Tammy Turple and her staff down there do amazing things in our riding. I've been involved and my wife has been involved with the family resource centre for quite a while now, and as long as I'm in government, you'll have an advocate.

I just want to go back to you talking about working with other services. In Spryfield what we have is the non-profit round table. I don't know if you've heard about this but they've been meeting before I was born, so they've been meeting since the 1970s. We all just got together today so the family resource centre, the YWCA, and all the non-profits in our community get together. We talk about where the gaps are, what's missing, what's strong, but we also talk about what everybody is doing so we're not, for lack of a better term, I guess, stepping on each other's toes, so we're working together.

Are the family resource centres in the communities looking to do this in other communities - getting together with the non-profits, meeting, so that way you can pool resources and start reaching out to places like Pleasant Bay and other areas such as that?

MS. LATULIPPE-ROCHON: Yes, certainly we are, so it looks a little bit different. Again, in some of our areas they are called early years tables, early years collaboration tables, the network for children and youth in our Cape Breton area, so we do have tables not only with our fellow non-profit organizations, but also with representatives around the table from the various government departments that are also interested in the work that surrounds the parents and the early years.

I would say that certainly in all areas of the province it looks a little bit different, but for 20 years now we've actually been held accountable to - how do we know that these are the resources, how do we know that we're not duplicating services, where are our partners and what's the nature of the partnership? Because of that, we've certainly built those strong relationships with others around. For instance, the most recent example would be the four early years demonstration sites that have been formed around the province, certainly hand in glove with the family resource centres, playing a very key role in terms of developing what those services look like, so it is really important that we not duplicate services.

We can only know about that if we know who else is doing this work and also there are times when there are pieces of work that I can't do by myself, I can't do as an organization by myself but if we're three organizations, if we're five organizations coming to the table in these very complex situations, we can each do our part. For families we can hopefully reduce how many service providers a family needs to access in order to get the kind of support for the family that they really need.

MADAM CHAIRMAN: Ms. Brown, do you have anything to add to that?

MS. BROWN: Thanks for the question. I just wanted to add that what we've been doing in Fairview is similar to what has been going on in Spryfield; we started a community round table for about six years now. We have people from ISIS, from Public Health, from the local schools. We'll get together on a monthly basis to make sure there's no duplication of services and also to find out where the gaps are and build those partnerships. I think it's really important.

We have started off. It will be growing, but hopefully we can be where Spryfield is in some years.

MR. MAGUIRE: I think what's trying to be achieved out there and what we're starting to achieve is you look at Rockingstone, for example, The Hub that has been created out there and now Bonnie Ste-Croix is out there with Marjorie Willison and they've created The Hub at Chebucto Connections, and Tammy is involved. It's good because today, for example, we had all levels of government represented, we had the police there, and we had every non-profit.

I've been going to it for years and there were non-profits there that I hadn't even heard of. It's also good to get the message out there on what everyone is doing. I just encourage you guys to keep up the good work and you'll always have our support.

MADAM CHAIRMAN: Thank you. Mr. Harrison.

MR. LARRY HARRISON: Again, I don't know how you get all your work done; that's a lot of work. I was interested in one of the things you said earlier about trying to meet the needs of families individually - one family will need this, another family will need that or whatever. Then, of course, there is some common ground certainly.

I remember Maggie's Place - because I'm near Truro - helped to sponsor a program called Camp Dragonfly in which we dealt with children ages 5 to 12 in the summer, experiencing grief over a parent or a brother, sister or whatever. We had the teens in November at Tim Hortons camp. That was in place for a good many years, but it hasn't been in place for the last five or six years now and I'm kind of disappointed in that. It was a great camp and it was all done by volunteers. There were probably about 10 of us that volunteered at the time to go and do that.

I realize the necessarily, certainly, of volunteers is what I'm getting at. Could you walk me through when a family comes in for whatever difficulty, what happens from the time they enter the family resource centre to reasonable conclusion, let's say, to their difficulty.

MS. LATULIPPE-ROCHON: Certainly I can give you an example. I'll give you one that is ongoing at the present moment that I know very well. We have a young woman who is 20 years old and struggling with addictions. She has two young children, who have been apprehended. She recognizes that she has some pretty serious health issues that she needs to deal with, but hasn't found an appropriate way to deal with those. She's tried to access local service, but she recognizes that as long as she is in her local community, she is going to have too easy access to contacts and acquaintances and, in fact, to drugs that are leading her astray.

So she would have come to our door to ask for the support to access services in other areas. She comes to our door having tried her very best to contact organizations across the province to articulate what her situation is and to request those supports, but doesn't have regular access to telephone and is homeless. So when a service provider says I'll call you back, it doesn't work.

She came to us and then from what we do - first, it's very important to not assume what she needs, but to hear her story. So the first piece, I think, is that listening piece, making space for her to share her story and as much as she wants to share that story and then to speak to her and ask, what is it we can do that you would find helpful? In articulating that, she discussed how she had done what she could to access services herself and wasn't able to do so and felt that we could help her in terms of moving that piece forward.

Then we would sort of look at our own staff - who best to provide that service to her, who has the most knowledge in that area, who does she feel safe and comfortable with in terms of that piece? Staff then work - and I have to tell you - work pretty hard over the course of a week or more making calls all across this province, understanding and already having base information around how to access those services but still in many ways, sadly to say, finding the same results. There are long waiting lists. There is, you don't qualify because you don't live here.

There is, well, we can give you the assessment and treatment portion of what you need, but we can't house you. If she is to travel outside of her community, she also needs somewhere to live in order to access it. A mobile service or a walk-in service may help with the assessment and treatment, but it's not helping with the housing. How does she find that? We would work back and forth with a woman that would come with those issues and make all of the contacts that we make because we have that strength of partnership.

Oftentimes I find myself calling other people in other family resource centres that are in those communities to find out and to benefit from the contacts that they have, or to call our partners in government to find out well what is the process, how can we get this looked at, because quite frankly we're very scared for this young woman. We're very scared for a six to eight-week waiting time, and we recognize that the need is now. The need is very real and it's very now and the readiness is now to access the services. We don't have a system that responds well beyond the community level to needs that are now. That's part of the reality, part of what we want to work to change.

So we've located a program in a community that's a little piece away, but again then we have to figure out, well, where do the resources come to get her there. To physically get her there, we have to look at whether there are other agencies. How do we find those dollars? Again, it goes back to the flexibility. We're not funded to provide transportation to everybody to exit community in that kind of way, but we do have the flexibility that if there is a profound need to do that and a profound rationale, which for this mom there is, then we've said no matter where that program is in the province, we'll make sure we get her there. So it is about that sort of thing and I would say that this sort of end.

That's one example, and perhaps Natalie could offer you another example of it's more in terms of the child development piece or the parent education piece in a different way.

MS. BROWN: I just wanted to add to that; that was a great example. There's a piece that I want to expand on and that is the building of the trusting relationships that takes time in that process. We find a lot of parents come in because when you have a baby at IWK - just talking about the Central Region - you will get a list of family resource centres because it's kind of a gateway, so you'll know the family resource centres where you can go to visit. Your local public health nurse will be there.

Then once you set foot in the door, you already have that relationship with your public health nurse. She's there for the clinic. Then you'll start to build relationships with

other staff. We find a lot of times as a child gets older they will enrol in our preschool programs, early childhood learning programs and enrol in the parenting programs. It's kind of a step-by-step process, based on the individual needs of the family, building those trusting relationships with staff as well. For us, we'll see the child from birth pretty much through our pre-primary program until they go off to school. Then they'll come back as a youth to our youth programs and then we have families who now - children who've gone through the youth program now are youth leaders. That presents the complete cycle of what a family could go through.

MR. HARRISON: So if a family came in, you two would not be able to follow the family right straight through. Is there at some level, when all the contacts are made, that volunteers take over? Like you say, if that lady had to wait for six weeks or more - I mean, my goodness, she'd be a mess by then. Are there people in place who would be with her for that six-week period, even in that waiting period, just to monitor, calm down and assist?

MS. LATULIPPE-ROCHON: For sure. Back to that particular example, one of our staff people becomes assigned almost to do what you say - to be the support person in the interim. We can try to access the system as it is. We sit on lots of committees and with lots of groups across the province to advocate for a system that can be more responsive, but in the interim, when you have that very real person in front of you who needs that service desperately now, they need something to hang onto in terms of not feeling alone. I can tell you that this woman described to us as recently as yesterday that our staff person who is walking with her on that journey is that one person - the sole person. Sometimes that's a pretty scary responsibility for staff, but we certainly will stay with people.

That does mean things like sending a couple of staff people out to drive around the area where we think she might be to let her know we haven't forgotten about her and to check in with her. So certainly in terms of the staffing, which is the heart and the soul of our family resource centre - our staffing and our volunteers. Often times we have other programs where you do need two adults to run a successful program. If we had to always have two staff people there, we would only have half as many programs happening. We can marry a staff person with a volunteer and it's just an absolutely wonderful way to be reaching more and more communities.

We have key volunteers. Many of our parents who start when their children are really little, well, the children go off to school - sometimes those parents go off to school to volunteer there and that's a fabulous thing, but other times those parents stay. They see the value and they want to help other families. So we have things happen like - if our staff are doing some professional development, rather than cancel a program, our volunteers are able to step in for that. We can carry those programs on.

We want to be very careful, to be respectful. Sometimes volunteer work can become simply unpaid work. We don't want that to happen. We want to match up what the



needs and the time and the interest of the volunteer is to the kinds of services that we offer. I see wonderful examples of that all across the province.

MADAM CHAIRMAN: Mr. Lohr.

MR. JOHN LOHR: I guess my question would be for both of you. Earlier in the presentation you mentioned emerging trends and I'm just wondering if both of you could comment on what you see as emerging trends in your line of work here.

MS. LATULIPPE-ROCHON: Certainly. For me, we certainly see that the emerging trends being concern around screen time. We see more screen time and less green time. Children's lack of access to outdoor opportunities, to play-based opportunities - there's lots of work for us and lots of work for our partners to unscheduled - if I can use that kind of terminology - to allow for the benefits of free play, to allow children to interact with other children.

Many times we hear across the province that as you drive about your streets, you just don't see children out playing. Playing is not just a fun thing to do; there's real development happening when children play. We know from our early development instrument research that happens across the province, which is checking in on the children's five developmental domains as they enter school, we know that the social and emotional development of children is really lacking in their skill sets that children learn when they're two and three and they're four and they're playing with their friends and they're sorting out their issues and their concerns and they're allowed to do that in a supervised yet unstructured kind of environment, so certainly that piece. We do see the - which connects in many ways with the emerging needs around childhood obesity, physical fitness, those kinds of things. So more and more we would see that area as being important.

Mental health and wellness is incredibly important to families. In the work that we've done, we know that when you have an undiagnosed mental health issue, your capacity to be able to manage and to do all of the kinds of things that you would want to do for your child is certainly compromised. Certainly the work we would do to support mental health and wellness, to break down the stigma around accessing services and to be supportive of those families where perhaps there isn't a diagnosis necessary, but very sort of borderline in terms of very difficult to sort of get it together in such a way that it works to the benefit of the full family where that is compromised.

Certainly mental health and wellness is a big area of work for us, as well as childhood injury prevention. We think about the statistics, and I'm sure members around the table are aware that while we've made great strides in having car seats in cars, we've not made as great a stride in having them installed properly. So there's lots of work to be done around the proper installation of car seats. There's lots of work to be done around even giving parents easier access or low-cost to no-cost access to first aid, CPR, those kinds of skill sets that we know will help them respond to emergencies in their families.

The play-based nature of our programs - I would say the mental health and wellness, childhood injury prevention and accessing sort of the opportunities for healthy physical development, which also includes certainly the nutritional aspects. There's lots of need for low-cost cooking kinds of programs and supporting families with ideas for how do you feed your child on a restricted budget in a healthy kind of way? We know that our cheaper foods are also our foods, for the most part, that have very poor nutritional value, so we're working on that as well. I'll certainly turn it to Natalie to add to that list.

MS. BROWN: Some emerging issues. Poverty comes back to the basic ones. We'll even see two parents who are working for the minimum wage, but the stressors of just trying to keep the roof over your head and food on the table, a lot of things will take the back burner such as enrolling your children in the early learning programs or maybe looking after your own mental health and wellness.

Another thing that we're seeing, too, as JoAnna has mentioned, about mental health and wellness is a big one, people just going undiagnosed and not getting those treatments because of wait lists, but then also struggling with the additional poverty. So you're trying to keep a roof over your head and food on the table as well, so some things take a back burner.

Another thing that we're seeing is a lot of special needs and autism. The wait lists for that are long. We're trying to build partnerships - for example, we have with Progress Centre here in the central region - that will come to the centre with some of our children who are on the wait list for IWK. But even with Progress Centre, it's a six-month to a year waiting list, too, so those are some of the challenging and emerging issues.

MR. LOHR: I was wondering about mental health. Would you say the resources are adequate to the mental health challenges that you face? What resources are there?

MS. BROWN: Mental health? No, the wait lists, like I said, are very long and to see the accessibility of what is out there is a challenge. There are not a lot of community-based mental health services in our particular area so it is a challenge. And of course financially too, if you have insurance you can go to a private clinician but if you don't there is not a lot of options out there.

MR. LOHR: You're in Fairview, right?

MS. BROWN: That's right.

MR. LOHR: So that's right in the city, right?

MS. BROWN: It is.

MR. LOHR: Okay and they're not . . .

MS. BROWN: I mean community-based.

MR. LOHR: Okay, because I'm just thinking what is there out in the rural parts if you're saying that there is not a lot of resources in your area, but that's the city. We tend to see, from the rural parts, all the resources being in the city.

MS. BROWN: Well when you don't have transportation or child care, even if it's coming down to IWK from Fairview, it can be a challenge. I do see what you're saying, compared to the rural areas we probably have more in the city, but it can still be a challenge. JoAnna, I'm sure you can speak to that.

MS. LATULIPPE-ROCHON: Certainly. We would have families that would be hours away from the closest access to mental health services and I think we also have a system which perhaps hasn't had the capacity to recognize that the missed appointment doesn't mean, I don't care enough. That is not the signal. Those missed appointments are about, I don't have access today or life is so complex.

We work with families who, quite frankly, struggle on a daily basis to meet their very basic needs of keeping landlords okay and often times not in adequate housing, but trying to keep housing of some sort, or trying to figure out where the meal is coming from. They are trying to figure out how to manage those day-to-day activities that many of us, for the most part, may find ourselves taking for granted, although we shouldn't. If we don't do everything we can as a system to bring the service closer to the people who need the service, if we don't take that responsibility on, and if we put all of the responsibility on the individual to get themselves to the service, then I don't think we are ever going to be able to meet the need. I see us more and more and more, as we learn about the early years and what's important in the early years, looking at the individual's responsibly to access the services and to access the resources that they need.

What I would have to say is, I don't see as much responsibility as what our system's responsibility is for changing up the way that we do things and bringing the system service closer to the people. That's why we are in 79 different sites across Cape Breton. That's why we're not working out of five offices, one in each of our counties, because we recognize that it's much easier. It just makes more fiscal sense and more sense for a population that struggles with those things - to take that staff person and move them to where the people are rather than have the expectation on a group of people that we know struggle, to all be able to come to a central system.

MADAM CHAIRMAN: Mr. Gough.

MR. STEPHEN GOUGH: In looking at your programs and services I had no idea that you do so much. I'd say you stay really, really busy. I was just wondering how significant of an investment is \$75,000 to your budget and also how do you measure success.

MS. LATULIPPE-ROCHON: Certainly the significance of the \$75,000 very much depends on which agency it's landed with because if it's a smaller centre - and I mean smaller by way of geography not by way of significance - if it's a smaller centre, then that \$75,000 goes further. If it's a larger space then obviously, again, that investment becomes watered down, which is why it's really important for us to give great consideration to how is it that the centres are funded.

I'll go back to one of your committee member's previous points. As we go forward to strengthen the sector, we need to look at that equity of capacity. So \$75,000 certainly doesn't mean the same thing - I'll use another example - it doesn't mean the same thing in Cape Breton where it's the whole island. In our Kids First organization that covers Guysborough, Antigonish and Pictou Counties, that \$75,000 doesn't go as far simply because we just do the math. There is a wider distance to travel to access the services, but then we also have to look at the number of children being served.

I do think it's about having a very intentional well-informed process because in smaller communities, maybe you have some higher numbers of children. There may be access to greater resources, say, here in the Halifax Regional Municipality, but you also have a higher concentration of population. So I think when we're looking at funding formulas, they have to be very well informed because you have to take into consideration the geography, but you also have to take into consideration the population in terms of the level of service. It's complex, for sure.

MS. BROWN: I just want to add to that. I just want to throw some numbers at you. The \$75,000 that we're receiving, I've been able to increase two part-time staff to full-time. I've had wait lists now for going on four years - I have no wait list now because I've doubled the programs. As well, now I have the operational funding to actually expand to a new location, so it's going to have a big impact in Fairview.

We see approximately 180 different participants per year, and that makes up to 6,000 to 7,000 visits per year as well. Our overall budget - the budget in front of me - is \$394,000, but I have eight staff, so we are doing it on a shoestring and we're doing it very effectively and efficiently. Those are just some numbers for you.

MR. GOUGH: How do you measure success?

MS. BROWN: Measuring the success? We have a set of outcomes and indicators that we evaluate every year on our programs as well as participant surveys. JoAnna, you can maybe speak to some that were listed on your side.

MS. LATULIPPE-ROCHON: Certainly. In terms of looking at - there was an incredible amount of work done through the Public Health Agency of Canada over the course of the 20 years to figure out what are the core components - we call them the core elements - what makes this work well? That work was done across Atlantic Canada both

from - what is the research saying, what are the key pieces of making the work be done well? The agencies and organizations that seem to excel in these different areas - what are they doing perhaps, or what are they paying attention to, and from the participants themselves, how do they evaluate?

Really, it came down to that there has to be a supportive environment, and so there are outcomes and indicators based on how you evaluate if that environment is supportive. So it goes back to parents feeling welcome, feeling able to come in and so there is a whole list of outcomes and indicators around the supportive environment.

Participation and involvement - the families that we're working with have to have that opportunity to participate, to feel involved. They have to be able to say, well - when people say, well, you're reaching families that traditionally haven't accessed programs and we can't figure out quite how you do that as family resource centres. I say it's really quite simple. When you actually stop and have time and you ask a person, what is it that you think would be helpful to you? When you have the flexibility to be able to deliver on something that's on that person's list, it works. It's kind of amazing.

So in terms of participation and involvement, again, we have a host of outcomes and indicators that let us know. We check in with our families. We check in with our service providers by way of evaluating the programs.

Then there is capacity building. We know that it is about people coming together and building their capacity, so again there are measures that come from a very solid body of research around how you know you're building capacity. How do you know that you're building capacity within your staff? How do you know that you're building capacity within the partnership tables that you sit at? Certainly, how do we know that we're building capacity within the families and the children that we're serving?

Embedded in that as well is the social action piece around - how do we know that we're challenging it on all levels? We work at the individual level with our families. We work at the project level in terms of our own governance structures, in terms of our own staffing needs, in terms of our own partnerships.

We work at the community level and we evaluate both sides of that. It isn't just about - what does community provide to strengthen the family resource centres? But now, what are family resource centres providing to our partners that strengthen the work that happens outside the family resource centres and then also at the system level?

We have outcomes and indicators that are built around all of those different levels, and through ongoing evaluation at the end of every program periodically through the year on sort of regional, national, provincial levels, paying attention to those as we roll up in the slide that I had presented when we looked at reflecting on the year - how many families, in what areas, what kind of work, what's your success - we certainly measure that way as well.

MADAM CHAIRMAN: Are there any more questions? Mr. Lohr.

MR. LOHR: I guess I would like to go back to the mental health issues that you raised. I'm just wondering if you could give us - both of you in terms of your own resource centres - how often you see a mental health issue? How many do you see in a year? And maybe explain the process that you undertake after you identify a problem.

MS. LATULIPPE-ROCHON: I would say families that would struggle with mental health issues in Cape Breton, we would see them every day. For me, the predominant issue is mental health issues and concerns with our parents that get in the way of parents being able to do the very best that they can do or could do, were those issues better addressed.

Stigma is a barrier to accessing the services. I know that our folks that work in mental health services really are working hard. We know that there is the mental health strategy in the province. We know that we're trying to get our clinicians out into our schools. We know that there's work with our SchoolsPlus system to increase that accessibility of service. That is a barrier for people for sure.

There's the physical access issue which I spoke to before about the number of hours that it takes. There is the complex life circumstance that means that for families and for participants struggling with mental health, being able to attend to appointments on a regular basis. Life is just not that organized.

So how do we access? Which I think goes back to Natalie's point around some community-based or thinking about community-based access to mental health services. I hear of some wonderful work some of our programs are doing in the province around having access to mental health workers who work in the community where people can drop in to see them, where they know they can access. There's not that appointment-based sort of thing.

I sit around the tables with our mental health service providers and understand that they too are strapped in terms of staffing and in terms of a big system and in terms of resources, and so trying to free up somebody for what feels like a bit more of a casual mental health service - it's very difficult for them, which is why I think we need to be working together to figure these things out.

Certainly mental health issues are very predominant in our community. We worked with a child psychiatrist for many years and he would consult with our staff. He told me oftentimes that we were working with the families that our mental health system couldn't get access to because of the complex nature of their lives.

We do have a problem in the province, I think, with making the services accessible from the participants' perspective. So from the participants' perspective, how do we make those services accessible while being mindful of our fiscal realities and our staffing issues?

MS. BROWN: Just to add to that, like JoAnna was saying, it's every day. I would say when you look at the health and wellness, I would say 40 per cent - if I'm going to look at a number of the clients coming through the door - is struggling with some type of mental illness.

It comes back again to what we've said before, the stigma and access of services. We have partnered with Capital Health and Bayers Road Mental Health Clinic, which is close to us, to come in. We have a clinician come in who does more diagnosis-specific workshops. It's not somebody there that can actually be accessed if you need an appointment, it's more if you know if you're diagnosed with a particular illness that you can attend. Definitely, more community-based and accessed services would be beneficial.

MR. LOHR: What about in the children? I guess that's where I thought we were going with that emerging trend of seeing mental health issues in children. What rate of those do you see and what do you do when you identify them?

MS. LATULIPPE-ROCHON: One of the key pieces of being able to identify some of the mental health issues would be the Early Development Instrument, or the EDI as it is called. Certainly in our communities now, being able to have access to that data which is looking at the social-emotional area, I was quite surprised myself in terms of looking at the developmental lag we have in our children in terms of the social and emotional development. We do have a reliable measure now across the province that does tell us that we have to pay more attention to those social and emotional experiences that young children need in order to develop in a healthy kind of way.

While it doesn't speak to a specific mental health diagnosis in that very young population, what it does do is tell us that our children are lacking in the areas of social and emotional experiences that they need to have - so their development is behind. In some of our communities, I can tell you that 55 per cent to 60 per cent of the children are vulnerable in those social, emotional areas. We know that the response is when you look at the research, well then, what is needed? It is more play-based opportunities, more of the kinds of services that are offered at family resource centres.

We're getting ahead, in terms of I think the hard data, if you will. Where we fall behind is - I know, for instance, I'll use the community of Glace Bay. Our community of Glace Bay desperately needs more services - I know that and I have the data to prove it. I don't have the staff person to go in and deliver that service at an increased rate.

I think we have to maximize if we're putting the resources in - and we are, through the Department of Education and Early Childhood Development - we're putting the resource in to get the information, then I think that means that we have a responsibility then to be able to respond to what we're seeing. The response is, and has to be, enhanced services to the families and the children.

I think the mental health issues of the parents are directly connected. If you're struggling with a mental health issue yourself, as a parent, it's very difficult and then put the poverty issues on top of that and all those other sort of factors. It's very difficult to clear your way and to find out that the most important thing you could be doing for this hour or two today is reading with your child or taking your child out for a walk or cooking that healthy meal. You are just so focused on just trying to survive, you get into survival mode.

I think for children, we have the measure. We know that particularly the social and emotional development of our children is lagging behind. Now what we need are the increased resources to be able to respond appropriately.

MADAM CHAIRMAN: Ms. Treen.

MS. JOYCE TREEN: I really enjoyed your presentation. You do wonderful, wonderful work. I've been sitting here jotting down a million different ideas that have come out of this, so that's great.

I guess I have two questions. My area is Cole Harbour-Eastern Passage, South Woodside, the majority being Eastern Passage. We don't have a resource centre as such. We have a resource centre, though, on the military base that provides tremendous support for the military families. That's a whole other problem - deployment and the separation of families. That hugely affects my community.

One of my questions is they have it available in French, too. Because of our military travelling around, there are a lot of French people who live in my community because either men have married women who are French or vice versa. But we have a huge amount of French, so they're offered that opportunity to receive it in French.

When you go out into these other resource centres and stuff, what happens with the language? French is one, but I'm sure there are other languages. How do you deal with that? There's going to be some that arrive at your door with a language barrier.

MS. TULIPPE-ROCHON: It's a hard one and it's interesting that that question comes up, because certainly what I can tell you is that in the new contribution agreements for those that do receive funding from the Public Health Agency of Canada, certainly the language of francophone services in the province has come up.

For instance, our centre is now responsible to become a bilingual service. What we've done in the past is looked at in particular areas like Isle Madame, the Cheticamp area, and tried as we will to identify staff who have capacity in both official languages or to partner with agencies that have capacity in both official languages. Sometimes the service is provided directly through our own staff with that capacity and at other times it is done by partnering with agencies where they may have the language capacity, but not the resource capacity to be able to do the work.



We do have as well on our list of 26, La Pirouette, a francophone service that is available across the province, which again struggles. They have a provincial mandate but for sites across the province, again because of a lack of resources - so specific resource centres that are designed to increase access for the francophone community.

I am also happy to share with you that the Public Health Agency of Canada has advised that they will be taking a look across the province, in terms of making the determination specifically within the francophone community - where do the most vulnerable families lay within our francophone population in Nova Scotia? That piece of work will be done over the Spring of this year and then hopefully that will help us as an association then direct our resources more specifically not only to the francophone community but to the francophone community that do face those increased struggles.

Our project is one and there are other projects across the province. As we continue with the information gathering across the association we'll find out - because our agreements are new, I couldn't tell you off the top of my head which other of our projects are being held to that bar of delivering bilingual services but I know they do exist and so it's another piece that we'll be taking on in terms of that area of work.

I certainly recognize, and perhaps Natalie can speak to, as well, the other languages. We would see lots of German families, certainly lots of families that speak other languages. It is interesting that play crosses all language barriers and so many of the families that we would see, learn the language through the language of play with the children who don't recognize that barrier in the same way as adults do. Perhaps, Natalie, you can speak to more of what happens here.

MS. BROWN: Well language is a challenge for us on a daily basis in Fairview because we have a lot of new immigrants in our community. Picture dictionary is always a great tool but as well our staff and volunteers are very diverse and speak different languages so that is always helpful. Then on our community association side, we also have volunteers within the community who can help us with that at our site. We do an EAL class in partnership with ICES. All of those students are coming in not knowing any English so it's a gradual process with a lot of patience, hand gestures, picture dictionaries, and translators.

MS. TREEN: Okay, thank you. Can I ask another question that's not related.

MADAM CHAIRMAN: Sure, yes.

MS. TREEN: I was listening to Brendan and I have a little idea from you. We don't have the resource centre but we have all kinds of components. Is that happening in other communities? Is there a way to link them all together? We have Lions Club. We actually have our own food bank. We don't even use Feed Nova Scotia; we have a very well supplied food bank that the community takes care of on their own. We have a benevolent society where if someone is sick you can come to them and they will help you. We have, of

course, breakfast programs, citizens on patrol, an employment centre, all kinds of things but they don't all connect, right? So do you have something in another community?

Is there a way to, I don't know, make them all connect? I mean you would have to know to go to all of them in order to get your problem solved. Is there another way to do it? Is there another way without having a resource centre, because we don't have one? Do you produce little directories or something; is that a way to do it? Do you have that situation in other communities?

MS. LATULIPPE-ROCHON: Certainly we do. I can use the example in our North of Smokey. For those who are familiar with our Cape Breton, you may know our Cape Breton Highlands or the Cabot Trail area, so it would be probably one of our areas that is the most rurally isolated. We do have an office there and we have a staff person there, but again, not able to meet all of those needs. Basically what our role then becomes is to be the connecting body so then we would call those partners to a table and say you know what, we have part of an answer for some of what people are looking for but we don't have the whole answer - we have some capacity but we don't have all of the capacity that is needed.

So it's building the leadership skills, having access to professional development opportunities to really build leadership skills within our family resource centres around that very fundamental piece of ongoing work, which is just good solid, old-fashioned community development.

So again if I go to the example, in our North of Smokey community, we recognized that the crime statistics were very concerning - in fact, the highest in the Province of Nova Scotia in terms of youth crime. We have some mandate to do work in that area, but not the fullness of the mandate and so we join together with others and try to provide those leadership skills around being the convenor, if you will, of those meetings and getting people around the table to have the discussion about, let's learn about what each other is doing independently, but then let's move the conversation to - if we organized ourselves collectively, how might we be able to do that better.

I do think it's about the attention that we pay in our country and the attention that we pay in our province to providing opportunities for leadership development that is very grounded in community so that there are those opportunities to pull the players together and to open that conversation without anybody needing to take ownership of it in that sort of territorial kind of way. Again, I go back to the parents. It really matters not to the parent where the service comes from. It really matters not to the child who is providing the opportunity to play. What matters is that it's a high-quality, accessible, positive experience reflective of their needs.

Sometimes as agencies and organizations, I think it's about us getting over ourselves and coming together to say, how do we all contribute something so that we can have amazing things happen in community? I've seen that happen in many, many areas

across the province. That's why you will see our family resource centres not only convening those tables, but also taking the time to sit at those tables when others convene those tables. It is about the strength of leadership in our province, and it is around continuing to do that community to community because our communities are - we have similar problems, but we have unique ways of perhaps solving that.

MR. LOHR: My question is to Ms. Brown. In mid-April your Fairview centre partnered with the IWK in a session on mental wellness for children and youth. Could you tell us how often these sessions are held and what happened at the session?

MS. BROWN: That was a new partnership for us and basically we were hearing from a lot of parents in the community just wanting to know the signs and symptoms that I would see exhibiting in my child that I would need to get actual professional help. So it was really kind of an informal conversation to get those questions started and hopefully they'll be coming back to continue more in-depth support for those types of issues.

MR. LOHR: So was that the first time you had ever done that?

MS. BROWN: With the IWK, yes.

MR. LOHR: So the focus was on giving the parents information on what signs to look for with their children?

MS. BROWN: Signs and symptoms, yes.

MS. LATULIPPE-ROCHON: Just to add to that, one of the other pieces of work that is happening in the province that I think really speaks to this is the work of what was formerly called the wellness committee that's looking at the implementation of an 18-month and a 36-month screen - a comprehensive screening tool across the province. We've certainly identified as folks who work within the early years sector that our children - we need a tool in the province that's available to all children that just becomes no more out of the ordinary than going for your immunization, to have some check points, to look at our young children and how they're doing.

Certainly there is work happening in the province. They've changed the name of the committee to early years leadership - and I'm not sure if it's the Early Years leadership committee or whatever, but it was that wellness committee that's looking at using the Rourke tool, which is a tool that's already imbedded in our medical system to do screening of children. We've had a bit of a trial run with that at the Early Years demonstration site in Cape Breton where we had a family doctor see five patients and spent 25 minutes with each one and look at sort of - the children were within that age range of 18 month to a couple of years old. Within the visit with those five families, two of the five families were identified as needing ongoing social work support. The needs weren't necessarily clinical in the end of the medical kinds of needs, but the social supports were needed and some other needs identified.

Then we as a committee went back out and said, okay, how do we get those supports available now? Again, if we're going to do the assessments, if we're going to start identifying earlier, then how ready are we to respond earlier by way of putting the services in place? I think another way of our measure of the mental health and wellness of our children and starting to look at those flags early, we know because of the brain development research and because of all kinds of other pieces of research that we have to get in earlier.

These are pieces of work that I would hope that you folks in your role at the provincial table would be able to encourage us to move it on and to move quickly through those processes, recognizing that there is a certain amount of background work that needs to be done. Fundamentally, we need to get on with actually doing some of those assessments and encouraging that kind of time to be spent, to look at what are those other mental health and social indicators that children perhaps aren't on as healthy a track as they need to be on. Then, again, we have to call on all levels of government accountable to be putting the dollars in place to be able to provide the services earlier as well. Identifying without putting the resources in place to respond in some ways is more of a disservice than it is a service to our citizens.

MR. LOHR: I think what I hear you're saying is that there needs to be work done on the screening tools for that type of thing.

MR. LATULIPPE-ROCHON: Absolutely. I think we have to look at implementing it across the province so that parents of all young children have easy access and start to recognize that's just no different than taking your child for a regular immunizations or regular checkups and doing that education piece within our medical community as well. Some of those assessments, it's not necessary that it is within - it's not necessarily only the doctors that can do that work. We have strong early intervention programs; we have our family resource centre programs; we have nurse practitioners. We have a whole host of health care providers.

If we can find a way to have those things happen - for instance, if I go back to the example of the implementation of that in Cape Breton in just that little bit of a trial run - the doctor actually came to the Early Years Centre to do the work, didn't use the doctor's office. Because when the family came to the Early Years Centre, we could introduce the family to a whole host of other programs and services. They could see the site, had gotten through the door, they could have that assessment piece. But every one of those families left with an enhanced understanding of what is available to them in their communities for them to access in terms of supporting that all-important work that parents do for all Nova Scotians in terms of raising a healthy population.

MS. BROWN: To add to that, what we hear from a lot of families is that they cannot get services until their child enters school, so it's again those earlier assessments along with the assessment tools. There's so much research now that we know that kids who

experience trauma and crisis earlier on are at high risk. It affects the developing brain - for example, children in care. If we have something in place at those early years, I think we'll be really ahead of the game.

MADAM CHAIRMAN: I think that that is it for us. I'd like to thank both of you for being here and presenting all this information for us. Thank you for the work that you do. It's amazing. I'm blessed to have Natalie's family resource centre in my riding and I have another resource centre as well in the riding.

I know that we have a member from the Fairview United Church here - or maybe she's gone, I can't see her anymore - if it weren't for the partnerships from within the community, a lot of our family resource centres wouldn't have homes. It really is a whole-community approach. My indebted thanks to you.

We'll take a five-minute recess and meet back as a committee just to handle a few bits of business.

[2:39 p.m. The committee recessed.]

[2:44 p.m. The committee reconvened.]

MADAM CHAIRMAN: We have just a couple of things to go over. For starters, each of you should have been given, within your packets, correspondence from the Department of Community Services. On March 11<sup>th</sup>, the Committees Office sent questions that arose from our March witness. The questions were answered by the department, so you have those in front of you for your information.

We also have a conflict for our next meeting. Our next meeting is scheduled for June 3<sup>rd</sup>. However, there are a number of MLAs who will be out of town for caucus on that date. Kim contacted our witness, who is the March of Dimes, and gave them a number of dates to choose from and June 17<sup>th</sup> is the date that works best for them. So it's not the following Tuesday, but the Tuesday after.

I just would like to propose that we set our next meeting date for June 17<sup>th</sup>. Is everyone agreeable to that? Okay, excellent.

I guess we can talk about summer meetings as well. Traditionally, the committees do not meet during the summer months. So again, with the approval of the committee, I would suggest that our committee not meet for the months of July and August and then resume back on September 9<sup>th</sup>, that is the date we have.

MS. PETERSON-RAFUSE: Will the time be the same for the June 17<sup>th</sup> meeting, in the afternoon?

MADAM CHAIRMAN: Yes, it would be 1:00 p.m. on June 17<sup>th</sup>.

MS. PETERSON-RAFUSE: Okay, thank you.

MADAM CHAIRMAN: So again, is there a consensus that we not meet in July and August and then resume for September 9<sup>th</sup>? Excellent, thank you very much. I will see you all back here on June 17<sup>th</sup>.

[The committee adjourned at 2:46 p.m.]