Nova Scotia Association of Family Resource Programs

2020 Sector Profile

Nova Scotia Association of Family Resource Programs
November 2021

Table of Contents

Acknowledgments

The authors wish to acknowledge the significant contributions the following groups or individuals made to the process leading to the preparation of this report:

- The children and families in Nova Scotia who the Family Resource Sector supports every day and who this work is ultimately meant to benefit.

- The 25 Family Resource Programs in Nova Scotia, their staff, and volunteers who make everything happen and generously gave their time to assist in this research.

- The Nova Scotia Association of Family Resource Programs (NSAFRP) Board of Directors for their leadership in representing the needs of the Family Resource Programs (FRPs) and those they serve.

- The Sector Profile Advisory Committee who led this work:

  - JoAnna LaTulippe-Rochon   Project Team Lead and Executive Director of the Cape Breton Family Resource Coalition Society;
  - Heather Fraser   Executive Director of the South Shore Family Resource Association;
  - Joyce Beaudry   Executive Director of Memory Lane Family Place Association;
  - Michelle Ward   Chair, Nova Scotia Association of Family Resource Programs, and Executive Director of Kids First Association

- Max Chauvin, Chauvin Resource Development; who conducted the research on behalf of the Association.

- Aisha Esse, student, Fairview Resource Centre; who added much by way of presentation and infographics to the final version of the report.

NOVA SCOTIA
NOUVELLE-ÉCOSSE

A Message of Gratitude

The Family Resource work quietly happening all over the Province of Nova Scotia contributes significantly to local community life. Many of our youngest citizens benefit from access to developmentally appropriate play-based experiences. As they grow and develop, infants and young children soon become youth who may continue to benefit from the Sector's programs, services, and supports. Participating adults are part of a welcoming environment where parenting support services aim to be easily accessed. We work hard to ensure all services offered connect to the lived realities of those we are funded to serve.

Those working within the Sector learn more every day about how individuals, projects/organizations, communities, and systems both offer and fail to offer needed support to each other and local families. Of particular concern to us are families that have the least access to society's available resources. We recognize this lack of access creates additional barriers to full community participation and prosperity.

As the Family Resource Sector matures, we continue to reflect on our work with a critical eye, striving to both celebrate our successes and stay focused on our challenges. Active listening, flexible actions, ongoing collaboration, and relationship-based practices with our participants across the province continue to lead us in the right direction.

It was with much by way of hope and gratitude the Family Resource Sector welcomed the opportunity to describe its work more fully through this Sector Profile Project. Reading this message means we have achieved the desired result, and our initial report is now complete. Before this report's completion, information on the Family Resource Program Sector was not collated in any one spot. Instead, it was spread across many different annual reports and documents held by an array of funding bodies. Each report told part of the story – a vital part – yet the full story remained incomplete.

To compile this report took a collective, provincial effort. It took much by way of passion and perseverance. It took the commitment of 25 projects/organizations with limited resources amid a pandemic. It took foresight to envision the result and a willingness to do the work. It took the availability of human and financial resources. It took an incredible Project Team, and it took time...lots of time. It has resulted in a first Sector Profile Report which we hope resonates within the Sector and with you, the reader.


With gratitude to all,

JoAnna LaTulippe-Rochon

JoAnna LaTulippe-Rochon, Project Team Lead

Executive Summary

In 2019, with support from the Nova Scotia Government Department of Community Services, the Nova Scotia Association of Family Resource Programs (NSAFRP) developed a 3-year strategic plan (Appendix A). During this planning process, the NSAFRP named one of its significant challenges, the multi-funded nature of its existence.

While each of the Sector's members was producing many different "annual reports," these reports addressed only part of the Sector's work as they necessarily responded to specific needs of particular funding bodies. Few, if any, reports existed that were holistic in nature. Where such fuller reports did exist, the information was shared almost exclusively with local boards of directors.

Key Numbers
- 25 Family Resource Programs
- 346 People employed

Participants per year:

20,985+ Children & 14,041+Adults

In excess of 191,000 visits/year to FRPs

13.5 Million Dollars invested in Nova Scotian families
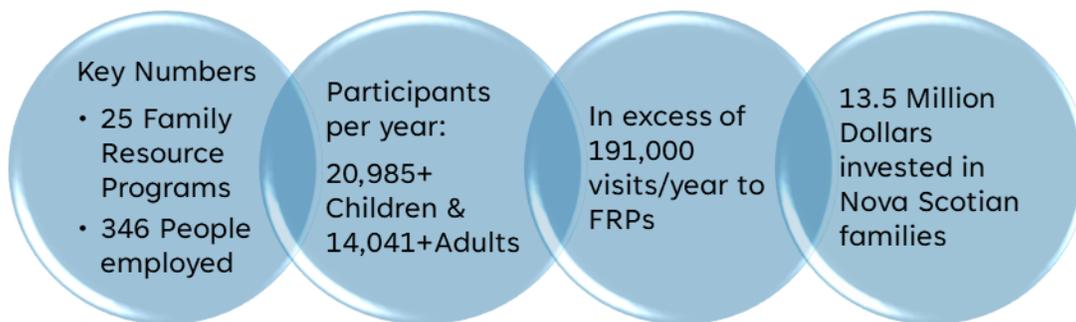
As a result, documentation on the Family Resource Program Sector (Sector) in Nova Scotia has historically been limited to outcomes achieved with particular pieces of funding. It has not captured the fullness of the Sector's presence or impact within Nova Scotia. Therefore, the first pillar of action within the strategic plan was developing a clearer understanding of the Family Resource Sector in Nova Scotia.

In 2020, with financial support provided by the Nova Scotia Government, Department of Education and Early Childhood Development, work began to address this gap in Sector knowledge and understanding. This report represents the culmination of these efforts.

The Family Resource Sector in Nova Scotia comprises 25 independent community-based Family Resource Programs (FRP). Collectively, these FRPs provide services in all areas of the province.

During fiscal 2019-2020, the Sector injected over 13.5 million dollars[1] into Nova Scotian communities. The Sector provided opportunities for more than 20,985 different children[2] and

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[1] Twenty-one out of twenty-five FRP sites reporting
[2] Twenty-one out of twenty-five FRP sites reporting

14,041 different parents, extended family members, and other childcare providers to experience a vast array of formal programs, services, and supports. During the same timeframe, the Sector provided formal program supports to 1,158 different prenatal participants.

$1 INVESTED IN EARLY CHILDHOOD YIELDS A $16 RETURN

Based on the research by Nobel Prize-winning economist James Heckman.

www.firstthingsfirst.org/early-childhood-matters/investing-in-early-childhood/, accessed July 18, 2021

A review of 2019-2020 program registration data revealed more than 191,096 visits to FRPs. Unfortunately, predominantly due to limited administrative resources, the Sector cannot consistently capture figures regarding non-registration-required supports provided to Nova Scotian families. This "drop-in, walk-in, or call-in" traffic is a well-established aspect of FRP work, and for some participants, the most critical service the Sector offers. If this data were available, figures would serve to demonstrate an even greater reach and impact. This highlights the Sector's need for additional administrative and management support. Such funding to support management growth and development, investments in current technologies, database development/management, and so forth would help ensure that the administrative resources mirror front-line capacities to fully capture, evaluate and report on the Sector's day-to-day activities.

The reach of FRPs into their communities is significant. Twenty-four of the FRPs have full-time offices and programming spaces; some also have satellite offices. One FRP does not have an office and provides all its services in participants' homes or community spaces explicitly rented for a program. Family Resource Programs are committed to bringing programming to the participants they are working to serve. In addition to the full-time offices, there were an additional 127 program sites along with various home visiting services offered. These home visiting services include two programs that are provincial in scope – the Enhanced Home Visiting Program and the Parenting Journey Program.

Children and youth of all ages benefit from access to these community-based programs, as demonstrated by the Sector's age breakdown regarding its youngest participants.

Age Range of Children and Youths in Formal Programs[3]	Number of Children	Percentage
Birth – 2	9,128	43.5%
3 - 5 Years[4]	7,849	37.4%
6 - 8 Years	2,036	9.7%

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[3] Twenty-one out of twenty-five FRP sites reporting
[4] The introduction of the Provincial Pre-Primary Program impacted the age demographics of child and family-focused programs.

Age Range of Children and Youths in Formal Programs[3]	Number of Children	Percentage
9 - 12 Years	944	4.5%
13 - 16 Years	797	3.8%
17 - 19 Years	231	1.1%
Twenty thousand, nine hundred eighty-five (20,985) different children and youth participated in registered programs during the 2019-2020 fiscal year.		

While the introduction of pre-primary programming in Nova Scotia changed the demographic profile of FRPs, figures demonstrate that the Sector continues to offer children in that age range much by way of services and supports. Some families choose not to participate in the pre-primary program, while others prefer to have their children participate in pre-primary on a part-time basis. As a result, the Sector continues to have children of pre-primary age within their programs. Approximately 3,600 children aged four and five participated in formal FRP programs during 2019 – 2020. Family Resource programs also support the pre-primary initiative by offering support within the formal pre-primary program itself.

All NSAFRP members offer a base of programs and services that include developmentally appropriate playgroup programs, individual case management services, parenting skill development programs, and referral services involving children and adults. These opportunities for children, parents, and other care providers to participate and learn together are one of the unique attributes of the Sector. This presents the Sector's funders with an opportunity to dramatically impact the intended population families in a way no other sector can.

Each FRP designs its programs and services to meet the needs of the families in its community. This means that there can be differences in what each FRP offers. That said, in addition to the aforementioned, over 85% of Nova Scotia's FRPs provide common programs and services, including:

- Car seat education and installation;
- Food security support, for example, providing food in all their programs, food baskets, cooking and gardening classes, and community meals;
- Home Visiting supports;
- Mental health and wellness programs;
- Opportunities for peer support including information and toy or other resource sharing;
- Prenatal and postnatal support; and

- Technical supports such as access to a computer, photocopier, or fax machine.

One hundred percent of FRPs were able to identify specific programs, services, and supports aligned with the Early Development Instrument's (EDI) developmental domains (Appendix B). However, while Provincial EDI results are shared, only 64% percent of FRPs reported receiving updates on the local EDI scores related to the specific communities they serve. Addressing this missed opportunity would serve to improve children's development by increasing the opportunity for the tailoring of FRP programs and services to meet the EDI identified priority needs of:

- Physical health and well-being;
- Social competence;
- Emotional maturity;
- Language and cognitive development; and
- Communication skills and general knowledge.

Systematic sharing of local EDI results with FRPs would directly benefit Nova Scotia's children, given the capacity within FRPs to further focus program and service delivery options. The Sector is confident that improved EDI scores would follow.

Some FRPs benefit from the Federal Community Action Program for Children (CAPC) and/or Canada Prenatal Nutrition Program (CPNP) funding (52% and 28%, respectively). When asked questions regarding their ability to influence five specific areas, FRPs were easily able to describe how their menu of programs, services, and supports demonstrated success in allowing participants the opportunity to:

NOVA SCOTIA FAMILY RESOURCE PROGRAMS SUPPORT CHILD DEVELOPMENT

PHYSICAL HEALTH & WELL-BEING

SOCIAL COMPETENCE

EMOTIONAL MATURITY

LANGUAGE & COGNITIVE DEVELOPMENT

COMMUNICATION SKILLS & GENERAL KNOWLEDGE

- Gain resources, knowledge, and/or skills;
- Improve health and health-related behaviours;
- Improve protective factors and reduce risk factors;
- Improve family functioning and build connections; and
- From an overall perspective, improve well-being.

> *""Did you ever go to bed and wonder if your child was getting enough to eat?" For food insecure mothers, the worry is constant, and babies are at risk of going hungry. Out of Milk calls out the pressing need to establish the economic and social conditions necessary for successful breastfeeding and for accessible, reliable, and safe formula feeding for families everywhere."*
>
> www.ubcpress.ca/out-of-milk, accessed August 15, 2021, Out of Milk - Infant Food Insecurity in a Rich Nation, Lesley Frank, UBC Press, November 2020

Mental health and wellness are top of mind for many of the FRPs in Nova Scotia. It continues to present itself as a common challenge among participants. Food security issues, unsustainable housing situations, and the impact of the current pandemic on the educational and social/emotional aspects of children's lives are additional stressors identified by the Sector.

Additional investments to provide professional development and programming opportunities in mental health and wellness would increase the Sector's ability to respond to the communities ever-present and emerging needs.

The Sector employs 346 people, 96% of whom identify as female. Sixty-four percent of FRPs have an employment base that includes people from historically under-represented populations. Formal policies within 52% of the FRPs promote diverse hiring practices. Others have yet to formalize such policies but are embedding such approaches in their hiring practices. Two hundred and eight volunteers participate as board members within the Sector. Another 693 volunteers regularly support the work of their FRP, and others participate in special events.

The Sector's ability to rapidly respond during the pandemic experience and return to fuller operations was due, in part, to the ongoing financial support provided by its funders and the Sector's inherent willingness to adapt and be flexible. With funds continuing to flow, and conversations within the Sector and partnerships being encouraged and facilitated, the FRPs mobilized quickly. Nova Scotia Association of Family Resource Programs members were one of the few resources that remained very connected with the intended population during the earliest days of the pandemic. The Sector ensured they were easily accessible to participants, who often had the least access to available resources. Family Resource Programs reported new families, that had not participated within the Sector before the pandemic, became actively engaged. Family Resource Programs demonstrated an ability to switch gears quickly, offering supports and

services delivered virtually, directly to the family's door, and/or made available through contactless pick-up procedures. This experience makes evident the need to further involve the Sector in local, provincial, regional, and national emergency preparedness planning, ensuring critical and immediate responses reflect the realities of the most vulnerable populations.

Throughout its history, the Sector has proven its ability to reach, engage, support, and respond to the intended population in Nova Scotia. Family Resource Programs have been leading this work, albeit often under the radar and in quiet ways, for over a quarter of a century. As a result, families facing multiple barriers have come to rely on the presence of their local FRP when in need of services and supports – practical, educational, social, and otherwise. Together with its many partners, the Sector has worked to meet these needs and has demonstrated the ability to do so even during the height of a pandemic.

Stagnant funding is a significant concern within the Sector. In some cases, funding levels have remained the same for over 25 years. One dollar of funding support provided to the Sector in 1993 only buys $0.61[5] worth of goods and services today. This is part of the Sector's reality – a part the Sector counts on current and potential new funders to recognize and address.

The NSAFRP continues to be fully committed to supporting the Sector by putting all elements of its strategic plan into action. Activities such as shared data standards and reporting structures, professional development for staff, and stronger partnerships with Government and other community service providers will lead to a more robust Sector providing improved supports to families and children. With this more holistic understanding of the Sector's work being made available, the NSAFRP wishes to encourage others to do what can be done to further solidify the Sector. The opportunity exists to take full advantage of the Sector's reach and expertise through strategic and thoughtful engagement, responsive and appropriate funding, and thereby further support the Sector's efforts on behalf of Nova Scotia's families.

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[5] Based on the Bank of Canada Inflation Calculator, https://www.bankofcanada.ca/rates/related/inflation-calculator/, accessed July 27, 2021.

Section 1: Background – The Family Resource Sector

The Family Resource Program (FRP) Sector is well-rooted in the community. History shows one of the Nova Scotia Association of Family Resource Programs (NSAFRP) member organizations has delivered family resource-type programs and services since the late 1800s. Other member organizations worked in this area before the Federal Government's Brighter Futures Initiative in the early 1990s. This Federal Government initiative, from which both the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) emerged, launched the broader Sector across Atlantic Canada.

Supported by the Federal Government through Health Canada (currently the Public Health Agency of Canada), the Sector was mandated to focus on the earliest years of children's lives – from birth to six years of age. As federal funding resources expanded, the prenatal period was added as an additional primary focus area. The work was oriented to reach an intended population. Therefore, Sector programs and services were tailored to engage families having the least access to available resources. Strong guiding principles (Appendix C) and emerging knowledge regarding the Social Determinants of Health (Appendix D) supported the growth and development of the Sector.

With the addition of Provincial Government supports, primarily from the Nova Scotia Government's Departments of Community Services, Education and Early Childhood Development, and Health and Wellness (through the District Health Authorities), the Sector welcomed the ability to expand its reach geographically and demographically. Outreach extended the Sector's reach into additional rural communities, aligning program delivery better with the province's geography. Funding from the Department of Community Services dramatically increased financial support for FRPs, in some cases doubling their budgets, and allowed the establishment of FRPs in areas that did not have such services available.

Initially grounded in hosting individual and group programs, the methods of service delivery grew to include strong home-based components, such as Enhanced Home Visiting or Parenting Journey programs and regulated childcare programs. Also, some FRPs included school-aged children and youth both within and outside of the formal education system.

Since inception, Family Resource Programs have promoted the health and well-being of Nova Scotian families. The Sector supports parents, extended family members, caregivers, and others to co-create home and community environments that help optimize child and family development. The Sector is guided, in part, by the Social Determinants of Health. The Early Years Framework (Appendix E), a guiding document produced through the work of the Provincial Early Years Partnership (Department of Education and Early Childhood Development), has also influenced the ongoing development and expansion of the Early Childhood Sector, including the FRPs in Nova Scotia.

Over this period, tens of thousands of children, parents, family members, and childcare providers have visited FRPs millions of times. Collectively, they have participated in many responsive programs, services, and supports that have grown and changed with them.

As the Sector matured, the Nova Scotia Association of Family Resource Programs (NSAFRP) was formed (December 7, 2013) to maximize opportunities for collective work. The Association has 25 member agencies. There are additional family resource centres in Nova Scotia not included within this Sector definition and profile. "Military Family Resource Centers (MFRCs) are located on Canadian Armed Forces Bases and Wings. Military Family Resource Centers provide the Military Family Services Program designed to address the challenges of military lifestyles such as frequent relocations and deployments." (See:https://www.cfmws.com/en/AboutUs/Library/MediaCentre/Archive/Pages/MilitaryFamily ServicesBackgrounder.aspx). Therefore, they are not included in this definition of the Sector. This in no way diminishes the incredible work they do in our community and the support they provide to members of our armed forces and their families.

1.1: Family Resource Sector Member Agencies in Nova Scotia

Number	Family Resource Program Name	Primary Office Location
1	Bayers/Westwood Family Support Service Association	Halifax
2	Cape Breton Family Resource Coalition Society (Family Place)	Sydney
3	Centre d'appui à la petite enfance de la Nouvelle-Écosse	Point-de-l'Église
4	East Hants Family Resource Centre	Elmsdale
5	East Preston Day Care Centre (The)	East Preston
6	Eastern Shore Family Resource Association (The)	Porter's Lake
7	Fairview Resource Centre	Fairview
8	Family Matters (Annapolis County Family Resource Centre)	Lawrencetown
9	Family Resource Centre of West Hants	Windsor
10	Home of the Guardian Angel (Chebucto Family Centre)	Spryfield
11	Kids Action Program	Kentville
12	Kids First Association	New Glasgow
13	Kings County Family Resource Centre	Kentville
14	Maggie's Place – A Resource Center for Families Association	Amherst and Truro
15	Memory Lane Family Place Association	Lower Sackville
16	Mi'kmaw Native Friendship Society (Mi'kmaq Child Development Family Resource Centre)	Halifax
17	Mulgrave Park Caring and Learning Center	Halifax

Number	Family Resource Program Name	Primary Office Location
18	Musquodoboit Valley Family Resource Center	Middle Musquodoboit
19	Native Council of Nova Scotia (Child Health Initiative Program / E'pit Nuji Ilmuet (Prenatal) Program)	Truro
20	New Ross Family Resource Centre (The)	New Ross
21	North End Parent Centre Association	Halifax
22	North Grove Society (The)	Dartmouth
23	Parents & Children Together Association (P.A.C.T.)	Cole Harbour
24	Parents Place – Yarmouth Family Resource Centre	Yarmouth
25	South Shore Family Resource Association	Bridgewater

"For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents."

United Nations Convention on the Rights of the Child. Adopted and opened for signature, ratification 2 September 1990 Article 18 (2) & 24 (21) (e)

Section 2: Methodology

The Family Resource Sector in Nova Scotia is represented by the Nova Scotia Association of Family Resource Programs (NSAFRP). In 2019, the NSAFRP developed a strategic plan to guide the Sector forward. The first pillar of that plan was developing a profile of the Family Resource Sector in Nova Scotia. The Association was able to secure financial support from the Nova Scotia Government's Department of Education and Early Childhood Development to begin this work. A Request for Proposals (RFP) was issued to hire a consultant to support this endeavour.

To guide the project, the NSAFRP Board of Directors appointed a Sector Profile Project Team, led by JoAnna LaTulippe-Rochon, Executive Director of the Cape Breton Family Resource Coalition Society. Members of the team included Joyce Beaudry, Heather Fraser, and Michelle Ward. This Project Team reported back to the NSAFRP Board of Directors at each subsequent board meeting, updating them on progress and gathering feedback as appropriate. The Project Team met regularly throughout the project, both virtually and in person.

The successful proponent of the RFP was Max Chauvin, Chauvin Resource Development. An orientation to the work of the Family Resource Sector and the project was conducted. A Project Plan and accompanying interview guide were developed and accepted by the team. Due to the growing COVID-19 pandemic, a section was added to the interview guide to gather information regarding the impact of the pandemic on the intended population, staff, volunteers, and Family Resource Programs (FRP) overall. Given the unusual year of the pandemic, it was decided that the data to be collected for this process would be based on the previous fiscal year (April 1, 2019 to March 31, 2020).

A key part of the data gathering process was the resolve to interview all 25 FRPs in Nova Scotia. The interview guide (Appendix F) developed was reviewed by the Project Team, and shared with multiple funders for input and feedback. This interview guide was pilot tested in two FRPs to ensure it would work in projects/organizations of different sizes and scopes. The Project Team considered feedback from the pilot testing phase and the funders as they finalized the tool. In addition to the interviews, a literature review was completed consisting primarily of a review of various reports that were already being used within the Sector.

Interviews were scheduled throughout the Fall of 2020, based on the availability of FRP Executive Directors. Given the restrictions of the COVID-19 pandemic, some interviews were held in person while others were completed virtually. The timelines of the work needed to be adjusted due to the pressures and restrictions of the COVID-19 pandemic. Several interviews were rescheduled into early 2021. French language programs were offered the opportunity to complete the interviews in French and chose to complete them in English.

All 25 program sites contributed to the work by participating in the interview process. Some questions and data were either not applicable to or not available from all sites. When the number

of FRPs able to participate in a particular question is less than twenty-five, it is noted in the primary text of this document or within a footnote.

Once the interviews were completed, the results were compiled and presented to the NSAFRP Sector Profile Project Team for further input and analysis. Based on feedback around the collected data, a first draft of the Sector Profile Report was created.

Throughout the process, the Department of Education and Early Childhood Development was kept abreast of progress. Two more formal presentations were provided to this group. The final report was completed in the Fall of 2021.

Section 3: Introduction to the Family Resource Sector in Nova Scotia

Within Nova Scotia, there are 25 independently governed Family Resource Programs (FRP) servicing local families. These FRPs are duly registered as not-for-profit organizations and are led by boards of directors and professional staff. While there are many similarities between the various FRPs, each offers programs and services designed around the specific needs of their community.

These 25 individual FRPs make up the Family Resource Sector (Sector) and are represented by a Sector body known as the Nova Scotia Association of Family Resource Programs (NSAFRP). During its 2019 strategic planning session, the NSAFRP identified, as an unintended outcome of the multi-funded nature of the Sector, the absence of a comprehensive Sector description. It became clear that a greater understanding of the Sector's work and the population accessing its services would support ongoing development and growth efforts. Therefore, the NSAFRP set out to develop such a report. This work became the first action taken as a result of the NSAFRP's strategic action plan.

The primary focus of the Sector is to support families having the least access to available resources. In an attempt to reduce stigma, the focus families are often referred to as members of the intended population. As these families have minimal resources, the vast majority of programs and services are offered at no cost. As such, primary financial supports to the Sector are provided by the Provincial and Federal Governments in many cases. Many FRPs have also secured funding and support from their local municipality, foundations, other charitable foundations, and private donors.

# Section 4: Participants of Family Resource Programs

From April 1, 2019 to March 31, 2020, the Family Resource Sector provided formal programs and services to 14,041[6] different[7] adults and 20,985[8] different children. During the same period, the Family Resource Sector also worked with 1,158[9] different prenatal participants.

Family Resource Programs recorded 191,096 individual visits to formal programs and services. The actual number of visits is considerably higher, considering that registration statistics do not capture drop-in and call-in visits. In addition, pre-COVID-19, several FRPs offered formal programs that did not require registration.

4.1: Participating Children and Youth by Age

The age range of the children and youth served is summarized below:

Age Range of Children and Youth in Formal Programs	Number of Children	Percentage
Birth – 2	9,128	43.5%
3 - 5 Years[10]	7,849	37.4%
6 - 8 Years	2,036	9.7%
9 - 12 Years	944	4.5%
13 - 16 Years	797	3.8%
17 - 19 Years	231	1.1%
Total	**20,985**	
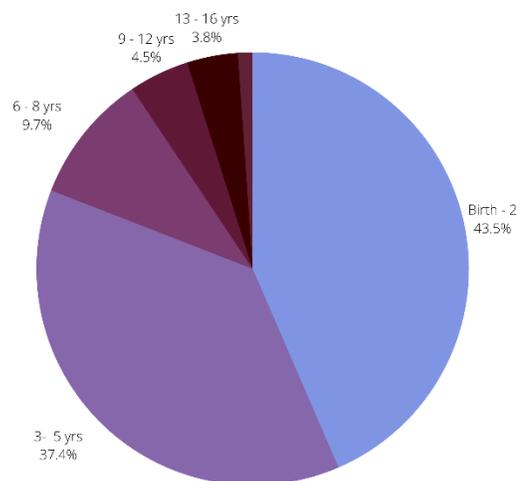
With the launch of pre-primary programs in Nova Scotia, there is particular interest in the three and four-year-old population. As data collection varied considerably in 2019 – 2020, it was difficult to confirm exact numbers related to this particular segment of the population. Based on available data, estimates indicate that approximately 4,200 unique children, aged three, were served by FRPs in Nova Scotia during the study period.

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[6] Twenty-one out of twenty-five FRP sites reporting
[7] Different is used within this paragraph to clarify that each person is only counted once.
[8] Twenty-one out of twenty-five FRP sites reporting
[9] Seventeen out of twenty-five FRP sites reporting (Note: not all FRP sites offer prenatal programming)
[10] The introduction of the Provincial Pre-Primary Program impacted the age demographics of child and family-focused programs.

4.2: Diversity

When asked if the participant-base generally reflected the diversity of their local communities, 87% of FRPs confirmed this was the case. Under-represented groups were identified as belonging to the African Nova Scotian, Indigenous, and Transgender communities. This has led to the Sector considering how both systemic racism and discrimination impacts the work.

Expertise in cultural intelligence is acknowledged as a deficit in many of the FRPs. More attention is needed on the part of the Sector to become stronger allies for families experiencing systemic racism and discrimination. To do this respectfully and responsively, the Sector is seeking additional cultural supports. There are several FRPs with exceptional cultural knowledge and expertise; therefore, it is expected some of this work can be facilitated through peer learning and support.

Reaching and engaging groups experiencing racism and discrimination is key to the future success of the Sector. In many cases, African Nova Scotians, Indigenous, individuals with differing abilities, same-sex, newcomers, and transgender community members, to name but a few, do not fully benefit from comfortable, safe access to community-based programs and services. The Sector is well-positioned to make changes through its work with families with young children, positively addressing racism and discrimination issues.

4.3: Evolving Needs of FRP Participants

One of the cornerstones of the FRPs in Nova Scotia is flexibility. Their commitment to responding to the needs of the intended population requires much in this regard. As such, FRPs regularly monitor requests for additional services and supports. In reviewing these requests, the following themes emerge:

> *"No two families are alike. Their circumstances are different, their needs are different, how they want to work together is different, and we have to adapt to them."*
>
> FRP Director

Fathering - including more fathers seeking out specific male-centric programs and services

Food security - including people seeking greater access to suitable emergency food support, transportation to food banks, increased knowledge re: food budgeting, cooking skills

Housing - including support to families where the tenant-landlord relationship is strained, access to affordable, accessible, appropriate family-based housing with access to safe green space

Mental health - including those seeking supports related to infant mental health, counseling, substance use, and other related services

Newcomer families - including people seeking translation, navigation, and/or child and family-focused program opportunities

Social connections - including access to developmentally appropriate family-friendly play-based experiences for young children, parental education/networking opportunities, and social support networks

Transportation - including families requiring transportation to medical appointments, food banks, grocery stores, and other community agencies.

- *41,370 (27.8%) Children living in poverty in Nova Scotia*
- *Almost 1 in 4 children*

2020 Report Card on Child and Family Poverty in Nova Scotia. Lesley Frank, Laura Fisher, Christina Saulnier. Canadian Center for Policy Alternatives, 2021. Pg. 4

"While play may be perceived as simply fun for kids, it is a whole lot more. Outdoor play supports multiple developmental benefits: healthier, more active children; self-regulation and resilience; social skills through interesting and negotiating with others; and learning through play. Given the critical importance to development, children from all social, ethnic and economic backgrounds require play-rich opportunities outdoors."

Lawson Foundation website, https://lawson.ca/our-work/outdoor-play/, accessed August 10, 2021

Section 5: Programs and Services Offered

Each FRP in Nova Scotia has developed its program and service offerings over time, based on learned experiences, feedback, and in response to identified community needs. As a result, Nova Scotia has a Provincial network of FRPs offering a range of service experience options. During the April 1, 2019 to March 31, 2020, fiscal year, all of the FRPs in Nova Scotia reported offering:

- Developmentally appropriate playgroup programs;
- Individual case management services;
- Parenting skill development programs; and
- Referral services (both active and passive).

The provision of space for parental visits[11] with children under a Child Protection Order was reported by 84% of Nova Scotia's FRPs, while 20% of these groups also provided the required supervisory supports[12].

Programs & Services Offered by over 85% of FRP's

PROGRAMS	SERVICES
Cooking programs for children and adults	Increasing access to technical supports such as telephone, fax, photocopier, and/or computers
Car seat inspections, training, and/or supports	
Food support	Hosting community events
Home visiting	
Mental health and wellness	Providing space for other organizations to deliver their programs or services
Life skills development	
Post-natal care	Supporting newcomer families.
Pre-natal care	

Eighty-four percent of FRPs offered student placements for various educational programs.

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[11] These visits may or may not be supervised by Child Protection Staff.

[12] Those FRPs that provided the supervision for family visitation did so with the support of the Department of Community Services.
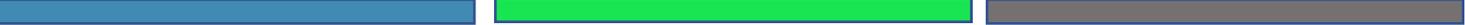
Seventy-six percent of FRPs report offering the Parenting Journey Home Visiting Program funded by the Department of Community Services, while 36% report providing Enhanced Home Visiting Programs funded through Nova Scotia Health via Public Health Services.

Seventy-six percent of FRPs offered gardening programs as part of their service delivery menus. Seventy-two percent of FRPs offered intergenerational programs during the year reviewed; the same percentage (72%) reported offering clothing banks as part of their service delivery.

Culturally-specific programs and services were reported by 64% of FRPs in Nova Scotia, with 28% of the FRPs reporting offering translation services. Newcomers to Canada were offered support by 72% of the Nova Scotia FRPs, with 64% reporting supporting or hosting cultural events or ceremonies.

Sixty-eight percent of FRPs offered specific programming and a range of support tailored to meet the needs of fathers. Sixty-eight percent of FRPs also offered physical literacy programs. Resource and/or toy lending programs were quite common and offered by 68% of Nova Scotia's FRPs. Sixty percent of FRPs offered skill development programs such as First Aid or Mental Health First Aid training for parents and caregivers.

Fifty-six percent of FRPs offered after-school programs. Just over half (52%) of the FRPs reported offering school-based youth programming. School-aged Day Camp programs such as March Break, Summer, and/or Teacher Professional Development Day programs were offered by 52% of the Nova Scotia FRPs.

Interestingly, 48% of FRPs in Nova Scotia reported offering some School Readiness/Readiness to Learn Programs for the preschool population outside of supports provided through the province's Pre-Primary program. Some sites reported working with Pre-Primary program staff to increase the variety and capacity for program delivery options.

Thirty-two percent of FRPs reported being directly involved with licensed, regulated childcare; eight percent of the group reported operating a licensed center-based childcare facility funded through the Department of Education and Early Childhood Development (DOEECD). Twenty percent reported being a licensed Family Home Childcare Agency funded by DOEECD.

French language programs and services were provided by 24% of FRPs in Nova Scotia.

Programs identified as being of a more unique nature included:

Breast pump loans	Parent education while incarcerated
Community meals	Ridesharing programs
Doula services	Rental of facility spaces
Income tax preparation assistance	Tablets loans
Monthly family dinners	Trading posts

5.1: Transportation

Transportation is a significant barrier to the participation of intended population families. This is especially true in rural areas without any form of public or private transportation infrastructure.

The transportation challenges are not limited to cost. The time it takes to arrange alternative transportation can be daunting. Even within the Halifax Regional Municipality, with the most robust public and private transit system in the province, it can take a considerable period. Additionally, scheduled programs and services do not always align with transit schedules, increasing families' scheduling burdens. Another issue is the difficulty of getting strollers onto buses. These strollers are needed to travel from the bus stop to the program location and also to participate in many outdoor activities.

Based on the 2016 Census 42.6% of the Nova Scotia Population lives in a rural setting with a further 23.1% living in small population centres with between 1,000 – 29,999 residents. This represents over 600,000 people.

www.statista.com/statistics/608672/population-distribution-of-nova-scotia-by-rural-urban-type/
accessed August 20, 2021

There are also challenges beyond the lack of access to motorized transportation. For example, many communities do not have sidewalks. At times, walking and using strollers to get to a program or service site is unsafe.

Recognizing the need, FRPs[13] provide transportation support to participants. More specifically:

- o 75% provide gift cards or cash reimbursements to reduce or eliminate transportation costs;
- o 71% provide taxi vouchers;
- o 66% offer bus tickets for their municipal transportation system;
- o 63% transport participants in staff vehicles. The majority of these people are participants in the Parenting Journey Home Visiting program;
- o 25% provide tickets for a private transportation system in their community; and
- o 17% of Family Resource Programs have a van used for transporting participants.

In addition to supporting participants to physically get to programs and services, FRPs make considerable effort to bring programs and services to participants. The Sector was asked to report on outreach locations where programs and services were offered in addition to their main locations. In 2019 – 2020, FRPs hosted programs and services in another 127+ communities (see Section 6.3 for further information).

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[13] Twenty four of twenty-five FRP sites reporting

5.2: What is Missing?

Given the extensive experience of the Sector working in the community, FRPs are well-positioned to identify gaps in service delivery. When asked, several perceived or actual gaps in service delivery within communities were identified. They included the following:

➢ A family physician and easier access to primary health care services;
➢ Accessible, comfortable, welcoming food security services, e.g., food bank using a community hub model;
➢ Accessible recreation opportunities and infrastructure;
➢ Adequate housing resources – affordable, accessible, and appropriate to meet the needs;
➢ Advocacy for "*Living Wage*" strategy;
➢ Effective public transportation systems;
➢ Family Resource Programs and Services in under-serviced areas;
➢ Francophone Public Health Services;
➢ Mental health and addiction services (full continuum) with timely access;
➢ Parent education and support related to older children (beyond the birth to age six population);
➢ Prevention programs that reduce familial stress (reducing the need for more extensive and expensive Mental Health interventions);
➢ Safe family play areas;
➢ Senior-focused programming and services; and
➢ Youth-focused services.

When reviewing what programs and services are still missing from the repertoire of FRPs, one must also consider who is missing by way of participants. The Sector recognizes it has significant work to do to become a safe, comfortable space for all members of society. Discrimination, systemic racism, and a staff composition that does not always reflect the community it serves are genuine barriers to participation that must be addressed. Applying a gender and equity lens to work within the Sector will improve its ability to reach all who can benefit from engagement.

> *"We know that not every child starts life on an equal playing field. For reasons related to health, economics, environment, and a number of other factors, approximately 25% of children and their families will need extra support to work toward their full potential."*
>
> Building Connections: An Early Years Framework for Nova Scotia.
> Department of Education and Early Childhood Development, April 2018

Section 6: Location of Family Resource Programs and Services

Family Resource Programs are active in each county within Nova Scotia. However, what is often reported is only the main location of each organization. Part of what was missing was an understanding of the full scope of the work, including secondary office locations and outreach sites delivering programs and services from local church basements, community halls, and so forth. To truly appreciate the scope of the work, all of the above needs to be captured.

6.1: Catchment Areas

When asked to describe the geographic communities they serve, FRPs in Nova Scotia offered the following specific descriptions (A map of these locations is included in Appendix G):

Family Resource Program	Catchment Area
Bayers/Westwood Family Support Service Association	Bayers Westwood, Spryfield, Bedford
Cape Breton Family Resource Coalition Society (Family Place)	Cape Breton Island
Centre d'appui à la petite enfance de la Nouvelle-Écosse	Provincial in Scope
East Hants Family Resource Centre	East Hants, Brookfield, Stewiacke, Fall River, Waverly, Rawdon, Dutch Settlement, Enfield, West Hants
East Preston Day Care Centre (The)	East Preston, North Preston, Dartmouth, Halifax Regional Municipality, Bedford, Sackville
Eastern Shore Family Resource Association (The)	Lawrencetown, Lake Echo, Ship Harbour, Sheet Harbour, Middle Musquodoboit, Carol's Corner
Fairview Resource Centre	Fairview, Clayton Park, Lakeside, Beechville, Timberlea, West Halifax, Larry Uteck
Family Matters (Annapolis County Family Resource Centre)	Annapolis, Bear River, Lawrencetown, Kingston, Wilmont, Cornwallis
Family Resource Centre of West Hants	West Hants, Windsor, Mount Uniacke, Falmouth, South Rawdon, Hantsport, Avonport
Home of the Guardian Angel (Chebucto Family Centre)	Halifax Regional Municipality
Kids Action Program	Kentville, New Minas, Centreville, Canning (and within a 30-kilometer radius of same), Port Williams, Coldbrook, Wolfville, Hantsport, Avonport, Berwick, Waterville, Kingston
Kids First Association	Guysborough, Antigonish, and Pictou Counties
Kings County Family Resource Centre	Kentville, Kings County, Berwick to Waterville, Canning to Centreville, Wolfville
Maggie's Place – A Resource Center for Families Association	Amherst, Cumberland County, Truro, Debert, Bible Hill, and surrounding communities

Family Resource Program	Catchment Area
Memory Lane Family Place Association	Sackville (Lower, Middle, Upper), Lucasville, Bedford, Hammonds Plains, Beaver Bank, Waverly, Wellington, Fall River, Mount Uniacke
Mi'kmaw Native Friendship Society (Mi'kmaq Child Development Family Resource Centre)	Provincial in Scope
Mulgrave Park Caring and Learning Center	Mulgrave Park, North End Halifax
Musquodoboit Valley Family Resource Center	Musquodoboit Valley, Dutch Settlement, Meaghers Grant, Mooseland
Native Council of Nova Scotia (Child Health Initiative Program / E'pit Nuji Ilmuet (Prenatal) Program)	Provincial in Scope
New Ross Family Resource Centre (The)	New Ross, Chester, Chester Basin, Hubbards, Blanford, New Germany
North End Parent Centre Association	Russell Street to Gottingen Street, Agricola Street to Barrington Street, Uniacke Square
North Grove Society (The)	Dartmouth North, Dartmouth, Halifax Regional Municipality
Parents & Children Together Association (P.A.C.T.)	Cole Harbour, Lawrencetown, Woodlawn Drive, Dartmouth, Cherry Brook, East Preston, Eastern Passage, Halifax Regional Municipality
Parents Place – Yarmouth Family Resource Centre	Yarmouth, Carlton, Wedgeport, Acadia, Pubnico, Meteghan
South Shore Family Resource Association	Lunenburg, Queens, Shelburne, and Digby Counties

6.2: Primary and Secondary Office Locations

During the fiscal year reviewed (April 1, 2019 to March 31, 2020), the Sector had office locations in the following communities. (A map of these locations is available in Appendix G. Please note there are multiple offices in some cases, e.g., Halifax).

Amherst
Antigonish
Baddeck
Bedford
Bridgewater
Chéticamp
Cole Harbour
Dartmouth
Digby
East Preston
Elmsdale
Fairview

Guysborough
Halifax
Isle Madame
Inverness
Kentville
Lawrencetown
Liverpool
Lower Sackville
Middle Musquodoboit
New Glasgow
New Haven
New Ross

Pointe-de-l'Église
Port Hawkesbury
Porter's Lake
Shelburne
Sherbrooke
Sydney
Sydney Mines
Truro
Tusket
Windsor
Yarmouth

6.3: Additional Outreach Program Locations

In keeping with the Sector's commitment to providing services across a large geographic area, many FRPs extend their reach beyond their office locations. In 2019 – 2020, staff travelled to more than 127 communities to offer programs and services, in addition to those provided in the primary and secondary office locations. (A map of these locations is included in Appendix G). Services related to home visiting are offered in many additional communities. However, due to the small size of some such communities and the related risk of identifying individual families, a decision was made to not include home visiting program locations within this listing.

Advocate Harbour
Annapolis Royal
Arichat
Baddeck
Barrington
Barrington Passage
Bay St. Lawrence
Bear River
Beaver Bank
Bedford
Belle Cote
Bible Hill
Black Rock

Boularderie
Boylston
Bridgetown
Broad Cove
Brookdale
Caledonia
Canning
Canso
Cape North
Cape Sable Island
Chester
Chéticamp
Christmas Island

Church Point
Clark's Harbour
Coldbrook
Country Harbour
Dalem Lake
Dayspring
Debert
D'Escousse
Enfield
Freeport
Gardiner Mines
Glace Bay
Granville Ferry

Great Village
Greenfield
Gunning Cove
Halifax
Hammonds Plains
Havre Boucher
Hebbville
Hubbards
Ingonish
Ingonish Beach
Iona
Judique
Kingston
Lakevale
Liverpool
Lockeport
Louisbourg
Louisdale
Lower River Inhabitants
Lunenburg
Mabou
Mahone Bay
Margaree Centre
Margaree Forks
Marion Bridge
Maryvale
Meteghan
Middleton
Milford

Mill Cove
Millbrook
Milton
Miramichi, NB
Mulgrave
Neils Harbour
Newcombville
New Germany
New Waterford
Nine Mile River
North East Margaree
North Sydney
North Queens
Northport
Oakfield
Old Barns
Osborne
Oxford
Paqtnkek
Parrsboro
Petit de Grat
Petite Rivière
Pictou
Plympton Bay
Port Bickerton
Port Hood
Port Mouton
Port William
Potlotek

Prime Brook
Prospect Village
Pubnico
Reserve Mines
River Herbert
Sandy Cove
Seabrook
Springhill
St. Andrews
St. Joseph
St. Peters
Stewiacke
Sydney
Tatamagouche
Thorburn
Tiverton
Trenton
Truro
Truro Heights
Tusket
Vogler's Cove
Wentworth
Wentzell's Lake
West Northfield
Westmount
Westport
Westville
Weymouth
Whycocomagh
Wilmot
Wolfville

6.4: Types of Facilities Used within Local Communities

The demand for FRP services extends far beyond the communities in which there are full-time office locations. To meet this need, the Sector has developed relationships with many partners who are often willing to provide free/low-cost access to their spaces for program delivery. This willingness to share space recognizes the significant contributions FRPs bring to local communities. The most common physical locations for outreach programs include:

Building Type/Location Description	Percentage of FRPs Offering Programs
Family Resource Centres	96%[14]
Outdoors (Public Parks, Trails, Campgrounds, and/or Playgrounds)	80%
School Buildings	68%
Recreation Centres	60%
Participants' Homes	56%
Community Centres (Non-Recreational)	52%
Senior's Residences/Housing Units	52%
Religious Buildings	48%
Libraries	44%
Other Partner Agency Spaces	40%
Service Clubs	36%
Fire Halls	36%
Community Health Centres	28%
Indigenous Organization Locations	24%
Private Residences including Family Home Childcare Homes	24%
Other Locations: Farms, Grocery Stores, Prisons, Retail Spaces, Military Bases, and so forth	20%
Childcare Centres	16%
Universities, Community or Private Colleges	16%
Hospitals	16%
Vans	12%
Francophone Designated Locations	8%

Given the pandemic realities, the reach of FRP programs and services has been dramatically extended via virtual platforms such as Zoom, Microsoft Teams, and so forth. Several FRPs have reported that they now have a few participants from outside Nova Scotia and even Canada. There is a desire within some FRPs to have virtual opportunities remain a core component of their ongoing service delivery.

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[14] One FRP does not have a permanent physical office or program location, offering all their programs and services in space rented for each specific program or service.

6.5: Ownership of Office and Program Spaces

When looking at the primary office locations for FRPs in Nova Scotia, twenty-nine percent of FRPs own the space they use. Fifty-eight percent rent the space they use; 21% receive the spaces they use at no cost. Due to the number of spaces some programs have, some FRPs simultaneously own, rent and/or receive spaces at no charge. As a result, the figures shown below differ from those just mentioned.

- 28% of Family Resource Programs own the spaces they use;
- 56% rent the spaces they use; and
- 24% receive the spaces they use at no cost.

Several FRPs that do not own their primary space expressed interest in doing so in the future.

6.6: Accessibility of Offices and Programming Spaces

The Nova Scotia Government, through its commitment to Access by Design 2030, provides a roadmap for creating communities that are welcoming and supportive of all who want to participate, for creating places of employment where every Nova Scotian is provided equal opportunity to work and succeed, and for creating a province where prosperity and democracy thrive because of fair and equitable treatment. Fifty-eight percent of the Sector report their program and service delivery sites are not as accessible as they need to be. Work has begun to identify required changes that would improve accessibility. Focus areas identified include:

> *"30.4%, or almost one in three Nova Scotians, self-identifies as living with one or more disabilities, new data published by Statistics Canada show.*
>
> *No other province comes close to those numbers. Canada-wide the percentage is 22.3%, or more like one in five."*
>
> Stats Canada: One out of three Nova Scotians lives with disabilities, The Nova Scotia Advocate, December 18, 2018

- Bathrooms;
- Elevators installed to make areas accessible that now must be reached via stairs;
- Ground floor entrances and programming spaces;
- Larger spaces that will accommodate wheelchair turning radius;
- Lower-grade on driveways;
- On-site equipment for children with mobility challenges;
- Playgrounds;
- Ramps;
- Lighting and audio management;

- Toggle doorways; and
- Wider doorways.

While these potential changes address the physical accessibility of Sector places and spaces, it is recognized that accessibility has additional implications. More and more, FRPs must recognize accessibility issues related to the deaf and hard-of-hearing community, the visually impaired community, various examples of neurodiversity within the community, and so forth. It will take access to additional human and financial resources to create truly accessible programs and services for the fullness of the population.

6.7: Recognition as a Third Space

The Third Space concept is met with enthusiasm within the Sector. (See Appendix H for futher information). This concept is a socio-cultural term used to designate communal space that someone identifies with as distinct from home (First Space) or work (Second Space). The Third Space has been defined as areas where individuals can experience a transformative sense of self, identity, and relation to others. The Sector is, for many people, that "*one door,*" allowing for greater connections to needed programs and services. Many participants approach local FRPs to make necessary connections with other community resources. Sector staff are well-positioned to help better align participants (both child and adult) with services that will best meet their needs.

> *"The Family Resource Centre is my lifeline. They are the only people I have to reach out to when we are in trouble. I can't image what our life would be like without them."*
>
> Long term FRP participant

Section 7: Governance and Management Structures

7.1: Organizational Description

Family Resource-type work has been active in Nova Scotia for a very long time. One of the FRPs can trace its history back to 1887. Fifty-six percent of the FRPs opened their doors in the early 1990s, while others began working outside this timeframe.

Family Resource Programs and services in Nova Scotia are predominantly delivered by separate not-for-profit organizations (88%) governed by volunteer boards of directors. The remaining 12% of organizations are set up as subsidiaries of previously existing entities. Ninety-two percent of the organizations within the Sector are registered charities.

7.2: Planning

Sixty-four percent of FRPs report having a multi-year strategic plan. Interestingly, only 40% of FRPs report having an organization-wide business or work plan. This seems to be driven by the application and reporting requirements of various funders. Most (84%) of the FRPs prepare annual work plans to guide their work, but each plan focuses on a single funder's requirements. This means that some FRPs have multiple stand-alone yearly work plans. This takes considerable work, and since they are not integrated, it may result in missed opportunities for synergies. Ninety-six percent of FRPs report having an annual budget process. The remaining FRP noted that the budget is developed and managed by their host organization. All but one of the FRPs operate using a March 31st fiscal year-end.

> *"Strategic planning in early childhood education will help you to develop and enrich the best opportunities for children."*
>
> Michael Hilkemeijer
> www.ictesolutions.com.au/blog/why-is-planning-important-in-early-childhood-education/,
> accessed August 20, 2021

7.3: Hours of Operation

All FRP reports being open for operations on weekdays during regular office hours (within the range of 8:00 am to 5:00 pm). In addition to these traditional hours, 64% of the FRPs report having ongoing programming hours after 5:00 pm. All FRPs offered special occasion events or short-term programs on Saturdays at some point during April 1, 2019 to March 31, 2020, fiscal year. Eight percent of the FRPs offer regular Saturday programming. Seventy-two percent of the FRPs offered special occasion or short-term programming on Sundays at some point during the fiscal year reviewed.

7.4: Occupational Health and Safety Focus

Health and safety were identified as being of paramount concern by those who work within the Sector. Fire inspections are conducted at 96% of the Sector locations[15]. Ninety-two percent of FRPs have written Health and Safety policies, with 56% having full Occupational Health and Safety programs. Sixty-four percent of the Sector have written policies that support anti-racism, a key part of health and safety for participants and employees. Twenty-eight percent of the FRPs have active Joint Occupational Health and Safety Committees. Twenty-two percent of FRPs conduct Joint Occupational Health and Safety site inspections as part of their regular annual risk assessment work. Twenty-eight percent FRPs complete a separate yearly risk review process, with 72% addressing risks as they emerge throughout the year.

7.5: Human Resources – Policies and Practices

The Sector employs 346 individuals; 179 are classified as being full-time employees, with another 167 individuals employed part-time. This equates to the Sector having 251.4 full-time equivalent (FTE) positions.

Fifty-two percent of the organizations have a formal policy to promote hiring people from historically under-represented populations; 64% report having an employee base that includes people from diverse populations. The workforce predominantly identifies as female, with only 4% of those employed identifying as male.

Creating high-quality employment opportunities is important to the Sector. The vast majority of the Sector report having employee management tools in place such as:

- Defined hiring practices;
- Written job descriptions;
- Staff policy and procedures manuals; and
- Regular performance reviews.

A number of the organizations reported a need to refresh their organizational policies and procedures. Some also reported challenges related to conducting timely performance reviews.

Eighty-four percent of the Sector report that their full-time employees have access to health benefits. The following list outlines the health benefits provided[16]:

- Paid Sick Leave (95%);
- Life Insurance (90%);
- Prescription and Primary Medical Coverage (90%);
- Dental Benefits (86%);
- Employee Assistance Programs (81%);

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[15] Twenty-three of twenty-five FRP sites reporting
[16] Twenty-one of twenty-five sites reporting

- Long Term Disability Plans (52%);
- Workers' Compensation Coverage (48%);
- Virtual Health Care (38%);
- Fitness or Other Community Health Supports (10%); and
- Short Term Disability Plans - Other (10%).

Full-Time Employee Health Benefits

Category	Percent
Paid Sick Leave	95%
Life Insurance	90%
Prescription and…	90%
Dental Benefits	86%
Employee…	81%
Long Term…	52%
Workers'…	48%
Virtual Health Care	38%
Fitness or Other…	10%
Short Term…	10%
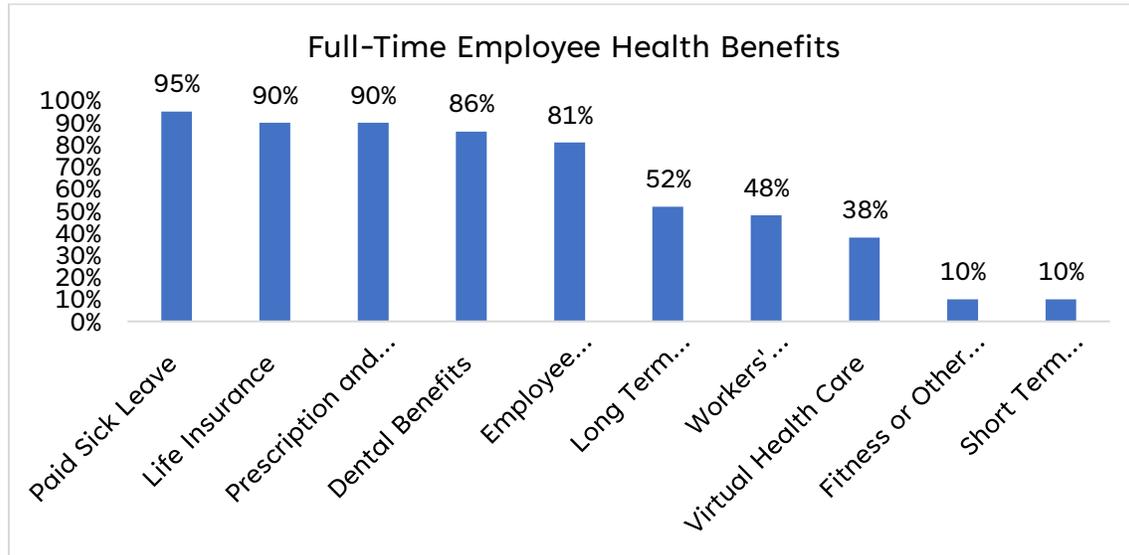
As the Family Resource Program Sector matured, leadership recognized the longer-term needs of its employees. Forty-four percent of FRPs have some form of pension or retirement benefits in place for their full-time employees. Most (90%) of these benefits are in the form of matching Registered Retirement Savings Plan contributions. Ten percent of the Sector have access to Defined Contribution Pension Plans. These pension plans are sponsored through their larger parent organization.

Twenty-four percent of the FRPs engage (in some manner) a dedicated human resource support person. This engagement is either through paid employment or volunteer work. In the remaining 76% of FRPs, the Executive Directors take on this responsibility.

The Sector is challenged to effectively manage increasing front-line resources given the complexities of employment and the significant obligations of employers. There are very few funding opportunities that include the expansion of FRP administrative staffing resources. With little appetite from funding bodies for administrative or managerial resource additions, one is left to wonder who will manage the work should an unexpected absence arise. This lack of administrative or managerial resources also creates challenges in supervising and supporting staff.

Sixty-eight percent of FRPs report having a succession plan related to their executive staff person's short or long-term absence.

All FRPs in Nova Scotia struggle in some ways or at some times with staff recruitment and retention. While the Sector has many dedicated long-term staff, challenges exist to keep employees when they can leverage their skills and experience to obtain positions with higher rates of pay and more benefits. Ironically, it is often through their employment within the Sector that staff increase their marketability. The professional development that is provided within FRPs is very comprehensive.

> *"So, good management means employees are more engaged, more committed and more productive. For organisations, this means higher employee retention, reduced absenteeism and improvements in service quality, customer satisfaction and overall performance."*
>
> www.hrmagazine.co.uk/content/features/business-success-depends-on-good-managers

7.6: Volunteer Engagement

Volunteer engagement was identified as an essential part of the work within the Sector. From April 1, 2019 to March 31, 2020, organizations reported having 208 volunteers engaged in leadership positions – specifically, as members of their boards of directors.

One hundred percent of Family Resource Programs recruit board members with various skill sets and experiences. The commitment to robust, diverse, and engaged boards of directors within the Sector is encouraging. The Sector looks to its participant-base and community leaders from outside the organization when recruiting new board members. These approaches help ensure boards can contribute to the organization's effectiveness, credibility, and viability.

The training offered to board members includes general governance and association management as well as training on specific topics of local relevance.

In addition to board volunteers, an additional 693 volunteers were engaged in meaningful ways within the Sector during the same period. Added to this figure are different friends, families, and participants of the FRP community who also volunteered during special events.

Seventy-two percent of FRPs report having formal volunteer management programs, including defined recruitment processes, volunteer policies/programs, review processes, harassment policies, and so forth. There are succession plans for crucial board of director positions, such as board chairs or treasurers, within 44% of the FRP organizations.

7.7: How Funds Are Generated

The Family Resource Sector in Nova Scotia invests more than $13,500,000[17] each year into local communities. The majority of these funds, 88.3%, come from public sources. Most commonly, the funds come from the Federal and Provincial Governments.

Most programs and services are offered at no cost to participants. This means there are no significant program and service delivery revenues. Because of this, the Sector is highly dependent on Government funding for its continued operation.

Several Family Resource Programs receive funding or support from municipalities.

Family Resource Programs are highly dedicated to the families in their community and are always looking for additional resources to extend their reach. While the Sector generates an extra 7.4% of its revenue through fundraising, this is not evenly distributed across all FRPs. Some FRPs have developed extensive fundraising arms, while other FRPs do not have the resources to launch these campaigns. In some cases, FRPs have found that the investment in fundraising costs more than the resulting funds that can be generated.

The FRPs in Nova Scotia generate in-kind contributions from community members and agencies in their community. For many FRPs, their ability to generate this type of support far outweighs the value of what they could develop through more traditional fundraising efforts.

The ability of the Sector to generate in-kind supports is far superior to many other sectors. It is a tribute to the innovation, dedication, and tenacity of FRP senior staff and volunteers.

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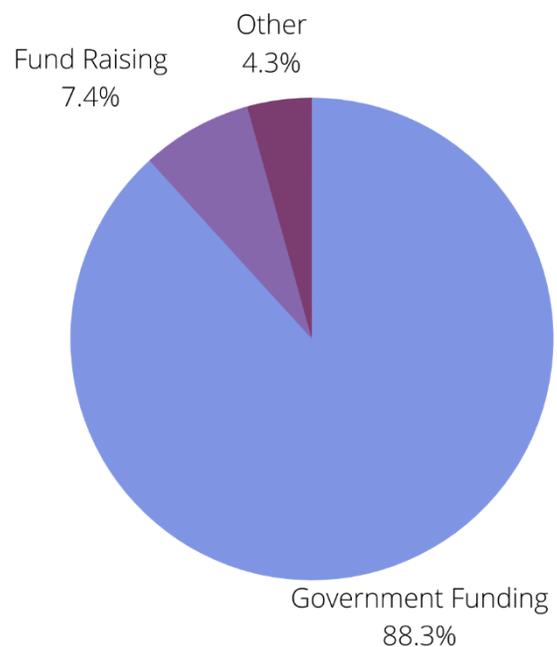
[17] Twenty-one out of twenty-five FRP sites reporting

7.8: How Funds Are Used
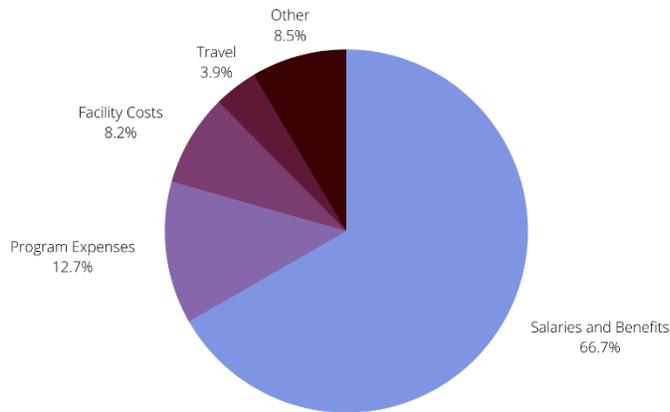
The Family Resource Sector is built on human connections and trust. Because of this, and not surprisingly, two-thirds of the financial resources of FRPs in Nova Scotia (just over 9 million dollars) are directed to salaries and benefits. This translates into 346 people being employed by the Family Resource Sector.

The next most significant Sector expenses are program supplies, at 12.7%, and facility costs at 8.2%. Family Resource Programs in Nova Scotia have made a significant commitment to outreach, bringing programs and services into local communities. The Sector directly invests approximately $500,000 in travel costs alone. These funds support participant as well as staff travel costs.

As noted previously, the FRPs have demonstrated an extraordinary ability to generate in-kind support for the programs and services they offer. While these contributions do not appear in the revenue lines of any FRPs, the contributions are reflected in reduced overall expenses. Donations reduce program costs and allow funds to be directed to other areas, such as enabling a program or service to reach more people or support people with additional needs. Some FRPs have successfully negotiated the donation of office and/or program space, reducing facility costs, which again frees financial resources to be directed to other areas.

In reviewing the audited statements of many FRPs in Nova Scotia and after speaking at length with their staff, it became obvious the Sector is economical and an excellent steward of its collective resources.

7.9 Performance Measures

When members of the Sector were asked about organizational performance management, they cited several tools. Almost all funders require annual reports that measure progress made towards outcomes defined within various funding agreements. There are also tools such as the Children's Programs Performance Measurement Tool (CPPMT) or the Child, Youth, Family FRP Year-End Report (CYFS). When asked about other regular and ongoing measures used to gauge success, the following responses were shared by the Sector:

Evaluative Measure	Frequency of Use within the Sector[18]
Participant Numbers	96%
Unsolicited Feedback – From Participants, Staff, Partners, Community	92%
Qualitative Measures such as Surveys or Comment Cards	83%
Focus Groups or Similar In-Person Sessions	71%
Staff Surveys or Consultations	67%
Financial Performance	63%
Accident/Incident Reports – Staff, Participants	58%
Comparative Progress Year over Year	46%
Quantitative Measures such as Net Promoter Scores or Agree/Disagree Scales	38%
Performance Measured Against Pre-Set Standards or Criteria	38%
Child Skill Assessment Tools	33%
Other: such as Partner Organization Feedback	12%

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[18] Twenty-four of twenty-five FRP sites reporting

Section 8: Contributions of the Sector

8.1: Engaging with the Early Development Instrument (EDI)

Family Resource Programs in Nova Scotia all report delivering programs and services contributing to healthy child development in the early years. Family Resource Programs cited multiple examples of programs that positively contribute to the five major developmental domains (physical health and well-being, social competence, emotional maturity, language and cognitive development, communication skills and general knowledge) identified and tracked through the EDI. In addition, 21% of the Sector report[19] using observational skills to measure children's ability to meet age-appropriate developmental milestones; 17% use parental reports as a source for this information.

> *"The early years, from before birth to age 6, are crucial for a child's healthy development. Our children deserve the best possible start in life to help them develop to their full potential."*
> https://www.ednet.ns.ca/earlyyears/, accessed August 10, 2021

> *"By the time children arrive for the first day of school, their path for learning is clearly laid out. Think about that. By the age of five, we can predict which little ones are likely to face challenges in their school lives."*
>
> McCain, M.N., Mustard, J.F., & McCuaig, K. (2011). Early Years Study 3: Making Decisions, Taking Action. Toronto: Margaret & Wallace McCain Family Foundation

Sixty-four percent of the Sector does not receive regular updates on the EDI scores related to the communities they serve. Twenty-four percent report receiving EDI updates from school-based sources, while four percent report receiving this information directly from parents. Eight percent of the FRP organizations receive EDI updates from other sources such as the Department of Education and Early Childhood Development.

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[19] Twenty-four of twenty-five FRP sites reporting

Early Development Instrument Developmental Domain	Examples of Family Resource Programs Offered to Support Development
Physical Health and Well Being	Tumblebugs; Outdoor Fun; Jump, Jiggle and Jive; Gardening Programs; Learn to Camp; Sensory Programs; Alphabet Soup
Social Competence	Play Group; Baby Talk; Parent-Child Mother Goose Programs; Wee Ones Programs; Family Playgroup; Roots of Empathy
Emotional Maturity	Roots of Empathy; Handle with Care; Parent-Child Mother Goose Programs; Kids Club
Language and Cognitive Development	Read with Me; Rhyme Time; Lire Avec Moi; Words in the Woods; Little Learners Programs; Kindergarten Kids; Traditional Mi'kmaq Drumming
Communication Skills and General Knowledge	Story Sacks; Kids in the Kitchen; Little Science Programs, Sunshine Gang; Circle of Friends

"Increasing numbers of vulnerabilities across the five EDI domains predict both an increasing probability of failure to achieve basic competencies by Grade 4 and an increasing rate of non-participation in the assessment process.

These results indicate that kindergarten EDI scores have predictive validity for the attainment of basic school competencies in a dose-response gradient manner."

The Early Development Instrument: A Population Measure for Communities: A handbook on development, properties, and use, Magdalena Janus...(et al)

Programs and services offered by FRPs significantly impact early childhood development in Nova Scotia. There is a growing understanding within the Sector that using EDI results (by Family-of-School groupings) can make programs more responsive to the local developmental needs of children. This strategically positions the Sector as a critical influencer for children's ongoing health and well-being.

FRPs provide a unique opportunity in the community where both adults (parents, grandparents, extended family members, caregivers, and others) and children participate together in the majority of the early years programming components.

Family Resource Programs are very well-positioned to make positive improvements to early childhood development. Progress in this area can be tracked over time through the continued use of the EDI.

The Sector has the flexibility to adjust its program and service delivery menus to respond to identified gaps in child development, thereby leading to improvements. The Sector has the full engagement of many parents and caregivers (14,041 within April 1, 2019 to March 31, 2020, fiscal year). Parents are the first and the most influential teachers of their children. With this in mind, opportunities within the Sector to positively impact healthy child development are abundantly clear. Optimization of these opportunities is imperative.

> *"… without widespread coordination between the various government departments, health and education professionals, and service providers that form our early years system, we run the risk that children, specifically those with more complex situations, will fall between the cracks."*
>
> Building Connections: An Early Years Framework for Nova Scotia. Department of Education and Early Childhood Development. April 2018

The Sector identified that cultural considerations need to be better understood when interpreting local EDI results. Cultural differences are not adequately recognized. For example, the Indigenous culture is not viewed to be reflected or recognized within the EDI tool. Essential aspects of early childhood development such as spirituality and beliefs are not addressed or allowed to shine forth. The wording of the EDI tool does not reflect the language and traditions of various cultures, and therefore reports on its results may be less impactful.

More oral listening and oral teachings are viewed as ways to improve current practices. Everyone must take responsibility for their cultural learning. For too long, society has depended on members of various cultures to educate others. Understanding culture is everyone's work and everyone's responsibility.

> *"My experience at Family Resource was so impactful on my life. I brought my kids here and am now bringing my grandchildren. It changed the path of my life and I want that for everyone in my family."*
>
> Grandparent - FRP Participant

Family Resource Programs have been active long enough in their local communities to witness the return of child participants as adults. Some are returning as parents to have their children benefit from the positive experiences they recall. Others may be returning because the cycle of stressful living continues.

Another measure of success within the Sector is how the work builds resources, knowledge, and skills within communities. There are many examples of positive changes to health behaviours due to participation in programs and services. The Sector has worked hard to increase protective factors and reduce risk factors within the intended population. Families self-report to

FRPs that they are building positive connections as a result of their involvement. Family functioning is improving as a result.

Examples of the positive changes reported include:

- Better nutrition;
- Decreased social isolation;
- Higher birth weights;
- Improved cultural awareness and pride in their heritage;
- Increased physical activity within the family;
- Increased rates of breastfeeding; and
- Reduction of childhood injuries in and around the home.

8.2: Sector Impacts Evident at Multiple Levels

The Sector has learned the impact of their work occurs at several different levels. While programs and services make a difference in the individual lives of participants, the Sector's presence also has a positive impact at the community level. Partners are recognized for their significant contribution to the Sector. At the same time, it is recognized that the Sector offers lots to improve results within partnering agencies, boards, organizations, and government departments. Partners have repeatedly acknowledged that FRPs have built relationships with families, which opens the path for those same partners to reach this oftentimes harder-to-reach population.

Family Resource Programs are recognized and utilized by partners and government for their expertise in working with the hardest-to-reach members of local communities. Sector staff regularly participate in community and government-sponsored committees and task forces. Family Resource Programs have an impact at the systemic level as well. By being actively engaged, FRPs have supported positive system-level changes. The voices of families for whom the system was built are starting to be heard more comprehensively. More responsive systems emerge as a result of these collaborative efforts. Beyond their core work, FRPs have contributed to community conversations around issues such as homelessness, fetal alcohol syndrome, regulated childcare, and food security, to name a few.

Level of Impact	Examples of Impact
Individual Participant Level	- Creation of social support networks where none had existed before; - Decreased social isolation; - Earlier detection when children are not meeting expected developmental milestones; - Families report happier, healthier children; - Healthier pregnancies and birth outcomes;

Level of Impact	Examples of Impact
Individual Participant Level (Cont'd)	• Improved mental health and well-being for children and adults; • Improved parenting knowledge and skills; • Increased ability to meet basic needs; • Increased accessibility to community resources; • Increased knowledge regarding child development; • More efficient referrals to other services children require to support their growth and development; • Reduction of social and geographic isolation; and • Touchpoint in the community – a place to identify needs and get support, resources, referrals.
Project/Organization Level	• Boards of directors gain experience and knowledge related to the intended population; • Community volunteers engage and contribute; • Policies and Procedures developed to guide the work; and • Professional Development opportunities build knowledge and skills within staff teams.
Community Level	• Access for other organizations who offer additional services to the intended populations; • Contributions to community networking tables and promoting collaboration; • Increased ability to positively impact early childhood development; • Increased access to family-friendly spaces within communities; • More preventative opportunities to support healthy development; • Opportunites to address developmental areas that require more attention (using EDI and other local research results); and • Reduced need for more intensive interventions.
System Level	• Addresses discrimination and racism by speaking to the barriers and biases existing within formal systems; • Bear witness to lived experiences from the perspective of the intended population; • Brings voices of families to policy and planning tables; • Builds a continuum of support for families involved with the Child Protection System; • Influencing public policy development; • Presents not only the struggles but also the strengths of participating families; • Promotes positive change within the system;

Level of Impact	Examples of Impact
	• Provides a conduit to channel essential resources to the intended population; and • Provides a mechanism connecting the intended population to public health messages during states of emergency.

Section 9: Reflections on the COVID-19 Pandemic Experience

As the fiscal year under review ended, the COVID-19 pandemic was beginning to unfold. While not included in the original scope of this work, it was imperative to the Sector that some early learning concerning the pandemic experience be captured. Bearing this in mind, the interview guide used within this work was augmented to include some questions regarding the COVID-19 experience. As the pandemic has not yet been fully resolved, other impacts will emerge past the publishing of this report, and additional research into this area is recommended.

9.1: The Impact of COVID-19

When asked who in their community was most affected by the pandemic, a variety of responses emerged. The Sector identified several groups, including:

- Children experiencing loss of regular regulated childcare, preschool, pre-primary, and/or school attendance;
- Children experiencing loss of social contact with family and peers;
- Families less experienced at coping with adverse life circumstances;
- Families living in poverty;
- Families requiring childcare or using unregulated childcare arrangements;
- Family members with mental health issues and/or cognitive challenges;
- Individuals already experiencing high-stress levels pre-pandemic;
- Infants, given their limited exposure to extended family members;
- Lone parent families;
- Persons with disabilities, disorders, and/or health impairments;
- Persons without reliable internet connections;
- Prenatal and postnatal participants;
- Rural and remote community members;

- Small business owners/operators; and
- Socially disconnected individuals and families.

The Family Resource Program Sector quickly pivoted and re-imagined its delivery of programs, services, and supports in the new pandemic world. The relative speed with which this change was made was testimony to the Sector's flexibility in responding to changing conditions. With close contacts within both the Public Health Agency of Canada and Provincial Public Health Services, the positioning of the Sector offered families key advantages and timely access to necessary COVID information and support.

> *"We were open normally, closed the next day, and the following week we had new programs up and running. If I hadn't seen and done it, I wouldn't have believed it."*
>
> FRP Executive Director

> *While only 30% of FRCs reported having a community disaster response plan when the Pandemic started, 83% have already starting to build new response plans for future situations.*
>
> NSAFRP Sector Profile Research

In the earliest days of the pandemic, the Sector recalls being heavily impacted. Adjusting to the provision of virtual service delivery, work-from-home situations, and new reporting tools and data collection processes presented challenges. Understanding how various aspects of the Provincial *Health Protection Act* impacted the work proved difficult. While some in the Sector were busy updating their pre-existing pandemic policies, others were challenged with creating such documents. Developing and sharing COVID-19 guidelines specific to the Sector took a significant amount of time and expertise. With the support of the NSAFRP, these materials were shared across the Sector, as appropriate. Ensuring those working from home had access to the appropriate technology was also critical to local operations.

When explicitly asked to describe the impact of the pandemic on employees, the Sector reported:

- Childcare concerns related to their own families was a source of stress;
- Concerns about job loss or potential layoff increased as time went on;
- Dropping items off (using contactless methods) allowed employees to see where children and their families lived. This further deepened their understanding of life circumstances of participants;
- Enjoying the change of venue, the chance to work from home, and the opportunity to do new and different tasks;
- Experiencing vicarious trauma as they worked to reduce participant stress and anxieties;
- Feeling it was more challenging to have a healthy work-life balance when suddenly work was happening in the home environment;
- General anxiety rose over time as the reality of the pandemic set in;

- Issues related to partner's loss of employment or changing work requirements/locations grew over time;
- It was challenging to find community partners that were still willing to allow their spaces to be used – even as the COVID-19 rules began to relax:
- Participants were very hesitant to re-engage in any form of in-person programming – primarily indoor program experiences. This caused staff stress;
- The added role of being their children's teacher along with sorting out how to work from home was challenging to manage;
- The burden of cleaning and sanitizing sites was significantly increased; and
- The opportunity to connect with group members individually, either over the phone or through another virtual platform, increased their understanding of individual family situations.

9.2: Adapting to the COVID-19 Pandemic

The Nova Scotia Association of Family Resource Programs offered valuable support and resources to local families as the pandemic experience unfolded. Documents were shared including: home-based work plans, Occupational Health and Safety Guidelines, various other health-related policies and practices, as well as COVID-19 Return to Fuller Operations Plans. The NSAFRP also acted as a vehicle through which the Sector could pose questions, host workshops related to the pandemic, and engage in joint solution-focused work. The Sector's strong relationship with the Public Health Agency of Canada, the Provincial Department of Education and Early Childhood Development, Dr. Strang's (Nova Scotia's Chief Medical Officer of Health) office, and other critical sources of information were key and central to the success of the Sector's response.

Continuing to do Family Resource Program work required rapid and continued adaptations such as:
- Adapting physical program spaces and resources to comply with ever-changing Public Health guidelines;
- Being patient with rules and procedures which were constantly changing and in flux;
- Changing modes of program and service delivery;
- Communicating effectively while at a distance;
- Embracing new-to-me virtual platforms;
- Ensuring there were complete backup plans for essential aspects of operations – for example, payroll, leadership succession should the individuals become unavailable;
- Getting comfortable with being on camera and in some instances recorded;
- Hosting frequent and more prolonged meetings with Occupational Health and Safety Committees;
- Introducing appropriate screening tools and modifying them as required;
- Learning the COVID-19 guidelines and effectively communicating them to adults and children with differing abilities, understandings, and comfort levels;

- Meeting the most basic and practical needs of families – food, clothing, school supplies – in a physically distant, contactless way;
- Preparing and delivering activity kits to help parents who were struggling with children's behaviours;
- Shifting group program sessions into individually delivered experiences;
- Staying connected with families with reduced access - no internet, no paid minutes on phones, transient living conditions;
- Taking on additional work to support meeting the increasing basic needs of the intended population (no contact delivery of food, clothing, school supplies, activity kits, telephone check-ins);
- Transitioning out of office then back into office multiple times; and
- Utilizing professional development to build additional resiliency skills in the staff, avoid vicarious trauma, or be able to recognize and mitigate its associated risks.

Seventy-nine percent of the Sector[20] experienced increased demand for services during the pandemic period (March 2020 to present), while 17% reported no overall change in demand. No FRPs reported a decrease in demand for services. All FRPs noted changes to the requests for programs and services coming from their participants. Many emerging requests revolved around food and food access. Parental and Caregiver Support to manage children's transition to a learning-from-home environment was also in high demand. Parents were often challenged to simultaneously adjust to using their homes as a workplace for themselves and school spaces for their children.

> *79% of Family Resource Programs noted an increase in the demand for services during the pandemic. These increased demands included food security issues, essentials such as cleaning supplies or diapers, system navigation, parenting skills, connections to other resources, and community and activities ideas and resources for children.*
>
> NSAFRP Sector Profile Research

Parents noticed the impact reduced socialization had on their children. Other notable impacts included:

- Families lacking internet services or with no reliable access to high-speed internet could not easily connect their children to online schooling resources, nor could they independently keep themselves informed regarding ongoing changes related to the pandemic;
- Inappropriate child behaviours began to increase. There was increased demand for materials and ideas of ways to positively engage children;

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[20] Twenty-four out of twenty-five FRP sites reporting

- Items such as infant formula, diapers, milk, school supplies, art materials were in high demand;
- Support with CERB-related paperwork and adjusting to working from home was required;
- Perceived or actual lack of access to other needed services when many offices were closed was often the subject of participant stress;
- Many families did not have access to masks, hand sanitizer, and cleaning and disinfecting supplies;
- Participants were negatively affected by the loss of in-person emotional and social support networks. Adult participants noted a similar negative impact on their children;
- Needing to learn how to actively engage with online court appointments and lawyer's meetings caused lots of stress for families;

- Not having access to credit cards in a society concerned with accepting cash was an added worry for some families. Others had neither credit card access nor cash. E.g., FRPs reported accepting cash and in exchange using their own credit cards to purchase needed items, such as home heating fuel;
- Participants with children had difficulty following the requirements of only one family member allowed into grocery stores as they could not leave their children alone at home. Parents worried about what the children would touch if they were to accompany them to the grocery stores. These same participants often felt judged when they had no choice but to bring their children along to shop for essential items; and
- The cancelation of visitation related to child protection cases and/or switching from in-person to virtual visits caused much heartache.

> *"It was very difficult to engage with your infant virtually."*
>
> FRP Family reflecting on changes to child access protocols

9.3: Ongoing Impacts of COVID-19

It quickly became evident that some of these challenges and changing needs would continue to exist even after the pandemic. Seventy percent of the Sector[21] believe they will continue to experience increased infant, child, and adult mental health needs. The impact of the pandemic restrictions on the mental well-being of families was reported as very significant. Many children born early in the pandemic do not know how to interact with their peers as they have had very limited, if any, experiences with peer group interactions. Language development in children is expected to be negatively affected by the inability of children to see the full faces/lip movements

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[21] Twenty-three of twenty-five FRP sites reporting

of those with whom they communicate. It is expected that this will delay their language development.

Fifty-two percent of the FRPs believe they will see increased stress levels within their participants; 35% feel participants will experience long-term financial strains. Housing is of particular concern. For example, rents have increased, and housing has become even more precarious. With many families "*from away*" viewing Nova Scotia as a safe haven, homes that were available for rent are now sold, for sale, or being used by the owners themselves.

Thirty-five percent of FRPs expect to be dealing with ongoing issues related to food security. Twenty-two percent of FRPs expect unemployment to create ongoing issues long after the pandemic has resolved, while 18% of the Sector expect to be dealing with increased social problems well into the future.

9.4: Post-Pandemic

While 30% of the Sector[22] report having had some form of community emergency response plan going into the pandemic, there remain many ways to be better prepared. Learning from the COVID-19 pandemic experience, the Sector identified how they could improve preparations for the next time. To this end, the Sector report they are:

- Keeping notes (96%);
- Making a new plan (83%);
- Planning to communicate faster (35%);
- Improving how they communicate (30%); and
- Asking more questions (17%).

The Sector wants to connect as a large group, when restrictions allow, to fully benefit from debriefing and collaborative planning related to future emergency situations.

As the pandemic experience unfolded, both the community and the Government recognized the Sector as being adaptable and innovative. The ability of the FRPs to work collaboratively, reach the intended population, and recognize and respond to emerging needs during this health emergency was heralded by many who, perhaps in previous periods, were less aware and appreciative of these Sector-wide attributes.

Within the Sector, it was also recognized that decisions to have community and government staff work from home (as opposed to working from traditional office locations) must be made in keeping with the best interest of those to be served. Many conversations in the community centered on how people prefer to work from home, how working from home can be productive, and how organizations and government departments save money related to overhead costs when staff work from home.

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[22] Twenty-three out of twenty-five FRP sites reporting

The conversation that is not yet evident addresses more directly the impact of people working from home on service delivery. How does working from home impact people who are trying to access much-needed programs and services? Participants reported to local FRPs feeling the absence of support from other agencies, boards, organizations, and government departments. Participants were often unaware of how to reach other agencies' home-based staff. Often, participants experienced a complete withdrawal of services - even in situations where FRP staff knew services continued to be available. Messages from other agencies, organizations, and government departments regarding alternate ways to connect often failed to reach the intended population.

Online systems are inaccessible for some members of the intended population due to the lack of high-speed internet in their community or a lack of personal infrastructure.

The assumption that "virtual" services and programs work for everyone or easily replace in-person interactions must be challenged. One is left to wonder if such an assumption is made with the service provider in mind (as opposed to those intended to receive the service). Families with young children were challenged with keeping their children entertained while trying to participate in virtual services. The additional screen time was not always healthy for children or adults. Full focus and participation were not always possible. The overall effectiveness and impact of that style of learning are yet to be determined.

Section 10: Looking to the Future

The Sector continues to be innovative, working with communities large and small. When asked to look into the future, the Sector saw itself needing to expand its programs and services to meet emerging needs and trends. Seventy-six percent of the FRPs[23] reported that they expect to grow in the coming three years. Those who did not see themselves growing attributed this to a lack of resources to expand programs and services.

Better outcomes for children, housing, youth-based resources, food security, diversity, progress from a cultural service delivery perspective, aging populations, upcoming public health issues, mental health needs, addiction challenges, environmental concerns, sustainable food work, and managing funder expectations are top of mind within many corners of the Sector. As pressures on Nova Scotian families are not likely to reduce in the near future, the Sector, and its funders, must decide what role FRPs should play in addressing these issues. There is no doubt the Sector could offer much in these discussions and initiatives if sufficient resources were available to support their involvement.

There is virtually no promotion or advertising done by the Family Resource Programs or the Sector. Advertising or promotion is less than 1% of the Sector's total expenditures. Based on the already existing waiting lists and a general lack of knowledge about the programs and services of family resource programs, there is a huge opportunity to impact many more families and children should the will exist to do so. At present, the Sector is hesitant to do more advertising due to capacity issues.

> *"We couldn't handle the wave of people who would show up if we actually advertised what we do and that it was free."*
>
> FRP Executive Director

There is a considerable role for the Nova Scotia Association of Family Resource Programs to play in taking on these challenges and providing for the ongoing growth and development of the Sector itself. As cited by over 80% of FRPs in Nova Scotia, the primary need is to have a collective voice to advocate for policy and practice changes, both within the Sector and the larger community. Family Resource Programs also identified education for staff and volunteers and general information sharing as two high priorities. Most FRPs recognized that the current level of information sharing has been essential to their success.

> *"When I'm stuck, my first call is to another Family Resource Program."*
>
> FRP Program Director

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[23] Twenty-four of twenty-five FRP sites reporting

Section 11: Considerations for the Advancement of the Sector

As the Sector, each FRP, funders, and stakeholders look to the future; there are numerous opportunities for advancing and strengthening the Sector. When examining the breadth of these opportunities, it is essential to remember the Sector and stakeholder leadership must choose where to focus on developing or improving. Everyone would be well-served to remember the proverb: If you chase two rabbits, you will not capture either one.

Priorities must be set based on the value of focusing on a particular area and the risks of not addressing other emerging priorities. In addition, consideration must be given to both the human and financial resources available to take meaningful action. All of this must be balanced against the impact on the core work of the FRPs, the strengthening of children and families within the intended population.

The opportunities listed below are not listed in any particular order of priority.

1. **The Nova Scotia Department of Education and Early Childhood Development and the Sector should consider the value of a closer partnership to improve children's health using the EDI research/scores.**

   The importance and impact of a child's first five years of life are well researched and documented. Family Resource Programs provide a unique opportunity to positively impact early childhood development and thereby create solid foundations upon which to build lifelong benefits. The Nova Scotia Department of Education and Early Childhood Development could consider systematic ways to share local EDI results with FRPs in every area of Nova Scotia. This may allow FRPs to better respond to developmental gaps at a very local level. Family Resource Programs are flexible and interested in structuring programs and services to enhance the capacities of children as they live, learn, and grow.

2. **Safe and welcoming spaces are essential to the work of FRPs. Family Resource Programs should consider further investments in making their spaces more inclusive.**

   a. Embrace the concept of FRPs as third spaces (Appendix H) in their communities.
   b. Look to the commitments of Access by Design 2030 and seek opportunities to make spaces, programs, and services more inclusive for persons with a disability(ies).
   c. Participate in community discussions to minimize the barriers transportation creates for families.
   d. Continually seek opportunities to help ensure the culture, staff, and atmosphere of each FRP reflect the diversity of its community.

3. **Poverty, food insecurity, housing, and mental health are critical issues facing the most under-represented individuals/groups in our communities. As FRPs have deep connections to these groups, they need to consider when, where, and how they can best contribute to the resolution of these issues.**

   In Maslow's 1943 paper "A Theory of Human Motivation," food and shelter are two of humans' most basic needs. These most basic needs must be satisfied if higher-level needs are to be even contemplated. Many families struggle daily to ensure they have a semi-safe place to live and some kind of food on the table. Family Resource Programs are deeply invested in food security, providing food as part of almost every program or service they offer. When opportunities present themselves, FRPs should consider participating in related community discussions. Family Resource Programs are experts on the needs of the intended population in their community. They have also developed significant expertise in service delivery to this population. Funders should consider ensuring that sufficient funding is available to FRPs to continue to expand on this important aspect of their work.

4. **Family Resource Programs that do not have a robust planning model should consider the value of an organization-wide integrated strategic plan, business plan, budget, and organizational performance management approach.**

   Organizations using these types of approaches perform better than those that do not have such tools. They are better able to adapt to change. They are more efficient and more effective. While it can be expensive to bring in consultants to help with this work, there are self-service models that FRPs could employ. There are also promising practices already in place in some FRPs that could be used as templates.

5. **Family Resource Programs that utilize an emergent approach to risk management should consider adopting a proactive model, including a yearly risk review and register. This could be built into the integrated planning model previously mentioned**.

   While every organization must respond to sudden risks that emerge, an organization that has planned ahead is usually more successful. The core of an emergent risk management process is waiting until the risks appear and then responding to them. By planning ahead, organizations can prevent some risks from ever occurring. Even if risks can't be prevented, steps can be taken to minimize impact and dramatically reduce response time and general stress. There are FRPs within the NSAFRP that have well-designed, pro-active risk management tools. Other FRPs wanting to make this work a priority could reach out to colleagues within the Association for support and guidance.

6. **Family Resource Programs should consider a review and update of their human resource (HR) management policies and practices.**

In every industry, there are challenges in recruiting and retaining talented employees. These challenges are expected to continue and even grow in the future. There are several opportunities FRPs could consider based on their needs, resources, and circumstances.

    a. Updating HR, recruitment, and succession policies.
- Many exceptional examples exist with the various members of the NSAFRP, and much of this work can be accomplished through a well-coordinated information-sharing effort.

    b. Focus human resource management development efforts around areas identified in this report, such as:
- Providing employees with a living wage and benefits;
- Increasing cultural awareness and intelligence; and
- Increasing gender diversity within the Sector.

    c. There may be human resource professionals available in the community. Family Resource Programs needing HR expertise could make the recruitment of such a person a priority for their board of directors. There are also students completing various HR certification programs required to complete a practicum component for their program.

7. **Family Resource Programs and funders should consider incorporating outcome and impact measures into planning and evaluation models.**

Family Resource Programs and funders often focus on output measures, such as program attendance, to determine success or return on investment. While perhaps an easier measure, quantitative items ought to be balanced with qualitative ones. A program or service is not truly successful if it doesn't have the desired outcome and impact. The quality of a child's life, family's life, or community must change to demonstrate positive benefit. The Sector must look to measure those changes to make good evidence-based decisions regarding their operations.

8 **The Sector and its funders need to address the challenges of shrinking financial resources, coupled with increased expectations. The current model may not be**

sustainable. There are needs in the community that remain unmet due to a lack of available resources.

While much of the FRP funding has remained static, its real value has dropped. A dollar in 1993 is now only worth $0.61[24]. It is unreasonable to expect FRPs to do more or even maintain current services without additional funding to address these losses.

There are waitlists for programs and services in 72% of the FRPs. There are also families in the community who simply can't get to an FRP program, and additional outreach must continue to be a priority. Some communities are still waiting for initial or expanded service delivery.

Transparent and direct discussions about funding and its implications would be valuable for service providers and funders, and most importantly, to support the needs of the intended population.

9. **Addressing the needs of the intended population is a complex issue. No one stakeholder working in this area can solve the problems on their own. Through its work, the Sector has identified many unmet needs of families in their community (Section 5.2), and the Sector, stakeholders, and funders need to determine how the community will respond to these needs.**

While FRPs alone can't address these issues independently, they can be part of the larger solution. Effective collaboration must continue and be strengthened at all levels. The various stakeholders focused on working with the intended population need to coordinate their efforts, know their specific role in addressing the issues, and be provided with the funding to make a meaningful impact. Collaboration at the most senior levels of government needs to support this work through its policy efforts.

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[24] Based on the Bank of Canada Inflation Calculator, https://www.bankofcanada.ca/rates/related/inflation-calculator/, accessed July 27, 2021.

10. **The Sector and funders should consider the value of consistent and automated data collection and reporting tools.**

The lack of shared definitions around key metrics means that the data collected is flawed. For example, providing ages of children that participate without coordinating the measurement date does not provide consistent or comparable data. Family counts across programs cannot be added together to get meaningful totals without using a common definition of "family." Also, most data collection employed within FRPs is a manual process. A shared software platform would allow for more consistent data collection, comparable results, and dramatically reduced reporting and data analysis time. If the Sector and its funders wish to be evidence-based in their decision-making, one must remember that the quality of its choices is only as good as the data it has upon which to make them.

11. **Family Resource Programs are looking to the NSAFRP to provide a collective voice for the Sector. The Board of the NSAFRP should consider developing a communication strategy for the Association.**

While the needs of each FRP are different based on size, the community in which they work, and the specific needs of the children and families around them, there are many shared concerns. Issues around funding, systems change, and overall policy development are common. Family Resource Programs know that a single collective voice is much more powerful and effective. For the majority of FRPs, this is the most valuable function the NSAFRP could provide.

Further to this, the Sector does not share a common brand, weakening its presence and messaging. The various Sector members do not use the same language to describe their work, and there are few shared positions or common messages. Addressing these issues will increase the presence of the Sector and the impact of its collective voice. Such activities could include an Association website, logo, shared branding, common messaging, and position statements. As examples, three infographics describing the Sector are included as Appendix I.

The strength of a Sector-wide communication strategy is based entirely on the support of the Sector's members to key messages and position statements. The development of such a communication strategy must address this.

12. **As FRPs played an essential part in addressing the needs of those most profoundly impacted by the COVID-19 pandemic, emergency planning agencies should harvest the lessons learned by FRPs throughout this process and involve them in future planning exercises.**

    For some families, FRPs were the main lifeline when the COVID-19 lockdown came into place. Thanks to ongoing Government support, FRPs continued to operate and service their current participants and the new ones that came seeking assistance. Family Resource Programs delivered learning and activity tools, food, cleaning supplies and provided necessary social connections and social support networks to some of the most in-need families in our province. More than a year later, this work continues. This connection to these families will be essential again in a similar community-wide emergency. We must learn from this expertise and ensure the lessons are harvested for future situations as a province. Family Resource Programs will again be a core component of effective community response when the next emergency arises.

13. **Family Resource Programs are only as strong as their leadership. Funders must recognize that FRPs must have access to necessary administrative personnel and supports. Expanding front-line services without allowing for the expansion of related supervisory and administrative functions is problematic. This lack of support for people to deliver the programs and for proper supervision risks poor return on their investment and places the unnecessary risk on participants, employees, managers, and the funder.**

    It is difficult to understand how funders who wish to see community outcomes change expect success when they only supply support for program supplies and spaces. Or, when they wish to expand frontline staff but do not provide funding that allows for hiring additional administrative/management staff. Adding, for example, 15% to a budget does not often allow FRPs to hire a new supervisor. While it is recognized that without frontline staff to deliver the programs, they can't happen, it is also true that without proper supervision and guidance, FRPs will run into difficulties. Supervision leads to better performance, increased efficiency, and improved safety for participants and staff. The employment of frontline staff working in this field is very complex. The financial resources must be made available to ensure appropriate leadership within the Sector.

There is considerable evidence of the impact the Family Resource Centres make in their community. It is inspiring to see and hear about the life-changing results of the programs and services offered by FRPs. It is also exciting to know there is more work that can be done. There are opportunities for a more significant and broader impact. Hopefully, these items offered for consideration will prompt discussions, leading to stronger and more resilient children and parents through an even more robust Family Resource Sector.
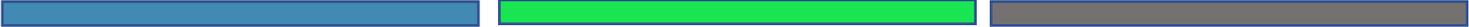
Appendix A: Nova Scotia Association of Family Resource Programs' Three Year Plan: 2020 – 2022 (Pillars)

Vision:

A strong and unified Family Resource Sector.

Mission:

The Association, as a united proactive and collaborative presence, connects allies and strengthens the FRP's in Nova Scotia, acting as a strong leader for children, families, and communities.

Guiding Principles:

- We value all aspects of diversity including diverse perspectives;
- We understand that rural, urban, and suburban differences must inform our work;
- We value equitable participation and inclusive practices;
- We operate in a respectful, ethical, and professional manner;
- We are open and accountable to our members;
- We value partnerships, both within and beyond our Association, to enhanced outcomes;
- We act as a collective rather than representing individual interests; and
- We foster continuous professional growth within the FRP Sector.

Key Focus Areas:

Focus Area # 1: Association Structure

Focus Area # 2: Advocacy and Engagement

Focus Area # 3: Professional Development

Focus Area # 4: Partnerships and Stakeholders

Focus Area # 5: Internal Connections

Focus Area # 6: Raising the Profile

Appendix B: Early Development Instrument (EDI)

The early childhood period is the most critical developmental phase of human beings.

Experiences in early childhood set the trajectory for learning, behaviour, health, & well-being. Intervening in early childhood has potential to impact developmental trajectories.

One way to support early childhood development is to understand children's developmental growth. We can **measure children's ability to meet age-appropriate developmental expectations** with the Early Development Instrument (EDI).

What is the EDI?

The EDI is a Canadian-made, internationally recognized research tool developed by the Offord Centre for Child Studies at McMaster University.

It is used to measure developmental health trends and changes in populations of five-year-old children.

The EDI questionnaire is completed by Primary teachers for the children in their class.

They are filled out in February-March of the implementation year, after teachers have had the chance to get to know their students. This ensures that teachers are able to answer the questions for each student knowledgeably.

The EDI includes 104 questions and measures five important areas or domains of early child development:

Domains of Early Child Development	Description
Physical Health & Well-being	child is physically independent, has gross & fine motor skills & good health.
Social Competence	child can play and work well with other children, willing to try new things.
Emotional Maturity	child can manage feelings, consider the feelings of others.
Language & Cognitive Development	child can listen to stories, interested in books, reading and numbers.
Communications Skills & General Knowledge	child understands communications, can tell a story, share experiences.

What does EDI tell us?

EDI shows patterns of child development – both across the Province and within local communities.

The domains are good predictors of youth and adult health, education, and social outcomes.

The EDI does not diagnose individual children nor evaluate a teacher's or school's performance. EDI is a starting point to inform how we introduce policies and programs to best support child development.

The EDI:

- Increases awareness of the importance of the early years;
- Identifies areas of strength and weakness in children's development;
- Provides evidence-based research to support community initiatives for healthy child development;
- Strengthens relationships between researchers and communities; and
- Provides communities with information to support future planning and service development.

What is vulnerability in the EDI?

Children scoring in lowest 10th percentile on an EDI domain are considered vulnerable.

- Vulnerable children are children who without additional support will likely experience future challenges in school and society.
- Vulnerability can't be attributed to a single cause.
- Healthy early development is complex, influenced by many factors and is a result of accumulative experiences in the early years.
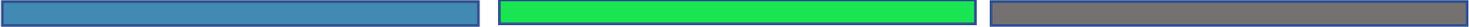
EDI in Nova Scotia

Nova Scotia has four cycles of EDI results, collected in 2013, 2015,2018 and 2020.

Lowest 10th percentile of children in the first Nova Scotia EDI in 2013 created vulnerability cut-offs. These vulnerability cut-offs were used to create the Nova Scotia Baseline to measure Nova Scotia children with Nova Scotia children over time, reflecting their reality.

At the national level, vulnerability as measured on the EDI is experienced by 28% of Canadian children ([reported by the Canadian Institute for Health Information based on the most recent data available from each of the Provinces and territories](link is external)).
In 2020, Nova Scotia experienced a meaningful decrease in vulnerability compared to 2018 (25.5% versus 28.8%). The rate of vulnerability in 2020 is consistent with results in 2015 and 2013.

https://www.ednet.ns.ca/EDI
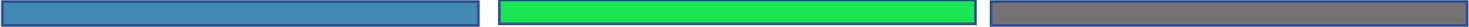
Appendix C: Guiding Principles of the Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP)

CAPC

The Community Action Program for Children (CAPC) was created in 1993 in response to Canada's agreement to invest in the well being of vulnerable children, made at the United Nations World Summit for Children in 1990.

CAPC sites partner with many other organizations in order to provide locations where families can connect with their local community and obtain information, referrals and access to public health and social services.

The program recognizes that communities are best equipped to identify and respond to the needs of their children. It also realizes the importance of working with community partners to build community capacity.

CAPC sites adapt their activities and supports to meet the needs of the participants they serve. Programming may include family resource centres, parenting classes and drop-in groups, parent/child groups, home visiting and more specialized programs, such as support for mothers dealing with substance abuse.

While every CAPC site is unique, they all share the Guiding Principles as their foundation:

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

https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/community-action-program-children-capc/about-capc.html

CPNP

The Canada Prenatal Nutrition Program (CPNP) was launched in 1995 by the Government of Canada.

CPNP helps support the needs of pregnant persons facing challenges that put their health and the health of their infants at risk. These challenges include poverty, teen pregnancy, social and geographic isolation, substance use and family violence. CPNP also increases the availability of culturally sensitive prenatal support for Aboriginal people and recent immigrants.

Guiding principles

While each CPNP project [organization] is unique, a set of six guiding principles help to unify the approach to program delivery:

- Mothers and babies first — the health and well-being of the mother and baby are most important in planning, developing, and carrying out the program.
- Equity and accessibility — the program must meet the social, cultural and language needs of the pregnant persons in the community and must be available in all parts of the country.
- Community-based — decision making and action in planning, designing, operating, and evaluating the program must be done as a community.
- Strengthening and supporting families — all parts of society share the responsibility for children by supporting parents and families.
- Partnerships — partnerships and cooperative activities at the community level are the key to developing an effective program.
- Flexibility — the program must be flexible to respond to the different needs in each community and to the changing needs and conditions of people in these communities.

https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/canada-prenatal-nutrition-program-cpnp/about-cpnp.html

Appendix D: Social Determinants of Health

Social and economic influences on health

Many factors have an influence on health. In addition to our individual genetics and lifestyle choices, where we are born, grow, live, work and age also have an important influence on our health.

Determinants of health are the broad range of personal, social, economic, and environmental factors that determine individual and population health. The main determinants of health include:

1. Income and social status
2. Employment and working conditions
3. Education and literacy
4. Childhood experiences
5. Physical environments
6. Social supports and coping skills
7. Healthy behaviours
8. Access to health services
9. Biology and genetic endowment
10. Gender
11. Culture
12. Race / Racism

Social determinants of health refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education, or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians.

https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html

Social Determinants of Health

https://www.cvchn.ca/determinants-of-health
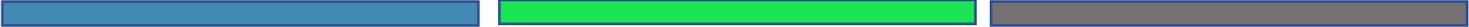
Appendix E - Guiding Principles of the Early Years Framework

High Quality: Policies, programs, and services must be true to internationally recognized standards for the health and development of children. Programs, services, and resources should be appropriate to the age and developmental competencies of the child and provided by trained individuals.

Comprehensive: Programs and services should be child and family-centered and address the needs of the whole child within the context of their families and communities. Effective programming recognizes that the child, parent, caregiver, and community all contribute to optimal child development. Family-centered is interpreted as a collaborative approach to service delivery and decision-making where each party respects the knowledge, skills, and experience that others bring to the table.

Integrated: Programs and services should be collaborative and delivered through an integrated approach, filling gaps to best meet the needs of children and their families and encompassing all aspects of the early years system, including health, education, and childcare. The provision of the same or similar services in an additional language or to reflect cultural factors should not be construed as duplication.

Accessible: To the greatest extent possible, programs and services must be accessible in a timely manner, recognizing that, at times, programs may require support to meet a wide variety of pressures. Programs and services are culturally safe and unbiased, reflecting a diverse range of social, cultural, economic, or geographic circumstances. Families should also be able to easily identify and access programs and services available to them, ideally through a single-entry point.

Inclusive and Respectful of Diversity: Every child should have opportunities to grow, learn, and develop a sense of belonging and safety within their families, communities, and society. The strengths and needs of children and families with diverse values, beliefs, abilities, and practices must be addressed, including tailoring the delivery of programs and services to meet social, cultural, jurisdictional, and linguistic considerations.

Community-based: Programs, services, and policy should be based on the strengths and needs of communities. This will require a continuous process of adapting, building upon and refining our ability to reach our communities. Programs, services, and policy will build upon existing strengths and partnerships, reflecting community leadership, knowledge, and life experiences. Accountable: Programs and services must be tied to the organization's vision, policy, and priorities. They also must be evaluated, based on standards, outcomes, or other measures, to ensure accountability for results.

Building Connections: An Early Years Framework for Nova Scotia.
Department of Education and Early Childhood Development. April 2018

Appendix F: Nova Scotia Association of Family Resource Programs Sector Profile Interview Guide

Nova Scotia Association of Family Resource Programs

Sector Profile Interview Guide

Based on 2019 (2019-2020) Fiscal Year

Section 1 - Identification

Program/Organization name: _____

Trade name (if different): _____

Primary office address: _____

Postal code: _____   County: _____

Phone number: _____   Web site: _____

Contact: _____   Position: _____

Direct phone number: _____ Email address: _____

Secondary Offices (please list addresses)

_____
_____
_____
_____
_____

Number of sites: _____ First year of operation: _____

Data collected by: _____   Date: _____
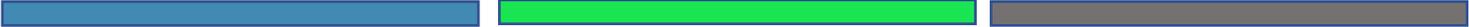
Section 2 – Association Governance and Management

1. What type of governance structure does your organization have? (check appropriate option)
   - ☐ Incorporated business
   - ☐ Unincorporated business
   - ☐ Not for profit society with a volunteer board of directors
   - ☐ A subsidiary of another Organization

2. Is your Organization a Registered Charity? ☐ Yes ☐ No

3. What are the regular and ongoing measures used to measure success? (check all that apply)
   - ☐ Financial performance
   - ☐ Performance measured against pre-set standards or criteria
   - ☐ Comparative performance to the previous year(s)
   - ☐ Participant numbers
   - ☐ Quantitative measures such as net promoter score or agree/disagree scale
   - ☐ Qualitative measures such as surveys or comment cards
   - ☐ Focus groups or similar in-person tools
   - ☐ Child skill assessment tools
   - ☐ Unsolicited feedback (participants, staff, partners, participants, community)
   - ☐ Staff surveys or consultations
   - ☐ Accident and incident reports:
       - ☐ Staff
       - ☐ Participant
       - ☐ Both
   - ☐ Other: _____

4. Does the organization have a multi-year strategic plan? ☐ Yes ☐ No

5. Is the organization required to have a workplan by funders? ☐ Yes ☐ No

6. Does the organization have a yearly business plan or workplan? ☐ Yes ☐ No

7. Does the organization have a yearly budget? ☐ Yes ☐ No

8. Do you have a published Safety Policy? ☐ Yes ☐ No

9. Do you have an Occupational Health and Safety Program? ☐ Yes ☐ No

10. As part of that program, do you have a Joint Occupational Health and Safety Committee that meets regularly? ☐ Yes ☐ No

11. What is your fiscal year-end?

   ☐ March 31
   ☐ December 31st
   ☐ Other: _____

Note: For all further questions that require numbers, counts, etc., please use your fiscal year-end as the count's date. For example, in a question that asks about how old participants are, it would be as of the date of your year-end, December 31, 2019, or March 31, 2020. A question that asks about the total number of participants in a year would be referring to your fiscal year.

Section 3 – Human Resources Information

12. Total number of employees: _____

13. Breakdown: FT: _____ PT: _____ (yearly employees - under 35 hrs./week)
    Seasonal (Sept – May): _____ Seasonal (June - August): _____ Casual: _____

14. FTE's _____(*)
    * FTE definition: total hours worked divided by average annual hours worked in full-time jobs. The assumption is full-time staff work 35 hours/week and therefore work 1,820 hours/year.

15. What is the identified gender split among your staff?

    Male _____ Female _____ Non-binary _____

16. Does your employee base include people from historically marginalized populations?
    ☐ Yes ☐ No

17. Do you have a formal policy to promote the hiring of people from historically marginalized populations? ☐ Yes ☐ No

18. Do employees have access to health benefits? ☐ Yes ☐ No

    (Please check below what is included in your health benefits)

    ☐ Employee assistance program (EAP or EFAP)
    ☐ Worker's compensation
    ☐ Paid sick days
    ☐ Drug and primary medical coverage
    ☐ Dental coverage
    ☐ Short term disability (EI)
    ☐ Short term disability (Other)
    ☐ Long term disability
    ☐ Virtual health care support for staff providing access to a primary care nurse practitioner or doctor: i.e., WELLO or similar service
    ☐ Fitness or other community health supports
    ☐ Life insurance

    Is participation in the plan mandatory for staff? ☐ Yes ☐ No

19. Do employees have some form of pension or retirement plan? ☐ Yes ☐ No

(Please check below what is included in your pension or retirement benefits)

☐ Matching RRSP contribution
☐ Defined benefit pension plan
☐ Defined contribution pension plan

Is participation in the plan mandatory for staff? ☐ Yes ☐ No

20. Do you have a dedicated HR support person? ☐ Yes ☐ No

21. Do you have a formal employee management program (*)? ☐ Yes ☐ No

(Please check below what is included in your program)

☐ Defined hiring practices
☐ Job descriptions
☐ Staff and policy manuals, including discipline policy
☐ Harassment policy
☐ Regular performance reviews
☐ A yearly staff development plan

22. Number of volunteers: Board: _____   Other: _____

23. Do you have a formal volunteer management program (*)? ☐ Yes ☐ No

   * Defined recruitment process, volunteer and policy manuals, a harassment policy & a review process

24. Do you have a policy to support anti-racism specifically? ☐ Yes ☐ No

25. Does the organization complete an annual risk assessment process? ☐ Yes ☐ No

26. Do you have a succession plan in case of the short-term or long-term absence of your Executive Director/General Manager/CEO?

Short term (loss of 4 – 8 weeks):   ☐ Yes ☐ No

Long term (loss of 9 weeks+, including resignation): ☐ Yes ☐ No
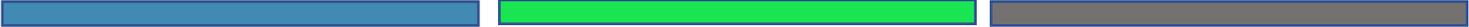
27. Do you have a succession plan for board executive members, such as Chair or Treasurer?

Short term (loss of 4 – 8 weeks): ☐ Yes ☐ No

Long term (loss of 9 weeks+, including resignation): ☐ Yes ☐ No

Section 4 – Financial

28. What are your funding sources? (Check all that apply)
- ☐ User fees
- ☐ Municipal funding
- ☐ Provincial Funding
    - ☐ Department of Community Services Funding
        - ☐ Family Resource Program Funding (Core funding)
        - ☐ Parenting Journey Funding
        - ☐ Other: _____
        - ☐ Other: _____
    - ☐ Department of Health Funding & Nova Scotia Health Authority
        - ☐ Enhanced Home Visiting Funding
        - ☐ Other: _____
        - ☐ Other: _____
    - ☐ Department of Education and Childhood Development funding
    - ☐ Department of Justice Funding
    - ☐ Department of Community, Culture and Heritage Funding
    - ☐ Other: _____
    - ☐ Other: _____
    - ☐ Other: _____
- ☐ Federal funding
    - ☐ CAPC (Community Action Program for Children)
    - ☐ CPNP (Canadian Prenatal Nutrition Program)
    - ☐ AHSUNC (Indigenous Head Start)
    - ☐ Other: _____
- ☐ Foundations or community Organizations
    - ☐ United Way
    - ☐ Community service clubs such as Kinsmen, Kiwanis, Lions, Rotary
    - ☐ Other: _____
- ☐ Organization-driven fund development
- ☐ Other: _____

29. Can you provide a 2019 (2019-2020) financial statement (such as an audited financial statement or unaudited financial statement submitted as part of the required annual Registry of Joint Stocks filing)?

◻ Yes ◻ No

If no, please complete the following; if yes, please proceed to section 5.

30. What are your total annual revenues? _____

Five biggest sources: _____ Amt/% _____

_____ Amt/% _____

_____ Amt/% _____

_____ Amt/% _____

_____ Amt/% _____

31. What are your total annual expenses? _____

Five biggest expenses: _____ Amt/% _____

_____ Amt/% _____

_____ Amt/% _____

_____ Amt/% _____

_____ Amt/% _____

Section 5 – Programs and Services Offered

32. What programs and services do you offer? (check all that apply)
    - ☐ CAPC (Community Action Program for Children)
    - ☐ CPNP (Canada Prenatal Nutrition Program)
    - ☐ AHSUNC (Indigenous Head Start in Urban and Northern Communities)
    - ☐ Parenting Journey Program
    - ☐ Enhanced Home Visiting Program
    - ☐ Daycare
        - ☐ Licensed childcare
            - ☐ Family home
            - ☐ Center-based
            - ☐ Full day
            - ☐ Part-day
        - ☐ Unlicensed childcare (e.g., provision of childcare when adults are in programs)
            - ☐ Regularly
            - ☐ For special events
    - ☐ Parental skill development programs with children involved
    - ☐ Parental skill development programs without children involved
    - ☐ Intergenerational programs
    - ☐ Specific programming and support exclusively for fathers
    - ☐ Programming to improve mental health
        - ☐ Adults
        - ☐ Children
    - ☐ Pre-natal care
        - ☐ Provided by your organization's staff or volunteers
        - ☐ Supported by a community partner (such as a staff resource)
        - ☐ Space provided for another Organization to deliver
    - ☐ Post-natal care
        - ☐ Provided by your organization's staff or volunteers
        - ☐ Provided by a community partner
        - ☐ Space provided for another Organization to deliver
        - ☐ Breastfeeding support
        - ☐ Play-group under two years of age
    - ☐ Life skills development program for parents
    - ☐ Professional development programs for parents, such as first aid or mental health training

- [ ] Cooking programs
    - [ ] For children
        - [ ] Developed in-house
        - [ ] Pre-packaged, commercially available program
    - [ ] For adults
        - [ ] Developed in-house
        - [ ] Pre-packaged, commercially available program
- [ ] Pre-primary program (e.g., school readiness type programs for 3.8-year-olds and up) outside of the Provincial Department of Education & Childhood Development
- [ ] Physical literacy programs
- [ ] Playgroup programs for children with parents or caregivers
- [ ] Playgroup programs without parents or caregivers
- [ ] Youth Programs (no parents and youth aged 12 and up)
- [ ] School-based programs
- [ ] After-school programs
- [ ] School-aged day camp programming (such as March Break, Summer, or teacher professional days)
- [ ] Home visits
- [ ] 1:1 case management
    - [ ] How is it delivered? _____
- [ ] Resource or toy lending programs
- [ ] Respite programs
- [ ] Vitamin support as part of CPNP
- [ ] Gardening programs
- [ ] Food as a component of another program separate from CPNP
- [ ] Food/vitamin support separate from CPNP
- [ ] Developmental screening
- [ ] Clothing bank
- [ ] Laundry services
- [ ] French language programs and services
- [ ] Translation services
- [ ] Other multilingual service delivery: What languages? _____
- [ ] Culturally-specific programming
- [ ] Access to technical supports such as phone, fax, photocopier, or computer
- [ ] Referrals to other programs in the community
    - [ ] Passive (web sites, message boards, brochure racks)
    - [ ] Active (by staff or volunteers targeted at persons identified with specific needs)
- [ ] Hosting or supporting community events

- [ ] Hosting or supporting cultural events or ceremonies
- [ ] Support to newcomers to the community
- [ ] Support to newcomers to Canada
- [ ] Provide space for parental visits with children under a protection order
- [ ] Provide supervision of parental visits with children under a protection order
- [ ] Space for other Organizations to deliver their programs or services to the community
- [ ] Student placements for education programs
- [ ] Car seat inspection, training, or support programs
- [ ] Other: _____

33. What delivery mediums do you use?
- [ ] In-person
- [ ] Virtual
- [ ] By phone

34. Do you have waiting lists for programs and services? [ ] Yes [ ] No

   If so, which ones:

   _____
   _____
   _____

35. From your perspective, what has the impact of projects/organizations funded by the CAPC and CPNP been within your and other Canadian communities? Please consider the following outcomes. Can you give an example?

   (a) Gain resources, knowledge, and/or skills

   _____
   _____
   _____

   (b) Improved health behaviours

   _____
   _____
   _____

(c) Improved protective factors / reduce risk factors

_____
_____
_____

(d) Improved family functioning – Building connections

_____
_____
_____

(e) Improved well-being

_____
_____
_____

If you are unfamiliar with these programs or your community does not have access to such programs and services, please check here: ☐

36. Do you have programs with specifically defined outcomes around one or more of the components of the Early Development Instrument (EDI)?

☐ Yes ☐ No ☐ I am not familiar with the EDI instrument

37. If you are familiar with the EDI instrument, are there cultural considerations about your community that we need to understand better when interpreting the EDI results? If so, what are they? ☐ Yes ☐ No

_____
_____
_____

38. Which components of the EDI do your programs focus on? Can you give examples of those programs for each component? (check all that apply)

☐ Physical health and well-being: (Definition - a child is physically independent, has gross & fine motor skills & good health) _____
_____
_____

☐ Social competence: (Definition - child can play and work well with other children, willing to try new things) _____
_____
_____

☐ Emotional maturity: (Definition - child can manage feelings, consider the feelings of others) _____
_____
_____

☐ Language cognition and development: (Definition - child can listen to stories, interested in books, reading and numbers) _____
_____
_____

☐ Communication skills and general knowledge: (Definition - child understands communications, can tell a story, share experiences.) _____
_____
_____

39. How does the Organization measure children's ability to meet age-appropriate development expectations, as defined within the EDI tool?
_____
_____
_____
_____

40. Do you receive updates on the EDI scores related to the communities you serve?
☐ Yes ☐ No

Section 6 – Profile of Participants/users

41. What are the ages of children served by your programs, and approximately how many unique children did you serve in each category in one year?

Do we service this age group	Age category	No. of unique children & youth served
☐ Yes ☐ No	Under 1 year of age	
☐ Yes ☐ No	Between 1 and up to 2 years of age	
☐ Yes ☐ No	Between 2 and up to 3 years of age	
☐ Yes ☐ No	Between 3 and up to 4 years of age	
☐ Yes ☐ No	Between 4 and up to 5 years of age	
☐ Yes ☐ No	Between 5 and up to 6 years of age	
☐ Yes ☐ No	Between 6 and up to 9 years of age	
☐ Yes ☐ No	Between 9 and up to 12 years of age	
☐ Yes ☐ No	Between 12 and up to 15 years of age	
☐ Yes ☐ No	Between 15 and up to 18 years of age	

42. What is the total number of unique (*) children served in a year? _____

   * Unique in this circumstance is defined as how many different children & youths have accessed your organization's programs and services over one year, regardless of them coming once over the year or three days/week. Both would count as one unique child served.

   Include all participants as well as home visits

43. What is the number of unique adults, not including prenatal participants (see question #41) served in a year? _____

44. What is the number of unique prenatal participants served in a year? _____

45. What is the total number of visits (*) to programs and services in a year? _____

   * This is the number of visits to your programs and services. Someone who has come twice a week for a four-week program would count as eight visits. Consider group programs, home visits, family home childcare, and walk-in/phone-in traffic.

46. What communities are serviced by your programs and services (include those where you have no physical presence but staff travels to that community)? What size are they?

   [Rural (less than 1,000 people), Small (1000 – 29,999), Medium (30k – 99,999). Large (100k+)]

   _____ ☐ R ☐ S ☐ M ☐ L
   _____ ☐ R ☐ S ☐ M ☐ L
   _____ ☐ R ☐ S ☐ M ☐ L
   _____ ☐ R ☐ S ☐ M ☐ L
   _____ ☐ R ☐ S ☐ M ☐ L
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   _____ ☐ R ☐ S ☐ M ☐ L
   _____ ☐ R ☐ S ☐ M ☐ L
   _____ ☐ R ☐ S ☐ M ☐ L

47. What is or are the differences and contributions your programs and services make in the lives of your community, participants, and partners? Please just list the top 2 or 3 for each of the categories.

Participants: _____
_____
_____
_____
_____
_____

Community: _____
_____
_____

Partners: _____
_____
_____

Systems: _____
_____
_____

48. Does your participant base reflect the diversity of your community? ☐ Yes ☐ No

49. If it doesn't, who is missing, and why do you believe they are not accessing your programs and services?

_____
_____
_____
_____
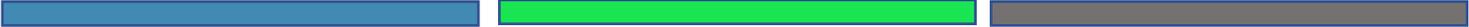
Section 7: Facilities Profile

50. Where are programs and services offered by your organization held? (check all that apply)
    - ☐ Family resource centre
    - ☐ Indigenous Organization
    - ☐ Community centre
    - ☐ Service clubs
    - ☐ Fire hall
    - ☐ Community housing project
    - ☐ Community health centre
    - ☐ Schools
    - ☐ Partner agency space
    - ☐ Childcare centre
    - ☐ University, community college, or private college
    - ☐ Hospital
    - ☐ Francophone community Organization
    - ☐ Library
    - ☐ Mobile van
    - ☐ Outdoors (Public parks, trails, campgrounds, or playgrounds)
    - ☐ Participant's home
    - ☐ Private residence, including a family daycare home
    - ☐ Religious centre
    - ☐ Recreation centre
    - ☐ Homeless shelter
    - ☐ Senior's residence
    - ☐ Other: _____

51. Do you provide transportation support to your participants? If so, how? (check all that apply)
    - ☐ Taxis
    - ☐ Municipality sponsored transit system
    - ☐ Private transit or shared ride system
    - ☐ Owned van or bus
    - ☐ Funds provided to participants to offset costs (incl. cash or gift cards)
    - ☐ Staff vehicle
    - ☐ Other: _____

52. Who owns the facility spaces you use? (check all that apply)
  - ☐ Owned by Organization
    - ☐ Do you receive a municipal property tax grant?
      - ☐ If so, what percentage? _____
  - ☐ Rented by Organization
  - ☐ Provided by a partner at no cost
  - ☐ Other: _____

53. What are your regular hours of service? (check all that apply)

  - ☐ Monday - Friday

    - ☐ Before school/work, earlier than 8:00 am
    - ☐ During the school/workday 8:00am – 5:00pm
    - ☐ Evenings, after 5:00 pm

  - ☐ Saturdays

    - ☐ Regularly
    - ☐ Special occasions, events, or short-term programming

  - ☐ Sundays

    - ☐ Regularly
    - ☐ Special occasions, events, or short-term programming

54. Are your facilities subject to regular mandatory inspections? ☐ Yes ☐ No (check applicable ones)
  - ☐ Self-inspection by board
  - ☐ Self-inspection by JOSH
  - ☐ Fire Department
  - ☐ Department of Labour (Occupational Health and Safety)
  - ☐ Department of Community Services
  - ☐ Department of Education
  - ☐ Department of Health
  - ☐ Other: _____
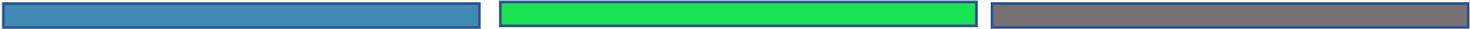
55. Is your facility as accessible as you would like? ☐ Yes ☐ No

56. If not, what would you like to see added or changed?

_____
_____
_____
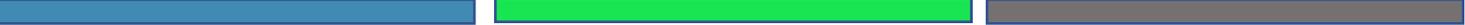
Section 8 – Trends

Organizations are welcome to include feedback from their staff and board members in answering these questions.

57. What have been the most significant trends that have impacted your organization over the past three years?

_____
_____
_____
_____

58. Overall what do you see happening to your organization in the next three years?
   ☐ We are going to grow
   ☐ We are going to stay generally the same
   ☐ We are going to be smaller than we are now

59. Looking into the near future (3 years), what do you see that encourages you about your organization and its programs or services?

_____
_____
_____
_____

60. Looking into the near future (3 years), what do you see that could be a challenge to your organization and its programs or services?

_____
_____
_____
_____
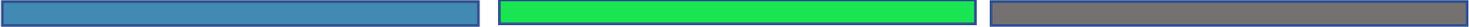
61. What would you like to be doing in 3 years that you aren't doing now?

_____
_____
_____
_____

62. Is there anything you are doing now that you hope you aren't doing in 3 years?

_____
_____
_____
_____

63. What could the Nova Scotia Association of Family Resource Programs do for you to be valuable to you, your organization, and your community?

_____
_____
_____
_____

64. If you could provide recommendations directly to the Government around the Family Resource Program Sector, what would you suggest?

_____
_____
_____
_____

65. Are there service gaps in your community for families? For example, are there services or programs that they need that are not being offered?

_____
_____
_____
_____
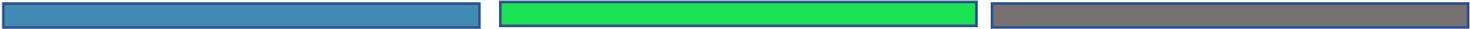
66. Are their facilities you think should be priorities for your community to add or build to enhance families' lives?

_____
_____
_____
_____

Section 9 – Covid-19 Experience

Organizations are welcome to include feedback from their staff and board members in answering these questions.

67. How did the start of the Covid-19 pandemic affect your organization, programs, and services?

_____
_____
_____
_____

68. Who in your community was most impacted by Covid-19? Why?

_____
_____
_____
_____

69. Did it impact your employees? If so, in what way(s)?

_____
_____
_____
_____

70. How did your organization adapt to the impact of the pandemic?

_____
_____
_____
_____

71. Did you find the need for your services increased, decreased, or remained the same? Why do you believe this occurred?

_____
_____
_____
_____

72. Were families looking for different services during the pandemic? If so, what were the new needs in the community?

_____
_____
_____
_____

73. Do you believe any of these changes in community needs will continue once the pandemic is resolved?

_____
_____
_____
_____

74. Did you take advantage of any of the Federal or Provincial pandemic assistance programs? If so, which ones?

_____
_____
_____
_____

75. Is there anything we could do now to better improve families' response in a culturally responsive way?

_____
_____
_____
_____

76. If our communities were ever to face a similar situation, what would you recommend to other service providers and the Government? Are you making plans for the next time we encounter something like this?

_____
_____
_____
_____

_____

77. Is there anything else you would like to add that we have not already covered?

_____
_____
_____
_____

"THANK YOU"

Appendix G – Family Resource Program Office and Site Locations Map

Legend

Family Resource Centre Office Locations:

1 Cape Breton Family Resource Coalition Society (Family Place) –
 a *Sydney,* **b** *Sydney Mines,* **c** *Neil's Harbour,*
 d *Inverness,* **e** *Baddeck,* **f** *Port Hawkesbury*

2 Kids First Association –
 a *New Glasgow,* **b** *Antigonish,* **c** *Guysborough,* **d** *Sherbrooke*

3 Maggie's Place (A Resource Centre for Families Association) –
 a *Amherst,* **b** *Truro*

4 Native Council of Nova Scotia (Child Help Initiative Program and
 E'pit Nuji Ilmuet (prenatal) Program) – *Truro*

5 Musquodoboit Valley Family Resource Centre – *Middle Musquodoboit*

6 East Hants Family Resource Centre – *Elmsdale*

7 Eastern Shore Family Resource Association – *Porters Lake*

8 East Preston Day Care Centre – *East Preston*

9 Parents & Children Together Association (P.A.C.T.) – *Dartmouth*

10 Memory Lane Family Place Association – *Lower Sackville*

11 North Grove Society – *Dartmouth*

12 Mulgrave Park Caring and Learning Centre – *Halifax*

13 Fairview Resource Centre – *Halifax*

14 Bayers/Westwood Family Support Service Assocaition – *Halifax*

15 North End Parent Resource Centre – *Halifax*

16 Mi'kmaw Native Friendship Centre (for Mi'kmaq Child Development
 Family Resource Centre) – *Halifax*

17 Home of the Guardian Angel (Chebucto Family Centre) – *Halifax*

18 New Ross Family Resource Centre – *New Ross*

19 South Shore Family Resource Centre –
 a *Bridgewater,* **b** *Digby,* **c** *Liverpool,* **d** *Shelburne*

20 Parents Place (Yarmouth Family Resource Centre) – *Yarmouth*

21 Centre d'appui à la petite enfance de la Nouvelle-Écosse –
 a *Church Point,* **b** *Tusket,* **c** *Bedford,*
 d *Arichat,* **e** *Cheticamp*

22 Family Matters (Annapolis County Family Resource Centre) – *Lawrencetown*

23 Kings County Family Resource Centre – *Kentville*

24 Kid's Action Program – *Kentville*

25 Family Resource Centre of West Hants – *Windsor*

• Family Resource Program Locations

Catchment Areas

Legend

	Family Resource Centre Office Locations:
•	Family Resource Program Locations
○	Within 3 km of a Family Resource Program or Centre
○	Within 30 km of a Family Resource Program or Centre
---	County Boundary
	Wilderness Area

HRM – Detailed map

Hammonds Plains

Mi'kmaw Native Friendship Society for Mi'kmaq Child Development

Memory Lane Family Place Association

Centre d'appui à la petite enfance de la Nouvelle-Écosse

École Beaubassin

Bedford

North Preston

Eastern Shore Family Resource Association

Porters Lake

North Grove Society

North Grove Boys and Girls Club

DARTMOUTH

East Preston Day Care Centre

East Preston

Mulgrave Park Caring and Learning Centre

Parents and Children Together Association (P.A.C.T.)

Fairview Resource Centre

North End Parent Centre Association

Bayers/Westwood Family Support Service Assocaition

HALIFAX

Cole Harbour

Mi'kmaw Native Friendship Society (for Mi'kmaq Child Development Family Resource Centre)

Home of the Guardian Angel (Chebucto Family Centre)

Spryfield

Legend

Family Resource Centre Office Locations:

Family Resource Program Locations

Within 3 km of a Family Resource Program or Centre

Appendix H: Third Spaces

The concept of Third Spaces and their importance in our community may be new to some people. Below are three references for information on Third Spaces.

What is a Third Space?

"People often ask, "What do you mean by a Third Space?"

The term *Third Space* or *Third Place* was coined by the sociologist Ray Oldenburg in the early 90s in his book, *The Great Good Place*.

- It's a space where people meet to unwind, discuss, and talk about things that matter to them, their neighbourhood, and their community, where they can let down their guard, relax, be themselves, develop new friendships and deepen existing ones.
- It's a space distinct both from the work environment where communication and interaction can be functional, stereotyped, and superficial and distinct from the domestic space of home and family life.
- Third spaces have been ways "a community develops and retains a sense of cohesion and identity". They are about sociability, not isolation.
- All sorts of social groupings can have aspects of a third space – clubs, book groups, churches and so on. Informal spaces where people meet in less-defined groupings can nurture the sort of ambiance that people are looking for in a third space – the classic example is the British local pub. These are all marked by "easy going conviviality and safety".

https://thirdspacenz.wordpress.com/2013/05/09/what-is-a-third-space/
Accessed August 20, 2021

'Third spaces' are interesting places: Applying 'third space theory' to nursery-aged children's constructions of themselves as readers

Rachael Levy, First Published April 1, 2008, Other, https://doi.org/10.1177/1468798407087161

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https://en.wikipedia.org/wiki/Third_place

Appendix I: Sector Infographics

NOVA SCOTIA ASSOCIATION OF FAMILY RESOURCE PROGRAMS

13.5 MILLION DOLLARS

The Sector invests over 11 million dollars in helping parents improve their parenting skills, leading to stronger and more resiliant families.

191,000+ VISITS/YEAR

Parents and families looking for support visit family resource programs in Nova Scotia more than 200K times/year.

346 EMPLOYEES

The sector employs more than 346 people in Nova Scotia with a combined payroll of over $9 Million dollars.

1000+ VOLUNTEERS

The sector engages over 200 volunteers in governance and leadership roles along with over 1,000 volunteers who assist with programming and special events.

SOCIAL CONNECTION

One of the most important impacts of the Family Resource Sector is the connections it builds to the families it serves, between participants, and within the community.

CHILD DEVELOPMENT

Every family resource program in Nova Scotia offers programs and services that directly impact five core elements of early child development tool, preparing children now for future success in life.

HELPING PARENTS BUILD STRONG AND RESILIENT FAMILIES

Success

20,985+ youth (birth-19) participated in Nova Scotia Family Resource Programs in 2019-2020 fiscal year

FOOD SECURITY

- Food security support, for example, providing food in all their programs, food baskets, cooking and gardening classes, and community meals

PEER SUPPORT

- Opportunities for peer support including information and toy or other resource sharing

PRENATAL AND POSTNATAL SUPPORT

MENTAL HEALTH AND WELLNESS PROGRAMS
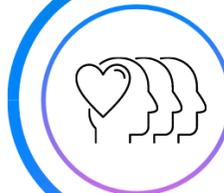
CAR SEAT EDUCATION AND INSTALLATION

HOME VISITING SUPPORTS
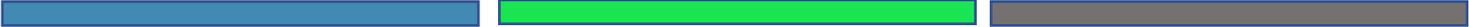
The Family Resource Sector in Nova Scotia invests more than $13,500,000 each year into local communities.

Most of these funds, 88.3%, come from public sources. Most commonly, the funds come from the Federal and Provincial Governments.

7.3% of funds are generated through fundraising

4.3% of funds are raised through other resources