



Baby Basket:
Prototype Implementation and Learning

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1. Introduction

The Winnipeg Boldness Project is an Indigenous social innovation initiative working alongside the North End community to identify effective mechanisms to improve outcomes for young children in the Point Douglas area. The Project is working towards a Bold Goal:

Children and families in Point Douglas will experience dramatically improved wellbeing in all aspects of self: physical, emotional, mental, and spiritual.

In 2014, about 50% of kids in the Point Douglas were doing really well in terms of early childhood development and starting school at a point where they were ready to begin learning and take on the world. What The Winnipeg Boldness Project is aiming to do is raise that number, because we believe that every child should have the same access to opportunity.

The three core objectives that will work to not only increase school readiness but also achieve the Bold Goal include to:

1. Design a 6-year Early Childhood Development intervention strategy for future implementation that will help young children in Point Douglas develop the tools they need to succeed in life.
2. Create a strength-based narrative that highlights the positive and spirited aspects of Winnipeg's North End through community perspectives.
3. Build a child-centred model focusing on best practices for raising children through the deep community wisdom that exists within the North End.

Our starting point in the design process was to engage the Point Douglas community in defining success for their children. Residents, parents and leaders also identified many of the roadblocks to success for their children and are driving the development of solutions to these roadblocks. A large proportion of the residents, parents, and leaders we engage with are Indigenous and espouse an Indigenous worldview and value base. Therefore, Indigenous perspectives and methodologies form the foundation of our problem definition and solution finding. We believe that the solutions generated will lead to better outcomes not only for Indigenous children, but better outcomes for all children.

Boldness is Community-Driven

The Winnipeg Boldness Project operates using community development principles; the highest level of accountability is to Point Douglas community residents, families and their children. This guiding principle is understood at every level of the Project's

governance. Our community partnerships, through families, leaders, and community-based organizations are at the core of this Project. They provide knowledge and direction as well as direct hands on work to test some of the ideas that they feel could produce possibilities for success and wellbeing for children and families in the community.

Boldness is Strength-Based

The Winnipeg Boldness Project has employed a comprehensive strategy of community engagement through diverse arts based methods. These methods have allowed community to share in the design of the Project while also sharing their own experiences raising their families in the North End of Winnipeg. These arts-based methods have included a Photo Voice project and a Tile Mosaic project.

Boldness is Community Wisdom

The Winnipeg Boldness Project has been undertaking a deep community engagement and iterative knowledge mobilization process since April 2014. This process has brought together wisdom of community members and community service providers into a model titled: Ways of Knowing, Being, Feeling, and Doing: A Wholistic Early Childhood Development Model (Child Centred Model). The implementation of the Child Centre Model, combined with community defined indicators of healthy children and families will produce a bold goal: Children and families in Point Douglas will experience dramatically improved wellbeing in all aspects of physical, emotional, mental, and spiritual being.

Winnipeg Boldness & The Baby Basket

Early on in the Project, the Point Douglas community identified the Baby Basket, inspired by the Finnish Baby Box, as a priority to be developed through the social lab process. Community direction resulted in the prototype shifting away from a sleep safe box and focusing instead on other elements such as supportive relationships, reduction of maternal stress, education and information. The following document outlines the background, development, and evaluation of the prototype that have led to key learnings and considerations for scaling.

2. Opportunities for Impact

2.1 Overview

First issued in 1938, the maternity package that many call the *Baby Box* was granted by the Finnish social security institution, Kela, to all expectant parents covered by their

social security system. As of 1949, all expectant parents—regardless of income, receive the Baby Box filled with necessary items such as cloth diapers, bedding, a snow suit, gauze towels, a book, child-care products, and condoms—the box itself, is often baby’s first bed.

In the 1930s, Finland was considered a poor country, and infant mortality rates were high – since the introduction of the maternity boxes, those numbers have significantly decreased. According to the CIA World Factbook, before the Baby Box, there were 65 deaths per 1,000 births – today the number is 2.25 deaths per 1,000 births (2017). In order to receive the box, parents must visit a doctor or pre-natal clinic before the fourth month of pregnancy. By 1979, 100% of new parents were receiving prenatal care. The box isn’t just about delivering contents, but creating a mindset where parent’s start making their first initial care plans during pregnancy.

The idea of the Baby Box in Canada has been growing in popularity, with various types of Baby Box programs popping up in Ontario, Alberta, Nunavut and Manitoba. At the time of this report, the University of Manitoba Paediatric Residents were piloting a Baby Box intervention at the Health Sciences Centre. The group is connected to the Province’s Infant Mortality Working Group, who had been communicating with the California Baby Box Co. that also launched in Manitoba in July of 2017. A summary of known initiatives in attached in appendix A.

Building upon the idea of the sleep safety and reducing infant mortality, the Project took community direction to explore the idea of the maternity package that could be used as tool for babies and their families to thrive. Instead of viewing birth as a crisis to be survived, it is an event to be celebrated. In addition to prenatal health care, safe sleep, and some basic needs, supportive and trusting relationships can ensure the wellbeing of babies from conception, into early childhood and beyond. This core concept is inspired by traditional Indigenous Bundle teachings. As such, the Baby Basket prototype is envisioned to be integrated within other services that provide trusting, supportive and ongoing relationships that are highly customized to the particular needs of families.

2.2 Potential Impact Areas

While the goal of the Baby Basket and related prototypes is to create conditions in which babies and their families can thrive, they also have the enormous potential to prevent crises and ensure babies’ basic needs are met.

2.2.1 Infant Mortality

Infant mortality rates in Manitoba as of 2012 are an average of 6.4 per 1000 live births (Winnipeg Regional Health Authority, 2014, p. 15). When compared other health regions

in Manitoba, Winnipeg falls slightly below the average at 5.9 per 1000 live births. (Winnipeg Regional Health Authority, 2014, p.124). However, the infant mortality rates can be broken down even further by community area. According to the 2009/2010 Community Health Assessment Report put out by the Winnipeg Regional Health Authority, Point Douglas had the highest rate of infant mortality cases at 9.5 for every 1000 live births, whereas the lowest was in St. Vital with 2.6 (p.19).

When comparing Manitoba and Canada infant mortality rates against other developing countries between the years of 2009-2011 Manitoba's infant mortality rate ranked higher than Canada and U.S. at an average of 6.9 per 1000 live births, with Canada's average at 4.9 and the U.S. at 6.2. Manitoba falls to the bottom of the list with the 3rd highest rate of infant mortality behind the Northwest Territories and Nunavut when compared to other provinces as well as other developed countries (The Conference Board of Canada, 2016).

The Public Health Agency of Canada (PHAC), in their *Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada* (2011) shares the following safe sleep principles:

- Infants placed on their backs to sleep, for every sleep
- Preventing exposure to tobacco smoke, before and after birth
- The safest place for an infant to sleep is in a crib, cradle, or bassinet that meets current Canadian regulations
- Infants who share a room with a parent or caregiver have a lower risk of SIDS
- Breastfeeding provides a protective effect for SIDS

In Canada the Back to Sleep public health campaign encouraged parents to place their infants on their back every time they went to sleep. During this time frame there was a significant decrease in the rate of SIDS – 50% over the period from 1999-2004 (Public Health Agency of Canada, 2008). Safe sleep practices and 'back to sleep' campaigns have been promoted in public health in Canada since the late 1980s to increase as a response to high rates of sudden infant deaths (de Luca & Hinde, 2016). In a study examining the effectiveness of this messaging over the last 20 years both health care providers and parents demonstrated knowledge of the importance of placing their babies on their backs to sleep.

More recently there has been a plateau in the rate of SIDS, with other causes of infant mortality increasing. Seeing a marked decrease in the incidence of SIDS since the release of its initial recommendations in 1992 to the current plateau, the American Academy of Pediatrics (2011b) has provided recommendations on sleep safety overall in order to reduce sleep related deaths including SIDS.

Research that directly links the use of Baby Boxes in Finland in relation to infant mortality was hard to find; however, when looking at statistics that range from 1935 to

2010 the rate of infant mortality decreased significantly. In 1945 specifically, the rate of infant mortality dropped off immensely. In reviewing this data together, it could be argued that Baby Boxes contributed to decreasing the number of infant mortality in Finland (Statistics Finland, 2010). In a 2014 report by Finland Statistics it was recorded that 14 infant deaths were 'cot deaths', also known as SIDS. This number is up from 2013, where 11 infant deaths were 'cot deaths'. The statistics show that the number of SIDS cases dating back to 2002 hold steady between 11-15 cases a year. Statistics Finland states that most SIDS cases take place after the first month of birth (Statistics Finland, 2015).

Finland's success in reducing infant mortality rates is often attributed to the Baby Box program. This reasoning has been used to promote Baby Boxes in North America.

The original idea comes from a Finnish tradition where, as early as the 1930s, expectant mothers received a box of infant care items from the Finnish government as an incentive for early prenatal care. The box itself comes equipped with a mattress and it can be used for infant sleep. With Finland reporting one of the lowest infant mortality rates of industrialized countries (2.3 deaths per 1000 live births), and less than half the US rate (6.1 per 1000 live births), many are wondering if a baby sleep box could be the answer to reducing sleep-related death in the United States. (Ahlers-Schmidt, Redmond, Kuhlmann & Benton, 2017, p.1)

There is a lack of clinical evidence confirming the a clear causal connection between Finland's reduction in infant mortality rate and the Baby Box. Since 1930, there has been a reduction in infant mortality in other Scandinavian countries that possessed support for other universal programs such as parental leave and access to health care.

Researchers are beginning to explore health and social outcomes related to the use of the Baby Box. In the United States, with a partnership with a private California company, hospitals in New Jersey, California, Ohio, and Alabama provide families a box upon discharge from the hospital. Due to the lack of evidence and regulation of the sleep box itself experts on infant mortality are expressing concern (Ahlers-Schmidt et al., 2017).

A study that explored mother's knowledge and opinions about baby sleep boxes learned that while the box was seen as an alternative for families who were in need and could not afford a crib or safe sleep space they also held mixed feelings. This was likely due to the lack of research on the safety and efficacy of the boxes (Ahlers-Schmidt et al., 2017). Positive attributes included that the boxes are portable, compact, affordable, and decorative. The negative attributes included that being low to the ground, structural integrity/design, stability, and stigma. Recommendations included future studies that examine the safety of the use of baby sleep boxes in relation to safe sleep recommendations, and which individuals and which environments would see the most benefit from receiving a baby sleep box, if any.

Researchers have cautioned that the promotion that separate sleep spaces as the only way for infants to be safe could prevent contact between breastfeeding mothers and infants, producing an unintended consequence of early weaning. This caution also includes the use of a Baby Box as a sleep surface (Bartick, Tomori & Ball, 2018).

Most public health guidelines fail to address the role of poverty in sleep related infant death. In the research there are infant, maternal and population characteristics that experience increased risk of infant mortality. For example, infants who are male, born premature, have low birth weight, and are under six months have higher occurrences of mortality. Maternal characteristics that increase risk include maternal smoking, late initiation of prenatal care, not attending prenatal classes, and lower socioeconomic status. In Canada SIDS is experienced at a higher rate by First Nation populations, in Alberta this is two to three times higher than the general population (Gracey & King, 2009).

The use of a Baby Box, or baby basket, in the case of the Project provides other opportunities for mothers and infants that relate more directly to relationship building, access to prenatal care, networks of support, and equitable access to resources – each of which reduces maternal experiences of stress.

2.2.2 Maternal Stress and Poverty

Pregnancy outcomes are often considered a litmus test for the health of a nation. Poor pregnancy outcomes are influenced by biologic, social, and environmental factors including socio economic status (Nagahawatte & Goldenberg, 2008). Researchers seeking to understand the impact of in-utero exposure to stress found that elevated levels of the stress hormone cortisol impact the child's cognition, health, and educational attainment (Aizer, Stroud & Buka, 2012). Mothers who have lower levels of human capital (experience, education, training, and health) have higher levels of cortisol and the negative impact of these elevations are compounded.

This leads the researchers to believe that stress for prenatal mothers may be a factor in the intergenerational persistence of poverty (Aizer, Stroud & Buka, 2012). It is understood that intrauterine conditions during pregnancy play a significant role in fetal development, birth outcomes, and development across the lifespan of that individual. Maternal stress and maternal nutrition are two factors most frequently included in this area of research (Lindsay, Buss, Wadhwa & Entringer, 2017).

The Center for the Developing Child at Harvard University (2017) also states that significant adversity in early life can impact the internal structure of our bodies, making us more susceptible to stress throughout our lifetime. This can produce long term

negative physical, emotional, mental, economic, and social impacts to our overall wellbeing.

Starting at birth and continuing throughout life, our ability to thrive is affected by our ongoing relationships and experiences and the degree to which they are healthy, supportive, and responsive or not. (2017, p. 2)

Based on this knowledge the Center has identified three core principles necessary to consider in the redesign of policy and practice that seeks to support the development of healthy children. They assert that the maximum effectiveness of policies and services can be achieved by supporting responsive relationships for children and adults; providing opportunities to support core life skills; and, by reducing sources of stress in the lives of children and families.

Larsen (2007) reviewed publications that linked maternal poverty to child health outcomes in order to transfer learning into the Canadian context. Women who experience poverty during pregnancy most likely have multiple stressful life events including unemployment, more crowded or polluted neighbourhoods, and a lack of resources to deal with these challenges.

Pregnancy and birth are the first of several definitive life events that shape health outcomes within the course of an individual's lifetime. With this in mind, the impact of poverty on pregnancy and subsequent child health needs to be placed within the context of the cumulative influence of multiple adverse exposures directly and indirectly experienced by those living in poverty, often from one generation to the next (Larsen, 2007, p. 673).

There are multiple and intersecting consequences of these factors on early child health including long-term health disparities. The review found that interventions to improve health outcomes, which specifically target poverty at an individual level, have at most a modest impact on maternal and child health outcomes. Toxic stress¹ is linked to experiences of poverty and marginalization. This means that a solution must address more than individual capital.

Chronic activation of stress response systems in early childhood, especially without the ongoing presence of a responsive adult, can lead to toxic stress, which

¹ **Toxic stress response** can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, well into the adult years. (Retrieved from: <https://developingchild.harvard.edu/science/key-concepts/toxic-stress>)

disrupts the healthy development of brain architecture. Experiencing toxic stress during these early years can affect learning, behavior, and health throughout the lifespan. It's like revving a car engine for days or weeks on end—constant activation of the stress response has a wear-and-tear effect on the brain and other biological systems. Constant stress also depletes precious energy the brain needs for healthy development in childhood and adulthood to deal with consequential decisions—of which there are many for parents dealing with economic instability or other problems. (Center for the Developing Child at Harvard University, 2017, p.6).

Work that includes individual and population-based strategies show the most success. However, Larsen (2007) found that there was a lack of evidence supporting the effectiveness of strategies, likely due to scarce evaluation resources. Most of the interventions reviewed were stand alone and short term, period specific. The author indicates the importance of building life course strategies combining well-informed interventions that begin before conception and continue through pregnancy and early childhood and adolescence.

For children, supportive and responsive relationships with adults promote healthy brain development while also providing protection that can buffer challenging experiences that otherwise would mean a child experiences toxic stress. These healthy and responsive relationships provide a mutual and reciprocal benefit, by boosting the adults' wellbeing and strengthening hope and confidence (Center for the Developing Child at Harvard University, 2017). Supportive, responsive relationships are a key factor to consider in the design.

3. Prototype Design & Implementation

3.1. Prototype Design

3.1.1 Knowledge Gathering and Co-creation

The Project engaged in numerous knowledge gathering and co-creation activities to design a prototype for live testing. This included a scan of existing initiatives (see appendix A), meetings with Public Health Nurses, supervisor of the Pediatrics Residents pilot project, the Provincial Infant Mortality Working Group – Safe Sleep Sub-committee, the Manitoba Indigenous Doula Initiative and the Project's Guide Groups, as well as teachings from Indigenous Knowledge Keepers. On June 6, 2016, the Project hosted a co-creation session that included participants from various sectors including health care,

education, philanthropic, government and community. See appendix B for a summary of the session.

3.1.2 Core Principles

The Project made some key decisions to structure the framework of the prototype based on knowledge gathering and input from key informants, guide groups and the design session.

Purpose - To facilitate the development of trusting relationships with families by providing a few resources to celebrate the birth of their children. Safe sleep and infant mortality are important critical issues that can be addressed within a vision that seeks conditions in which babies can thrive. The Baby Basket is intended to be used a tool to invite families into an ongoing supportive relationship that can be connected to health care, programming and community.

Equity – Resources are most impactful when the level of support matches the needs of a family; this means that resources go where they are most needed instead of being spread out to reach everyone as in a universalized program.

Customization – Different families have different needs; and the families themselves know what those needs are better than any expert. The prototype provided an avenue to learn what options families appreciated most and how those options could be presented in an efficient and respectful manner. While customization at a large can seem overwhelming from a logistical perspective, it can be achieved through the development of the right tools.

No box – The Project explored avenues to procure sleep safe boxes and found several issues in relation to safety and cost. Low cost, safe options were connected to companies whose values did not align with the Project. Several other factors did not support including a box in the prototype. No clinical research could be found directly connecting reduction in infant mortality rates with a sleep safe box. Review of existing literature questions the overall efficacy of the box and suggests that other elements embedded within Baby Box programs are responsible for improving outcomes. Furthermore, for some Indigenous communities the Baby Box has a negative connotation: Baby Boxes are associated with death. Other research projects re exploring the use of a Baby Box and do not need to be duplicated. Other safe sleep options were included in the prototype for those families for whom safe sleep is a concern.

Baby Friendly – In Manitoba, “Baby Friendly” means that breastfeeding is promoted, supported and protected; alternatives to breastfeeding are not actively promoted. Informed decision-making and self-determination remain integral principles to the Baby Basket, but as many supports are already available to families who choose not to

breastfeed, the Project felt comfortable with complying with this provincial initiative's standards.

3.1.3 The Package

The Baby Basket was envisioned as part of a larger health and wellness strategy, with relationships at the core. Trusting relationships were developed within the Health and Wellness Planning and Indigenous Doula prototypes. With these relationships established the prototype could validate the assumption that the Baby Basket is a valuable tool to invite families into relationship and explore logistics and elements of customization. This idea was expanded to include community-based organizations who look to develop trusting relationships in the provision of their existing programs and services.

The Project developed a package for community helpers to go through together with families. It consisted of:

1. Prototype Overview (Appendix C) - An introduction to the prototype vision and summary of package contents.
2. Winnipeg Boldness Project Intake Form (Appendix D) - A form for tracking basic information of participants in prototypes.
3. Baby Basket tool/order form (Appendix E) – A list of items for participants to choose from. Each item was assigned a point value and participants could choose items that totaled 20 points.
4. Educational materials for families– A variety of health and safety information for helpers to share with families depending their needs.
 - a. Get Your Benefits²
 - b. Give Your Child a Safe Start³
 - c. Safe Sleep for Your Baby⁴
 - d. Safe Sleeping for Baby⁵
 - e. Swaddling Safely*⁶

²http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/media/GetYourBenefits_EN.pdf

³ <http://www.wrha.mb.ca/extranet/publichealth/files/GYCSS.pdf>

⁴ https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/pdf/sleep-sommeil-eng.pdf

⁵ The version that was shared with families is no longer available online; see appendix F for the version that was shared; for the updated version go to:

http://www.sidsandkids.org.nz/media/press/pdf/SIDS_SafeSleeping_NZ_EasyRead_8pp_DL_Singles_web21416976853.pdf

- f. 10 Great Reasons to Breastfeed Your Baby⁷
 - g. 10 Valuable Tips for Successful Breastfeeding⁸
 - h. Child Care Seats: Securing Your Precious Cargo⁹
 - i. Keep Kids Safe & Checklist¹⁰
5. Statement of Evaluation (Appendix H) – A document clearly informing participants about the purpose and future use of their information and evaluation feedback.
6. Evaluation questionnaire (Appendix I) – A survey for helpers to fill out together with families. This was the primary source of participant feedback.

3.2 Prototype Implementation

3.2.1 North End Women’s Centre Partnership

The Project partnered with North End Women’s Centre (NEWC) to further develop and test the prototype.

NEWC is a community-based organization that provides women with support, knowledge, and opportunity as they move forward on their journey towards independence and healthier lifestyles. They run a variety of programs as well as a social enterprise, The Up Shoppe. Among the many items and services, they provide clothing and supplies for infants at a low-cost. They also run a referral program that provides layettes to women in certain situations. Their experience in both running a social enterprise and providing services to families makes them an ideal partner. Management and staff at NEWC were able to inform the prototype on both logistics of delivery from a not-for-profit perspective as well as from a family support worker perspective.

3.2.2 Implementation

⁶ <https://www.gov.mb.ca/health/documents/swaddling.pdf> *This handout was omitted from the evaluation survey in error.

⁷ http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/nutrition/pdf/reasons-raisons-eng.pdf

⁸ https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/nutrition/pdf/tips-cons-eng.pdf

⁹ https://www.gov.mb.ca/healthyliving/hlp/docs/precious_cargo_brochure.pdf

¹⁰ Keep Kids Safe Checklist is no longer available on the Transport Canada website; see appendix G

Funds were provided to North End Women's Centre (NEWC) for a part-time staff position, volunteer honoraria, packaging materials and the Baby Basket items for up to 50 families over six months.

The Baby Basket order and information packages were shared with trainees participating in the Indigenous Doula prototype and the coordinator with the Health & Wellness Planning prototype, and the staff at NEWC who also worked serving women through programming. Once the service providers completed required forms with the families they were supporting, they sent them to the Project. Order forms from the Doulas and the Health & Wellness coordinator were sent on to the North End Women's Centre staff, who purchased the specified items, assembled the them, and then contacted the Doula/coordinator to arrange for pick-up.

A total of 50 Baby Baskets were provided to families: 24 to women through NEWC, 21 through the Indigenous Doulas, and 5 through the Health & Wellness coordinator.

The Project budgeted for a maximum of \$460 per basket, including applicable taxes and packaging, but not delivery expenses. The actual cost per basket was between \$280 and \$520, with an average of \$384 per basket actually spent. Only four orders incurred delivery expenses, which were between \$15 and \$30. This was only for large items that were difficult to carry and transport. Baskets consisted of between 1 and 11 items, with an average of 6 items per basket. NEWC staff and volunteers packaged items in a laundry basket when the basket included several small items. Volunteers also took the initiative to include personalized notes to the families.

The most popular items selected were:

- Strollers/Stroller-Car Seat Combos - 30
- Baby Moccasins – 15
- Disposable Diapers (Jumbo Pack) - 14
- Star Blanket – 10
- Baby Hand/Foot Print Kit – 10

Several items that were not on the list were provided to families at their request. These items were:

- High Chair
- Infant Rocker
- Baby Swing
- Baby Monitor
- Crib Mattress

Specific brands/models were requested for strollers and breast pumps. One mom asked for a double stroller so she could go out with two small children. Two families requested

three-wheel strollers as they are good for getting through snow. One family requested a specific brand of breast pump and another wanted an electric breast pump.

A summary list of all items selected is provided in appendix J.

4. Evaluating the Prototype

4.1 Methods and Data Gathering

The purpose of the prototype was to collect data to help inform and further refine the customization and logistical aspects of the Baby Basket. It was also an opportunity to test if people felt the Baby Basket would be useful as a tool to invite families into supportive ongoing relationships.

The Project tracked progress and learnings through regular communication with North End Women's Centre staff throughout the implementation of the prototype as well as two formal evaluation interviews. Staff at both North End Women's Centre and the Winnipeg Boldness tracked data about the Baby Basket orders and associated logistics. The primary source of feedback from Baby Basket recipients and family support workers was the evaluation questionnaire included in with the information package. A couple of questions about the Baby Basket were incorporated into the interviews with families who were supported by the Indigenous Doulas.

Only four families were able to provide qualitative feedback through interviews specifically about the Baby Basket. More in depth qualitative data about the development and impact of trusting relationships is documented within the Indigenous Doulas and Health & Wellness Planning prototypes.

4.2 Evaluation Surveys and Reflections

4.2.1 Evaluation Surveys

A total of 35 evaluation surveys were collected. The evaluation consisted of six questions that were intended to be answered by families together with their family support worker (i.e. Indigenous Doula, Health and Wellness Coordinator, and North End Women's Centre Family Resource Worker).

Question 1

The first question asked which if any of the information handouts were shared with families. The survey results indicate that 27 families received all the information

documents, and eight received between zero and six of the information documents. A summary list of the number of information documents distributed is as follows:

31	Get Your Benefits
29	Give Your Child a Safe Start
31	Safe Sleep for Your Baby
31	Safe Sleeping for Baby
31	10 Great Reasons to Breastfeed Your Baby
33	10 Valuable Tips for Successful Breastfeeding
29	Child Car Seats: Securing Your Precious Cargo
28	Keep Kids Safe & Checklist

**Note: Safe Swaddling handout was not included in the evaluation summary in error.*

Question 2

When asked what support workers and families liked or disliked about the information handouts, 17 families/workers said that they found all of the handouts valuable, eight did not provide a response, and 10 mentioned one or more specific handouts as being most or very useful:

1	Get Your Benefits
5	Give Your Child a Safe Start
2	10 Great Reasons to Breastfeed Your Baby
3	10 Valuable Tips for Successful Breastfeeding
1	Child Car Seats: Securing Your Precious Cargo
1	Keep Kids Safe & Checklist

Three respondents indicated that they liked that there was so much information, 1 thought the information was useful but there was too much paper, and 1 thought the information was oriented toward first-time parents.

Question 3

Participants were asked to rate the usefulness of the baby basket in developing a relationship with a family, with one being least useful and five being most useful. The average rating was 4.82, with 28 ratings of five, six ratings of four and one no response.

Question 4

Participants were asked to rate the effectiveness of the order form, with one being the least effective and five being the most effective. The average of the responses was 4.91, with 31 rating of five, three ratings of four and one no response.

Question 5

Participants were asked if they thought there was anything missing from the resource package that they would like to see included in the future. Eight of the participants said they did not think anything was missing, 12 participants suggested additions to the package and 15 participants did not provide a response. Suggested additions to the information package included:

- traditional Indigenous parenting
- housing and food
- emergency shelter contacts
- men's resources
- warnings and/or safe use of Vitamin D drops, Q-tips, Gripe Water and Baby Tylenol
- exercise and healthy lifestyle
- midwives and doulas
- breastfeeding supports
- single parenting

Six respondents indicated that they would like to see information resources from traditional Indigenous cultural perspectives in general. The Sacred Babies Parenting Handout provided by Maternal Child Health at the First Nations Health and Social Secretariat of Manitoba was specifically mentioned as an example of such a resource.

Question 6

When asked what they liked or disliked about the order form, 31 out of the 35 participants provided a response, which included both what they liked and suggestions to improve the order form; 30 responses mentioned that they either liked everything or something specific, and six included suggestions to improve the form. Specifics things that people liked about the form included:

- number of options provided
- ability to choose according to a family's needs
- ease of use
- organization of categories
- availability of larger items such as cribs and strollers
- availability of cultural items such as star blanket and moccasins
- all items were new
- point system

Specific suggestions to improve the form included:

- items missing from the list (as mentioned in 4.2.x)
- providing more information the items offered such as number of diapers in a package and type of breast pump (i.e. manual or electric); and
- more points.

4.2.2 Family Reflections

As previously mentioned, only four families were able to provide feedback specifically about the Baby Basket through qualitative interviews.

Families were asked if they thought there was anything missing from the package. All four said they thought the package was very thorough, with two providing suggestions for additional items: nursing bras and bottles with disposable liners.

Families were also asked if they like being able to select items for the baby basket or if they would have preferred to be surprised by a pre-set package. One of the four families did not have a preference, and the other three expressed their appreciation at being able to choose. Comments included:

I definitely was really excited about being able to pick our own for baby because sometimes people might have those things but it's always good to have extra, I guess. But being able to specifically pick out things that we needed. We needed wash cloths so that's what we chose on there. The Star Blanket was special because she doesn't have one either and that's something I always wanted for her and they're expensive. That was really exciting.

I liked picking out myself because I knew what I needed.

I didn't know where I was going to get a stroller from, right? ... a car seat too... a car seat combo! I picked that out. That was really awesome.

One mother was asked about developing a relationship at North End Women's Centre and the Baby Basket. She indicated that she has previously attended a program at North End Women's Centre and then was offered the Baby Basket. She said in the interview that she continues to talk to the family support worker and that she was planning to attend more programs at the Centre.

4.2.3 Partner Reflections

Staff at North End Women's Centre (NEWC) were able to provide feedback in the role of family support worker as well as a prototype delivery partner.

Family Support

The family support worker provided the Baby Baskets to some families that already attended programs at NEWC and new some new ones. The worker said that going

through the order form together was opportunity to get know new mothers and talk about the supports and resources available through the centre in a fun and positive way.

...to me it is a really fun way to get to know family because it's like, we are not starting off with like the typical issues that ... we tackle right. We are not talking about "now my kids are in care." It's more like... you are going to get new stuff to celebrate your child ...it's like a really good experience because it's a fun way to get to know one another, so we are starting off on like a really happy note.

(Elspeth)

The support worker said the overall experience with the families was very positive. People were excited to get new things and really appreciated the bigger items such as cribs and strollers. Families expressed that they often are concerned about the safety of second hand items, especially for things like cribs and strollers, so getting new ones alleviated that stress. She reported that although some families joked that they wanted more points, families could only get one of the big items with the allotted points. For example, if a family chose a crib, they would not be able also get a stroller. The worker also reflected that the cultural items were very important to families. She reflected on one mother who heard people talking about the Baby Basket and wasn't sure it was for her because she was not going to have her child in her care, but she wanted to give her child a star blanket and moccasins.

It definitely develops the connection and relationship between the mum and the child, right. Sure they are not going to be in her care, but that doesn't mean that they can't have that relationship, that connection at all, right?

(Elspeth)

When asked about the printed resource information, the support worker expressed that they were less important than other aspects of the prototype. She reported that either families had seen the information before or provided generic feedback that was non-specific, which left her with the impression that they did not resonate with families. She said the more visual pamphlets (with graphics) did seem to resonate more with newcomers for whom English (or French) was a second language.

Prototype Partnership and Learnings

Staff at North End Women's Centre (NEWC) expressed that they were pleased with the overall prototype partnership. They felt that the purpose and expectations were clear while having enough flexibility to make the project work within their Centre's mandate and operating principles.

An important aspect of their social enterprise model is providing skill-building opportunities for volunteers. Several volunteers worked together with staff to track, procure and assemble the Baby Baskets. The volunteers took the initiative to start writing personalized notes to place in the Baby Baskets for families. The prototype coordinator reflected on how important working on the prototype was for some of the women:

I was just thinking about women getting their case plans. Oh go to anger management. Go to parenting classes. Learn this. Learn that. And then with a different program like this, it's like, "I'm not the one getting knowledge or whatever. I'm the one giving out. I'm the one sharing." And it's like, "oh man, I didn't know I could do that." ... Their vision/perspective just changed...and they're so happy to be able make somebody else happy.

(Elspeth)

Staff at NEWC reported that the allotted time and budget for the coordinator and volunteers was sufficient to complete all 50 of the Baby Baskets. In addition to the added value of capacity development, it was important to have the volunteers working on the project for logistical reasons, such as transporting larger items. Volunteers also contributed to the community celebration aspect of the project. Staff spent between 1 and 3.5 hours per Baby Basket. More time was spent when the coordinator also the support worker for the family.

One of the challenges for the prototype coordinator was communicating with the other family support workers who did work at NEWC. This was largely due to the timing of the Indigenous Doula and the Baby Basket prototypes. The Indigenous Doula prototype was well underway when the Baby Basket project was ready to begin delivery. Winnipeg Boldness staff provided an orientation along with the Baby Basket package (see 3.1.3), but not all Doulas were able to attend. There were some difficulties in connecting with all of them and the families that they supported. Many of the Doulas were also not clear about the roles and responsibilities around the delivery of the assembled Baby Baskets. The expectation was that the workers would pick up the Baby Basket and bring it to the family they were supporting rather than it being delivered by the staff at NEWC. Personal delivery is important for the relationship building/strengthening aspect of the project.

In considering what would be required to bring the Baby Basket to a larger scale, NEWC staff said the space would be their biggest challenge. They already struggle to find the space at the Up Shoppe to receive and manage donations, and had a few instances where it was a challenge to house the items for the Baby Baskets until they could be delivered to families. The more Baby Baskets, the bigger of a problem this would be. One of the considerations for scaling is reducing the cost or securing funding for the Baby Basket. Options could include negotiating wholesale prices or accepting donations, both of which would require storage space.

If scaled up, they would want to engage more volunteers, but they would also require dedicated staff with clearly defined roles. The dual role played by the coordinator worked well for the small-scale prototype, but would become challenging with increasing numbers. Also, if such a project included receiving donations and/or negotiating wholesale purchases, additional staff would be needed to procure and manage inventory.

5. Alignment with the Child Centred Model

5.1 Child Centred Model Summary

The foundation of the work developed through the Winnipeg Boldness Project relies on the wisdom and direction of community leaders who have, from the beginning, informed a way of working in the North End of Winnipeg, Manitoba that promotes success for families. This way of working has been documented in *Ways of Knowing, Being, Doing and Feeling: A Wholistic Early Childhood Development Model (Child Centred Model)* as a promising practice. Each of the prototypes designed and implemented by community partners with the support of the Project are demonstrations of the core values and attributes of promising practice of the Child Centred Model.

The Child Centred Model is a way of working with families that honours the strengths, knowledge, passion, and commitment that families bring to raising their children; and advocates for opportunities to learn, build, grow, experience, and belong to a community. The underlying belief within the Child Centred Model is that children are at the centre of a community: members, organizations, structures, and policies that are a part of that community are in interrelated and interdependent relationships with children and families. These relationships are important and need to be led by families and those who are in their close circles of support.

5.1.1 Implications for Designing and Implementing based on the Child Centred Model

1. Early childhood development initiatives will need to see sacredness of the whole child, within the context of history, culture, family, community, their full human potential, and right to the fullness of life.
2. Supports to parents must include teachings that affirm sacredness, dignity, value and worth, healing from trauma, and hope. Keeping families together must be priority. A variety of learning experiences must be accessible, affordable,

culturally safe, and drawn from strength-based perspectives, with opportunity to spend some time on the land.

3. Healing strategies and modes of healing must integrate trauma counselling and restoration of balance in healing relationships between professionals and ones seeking help. The help of Elders, medicine people, sweat lodge ceremonies, healing circles, should be offered as an integral part of healing when the need is expressed.
4. Community Learning Circles should be implemented to share knowledges, wisdom and worldviews of the community.
5. The community has its own answers. Service providers can only be facilitators in the process of building strong, vibrant communities. The community is enriched with wisdom, knowledge and experience that can be drawn from in future initiatives.
6. Human resource development strategies must include multicultural proficiency education and training.
7. The whole community of service providers, everything that touches the lives of our children, must be fully engaged with, and invested in the early childhood development initiatives.

The Baby Basket prototype is a demonstration of the values and promising practices of the Child Centred Model.

5.2 The Baby Basket & the Child Centred Model

The Baby Basket prototype addresses the following core values and attributes of promising practice in their implementation:

Wholistic: People are viewed in consideration of all aspects of self: the body, mind, and spirit as dynamic and interrelated parts of a single integrated whole system. Likewise, the world, systems, communities and people in it are interconnected and interdependent. When one part is changed, it sends a rippling effect throughout the whole system.

The development of the Baby Basket is not seen as a stand-alone intervention, but rather one piece in an interconnected and interdependent strategy to reduce toxic stress experienced by facilitating relationships with service providers in Point Douglas. Research has identified the life-long impact of poverty and stress on the health and wellness of pregnant mothers and newborns. The baby basket prototype demonstrated this value in the design and delivery - as a tool to

begin/strengthen relationships with resources and services, providing a ripple effect on the long-term health and wellness of children and families. Service providers in several programs/organizations worked together to connect families to the baby basket. Families learned of new resources and were personally welcomed into circles of support as a part of the Baby Basket process.

Children are sacred: Sacredness is especially observed in children, who are closest to Creator. Babies are a gift and a responsibility.

Pregnancy and birth are cultural celebrations. Babies are welcomed into the world embraced by family and all their relations. It is the responsibility of families and communities to ensure that this child begins with a strong foundation. The baby basket demonstrated this value by providing a gift to honour and celebrate the mother and baby. The staff and organizations who worked with families on this prototype saw the basket as a celebration offered by the community. Families felt welcomed and were happy for this opportunity for their children. The cultural significance of children was also honoured in the items included in the Baby Basket as options. Families were able to choose a star blanket and/or baby moccasins if desired, both of which are important cultural items.

Self-determination: “We are put here by the creator to care for each other and for mother earth. We should therefore be responsible for ourselves, for our families, for the next generation and for our community.”¹¹ Having voice and volition to make choices to attend to individual needs and leads to recognition of the responsibilities to family and community.

Mothers were happy and proud to be able to choose items that might have caused their family stress about obtaining. Choosing items based on the needs and fit for their family meant that each mother had the volition to determine what best suited their own situation. The baby basket was an exciting opportunity for families. It symbolized more than a basket of free goodies, it was something that was valued and needed. The customization of each of the baby baskets demonstrates the value of self-determination – where families voice and choice are valued. The prototype design was also an opportunity for mothers to share their experiences. The Project valued their feedback and contribution to the learning.

Relationships/Trust: Time and care is taken to develop relationships and build trust with individuals and families; it is the essential foundation required to be effective and respectful in dealing with all people.

¹¹ KSCS (Kahnawake Shakotii'Takehnhas Community Services). *Aboriginal values and social services: The Kahnawake experience.* (Ottawa: Canadian Council on Social Development) 1994 at 22.

The purpose of the basket was to facilitate and develop trusting relationships with families in Point Douglas who were expecting babies. The basket provided important resources chosen to celebrate the birth of their children. While the basket was an appreciated gift that lessened stress on families, it was also an invitation to families to build ongoing supportive relationships with healthcare, programming, and community. The prototype demonstrated this value, as highlighted through the family feedback. Families who received a baby basket felt the process was a positive experience and felt comfortable with their support workers. The basket is a tool that can be a key to prevention-based work to build and strengthen relationships with children and families before resources or supports would be needed.

Families are experts in their own lives: This addresses the balance of power in healing relationships, which is often only available from “professionals”; it promotes self-determination by providing choices to effectively address a family’s needs instead of dictating requirements to receive support.

The Baby Basket demonstrated this value through the customization process, where families were able to choose items on their own. In addition to this choice, there was not a stipulation made on families to attend any course or workshop as a precursor to receiving the basket. It left the power to choose to seek out resources in the hands of the families but also made a connection to a friendly face to reach out to if they chose. There was no expectation that the families continue to meet with the support staff, however mothers were welcomed, and it was made known that someone was there for mothers at any time.

Options: A wide variety of resources and services are accessible and appropriate to effectively meet the diverse needs of families and individuals.

The customization of the Baby Basket demonstrated this value of the model. The ability of families to pick the products was pivotal to this prototype. The ability of parents to choose appropriate resources meant that they could meet their direct needs. For example, the type of stroller. This differed depending on the family structure (single or double strollers) as well as intended use (wheels that could navigate snow covered sidewalks). While customization at a large can seem overwhelming from a logistical perspective, it can be achieved through the development of the right tools.

Equity: Certain individuals or groups face more challenges than others and therefore require more support. Specialized services, increased opportunities, and support is available to those who have greater need.

The Baby Basket was designed as a tool to build relationships while also addressing underlying inequities experienced by mothers who are living in

poverty. Being able to access resources, in a non-judgmental manner, and make choices about what would be best used by the new family, removed a layer of financial stress. Often difficult decisions need to be made when living on a limited budget and other children may have to go without needed items in order to provide for the new baby. The basket alleviates this in the short-term. Higher priced or “big ticket” items were something appreciated by the mothers. Some shared that they did not know how they would obtain a stroller or a car seat otherwise.

When the mother is impacted and less stressed by the financial cost of expecting a baby, the entire family unit is positively impacted. Mothers shared that they experienced pride in the ability to meet the needs of their families, which also positively impacts any younger children.

The Child Centred Model is based on the work of leaders in the North End of Winnipeg. Using the model in conjunction with their work with families, organizations have seen tangible and meaningful successes for families. In the application of this model in the design and implementation of the Baby Basket prototype the Project was hoping to facilitate the development of trusting relationships with families by providing a few resources to celebrate the birth of their children. It was to be used as a tool to invite families to build an ongoing supportive relationship that connects to healthcare, programming and community.

The application of this model is consistent with the review of the literature, completed in Section 2, which outlines key learning from previous research in related areas. The review indicated that maternal and child stress can have long-term consequences on health and wellness. Toxic stress, often as a result of poverty, compounds the health impacts and has shown connection to generational poverty. To address poverty and the financial stressors related to pregnancy and childbirth research has shown that individual responses must be complemented with strategic and interconnected strategies. When stress is mitigated, and adults have supportive and responsive relationships through community connections this positively influences the responsiveness in their relationships with their children. This is a mutual and reciprocal benefit. The Baby Basket prototype is a strong example of the application of the Promising Practices of the Child Centred Model including: wholistic, children are sacred, self-determination, relationships/trust, non-judgment, families are experts in their own lives, options, and equity. This creates an opportunity to develop individual and community level responses to child and family wellbeing.

6. What Did We Learn

The prototype partnership with North End Women's Centre resulted in several key areas of learning.

Validation of Vision

The idea of the Baby Basket as tool to invite families into relationship was validated. Families and support workers were supportive of the overall approach and core principles as outlined in section 3.1.1.

Refining the List

The most popular items were strollers (and variations), diapers, star blankets, moccasins and hand/foot print kits. Most of these items are not offered in other Baby Box initiatives. The star blankets, moccasins, and hand/foot print kits were included in alignment with the values of the Child Centred Model where birth is a ceremony and a milestone celebrated in the community. The sacredness and honouring of the child is symbolized through the inclusion of these items and they were well received by families who chose them. Larger items that were costly for families to obtain indicate that more resources for these kinds of items are needed.

Choice is Important

The act of choosing the items to include in their personalized basket is important for families in terms of self-determination as well as relationship building with support workers. Families feel respected when they are able to choose, which also creates trust in forming new relationships.

Customization & Delivery Logistics

The order form and point system was well received by families, support workers and the prototype partner. While the paper based form could work for future iterations, tracking and managing inventory could become onerous with larger numbers. Clarity about the role and expectation of family support workers in the future would lead to smoother delivery. Space will likely become an issue for any organization looking to scale the prototype.

7. Possibilities and Recommendations for Scaling

In addition to the key learnings of the prototype development and implementation, future iterations might explore possibilities such as:

- a digital order form and inventory management system

- funding, sponsorship or donation partnerships; and/or business or social enterprise opportunities
- comparing prototype learnings with other research projects such as the Manitoba Pediatric Residents or the University of Calgary – School of Nursing pilot projects
- identifying particular aspects or components within the overall prototype that might be incorporated into other initiatives
- building partnerships with Indigenous organizations to provide more culturally appropriate Health and Safety information
- developing programs for families to easily obtain some the most popular items on the list (i.e. bigger items such as strollers and cribs)
- creating a network of partners interested in using the tool to forge relationships with families
- testing a two tiered approach to reduce the cost of the Baby Basket for the initial invitation, and then providing more items for those families most in need: this could work toward a system that is both universal and customized/equitable

The Project recommends that any future iteration of the Baby Basket prototype remain committed to the values within the Child Centred Model and exercise caution around initiatives that would:

- place conditions of families in order to receive the Baby Basket (i.e. completion of a particular program and/or information session)
- collect and share information without consent and/or for profit
- use the Baby Basket as a tool for advertising
- require payments at any time

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Appendices

Summary of Baby Box Initiatives

Finnish Maternity Package

This is the inspiration of the Baby Box. The program began in 1930 to address infant mortality in connection with poverty and has been a universal government program since 1945. The package is a gift of maternity/baby items in a sleep safe approved box; families have the option of a cash gift instead of the box.

Finnish Baby Box Company (Finland)

This is a private for-profit company that includes some charitable partnerships, but also sells boxes of items in a sleep safe box.

The Baby Box Company (California)

This is a private for-profit company that sells items in a sleep safe box. It is marketed in many countries, with both individual & wholesale options. It offers a variety of customization options depending on size of wholesale orders. Boxes include memberships to Baby Box University that require submitting enrollment information online. The company has been providing various groups with boxes at no cost to support universal Baby Box programs in Canada; this seems to be conditional on families' enrollment in Baby Box University (e.g. Baby Box Ontario); Other provinces & territories have been bulk purchasing boxes without enrollment in Baby Box University. It appears that this company is attempting to trademark the phrase Baby Box in Canada. The company launched a Manitoba Baby Box in February 2017, availability has not been consistent and depends on participation of local partners agencies.

Baby Box Canada

This initiative is currently operating in Ontario. It is a non-profit that will provide a box of items free to families who register, once 5,000 families have signed up. The initiative operates on financial contributions, corporate support and donations. The box is not a sleep safe approved surface. As of October 2016, it was not clear if they had yet delivered boxes.¹²

Welcome to Parenthood - Alberta

This 2-year research project by the University of Calgary - Nursing Research Department was a provincially funded program that included a maternity package of essentials for mom & baby. The box was intended to be used as an engagement tool in connection with a larger initiative that included education and mentorship components.

¹² http://www.huffingtonpost.ca/2016/02/19/baby-box-canada_n_9158616.html

Participation in a class was required for families to receive the box. The study originally procured boxes from the Baby Box Company in California, but subsequently set up a "Made in Canada Box" with Instabox Calgary. A Welcome to Parenthood Manual and Evaluative Report will be available in June 2017.

Nunavut Baby Box Program

The Department of Health was delivering more than 800 boxes to Nunavut's 25 community health centres in 2016-2017. Expectant parents can register for a Baby Box during prenatal appointments or by contacting their community health centre. The Baby Box, which is approved by Health Canada for infant sleep, supports maternal and child health by encouraging early prenatal care, promoting safe sleep environments and breastfeeding, and is endorsed by the Department of Education's Early Childhood Education program. The Baby Boxes are filled with products for baby and parents in addition to information kits. The boxes are procured from the California Baby Box co., but no Baby Box University membership information is included.

Baby Box Ontario

This is universal program, but not publicly funded. Boxes are procured from The Baby Box Co., who is working with organizations like The Children's Aid Foundation, The New Moms Project, and The Mary Berglund Community Health Centre to make the program accessible to all Ontarians. Visiting a health care provider or community centre is part of the process of receiving a box. Expectant parents can start inquiring about Ontario Baby Boxes at their health care provider or community centre in July 2016. All Ontario residents who receive prenatal care and review the Ontario education syllabus created by their health care provider on Baby Box University are eligible to receive a box. They plan to distribute 145,000 boxes.

Baby Box - Pediatric Residents

This group secured funding for 1 year from Children's Hospital Foundation for a universal pilot for 16,000 boxes across Manitoba. Funding is for both the box and evaluation. The explored partnering with the California Baby Box Co., but never reached an agreement. This research project reduced the intended scope to focus on two hospitals in Winnipeg with surplus boxes donated from Alberta's Welcome to Parenthood pilot project. The study launched in fall of 2017.

Baby Box Policy & Recommendations

Infant Mortality Working Group

Provincial group includes two sub groups - Safe Sleep/Baby Box; Top 10 Recommendations for enhancing pre-natal care.

The Sleep Safe working group is exploring gaps & opportunities, education, access, and policy; Looking to establish provincial guidelines: legal, industry sponsorship, privacy,

etc. to make recommendations to larger regional steering group; They are looking to establish common criteria to avoid individualized policies in different regions. They have developed warning and safety materials around Boxes provided from groups outside of the Province and continue to work with these companies to address safety and provide Manitoba specific information.