



Health & Wellness Planning:
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.

Currently, about 50% of kids in the Point Douglas are doing really well in terms of early childhood development and are starting school at a point where they're 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 & Health & Wellness Planning

Early on in the Project, the Point Douglas community identified possible solution areas to be developed through the social lab process. The Health & Wellness Planning prototype entails a person-centred approach that is able to address many of the community identified suggestions. 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

The capacities developed during childhood are the building blocks of a well-functioning, prosperous, and sustainable society; from positive school achievement and economic self-sufficiency to responsible adult behavior and lifelong health. When we give children today what they need to learn, develop, and thrive, they give back to society in the future through a lifetime of productive citizenship. Building on a well-established knowledge base more than half a century in the making, recent advances in the science of early childhood development and its underlying biology provide a deeper understanding that can inform and improve existing policy and practice, as well as help generate new ways of thinking about solutions.

Early childhood development research has shown that interventions developed to address the entire family system can be critical in many contexts (Center on the Developing Child at Harvard University, 2016). Babies are born into interconnected environments that strongly influence their development and ability to thrive. This is often based on the knowledge, supports, resources, and infrastructure available to the family. Examination of health promotion programs and early childhood interventions have found that family-centered health promotion programs can reduce externalizing behaviours among mothers and thus be reciprocated in positive behaviour among their children (Barlow et al., 2013; Browne et al., 2016; Gould et al., 2017; Mullany et al., 2012).

Multi-generational approaches to practice can build skills and connect to resources in order to provide families with needed support. In addition, designing interventions for families requires culturally competent, culturally safe, and culturally supported processes. Primary health care which enacts an equity-lens (i.e. inequity-response care, culturally safe care, and trauma-informed care) can facilitate more trusting relationships between Indigenous families and health care providers. Such relationships can support the self-efficacy of mothers in child care practices thus avoiding the possibility of state apprehension (Browne et al., 2016; Denison, Varcoe & Browne, 2014). Approaches can be categorized into four areas of intervention:

- Universal services for all children and their families (e.g., prenatal care for pregnant women, primary health care for children and parents, and full access to preschool education in some states);
- Broad-based programs serving families across the socioeconomic spectrum (e.g., child care, services for children with special needs, and preschool programs with variable degrees of access);

- Targeted supports for families with low levels of education and income (e.g., parenting education and coaching, programs for infants and toddlers, financial supports, services to promote economic self-sufficiency, and nutritional assistance); and
- Intensive interventions for young children and families at high risk for experiencing toxic stress (e.g., specialized services to reduce, prevent, or mitigate the adverse effects of child maltreatment, mental health problems in parents and caregivers, parental substance abuse, and/or exposure to intimate partner violence in the home). (Center on the Developing Child at Harvard University, 2016, p.29)

Science on early childhood, adversity and toxic stress has created important areas to remember, that are directly linked to equity, when designing interventions based on above:

- Early experiences affect lifelong physical and mental health, not just learning.
- Healthy brain development requires protection from excessive stress, not just enrichment in a stimulating environment.
- Achieving breakthrough outcomes for children experiencing significant adversity requires that we support the adults who care for them to transform their own lives (Center on the Developing Child at Harvard University, 2016, p.32-33).

The Center on the Developing Child at Harvard University advocates for the use of innovation and co-creation to implement and learn about new program strategies. Working with Indigenous families also requires a strong awareness of the role culture can play in supporting healthy families. It is necessary to work with a family to identify what their current awareness and goals are culturally to facilitate an intervention process that is culturally significant for their journey. For example, culturally-affirming, strengths-based creative arts therapy can also have a positive impact on a child's physical well-being and psychosocial health such as reduced anxiety and stress, greater social efficacy, and heightened self-esteem and resilience (Allain, 2011; Drummond et al., 2014; Fanian, Stephanie, Mantal, Danieles & Chatwood, 2015; McKenzie, Varcoe, Brown & Day, 2016; Kelaher et al, 2014; Stuckey & Nobel, 2010; Wesley-Equimaux & Smolewski, 2004).

The importance of relationships and building a network of support has been shared through a qualitative study of Manitoba First Nation families (Eni & Rowe, 2011). Interviewees representing 13 Manitoba First Nations shared their experiences of parenting to develop the Manitoba First Nations Strengthening Families Maternal Child

Health pilot project. Support for families to flourish must address three significant areas: interpersonal support and relationships, socioeconomic factors, and community initiatives. The expressed needs of pregnant women and young families are essential to consider in the development of health promotion, prevention and intervention programming. Family, community, self-reliance, and connection to land were expressed as necessary relationships to meet the needs of families with young children. These relationships were either nurtured or hindered by the lack of space and resources available in the communities. Access to programming that was built upon the recognition of the importance of interpersonal supports and relationships to young families cannot be stressed enough. The need for flexible initiatives that address unique familial and community contexts ensures equitable opportunities for families to thrive (Eni & Rowe, 2011).

The participation of adult supports, most notably Elders, in child support can alleviate stress among mothers and deter the use of negative parenting practices (Bowen et al, 2014). Research has identified supportive components for families working to achieve health and wellness, including: self-determination and relationships, connections to community. This two-generational approach is significant as it also connects to the principle of interdependence and community of care in Indigenous ways of being. Utilizing a two-generation approach to address the challenge of poverty, for example, has had positive impact.

Long-term poverty can lead to adverse effects on adults, such as a decline in mental and physical health, addictions, as well as negative social, employment, and educational outcomes. Among children, these affects can become more prevalent and long lasting. Children who are raised by single parents are more likely to experience long-term poverty (Redd, Sanchez Karver, Murphey, Anderson Moore, & Knewstubb, 2011).

Families who experience long periods of poverty—as opposed to situational poverty, such as temporary unemployment—may find that their poverty is passed down between generations. Parents, who live in poverty, have children, who then grow up to be adults living in poverty themselves. Some reasons for this could be inadequate health care and nutrition, few assets (and thus nothing for their children to inherit) or a lack of opportunities. Families living in poverty may find themselves living in poor neighbourhoods, where their children are unable to attain the same level of education and social development as their counterparts in more financially privileged areas.

Policies and programs that support a Two-Generational Approach—as well as a gender and racial equity lens—may break this cycle. Current programs often treat adult and child poverty as separate issues, when in fact the support given to families should be delivered harmoniously between generations. Separate poverty policy between parents and their children ignores the daily challenges of working or studying while simultaneously raising a child. Additionally, it ignores the daily challenges of parenting while attempting to recover from illness, whether physical or mental, or the stresses of parenting while navigating systems. Without change in policy, children can experience developmental delays, academic struggles, and, ultimately, the same barriers that their parents face in life. Parents find motivation and inspiration to succeed from their children, and vice versa (Kids Count, 2014; Mosle, Patel, & Stedron, 2014; The Future of Children, 2014; Weil, Regmi, & Hanlon, 2014)

The 2014 *Top Ten For 2Gen* report published by The Aspen Institute, describes policies and principles to further Two-Generation efforts. The report laid out a framework of five important components needed to ensure success for families. These pathways or mechanisms are delivered by parents and their home environments, and are thought to directly influence the development of their children. These are the contributing factors that may decide whether a family lives within intergenerational poverty, or intergenerational opportunity.

- Social capital (networks, friends, neighbours)
- Early childhood education
- Post-secondary & employment pathways
- Health & wellbeing (mental health, addressing adverse childhood experiences)
- Economic assets (asset building, housing) (Weil, Regmi, & Hanlon, 2014).

The Center on the Developing Child at Harvard University (2016) has examined nearly five decades of evaluation research on early childhood development education and programming to synthesize the knowledge about best practices and how to transfer this into breakthrough impacts. From this examination five core principles for policy making and program development have been recommended:

1. Build caregiver skills
2. Match interventions to sources of significant stress
3. Support the health and nutrition of children and mothers before, during, and after pregnancy
4. Improve the quality of the broader caregiving environment
5. Establish clear goals and appropriately targeted curricula (Center on the Developing Child at Harvard University, pp. 19-27).

In conclusion, the necessity for interconnected programming that incorporates the expressed needs of families themselves has been shown to produce positive outcomes. Creating intentional communities of support, designing interventions that incorporate culturally significant connections, and providing the resources necessary for families to thrive is not only best practice, but equitable and just practice.

3. Prototype Design & Implementation

3.1 Prototype design

The Health & Wellness Planning prototype is a process of and way of working to support a family to develop a health and wellness plan when a new baby is expected. It was developed in partnership with Andrews Street Family Centre (ASFC). The prototype is built upon the core values and principles as outlined in the Child Centred Model, which is informed by the wisdom of Point Douglas community leaders, including those at ASFC. While this way of working is not new to many community-based organizations such as ASFC, the prototype allowed the organization to respond to community need in a more fulsome way than current resources and terms of funding allow. The prototype was able to provide participating families in need with intensive one on one support several times a week and facilitate access to other programs and services to address other gaps in families' resources. This prototype was designed according to principles to ensure that:

- Babies have access to relationships, resources, and institutions that will ensure that they have the best start possible in life;
- Families are empowered, connected & self-sufficient, with engaged natural support systems;
- Families stay together & are healthy with increased levels of education & employment;
- Families feel trusted, respected & valued – are in good relationship with service providers;
- Families are self-determining – services are delivered in accordance with their identified wants & needs; and
- Children are school ready at kindergarten.

The prototype follows a series of steps intended to take place over several months depending on the circumstances of the family. The steps include: 1). Engagement and recruitment, in which participants are invited to take part in the process; 2). Preparation, in which the staff team builds relationships and begins to work toward creating a plan; 3). Plan day, in which the plan is finalized in collaboration with other family members and supports as identified by the family; and 4). Follow-up, in which the

staff team ensures the plan is meeting the needs of the family. It is important to note that the process steps are intended to be a flexible guideline for coordinators, staff and facilitators. The principles according to which the prototype is implemented are imperative and take precedence over the steps.

Detailed description of the process steps:

1. Participant engagement and recruitment

The coordinator or organization staff identify potential families and inform them of the process, opportunities, and expectations for participation. If interested and willing to commit, families complete intake and consent forms, and participate in a pre-evaluation interview.

2. Preparation

The coordinator and team spend the most significant amount of time during this phase building relationships with the primary caregiver, their family, and natural supports. At this stage the family begins to discuss their short- and long-term goals, identify resources and barriers to achieving their vision for their family, and engage in self-evaluation activities. The prototype used a Wellness Wheel as both a planning and self-evaluation tool (see appendix A). After about four to six weeks, the team and primary family member determine readiness and set a date for the plan day. Details about the day such as who to invite, what if any aspect of culture or ceremony to include, goals, meals, childcare and other logistics. Any invitees should be thoroughly informed of the purpose and their role for the day; the latter is especially important for any representatives of systems or institutions that the family would like to include. The preparation also includes arranging logistics for any family members who will need to travel, and/or addressing any other barriers to participation. Participation barriers can include transportation, accommodation, meals, or lost wages.

3. Plan-day

The staff team and coordinator arrive early at the venue to ensure the space is set up to receive family members according to the plan. The day usually begins with a meal as people arrive, followed by an opening for the session according to the family's wishes (ceremony, prayer, etc.). The group then gathers in a circle for welcoming and introductions. The team, family members and non-family supports are included in this portion of the day in which non-family supports may share information on resources that they have to offer the family. Non-family supports then leave the family to engage in the detailed planning process,

which can be facilitated as necessary, but is led primarily by the family themselves. This portion of the day takes as long as the family decides is necessary. Once the family is ready, the plan is reviewed/presented to the rest of the group at which point questions and clarifications can be made. The plan should be as detailed as possible including goals, resources and timelines. The day is concluded as per the family's wishes, which often includes a feast.

4. Plan implementation and follow-up

After the plan day the team provides all the participants with a written summary of the family's plan including the agreed upon timeline, the required resources, and who is responsible for what. A follow up day can be scheduled to ensure that the plan is being implemented as intended and/or the team checks in with the family at agreed upon milestones or as necessary to ensure plan in on track or help address any challenges. In some cases, another plan day may be required. Ideally the length of the follow up period varies according to the timeline set out in the plan. One of the milestones in the plan should include time for mid-term or post-plan evaluation.

The budget included for the health and wellness planning prototype allowed for the equivalent of two full time staff positions, the trainer/mentor, meeting expenses and a significant family support allowance for up to five families over six months. The family supports allowance was intended to address crises and gaps in resources as well as to support participation and logistics of the plan day.

The Health and Wellness prototype exemplifies the values and principles of the Child Centred Model: the Project's theory of change. A few of the key values include:

- **Self-determination:** The central tenant of the prototype is that families determine their own goals and vision for the health and wellness plan.
- **Relationships/Trust:** is foundational to the prototype. In order to work with families in a meaningful way, trust needed to be established. Sufficient time and space are required for a family to engage in the process. Families need to understand what they are being invited into; and, be assured that they will not be penalized by participating and/or sharing personal information with the team.
- **Equity:** The prototype recognizes that not all experiences are alike and offering a one-size-fits-all approach is not appropriate. The prototype allows for a budget range that is flexible enough to address divergent needs of each family. The level and type of support available to families varies depending on the context.

A full list of the principles exemplified by the Health and Wellness Planning prototype is provided in section 5.2.

3.2 Training & Mentorship

An experienced trainer/mentor was hired to work in partnership with the Project and Andrews Street Family Centre. The initial two-day training was delivered on May 27 and 28th at ASFC. It was attended by the Health and Wellness coordinator, three ASFC staff and Winnipeg Boldness prototype coordinator. The training covered the prototype process and principles of engagement based on the four questions: 1) Who am I? Identity and values; 2) Where do I come from? Honouring the gifts of our ancestors; 3) What is our purpose? Roles and responsibilities of community helpers; and 4) Where are we going? Family gathering day and after care planning. A curriculum was documented and is available for any future iterations. The mentor continued to support the Health and Wellness coordinator and staff team throughout the term of the prototype to further developing counselling capacity and assist in problem solving some of the more complex family challenges.

3.3 Prototype Implementation

The Health and Wellness coordinator was hired to complement existing staff at Andrews Street Family Centre (ASFC). The primary role of the coordinator was to build relationships with families and support them through the Health & Wellness Planning process as described in 3.1. The coordinator also managed and tracked expenses, collected data for reporting and coordinated evaluation activities with families. Assigned ASFC staff assisted the coordinator in connecting and building relationships with families, identifying potential resources for families and completing administrative tasks. The staff team was supervised by the Executive Director of ASFC and supported by the trainer/mentor.

3.3.1 Participant Engagement and Recruitment

In early May, ASFC staff began identifying potential participants. Information was provided through the drop-in and existing ASFC programs. Interested individuals were invited to schedule a meeting to learn more about the prototype. Efforts to recruit participants continued until the end of July. In total, six families engaged with the prototype to varying degrees, with four successfully creating Health & Wellness plans. Of these families, five were expecting and one had a recent newborn. Each family had

between one and five other children between the ages of six months and 14 years: a total of 19 children among the six families.

3.3.2 Preparation

After the initial invitation the coordinator and staff spent a significant amount of time meeting with families to build trust, explore family strengths and current challenges, and engage in self-evaluation and planning activities. During this phase, the coordinator made best efforts to meet twice a week with mothers. The coordinator had as many as 28 or as few as six meetings with the four families who completed plans. When crisis or challenges were pressing, the staff team sought out existing resources, assisted with systems navigation or addressed the gap with the prototype's family support budget. Some of the challenges facing these families included:

- Poverty issues: precarious or unsafe housing, overdue hydro bills, food insecurity, difficulty accessing transportation
- Open CFS files, existing children in care or at risk
- Multiple children with special needs: autism, global developmental delay, self-harm, depression, eating disorders, sleep disorders, bed wetting, ADHD, and violent behaviors
- Domestic violence, current or trauma from history
- Gang involvement
- Social isolation
- Addictions, current or recovering

Types of resources provided to families:

- Information and referrals to existing community programs and supports such as:
 - Individual, couple, child counselling
 - Housing advocacy supports
 - Addictions programs
 - Food banks
 - Parenting programs
 - Youth gang involvement prevention supports
- Systems navigation to address issues, and access services and benefits:
 - Manitoba Housing
 - Canada Revenue Agency
 - Children's Disability Services
 - Child and Family Services
 - Public Schools
- Prototype Family Support Budget for:
 - Children's Counselling – Winnipeg Art Therapy
 - Traditional Indigenous Teaching Circles with Elders
 - Food and household items
 - Childcare

- Transportation
- Telephone
- Children and baby supplies

During the preparation phase, primary family members also spent a lot of the time with the coordinator exploring their strengths and dreams and began to set goals. The Wellness Wheel (appendix A) was used as a tool for both self-evaluation and to explore goals in a wholistic way. The Social Impact report summarizes goals identified by families:

- Healing
 - Wanting to “feel well” again (mentally, emotionally, physically, spiritually)
 - Wanting to connect to Indigenous culture and spirituality as a source of identity, pride and strength
 - Wanting relationships to thrive again
- Cultural awareness (Indigenous and “North End”)
 - Understanding oneself
 - Feeling pride in self and culture
 - Contributing to a community (for example by maintaining cultural customs and practices)
- Being able to provide
 - Having enough food and a safe home in a safe neighbourhood
 - Having enough money to get children school clothes and supplies
 - Having enough money to take children on fun activities (movies, sports)
 - Being able to give children access to counselling if they need it
 - Being able to give time and attention to children
- Healthy, successful children
 - Freedom from trauma, violence and abuse
 - Making sure that children understand inappropriate touching
 - Access to gym for healthy, inexpensive activities
 - Ability to get support and do well in school
 - Sense of pride in self, accomplishments, talents, culture
 - Sense of well-being, resilience, strength even when alone (i.e. without mother there)
 - Good decision-making by children based on the above
 - Children involved in healthy activities (not bored)
 - An ability to identify, talk about and manage feelings
 - Independent children
- Healthy families
 - Stronger family bonds (especially with teen children)
 - Freedom from trauma, violence and abuse
 - Keeping the family together (i.e. not having children apprehended by CFS)
 - Having healthy relationships in the family

- Having relationships with ex-partners and possibly their new families
- Showing children what “normal” can look like
- Good family relationships
- Independence from “the system”
 - Closed CFS files
 - No more need for support from agencies
- Learning
 - Learning how to budget
 - Want to go to school and have a career
 - Wanting children to do well in school
 - Participating in more programming to learn
 - Learning more about own culture
- Improved quality of life
 - Car ownership to live outside the city with family members, so that children are not exposed to the difficult aspects of city life
- Sense of community
 - Knowing you’re not the only person going through something
 - Wanting to help others
 - Keeping an eye out for the well-being of the community as a whole

(p. XX)

3.3.3 Plan Days

Of the four families who succeeded in completing Health & Wellness plans, only two actually went through with the day as planned. One family did not go through with the plan day because the new baby arrived, and the other cancelled at the last moment. Immediate and extended family and friends attended the two plan days which were facilitated by the coordinator and mentor as well as an Elder. Each plan day took about three hours and resulted in a concrete plan to address various goals as summarized above in section X.X. Meals and onsite child care were provided.

3.3.4 Follow-up

The coordinator continued meetings with all four of the families who completed Health & Wellness plans until the end of the prototype timeline. The coordinator ensured that families were well connected with staff and ongoing resources at Andrews Street Family Centre once the prototype ended.

4. Evaluating the Prototype

4.1 Methods and Data Gathering

The Project worked to track the learning through a multi-method approach incorporating qualitative and quantitative methods. This included:

1. Winnipeg Boldness General Intake Form (Appendix B)
2. Resource Tracking Forms
3. Qualitative interviews with families; Winnipeg Boldness & Eupraxia Training
4. Coordinator Field Notes and Learning Journal (see Appendix C for Learning Journal guidelines for staff)
5. Qualitative interviews with trainer/mentor and ASFC management

Families and staff were informed that their feedback during the implementation of the prototype was critical to the learning of the Project. All stakeholders were committed and engaged in the evaluation activities.

The purpose of the prototype was to develop and test a process to:

- build capacity in the community to support families;
- refine administrative components such as budget and logistics for an organization; and
- get feedback from families and support workers to determine possible impacts if scaled.

4.2 Reflections on the Prototype

The trainer/mentor provided training to the staff and coordinator at the beginning of the prototype. She felt the team did a very good job considering the time and resources available, but that the training should have been longer than the four sessions; that more development work is needed to build better facilitation skills. More time for team bonding and engagement with Elders is also something that would help build the capacity of staff to do their work. One of biggest strengths of the team was their ability to build relationships with families. Consistency of the staff involved is important for relationship and trust building with families.

The coordinator expressed that she had some challenges recruiting participants early in the prototype. She was new to the centre and relied heavily on the existing trust and relationships that staff at ASFC had with families. It is through these relationships that most of the participants were recruited, with one family being referred later in the prototype by an existing participant. She engaged with many potential interested families that would schedule appointments and say they're interested, but then didn't

show up or call. She acknowledged that they may be dealing with things at home, or simply not fully interested or committed in the project due to a lack of trust.

The trainer/mentor reflected on this challenge:

In my experience, one reason might be because they are in crisis or they don't have the capacity or resources to plan; things happen: kids get into trouble, addictions those kinds of things; I think they mean well, and they forget; if you have memory issues because of trauma; you're not going to remember; you don't have a phone, or an agenda and there's nothing to remind you. Another reason is trust: *oh, I'm going to talk about my life again, does this mean I'm going to be more involved in CFS, are they going to come in and check my house*; there's a lack of trust in systems among the community; more reluctant to invite someone into my home, but then they have kids and it's hard to get to an office, and if something happens and they miss it, they're embarrassed so they don't call; And they didn't know Lee, and that's why you need that time for development; if she could have had a drop in for people to come to, with games for kids or activities, so they could come or not, if they could. Think about something they could do, have something they would want like food, etc.

Once trust was built, the coordinator succeeded in regular meetings, but had to be patient and open to rescheduling. Her ability to meet families in their home or provide child care on site was essential for these meetings. Being flexible and adapting to the needs of the families built further trust and allowed them to fully engage. The director at ASFC shared that while her staff regularly support families, they usually don't have the flexibility to travel offsite to meeting families, nor do they have the time to regularly meet with a single family several times a week unless there is a crisis.

The trainer/mentor identified trusting relationships and access to resources as the critical factors to achieve successful outcomes. Families need to know and feel that the staff working with them are respectful and can be trusted. This can be accomplished when everyone starts the process from a place of strength and recognizes the family as the expert in their own life. Exploring family strengths and their extended networks as valuable resources that can help address gaps and challenges builds on those strengths.

You need to look at the whole picture – they (families) are in crisis, but they have resources and strengths too and that is what we focus on; not on the deficits. Look at the positives and from there ask what is missing and what can we put in place; and I think that the medicine wheel allowed us to do that. I think they saw themselves in that and saw their strengths; that they were capable of doing something else and they could change things. (Debra)

Having access to resources to address immediate concerns, reduces stressors and creates the space and opportunity for families to dream and set goals for their future. The director of ASFC also reflected on the importance of the resources and the relationships:

Through the HW, we realized that if you put more time and energy into that one family long term, look at how cost-effective it is! I see it because I work with the families all the way without the resources... I also learned [about the importance of relationship] through this process, like about the circles. People want to talk to each other and be able to be free to say stuff without someone using the info against them or judge them. You need to work on healthy relationships even in those circles.

The trainer/mentor identified the preparation phase as the most important part of the process in which relationships are built and planning begins.

Taking time to work on the goal setting with the individual before other family/natural network members were engaged so they were very clear about what they wanted, who they thought could be part of it. And then those were the people that were invited in. They were very clear about how they saw them helping and being part of the solution. I really liked that, so that they were more prepared. So, when the family saw that, the families could say how they might be able to help or problem solve. The individuals were clearer about their goals and how they could get there.

The plan day is not always the most critical part of the process. For some families it is a lot of pressure and added stress, but for some the plan day can be a validation or celebration of progress. In some cases, the plan day is an opportunity for building family bonds.

[The plan day was a time] for a family to come together, there was healing that happened, that I don't think would have happened otherwise; for one family there had been issues with one with addictions. With addictions comes mistrust. So, there was time for forgiveness and time for that person to say sorry; there was non-judgement; the family acknowledged the mistake but focused on what was needed to go forward instead of getting stuck.

The budget provided the opportunity for families to connect with their culture. This had a very positive impact on families.

I saw a difference when Elder Mae was part of guiding things; even if they [the families] weren't into traditional ways of being, most of them were curious about it and wanted to start that journey. It was about access. If they wanted to, it was there; if they didn't that was okay too.

Integrating culture in multiple ways such as smudging, using the Wellness Wheel (based on the traditional medicine wheel) and receiving time with Elders was a benefit not only for the families but for staff as well.

The art therapist that three of the families' children engaged with on a regular basis was also culturally grounded, which resonated with families.

The coordinator felt one of the main challenges was adhering to the timeline of the prototype. There was a tension between meeting deadlines to get through the process and also taking the time needed to build relationships with the mothers. Families need the space to work at their own pace depending what is happening in their life.

The coordinator reflected on her own strengths and weaknesses required for the position. She felt her strength was her ability to communicate and relate to the community, coming from a non-judgmental and loving place, but also felt that she lacked experience in counselling. She expressed that the training and support provided the trainer/mentor was invaluable to her. The fact that the training and process was embedded in culture and spirit gave her strength. The mentor/trainer supported the staff as well as the families during their plan days or in times of challenge.

The coordinator provided some recommendations to improve and future iterations, which included:

- an experienced counselor on hand to deal with personal triggers and sensitive issues
- a dedicated Elder to support the project to provide ongoing teachings and support to staff and families
- an additional staff person designated to administration and/or purchasing gift cards, bus tickets, items, and food as it would allow the coordinator to have more time to meet with participants
- longer term to allow for relationship building, and more overall family engagement per family
- finding ways to better involve men in the project
- more group ceremonial activities such as sweats or medicine picking
- having weekly peer sharing circles with the participants to provide a safe space for them to discuss whatever they'd like
- more direct engagement with case workers from Employment and Income Assistance and Child and Family Services, for both problem solving and accessing benefits
- support staff with vehicle to assist with purchasing groceries, bus tickets and other program related errands

4.3 Outcomes

Winnipeg Boldness contracted Eupraxia Training to undertake a Social Impact Analysis of the Health & Wellness prototype. This report (p. 14-17) documented the outcomes for families as follows:

Possible Areas of Impact	Indicators/Examples
<i>What has changed? What is the impact of the program's activities?</i>	<i>How do we know? What has been witnessed or experienced?</i>
Individual Outcomes	

Children in the families are beginning to access emotional supports and counselling.	<ul style="list-style-type: none"> • The number of children participating in therapeutic discussions and activities has increased. • Children are continuing to participate in the art therapy over a longer time.
Children's health needs are being addressed.	<ul style="list-style-type: none"> • Children are getting improved medical, dental and mental health care for issues like rashes, stuttering, ADHD, autism, cavities, and bed-wetting.
Children's learning needs are being addressed.	<ul style="list-style-type: none"> • Additional resources to families are available through Children's disAbility Services.
Individual safety has increased.	<ul style="list-style-type: none"> • Program staff are available to problem-solve difficult incidents (inappropriate touching, aggressive behavior) • Families have a pay-as-you-go cell phone for medical and other emergencies.
Individual mental health has improved.	<ul style="list-style-type: none"> • All mothers emphatically cite significantly reduced stress. • Mothers cite relief that children are able to access counselling supports. • Mothers and supporting program staff cite connections between strengthened cultural identity and "feeling well" mentally, emotionally, physically, and spiritually. • A father was connected to a male support person in the community. • Unhealthy coping mechanisms are said to be far less frequent. • Misuse of drugs stopped in one case.
Personal and family goals are identified.	<ul style="list-style-type: none"> • Medicine Wheel plans are completed with information on current and hoped-for mental, emotional, physical, and spiritual markers of progress.

<i>Family/Homelife Outcomes</i>	
Homelessness was averted.	<ul style="list-style-type: none"> • Families were provided with bridge financing to pay the rent while appeals to the Canada Revenue Agency were worked out.
Family relationships are more positive.	<ul style="list-style-type: none"> • Mothers cite improved relationships with children because of reduced stress. • Mothers cite relief at being able to keep the family together. • One mother indicated her relationship is stable again. • Partners share goals and can work towards them as a family unit.
Opportunities for healthy leisure activities have increased.	<ul style="list-style-type: none"> • Bus passes and recreation passes make it easier to get children to leisure activities.
Household functioning has improved.	<ul style="list-style-type: none"> • A broken washing machine could be replaced. • Mattress covers made it easier to manage bed-wetting.

	<ul style="list-style-type: none"> • Mothers state that they are less overwhelmed and more organized.
Natural support systems have increased.	<ul style="list-style-type: none"> • Families have intentional support networks they can call on for help.
Additional supports are being accessed	<ul style="list-style-type: none"> • Counselling is being accessed for partner relationships. • Counselling is being accessed for children.

<i>Economic/Financial Outcomes</i>	
Family budgets have remained stable during unexpected stoppages in governmental child support payments.	<ul style="list-style-type: none"> • Family finances were supported until issues with Canada Revenue Agency were resolved. • Children have school supplies and clothing for the beginning of the school year.
Food security was maintained during times of financial need.	<ul style="list-style-type: none"> • Grocery cards have supplemented food budgets during times of unexpected need.
Household budgets were not stretched by transportation needs.	<ul style="list-style-type: none"> • Families can use bus passes to go to medical appointments or to get groceries instead of paying for taxis.
Household budgets were not put at risk by unexpected health care necessities.	<ul style="list-style-type: none"> • Necessary household items are provided to help with health concerns (for example, bed-wetting, diapers) and reduce caregiver stress. • Bus passes supplement household budgets during times of need and increase mobility of families (to get to doctor appointments, for example).
Household budgets were not put at risk by household repairs.	<ul style="list-style-type: none"> • A washer was replaced; bedding does not need to be taken to the laundromat by taxi or bus.

<i>Cultural Outcomes</i>	
Indigenous cultural knowledge increased.	<ul style="list-style-type: none"> • Mothers learn relevant teachings. • Mothers refer to cultural teachings that they can draw on and teach their children.
The consequences of loss of traditional land, community, family, culture, and language were better understood.	<ul style="list-style-type: none"> • Mothers begin to understand the residential school and colonizing context in which they are living and parenting.
Indigenous cultural identity was strengthened.	<ul style="list-style-type: none"> • Mothers describe more positive decision-making “if you know who you are”. • Mothers can contextualize people’s unhealthy behavior and draw on positive visions for healthier behavior “the way we used to ...” • Aspirations related to culture (being an elder) were mentioned.

Cultural role models and guides were introduced.	<ul style="list-style-type: none"> • Connections were created to Indigenous elders and therapists.
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Educational Outcomes	
Referrals to educational supports are made for children.	<ul style="list-style-type: none"> • Children requiring developmental supports are being referred to possible resources.
Educational goals are supported for all family members.	<ul style="list-style-type: none"> • Educational goals (participation in GED or training programs) remain on individuals' list of future plans despite current circumstances (health challenges, birth of baby, etc.). • Information about educational programming available in the community is distributed. • Access to art therapy is maintained.

Social and Systems Impacts	
Child and Family Services has not intervened during the time of the project.	<ul style="list-style-type: none"> • The number of hours spent with families by CFS has reduced.
Referrals are being made to more appropriate and/or additional supports within the social support system.	<ul style="list-style-type: none"> • Families are being referred to additional resources (Children's disAbility Services). • Challenging situations are being triaged and routed more effectively.
Service gaps with more serious implications are being identified.	<ul style="list-style-type: none"> • Service gaps (counselling for men and children, consequences of unaddressed health issues during foster care) are being identified through the program.

In addition to the positive outcomes mentioned in the chart, the interviewees mentioned the following negative things that they likely avoided by being part of and receiving the benefits of the Health and Wellness Program:

- Worsening of situations (gestational diabetes, baby's health, children's health, child's emotional health, finances, household function, etc.) because of lack of knowledge about where or how to get help
- Worsening of situations because of increasing sense of futility, discouragement, or overwhelm by difficult circumstances (maternal isolation)
- Worsening depression and/or inability to create or implement new goals
- Relationship breakdown in the family
- "Self-soothing" with alcohol or drugs as a result of feeling intense anxiety, shame or guilt
- Risk of gang-related involvement of children
- Risk of children being unable to settle into school because of difficult experiences with other children, other adults, or other family members
- Loss of in-home safety for children
- Eviction and/or homelessness

- Complications for children because of loss of sense of family, safety, self-esteem, control over circumstances, etc.
- Involvement of CFS in families
- Further traumatization of the children already traumatized by apprehension or the fear of apprehension

In its conclusion the report (p. 32, 33) also identified systems change that could further improve families' progress.

Three important issues arose at the systems level. These issues were not only making some of the families' situations worse but were the cause of some of the most serious problems (missed Child Tax Benefit cheques, difficulties with Canada revenue Agency) suggesting that improvement at the systems level is an important aspect of improving the families' abilities to manage at critical crossroads.

Firstly, there was a difficult working relationship and deep mistrust of governmental agencies and offices, including but not limited to Canada Revenue Agency, EIA, and Child and Family Services. Navigating rigid and at times punitive administrative systems prolonged already stressful situations. The fear of judgement and uncompromising rules and regulations made it highly unlikely that the mothers involved in the Health and Wellness Program would seek out assistance from these organizations even in times of critical need. Difficulties can very quickly spiral into complex situations if a "one-stop" program such as the Health and Wellness Program does not exist.

Secondly, in the case of one mother, there was a serious lack of communication about available services and supports when children are apprehended by Child and Family Services. The children had access to, but were not given, dental care and counselling while apprehended. The same supports were not available during reunification, even though that was jeopardizing the mother's ability to manage the needs that arose during the reunification.

Thirdly, it was mentioned that there is a serious lack of community-based counselling supports for men/fathers and children.

There is insufficient evidence however, that the Health and Wellness Program improved family relationships with "systems" like Canada Revenue Agency, Child and Family Services, Children's disAbility Services, or social assistance offices. They came up in conversations because the Program Lead had advocated on behalf of the mothers, not because the working relationship had become more productive. The program would need to exist for a longer time in order to determine whether systemic shifts are possible through a program like this.

The evaluation data collected for the Social Impact report was also used to outline a clear theory of change with two specific chain of events with the possibility of leading to cost savings for systems. For more details on this analysis please see the full report.

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 Indigenous Doula prototype is a demonstration of the values and promising practices of the Child Centred Model.

5.2 Health and Wellness Planning & the Child Centred Model

Family Centred Decision Making brings together most of the Core Values and Attributes of Promising Practice in the implementation of the process:

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 Health & Wellness Planning prototype ensured that the process was available for all members of a family including extended family and other natural supports. The goal of the development of the health and wellness plan was to ensure all aspects of self and self in relation to family were supported to achieve balance and successfully work towards their goals. For example, the process attended to the mind, body, and spirit through education, resource connections, ceremony, and nourishing food during the plan day.

Interdependence: Strength comes from reciprocal love and support of others; when people are supported by others they gain the strength to return that love and support. People find purpose and meaning in relationships with others.

The Health & Wellness Planning prototype supported interdependence through the strengthening of a network of support for the families participating. By bringing family and community together to work on a plan that will allow families to achieve their goals, this strengthens the relationships within and around families to accomplish these tasks. For example, at the end of the Health & Wellness Planning process, one family that had not been connected to ASFC, continued to attend drop-in and programming at the centre. Another participant became a part-time staff member at ASFC.

Strength-based: Focusing on strengths gives people energy to grow; regardless of an individual or group's situation in life, they have strengths. These strengths are valued, respected and nurtured.

The Health & Wellness Planning prototype worked to identify the strengths and gifts possessed in each of the families. A strengths-based approach is embraced as an underlying value by every staff member at every stage of the prototype.

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

The centre of the circle of life holds a space for children. This was clear in all of the interactions during the Health & Wellness Planning prototype. Participation and the voice and experiences of the children were valued and prioritized by both families and staff involved in the process. The inclusion of the Art Therapist honored the responsibility to ensure the wellbeing of the children.

Basic needs: Access to basic needs such as food, shelter, and safety is an unconditional right.

In each of the plans developed in the Health & Wellness Planning prototype food, shelter, and safety was included. In the pre-evaluation interviews with the families each of these areas were identified as a "given" when talking about the family's vision for their own health and wellness. To have access to the basic needs was instrumental in a family's ability to engage in the planning process itself.

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.”¹ Having voice and volition to make choices to attend to individual needs leads to recognition of the responsibilities to family and community.

The central aim of the Health & Wellness Planning prototype was the ability of the family to determine their own goals and vision for the health and wellness of their family. For example, to be able to prioritize based on their own assessment of strengths and barriers and then plan accordingly took place in each of the families’ processes.

Person Centred: Services are responsive in considering people as wholistic beings who have competing needs and differing priorities; therefore, services are flexible.

The Health & Wellness Planning prototype took the value of person centred to heart in the work that was undertaken. The team approached each new family without any expectation of who should be involved or how the plan should look in the end. The team stayed flexible to the strengths and needs of each family and family member. Though the preparation phase of the Health & Wellness Planning process, the team was able to get to know the family at a deeper level to ensure this value was implemented.

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.

The foundation of the Health & Wellness Planning prototype is relationships. In order to work with families in a meaningful way, trust needs to be established. The relationship building between ASFC staff and families began long before the prototype began. The coordinator worked to strengthen the existing trust in the ongoing interactions between the team, participants, and families. The team demonstrated genuine caring about the families, allowing for trust and relationship to become stronger.

Non-judgment: All people are welcomed and respected regardless of situation or circumstance. People are met where *they* are at: services recognize that people are at different stages in their own journey, face different challenges, and have varied gifts.

¹ KSCS (Kahnawake Shakotiiia’Takehnhas Community Services). *Aboriginal values and social services: The Kahnawake experience.* (Ottawa: Canadian Council on Social Development) 1994 at 22.

The Health & Wellness Planning prototype recognizes that everyone is at a different place in life's journey. In the preparation phase of the process, families were taken where they were at, and suitability for continuing in the process based on motivations and intentions was assessed. While this is a strength of the Health & Wellness Planning process, it also requires that time be flexible to work with families based on this value.

Natural support systems: Are actively promoted and supported to provide sustainable and stable resources for individuals and families.

The Health & Wellness Planning prototype is founded upon the idea that it takes more than the nuclear family to support the health and wellness of children and families. In the Health & Wellness Planning process it is critical to identify the most complete picture of a family's natural support systems as is possible. The preparation phase calls for connection, communication, and strengthening of these systems with the long-term vision that natural supports will be the "glue" that binds the health and wellness of family's plan together.

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 Health & Wellness Planning prototype implements this value at the very core of the process. It respects families as experts by creating a space where families come together to identify their strengths and challenges and work to develop a plan that is led by their own vision of health and wellness. This is where the plan begins.

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

The Health & Wellness Planning prototype is context dependent, recognizing the unique situation and strengths of each family. Based on these values, the options available to each family must be varied as well. The process allows for each of the plans to incorporate resources and services that meet the identified needs of families. For example, when resources were identified as possibilities, the team

did their best to provide options that would fit the demographics, location, strengths, and comfort of each of the families. This value can be a challenge however, where there is a one-size-fits all approach to social services.

Prevention: In addition to crises support, services work toward addressing the underlying causes of crises and support people to maintain healthy and happy lives.

The original intention of the Health & Wellness Planning prototype was to work from a preventative model. It is designed to be a voluntary process where families living in Point Douglas can access wholistic services to assist in planning and reaching their future goals for health and wellness. Criteria for participation in the prototype did not include the need to respond to an immediate crisis; however, in many of the cases families experienced a need for support in response to crises such as a death in the family, a system involvement, addiction, or safety. This is not uncommon in a community with demographics similar to Point Douglas. The root of the prototype however, is to strengthen a family's network to be able to mitigate the impact of these experiences in the long run.

Cultural safety: Beyond professional cultural competency, the recipient's point of view is the essential factor. The power to determine if a situation or interaction is culturally safe lies with the recipient of services.

The Health & Wellness Planning prototype, with the values listed above, also works to create a space of cultural safety. For example, the participant would be given the choice of how the coordinator and team would offer support. This could include ceremony during the preparation phase if identified. This could also include how the plan day would begin overall.

Belonging and Identity: "Belonging means we feel connected, important, valued, part of the group. It feels good to know that others want to have us around."² Identity is being able to answer four questions: Who am I? Where do I come from? Where am I going?

² The Circle of Courage and Meeting the Needs of Youth Abridged Version
<http://www.extension.iastate.edu/sites/www.extension.iastate.edu/files/scott/CircleOfCourageMeetingNeeds.pdf>

What is my purpose? Services actively promote and incorporate these principles in dealing with all people.

The prototype asked participants to vision the future for themselves and their children. Part of this visioning involved reflecting on purpose and goals for themselves. For example, participants often included plans for education, training, and careers in their plan. Volunteer experiences, community building, and participation in groups were also included. Each of these contribute to experiences of belonging and identity.

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.

This value is inherent in the Health & Wellness Planning prototype. Starting where the participant is at and providing options for services and resources recognizes that not all experiences are alike. Offering a one-size-fits-all approach would not be congruent. For example, in the prototype a budget range was available to families that would support the various plans dependent upon each context.

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 families who have support that places value on relationships, and culture, and resources that are responsive to sources of stress can build environments that are beneficial for early childhood development. The Health and Wellness planning prototype is a strong example of the application of the Promising Practices of the Child Centred Model as outlined in the above section. The prototype creates the opportunity for families thrive and for children to have the best possible start in life.

6. What Did We Learn

Staff Capacity - While building relationships with families was something the staff excelled at, they could also have benefitted from additional training and experience that would strengthen skills. Further opportunities to bond and engage with Elders would strengthen staff capacity.

Trusting relationships are critical factors to achieve successful outcomes – Families need to know and feel that the staff working with them are respectful and can be

trusted. As the coordinator was new, building on the relationships of the existing staff was key. There was a lack of follow through when she tried to engage families who identified interest, but did build on an existing relationship. A significant amount of time beyond what was provided in the prototype would be required if relationships are not already in place. The mentor reflected that providing opportunities for drop in programming pertaining to high interest areas such as cooking, or recreation would build relationships and could be a hub to connect families to additional resources.

Flexibility - Even when trust was built and regular appointments or meetings were set with interest from families, there was a keen need for flexibility due to multiple competing demands in families. The freedom to use the family budget as needed by each family is also a contributing factor to success.

Preparation is a critical time in the planning process - Plan day can cause stress and worry - but the preparation, relationship building, and trust can offset this stress. In the case that a family does not want to engage in a plan day at all, a comprehensive health and wellness plan can still be completed.

Ongoing long-term commitment to families - The prototype set an artificial timeline that would not have been there had this been a program that could truly be flexible as instilled in the guiding principles. The ongoing support and connection through ASFC was a condition to be able to prototype within a short timeframe.

Design outcome and evaluation goals around families - When working with families facing multiple and complex barriers including intergenerational poverty and involvement with child and family services it is important to understand that the framing of the outcomes can ingrain a track of failure or success. When looking to understand the path to health and wellness there are many steps that contribute to longer term outcomes. Acknowledging that this is in fact progress is an important role that funders can play. A key opportunity for learning includes framing evaluative expectations, identifying success, and providing stable resources for work to be done in a flexible manner.

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Appendices