



**North End Wellbeing Measure:  
Prototype Implementation and Learning**

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## 1. Introduction

The Winnipeg Boldness Project is an Indigenous social innovation initiative<sup>1</sup> 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 well in terms of early childhood development (ECD) and are starting school at a point where they're ready to begin learning and take on the world. The Winnipeg Boldness Project is aiming to raise this number because we believe that every child should have the same access to opportunity.

Our starting point in the design process was to engage the Point Douglas community in defining success for their children. Residents, parents, and leaders identified many 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 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 the community to share in the design of the project while also sharing their own experiences raising their

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<sup>1</sup> Social innovation is defined as 'a complex process of introducing new products, processes or programs that profoundly change the basic routines, resource and authority flows, or beliefs of the social system in which the innovation occurs. Such successful social innovations have durability and broad impact' (Westley & Antadze 2010, p. 2).

families in the North End of Winnipeg. These arts-based methods have included a PhotoVoice Project and a Tile Mosaic Project.

### **Boldness is Community Wisdom**

The Winnipeg Boldness Project has been undertaking in-depth 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*. The implementation of this 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 North End Wellbeing Measure**

Early on in the Project, the Point Douglas community identified the importance of developing a measurement tool that looks at community defined ideas of success and wellness. The Project followed an iterative process in the development and implementation of the North End Wellbeing Measure. The following document outlines the background, development, and implementation that have led to critical learnings and considerations for scaling.

## 2. Opportunities for Impact

The Project's starting point was to document the deep community wisdom that exists in Point Douglas: Ways of Knowing, Being, Feeling, and Doing: A Wholistic Early Childhood Development Model, which became our theory of change. The Child Centred Model serves as a roadmap for the project as we attempt to implement strategies in response to the Calls to Action Submitted by the Truth and Reconciliation Commission of Canada. 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 and are reflected in the model. We believe that the solutions generated will lead to better outcomes not only for Indigenous children but for all children.

In 1997, Dr. Fraser Mustard and Dr. Dan Offord were commissioned to develop a measurement tool to provide a feasible, affordable, and psychometrically sound report on populations of children in different communities (Offord Centre for Child Studies, 2007). The result was the Early Development Instrument (EDI). The teacher measures each child's readiness to learn in the second half of kindergarten by using an EDI questionnaire (Offord Centre for Child Studies, 2007). The concept of school readiness focuses on a child's ability to meet the demands of school across the five domains of child development; physical health and wellbeing, social competence, emotional maturity, language and thinking skills, communication skills, and general knowledge (Healthy Child Manitoba, 2020). The EDI can provide information on children's abilities and skills as they enter school. However, to achieve a well-rounded picture of the health of a community's children, EDI results should be used in conjunction with other measurements that provide data (Janus & Offord, 2007). One of the key challenges identified is that wellbeing is often approached as a 'program' to be implemented in school settings rather than as a way of being or a cultural shift (WellAhead, 2014)

Community based participatory research (CBPR) emphasizes working with the community. The community guides and leads the research for everyone involved. The CBPR has challenges related to ethical issues, cultural values and scientific concerns (Holkup et al., 2004) Despite challenges, CBPR is being recognized as an instrument used to address complex issues such as environmental, health and social problems (Holkup, et al., 2004) While conducting research, the key players involved in the CBPR establish a connection within the community. Networking with community members creates capacity that aids in mobilizing members in participation and action (Holkup et al., 2004)

A strength-based approach focuses on the strengths of people and allows opportunities for individuals and groups to grow (Flicker et al., 2007) Regardless of positive or negative experiences in a person's life, everyone has strengths. When strengths are appreciated, respected, and cherished through community-based participatory research, trust is built within the community, which ultimately improves children's wellbeing (Flicker et al., 2007) When communities are aware of the importance of early childhood development, interested in

learning how children are developing at various stages, and sharing what is and what is not, working for them, there is vast potential for meaningful change.

Children's wellbeing is based on a wholistic approach that a balance for healthy development is seen through physical, spiritual, emotional, and mental dimensions of self (The Winnipeg Boldness Project, 2017) The development of children is supported by nurturing environments, healthy relationships, and connection to the community. Children's education is connected to the family having necessities in life, such as nourishing food, safety, housing, and a sense of belonging within the family (The Winnipeg Boldness Project, 2017). It is essential to have secure networks of service providers when supporting children within communities to help in assisting the needs of children's wellbeing (The Winnipeg Boldness Project, 2017) Not being ready for school is closely tied to poor school performance in later years, as experience in a child's first five years of life has a direct impact on future health and wellbeing. It is challenging to reverse the pathway of vulnerability, but investing in children's wellbeing early reduces incidences of bullying, violence, conduct disorders, anxiety, depression, and suicide (McConnell Foundation, 2017). It is also important to think about the relevance of measurement tools, the EDI being one example to Indigenous communities. Sam (2011) argues that for Indigenous peoples research on child development is only meaningful unless linked to the broader community around children and the local culture and values.

### 3. Prototype Background

During its first year, The Winnipeg Boldness Project committed to developing the North End Wellbeing Measure to complement the Early Development Instrument (EDI). This commitment was made in response to direction provided through community and guide group conversations that indicated the need for a tool that could measure wholistic success in addition to school readiness. We partnered with Nanaandawegamig – First Nations Health & Social Secretariat of Manitoba (FNHSSM) and the Children’s Hospital Research Institute of Manitoba on the development of the North End Wellbeing Measure. The tool was adapted and customized from existing First Nations community wellbeing measures. Throughout the entire process, we worked with Point Douglas families on the development and validation of the tool. The tool measured the success and wellbeing of the community, as defined by the community it measured.

## 4. Prototype Design and Implementation

As mentioned above, the idea for the North End Wellbeing Measure began during the first year of the Project when we focused on knowledge gathering in the community. We heard very clearly that success for kids as defined by the community wasn't being measured and that it should be. The idea of the North End Wellbeing Measure began then and continued to be explored and talked discussed.

### 4.1. Prototype Design

When the Project began, the 2010/11 Early Development Instrument (EDI) report indicated that 39% of children in Point Douglas were Not Ready in one or more of five domains. See appendix A for a description of the EDI. While residents and community leaders expressed interest in improving school readiness, they also saw the need for a more wholistic measure of wellbeing. Parents define wellbeing in the Point Douglas community as a wholistic experience that is supported through the healthy development of all aspects of self (physical, emotional, mental, and spiritual). Children's wellbeing is supported through the development of secure attachment, positive identity, and belonging. Success for children is linked to wellbeing, opportunities, a strengthened community, and self-determination for children and families.

The North End Wellbeing Measure prototype is intended to meet the community vision and complement existing measurement tools such as the EDI.

A steering committee was established to advise and explore possibilities for the development of a measurement tool. Members are Dr. Jon MacGavock, Associate Professor, Department of Pediatrics, Faculty of Health Sciences, University of Manitoba; Research Scientist, Children's Hospital Research Institute of Manitoba, CIHR Applied Public Health Chair in Resilience and Childhood Obesity; Co-Lead of the DREAM Theme and the Developmental Origins of Health and Disease in Youth Research Cluster (DEVOTION); Leona Star, Director of Research at the First Nations Health and Social Secretariat of Manitoba (FNHSSM); Dr. Rob Santos, Associate Secretary to Healthy Child Committee of Cabinet, Government of Manitoba; Research Scientist, Manitoba Centre for Health Policy, and Assistant Professor, College of Medicine, Faculty of Health Sciences, University of Manitoba; and Gladys Rowe, Research and Evaluation Advisor with The Winnipeg Boldness Project.

The committee agreed that adapting an existing measurement tool would be the most efficient way to develop a North End Wellbeing Measure. The First Nations Health and Social Secretariat of Manitoba (FNHSSM) agreed to share their work and experience with developing and implementing health and wellness measurement tools within First Nations communities. On April 1, 2017, a Memorandum of Understanding between Winnipeg Boldness and FNHSSM was signed to develop and test a North End Wellbeing Measure. FNHSSM shared existing survey tools, hosted and co-supervised a coordinator and team of data collectors, provided computer equipment and a database system for data collection and analysis, provided a portion of



funding (through a partnership with the DEVOTION Network) and administered overall project budget. The Winnipeg Boldness Project provided a part of the funding, shared networks of community partners for survey development and implementation, co-supervised coordinator and data collectors, and supported the steering committee.

## 4.2. Tool Development

As soon as a coordinator was hired, an existing measurement tool was adapted to the context of families living in the Point Douglas neighbourhood of Winnipeg. The tool was validated/refined with community stakeholders through a series of meetings and circles to produce the North End Wellbeing Measure for testing. Once the survey was validated and refined, it was tested with The Winnipeg Boldness Project's Parent Guide Group. The survey is comprised of a five-section caregiver survey and a child-specific survey (The Parent and Child Surveys are attached as Appendix A & B). The sections include Demographics, Employment and Education, Independence and Inter-dependence, Cultural Foundations, and Quality of Life. The survey was targeted to caregivers residing in the North End and Point Douglas areas of Winnipeg, who had at least one child under 18 years of age in their care. The child-specific survey includes 27 questions about the child's school experience, recreation and program involvement, pre-natal services accessed during pregnancy, history of breastfeeding, and other related areas.

## 4.3. Data Collection

Four First Nations youth were recruited in early July 2017. The team included Nelson Green Jr. (Poplar River First Nation), Brolin Kipling (Peguis First Nation), Rikki Campbell (God's Lake First Nation) and Kalli Hart (God's Lake First Nation); with Marsha Simmons (Berens River First Nation), the coordinator, overseeing the project. The team received North End Wellbeing Measure training on July 26, 2017, at the FNHSSM office.

Data collection began shortly after that. Methods included:

1. Paper survey guided by a member of the survey team. The surveyors read each question and possible answers and record responses in the paper survey to be inputted later. This method was used most frequently as the survey could be administered without an internet connection. This method increased the time to complete each survey as inputting onto the laptops was equal to or greater in time than administering the paper survey (especially if the caregiver had more than one child).
  2. Direct computer entry guided by a member of the survey team. Surveyors would conduct the survey with each caregiver while inputting responses into the laptop. This method was used less frequently than paper surveys.
- Telephone interview. The coordinator administered and assigned members of the survey team to conduct the surveys to respondents via telephone. When this method was utilized, the respondents' addresses were logged to distribute the gift card incentive.

North End Wellbeing Measure posters were placed at dozens of stores, organizations, schools, and centers in the Point Douglas area. The posters identified Marsha Simmons as the contact person, however, since the Winnipeg Boldness Project's logo was on the posters, they too received calls regarding the surveys that were then relayed to the appropriate contact person. From August to mid-November, numerous partner organizations displayed and distributed flyers or hosted the data collection team. The following sites provided our team with space and dates to administer the tool: Aboriginal Vision for the North End, Andrews St. Family Centre, Indian and Metis Friendship Centre, Indigenous Family Centre, King Edward School, Mount Carmel Clinic, Native Women's Transition Centre, Ndinawemaaganag Endaawaad, North Centennial Recreation, and Leisure Centre, North End Family Centre, North End Women's Centre, North Point Douglas Women's Centre, University of Manitoba-Inner City Social Work Campus, Wahbung Abinoojiiag and William Whyte School.

One of their most successful collection sites was in the outdoor public space (weather permitting) at Powers Park on Selkirk Avenue. Surveys were also collected by Winnipeg Boldness staff with their Parent Guide Group, at the Austin Street Festival and Picnic in the Park.

On days that partner organizations couldn't host the survey team, they canvassed door-to-door. The team followed maps of the catchment areas and highlighted blocks as they were completed. The team was successful in canvassing most of the target postal codes. The team continued to distribute flyers and complete surveys primarily by telephone from mid-November until mid-January.

An incentive was offered to show the respondents appreciation for their participation and to boost collection numbers. A monthly draw for various cash prizes was initially offered. Then a \$15 gift card was provided to each caregiver who completed a survey. Giving out the gift cards was made possible through additional funding through FNHSSM's partnership with the DEVOTION Network. The project also provided gift cards or purchased refreshments to support the organizations that allowed them to conduct surveys in their space.

A total of 558 surveys were completed. For Adults, a total of 191 valid surveys were collected. Out of that, 18.3 % (35) were Male surveys, and rest 81.7% (156) were Female surveys; and 74.9% (143) participants consented to link their data to Manitoba Health's Administrative data. All the people who did not consent to link their survey (25.1% (48)) agreed to take part in the survey and completed the survey. Parents/Guardians/caregivers answered completed the child survey on behalf of their children. A total of 367 valid surveys were collected for children. Out of that, 51.8 % (190) were Male, 48.2% (177) were Female, and 76.6% (281) of participants consented to link their child(ren)'s data to Manitoba Health's Administrative data. All the caregivers who did not consent to link their child(ren)'s surveys (23.4% (86) agreed to take part in the survey and completed the survey.

## 5. Evaluating the Prototype

### 5.1. Methods and Data Gathering

To track the learnings from the implementation of the North End Wellbeing Measure, we used a variety of methods to collect data. Throughout implementation, the North End Wellbeing Measure coordinator and data collectors documented their observations as well as gathered feedback about the survey from participants who were willing. The steering committee advised the Project to let the community sit with the data. We developed a visualization of the results for each question and started the process of sharing the results. WE started with the Project's Parent Guide Group and then with the Research & Evaluation and Community Leadership Guide Groups. These groups, particularly the Research and Evaluation Guide Group, encouraged us to get further feedback about the survey based on the results (e.g., most important themes, repetitive questions, etc.). We attended four community events between May and August 2019 and collected feedback from community members. We specifically asked people to identify the questions/thematic groupings they thought were most important in terms of measuring wellbeing. In addition to the feedback at these events, we also received great feedback from our Parent Guide Group. We spent three meetings going through both the adult and child surveys with the Parent Guide Group, and they gave feedback on each question. Reviewing the results created a lively conversation about the intention and language of many questions. We also posted a link to the full results on our website and wrote a blog about the findings. We had handouts with the link to give away at community events if people were interested in seeing the full results of the survey.

### 5.2. Evaluation Observations and Reflections

#### 5.2.1. Coordinator Data Collectors Reflections

In her final report, the coordinator indicated what she felt were the strengths of the North End Wellbeing Measure:

- The hiring of First Nation youth to administer the surveys was a benefit to the NEWM. This was observed by the coordinator numerous times as the youth appeared non-imposing, and many caregivers complimented their supervisor on how the survey was conducted. Most of the NEWM respondents were of First Nation descent, so it was a level playing field to have familiar faces administering the survey.
- Canvassing of the neighbourhoods was not only a cost-effective method of advertising the NEWM but allowed our team to engage with members of the community. Often, people on the street would ask what our team was doing, and it would be a prime opportunity to discuss the survey and solicit respondents.
- The most successful site that the team conducted surveys was the Bell Tower located at Powers Street and Selkirk Avenue. This is a public space, and the team would set up (weather permitting) a portable table, chairs, Boldness sign and tablecloth, and play welcoming music to attract attention. The team helped to provide childcare and snacks for the caregiver's children while the caregiver completed the surveys.

- The NEWM allowed for the coordinator to discuss wellness with caregivers who wished for more information on various topics. Caregivers often had related wellness or CFS questions, and the writer took this as an opportunity to help navigate to appropriate services. The Winnipeg Boldness Project offered brochures for families that were disseminated to respondents by their surveyor to benefit their access to such services.

The Coordinator also indicated areas of challenge:

- The caregivers very much appreciated the gift card incentives. Still, there were requests to provide more than one gift card to a family with more than one child as it took an increased amount of time to complete. We can take this as a lesson learned.
- The collection rates throughout the entire project were slower than anticipated. This coordinator felt this was likely due to a history of mistrust, feelings of disempowerment, CFS involvement, and literacy. This was evident in some of the interactions the coordinator had with potential respondents. For example, some caregivers said they felt shame when asked about their child(ren) who are not in their care and ceased participating or declined after hearing what the survey entailed. The coordinator felt that at times caregivers were triggered by this reminder that they cannot answer questions related to their child(ren) as the CFS system has caused an involuntary disconnection. In these cases, the coordinator would have a conversation with the triggered caregiver and de-escalate so as not to affect them further.

The data collectors also shared additional observations about the data collection phase.

*"At each location which was Andrews Street Family Centre, North End Family Centre, Indigenous Family Centre, King Edward Community School, William Whyte School, North End Women's Centre, North Point Douglas Women's Centre, Mount Carmel, and the Bell Tower, I always felt safe and secure. My team and I were never put into an unsafe situation, and the neighbourhood showed us nothing but respect, and so did we. I feel that we have helped many families by providing a small token of appreciation for participating in our survey. It may not have been extremely huge, but every little bit does go a long way for people needing that little extra helping hand, and I feel that's what we did. The North End has always had a bad name because of unfortunate events that occur in the neighbourhood but being right in the middle opened my eyes to how everyone shares things as a community. A lot of people stick together and help one another with things such as advising on what programs would be useful to others and announcing what places are providing breakfasts, lunches, suppers, snacks, clothes, and food. I enjoyed being a part of this project not only because I feel that we helped the community, but the community helped us as well. Such as helping us view our perspective on the area in a different, more respectful manner." (Kalli Hart)*

*"My time working at the Winnipeg Boldness Project has been a blast, not only because I got to work with amazing people, but because we got the chance to help out families within the North End. Each location we visited, we were welcomed with hospitality, there was no location we visited that we ever felt unsafe. From an outside perspective, the North End may seem like a hostile place as what the news would report. However, once you spend some time within, it opens your eyes to how strong the community is. People work together, they*

*share, and it was nice to see how they look out for one another. All in all, it was a positive experience, from the great people we met to the memories we made, I'm thankful to have been part of this project." (Nelson Green Jr.)*

*"Being from the North End and witnessing people in the community struggle and fight for a better life is tough; working on this project with amazing co-workers, I feel like the project was a success. The feedback from the community members who participated in the survey was always positive. Hearing some of their stories was very touching, heartwarming, and at times sad due to the difficulties they faced. The resilience that the people possess is inspiring, and I appreciate the time I had to engage with the neighbourhood in a positive, meaningful way. The token of appreciation we gave them for participating in the survey wasn't much but helped them in the long run I feel, everyone who received a gift card was very appreciative. The negative reputation that some people have towards the North End is not an accurate snapshot; the community is strong as they work together for each other and always doing good deeds as I've observed at all the locations we conducted surveys. I'm honored that I had the opportunity to work on this project while meeting new people, having some amazing conversations, and again working with great co-workers." (Brolin Kipling)*

## 5.2.2. Feedback from Guide Groups and Community Events

Due to the length of the survey and that the environment at community events isn't conducive to lengthy conversations, we decided to group questions into themes. We asked people to select their top ten groupings from the list we created to get feedback on what people felt were essential to wellbeing. One of the biggest criticisms of the survey we heard throughout data collection was that the survey was too long.

The feedback we received at the four community events is found in Appendices D and E. The input we received at the four community events was fascinating. There were some commonalities but were also differing views at each event. For the adult survey, things like child-parent connections, housing, food security, and access to a family doctor were all identified as being very important for measuring wellbeing. For the child survey, things like safety at school, access to child-care, and recreation programs were identified as being very important for measuring the wellbeing of children.

After the data visualization of the results was complete, we spent a significant amount of time going through the results and questions again with the Project's Parent Guide Group. They gave us specific feedback about each question in the Parent and Child surveys; some highlights of their feedback are:

- Some of the questions had misleading wording
- Several questions were repetitive, and they suggested removing several questions from both the adult and child surveys
- The group thought we could have included questions about family pets and specific things around mental health, particularly whether people have access to counselors.

- They questioned the effect of entrenched poverty on people's 'satisfaction' with various things available to them
- They felt we could have more clearly defined wellbeing.
- The group had concerns about the level of awareness parents have of their kid's school experiences. They also wondered if there was too much of a focus on negative behaviors.
- The group felt that some of the questions in the child survey were somewhat invasive and offered alternative options to ask the questions.

## 6. Alignment of the Child Centred Model

### 6.1. 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 is demonstrations of the core values and attributes of the 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 essential and need to be led by families and those who are in their close circles of support.

#### **6.1.1. Implications for Designing and Implementing based on the Child Centred Model**

1. Early childhood development initiatives will need to see the 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 a priority. A variety of learning experiences must be accessible, affordable, culturally safe, and drawn from strength-based perspectives, with the 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 healthy, 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 early childhood development initiatives.

The North End Wellbeing Measure prototype is a demonstration of the values and promising practices of the Child Centred Model.

## 6.2. North End Wellbeing Measure & the Child Centred Model

The development and implementation of the North End Wellbeing Measure addressed the following core values and attributes of promising practice:

**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.

*We strived to look at all aspects of self in the development of the North End Wellbeing Measure. We recognize that many things make up a person's wellbeing and worked with community members and the steering committee to ensure that all aspects of the self were represented in the questions. Currently, there is a significant gap in the measurement tools that exist for children and families in this regard. This gap is one of the reasons that the community identified the North End Wellbeing Measure as something that needed to be developed. Current measurement tools like EDI do not look at all aspects of self and, thus, miss foundational elements of the children it measures.*

**Strengths-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.

*Early in the development of the North End Wellbeing Measure, we looked at other wellbeing measures that were developed in Canada and elsewhere, and we found the majority of them were deficit-based. We knew that we did not want to develop another deficits-based measure. Their perceived deficits often define communities like the North End, and we set out to create a measurement tool that highlights the community's strengths.*



*Working in the North End, it is clear that there are many strengths and positive things happening within families and the community. People understand very few of these strengths outside of the community, and the North End Wellbeing Measure is a way to not only measure these strengths but also to communicate them. We know from the feedback we received afterward that improvements can be made to the survey to make it even more strengths-based. We will use that feedback for any future iterations and continue to work with community members to ensure we are getting the questions right.*

**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." (Canadian Council on Social Development, 1994, p.22) Having voice and volition to make choices to attend to individual needs leads to recognition of the responsibilities to family and community.

*Self-determination is at the centre of the North End Wellbeing Measure. The idea for the measure did not come from a researcher or policymaker outside of the community; it came from community members themselves. They recognized that current measurements and data did not represent their versions of success and wellbeing for their children. Community members defined success in different ways, including for their kids as being about belonging, culture & language, purpose, secure attachment, etc. Community members have been involved in every step of the development of the North End Wellbeing Measure. It was essential to not only create the actual measurement but to design and implement it in a way that supports the community's involvement. Families being able to define what they want measured and being a part of picking the indicators is an act of self-determination.*

**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.

*Cultural safety is a critical component in everything we try and do at Boldness. The North End Wellbeing Measure is not an exception. While The Winnipeg Boldness Project is not an Indigenous project, Indigenous knowledges help guide all of our work. During development, we tried to create a space where the community could be open about what success for their kids meant. The North End has a significant Indigenous population, and many people spoke about things related to culture, identity, and language. We wanted to ensure that this survey was representative of everyone while also honoring that many people are Indigenous and have not traditionally be included in a project like the North End Wellbeing Measure. Boldness staff worked with a First Nations organization to help develop the survey and to help with data collection. We employed Indigenous youth to do the data collection to ensure that community members felt comfortable participating in the survey. We felt that having data collectors be representative of the community would increase participation and address the power*

*dynamics that often exist around data collection. We did hear feedback from participants that having Indigenous data collectors put them more at ease and made them comfortable answering the questions.*

## 7. What did we Learn

**Strength of community voice.** Community members have led Boldness throughout the entire process of the North End Wellbeing Measure. The Winnipeg Boldness Project provided a platform for community members to be involved in the development and implementation of the North End Wellbeing Measure as well as feedback afterward. There was a lot of interest and enthusiasm to provide input and feedback throughout every stage. There was a real sense of ownership over the survey, in particular with the Project's Parent Guide Group.

**Positive Feedback.** From the surveys we collected, there were positive responses in some areas we thought there might not be. Some of these results are another example of how important it is to talk to the community. Outsiders often get ideas about how things are based on subjective media reports and through other mediums that are not reflective of the realities in the community.

**Representation matters.** In terms of data collection, the coordinator indicated that the hiring of First Nations youth was a benefit to the NEWM because the neighbourhood has a high Indigenous population. The youth also appeared as non-imposing to the community members, and there seemed to be a willingness to support the work of these youth in their summer employment as data collectors. We did hear feedback that a data collection could be more diverse and include members from the newcomer population.

**Challenges around data collection.** The collection rates throughout the entire project were slower than anticipated, and this was mainly due to a history of mistrust, feelings of disempowerment, involvement with child and family services (CFS), and literacy. This was evident in some of the interactions the coordinator had with potential respondents. For example, some caregivers said they felt shame when asked about their child(ren) who are not in their care and ceased participating or declined after hearing what the survey entailed. In some cases, caregivers were triggered by this reminder that they cannot answer questions related to their child(ren) as the CFS system has caused an involuntary disconnection. The surveys were also quite long, which made it hard at times to find participants.

## 8. Impacts & Ongoing Efforts

The first iteration of the North End Wellbeing Measure has officially finished, and the Project has been working with our Research & Evaluation Guide Group to pursue opportunities for further development. The first priority has been the full documentation of the North End Wellbeing Measure. Along with this document, medium and small-sized knowledge transfer tools will be developed as well. The Project is also working collaboratively with Dr. Jaime Cidro to produce at least one journal article for publication. Sharing the experience and learnings in a variety of ways is vital to reach a broad and diverse audience. Members of the Research & Evaluation Guide Group believe this documentation will be foundational for any further work on the North End Wellbeing Measure. Members feel some avenues can be pursued, including academic grants to do another iteration of the survey. The Winnipeg Boldness Project will continue to pursue opportunities to hold up the NEWM measure. We also want to hold up the process of co-creation we took with the community to do this important work around measuring wellbeing.

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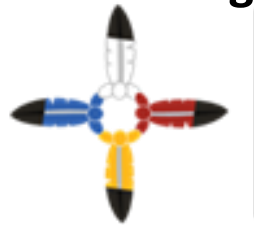
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## North End Wellbeing Measure



### **The Winnipeg Boldness Project**

The *Winnipeg Boldness Project* is a research and development project working alongside the North End community to discover new and innovative ways to ensure that families and children in our community are happy and healthy.

Our three main objectives include:

1. Design a 6-year Early Childhood Development intervention strategy 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 stories and 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.

The *Winnipeg Boldness Project* works with families and organizations in the Point Douglas Community Area of Winnipeg.

### **North-End Wellbeing Measure Background**

The Winnipeg Boldness Project is committed to developing a survey that will measure what is important to community residents of Point Douglas. This commitment was made in response to direction provided through community conversations that indicated the need for a tool that could measure wholistic success and wellbeing in addition to school readiness. The First Nations Health and Social Secretariat of Manitoba (FNHSSM) has developed wellbeing measurement tools for on-reserve communities, which has the potential to be

adapted for use in urban contexts. Based on these existing measurement tools, the NEWM has been adapted based on feedback and input of families living in the Point Douglas neighbourhood.

**Consent - Permission to link survey responses with information collected by Manitoba Health**

We would like to link survey data with health-related records of other government agencies through your nine digit Personal Health Identifier Number (PHIN). This will allow us to conduct additional research without taking up your time with more questions. Any data obtained will be kept strictly private as required by law. All identifying information such as name and date of birth will be replaced by a unique identifier in order to ensure the confidentiality of the survey participants. May we link survey data with other health related records for the following individuals?

Parent/Caregiver:

[first name]: \_\_\_\_\_ [last name]: \_\_\_\_\_

Children under the age of 18 in my household:

[first name]: \_\_\_\_\_ [last name]: \_\_\_\_\_

[first name]: \_\_\_\_\_ [last name]: \_\_\_\_\_

[first name]: \_\_\_\_\_ [last name]: \_\_\_\_\_

[first name]: \_\_\_\_\_ [last name]: \_\_\_\_\_

[first name]: \_\_\_\_\_ [last name]: \_\_\_\_\_

[first name]: \_\_\_\_\_ [last name]: \_\_\_\_\_

[first name]: \_\_\_\_\_ [last name]: \_\_\_\_\_

[first name]: \_\_\_\_\_ [last name]: \_\_\_\_\_

Check one of the boxes below:

- I consent to have my survey linked to Manitoba Health's administrative data.**

- I do not consent to have my survey linked to Manitoba Health's administrative data**

[Legal guardian signature]: \_\_\_\_\_



**Section 1: Demographics**

1. Date of birth(MM/DD/YYYY):

2. Respondent PHIN # (9 digit number):

3. Gender:

4. Postal Code:

5. Please check the box(s) that most describes your family background (you may select more than one option):

<input type="checkbox"/>	Aboriginal (Status, Non-Status, Metis)
<input type="checkbox"/>	Arab
<input type="checkbox"/>	Black
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Filipino
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Latin American
<input type="checkbox"/>	Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
<input type="checkbox"/>	South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
<input type="checkbox"/>	White
<input type="checkbox"/>	Other, please specify
<input type="checkbox"/>	Don't Know, Refused

6. Marital Status:

<input type="checkbox"/>	Single
<input type="checkbox"/>	Common Law
<input type="checkbox"/>	Married
<input type="checkbox"/>	Separated

	Divorced
	Widowed
	Refused

a. How long have you been in this marital status (months/years)?

b. If not married or common law, how involved is the other parent to your child(ren)?

	Involved fully
	Involved more than half the time
	Involved half the time
	Involved partially
	Not involved
	Don't Know, Refused

7. How long have you lived at your current address (months/years)?

**Section 2: Employment and Education**

8. Are you currently employed?

	Yes
	No
	Don't Know, Refused

a. If yes, please select from the following that applies to your current employment situation

	Permanent full-time
	Permanent part-time
	Seasonal employment
	Temporary or Contract position
	Casual
	Don't Know, Refused

b. If no, please select from the following that applies to your current situation:

	Student
	Poor health
	Short-term disability
	Long-term disability
	Emotional wellbeing (i.e. depression, anxiety)
	Stay at home caregiver
	Maternity leave
	Retired
	Parental leave
	Seasonal worker
	Caring for elderly or other family members
	Looking for work
	Not looking for work, gave up seeking employment
	Shortage of work
	Other, please specify:
	Don't Know, Refused

9. What is your highest level of education?

	Elementary school
	Middle school
	Less than high school
	High school
	College diploma
	Some university
	Bachelor's degree
	Master's degree
	PhD
	Apprenticeship
	Journeyman
	Certificate of education program completion
	Other, please specify
	Don't Know, Refused

**Section 3: Independence and Inter-Dependence**

10. It is easy for me to set and accomplish my goals?

	Yes
--	-----

	No
	Unsure
	Don't Know, Refused

11. I am confident that I can deal with unexpected events?

	Yes
	No
	Unsure
	Don't Know, Refused

12. How many people live in your current home?

13. Who is responsible for maintaining and fixing your home?

	Myself as a home owner
	My landlord, I rent a home/apartment
	A subsidized housing authority (MB Housing, Kinew, etc.)
	Don't Know, Refused

14. Do you think your home needs repairs?

	Yes
	No
	Unsure
	Don't Know, Refused

a. If answered yes, what types of repairs

	Replacement of window(s)
	Repairs or adjustments to door(s)
	Drywall (cracks or holes on walls)
	Plumbing repairs
	Electrical repairs
	Roof (shingles, requires replacement)
	Foundation
	Mould issues
	Other, please explain:
	Don't Know, Refused



20. Do you access a community food bank to supplement your household?

	Yes
	No
	Don't Know, Refused

21. Do you access a community garden?

	Yes
	No
	Don't Know, Refused

22. Do you have your own garden?

	Yes
	No
	Don't Know, Refused

23. How do you get around the city of Winnipeg? Check all that apply.

	My personal vehicle
	Walk
	Bicycle
	Bus
	Taxi
	Family or friends
	Other, please specify:
	Don't Know, Refused

**Section 4: Cultural Foundations**

24. What is your first language?

	English		Polish
	French		Portuguese
	Dakota/Cree/Ojibway/Oji-Cree/Dene/Michif (Indigenous Canadian Language)		Punjabi
	Arabic		Russian
	Chinese Cantonese		Somali
	Chinese Mandarin		Spanish
	German		Tagalog
	Hebrew		Thai
	Hindi		Turkish
	Italian		Ukrainian

	Japanese		Urdu
	Korean		Vietnamese
	Lao		Other, please specify:

25. Do you as a parent/caregiver pass down languages (other than English) to your family?

	Yes
	No
	Don't Know, Refused

a. If yes, what language(s)?

--

26. How much do you know about your family history?

	I know a lot about my family history
	I know some of my family history
	I know a little bit of my family history
	I know nothing about my family history
	Don't Know, Refused

27. Do you as a parent/caregiver pass down teachings about your family history?

	Yes
	No
	Unsure
	Don't Know, Refused

28. I know about the history of my people?

	Yes
	No
	Unsure
	Don't Know, Refused

29. Is it important to you that you know and learn about the cultural teachings of your people?

	Yes
	No
	Unsure
	Don't Know, Refused

30. Do you participate in cultural, religious and/or spiritual events?

	Yes
	No
	Don't Know, Refused

a. If yes, how frequently

	Daily
	Three times a week
	Once a week
	Monthly
	Rarely
	Never

**Section 5: Quality of Life**

31. Have you attended any events to celebrate any of the following in the past 12 months:

a. Family celebration or achievements?

	Yes
	No
	Don't Know, Refused

i. If yes, how many?

b. Community celebration or achievements?

	Yes
	No
	Don't Know, Refused

i. If yes, how many?



c. Seasonal or cultural celebrations or events?

	Yes
	No
	Don't Know, Refused

i. If yes, how many?

32. Are you satisfied with the number of programs and community resources available for children in this neighbourhood?

	Yes
	No
	Unsure
	Don't Know, Refused

33. Do you volunteer at community events?

	Yes
	No
	Don't Know, Refused

a. If yes, what types of community events do you volunteer for?

34. Who do you spend the majority of your time with?

	Family
	Friends
	Alone
	Don't Know, Refused

a. Are you satisfied with this arrangement?

	Yes
	No
	Unsure

	Don't Know, Refused
--	------------------------

35. Do you have access to the following? Please check all that apply.

	Cable TV
	Home telephone
	Cellphone
	High speed internet
	Home computer
	Other, please specify.
	Don't Know, Refused

a. Are you satisfied with your current access to the above?

	Yes
	No
	Unsure
	Don't Know, Refused

36. Do you have a family doctor?

	Yes
	No
	Don't Know, Refused

Household ID (Surveyor to complete this field):

--

*We appreciate your time and thank you for your participation in our survey.*

## Appendix B: NEWM Child Survey

### NORTH END WELLBEING MEASURE CHILD SPECIFIC SURVEY

- The following questions are child-specific for each child under the age of 18 in your care. If there are more than 5 children in your care, please fill out a second form to account for additional children.
- Each question is sectioned off per child, please answer accordingly.
- Child #1 is the eldest, child #2 second eldest and so on.

#### 1. Personal Health Identification Number (9 digits)

Child #1	
Child #2	
Child #3	
Child #4	
Child #5	
Child #6	

#### 2. Date of birth (mm/dd/yyyy)

Child #1	
Child #2	
Child #3	
Child #4	
Child #5	
Child #6	

#### 3. Gender

Child #1	
Child #2	
Child #3	

Child #4	
Child #5	
Child #6	

**4. How frequently does your child attend school? Check the response that best represents how often each child attends school.**

Child	1	2	3	4	5	6
Everyday						
Almost everyday						
Most days						
Half of a typical school week						
More than half of a typical school week absent						
My child is not currently attending school regularly						
My child is not currently enrolled in school						
My child is not school age, <b>skip to question #7</b>						
Don't Know, Refused						

**5. Please rate how you feel your child's school experience is:**

**a. My child feels safe at school.**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**b. My child is happy at school.**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**c. My child enjoys being in school.**

Child	1	2	3	4	5	6
Yes						
No						

Unsure						
Don't Know, Refused						

**d. The school offers parents/caregivers opportunities to be more involved in school activities.**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**e. Racism is a problem at school.**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**f. Bullying (physical, emotional, cyber and spiritual) is a problem at school.**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**g. The presence of alcohol and/or other drugs is an issue at school.**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**h. Does your child experience physical violence at school?**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**6. Does your child require additional help or tutoring in school? (Examples include, but are not limited to, adapted learning plans, before/after school programs for additional supports, behavioral therapy, learning or physical disabilities)**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**a. If yes, please indicate what supports are in place for each child**

Child #1	
Child #2	
Child #3	
Child #4	
Child #5	
Child #6	

**7. What are your current child care arrangements for each child**

Child	1	2	3	4	5	6
Private daycare						
Licensed daycare						
Before and after school program						
Family or friends are caregivers for my child						
My child doesn't require child care arrangements						
Don't Know, Refused						

**If other, please specify:**

Child #1	
Child #2	
Child #3	
Child #4	
Child #5	
Child #6	

**8. How often do you read books to or with your child?**

Child	1	2	3	4	5	6
Daily						
Three times a week						
Once a week						
Monthly						
Rarely						
Don't Know, Refused						

**9. Does your child participate in recreation programs in the neighbourhood?**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**10. Where does your child typically play after school or on weekends? Check all that apply:**

Child	1	2	3	4	5	6
Our yard						
Local parks						
Community centres						
Organized activities/clubs						
Family or friends homes						
The street						
Don't Know, Refused						

**If other, please specify:**

Child #1	
Child #2	
Child #3	
Child #4	
Child #5	
Child #6	

**11. Does your child have access to electronics such as tablets, Xbox, PlayStation?**

Child	1	2	3	4	5	6
Yes						

No						
Unsure						
Don't Know, Refused						

a. If yes, how long does your child spend on electronics on a typical day?

Child	1	2	3	4	5	6
None						
Less than half an hour						
One to two hours						
Two to three hours						
Three or more hours						
Don't Know, Refused						

12. How often does your child spend time with Elders or grandparents?

Child	1	2	3	4	5	6
Never						
Seldom						
Sometimes						
Often						
Frequently						
Don't Know, Refused						

13. Does your child have a pediatrician or family doctor?

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						



**14. Was this child breastfed?**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						

**a. If yes, for how long?**

Child	1	2	3	4	5	6
Breastfeeding currently						
Less than 1 month						
1 month to less than 4 months						
4 months to less than 8 months						
8 months to less than 12 months						
12 months to less than 18 months						
18 months to less than 24 months						
24 months or more						
Don't Know, Refused						

**15. Were any of the following services accessed during pregnancy?**

Child	1	2	3	4	5	6
Regular pre-natal care by the same doctor/clinic						
Regular pre-natal care by different doctors/clinics						
Healthy Baby MB Pre-Natal Benefit						
Breast feeding support						
Community food bank						
Pre-natal support groups/classes						
Don't Know, Refused						

**If other, please specify:**

Child #1	
Child #2	
Child #3	
Child #4	
Child #5	
Child #6	

**16. Was post-partum depression after giving birth to this child experienced?**

**Mothers: please answer the question if known. Fathers: please select 'Not Applicable' to ensure medical questions are not answered on behalf of someone else.**

Child	1	2	3	4	5	6
Yes						
No						
Unsure						
Don't Know, Refused						
Not Applicable						

a. If yes, what were some of the depression symptoms experienced?

Child	1	2	3	4	5	6
Feeling blue						
Feelings of unhappiness						
Anxiety						
Crying or sensitivity						
Fear						
Thoughts of harming the baby						
Inadequacy						
Don't Know, Refused						

**If other, please specify:**

Child #1	
Child #2	
Child #3	
Child #4	
Child #5	
Child #6	

**We appreciate your time and thank you for your participation in our survey.**

## Appendix C: Adult Survey Results

### NORTH END WELLBEING MEASURE SURVEY - ADULT RESULTS

For Adults, a total of 191 valid surveys were collected. Out of those 18.3% (35) were Male surveys and rest 81.7% (156) were Female surveys.

74.9% (143) participants consented to link their data to Manitoba Health’s Administrative data. All the people who did not consent to link their survey (25.1% (48)) agreed to take part in the survey and completed the survey.

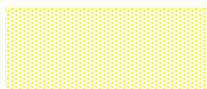
Cell counts less than 5 are not reported or included in bar charts.



Bar color indicates respondents choose only one

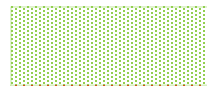


Bar color indicates respondents choose as many as apply

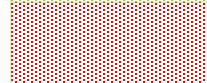


Background color indicates only asked depending on response to a

Question



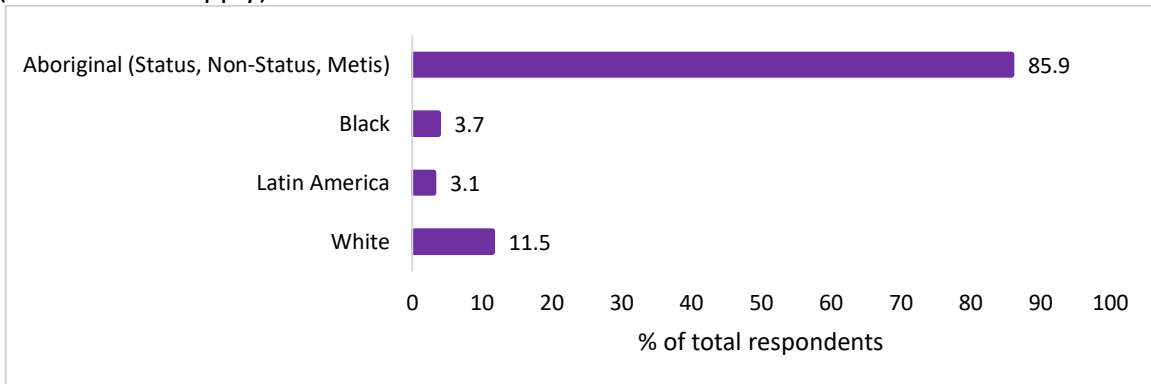
Background color indicates only asked if answered YES to a previous Question



Background color indicates only asked if answered NO to a previous Question

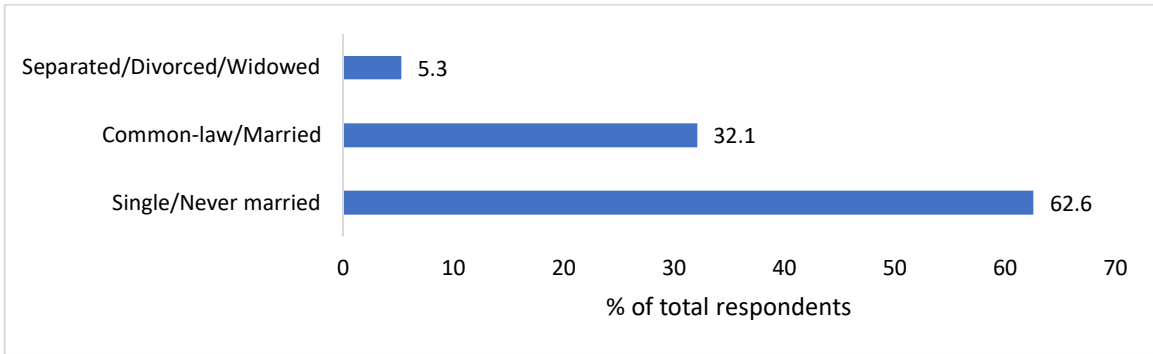
#### 1. Which of the following most describes your family background?

(select all that apply)

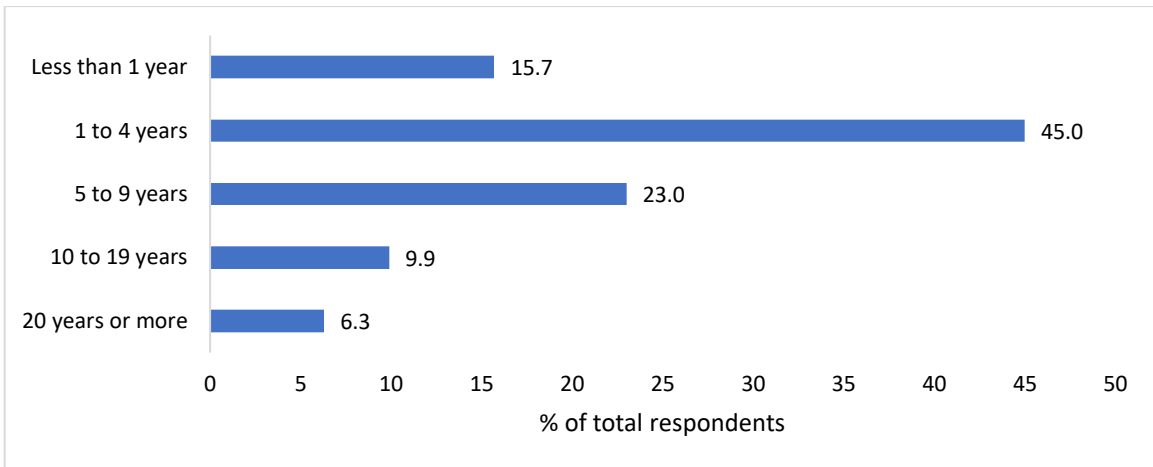


\* Other answers included: Arab, Filipino, Japanese, and South Asian (e.g., East Indian, Pakistani, Sri Lankan, Bangladeshi, etc.); cell counts less than 5 not included in bar chart.

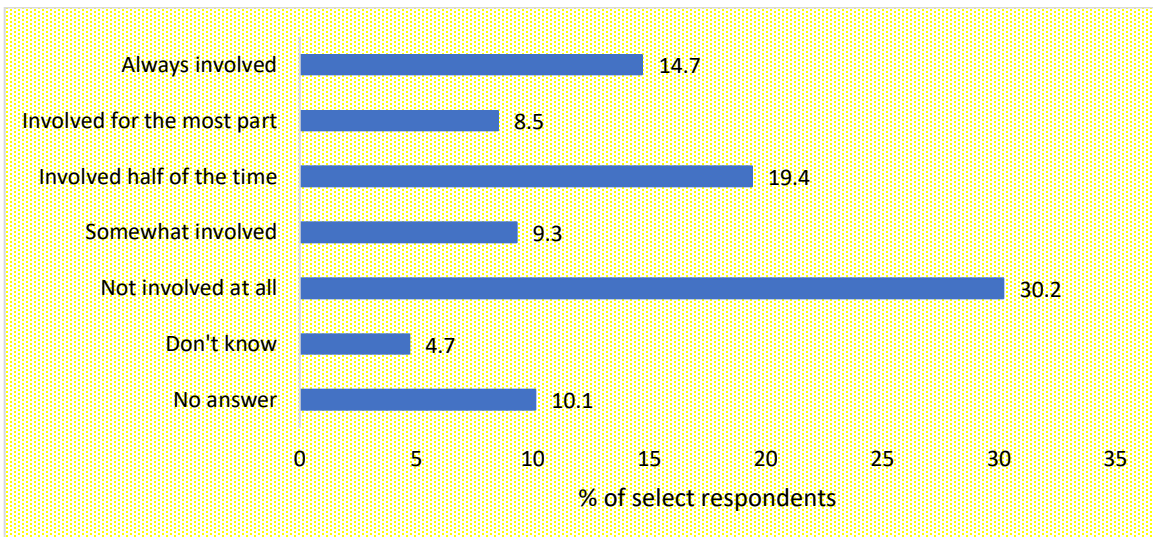
## 2. What is your marital status?



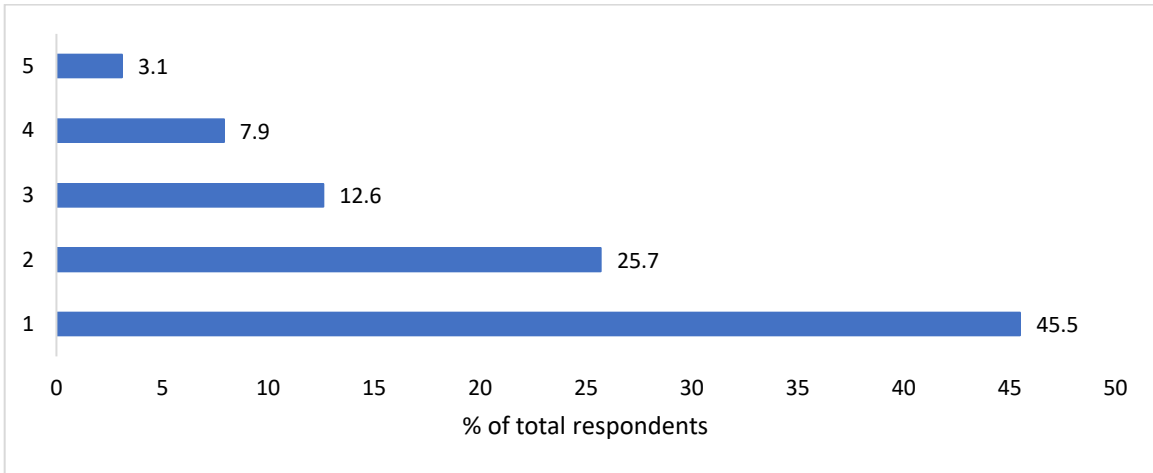
## 3. How long have you been at this marital status?



## 4. If not married or common law, how involved is the other parent (father/mother) in your child(ren)'s life?

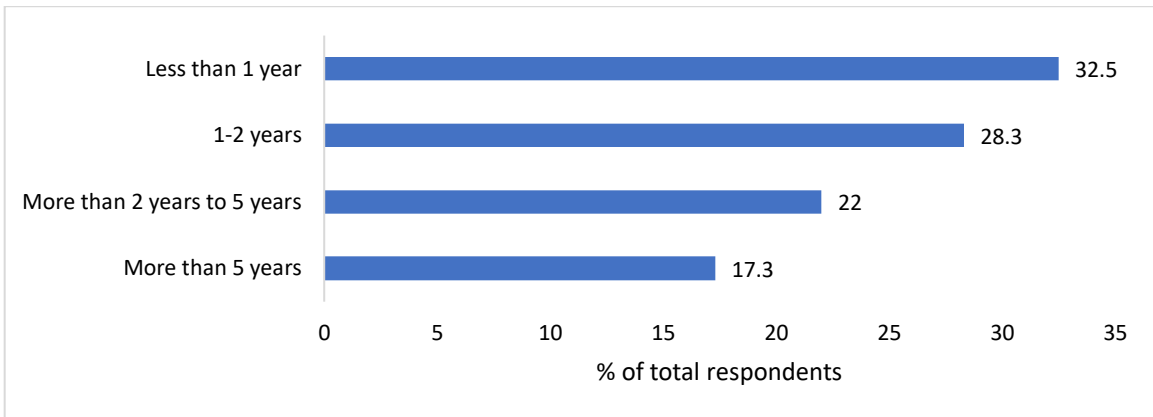


**5. How many children are you a caregiver for in your household?**

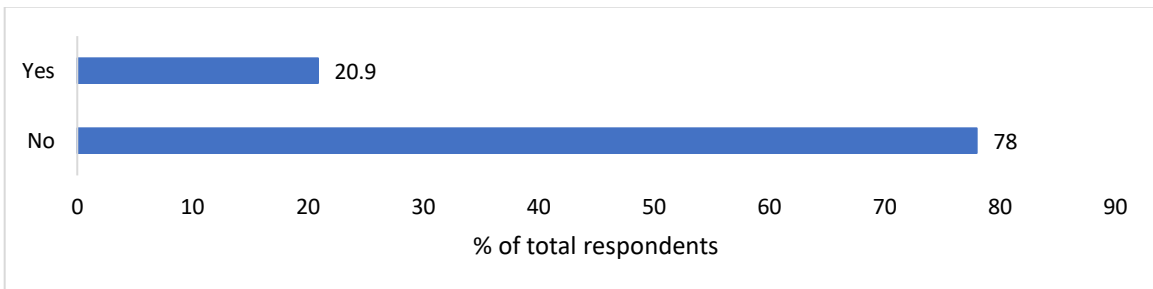


\*Answers were between 0 and 8, with one outlier/error of 72. Cell counts less than 5 not included in bar charts.

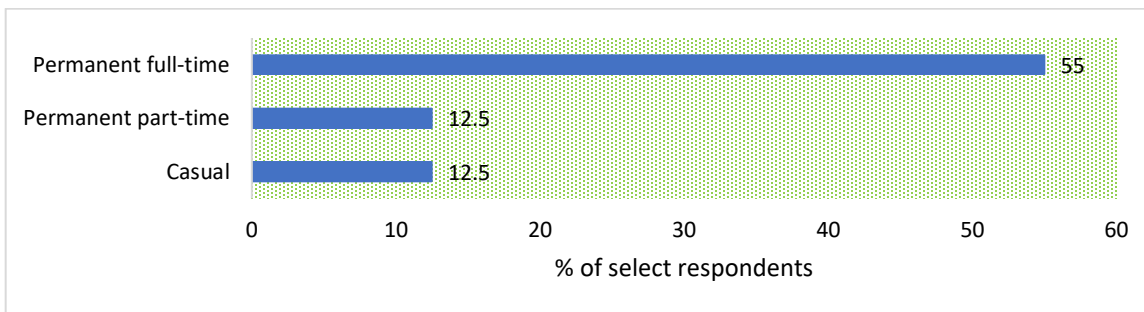
**6. How long have you lived at your current address?**



**7. Are you currently employed or attending an education program?**

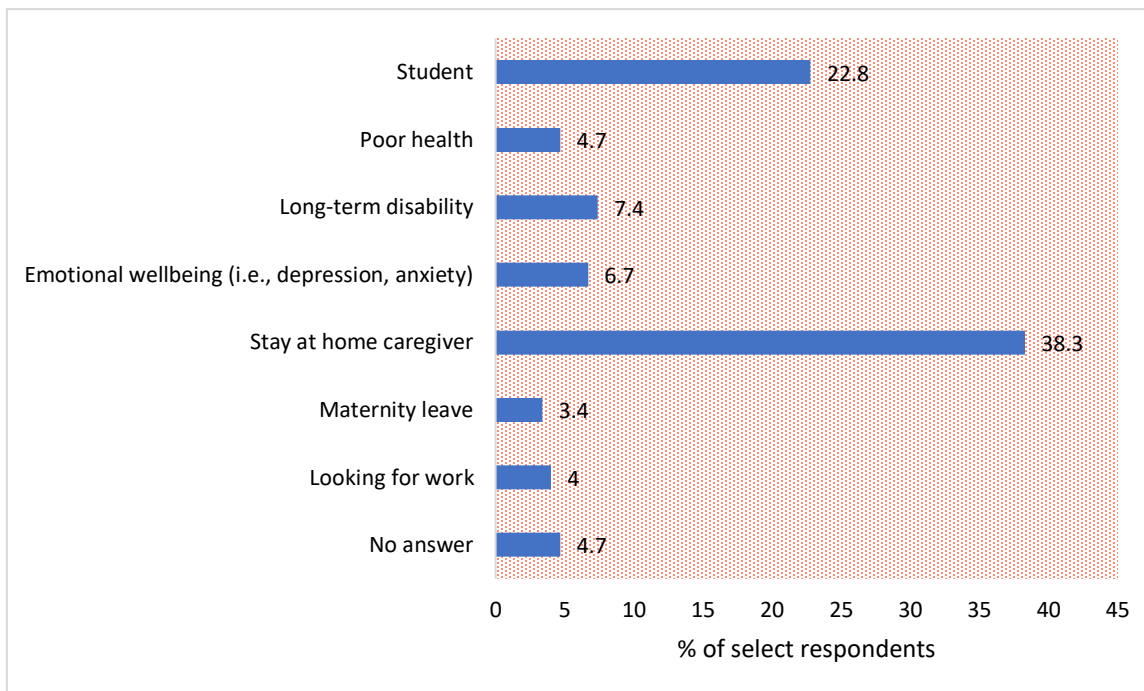


8. If answered YES to question 7, please select from the following that applies to your current employment/education situation.



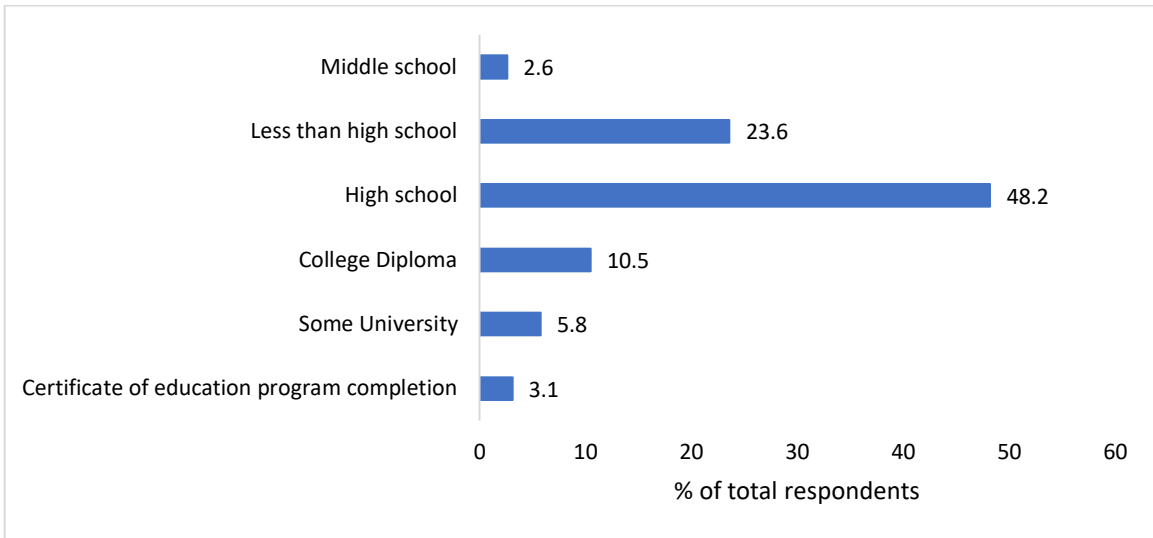
\*Other answers included: ; cell counts less than 5 not included in bar chart.

9. If answered NO to question 7, please select from the following that applies to your current situation.



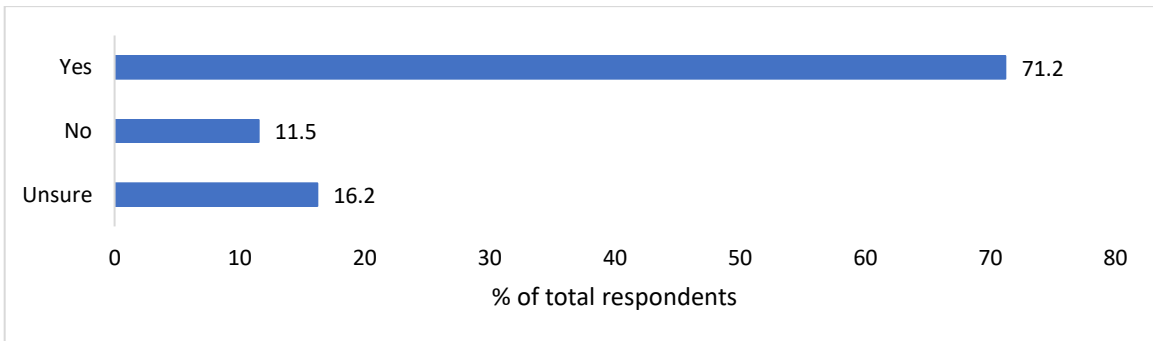
\*Other answers included: short-term disability, retired, parental leave, caring for elderly or family members, shortage of work and don't know; cell counts less than 5 not included in bar chart.

**10. What is your highest level of education?**

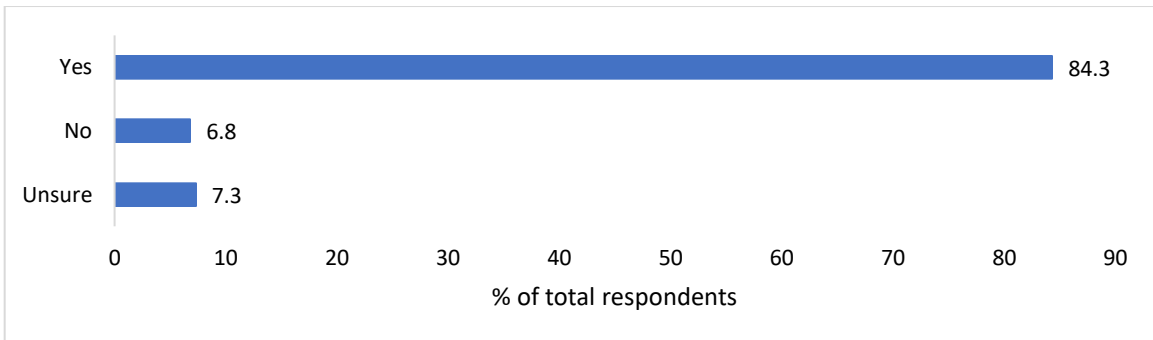


\*Other answers included: Elementary school, Bachelor’s degree, Master’s degree, Journeyman, Other, Don’t know; cell counts less than 5 not included in bar chart.

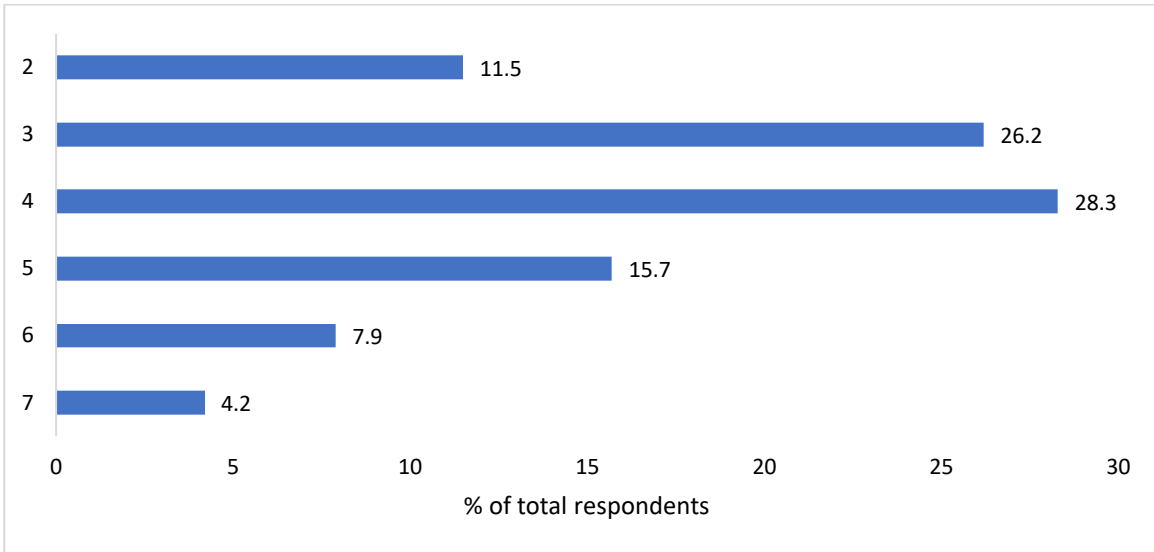
**11. It is easy for me to accomplish goals.**



**12. I am confident that I can deal with unexpected events.**

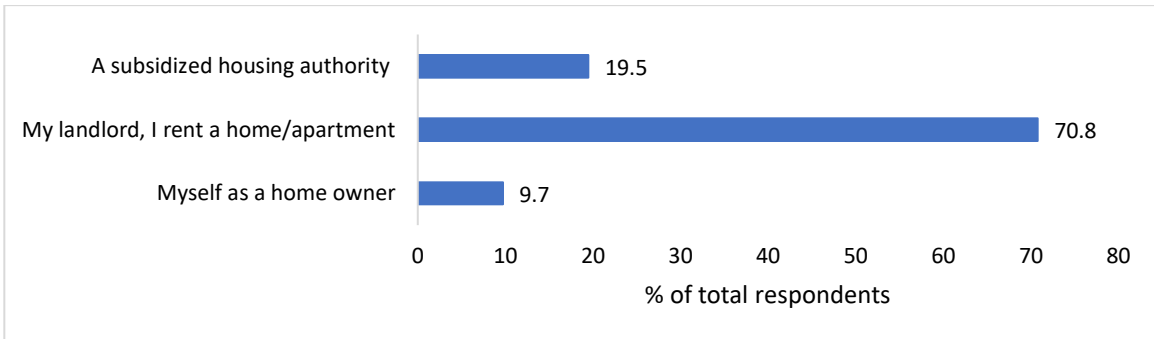


**13. How many people, including you, live in your current home?**

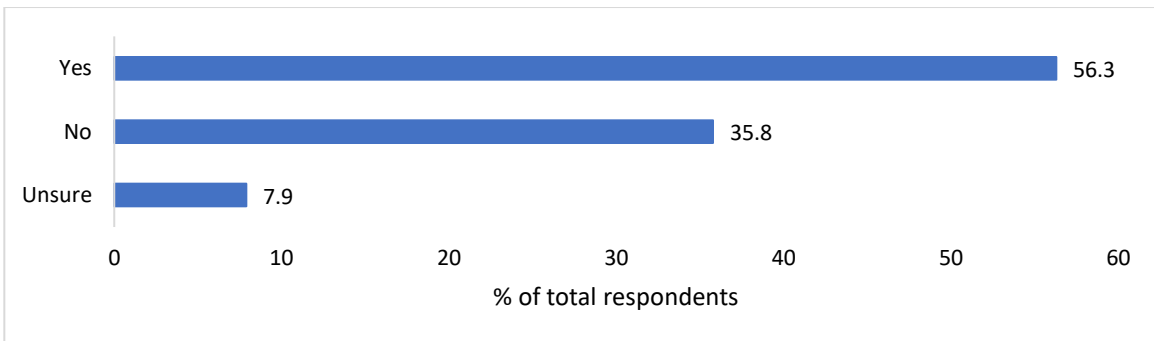


\*Answers were between 1 and 10; cell counts less than 5 not included in bar chart.

**14. Who is responsible for maintaining and fixing your home?**

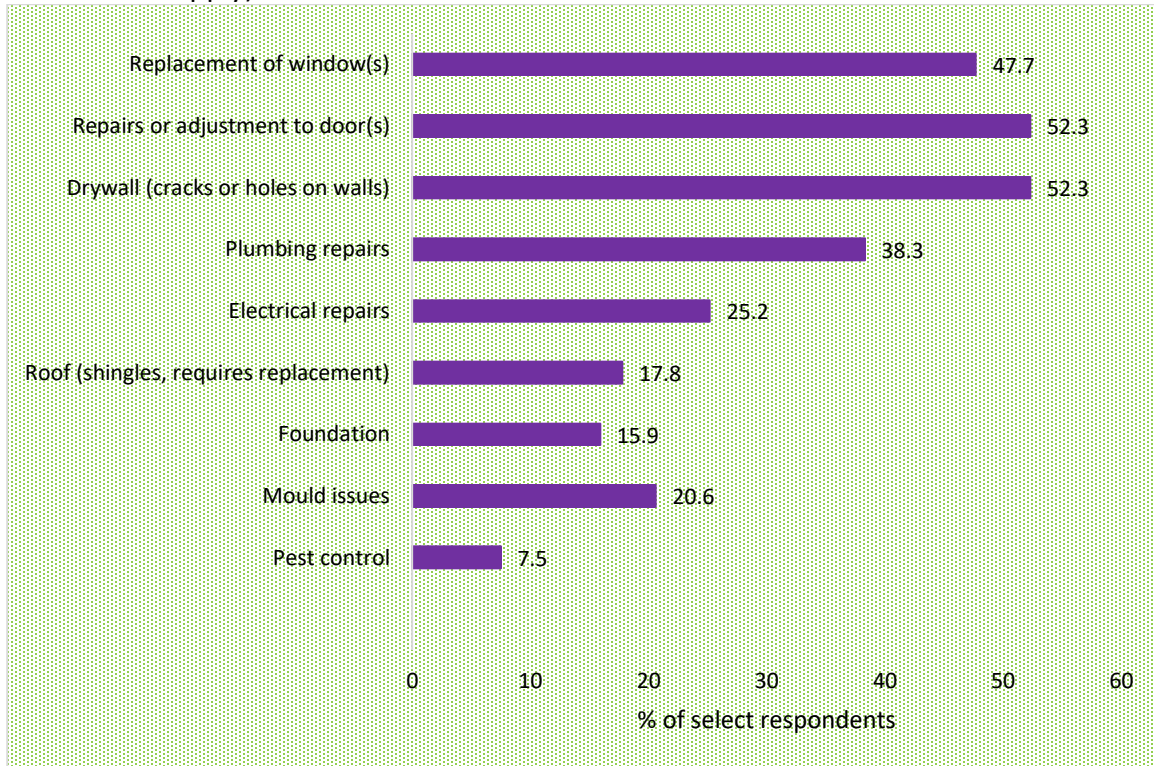


**15. Do you think your home needs repairs?**



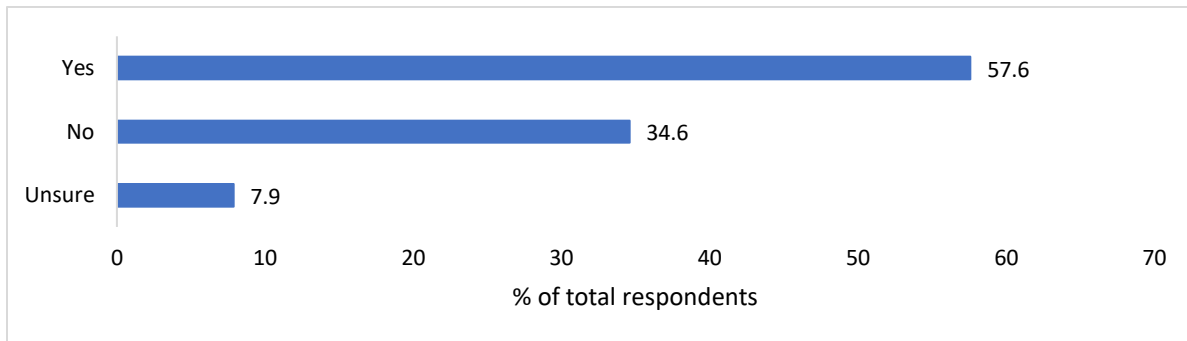


**16. If answered YES to question 15, what type of repairs does your home need?**  
(Select all that apply)

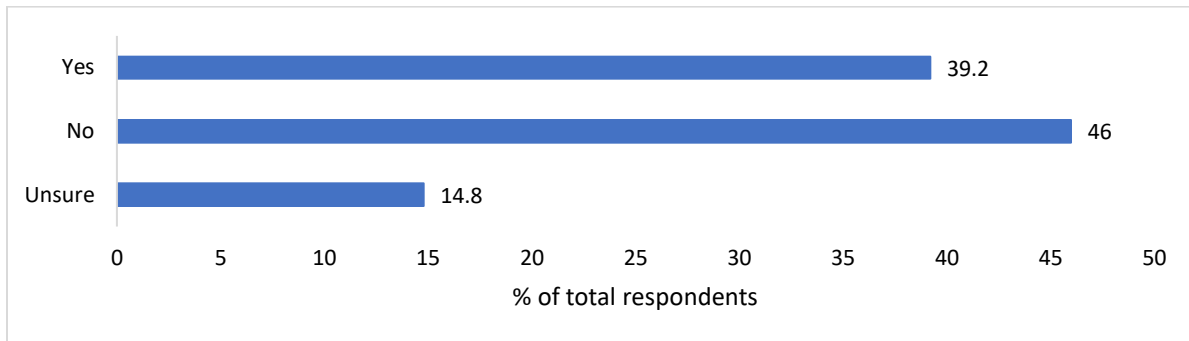


\*Other answers included: Paint, floors, thermostat, insulation, fence, steps; cell counts less than 5 not included in bar chart.

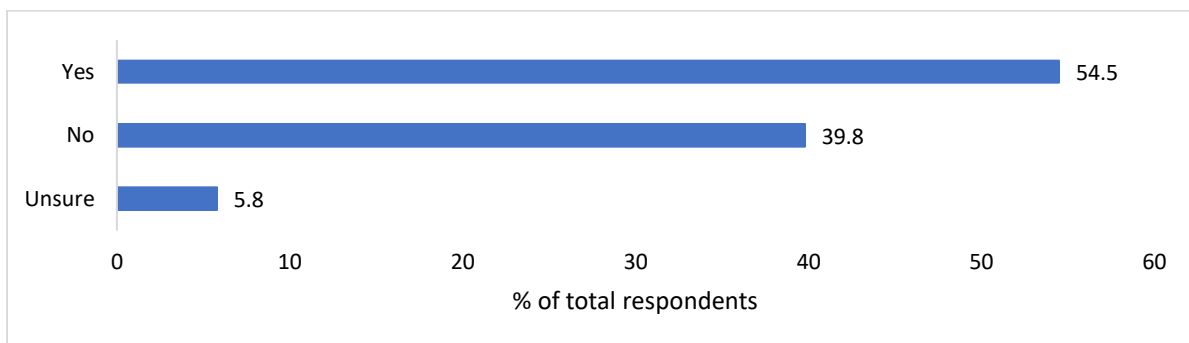
**17. Are you satisfied with current living arrangements?**



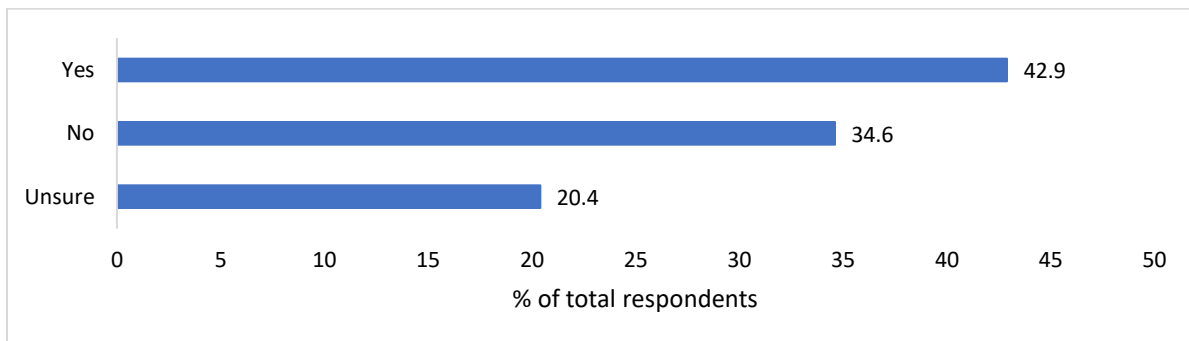
**18. Do you feel that there are many housing options available in this neighbourhood?**



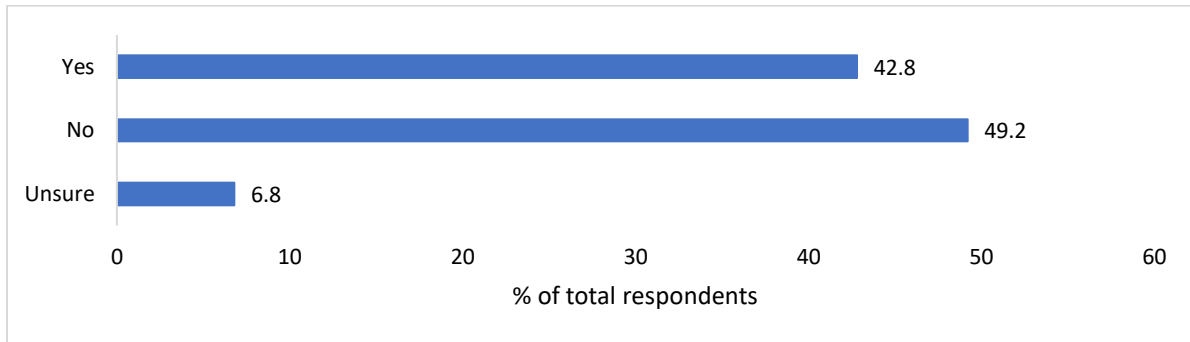
**19. Are you able to meet your household needs with shopping options (groceries and clothing) available in this neighbourhood?**



**20. Do your friends and neighbours trust and respect one another in this neighbourhood?**



**21. Have you been a participant in any Point Douglas community resources in the past year?**

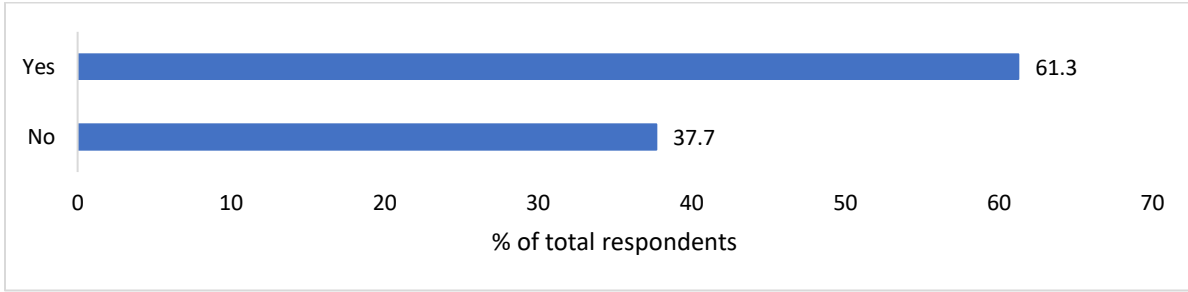


**22. If answered YES to question 21, what resources have you accessed?**  
(List all that apply)

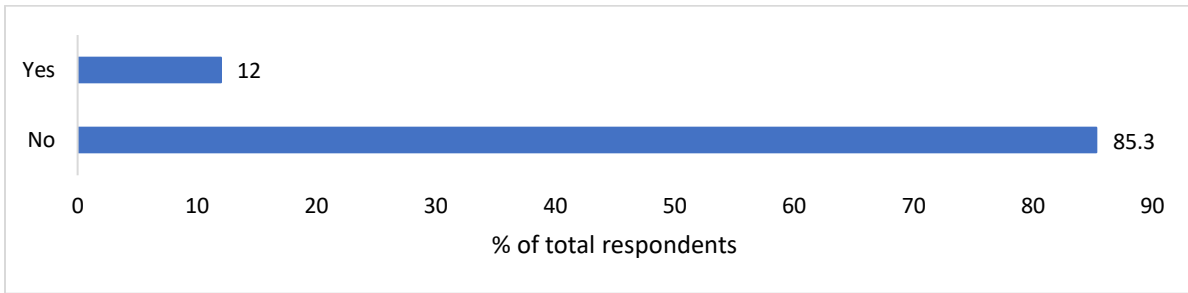


\*Other answers included: City Recreation Centres and Programs, Community Education Development Association, Counselling, Elizabeth Fry Society, Flora House, Housing, Indian Metis Friendship Centre, Indigenous Family Centre, Lord Selkirk Park Resource Centre, Mama Bear Clan, Ndinawemaaganag Endaawaad Inc., North End Community Renewal Corporation, North End Family Centre, Sage House, The Winnipeg Boldness Project, Ka Ni Kanichick Inc., Manidoo Gi Miini Gonaan, Wahbung Abinoonjiag Inc., YM/WCA Programs; Cell counts less than 5 not included in bar chart.

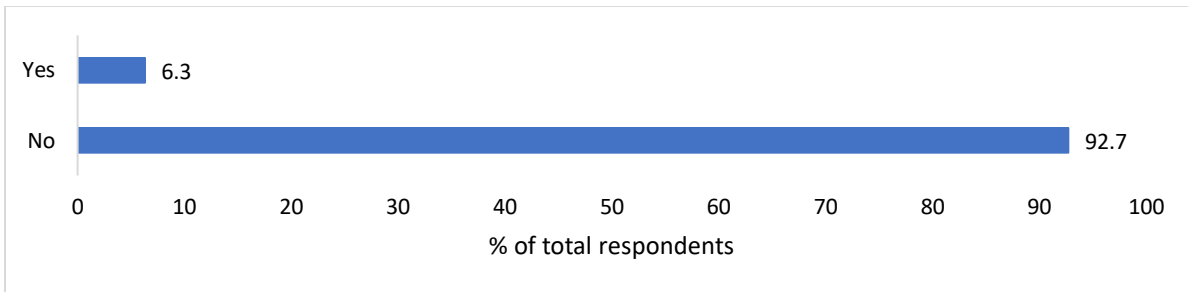
**23. Do you access the community food bank to supplement your household?**



**24. Do you have access to a community garden?**

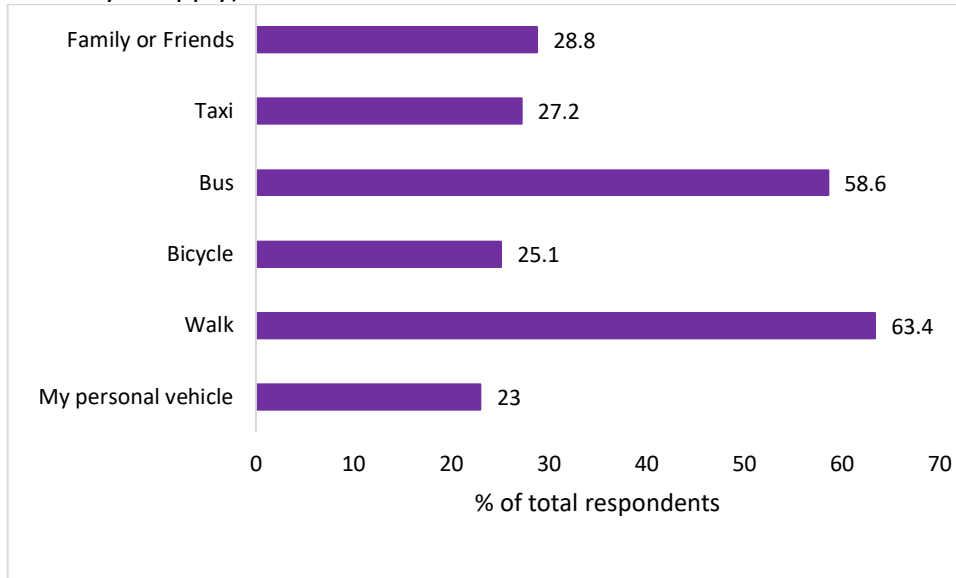


**25. Do you have your own garden?**

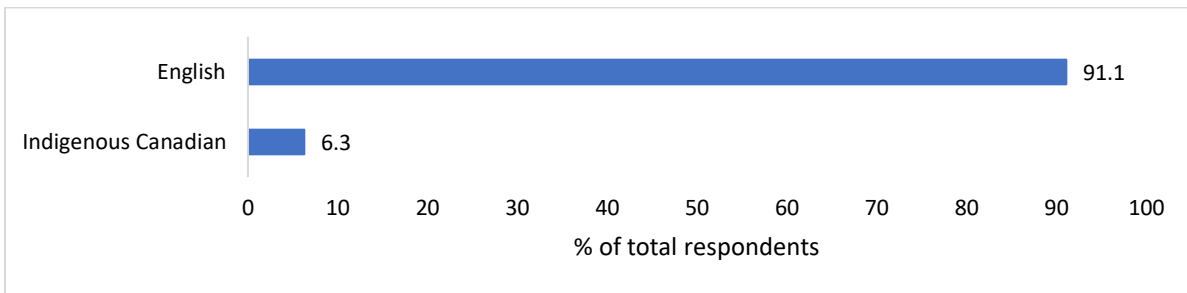


**26. How do you get around the city of Winnipeg?**

(select as many as apply)

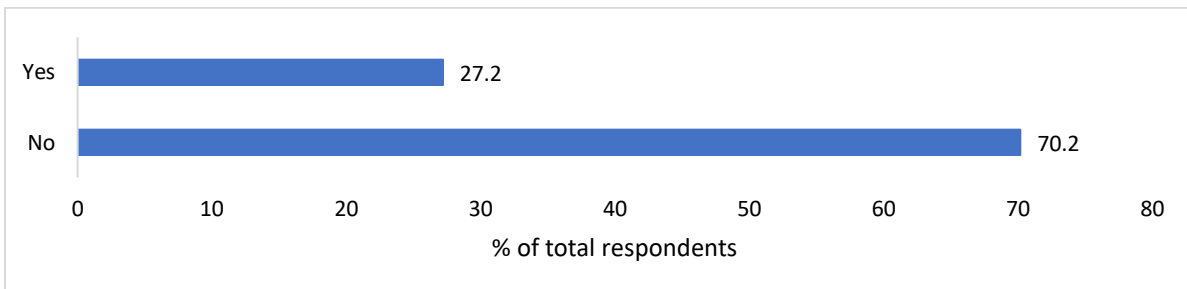


**27. What is your First Language?**



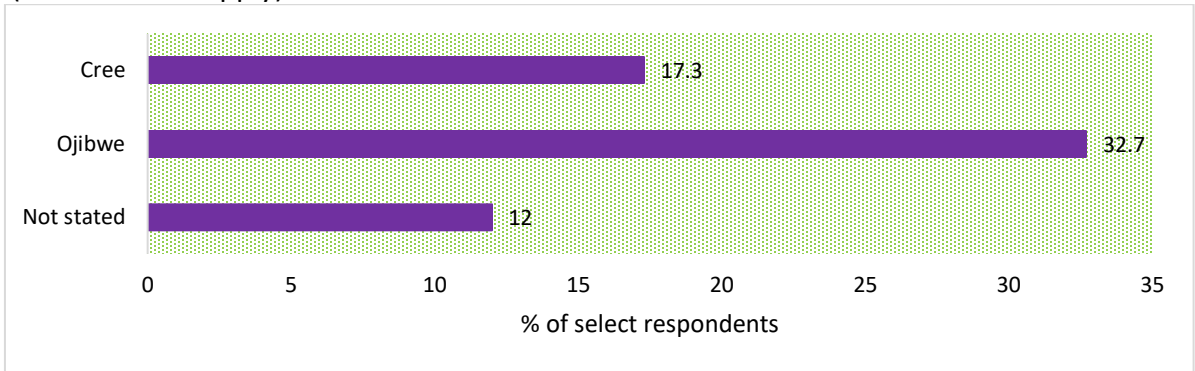
\*Indigenous Canadian listed as Dakota/Cree/Ojibway/ Oji-Cree/Dene/Michif; Other answers included: Spanish, Tagalog, Hindi, Dari/Farsi, and Salteux; Cell counts less than 5 not included in bar chart.

**28. Do you as a parent/caregiver pass down languages to your family?**



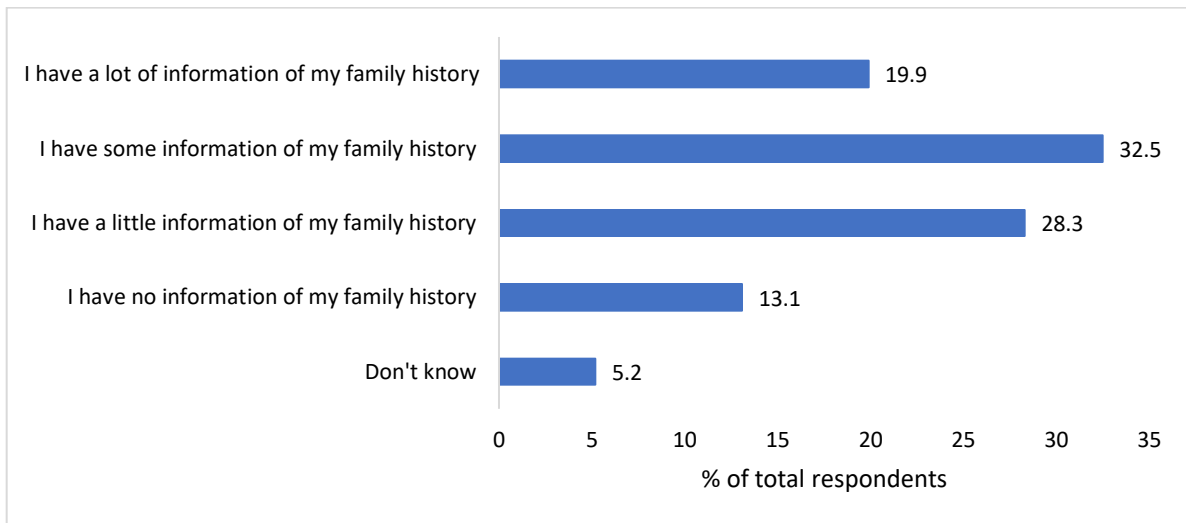
**29. If answered YES to question 28, what languages?**

(Select all that apply)



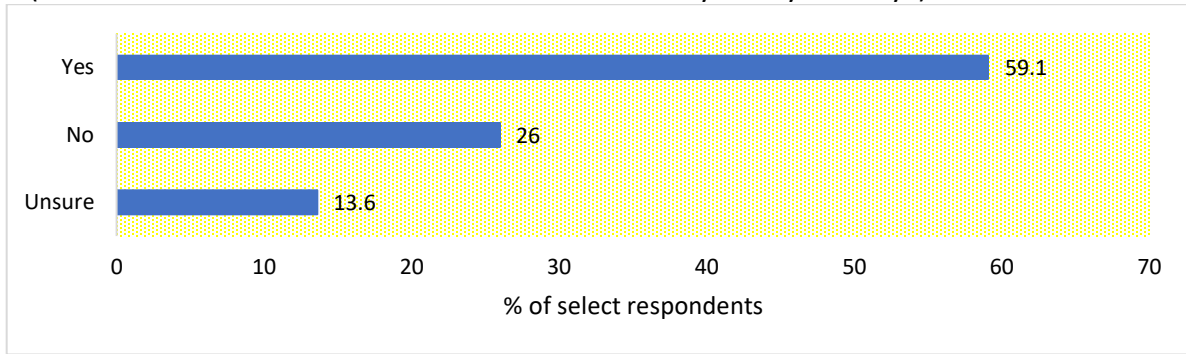
\*Other answers included: Dari/Farsi, English, French, Ukranian, Russian, Hindi, Oji-Cree, Salteaux, Spanish, and Tagalog; Cell counts less than 5 not included in bar chart.

**30. What statement below indicates how much you know about your family history?**

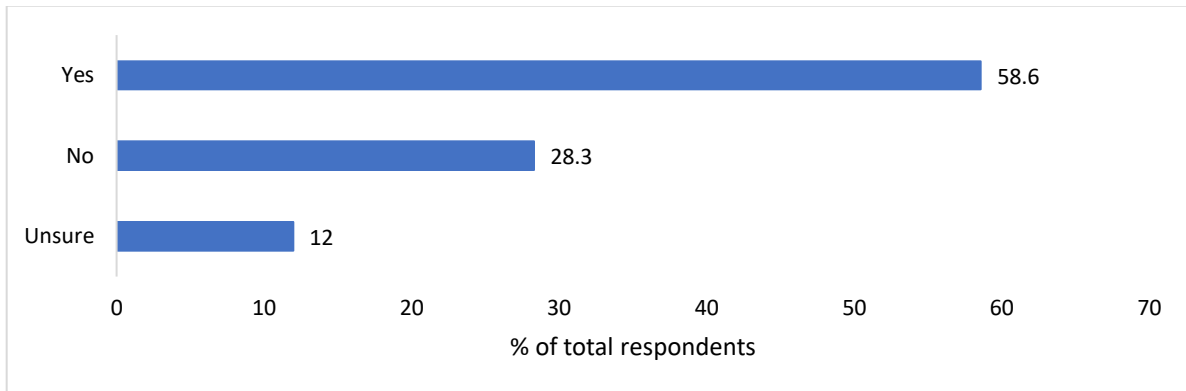


\*Other answers included: I prefer not to say; Cell counts less than 5 not included in bar chart.

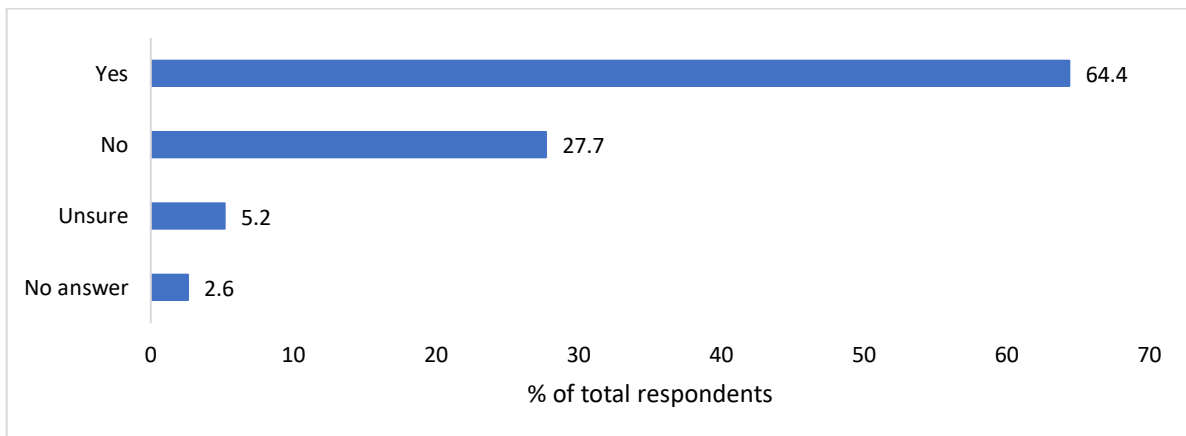
**31. Do you as a parent/caregiver pass down teachings about your family history?**  
(not asked if answered “I have no information on my family history”)



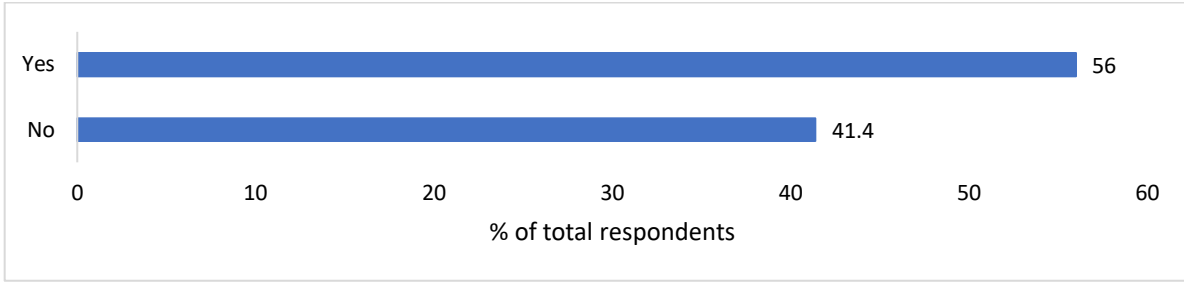
**32. I know about the history of my people.**



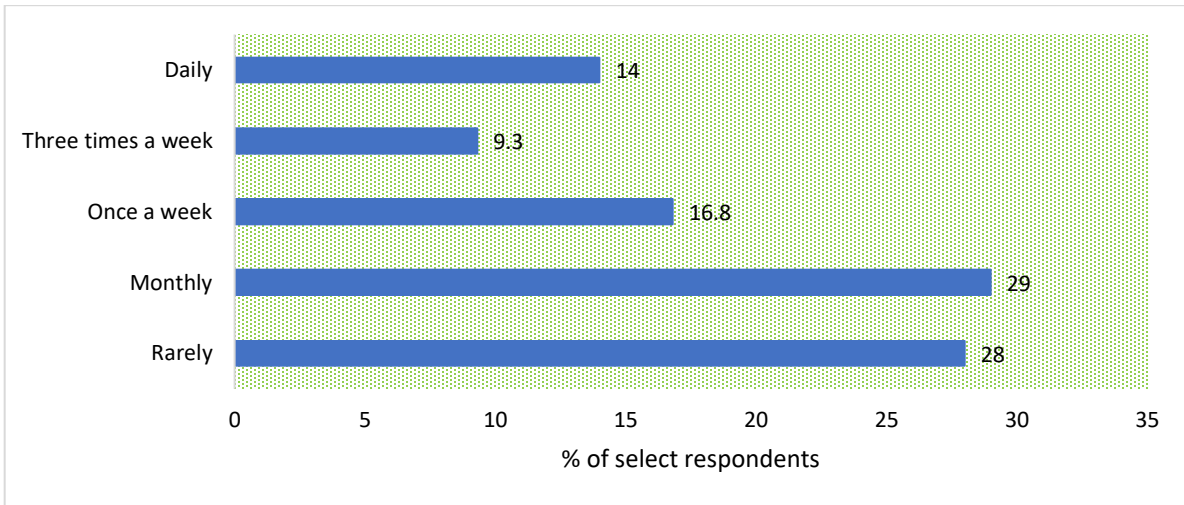
**33. It is important to you that you know and learn about the cultural teachings of your people.**



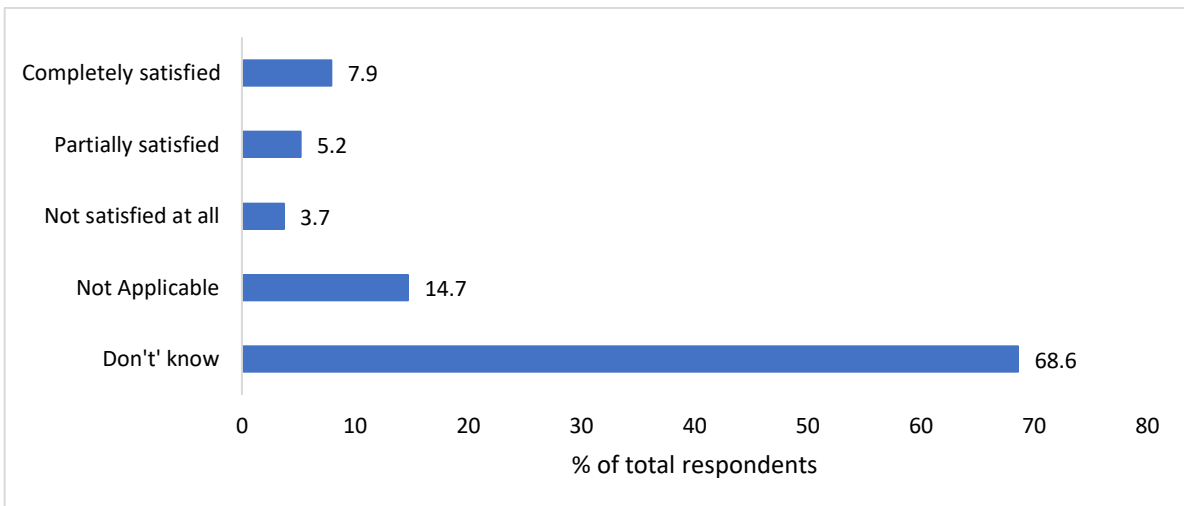
**34. Do you participate in cultural, religious and/or spiritual events?**



**35. If answered YES to question 34, how frequently did you participate in cultural, religious and/or spiritual events?**

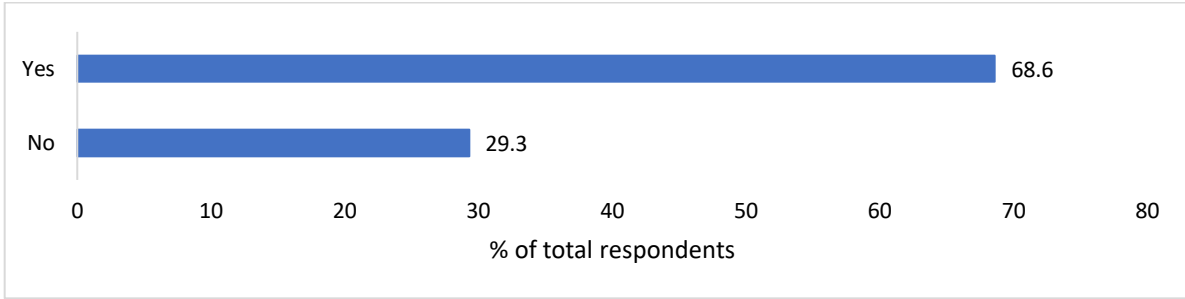


**36. How satisfied are you with the amount of cultural, religious and/or spiritual events available to you?**

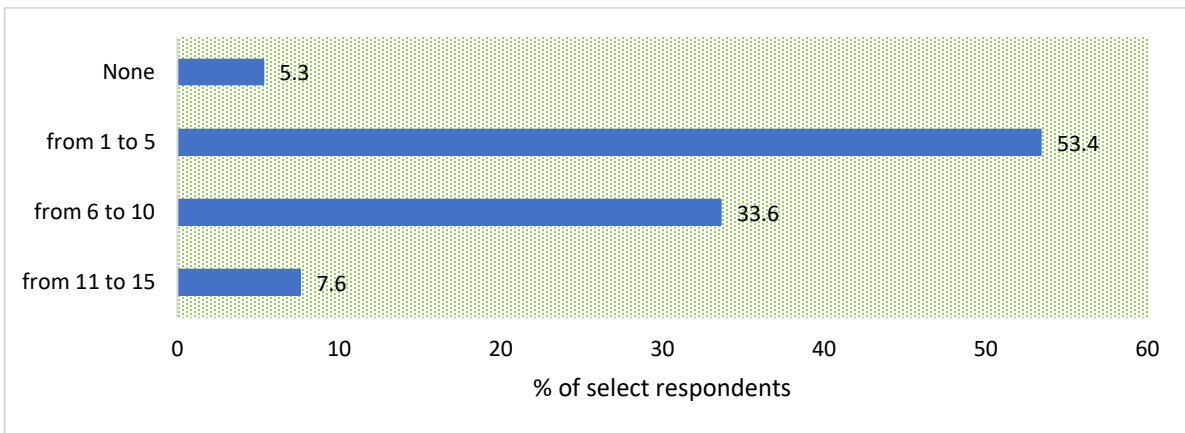




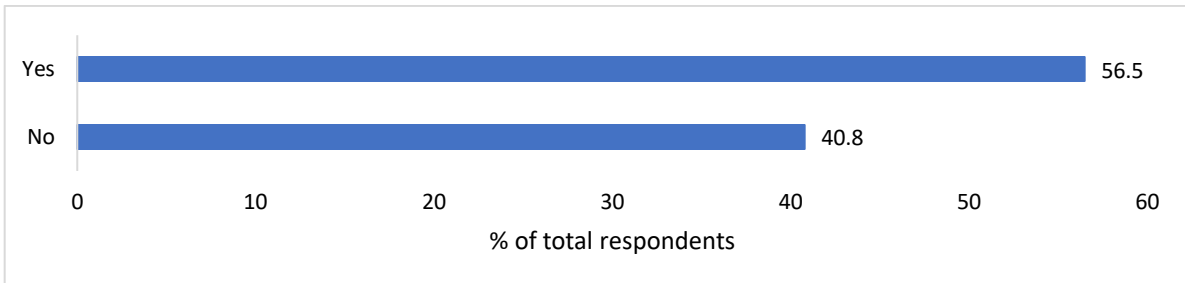
**37. Have you attended any family celebrations or achievements in the past 12 months?**



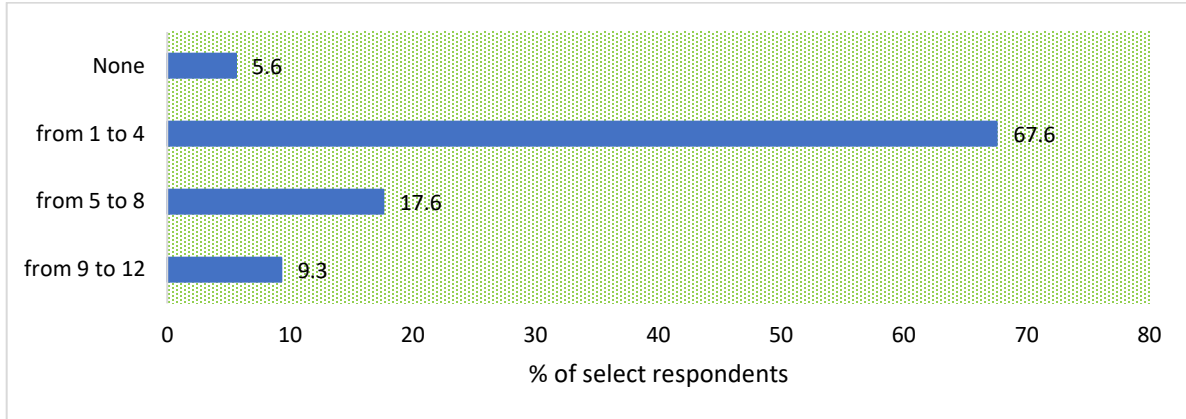
**38. If answered YES to question 37, how many family celebrations or achievements have you attended in the past 12 months?**



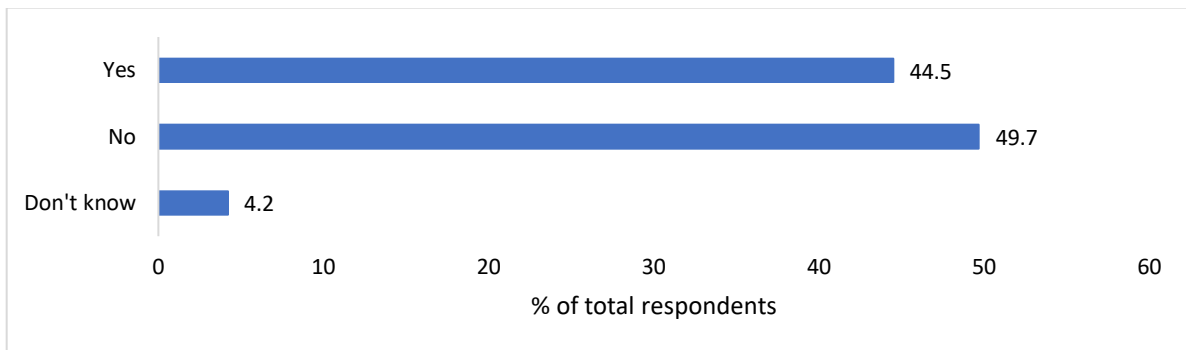
**39. Have you attended any community celebrations or achievements in the past 12 months?**



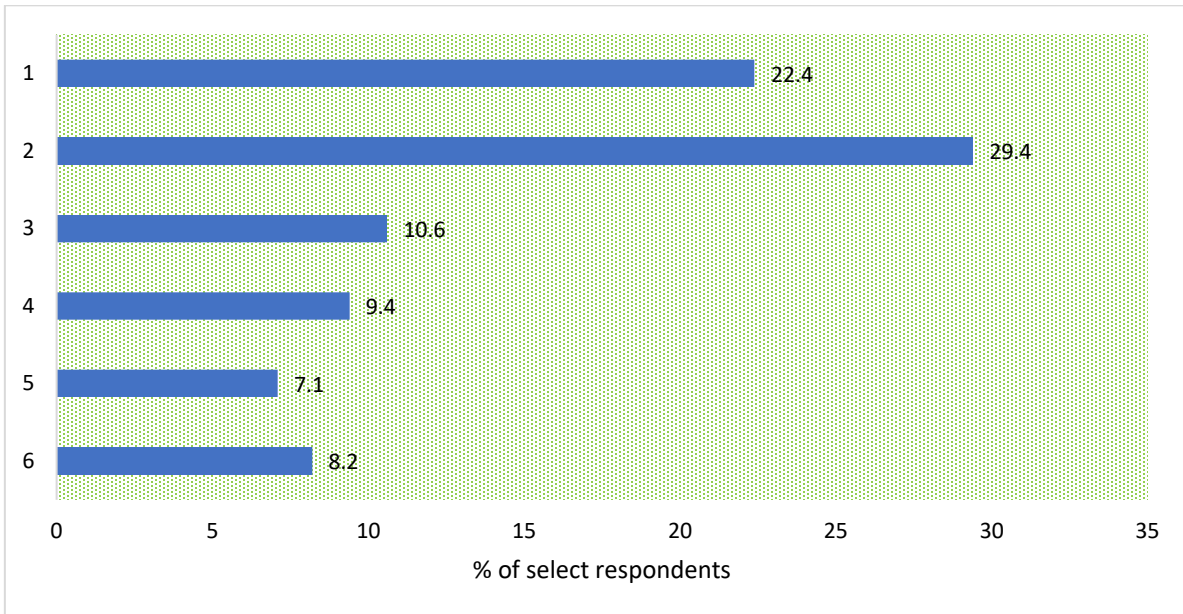
**40. If answered YES to question 39, how many community celebrations or achievements have you attended in the past 12 months?**



**41. Have you attended any seasonal or cultural celebrations or events in the past 12 months?**

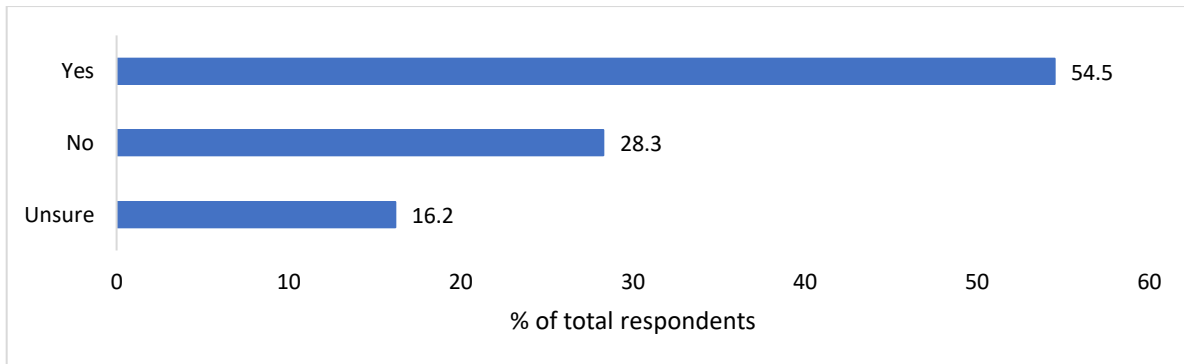


**42. If answered YES to question 42, how many seasonal or cultural celebrations or events have you attended in the past 12 months?**

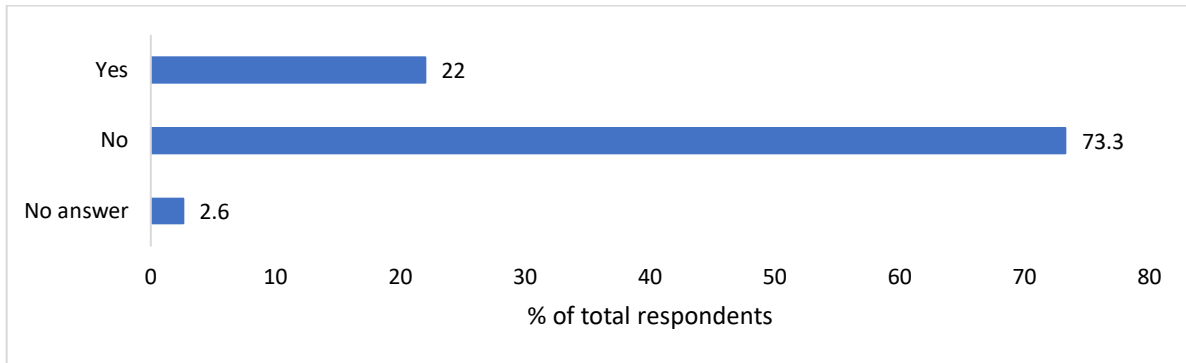


\*Answers ranged from 0 to 16; Cell counts less than 5 not included in bar chart.

**43. Are you satisfied with the number of programs and community resources available for children in this neighbourhood?**



**44. Do you volunteer in the community or at events?**



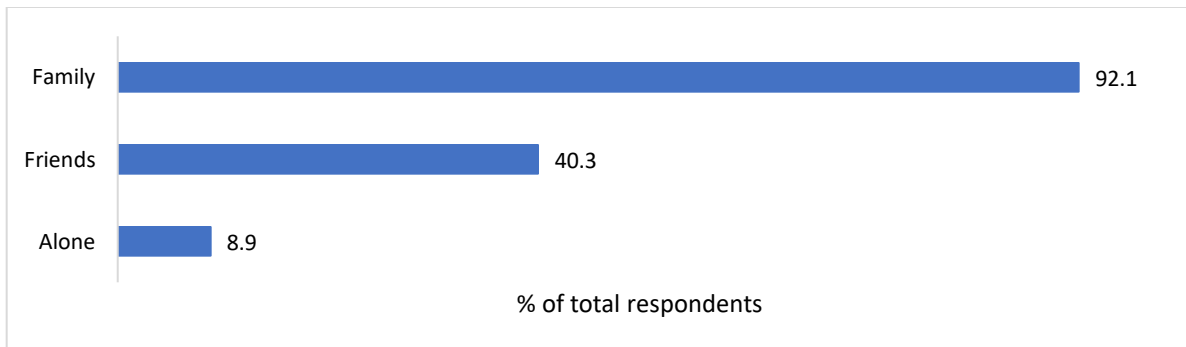
**45. If answered YES to question 44, where or what types of community events do you volunteer for?**

Answers varied, with no specific places or types of events listed 5 or more times.

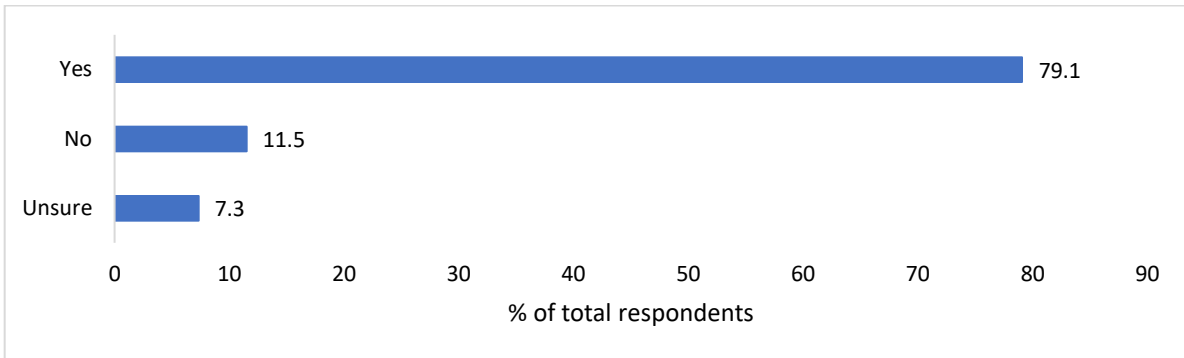
Answers included:

- Places: Andrews Street Family Centre, Church, City Recreation Centre, Earth Shop, Fearless R2W, Food Bank, Hands of Hope, Health Clinic, Indian Metis Friendship Centre, Indigenous Family Centre, Lord Selkirk Park Resource Centre, Ma Mawi Wi Chi Itata Centre, MacDonald Youth Services, Mama Bear Clan, Mosque, Mount Carmel Clinic, North End Women's Centre, North Point Douglas Women's Centre, Oyate Tipi Cumini Yape, Sage House, Siloam Mission, The Winnipeg Boldness Project, Turtle Lodge, University of Winnipeg, Winnipeg Harvest, Winnipeg Pride
- Types of events: Annual General Meetings, Barbeques/Picnics, Block Parties, Children's Feast, Climate Summit, Community Drop-ins, Cultural Celebrations, Garage Sales, Meet me at the bell tower, Parade, Parent School Council, Performance (singing, dancing, drumming), Protests, School Lunches, Street Festivals

**46. Who do you spend the majority of your time with?**

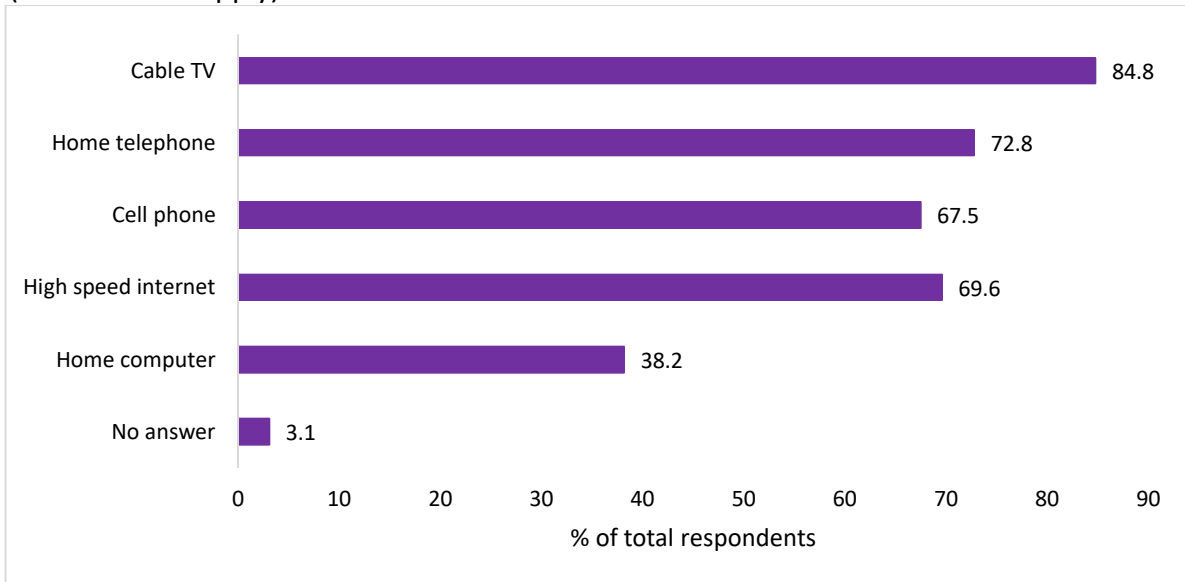


**47. Are you satisfied with the arrangement of your time spent with others?**

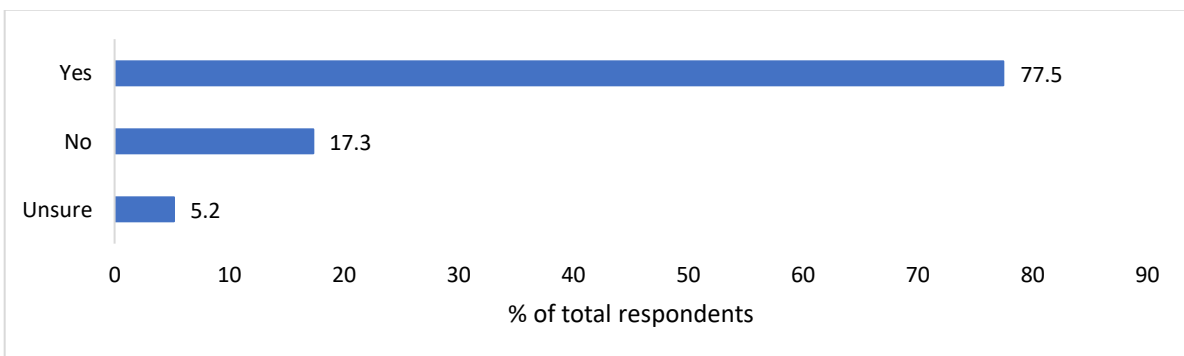


**48. Do you have access to the following?**

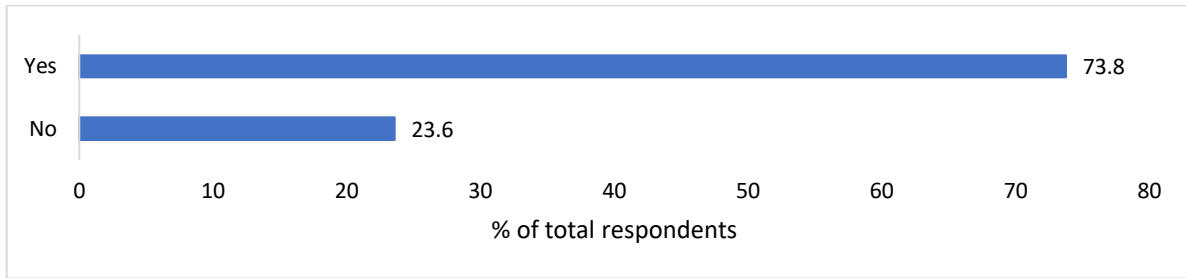
(select all that apply)



**49. Are you satisfied with your current access to the technology you chose in the previous question?**



**50. Do you have a family doctor?**



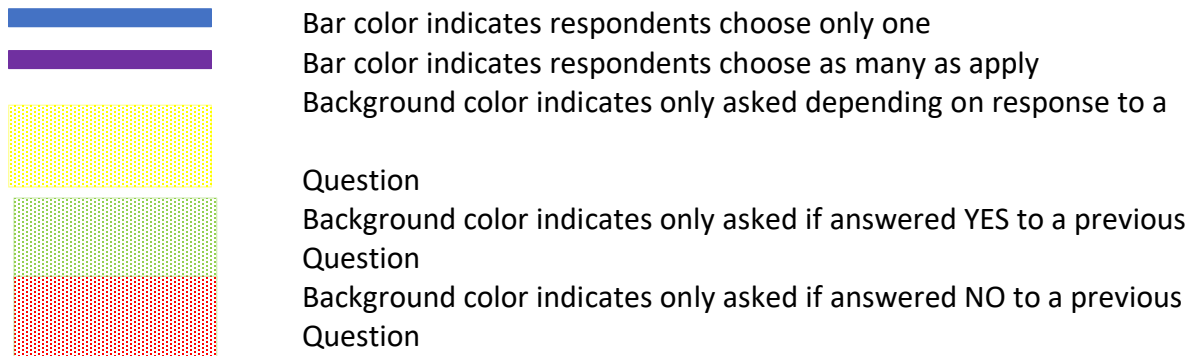
## Appendix D: Child Survey Results

### NORTH END WELLBEING MEASURE SURVEY - CHILD RESULTS

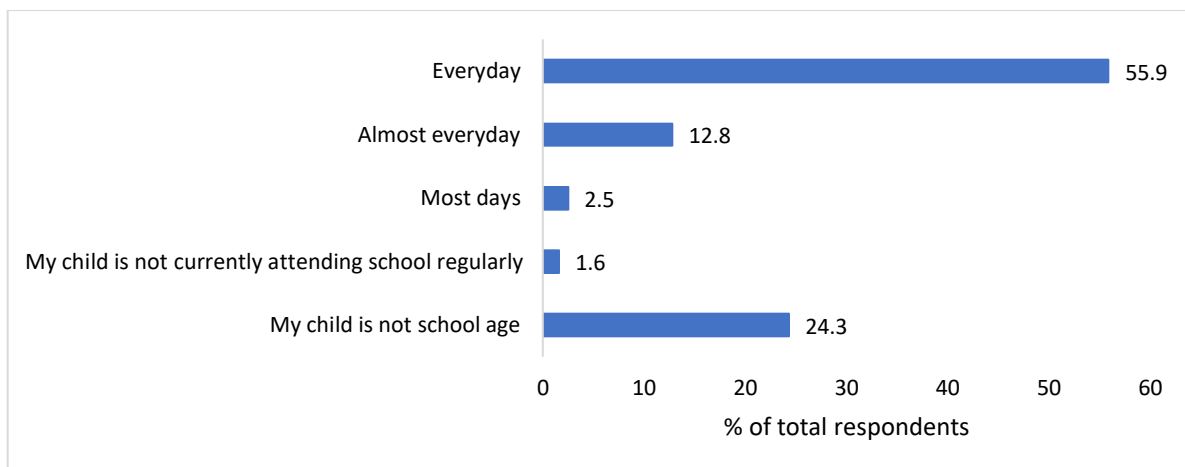
Parents/Guardians/care givers answered completed the child survey on behalf of their children. A total of 367 valid surveys were collected for children. Out of those 51.8% (190) were Male surveys and rest 48.2% (177) were Female surveys.

76.6% (281) participants consented to link their data to Manitoba Health’s Administrative data. All the people who did not consent to link their survey (23.4% (86)) agreed to take part in the survey and completed the survey.

Cell counts less than 5 are not reported or included in bar charts.



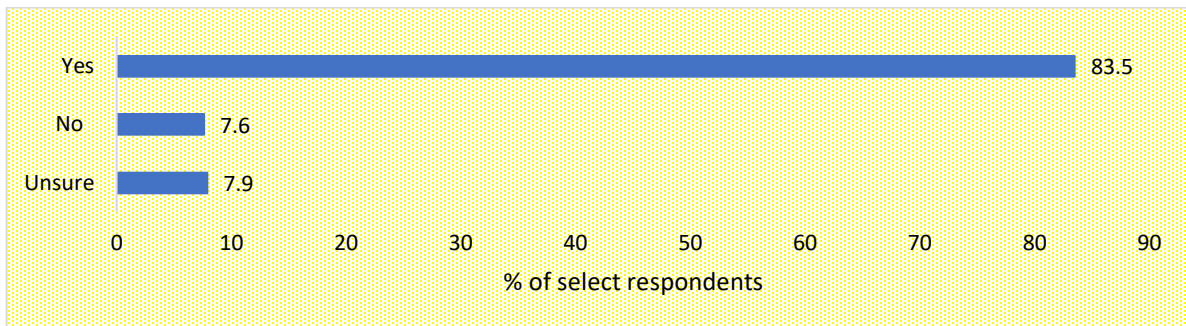
#### 1. How frequently does Child attend school?



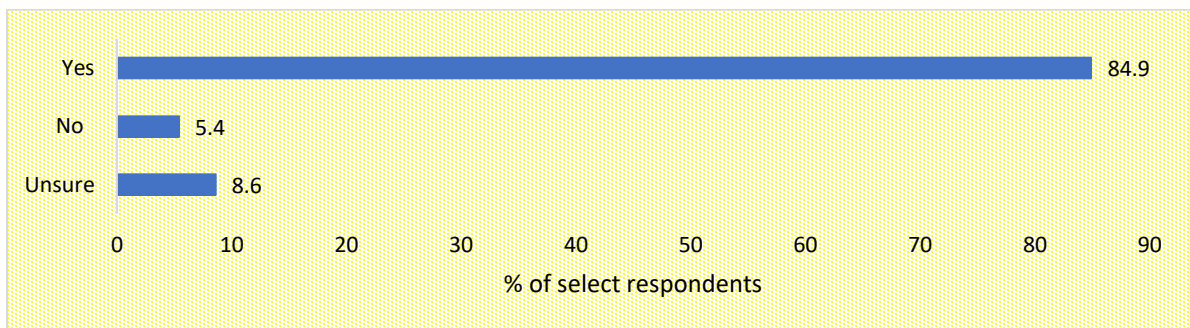
\*Other answers included: ; cell counts less than 5 not included in bar chart

Questions 2 through 11 not asked if answered “my child is not school age” to question 1.

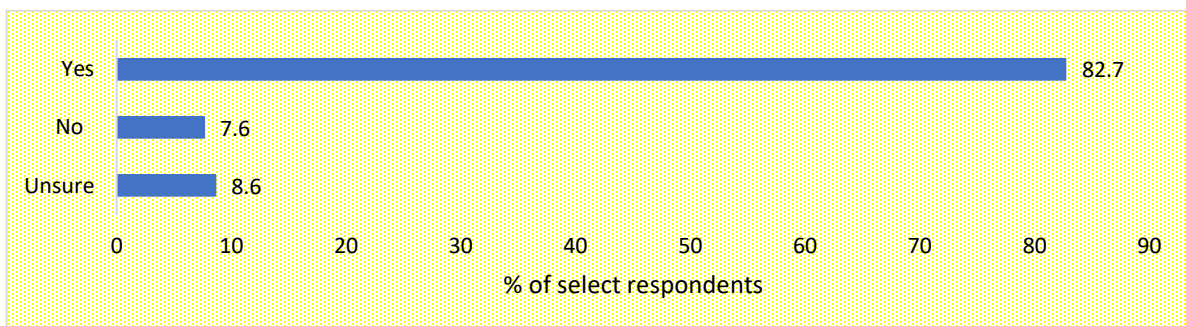
**2. Does the Child feel safe at school?**



**3. Is the Child happy at school?**

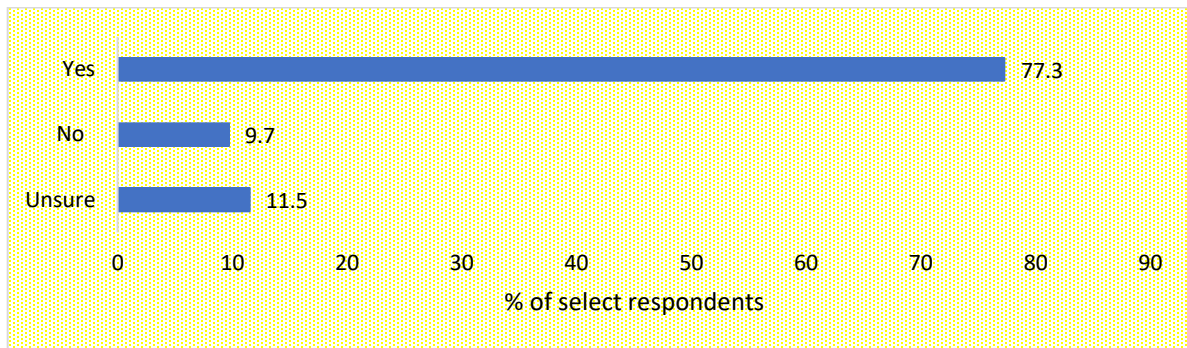


**4. Does the Child enjoy being in school?**

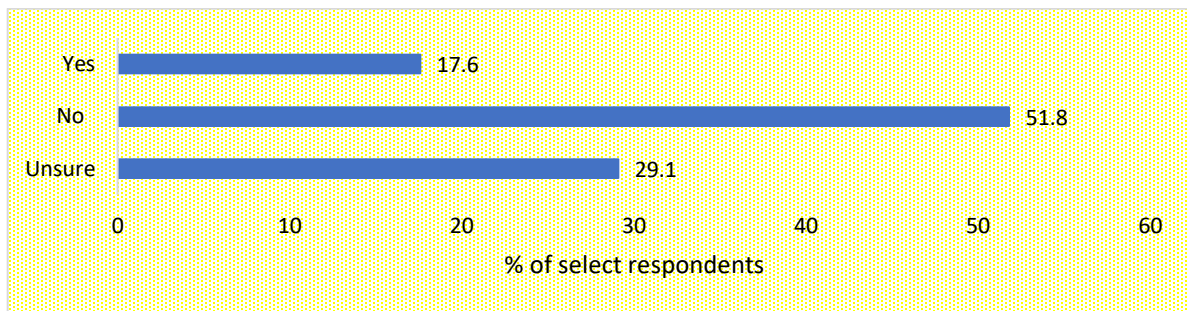




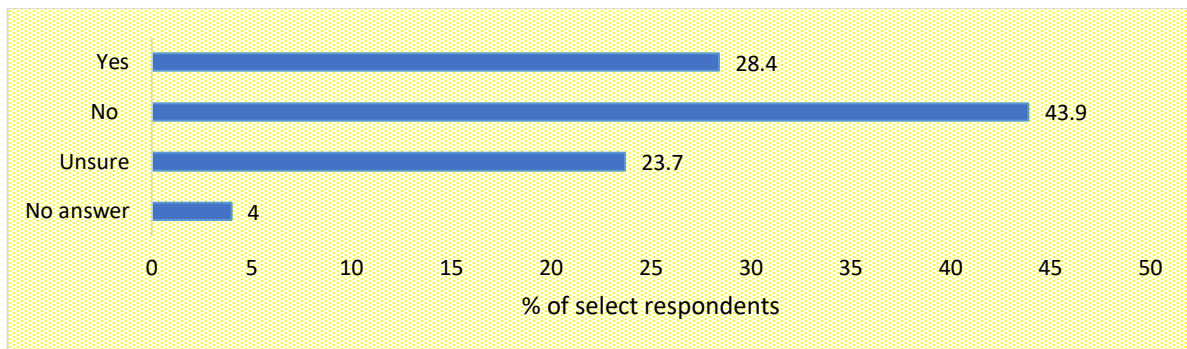
**5. Does school offer parents/caregivers opportunities to be involved?**



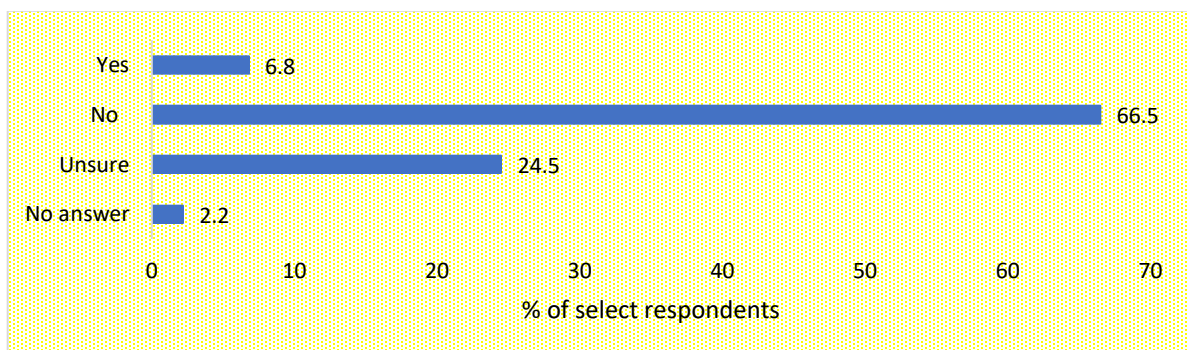
**6. Is racism a problem at school?**



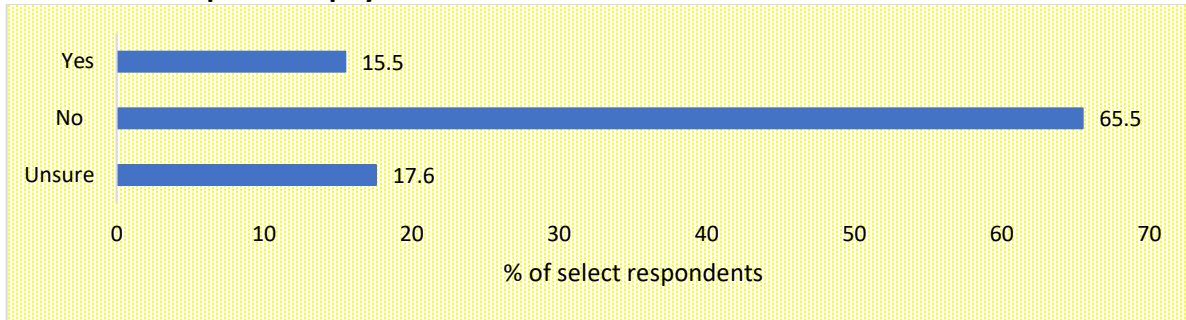
**7. Is bullying (physical, emotional, cyber and spiritual) a problem at school?**



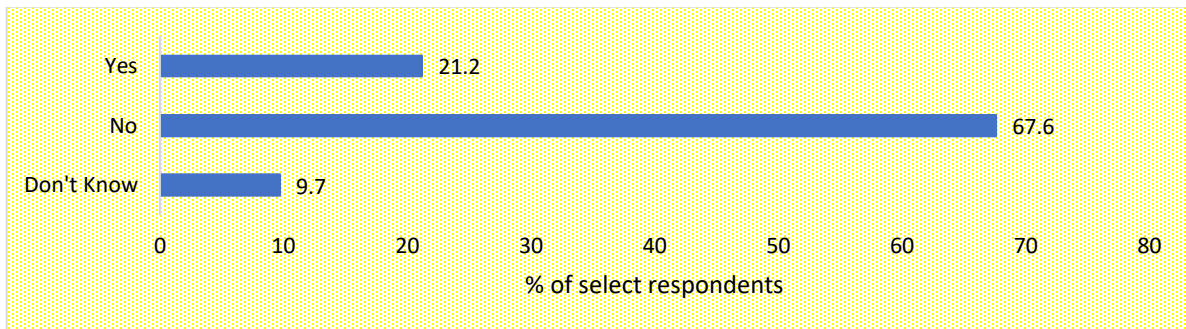
**8. Is the presence of alcohol and/or drugs an issue at school?**



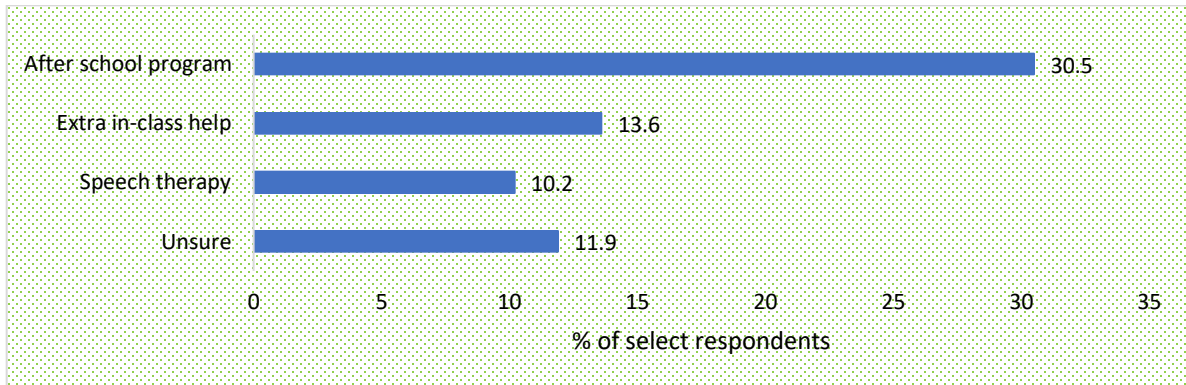
**Does the Child experience physical violence at school?**



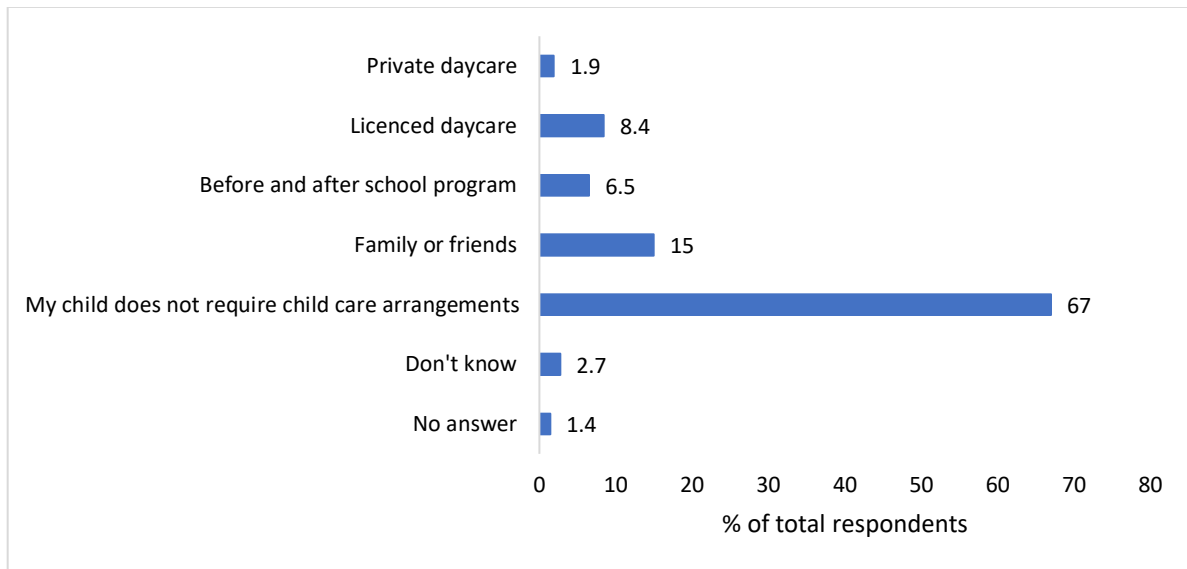
**9. Does Child require additional help/tutoring in school (adapted learning plan, before/after school programs for additional supports)?**



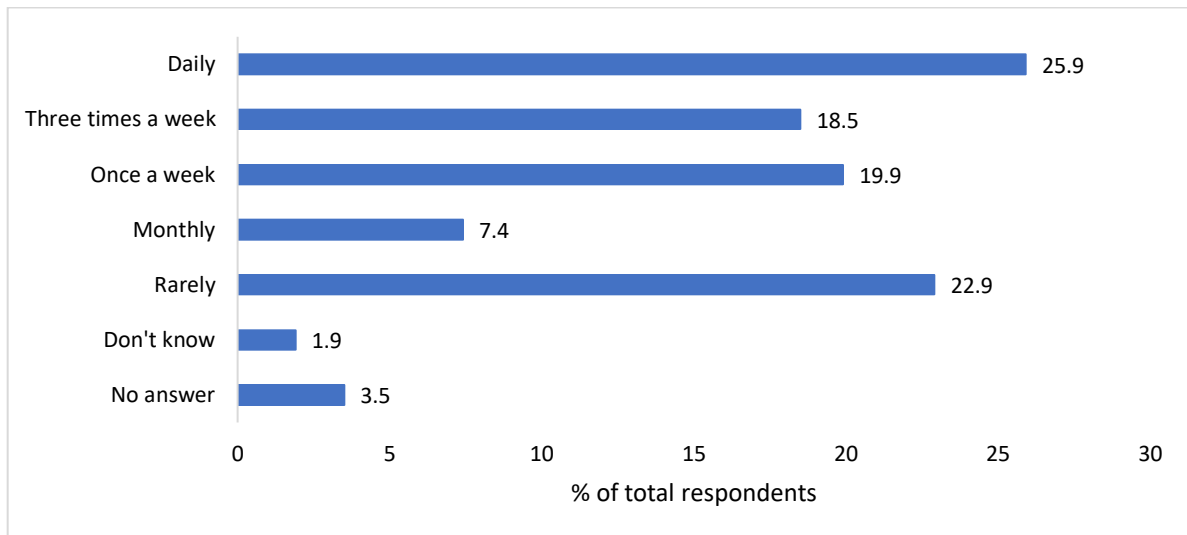
**10. If answered YES to question 10, please indicate what supports are in place.**



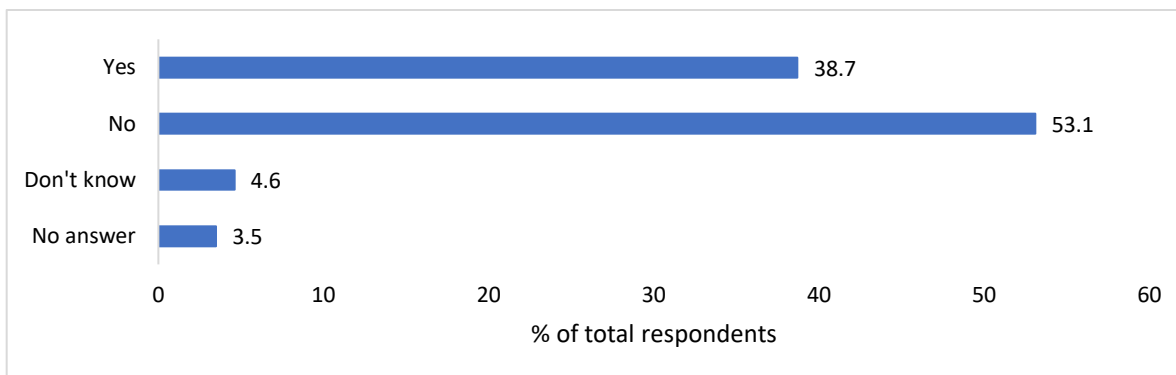
### 11. What are your current child care arrangements?



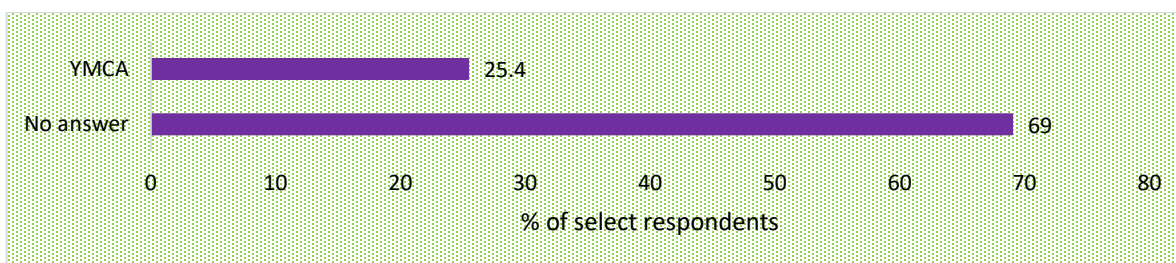
### 12. How often do you read books to/with Child?



**13. Does the Child participate in recreational programs in the neighbourhood?**

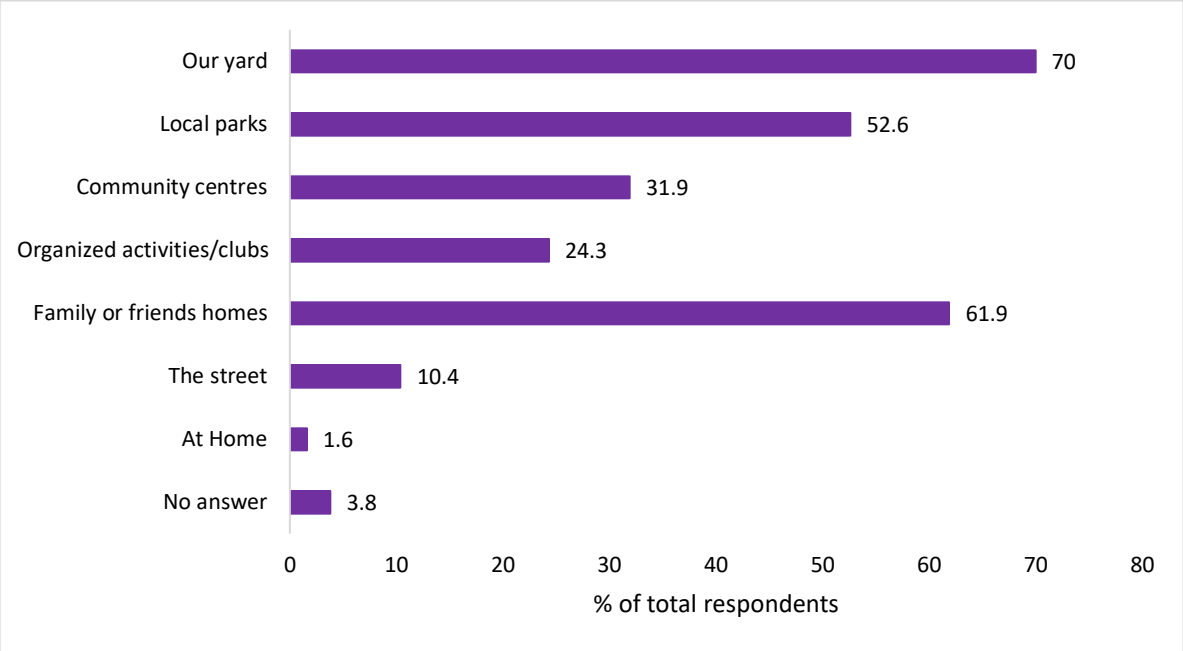


**14. If answered YES to question 14, which programs has Child accessed in the past two years?  
(List all that apply)**

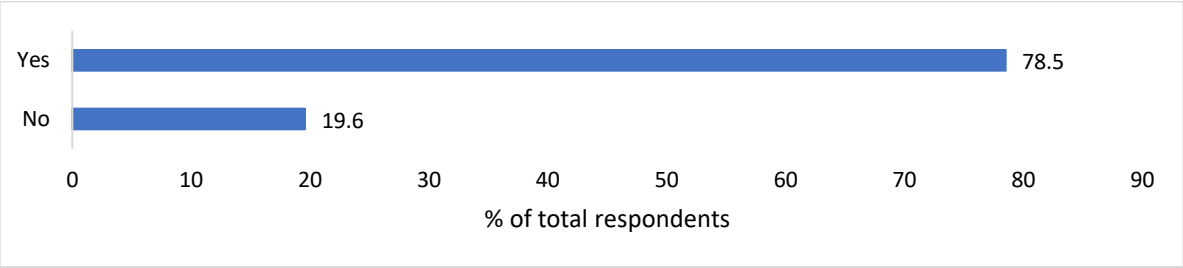


\*Other answers included: Boxing Club, Turtle Island soccer, Health Baby, Ma Mawi Wi Chi Itata Centre, Boys and Girls Club, Flora House and after school programs; cell counts less than 5 not included in bar chart.

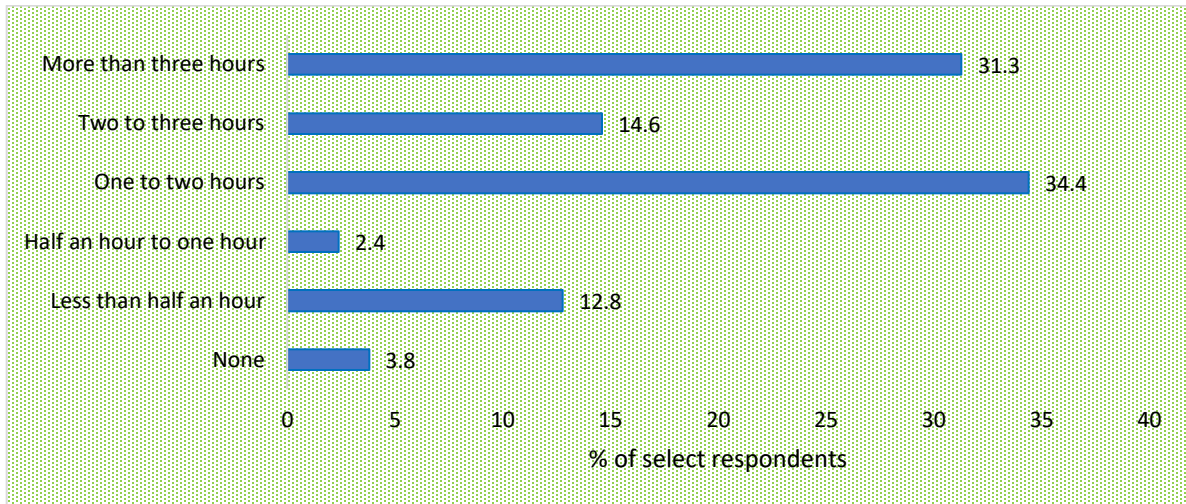
**15. Where does Child typically play after school or on weekends? (Select all that apply)**



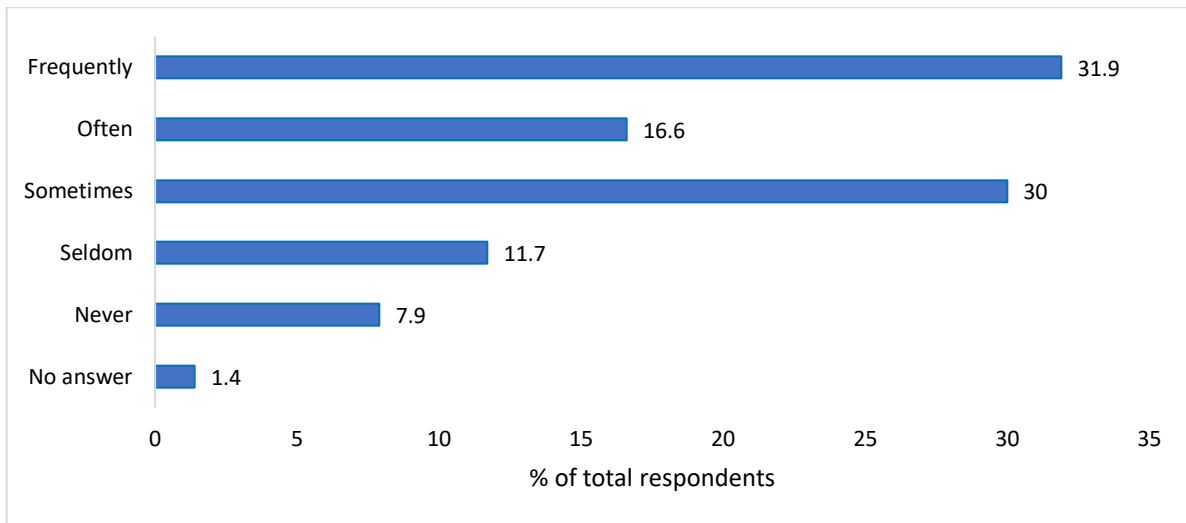
**16. Does Child have access to electronics such as tablets, xbox, playstation?**



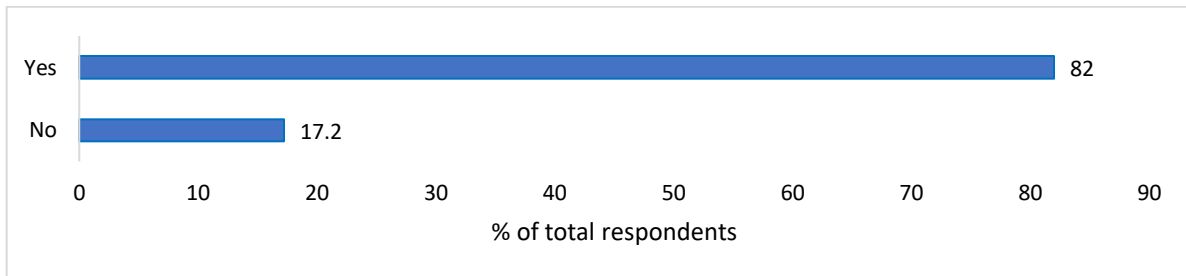
**17. If answered YES to question 17, how long does Child spend on electronics on a typical day?**



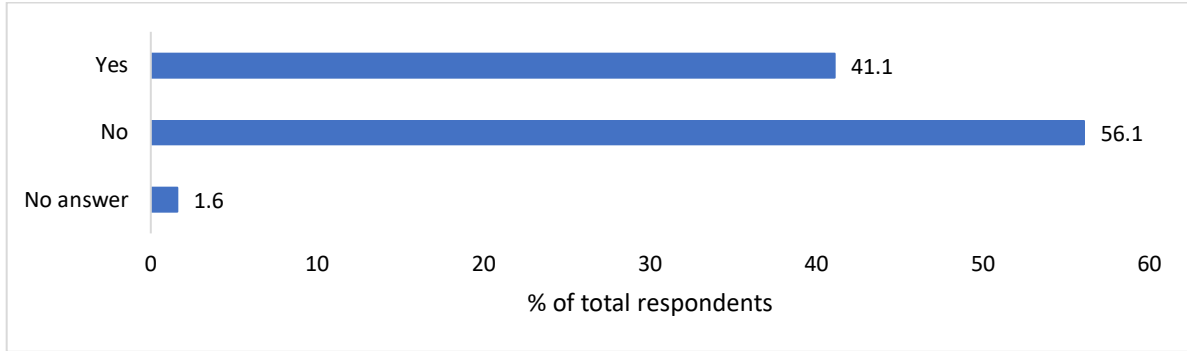
**18. How often does Child spend time with elders or grandparents?**



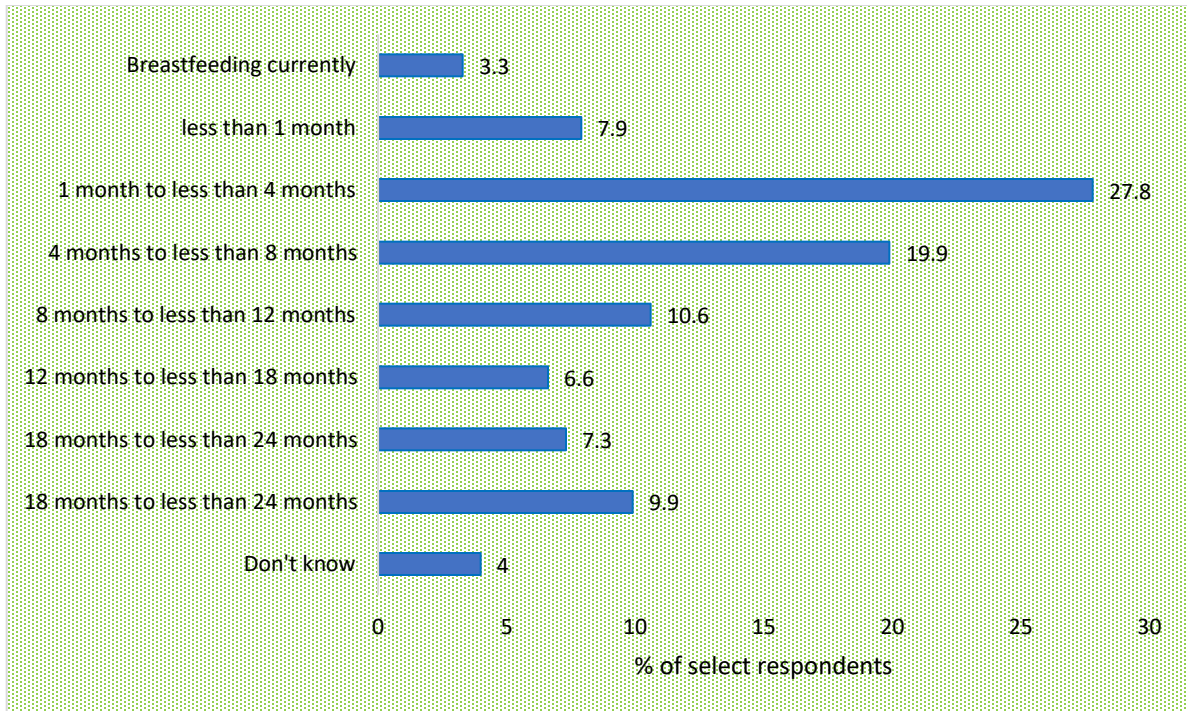
**19. Does Child have a pediatrician or family doctor?**



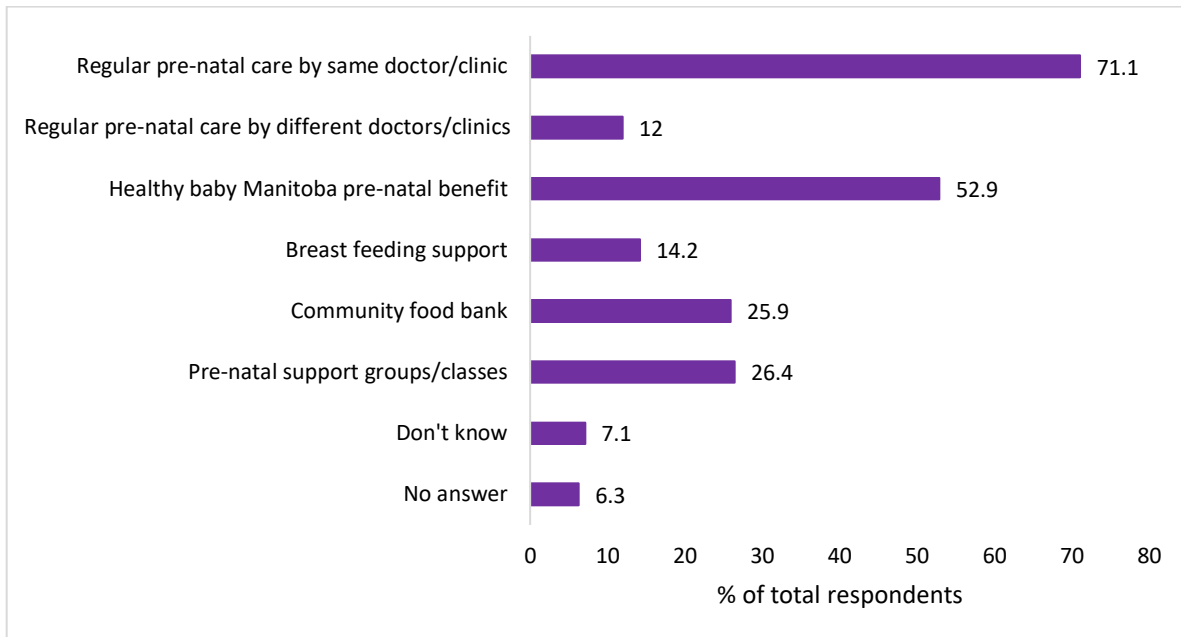
**20. Was child breastfed?**



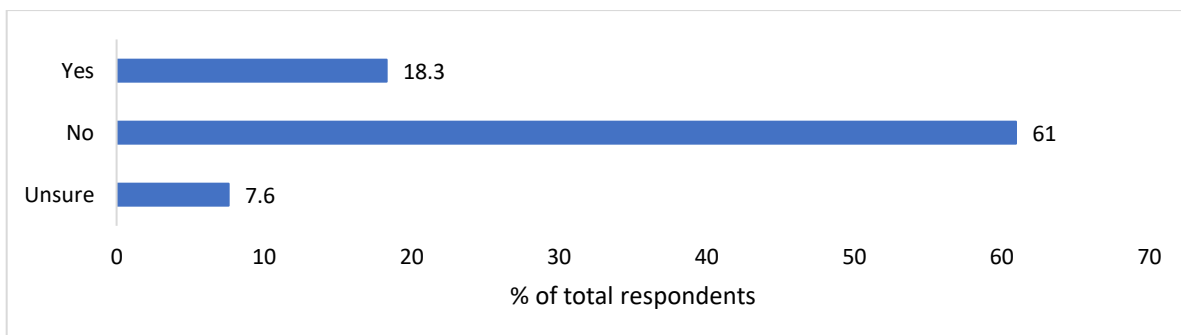
**21. If answered YES to question 21, for how long was Child breastfed?**



**22. For this pregnancy, did you access any of the following services? (Select all that apply)**

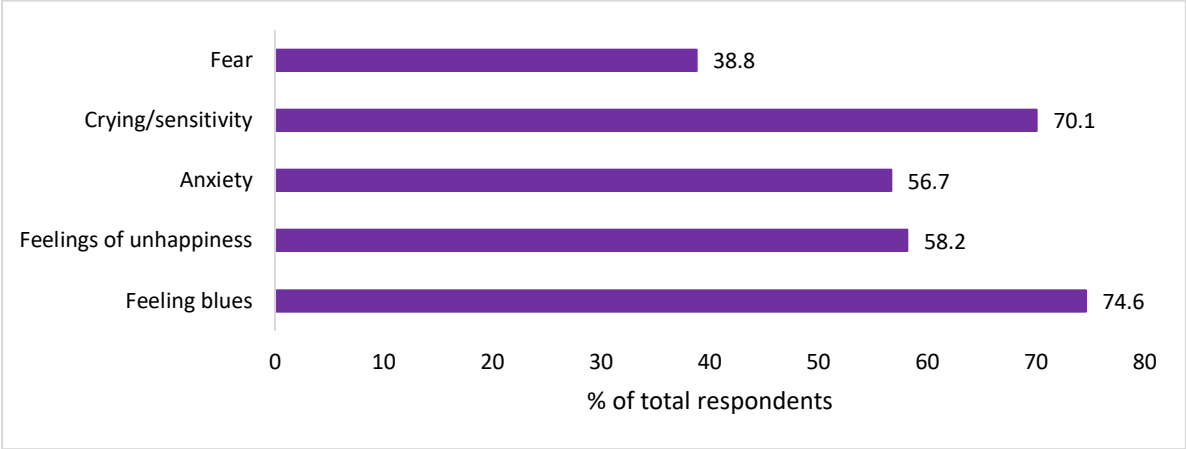


**23. Did Child's mother experience post-partum depression after giving birth?**





**24. If answered YES to question 24, what were some of the depression symptoms you/she experienced? (Select all that apply)**



## Appendix E: Feedback on the Adult Survey

<b>Thematic Grouping</b>	<b>Thundering AGM</b>	<b>NECRC AGM</b>	<b>Picnic in the Park</b>	<b>Austin Street Festival</b>	<b>Total</b>
Ethnicity/Cultural Background	/	/	4	12	16
Marital Status	9	/	/	3	12
Child-Parent Connections	2	1	21	18	42
Family Size	1	/	6	3	10
Employment/Student Status	12	2	8	8	30
Education Level	7	1	13	5	26
Self-confidence / Resourcefulness	4	1	6	10	21
Ability to Deal with Unexpected Events	7	2	4	5	18
Homeownership	2	/	5	3	10
Housing condition	2	4	20	15	41
Satisfaction with Current Housing	11	1	9	4	25
Housing Supply Options	1	5	3	7	16
Shopping Options and Accessibility	6	/	3	5	14
Neighbour Relations	2	2	4	8	16
Participation/Access to Community Resources	/	2	4	3	9
Food Security - Food Bank Use	1	3	24	19	47
Gardens	4	5	9	13	31
Transportation	3	1	10	9	23
Languages (other than English)	4	/	14	11	29
Family History (personal relatives)	6	/	13	11	30
Cultural Identity & History	9	1	12	8	30
Access to Cultural/Spiritual Teachings and Events	2	2	9	9	22
Participation in Family celebrations	7	/	3	3	13
Participation in Community Celebrations/events	2	/	5	6	13
Participation in Cultural/Spiritual Celebrations/Events	2	2	4	5	13

Available Programs and Services for Children	3	2	11	12	28
Volunteering	2	/	9	8	19
Time Spent with Family and Friends	2	1	19	15	37
Access to Technology (e.g., internet, cell phones, games, etc.)	2	/	2	2	6
Access to a Regular Family Doctor (not walk-in clinics)	9	2	12	17	40
<b>Total Responses</b>	<b>124</b>	<b>40</b>	<b>266</b>	<b>257</b>	<b>687</b>

## Appendix F: Feedback on the Child Survey

**Table 1.2 Child Survey Feedback**

<b>Thematic Grouping</b>	<b>Thundering AGM</b>	<b>NECRC AGM</b>	<b>Picnic in the Park</b>	<b>Austin Street Festival</b>	<b>Total</b>
School attendance	/	/	8	7	15
A feeling of Safety at School	7	5	20	12	44
Children's Happiness at School	8	2	8	11	29
Parent - School Communication/Connection	2	1	8	4	15
Racism at School	3	1	14	12	30
Bullying at School	8	2	24	13	47
Drugs and Alcohol at School	5	1	15	10	31
Violence or Fighting at school	4	1	17	6	28
Tutoring and In-school Supports	1	2	8	4	15
Child Care Needs and Access	/	1	15	17	33
Child Literacy Activities	6	2	12	7	27
Access to Recreation and Programs for Children	4	2	11	15	32
Children's Use of Electronics and Games	3	/	9	5	17
Child - Grandparent Connections	3	1	15	12	31
Breastfeeding and Pregnancy Supports	2	/	10	4	16
Post-partum Depression	1	1	10	14	26
<b>Total Responses</b>	<b>57</b>	<b>22</b>	<b>204</b>	<b>153</b>	<b>436</b>

