### **Towards Flourishing Network Analysis**

## What is the Towards Flourishing Network Analysis?

Towards Flourishing Network Analysis was an approach to document and examine the ecological factors associated with Mental Health (MH) promotion. Public Health Nurses (PHNs) and Families First Home Visitors (FFHVs) from all TF trial sites in Manitoba were recommending and connecting the Mental Health Promoting Supports (MHPSs) to postpartum families to promote positive mental health and well-being. MHPSs could be any service, agency, support, or resource that facilitated the mental health of parents and children (e.g. yoga classes, swimming pool, library, counselling service etc.).

# What were the Procedures and Measures involved in the Towards Flourishing Network Analysis?

Towards Flourishing Network Analysis was conducted with one MH Manager, one PH Manager, at least two PHNs, and with two FF HVs in each TF trial site. A minimum number of six participants were requested per site. A total of 14 trial sites participated including: Transcona, River East, Inkster, Assiniboine South, St. Vital, Fort Garry, St. James, Seven Oaks, Downtown East & West, Interlake-Eastern RHA, Southern RHA, Northern RHA, and Prairie Mountain RHA.

#### **Quantitative Evaluation Measures:**

Participants were asked to list the MHPS used with the families they work with over the past year (inside and outside their community). They were also asked to categorize the MHPS (e.g., economic, mental health, spiritual, recreational categories), to determine Ways of Connecting Families to Supports (Referral, Self-referral, Drop in, or Other); to rate the Success of Support (Not successful; Somewhat successful; Very successful); to rate the Frequency of Connecting Families to Supports (Rarely; Sometimes; Very often); and finally, to rate the Strength of Connection (One time only or sporadic; Short term; Long Term).

#### **Qualitative Evaluation Measures:**

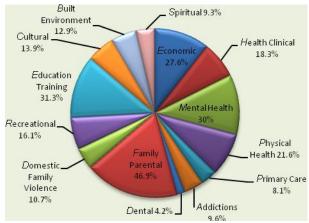
Participants were asked about the factors that had been helpful in enhancing the connections families had with the MHPSs. They were also asked about the challenges involved when attempting to connect families with supports; supports that were not available for families; and finally, providing some recommendations they had in terms of the challenges, gaps, and factors involved in enhancing access to MHPSs.

### What have we found from the Towards Flourishing Network Analysis?

#### Quantitative

Public Health staff from 18 trial sites had identified 908 MHPSs that they were referred to the FF families over the past year. Across the Province, 511 (56%) MHPSs were reported by four TF rural sites and 397 (44%) were reported by nine TF urban community areas of Winnipeg. The top three categories of the MHPSs had identified by the FF staff in across Manitoba were: *Family Parental, Education Training, and Mental Health* supports.

### Chart 1: Categories of MHPSs Used in All Trial Sites



Note that the categories do not add up to 100% because of overlap between the categories.

All staff had further reported that more than half



of the supports were mostly accessed by the families via self-referral.

Self-Referral (self-referral is a process where families access the supports by themselves; without a referral by the staff). More than half of the MHPSs were successful in meeting the desired outcome for the families. Staff reported that almost 35% of supports were used very often by families (9-12 times over the last one year). Out of 908 supports, 405 supports were attended by the families for more than 6 months which was considered a strong connection.

#### Qualitative

All public health nursing and home visitors who participated across Manitoba identified several factors that enhanced parents' access to use of the MHPFs. The enhancing factors were:

- Assistance from PH staff to facilitate use
- Characteristics of MHPS
- Access, transportation, & weather
- Availability of information on supports
- Community champions
- Family structure
- Endorsement from informal network & other services
- Collaboration between FF & other services
- Trusting relationship between parents and HV & PHN
- Psychological factors of parents
- Knowledge of the FF staff and favourable perception
- Relationship with partner/spouse
- Comfort with groups

Staff further identified the barriers and challenges that parents faced in gaining access to the MHPSs:

- Economic factors; Competing with other priorities
- MH system issue
- Discomfort with groups
- Lack of awareness
- Culture & language; Stigma
- Fear of Child & Family Services
- Lack of appropriate supports
- Inconvenient location; Weather
- Lack of transportation
- Waitlist/limited space; Lack of child care

- Limited seasonal schedules and hours of operation
- Lack of communication between supports
- Family characteristics
- Negative feedback from informal networks
- Administrative barriers

Several gaps were also identified in accessing the MHPSs:

- Lack of housing and recreational activities for families
- Lack of family resource centers and programs for fathers
- Lack of MH services and primary care
- Lack of appropriate child care facilities and transportation
- Lack of culture specific supports and CFS supports
- Lack of PH staff and respite & drop-in services

Some recommendations were provided by staff to ensure that families access MHPSs in the future. These included:

- increase collaboration & communication among services
- increase trusting relationships
- increase more MH services and home-based supports
- increase programs for teens
- increase economic incentives
- increase hours of operations (evenings, week-ends, summer)
- decrease wait times
- increase access to transportation

### Final thoughts on Towards Flourishing Network Analysis

Understanding supports and resources that exist in the communities across Manitoba is essential in ensuring that families are well supported. The Network Analysis explored the range of the MHPSs that are used to promote well-being of families and documented the enhancing factors, gaps, barriers and challenges in accessing the MHPSs. We hope that this analysis will provide baseline information for health regions to continue to build a strong continuum of support for families.

