

# Healthy Child Manitoba

Annual Report  
2014-2015





Her Honour The Honourable Janice Filmon, C.M., O.M.  
Lieutenant-Governor of Manitoba  
Room 235 Legislative Building  
Winnipeg, MB R3C 0V8  
May It Please Your Honour:

I have the pleasure of presenting for the information of Your Honour the Annual Report of Manitoba's Healthy Child Manitoba Office for the year 2014/15.

Respectfully submitted,

"Original Signed By"

Melanie Wight  
Chair, Healthy Child Committee of Cabinet,  
Minister responsible for  
*The Healthy Child Manitoba Act*, and  
Minister of Children and Youth Opportunities



A partnership of:

**Manitoba Children and Youth Opportunities (Chair) · Manitoba Aboriginal and Northern Affairs · Manitoba Education and Advanced Learning · Manitoba Family Services / Status of Women · Manitoba Health, Healthy Living and Seniors · Manitoba Housing and Community Development · Manitoba Jobs and the Economy · Manitoba Justice · Manitoba Labour and Immigration**





3<sup>rd</sup> Floor – 332 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3A 0E2

T 204-945-2266 F 204-948-2585 Toll-Free 1-888-848-0140

[www.manitoba.ca](http://www.manitoba.ca)

Honourable Melanie Wight  
Chair, Healthy Child Committee of Cabinet  
314 Legislative Building  
Winnipeg, MB R3C 0V8

Dear Minister:

We have the honour of presenting to you the 2014/15 Annual Report of the Healthy Child Manitoba Office. This report reflects the continued commitment of government and community partners in the Healthy Child Manitoba Strategy to facilitate child-centered public policy. In 2014/15, consistent with current Healthy Child Committee of Cabinet priorities of early childhood development (ECD), mental health, crime prevention, and integrated services, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Announcing the *Starting Early, Starting Strong* Five-Year Action Plan for Early Childhood Development (ECD);
- Growing the ECD Innovation Fund, a national first, building on initial contributions of \$500,000 each from Manitoba and the J. W. McConnell Family Foundation;
- Collaborating to launch and implement the Winnipeg Boldness Project, an ambitious initiative supported by the ECD Innovation Fund to create new conditions to support the well-being of young children in Point Douglas;
- Continuing to collaborate with the Partners for Inner-city Integrated Prenatal Care (PIIPC) pilot project to enhance services in seven Healthy Baby sites;
- Completing the third year of implementation of the Lord Selkirk Park model ECD centre, which includes the renowned Abecedarian approach to early learning, and finding positive impacts on participating children's early language development after the second year of outcome evaluation;
- Continuing to implement Seeds of Empathy in early childhood centres, Aboriginal Head Start programs and nursery schools, in a randomized controlled trial;
- Continuing to offer the Triple P Parent Line, staffed by trained Triple P counsellors, providing Manitoba parents with free, confidential parenting support based on the Triple P - Positive Parenting Program with Triple P training for practitioners continuing to be offered province-wide;

A partnership of:

**Manitoba Children and Youth Opportunities (Chair) · Manitoba Aboriginal and Northern Affairs · Manitoba Education and Advanced Learning · Manitoba Family Services / Status of Women · Manitoba Health, Healthy Living and Seniors · Manitoba Housing and Community Development · Manitoba Jobs and the Economy · Manitoba Justice · Manitoba Labour and Immigration**

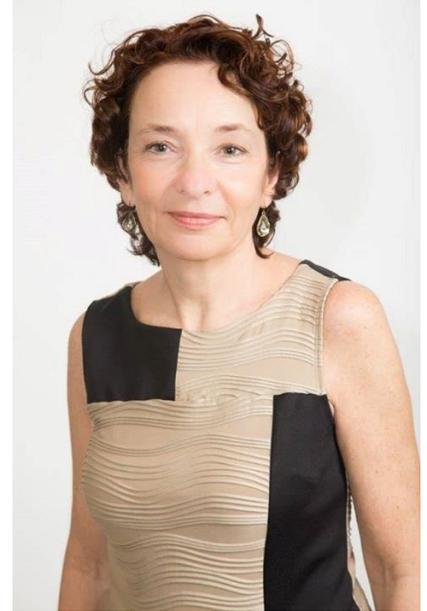
- Continuing the province-wide pilot and evaluation of PAX in Grade 1 classrooms, and finding immediate positive impacts on participating children's early mental health;
- Continued progress on the Interdepartmental Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy which builds on prevention, intervention, support and research initiatives;
- Strengthening ECD opportunities at the community level through collaboration between Parent Child Coalitions, Manitoba School Divisions, and community partners, as well as through the Intersectoral Strategic Aboriginal Alignment (ISAA) Memorandum of Collaboration (MoC) partnership between the City of Winnipeg, Government of Canada and Government of Manitoba;
- Continuing the work of the Oversight Committee for Child and Youth Mental Health (OCCYMH), co-chaired by leaders representing the education system, health system, and Healthy Child Committee of Cabinet (HCCC) partner departments, to respond to recommendations from the Manitoba Association of School Superintendents (MASS) and other community partners;
- Continuing to develop a provincial strategy for child and youth mental health, in collaboration with Manitoba Health, Healthy Living and Seniors and the other HCCC partner departments, as part of Rising to the Challenge, the province's mental health strategic plan, in concert with OCCYMH;
- Continuing progress on implementing Communities That Care (CTC) in the pilot communities; and
- Continuing to support the Towards Flourishing project to improve the mental health of parents and children who participate in Manitoba's Families First home visiting program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the Public Health Agency of Canada (PHAC).

The Healthy Child Manitoba Office continues to work toward the best possible outcomes for Manitoba's children and youth.

Respectfully submitted,

"Original Signed By"

Jan Sanderson  
Secretary to Healthy Child Committee of Cabinet,  
Chief Executive Officer, Healthy Child Manitoba Office, and  
Deputy Minister of Children and Youth Opportunities



"Original Signed By"

Gerald Farthing  
Chair, Healthy Child Deputy Ministers' Committee, and  
Deputy Minister of Education and Advanced Learning





Madame Melanie Wight  
Présidente du Comité ministériel pour Enfants en santé  
Palais législatif, bureau 314  
Winnipeg (Manitoba) R3C 0V8

Madame la Ministre,

Nous avons l'honneur de vous présenter le rapport annuel 2014-2015 du Bureau d'Enfants en santé Manitoba. Le présent rapport reflète l'engagement continu du gouvernement et des partenaires communautaires à l'égard de la stratégie *Enfants en santé Manitoba* en vue de faciliter les politiques publiques axées sur les enfants. En 2014-2015, conformément aux priorités actuelles du Comité ministériel pour Enfants en santé en matière de développement de la petite enfance, de santé mentale, de prévention du crime et de services intégrés, les activités et les réalisations du Bureau d'Enfants en santé Manitoba comprenaient ce qui suit :

- l'annonce du plan d'action quinquennal *Commencez tôt, commencez bien* pour le développement de la petite enfance;
- la croissance du fonds des innovations en développement de la petite enfance, le premier du genre au pays, qui s'appuie sur les contributions initiales de 500 000 \$ chacune du Manitoba et de la J. W. McConnell Family Foundation;
- la collaboration pour le lancement et la mise en œuvre du Winnipeg Boldness Project, une initiative ambitieuse appuyée par le fonds des innovations en développement de la petite enfance qui vise à créer de nouvelles conditions pour soutenir le bien-être des jeunes enfants dans Pointe Douglas;
- la poursuite de la collaboration avec le projet pilote Partners for Inner-city Integrated Prenatal Care afin d'accroître les services dans sept emplacements Bébés en santé;
- l'achèvement de la troisième année de mise en œuvre du centre de modèle de développement de la petite enfance Lord Selkirk Park, qui comprend l'approche reconnue de type Abecedarian à l'égard de l'apprentissage des jeunes enfants, et la détermination des répercussions positives sur le développement précoce du langage chez les enfants participants après la deuxième année d'évaluation des résultats;
- la poursuite de la mise en œuvre de Semailles de l'empathie dans les centres de la petite enfance, les programmes autochtones Head Start et les prématernelles, dans le cadre d'un essai clinique randomisé;
- la prestation continue de la gamme de programmes Triple P par des conseillers Triple P qualifiés, qui fournissent aux parents manitobains un soutien parental gratuit et confidentiel fondé sur le programme Triple P – Pratiques parentales positives, et la poursuite de la formation Triple P pour les praticiens à l'échelle de la province;

- La poursuite du projet pilote et de l'évaluation à l'échelle de la province du jeu PAX dans les classes de 1<sup>re</sup> année, et la détermination des répercussions positives immédiates sur la santé mentale précoce des enfants participants;
- la poursuite des progrès concernant la Stratégie manitobaine de prévention de l'ETCAF interministérielle et provinciale, qui s'appuie sur les initiatives de prévention, d'intervention, de soutien et de recherche;
- le renforcement des possibilités de développement de la petite enfance à l'échelle communautaire grâce à une collaboration entre les coalitions axées sur les parents et les enfants, les divisions scolaires publiques et les partenaires communautaires, ainsi qu'au moyen du partenariat issu du protocole de collaboration concernant l'alignement stratégique des affaires autochtones entre la Ville de Winnipeg, le gouvernement du Canada et le gouvernement du Manitoba;
- la poursuite des travaux du comité de surveillance de la santé mentale des enfants et des jeunes, coprésidé par des dirigeants représentant le système d'éducation, le système de santé et les ministères partenaires du Comité ministériel pour Enfants en santé, afin de répondre aux recommandations de la Manitoba Association of School Superintendents (MASS) et d'autres partenaires communautaires;
- la poursuite de l'élaboration d'une stratégie provinciale pour la santé mentale des enfants et des jeunes, en collaboration avec le ministère de la Santé, de la Vie saine et des Aînés et les autres ministères partenaires du Comité ministériel pour Enfants en santé, dans le cadre de *Relever le défi*, le plan stratégique provincial en matière de santé mentale, conjointement avec le comité de surveillance de la santé mentale des enfants et des jeunes;
- la poursuite des progrès relativement à la mise en œuvre de l'initiative Communities That Care dans les collectivités pilotes;
- la poursuite du soutien à l'égard du projet Vers l'épanouissement afin d'améliorer la santé mentale des parents et des enfants qui participent au programme manitobain de visites à domicile Les familles d'abord. Ce projet est un partenariat avec l'Office régional de la santé de Winnipeg et l'Université du Manitoba, et est financé par l'Agence de la santé publique du Canada.

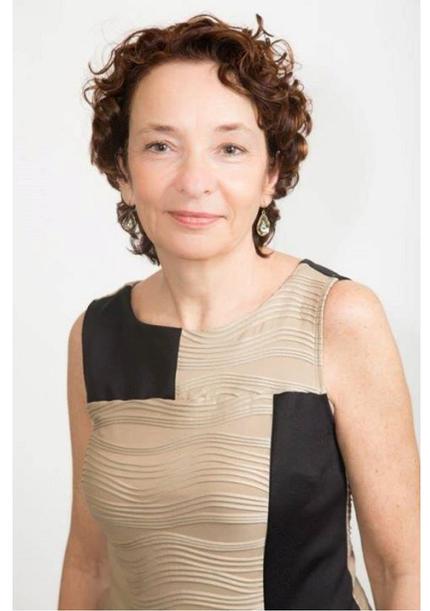
Le Bureau d'Enfants en santé Manitoba continue à chercher à atteindre les meilleurs résultats possible pour les enfants et les jeunes du Manitoba.

Le tout respectueusement soumis,

Original signé par:

Jan Sanderson

Secrétaire du Comité ministériel pour Enfants en santé,  
directrice générale du Bureau d'Enfants en santé Manitoba et  
sous-ministre des Enfants et des Perspectives pour la jeunesse



Original signé par:

Gerald Farthing

Président du Comité des sous-ministres pour Enfants en santé et  
sous-ministre de l'Éducation et de l'Enseignement supérieur



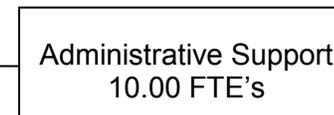
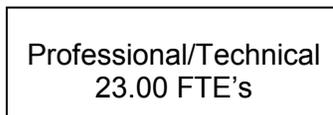
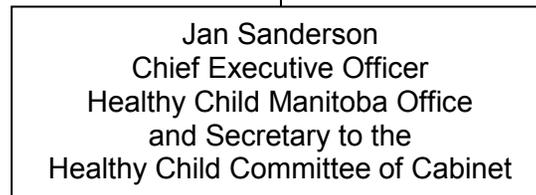
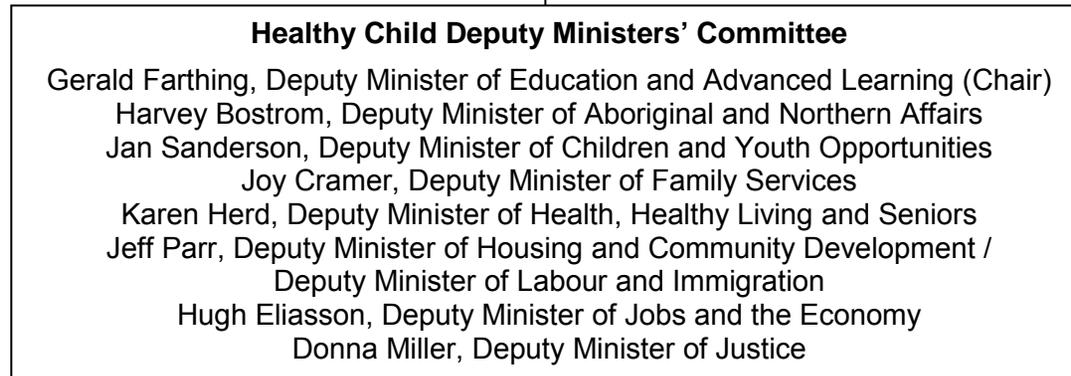
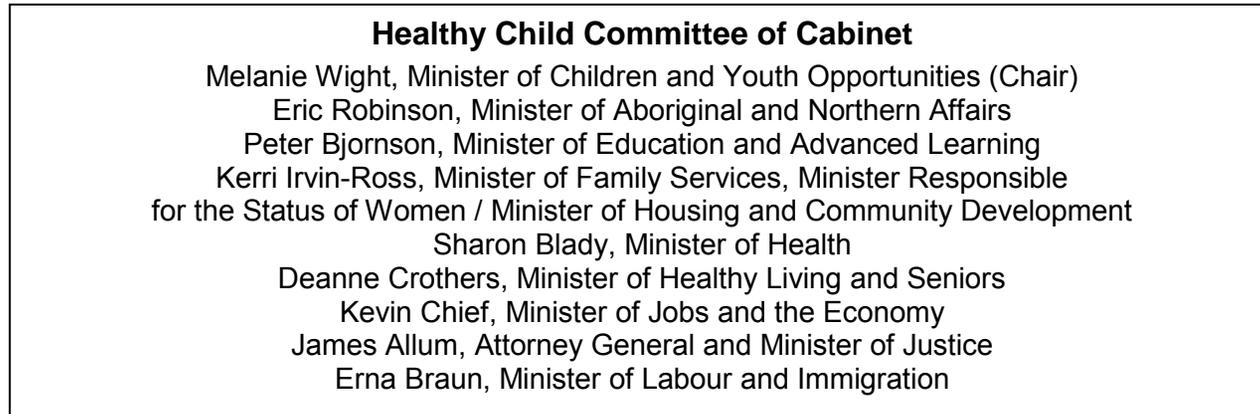


## Table of Contents

<b>Organizational Chart</b>	1
<b>Preface</b>	2
<b>Report Structure</b>	2
<b>Mandate</b>	2
<b>Background</b>	2
<b>Healthy Child Manitoba Vision</b>	4
<b>Objectives</b>	4
<b>Major Activities and Accomplishments</b>	4
<b>Sustainable Development</b>	5
<b>I. HCMO Program Development and Implementation</b>	6
A) Early Childhood Development (ECD)	6
B) FASD Strategy	19
C) Middle Childhood and Adolescent Development	24
D) Community Capacity Building	31
<b>II. HCMO Policy Development, Research and Evaluation</b>	32
A) Community Data Development and Analysis	32
B) Provincial Program Evaluations	32
C) Population-Based Research	33
D) Specialized Evaluations	34
E) Knowledge Translation and Mobilization	34
<b>Reconciliation Statement</b>	39
<b>Expenditure Summary</b>	40
<b>Historical Expenditure and Staffing Summary</b>	41
<b>Indicators of Progress Against Priorities (Performance Reporting</b>	42
<b>The Public Interest Disclosure (Whistleblower Protection) Act</b>	53



**HEALTHY CHILD MANITOBA OFFICE  
ORGANIZATION CHART  
March 31, 2015**



# **PREFACE**

## **Report Structure**

The Annual Report is organized in accordance with the appropriation structure of the Healthy Child Manitoba Office (HCMO), which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to the office's objectives, actual results achieved, financial performance and variances, and provides a five-year historical table of expenditures and staffing. Expenditures and revenue variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report.

## **Mandate**

As legislated by *The Healthy Child Manitoba Act*, Healthy Child Manitoba (HCM) is the Government of Manitoba's long-term, cross-departmental prevention strategy for putting children and families first. Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet (HCCC), HCMO works across departments and sectors to facilitate a community development approach toward achieving the best possible outcomes for Manitoba's children and youth (prenatal to 18 years).

## **Background**

In March 2000, the Government of Manitoba established the provincial HCM Strategy and the Premier created the HCCC. In 2014/15, the HCCC Chair was Minister of Children and Youth Opportunities Kevin Chief, appointed by the Premier in January 2012, and then Minister of Children and Youth Opportunities Melanie Wight, appointed by the Premier in November 2014, succeeding Past Chairs Minister of Healthy Living, Youth and Seniors (November 2009-January 2012), Minister of Healthy Living (September 2006-November 2009), Minister of Healthy Living (October 2004-September 2006), Minister of Healthy Living (November 2003-October 2004), and Minister of Family Services and Housing/Minister of Energy, Science and Technology (March 2000-November 2003). HCCC develops and leads child-centred public policy across government and facilitates interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As a statutory committee of Cabinet, HCCC signals healthy child and adolescent development as a top-level policy priority of government. It is the only legislated Cabinet committee in Canada that is dedicated to children and youth. HCCC meets regularly during the year and is supported by the Healthy Child Deputy Minister's Committee and the Healthy Child Manitoba Office.

## **Healthy Child Committee of Cabinet (HCCC) 2014/15**

April 2014 – November 2014:

Kevin Chief, Chair, Healthy Child Committee of Cabinet, Minister of Children and Youth Opportunities  
Eric Robinson, Minister of Aboriginal and Northern Affairs  
James Allum, Minister of Education and Advanced Learning  
Kerri Irvin-Ross, Minister of Family Services, Minister Responsible for the Status of Women  
Erin Selby, Minister of Health  
Sharon Blady, Minister of Healthy Living and Seniors  
Peter Bjornson, Minister of Housing and Community Development  
Theresa Oswald, Minister of Jobs and the Economy  
Andrew Swan, Attorney General and Minister of Justice  
Erna Braun, Minister of Labour and Immigration

November 2014 – March 2014:

Melanie Wight, Chair, Healthy Child Committee of Cabinet, Minister of Children and Youth Opportunities  
Eric Robinson, Minister of Aboriginal and Northern Affairs  
Peter Bjornson, Minister of Education and Advanced Learning  
Kerri Irvin-Ross, Minister of Family Services, Minister of Housing and Community Development  
Sharon Blady, Minister of Health  
Deanne Crothers, Minister of Healthy Living and Seniors  
Kevin Chief, Minister of Jobs and the Economy  
James Allum, Attorney General and Minister of Justice  
Erna Braun, Minister of Labour and Immigration

Directed by HCCC, the Healthy Child Deputy Ministers' Committee (HCDMC), comprising the Deputy Ministers of the nine HCCC partner departments, share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensuring the timely preparation of proposals, implementation plans and resulting delivery of all initiatives under the HCM Strategy. Currently chaired by the Deputy Minister of Education and Advanced Learning, HCDMC meets on a bi-monthly basis.

## **Healthy Child Deputy Ministers' Committee (HCDMC) 2014/15**

Gerald Farthing, Deputy Minister of Education and Advanced Learning (Chair)  
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs  
Jan Sanderson, Deputy Minister of Children and Youth Opportunities  
Joy Cramer, Deputy Minister of Family Services  
Karen Herd, Deputy Minister of Health, Healthy Living and Seniors  
Jeff Parr, Deputy Minister of Housing and Community Development and Deputy Minister of Labour and Immigration  
Hugh Eliasson, Deputy Minister of Jobs and the Economy  
Donna Miller, Deputy Attorney General and Deputy Minister of Justice

## **Provincial Healthy Child Advisory Committee 2014/15**

*The Healthy Child Manitoba Act* also mandates the Provincial Healthy Child Advisory Committee. Its role is to contribute to the Healthy Child Manitoba vision by providing recommendations to the Chair of HCCC regarding the Healthy Child Manitoba Strategy. The Committee consists of ministerial appointees drawn from community, educational, academic and government

backgrounds. The Committee is currently chaired by James Wilson, Treaty Relations Commissioner of Manitoba, and former director of the Opaskwayak Cree Nation Educational Authority. James Wilson follows the appointment of former chair Strini Reddy; a retired educator, former president of the Manitoba Association of School Superintendents, and Member of the Order of Manitoba. In 2014/15, the Committee continued to focus attention on creating recommendations for the development of an integrated provincial Early Childhood Development (ECD) strategy for Manitoba children and families, as well as strengthening provincial supports for youth.

## Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children and youth (prenatal to age 18 years).

## Objectives

The major responsibilities of HCMO are to:

- research, develop, fund and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children and youth;
- coordinate and integrate policy, programs and services across government for children, youth and families using early intervention and population health models;
- increase the involvement of families, neighbourhoods and communities in prevention and promoting healthy child development through community development; and
- facilitate child-centred public policy development, knowledge exchange and investment across departments and sectors through evaluation and research on key determinants and outcomes of child and youth well-being.

## Major Activities and Accomplishments

HCMO coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2014/15, HCMO continued to improve and expand Manitoba's network of programs and supports for children, youth and families. Working across departments and with community partners, HCMO is committed to putting the interests of children and families first; and to building the best possible future for Manitoba through two major activities: (I) program development and implementation, and (II) policy development, research and evaluation.

In 2014/15, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Announcing the *Starting Early, Starting Strong* Five-Year Action Plan for Early Childhood Development (ECD), ;
- Continued growth of the ECD Innovation Fund, a national first, building on initial contributions of \$500,000 each from Manitoba and the J. W. McConnell Family Foundation;
- Launching and implementing the Winnipeg Boldness Project, an ambitious initiative supported by the ECD Innovation Fund to create new conditions to support the well-being of young children in Point Douglas;
- Continuing to collaborate with the Partners for Inner-City Integrated Prenatal Care (PIIPC) pilot project to enhance services in seven Healthy Baby sites;
- Completing the third year of implementation of the Lord Selkirk Park model Early Childhood Development (ECD) centre, which includes the renowned Abecedarian approach to early learning, and finding positive impacts on participating children's early language development after the second year of outcome evaluation;

- Continuing to implement Seeds of Empathy in early childhood centres, Aboriginal Head Start programs and nursery schools, in a randomized controlled trial;
- Continuing to offer the Triple P Parent Line, staffed by trained Triple P counsellors, providing Manitoba parents with free, confidential parenting support based on the Triple P Positive Parenting Program, with Triple P training for practitioners continuing to be offered provincewide;
- Continuing the province-wide pilot and evaluation of PAX in Grade 1 classrooms, and finding immediate positive impacts on participating children's early mental health;
- Continued progress on the Interdepartmental Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy which builds on prevention, intervention, support and research initiatives;
- Strengthening ECD opportunities at the community level through collaboration between Parent Child Coalitions, Manitoba School Divisions, and community partners, as well as through the Intersectoral Strategic Aboriginal Alignment (ISAA) Memorandum of Collaboration (MoC) partnership between the City of Winnipeg, Government of Canada and Government of Manitoba;
- Continuing the work of the Oversight Committee for Child and Youth Mental Health (OCCYMH), co-chaired by leaders representing the education system, health system, and Healthy Child Committee of Cabinet (HCCC) partner departments, to respond to recommendations from the Manitoba Association of School Superintendents (MASS) and other community partners;
- Continuing to develop a provincial strategy for child and youth mental health, in collaboration with Manitoba Health, Healthy Living and Seniors and the other HCCC partner departments, as part of *Rising to the Challenge*, the province's mental health strategic plan, in concert with OCCYMH;
- Continuing progress on implementing Communities That Care (CTC) in the pilot communities; and
- Continuing to support the Towards Flourishing project, to improve the mental health of parents and children who participate in Manitoba's Families First home visiting program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the Public Health Agency of Canada (PHAC).

## **Sustainable Development**

*The Sustainable Development Act* sets out principles for HCMO to follow in integrating considerations for the environment, human health, and social well-being into daily operations. Guided by its mandate to work across departments and sectors to improve the well-being of Manitoba's children, youth, families and communities, HCMO activities and achievements related to sustainable development are represented throughout this report.

# I. HCMO Program Development and Implementation

The well-being of Manitoba's children and youth is a government-wide priority. HCMO program development and implementation activities continue to focus on the five original HCCC core commitments (March 2000): parent-child centres, prenatal and early childhood nutrition, prevention of Fetal Alcohol Spectrum Disorder (FASD), nurses in schools, and adolescent pregnancy prevention. Over time, these commitments have evolved and expanded respectively, as follows:

- Parent Child Coalitions
- Healthy Baby
- Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support
- Healthy Schools
- Middle Childhood and Adolescent Development

HCMO program development and implementation are supported by HCCC partner departments, as well as Manitoba Municipal Government, who together work to coordinate and improve programs for children and youth across departments in partnership with communities.

HCMO program development and implementation includes initiatives for early childhood development (ECD), FASD prevention and support, middle childhood and adolescent development, and community capacity building.

## A) Early Childhood Development (ECD)

A focus of the Early Childhood Development portfolio is to raise the profile of the evidence and programs that support children prenatal to age six years. Research shows that investments in ECD, through universal and targeted early childhood programs and services, strengthen the foundation for children's lifelong health, well-being, and learning success. In 2014/15, work continued on developing a guide for play-based learning, birth to six years, for service providers offering early years programs.

### **Starting Early, Starting Strong: Manitoba's Five-Year Plan for Early Childhood Development**

In July 2013, Minister Chief launched Starting Early, Starting Strong, a provincial dialogue on how best to support families through early childhood development (ECD). Recognizing that experiences in children's early years strongly influence their lifelong development and success in learning, the dialogues provided an opportunity for all Manitobans to "join the conversation" by attending a public meeting or sharing their comments online. The dialogues took place across Manitoba and were well-attended by members of the public, various stakeholders groups and community leaders. An ECD Framework was developed to reflect the input from these dialogues and establish principles to guide our future work in ECD, and released in November 2013.

Following the provincial dialogues, the Starting Early, Starting Strong Five-Year Action Plan for ECD was publicly released in February 2015. The Action Plan affirms the government of Manitoba's commitment to ECD, recognizes the tremendous work that has been done over the past two decades, and identifies future actions in ECD. New initiatives for ECD will address four key areas: promoting healthy starts; supporting strong and nurturing families; fostering safe, secure and supportive environments; and strengthening communities. The development of an ECD Hub at the IRCOM Isabel site is one example of a new initiative within the Action Plan.

## **Parent Child Coalitions**

Parent Child Coalitions bring together parents, early childhood educators, educators, health care professionals and other community organizations to plan and work collaboratively to promote and support quality, community-based programs and activities for children and families, with a priority focus on the early years.

Parent Child Coalitions operate in every region of the province, organized by Regional Health Authority (pre-amalgamation) Boundaries and Winnipeg Community Areas. There are 26 funded coalitions province-wide: 25 regional coalitions (12 regions outside Winnipeg and 13 community areas within Winnipeg) and one cultural/linguistic coalition that serves the needs of Francophone communities.

Parent Child Coalitions support existing community programs for families with young children and develop new initiatives that reflect each community's diversity and strengths. Coalition partners encourage a broad range of services and programming for preschool children and their families, based on four core priority areas: positive parenting; nutrition and physical health; literacy and learning; and community capacity.

Parent Child Coalitions plan community activities based on local needs that are determined through community consultations. Community-level Early Development Instrument (EDI) results are shared and used to form the basis of funding and programming decisions. Recognizing that parents are the first, most important and most lasting teachers in a child's life, coalition activities are intended to create opportunities for parents and children to participate together in quality, early childhood programming. A wide variety of service delivery approaches and activities are offered to support families.

The Council of Coalitions, which includes representatives from each Parent Child Coalition across the Province, meets on a regular basis to promote community development, networking, professional development, and sharing of information and best practices. Members of the Council of Coalitions also serve on the Provincial Healthy Child Advisory Committee, representing urban, rural, northern and Francophone coalitions.

Each year, in November, in honour of National Child Day in Canada, HCMO hosts a National Child Day Forum to celebrate children and their families. The gathering, which includes representatives of regional parent child coalitions and community partners from a variety of government and community sectors, presents an opportunity to learn from renowned experts in the field of early childhood development and to acknowledge the work of community initiatives.

In 2014/15, HCMO, in partnership with Manitoba Labour and Immigration and community partners, began making plans to host *National Child Day Forum 2015: Embracing Diversity, Nurturing Roots* in November 2015. The theme for this forthcoming forum in 2015/16 is focused on immigrant and refugee children and youth (prenatal to 18 years) in Manitoba. The event, which will be an inclusive gathering open to registrants of all cultural backgrounds, is intended to increase general awareness of and cultural understandings about immigrant and refugee children, youth and families in Manitoba, and to acknowledge the strengths inherent in immigrant and refugee children, youth, families and communities.

## **Triple P – Positive Parenting Program**

On March 21, 2005, HCCC announced funding to implement the Triple P - Positive Parenting Program system in Manitoba, the first provincewide implementation in Canada. Triple P is founded on more than 30 years of rigorous international research conducted with the University of Queensland's Parenting and Family Support Centre in Australia and universities and partners across several countries and cultures. Since the initial announcement in 2005, HCMO

has been presenting to and consulting with community agencies, RHAs, child care centres, family resource centres, school divisions, and others to inform and seek partners on this proven approach to supporting Manitoba's parents, with an initial focus on families with children under the age of 12 years and especially under age six years.

In order to reach all parents, the Triple P system is designed as a training initiative to broaden the skills of current service delivery systems (i.e., those working in health, early learning and child care, social services, education, etc.), at multiple levels of intensity, from brief consultations to intensive interventions. Parents have the opportunity to access evidence-based information and support, when they need it, from Triple P trained and accredited practitioners in their local community.

Agencies and organizations with trained staff are then able to offer Triple P to clients within their particular mandate. For some agencies this means providing Triple P services to the general public while for others it is provided to those clients within the mandate that they currently serve (e.g., mental health services of an RHA, clinical support services of a school division, or parents whose children attend a local child care facility).

Triple P training and accreditation continues to be provided to staff from a wide range of organizations and agencies to enhance their skills in this population-level prevention and early intervention approach. HCMO continues to work with organizations and agencies to identify the most appropriate people to be trained, at different levels of the Triple P system, using general guidelines established by Triple P International/Triple P Canada.

During the 2014/15 year, a total of 23 Triple P training courses at various levels of the Triple P system were provided across Manitoba (in Winnipeg, Brandon, The Pas and Thompson). Over 340 practitioners from a host of agencies participated in one or more of these trainings. Since the commencement of training in 2005, more than 2,500 practitioners from over 300 community agencies, RHAs, school divisions, child care centres, government departments, and other organizations, have participated in Triple P training and have successfully completed accreditation. Feedback from practitioners who have taken training continues to be very positive regarding the quality of the training received. Practitioners have also expressed strong satisfaction and appreciation that training has been offered in the various regions as well as in Winnipeg.

The 2014/15 year also saw the continuation and strengthening of the unique partnership created between the HCMO Triple P team and the Early Childhood Education program at the University College of the North in The Pas and Thompson to train students in the program in Triple P. As part of their program of studies, training in Triple P provides the students with an additional set of tools that they can use upon graduation and when they are employed in various early learning and child care centres across the province. The current year also saw a further strengthening of the partnership with a number of First Nation communities in northern Manitoba.

In February 2010, the first Triple P training for Francophone practitioners was held in Winnipeg. This training, offered in French, was the first such Triple P training held in Canada and honoured a commitment made to Francophone communities in Manitoba that Triple P training and services would be made available in French. Trainings offered in French have taken place regularly since then and during the 2014/15 year three courses were held with a total of 43 new practitioners being trained. In order to best accommodate the needs of staff in early learning and child care centres, trainings were also offered on weekends for the first time. In recognition of the increasing number of French speaking immigrants and refugees coming to Manitoba, several staff from L'accueil Francophone, a local settlement agency, also participated in

training. Well over 130 Francophone practitioners have now been trained and accredited in Triple P since training was first offered in French.

During the 2011/12 year, HCMO partnered with the Provincial Health Contact Centre to introduce a new flexible and convenient resource for parents – the Triple P Parent Line. Staffed by trained Triple P counsellors, the phone line provides Manitoba parents with free, confidential parenting support based on the Triple P Positive Parenting program. Parents, guardians, and caregivers can call the line to discuss parenting concerns such as bedtime problems, tantrums, and toilet training. Parents can also participate in Triple P adapted phone programs or receive referrals to face-to-face programs from partner agencies. The 2014/15 year saw the Parent Line continuing to be used consistently by parents seeking parenting information and consultation with approximately 1,300 calls received. In February 2015, the line was renamed the Manitoba Parent Line to reflect the fact that the phone line not only continues to provide Triple P counselling, but also provides general consultations to parents and assists them in finding services within their home communities. The Manitoba Parent Line operates Monday to Friday from 8:00 a.m. to 8:00 p.m.

The 2014/15 year also saw the continuation of the Triple P partnership with Manitoba Justice which now sees Justice staff offering Triple P programs to parents in almost all correctional facilities in the province. Recognizing that it remains important to make available much needed parenting support to an at risk population, HCMO has been very pleased to partner with Manitoba Justice in this joint initiative which is unique in Canada. Feedback to date has been positive and the program has proven to be very popular and informative amongst those attending.

This year also saw a strengthening of a partnership with the St. Amant Centre. A number of staff from the organization have now trained in Stepping Stones Triple P, a specialized version of Triple P for families with children experiencing disabilities, and Triple P support has been offered in recent times to families receiving services from the Autism Team at St. Amant.

In recognition that family violence can have a profound impact on children and result in additional stress for parents, the HCMO Triple P team has also begun to develop a partnership with a number of the crisis centres providing support to women and children. A number of staff have now been trained in Triple P and discussions are ongoing as to how the Triple P team can best support these centres in the important work that they do.

Finally, in recognition that parents of teens may also be faced with parenting challenges, HCMO has embarked upon a small pilot project with several community agencies, school divisions, etc to train staff in Teen Triple P. The training of these practitioners was completed in the 2014/15 year and they will begin to offer parents Triple P group services in the coming year.

### **ManitobaParentZone**

ManitobaParentZone ([www.ManitobaParentZone.ca](http://www.ManitobaParentZone.ca)) provides Manitoba families and caregivers with a wide range of practical, trusted information that is presented in a friendly and easy-to-use format. The website provides parents with a one-stop service where they can go when they need quick access to information 24 hours per day, seven days per week, on topics ranging from breastfeeding to bullying and from temper tantrums to teens. A French version of the website, <http://www.manitobaparentzone.ca/fr/>, is also available.

The ManitobaParentZone website was launched in June 2011. The French version of the website was launched in December 2011. The website includes over 4,000 links to information and resources such as those related to Manitoba-based public education and public health

campaigns including Health Canada recalls. On August 18, 2014, the management and administration of ManitobaParentZone was transferred from Manitoba Family Services to Healthy Child Manitoba Office (HCMO)

ManitobaParentZone also includes an “Ask the Expert” feature where parents can ask specific questions, and receive expert responses. “Ask the Expert” offers parents, family members, or other concerned individuals the opportunity to submit a question to our panel of experts on subjects such as child behaviour and parenting, medicine and health, and family law. Within ten business days, a response is emailed directly to the individual and, often, the question and the response are posted to the website for other parents to view.

A network of experts who have agreed to be called upon to answer the “Ask the Expert” questions has been established. It is expected that this network of experts will continue to grow over time and expand based on the needs of families and the nature of questions received. At present, our experts are found within HCMO, Manitoba Health, Healthy Living and Seniors, Manitoba Justice, Manitoba Family Services, Workplace Safety and Health, Manitoba Education and Advanced Learning, University of Manitoba, Manitoba Association of Marriage and Family Therapy (MAMFT) and the Winnipeg Regional Health Authority (Health Links-Info Santé, Dial a Dietitian and the Breastfeeding Hotline), to name a few.

“Ask the Expert” is a feature within the ManitobaParentZone website that has proven popular with website visitors. From April 1, 2014 to March 31, 2015, ManitobaParentZone responded to a total of 288 questions. Feedback from parents and caregivers has been very positive.

The ManitobaParentZone.ca website is an important part of the province’s efforts to help support and strengthen Manitoba families and communities. The website received a total number of 266,749 visits from April 1, 2014 to March 31, 2015 and has been growing in popularity with Manitoba families and caregiver since its launch.

### **Healthy Baby**

In July 2001, HCMO introduced Healthy Baby, a two-part program that includes Healthy Baby Community Support Programs and the Manitoba Prenatal Benefit. Healthy Baby supports women during pregnancy and the child’s infancy (up to the age of 12 months) with financial assistance, social support, and nutrition and health education.

Manitoba was the first province in Canada to extend financial benefits into the prenatal period and remains the only province to include residents of First Nations on-reserve communities. The benefit is intended to help women meet their extra nutritional needs during pregnancy and also acts as a mechanism to connect women to health and community resources in their area. Benefits can begin in the month a woman is 14 weeks pregnant and continue to the month of her estimated date of delivery. A woman qualifies for benefits if her net family income is less than \$32,000.00. Benefits are provided on a sliding scale based on net family income. The maximum number of months a woman can receive the benefit per pregnancy is seven months and the maximum benefit amount is \$81.41. Information sheets on pregnancy, nutrition, baby’s development and the benefits of going to a Healthy Baby Community Support Program are enclosed with monthly cheques.

In 2014/15, the benefit was provided to 3,692 women in Manitoba during their pregnancies, totaling \$1,689,258.04. Approximately 50% of approved applicants live in Winnipeg, 50% live in rural and northern Manitoba and 31% live in First Nation communities. Since the program launch date of July 1, 2001, approximately 59,000 women have received benefits totaling over \$25.6 million.

Through a consent provided on the Manitoba Prenatal Benefit application form, HCMO is able to connect women to community health services and/or Healthy Baby community support programs as a further means of supporting healthy pregnancies. Referrals are made to both provincial and federal prenatal programs and health agencies (both on and off reserve). In 2014/15, the prenatal benefit office made 4,354 referrals.

Healthy Baby Community Support Programs are designed to assist pregnant women and new parents in connecting with other parents, families and health professionals to ensure healthy outcomes for their babies. Community programs offer family support and informal learning opportunities via group sessions and outreach. Delivered by community-based partners, the programs provide pregnant women and new parents with practical information and resources on maternal/child health issues, prenatal/postnatal and infant nutrition, breastfeeding, healthy lifestyle choices, parenting ideas, infant development and strategies to support the healthy physical, cognitive and emotional development of children.

In 2014/15, HCMO funded 25 agencies (reduced from 32 agencies related to the RHA amalgamation) to provide programming in over 100 communities and neighborhoods province-wide. In Winnipeg, HCMO funded the Winnipeg Regional Health Authority (WRHA) to provide professional health support (public health nurses, nutritionists, registered dietitians) to Healthy Baby sites. In urban centres, community-based programs are delivered on a weekly basis by a team which includes a program coordinator and health professionals. In rural and northern centres, Healthy Baby Community Support Programs are delivered primarily on a monthly basis by a program coordinator with additional support from health professionals, depending on regional resources.

Milk coupons are offered through the Healthy Baby Community Support Programs as an incentive to participate and as a nutritional investment. Milk coupons for free milk can be redeemed at participating stores across Manitoba. Over 950 stores across Manitoba continue to partner with HCMO for the milk coupon redemption program. In 2014/15, \$141,253.92 was expended for the redemption of milk coupons.

In 2014/15, the Manitoba Prenatal Benefit application package, the cheque inserts/information sheets and Healthy Baby program invitations were updated. A new Healthy Baby magnet with program information was developed for distribution to pregnant women and new mothers.

To build awareness of the program and increase the number of women receiving the Manitoba Prenatal Benefit and attending Community Support Programs, a “Door to Door” promotion of Healthy Baby to targeted community areas in Winnipeg occurred. In addition, a province-wide distribution of posters, invitations, applications, site lists, and brochures were delivered to physician’s offices, hospitals, Employment and Income Assistance offices, health and social service agencies, resource centres, pharmacies, medical clinics, stores, mission sites, and Aboriginal and newcomer-serving agencies. Manitoba Prenatal Benefit application rates have remained consistent, and since 2010 community support program participation rates have increased from 3,200 to approximately 3,700 per year.

As a way to reduce inequities in access to and use of prenatal care in Winnipeg and extend the impact of Healthy Baby, HCMO, WRHA, University of Manitoba and other community stakeholders partnered to support Partners for Integrated Inner-City Prenatal Care, (PIIPC) a research pilot project which utilizes a multidisciplinary collaborative approach to integrate prenatal care (Midwifery) into seven existing Healthy Baby groups in inner city Winnipeg (Freight House Community Centre, Magnus Eliason Recreation Centre, West Broadway–Crossways In Common and Wolseley Family Place, Hope Centre, Trinity Place Church, Four Feathers - Gilbert Park). The project is being evaluated to measure impact on pregnancy and

birth outcomes. Preliminary results indicate improved community-RHA outreach/coordination and reduced barriers (e.g., food, transportation) to prenatal care, earlier connection with some of the most vulnerable women during their pregnancies, increased prenatal and fetal assessment visits, reduced preterm birth, reduced NICU (neonatal intensive care unit) admissions, and reduced infant apprehensions by Child and Family Services.

Annually, Healthy Baby hosts the Healthy Baby Provincial Meetings to provide service providers from across the province the opportunity for professional development and networking opportunities. The meetings focus on policy and program updates, new evidence based research and best practice presentations related to maternal and child health, and the provision of teaching resource kits that ensure consistent messaging and relevant, accurate information is provided to families accessing services.

In 2014/15, Healthy Baby partnered with a number of community agencies in the development of a series of resource kits for service providers including: healthy relationships, unwanted advice, the critical voice, smoking jeopardy game, smoke free journey, vaccination, pelvic health, iron in pregnancy, iron for baby, developmental stages in infant feeding, attachment and why is this baby crying. In previous years, kits were provided on breast health, eczema, asthma, food allergy in children, woman and alcohol, sleep experiences and problems for new mothers, health at every size, the mommy myth, division of responsibility when feeding your child, 10 things not to say when eating, speech and language, breastfeeding, emotional adjustments during pregnancy and postpartum, self care for women, brain development, plagiocephaly, skin to skin, and cervical cancer.

Healthy Baby is working with the Baby Friendly Initiative (BFI) (including Manitoba Health, Breastfeeding Committee of Canada, regional health authorities) to promote, support and protect breastfeeding in the community by working toward accrediting Healthy Baby sites. As a follow up to the distribution of the Baby Friendly guide and implementation of BFI practices, all Healthy Baby teams take on-line training, provide BFI signage at sites and follow BFI guidelines for the provision of resources. This initiative is intended to increase breastfeeding initiation and duration rates at Healthy Baby sites.

HCMO, WRHA and the Adolescent Parent Centre (APC) continue to partner and collaborate to deliver a monthly Healthy Baby program to teen students on-site at APC. Since May 2011, participation has been very positive with 20-40 students attending each session.

HCMO and Bookmates Inc. have partnered to provide “Fabulous Facilitation” training (2009, 2011, 2014) to Healthy Baby service providers with a focus on skill development for new staff.

In 2010, Healthy Baby launched the new Healthy Baby Community Program Guide and Healthy Baby Resource Binder to better support service providers to deliver evidence-based, effective and consistent programming and resources. Updates and revisions are made on an as-needed basis to meet program and policy changes and are done in consultation with community stakeholders.

In November 2010, the Manitoba Centre for Health Policy (MCHP) released the evaluation report *Manitoba’s Healthy Baby Program: Does it Make a Difference?* which noted positive impacts for women who were involved in either or both components of the Healthy Baby program. Participation in Healthy Baby Community Support Programs was associated with increased adequate prenatal care and increased breastfeeding initiation. Receiving the prenatal benefit was associated with reduced low birth weight, reduced preterm births, and increased breastfeeding initiation. In January 2014, The Manitoba Centre for Health Policy

(MCHP) provided advance information on their initial findings from the multiyear PATHS Equity for Children research project to HCMO. These findings (as yet unpublished) reconfirmed (based on additional data collected since 2010) the positive outcomes for Healthy Baby program participants noted in their 2010 report.

### **Families First**

Home visiting programs have demonstrated value in supporting families to meet the early developmental needs of their children. Manitoba's home visiting program, Families First, employs paraprofessionals who receive in-depth training in strength-based approaches to family intervention. The program's goals are to ensure physical health and safety, support parenting and secure attachment, promote healthy growth, development and learning, and build connections to the community.

Families First is funded and coordinated through HCMO, and delivered through the Regional Health Authorities (RHAs) in Manitoba. The program provides a continuum of home visiting services for families with children, prenatal to school entry. Public Health Nurses (PHNs) complete the screening process with all newborns and new parents in Manitoba (over 15,000 births annually). Families identified as requiring additional supports through the screening process are offered an in-home Parent Survey focusing on parent-child attachment, challenges facing the family, current connection to community resources, and personal and professional support. The Parent Survey process is used to guide public health staff in determining the level of support most complementary to each family's situation, including home visiting, as available. In 2013/14, HCMO provided funding to RHAs to employ nearly 150 equivalent full-time home visitors province-wide. More than 1465 families received intensive home visiting support from home visitors. (2014/15 data is still pending.)

Initial Families First program evaluation highlights were distributed in 2005/06. The evaluation suggested that the universal screening and in-depth assessment processes are successful in identifying families that are most in need of home visiting and other supports. After being in the program for one year, families had improved parenting skills and were more connected to their communities.

On June 14, 2010, a comprehensive Families First Home Visiting report was released. Evaluation results showed program families have better parenting skills, better psychological well-being, better social support and feel more connected to their neighborhoods than comparison families. In recognition of the important contribution that Home Visitors make to the health and well-being of children and families, June 14 was proclaimed Home Visitor Day in Manitoba from this day forward.

Work is continuing on a major demonstration project called Towards Flourishing originally funded by the Public Health Agency of Canada. A collaboration between HCMO, the Winnipeg Regional Health Authority and the University of Manitoba, this five-year intervention evaluation initiative promotes the mental well-being of parents and children by adding a mental health promotion strategy to Manitoba's Families First program (see below).

## **Support for Training and Professional Development**

HCMO ensures that all Families First home visitors and the PHNs who supervise them receive comprehensive training opportunities to continually improve program outcomes and ensure job satisfaction.

Staff are trained in the Growing Great Kids curriculum, a parenting and child development curriculum that focuses on the integration of the relationship between parents and their child, with comprehensive child development information, while incorporating the family culture, situations and values specific to each parent. The curriculum aims to foster empathic parent-child relationships while also guiding staff in their efforts to provide strength-based support to families.

All Families First Home Visitors and their supervisors participate in four days of core training to give staff the tools for delivering successful services to families. Starting with building the philosophical foundation for work with families and overall program goals, staff receive training related to building trusting relationships, promoting positive parent-child relationships and healthy child development, recognizing family progress and boundaries or limit setting.

Training participants include Families First staff as well as other community partners. Supervisors participate in a fifth day of training, focusing on clinical supervision and program and quality management. In 2006, HCMO began training for home visitors and supervisors working in the Strengthening Families - Maternal Child Health Program of First Nations Inuit Health Branch (FNIHB) and Assembly of Manitoba Chiefs (AMC). In 2014/15, 14 individuals from 14 First Nation communities received provincial core training. This included practitioners from the communities of Brokenhead, Cross Lake, Dakota Tipi, Keeseekoowenin, Long Plain, Nisichawayasihk, Norway House, Opaskwayak Cree Nation, Peguis, Pine Creek, Rolling River, Roseau River, Sagkeeng, and Waywayseecappo. In 2014/15 the Maternal Child Health program began expanding training to include representatives from other federal home visiting programs such as Aboriginal Head Start and FASD. Through this expansion they were able to reach some of the other 49 First Nations communities.

Additionally, Families First staff receive Bookmates Family Literacy Training. Bookmates enhances family literacy through raising parental and community awareness about the importance of reading to infants and young children. HCMO provides grant support to Bookmates Inc. to deliver training workshops in literacy development.

In 2014/15, 31 PHNs received Parent Survey training and 26 PHNs received Advanced Parent Survey training. Over 550 PHNs have been trained since the inception of the program. PHNs have opportunities annually for advanced training related to the Parent Survey process.

## **Towards Flourishing: Improving Mental Health among Families in the Manitoba Families First Home Visiting Program (2009 – 2015)**

Towards Flourishing (TF) is a demonstration project to promote the mental well-being of parents and their families through the development and addition of a mental health promotion strategy to Manitoba's Families First home visiting program. The Towards Flourishing Mental Health Promotion Strategy, designed to provide multiple levels of support to families and public health staff in Manitoba, is a collaboration between the Manitoba Centre for Health Policy at the University of Manitoba, the Winnipeg Regional Health Authority (WRHA), and Healthy Child Manitoba Office (HCMO). Funded by the Public Health Agency of Canada's Innovation Strategy, *Equipping Canadians – Mental Health Throughout Life*, TF received \$2.83 million over five years, rolling out in two phases, January 2009 – January 2010 and February 2010 – May 2015. The project was conceptualized as having a program development component (Phase 1) and a program implementation and evaluation component (Phase 2), aimed to

improve mental health and decrease mental illness and distress of parents and their children in the Families First home visiting program; strengthen public health workforce capacity to address mental health promotion; and create and sustain mechanisms for effective mental health promotion interventions in community settings across Manitoba. Sustainability planning includes work to assure ongoing delivery of the strategy after completion of the demonstration project in May 2015.

The initial stages of the TF project were directed primarily at information gathering and entailed extensive literature reviews and a series of consultations with community members, service providers, decision makers, mental health experts and social scientists, leading to the development of a multi-layer strategy including multiple levels of support to families and public health staff:

**The new role of mental health promotion facilitator (MHPF) to enhance public health and community capacity to meet the mental health needs of families.** The MHPF plays a key role in the delivery of training, supervision and consultation for home visitors and public health nurses around delivery of the mental health intervention. The MHPF acts as a link to refer mothers to other services when the needs of the mother or the family exceed the scope of the home visitor's role.

**Mental health education for new parents offered through a new curriculum of topics on mental health and wellness.** These education modules include a dual focus on mental health literacy and mental health promotion on topics that are typically relevant to families with a newborn, such as changes and expectations in the postpartum period, positive mental health coping strategies, and assessments of supports and resources.

**Menu of simple everyday strategies to promote positive mental health.** Based on the existing evidence base and qualitative input from stakeholders, expert consultants, public health nurses, home visitors, and mothers in the Families First program, each strategy is a simple procedure that mothers can learn and practice, with the aid of some brief instruction from their home visitor.

**Training for public health staff to guide the use of new mental health tools and enhance knowledge of mental health promotion.** The aim is to increase comfort with and knowledge about mental health and mental illness within the public health team and to encourage public health to see mental health as a part of the core service they deliver. The two-day training supports public health staff to become familiar with using the educational modules and the everyday strategies with families.

**Screening for new parents involving a new collection of measures of mental health and well-being.** To better assess the mental health and distress of mothers in the Families First program, a screen was compiled with empirically-supported measures (Edinburgh Postnatal Depression Scale, Kessler Psychological Distress Scale [K10], Alcohol Use Disorders Identification Test [AUDIT], Mental Health Continuum Short Form). These results are reviewed by the MHPF, public health nurse and home visitor, to ensure appropriate resources are provided to support the mental health needs of the family.

**A plan to improve access of families to mental health services, resources and supports and to strengthen collaboration between public health and mental health systems by streamlining communication, consultation, and referral processes.** The MHPF, along with the TF team, collaborates and networks with the existing mental health service delivery systems and community resources, with the aim of making a variety of

services available to mothers who have needs beyond the scope of the services that will be provided within the TF enhancement to the Families First home visiting program.

### **Partnerships**

The Towards Flourishing strategy is being evaluated with families in Manitoba living in conditions of risk as well as Public Health and Mental Health teams working with families. Partners from multiple sectors and cross cultural groups have been engaged to refine and extend the reach of the Towards Flourishing strategy including Aboriginal community leaders, multidisciplinary mental health consultants, policy makers and program planners.

Collaborative project partnership agreements have been established with Public Health and Mental Health teams in 12 community areas in Winnipeg, and in four additional regional health authorities in Manitoba. Public Health and Mental Health manager networks across the entire province of Manitoba are also engaged on a regular basis.

The priorities of First Nation families are being addressed through collaboration with leads from the WRHA Aboriginal Health Program and from the federal Strengthening Families - Maternal Child Health (SF-MCH) program in First Nations communities. Consultation has been ongoing with a select group of First Nation knowledge keepers who have front-line experience working directly with First Nations women and families in Manitoba and are experts in First Nations mental health. A multidisciplinary working group of mental health consultants has been established to enhance access to mental health services and resources and to strengthen linkages between Public Health and Mental Health Programs.

As a result of this collaboration, TF training and materials were provided to 9 of the 14 provincial SF-MCH sites in 2013/14.

A partnership was developed with the *Coalition francophone de la petite enfance du Manitoba* in order to pilot the TF strategy in the parent support groups that participate in programming through *Centre de la petite enfance et de la Famille* (CPEF), the provincial francophone hub of ECD services. This pilot and evaluation was completed in 2014/15.

### **Knowledge Exchange and Evaluation**

Knowledge and information is being shared in the Towards Flourishing strategy in a variety of ways including: training workshops; a DVD video; TF Curriculum & Workbook, poster presentation, conferences, Economic Analysis, the embedded role of mental health promotion facilitators in Public Health and Mental Health teams; and through ongoing dialogue with partners and stakeholders in mental health promotion.

A formal evaluation plan is also being used to gather and share back information using a mixed methods approach. Qualitative evaluation of the process and early impacts of implementation of the strategy were conducted during the pilot stage and in the trial sites over the past year. Quantitative evaluation of the long-term mental health outcomes of the women and their families who participate in the TF strategy will include linkage of TF data to administrative data as a method to evaluate the effectiveness of the TF intervention over the long term. There are two groups of families – those who participated in the Families First home visiting program before the TF intervention and those who participated in the program after the TF intervention was introduced. The analyses will also determine whether the TF intervention has influenced physician visits, rates of diagnoses of depression, anxiety, substance abuse, cumulative mental health problems, suicide and suicide attempts, injury and hospitalization due to maltreatment, immunization rates, children in care and subsidized child care use. Preliminary outcomes will be available in fall of 2015.

## **Les Centres de la Petite Enfance et de la Famille – Francophone Early Childhood Development (ECD) – Hub Model**

Healthy Child Manitoba Office (HCMO) continues to support the development and sustainability of the Francophone ECD – Hub Model, « Les centres de la petite enfance et de la famille » (CPEF). The CPEF is funded under the Canada/Manitoba Agreement on the Promotion of Official Languages.

The CPEF school-based model is designed to provide a comprehensive continuum of integrated services and resources for French language parents of children from prenatal through to school entry, including universal resources for increasing support and information on positive parenting, access to specialized early intervention services such as the provincial Healthy Baby program, as well as comprehensive speech/language and other specialized developmental/learning services. The overall goal is to promote ECD provincial programs that are accessible to Franco-Manitobans in their language of choice. This model supports both ECD and the early acquisition of French language and literacy skills critical to later school success.

The CPEF Steering Committee, comprising members representing the Division scolaire franco-manitobaine, La Fédération des parents du Manitoba, La Société franco-manitobaine, and HCMO, works with formal committees of government and community partners to address seven key issues: literacy/numeracy, parent education and awareness, support for exogamous families, research, early identification and intervention/multi-disciplinary services, linguistic and cultural supports, and professional training.

In September 2013, the CPEF model was highlighted in the Premier's presentation at the "Conférence ministérielle sur la francophonie Canadienne", attended by ministers of francophone affairs from Canada's provinces and territories, hosted in Winnipeg.

The model of CPEF was implemented in two demonstration sites in 2004/05, École Précieux-Sang in Winnipeg and École/Collège régionale Gabrielle-Roy in Ile des Chênes. In 2005/06, the model was expanded to two additional school settings École communautaire Réal Bérard in St. Pierre Jolys and École régionale St. Jean Baptiste. In 2007/08, École Roméo-Dallaire (Winnipeg) and École Lagimodière (Lorette) were added. In 2008/09, École communautaire St-Georges and École St-Joachim (La Broquerie) were added. In 2009/10, École élémentaire Notre Dame de Lourdes was added. In 2010/11, two satellite sites were opened in and École Taché (St-Boniface), and École Noël-Ritchot (St-Norbert). As of Spring 2015, there are 12 CPEFs, and two satellite locations across the province.

## **Seeds of Empathy**

HCMO launched Seeds of Empathy province-wide under a randomized controlled trial in 2010 as an expansion of the Roots of Empathy program founded by Mary Gordon. Through a tripartite agreement with the Manitoba First Nations Educational Resource Centre (MFNERC), Aboriginal Affairs and Northern Development Canada (AANDC), and HCMO, Seeds of Empathy has been expanded into First Nations communities across Manitoba. Like Roots of Empathy, Seeds of Empathy is designed to reduce physical aggression and bullying by fostering children's empathy and emotional literacy. The long-term goal is to improve emotional health and build parenting capacity in future generations. While Roots of Empathy is provided in kindergarten to Grade 8 classrooms, Seeds of Empathy is aimed at the early childhood years to be implemented in child care facilities, nursery schools and Aboriginal Head Start programs.

In the 2014/15 school year, Seeds of Empathy was delivered through 81 child care programs in 64 centres across the province. 42 of these programs are delivered to First Nation /

Aboriginal children, including 31 programs operating in MFNERC centres. Three training sessions were held in the summer and fall of 2014, with a total of 90 Early Childhood Educators trained to deliver Seeds of Empathy. Of those trained in 2014, 50 (55%) were from First Nations / Métis centres. Two new training sessions are planned for the late summer/fall of 2015, with an estimated 70 additional Early Childhood Educators to be trained to deliver Seeds of Empathy.

Since 2010, there have been approximately 260 Seeds of Empathy programs delivered throughout the province with an average of 15 children per program. This translates to approximately 3900 children who have now received the Seeds of Empathy program. Seeds of Empathy is an important component of *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy*.

### **Lord Selkirk Park Abecedarian Pilot Project**

The Abecedarian Approach is an evidence-based program that has demonstrated short and long-term outcomes for participating children and their families. Over 30 rigorous evaluations have demonstrated the effectiveness of the Abecedarian Approach.

The Abecedarian Approach emphasizes low educator-child ratios and incorporates learning into day-to-day adult-child interactions that are tailored to the needs of each child. Activities focus on social, emotional, and cognitive areas of development but give particular emphasis to language.

In 2014/15, HCMO provided funding to Manidoo Gi Miini Gonaan to support the third full year of implementation of this pilot project in the Lord Selkirk Park Child Care Centre. The funding supported:

- the Abecedarian curriculum and providing ongoing training and resources;
- a contract with Red River College to provide ongoing faculty time towards Abecedarian training, support and mentoring for centre staff;
- additional Early Childhood Educator (ECE) staff salary and benefits to meet the Abecedarian staff to child ratios for the 32 infant and preschool spaces;
- a cook and a full food/meal program that includes breakfast, snack and lunch;
- a home visitor to work directly with families (using LearningGames®, and to provide support and resources for families dealing with trauma or crises); and
- programming/operational funds for the Family Resource Centre.

HCMO and its community partners are conducting a rigorous evaluation of the project. Baseline data was collected at the onset of the project and annual reassessments are ongoing. Early results from the evaluation indicate considerable gains in participating children's early language development after two years in the enriched program, compared to no gains for children in the control group (<http://www.winnipegfreepress.com/local/program-gives-kids-a-fighting-chance-278198581.html>).

### **Red River College Abecedarian Dissemination Project**

To further expand knowledge and use of components of the Abecedarian Approach within existing child care centres caring for vulnerable populations of children, HCMO contracted with Red River College to develop and pilot a training program. Centres that participate are able to implement "Abecedarian-inspired practice." The training, known as *Introduction to the Abecedarian Approach*, is a blended course (online and in-person) that includes mentoring. It was piloted with three child care centres in 2014/15.

## **B) FASD Strategy**

HCMO addresses Fetal Alcohol Spectrum Disorder (FASD) through public education and awareness, prevention and intervention programs, support services to caregivers and families, and evaluation and research.

In 2007/08, the Province of Manitoba announced a coordinated, multi-year strategy to address FASD in Manitoba. The funding for this strategy is allocated to a number of government departments including Family Services; Health, Healthy Living and Seniors; Education and Advanced Learning; Housing and Community Development; Aboriginal and Northern Affairs; Justice; Jobs and the Economy; and Children and Youth Opportunities. HCMO is tasked with leading the coordination of the FASD strategy. The initial strategy included the development of a number of specific initiatives: Spectrum Connections, a youth and adult resource; FASD Specialists to support child and family services agencies; increased diagnostic services for adolescents; funds to enhance public education initiatives; a training strategy to improve service delivery systems; expansion of the InSight Mentoring Program to three rural communities; more support for women with addictions; more training supports for schools divisions; and increased FASD research. Listed below are the components of the Strategy that are funded wholly or in part by HCMO. The development of these initiatives has been completed. Ongoing work includes expanding and stabilizing prevention programming, ongoing development of rural diagnostic capacity, expansion of services to children, youth and adults in both urban and rural areas, expansion of addiction supports to women and families, and development and implementation of the Strategy evaluation.

### **FASD Prevention**

HCMO believes that girls and women need information and support about alcohol use and how it can affect their bodies and their lives. This is especially important when pregnant or planning to become pregnant.

HCMO offers programs and resources to help women have the healthiest possible outcomes for themselves and their families.

**InSight Mentoring Program** is an intensive three-year, evidence-based outreach program for women who are pregnant or up to 12 months postpartum and are using alcohol and/or drugs. Using harm reduction strategies, mentors provide comprehensive case management for women. They work one-on-one with women to provide practical supports, advocacy for resources, promote healthy living and connect women to community services. The goal of the program is to facilitate changes related to substance use and the root causes of problematic substance use (trauma, intimate partner violence, mental illnesses, unstable housing, etc.). The end goal is to build movement toward a healthier lifestyle for women and their children. This woman-centred program uses a trauma-informed approach and is committed to providing holistic, culturally grounded care to clients. There are seven sites across the province which can support up to 234 women. In 2011/12, the Healthy Child Committee of Cabinet commissioned the Manitoba Centre for Health Policy (MCHP) to study the long-term outcomes of women participating in the InSight program. The final report from MCHP is anticipated in fall/winter 2015.

**Project CHOICES** is a program that provides information and four counselling sessions for women who are at risk of having an alcohol exposed pregnancy. Using motivational interviewing, the program encourages women to reduce their drinking and/or use effective birth control. Programming is provided in Winnipeg through Klinik Community Health Centre and NorWest Co-op Community Health.

**The Mothering Project/Manito Ikwe Kagiikwe**

Is a program run out of Mount Carmel Clinic that offers both outreach and drop-in services for women who are pregnant or parenting young children. It provides vulnerable mothers obstetric supports, nutrition and food preparation classes, parenting and child development support, addiction support, trauma-informed programming and access to cultural activities.

**Be With Child – Without Alcohol** is a prevention program of Manitoba Liquor & Lotteries (MBLL) that uses television and radio commercials, posters, brochures, information kits and a website to raise public awareness about alcohol use during pregnancy. MBLL consults with HCMO to ensure their public awareness program provides the most accurate and up-to-date information.

**Information and Training** each year HCMO provides information, resources and training about FASD and issues related to alcohol use and pregnancy to service/care providers who work with and care for individuals and families who are impacted by prenatal alcohol exposure.

**FASD Supports** HCMO believes that individuals with FASD and their families can benefit from supports and services that address their unique challenges throughout the lifespan. As a result, HCMO supports the following FASD specific initiatives.

**FASD Family Support, Education and Counselling 6-14 Program** is an FASD intervention program providing information and education regarding FASD to individuals, caregivers, service providers and systems. The program also provides consultation, short and long term service delivery, advocacy, sensory regulation therapy, and crisis and safety planning to families caring for individuals with confirmed prenatal exposure to alcohol.

**Bridges FASD Intermediate School Program** is an education model for children with FASD to enhance their school experience and outcomes. This partnership between HCMO, Manitoba Education and Advanced Learning, and the Winnipeg School Division was established to identify, review and disseminate best practices in the education and management of students with FASD.

**Building Circles of Support** is a program offered by the Manitoba FASD Centre to caregivers and service providers of newly diagnosed individuals. The purpose of the program is to educate families and other key individuals in the child's life about FASD. The program seeks to equip families with foundational knowledge to build an informed, positive and hopeful circle of support for the child. Information sessions provide caregivers with the opportunity to learn about the best practices in parenting a child or teen with FASD, as well as provide them with the opportunity to interact with other families. These sessions link participants to FASD resources and services in their area.

**The Manitoba FASD Family Network** is a multifaceted program that provides ongoing support and services to families affected by FASD. The program offers:

- Family Network Meetings to provide an opportunity for discussion generate ideas and connect families.
- Support and Information Groups to provide a variety of opportunities such as a support group for parents of teens, teen recreation, or information workshops.
- Recreational and Fun Activities giving children and families the opportunity to come together to have fun.
- Summer Camp Opportunities, which provide children and youth with FASD with a positive recreation experience and respite opportunities for their caregivers.

**Visions and Voices** is a provincial resource for promoting FASD education and awareness. It is a program that supports adults with FASD to develop the skills and materials needed to speak publicly about their experiences of living with FASD.

**Manitoba Key Worker Program** provides support services to families caring for children and youth, ages 0-21 years, with FASD or confirmed pre-natal exposure to alcohol. Key Workers assist families to develop an understanding of FASD by providing education and information specific to the needs of the child or youth, assist families in accessing services and community resources, and provide emotional and practical support to families. Key Workers work in collaboration with caregivers, family members, and service providers to assist the child or youth to experience less frustration and more success.

### **FASD Networks**

Manitoba is committed to fostering ongoing relationships within and outside our province to address FASD. Networking with community members, non-profit agencies, and other provinces and territories ensures our programming and services are informed and relevant. Some of these partnerships include:

**Canada Northwest FASD Partnership (CNFASDP)** is an intergovernmental partnership including British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut. The partnering jurisdictions have agreed to share best practices, expertise, and resources, and to develop joint strategies and initiatives to better address the issue of FASD. The partnership also supports jurisdictions to host national conferences on the latest advances in research and initiatives related to FASD. Manitoba hosted the Living Well: FASD and Mental Health conference on November 5-7, 2014 in Winnipeg. Over 400 delegates from across Canada attended to learn how to better support families, individuals and communities affected by FASD.

**FASD Community Coalitions** are grassroots groups of stakeholders formed by caregivers, agencies and service providers with an interest in the area of FASD and may include representation from various provincial government departments. The coalitions are intended to increase community networking, share best practices and provide support for prevention and intervention efforts in local communities across Manitoba.

**Manitoba Coalition on Alcohol and Pregnancy** brings together service providers, community organizations, families and government representatives from across the province to share information and resources, co-ordinate activities and plan together to address issues related to FASD. The coalition regularly holds lunch hour information sessions which are broadcast via the telehealth network, and occasionally brings expert speakers to Manitoba. A regular newsletter also facilitates the province-wide communication.

### **FASD Research**

**Canada FASD Research Network (CanFASD)** is an interdisciplinary research network that collaborates with researchers, programs, agencies, government, grassroots organizations, families and professionals on research projects that involve the complex issues surrounding FASD. Initially an initiative of the CNFASDP (described above) and its partner jurisdictions, in 2012/13, the Research Network (CanFASD) expanded to become a national not-for-profit organization, making it Canada's first comprehensive national FASD Research Network. Its continuing goals are to build research capacity to address high priority research questions; to devise more effective prevention and support strategies for women, individuals with FASD and their families; and to better inform policy.

**FASD Research Scientist Award** is a partnership with the University of Manitoba, Faculty of Health Sciences, College of Medicine's Department of Community Health Sciences. This award seeks to stimulate local research initiatives, develop researcher interest and capacity in this disability area, facilitate linkages with researchers in other jurisdictions, secure more funding for FASD research in the province, and promote research that will inform policy development in this area. With funding from the Canadian Institute of Health Research, a consensus generating symposium, 'Improving Integration of Care for Individuals with FASD' was held on October 9, 2014 bringing together leaders from health, provincial service systems and family advocates to discuss an improved response to FASD. Ways to increase knowledge and develop and implement useful tools and technology about FASD in the medical system are now being considered as a result of the information gathered at this symposium.

### **FASD Screening**

Data on alcohol use during pregnancy is routinely collected in Manitoba from women who have recently had a baby, through the Families First Screening, completed by public health nurses in all regional health authorities. This information is important for understanding general trends and patterns of alcohol use during pregnancy and is used to inform policy and programming decisions.

### **Circle of Security (COS)**

HCMO supported a research project on COS, an intervention protocol wherein the parent-child relationship is explored and strengthened with the supervision of a trained counsellor. The protocol includes both educational and therapeutic components and is based on the attachment theory of John Bowlby and Mary Ainsworth. The goal of the intervention is to increase caregiver sensitivity and appropriate responsiveness to the child by increasing caregiver capacity to recognize and understand the child's cues, and increasing caregiver self-reflection on their own caregiving practices. In this study of a small number of families with preschoolers, the home-based, attachment-focused COS intervention led to improvements in parental sensitivity and reduction in parental stress. This research partnership provided evidence of successful intervention at young ages for complex families that will inform the development of future programming across other developmental stages.

### **FASD Evaluation**

Evaluation of the Provincial FASD Strategy is integral to the success of the Strategy. An evaluation framework and evaluation tools have been developed in collaboration with the FASD Interdepartmental Committee. Phase one of the data collection process began as scheduled in September 2014 where individuals connected to an array of FASD-related intervention programs completed intake surveys. The intake survey provide an initial snapshot of an individual's life circumstances (support, housing, education, connection to services, employment, involvement with justice, and FASD diagnostic status) and will be used consistently in for all new program participants. In September 2015, phase two of the evaluation will begin for individuals who have previously completed an intake survey, and their caregivers and service providers will have an opportunity to provide updated information on more comprehensive check-in surveys. In this way, the evaluation will be able to see how the life circumstances of people living with FASD change and develop over time.

In the coming 2015/16 year, the FASD Interdepartmental Committee plans to engage in community conversations to provide key stakeholders with an opportunity to review and comment on the priorities for the Provincial FASD Strategy.

On a continual basis, the FASD team at HCMO is involved in program-specific evaluations to measure efficacy and effectiveness.

The FASD Strategy evaluation will provide important information about:

- How well children, youth and adults with FASD are managing over time
- How well families affected by FASD are managing over time
- How well the provincial FASD strategy and its programs are working and where improvements may be needed.
- Other programs and policy developments that may be needed

## **C) Middle Childhood and Adolescent Development**

The Middle Childhood and Adolescent Development (MCAD) portfolio utilizes evidence and research to develop and implement programs that support children and youth ages 6 to 18 years old. Research shows that investments in MCAD enhance the investments and positive gains that are achieved through early childhood programs and services.

Within the MCAD portfolio, Middle Childhood focuses on children aged 6 - 12 years and Adolescent Development focuses on youth aged 13 - 18 years.

### **Healthy Schools**

Healthy Schools is Manitoba's provincial school health initiative promoting the physical, emotional, and social health of school communities. Under the auspices of HCCC, Healthy Schools is a partnership of Manitoba Health, Healthy Living, and Seniors, Manitoba Education and Advanced Learning, and HCMO. Healthy Schools recognizes that good health is important for learning and that schools can have a positive influence on the health of children, youth and their families. Working in partnership with school divisions, schools and community partners, the initiative supports progress towards positive health and education outcomes for all students.

Through the Healthy Schools Grant, annual funding is available to support school divisions/schools in working with their community partners (including local regional health authorities) as they create healthy school communities. Activities are selected based on the needs that school divisions/schools identify within their school community and align with the focus areas of Healthy Schools which include mental health promotion, physical activity, healthy eating, injury prevention, healthy sexuality, and substance abuse and addiction prevention.

Manitoba's Healthy Schools approach is rooted in comprehensive school health (CSH). CSH is an internationally recognized framework for supporting improvements in students' educational outcomes, while addressing school health in a planned, integrated and holistic way. The four interrelated pillars of CSH provide a strong foundation for healthy schools:

- social and physical environment
- teaching and learning
- partnerships and services
- healthy school policy

For more information, please visit [www.gov.mb.ca/healthyschools](http://www.gov.mb.ca/healthyschools).

### **Roots of Empathy**

In 2014/15, HCMO continued to support the implementation and sustainability of Roots of Empathy (ROE), an evidence-based, bilingual, universal and classroom-based program that increases pro-social behaviour and reduces physical aggression and bullying by fostering children's empathy and emotional literacy. In the long term, the goal of Roots of Empathy is to build the capacity of children to become caring and compassionate citizens and parents.

Roots of Empathy is provided to children in classrooms from kindergarten to grade eight. Certified instructors deliver the curriculum, approved by Curriculum Services Canada, in the same classroom, three times a month for the school year. The heart of the program is a neighbourhood infant and parents who visit the classroom once a month.

By the end of the school year, students have become attached to "their baby" and have come to understand the complete dependence of the baby on others. They have also come to understand health and safety issues, such as proper sleep position, injury prevention, Shaken Baby Syndrome,

FASD, the risks of second-hand smoke, the benefits of breastfeeding, and the stimulation and nurturance required for healthy child development. As the Roots of Empathy instructor coaches' children to observe and interpret the baby's feelings, students learn to identify and reflect on their own feelings, and to recognize and respond to the feelings of others (empathy), thereby strengthening emotional literacy and reducing bullying and other problematic behaviours.

Results from the 2001/02 pilot and randomized controlled trial of Roots of Empathy demonstrated positive outcomes: increased pro-social behaviour and reduced aggression. Manitoba's RCT evaluation of Roots of Empathy was published in a special issue of *Healthcare Quarterly* (Vol. 14 April 2011): Effectiveness of School-Based Violence Prevention for Children and Youth – Cluster randomized controlled field trial of the Roots of Empathy program with replication and three-year follow-up.

Roots of Empathy has continued to expand. In 2014/15, the program was delivered in English and French by 305 certified instructors in 320 classrooms across Manitoba (including First Nations communities) to over 6700 students from Kindergarten to grade 8. In May 2013, together with Roots of Empathy founder Mary Gordon, Manitoba celebrated 10 years of offering the award-winning ROE program across the province.

## **PAX**

PAX is an evidence-based, childhood mental health promotion strategy with lifetime benefits that helps children develop social, emotional and self-regulation skills by collaborating with classmates towards a common goal. Studies have shown that students who participate in PAX require fewer special education services, have better mental health (including fewer suicidal thoughts / attempts), fewer smoking, alcohol and drug addictions, and are less involved in crime, into their adult years. The return on investment is \$57.53 for every dollar invested (Washington State Institute for Public Policy, December 2014).

The Healthy Child Committee of Cabinet directed HCMO to implement a province-wide randomized controlled trial (RCT) for Grade One classes across Manitoba, including First Nation communities. In January 2012, the provincial implementation and RCT of PAX in Grade One classes was launched, providing equitable access to PAX across Manitoba, including remote and northern, First Nation, Francophone, Independent, institutional and faith-based, rural and urban schools. There are several training sessions provided every year. To date, approximately 556 Grade One teachers, 211 administrators and 150 student services personnel have been trained. Over 10,000 students have participated in PAX.

Preliminary RCT evaluation results demonstrated significantly fewer conduct, emotional, inattention, and peer relationship problems, and significantly more prosocial behaviour. Further analyses suggest PAX is even more effective for Aboriginal children. HCMO is partnering with the Manitoba Centre for Health Policy (MCHP) and the Department of Community Health Sciences, University of Manitoba, to measure the longer-term outcomes of PAX in Grade 3 and Grade 5, respectively.

## **Mentoring Interventions**

In 2014/15, HCMO continued to support the In-School Mentoring program through Big Brothers Big Sisters of Winnipeg, Brandon, Portage la Prairie, and Morden/Winkler, including satellite programs in smaller communities. As well, HCMO supported the Community-Based Mentoring programs within all four organizations. In 2014/15, approximately 228 children were matched with mentors in the In-School Mentoring Program and nearly 550 children participated in the Community-Based Mentoring programs, including group programs.

## **Out of School Programming**

In 2014/15, HCMO continued to support out of school programming at a number community-based organizations across Manitoba. These programs provide opportunities for learning and for developing social skills, confidence and self-esteem, and also promote healthy behaviours, such as physical activity, healthy eating and safety. For example, funding is provided to the Boys & Girls Club of Thompson, which offers recreational, nutritional, educational and vocational programming for children and youth, most of whom are from marginalized families. Examples of other HCMO-supported organizations that provide out of school programming include Rossbrook House, The Pas Action Centre and Gilbert Park Going Places (NorWest Co-op Community Health Centre), Ma Mawi Wi Chi Itata Centre and Ma Mow We Tak Friendship Centre located in Thompson, MB.

In addition, HCMO continued its support of the Community School Investigators (CSI) Summer Learning Enrichment Program through the Boys & Girls Clubs of Winnipeg. This school-based summer day camp for targeted communities in Winnipeg provides children with the ability to participate in a variety of academic, recreational, arts, cultural, and educational activities during the summer months. The program also has a nutrition component and employs local youth and university students. In the summer of 2014, nearly 1000 children attended at 15 sites, and 78 university students and 61 local high school students were hired.

## **Resource Development for Children and Youth with Complex Needs**

### **1) COACH**

COACH is a community-based treatment and academic program that provides intensive emotional, behavioural and academic wraparound intervention and support for children and youth with profound behavioural, emotional, and academic issues. The original COACH site, for children and youth ages 5-11 years, has been operating since 2001; the COACH Expansion site, for children and youth ages 12-15 years, is anticipated to open in summer of 2015.

There are three program components: intensive day treatment/academics, reintegration into a satellite school and community activities, and long-term follow-up. There are approximately 30 children and youth, ages 5-15 years, in the intensive component and approximately 25 children and youth, ages 12-25 years, in the transition to school or long-term follow-up supports, depending on need.

The goals of COACH include classroom reintegration with appropriate supports, increased stability in daily life, and a reduction in negative and dangerous emotions and behaviours. Children and youth in the program, their parents/guardians and their community supports work with a COACH team (consisting of COACH mentors, teachers/principals, behavioural consultants, psychologists), so the child or youth can develop their strengths and attain personal and academic achievements. In particular, a hallmark of this multidisciplinary approach is the COACH mentors, who are teamed with a child or youth at a ratio of 1:1, if needed. The COACH mentors transport the child or youth to and from the program, support them in achieving their goals, make contact with and support the family/guardians, encourage participation in community activities, etc.

COACH is supported by an advisory committee of partners, including Winnipeg School Division (WSD), Macdonald Youth Services, Mulvey School, General Wolfe School, Clinical Support Services (WSD), Manitoba Education and Advanced Learning, and Healthy Child Manitoba Office. An umbrella committee advising on issues related to children and youth with complex needs, which include input and feedback on the COACH program, includes Manitoba Family Services, Manitoba Education and Advanced Learning, Crime Prevention Branch – Manitoba Children and Youth Opportunities, the four Child and Family Services Authorities, Marymount, and the Manitoba Adolescent Treatment Centre.

There is an ongoing clinical case study evaluation of COACH which focuses on pre- and post-measures. Multiple informants including the parent/guardian, teacher, psychologist, COACH Manager, and the student provide responses on a standardized survey at the start of attendance at COACH and close of each school year. Progress has been noted in academic, social, emotional, community and behavioural functioning as well as an increase in parents' involvement with the school setting, and based on parent reports, an improved relationship with their child. Planning for the evaluation approach for the forthcoming COACH Expansion in 2015/16 is in progress.

## **2) High-Fidelity Wraparound Planning**

High-Fidelity Wraparound (HFW) planning is an evidence-based process for bringing together multiple services, children and youth with complex needs, and their caregivers to create an integrated, strengths-based, highly individualized plan. HFW plans include the coordination of existing services and the development of natural and/or non-traditional supports to address severe emotional and behavioural challenges. HFW aims to improve a variety of health and educational outcomes for children and youth with complex, multi-service needs including maintenance of least restrictive placements, improved behavioural, physical and mental health, and improved academic outcomes.

HFW is in the capacity-building stage in Manitoba. Partners from the four Child and Family Services Authorities, school divisions, Crime Prevention Branch-Manitoba Children and Youth Opportunities, and Mental Health and Spiritual Health Care Branch-Manitoba Health, Healthy Living and Seniors are developing the coordination, training, implementation and evaluation of HFW in Manitoba. Since March 2014, HCMO has co-hosted two Wraparound training sessions in partnership with the Manitoba Adolescent Treatment Centre and Manitoba Health, Healthy Living and Seniors. Trainees have represented various departments, agencies and organizations, based in centres throughout the province, including Manitoba Justice, Child and Family Services agencies and authorities, Community Mental Health and Manitoba Education and Advanced Learning.

## **School/Community-Based Primary Health Care**

HCMO's Teen Clinic model uses a community development approach to build partnerships among health providers, educators and community organizations to improve health outcomes for Manitoba teens. Since 2002/03, HCMO has funded the Elmwood Teen Clinic, an after-hours, school based primary health care facility located at Elmwood High School and managed by Access River East one day per week. The clinic addresses the general health and well-being of students and neighborhood youth, including sexual and reproductive health issues. In 2014/15, there were 471 visits to the Elmwood Teen Clinic.

Based on the success and interest in the Elmwood Teen Clinic, in 2005/06, HCMO expanded the model to a second pilot at St. John's High School in Winnipeg. The St. John's Teen Clinic, managed by Mount Carmel Clinic, operates similarly to the Elmwood Teen Clinic. In 2014/15 there were 260 visits to St. John's Teen Clinic. HCMO funding also supports a second school-based clinic at R.B. Russell Vocational School, which saw 238 visits in 2014/15.

In 2006/07, the Interdepartmental Teen Clinic Committee selected NOR-MAN RHA and Interlake RHA to receive new HCMO funding to establish teen health services in their regions. The main criteria for the selection of the teen clinics were the need for adolescent health services in the region, the capacity of the region to implement their plan, and the utilization of multidisciplinary partnerships.

The Northern RHA (Western Campus) matches HCMO funding to enhance teen primary care services in Flin Flon, The Pas and Cranberry Portage. This model is a combination of school-based and community-based clinics that provide maximum access to services for youth in the Western

Campus area. In 2014/15 there were 526 visits to the Northern RHA - Western Campus Teen Clinics.

Interlake-Eastern RHA established a school-based teen clinic in École Selkirk Junior High in 2007. This clinic is an after-hours clinic that is open to all youth living in the Interlake region. In 2014/15, there were 737 visits to Selkirk Teen Clinic.

As a result of a Request for Proposals in 2011, HCMO was able to provide new or enhanced funding in 2012/13 to support selected initiatives including the development of new Teen Clinic sites in the Prairie Mountain Health region. A Teen Clinic at Swan Valley Regional Secondary School opened in 2012/13 and a mobile Teen Clinic servicing four schools in the Assiniboine communities of Rosburn, Russell, Strathclair and Birtle began operating in November 2013. In 2014/15 there were 75 visits to Swan Valley Teen Clinic and the Assiniboine Mobile Teen Clinic saw 89 visits. Enhancement funding has also been provided to the Northern RHA to support Mental Health Promotion at Mary Duncan School in The Pas, and to Southern Health to enhance Teen Clinic services at Portage Collegiate Institute. In 2014/15 Portage Teen Clinic had 1631 youth visits.

### **Health and Wellness Promotion**

HCMO extends support to community-based agencies to support the healthy development of adolescents including those that emphasize the direct involvement of youth in developing their own solutions. Klinic's Teen Talk program is a comprehensive health promotion program designed to empower youth to make healthier lifestyle choices. Program components include the use of community role models and elders, and an emphasis on peer mentoring to facilitate youth leadership, issue ownership and decision-making. In 2014/15, Teen Talk engaged with 20,396 Manitoba youth. This includes 711 workshops delivered to 13,802 youth; 715 youth that participated in peer support volunteer training who delivered skits and presentations to 2,049 youth and reached a total of 3,830 people through volunteer efforts. Workshops include topics such as sexuality, birth control and sexually transmitted infections, substance use, healthy relationships and harm reduction. Teen Talk also provided 19 workshops to 420 adult service providers. The Teen Talk website was updated in 2014, and provides wide-ranging information in the areas of sexual and reproductive health, mental health, healthy relationships, substance use and FASD. The site also features a section dedicated to answering frequently asked questions that Teen Talk receives from youth during their workshops. In 2014/15 there were 114,246 visits to the website.

HCMO also supports the Positive Adolescent Sexuality Support (PASS) program which operates out of Ma Mawi Wi Chi Itata Centre in Winnipeg. PASS provides a series of adolescent health promotion workshops from an Aboriginal perspective. The program is delivered to youth in several community sites in Winnipeg's North End as well as residential safe home sites. In 2014/15 PASS worked with 122 youth, all of whom identify as Aboriginal.

HCMO continues to work on developing and updating resources which support youth in healthy decision-making.

- ***Your Choice for Your Reasons*** a resource package on pregnancy options for young women, which includes a video, service provider handbook and brochures, was originally developed in 2003 in partnership with the Adolescent Parent Interagency Network (APIN). The service provider handbook was updated in 2009, and in 2011/12 the brochure was revised and re-printed in English and French. These resources are available for download at [www.gov.mb.ca/healthychild/mcad/youth](http://www.gov.mb.ca/healthychild/mcad/youth).

- ***Growing Up OK!*** was developed in 2012 primarily for children ages 9-12 (grades 4-7) and is available in both English and French (*Grandir en douceur!*). The resource provides accurate, non-judgmental information and supports middle years children in understanding and becoming comfortable with their sexual health as they make the important developmental transition between childhood and adolescence. In 2015, a companion resource for parents/caregivers was developed called ***Helping your children to Grow Up OK!***. This resource, also available in English and French (*Aider vos enfants à Grandir en douceur!*), supports parents/caregivers in understanding what to talk about with their preteen as they go through puberty in order to promote and encourage healthy behaviours while respecting the importance of each families' own values and relationships. These resources are available for download at [www.gov.mb.ca/healthychild/mcad/middle.html](http://www.gov.mb.ca/healthychild/mcad/middle.html)

### **Community Service Providers Working Together to Support Adolescent Parents**

HCMO works with community agencies and service providers to promote quality services for pregnant and parenting teens in the province through the support of the Adolescent Parent Interagency Network (APIN). APIN members work in Manitoba in diverse settings such as social work, nursing, teaching, mentoring, and counselling. APIN holds events, hosts a website ([www.apin.org](http://www.apin.org)) and produces regular newsletters, all of which facilitate the sharing of information for pregnant and parenting teens as well as service providers and the community. APIN hosts an annual Adolescent Parent Day, for which 80 parents registered in 2014. APIN also hosts a brown-bag lunch series and service provider conference, which in 2015 was attended by over 100 participants.

### **Youth Suicide Prevention Strategy (YSPS) Education Initiatives**

The YSPS Education Initiatives support inter-sectoral and cross-departmental collaboration for education-based initiatives in the area of youth suicide prevention with a focus on First Nation, Inuit, and Metis youth. The YSPS Education Initiatives Task Team (YSPSEITT) is a sub-committee of the Youth Suicide Prevention Strategy Implementation Steering Committee. Both groups were established in 2009 in support of Reclaiming Hope, Manitoba's Youth Suicide Prevention Strategy announced in December 2008. YSPS Education Initiatives are delivered in provincial school divisions, First Nations-operated schools (in partnership with Manitoba First Nations Education Resource Centre), and alternative education settings.

YSPS Education Initiatives include the following early intervention programs:

- Roots of Empathy (ROE), an evidence-based, universal, school-based program that increases empathy and pro-social behaviour and reduces physical aggression and bullying. First implemented by HCMO in 2001, Roots of Empathy has now been delivered across Manitoba, including in First Nations communities, to approximately 41,000 students from kindergarten to grade eight.
- Seeds of Empathy , an early years version of Roots of Empathy, has been delivered in early childhood settings since 2010 to 2,700 children, aged 3-5, across Manitoba, including many First Nations communities.
- PAX is an evidence-based, childhood mental health promotion strategy with lifetime benefits that helps children develop social, emotional and self-regulation skills by collaborating with classmates towards a common goal. Studies have shown that students who participate in PAX require fewer special education services, have better mental health (including fewer suicidal thoughts/attempts), fewer smoking, alcohol and drug addictions, and are less involved in crime, into their adult years. PAX has reached almost every school division in the province, including remote and northern communities, First Nation, Francophone, Independent, institutional, faith-based, rural and urban schools (around 200 schools).

By February, 2012, evidence from Manitoba's evaluation of Signs of Suicide indicated the importance of developing resources and programs that reflect the unique and diverse population of Manitoba youth. As a result, Changes for Children funding was redirected to the creation of a selection of suicide prevention school-based resources and programs that are evidence-based and shown to be responsive to diverse communities of Manitobans. This work, led by the YSPSEITT, co-chaired by HCMO and Manitoba Education and Advanced Learning, includes the following initiatives:

- A multimedia, classroom-based suicide prevention video and discussion tool. A pilot and evaluation of the video and facilitated program is underway in selected Manitoba high schools in 2014/15;
- The website ([www.everyonemattersmanitoba.ca](http://www.everyonemattersmanitoba.ca)) with tools to support school and community collaboration at local and regional levels (in process);
- Innovation, research and evaluation of promising models and programs and disseminating information through knowledge exchange activities. For example:
  - Evaluation of the Reaching Out program in Northern Manitoba schools in 2014/15;
  - HCMO has coordinated two training sessions of the Mental Health and High School Curriculum Guide developed by Dr. Stan Kutcher. Thirty school representatives from across the province, including independent and First Nations schools participated in the training. Implementation is being evaluated through a randomized control trial over the 2014/15 and 2015/16 school years.
  - YSPSEITT is providing funding to support evaluation of the Body Positive Project, an innovative pilot project being carried out by Women's Health Clinic in Ecole Seven Oaks Middle School. The project uses a whole school approach to create school- and community-level change in positive body messaging, increasing resilience and protective factors in students and increasing engagement of students and families. The evaluation will be carried out over three years (2014-2017).

- A Best Practices Resource Guide for educational settings to implement whole-school approaches to youth suicide prevention and mental health promotion. The guide was completed in 2014 and implementation sessions were provided throughout the province in 2014/15;
- Capacity-building and training educators in First Nations schools, in collaboration with Manitoba First Nations Education and Resource Centre, with a focus on youth suicide prevention.
- Supporting the provincial implementation of PAX, which has been previously shown to prevent suicidal thoughts and attempts in youth.

## **D) Community Capacity Building**

### **Communities That Care**

Announced in 2008 as part of *Reclaiming Hope*, Manitoba's Youth Suicide Prevention Strategy,, HCMO and the Winnipeg Regional Health Authority began a partnership in 2009/10 to pilot Communities That Care (CTC). CTC is an evidence-based process that combines strategic consultation, technical assistance, training and research-based tools to help communities come together to promote the positive development of youth and the prevention of adolescent problem behaviours including underage drinking, substance abuse, delinquency, teen pregnancy, school drop-out, violence and depression/anxiety.

CTC is currently being used in more than 500 communities across the US and in Australia, Canada, Germany, the Netherlands, the United Kingdom, and South America. Both the Social Development Research Group at the University of Washington (the developers of CTC) and Eagle Cruz Consultants (experts in the establishment of CTC in Native American and First Nations communities) provide training support to the Province of Manitoba in its efforts to pilot the CTC prevention planning system. Communities that have been actively engaged in the CTC mobilization process at varying levels are Swan River, (Sagkeeng First Nation) and Elmwood (urban). While each community continues to move forward in the CTC process at its own individual pace, accomplishments in the 2014/15 year have included the completion of a community action plan, community engagement meetings, youth programming and consultations and participation in further CTC training. Across the communities, more than 600 people have been involved in the various CTC activities.

## II. HCMO Policy Development, Research and Evaluation

Manitoba's commitment to monitoring the Healthy Child Manitoba Strategy, reporting regularly on child and youth development, evaluating whether HCM programs are working, and applying science and research to develop policies that best support families and strengthen communities is legislated in *The Healthy Child Manitoba Act*. Under the leadership of HCMO's Policy Development, Research and Evaluation (PDRE) team and in collaboration with government departments, inter-sectoral and community-based stakeholders, and university partnerships, this work is categorized into the following areas: 1) Community Data Development and Analysis, 2) Provincial Program Evaluations, 3) Population-Based Research, 4) Specialized Evaluations, and 5) Knowledge Translation and Mobilization.

### A) Community Data Development and Analysis

HCMO Community Data Development assures the quality, validity and reliability of data in preparation for multiple analytical processes, including:

- Informing HCCC policy and program planning and implementation
- Monitoring and evaluation of Healthy Child Committee of Cabinet (HCCC) policies and programs
- Conducting and supporting policy-relevant research
- Supporting community-based research knowledge exchange and community action planning

Three population-level databases provide the basis for Community Data Development and Analysis processes. These include the Families First Screen (FFS), the Early Development Instrument (EDI) and the Youth Health Survey (YHS).

- The FFS is a post-natal screen of biological and social risk factors among families and their newborn children in Manitoba, collected provincewide in partnership with the Public Health program in all Regional Health Authorities (RHAs)
- The EDI is a questionnaire completed province-wide by Kindergarten teachers that measures children's early development and "readiness to learn" at school entry, collected in partnership with all of Manitoba's public school divisions and with the Manitoba First Nations Education Resource Centre and many of the schools they support in First Nations
- The YHS is a survey of student-reported health and health-related behaviours among students in grades 7 to 12, collected provincewide through the Partners in Planning for Healthy Living (<http://partners.healthincommon.ca/tools-and-resources/youth-health-survey/>)

All of these datasets contain securely collected, unique participant-level information that permits linkage to other administrative datasets and follow-up over time. Privacy and confidentiality are maintained in accordance with *The Healthy Child Manitoba Act*, *The Freedom of Information and Protection of Privacy Act* (FIPPA), *The Personal Health Information Act* (PHIA), and other pertinent legislation.

### B) Provincial Program Evaluations

Provincial program evaluations provide information for cross-sectoral policy and program decision-making. Building on the findings from a small number of intensively studied research sites (Healthy Baby, Families First, InSight Mentoring Program), provincial programs are extensively evaluated in multiple sites with a large number of families, using qualitative and quantitative data collection and

analysis. Results of provincial program evaluations provide information on program effectiveness, key program components and program efficiency, toward program improvement. Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for the HCM goals for children and youth (improved physical and emotional health, safety and security, learning success, and social engagement and responsibility).

For example, results of the Families First Home Visiting Provincial Evaluation led to the development of the Towards Flourishing Mental Health Promotion Strategy that has been added to the home visiting program and is being evaluated in all RHAs. HCCC also commissioned the Manitoba Centre for Health Policy (MCHP) to work in partnership with HCMO to conduct an evaluation of the Healthy Baby program, released in November 2010 (see [http://mchp-appserv.cpe.umanitoba.ca/reference/Healthy\\_Baby.pdf](http://mchp-appserv.cpe.umanitoba.ca/reference/Healthy_Baby.pdf)) which informed the development of the Partners for Integrated Inner-city Prenatal Care (PIIPC) pilot project, led by the University of Manitoba, to enhance services in seven Healthy Baby sites.

### **C) Population-Based Research**

Population-based research explores questions regarding child, family and community development, and longitudinal and cohort effects of universal and targeted policies, programs and supports. Research results provide new knowledge to support policy development and program planning and to determine the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families and communities.

In 2014/15, HCMO led and/or partnered in several population-based research initiatives including:

- Towards Flourishing: Improving Mental Health Among New Mothers in the Manitoba Families First Home Visiting Program (2009 – 2015), with preliminary outcome results anticipated in fall 2015;
- Manitoba Centre for Health Policy (MCHP) research deliverables for HCCC, including the long-term follow-up of participants in Manitoba's InSight mentoring program (2011 – present), educational outcomes of children in care (2012 – present), the mental health of Manitoba's children and youth (2013 – present), and the long-term outcomes of PAX in Grade 3 (2014 – present); and
- Continuation of the MCHP PATHS (Pathways to Health and Social) Equity for Children (supported by \$2M in funding over 2011-2016 from Canadian Institutes of Health Research), a program of research into what works to reduce the gap for Manitoba's children. This multiyear project is evaluating the long-term effects of over a dozen Manitoba programs for children and youth, including HCMO programs such as Healthy Baby and Families First. In 2014/15, the PATHS Equity team published peer-reviewed scientific journal articles on the outcomes of initiatives such as full-day Kindergarten and social housing. New results (as yet unpublished) have also shown that the Families First home visiting program reduces the rate of children being taken into the care of Child and Family Services by 25% (by age 1 year) and reduces the rate of children being hospitalized for child maltreatment injury by 41% (by age 3 years).
- An evaluation of the long-term outcomes of PAX in Grade 5, led by Dr. Depeng Jiang, Department of Community Health Sciences, University of Manitoba, who was awarded with a grant in January 2015 from Research Manitoba.

Many of these initiatives are done in partnership with academic researchers or community partners and funded externally by granting agencies usually through a highly competitive process.

## **D) Specialized Evaluations**

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Policy questions are intensively studied in selected sites. Specialized evaluations are time-limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs, toward establishing local best practice models in Manitoba communities. Examples in 2014/15 of specialized evaluations conducted by HCMO include the continuation of the Seeds of Empathy evaluation, the provincewide PAX pilot and evaluation, and the longitudinal evaluation of the Abecedarian pilot program.

These data, research, and evaluation initiatives contribute to reports on program outcomes, as well as presentations to a variety of audiences as part of ongoing Knowledge Translation and Mobilization (For details, see next section: Knowledge Translation and Mobilization).

## **E) Knowledge Translation and Mobilization**

Led by the HCMO PDRE team, Knowledge Translation and Mobilization (KTM) is a critical component of the Healthy Child Manitoba Strategy and reflects core commitments to child-centered policy, evidence-based decision making, and community-government-university collaboration. The goal of KTM is to maximize the impact of research and evaluation through a process that includes the synthesis and dissemination of science and knowledge and community capacity development.

KTM activities related to the synthesis and dissemination of science and knowledge and community capacity development included:

- summarizing available data sources on child and youth health in Manitoba, as well as cutting-edge research and knowledge on child development for the legislated Healthy Child Manitoba Report on Children and Youth, released every five years
- identifying and synthesizing science and knowledge from leading research and evaluation studies
- translating science and knowledge into user-friendly communication vehicles for community stakeholders (public, parents, service providers, advisory and advocacy groups) and government policy makers
- identifying and engaging target audience groups and disseminating science and knowledge to these audiences
- facilitating the application of science and knowledge to policy and program development and evidence-based decision making
- strengthening community capacity and local leadership
- facilitating community-government-university collaboration and partnership
- promoting participatory-based community research through community engagement and relationship building
- developing comprehensive community-level data profiles and community mapping studies
- supporting the development of evidence-informed and best practice service models for children and families
- leading/participating in local, provincial, and national committee work
- leading/participating in local, provincial, national and international knowledge exchange conferences and events

Examples of these activities in 2014/15 include:

- Parenting Resources developed by HCMO continue to be distributed. Examples include the *Getting Ready for School: A Parent's Guide* and *A Parent's Guide to Early Childhood Development* DVD, both of which are available on the following website:  
<http://www.gov.mb.ca/healthychild>
- As part of HCM's commitment to supporting parent-child centred coalitions, HCMO's PDRE unit develops and presents community-level data profiles to delineate the strengths and needs of individual communities. These presentations are made at local knowledge exchange events and include the audiences of Manitoba's 26 parent child coalitions. As part of this support to community stakeholders, HCMO has facilitated strategic direction and community action planning.
- HCMO's PDRE team continues to provide training and support in partnership with the Manitoba First Nation Education Resource Centre (MFNERC) and First Nation communities to implement EDI collection and co-present results in approximately 28 First Nations-operated schools. In 2014/15, these partners continued collaborating to support communities to use EDI data to support program and policy development.

In 2011/12, HCMO worked with School Divisions across the province to implement a randomized controlled trial (RCT) of PAX to Grade One classrooms. The project involves about 5,000 students and their teachers, with short- and long-term outcomes measured over time. The PAX RCT is a national first, and is the largest of its kind worldwide. Strong scientific design and methods measured whether PAX caused any improvements in children's mental health and well-being. The initial evaluation results (released in February 2014) from the provincial PAX pilot are very promising.

- Children in the RCT are being followed-up longitudinally.

Following Manitoba's 2011 commitment at the Council of the Federation (CoF), in February 2012, the Premier and the Healthy Child Committee of Cabinet hosted "Mental Health Summit 2012: Mental Health Promotion and Mental Illness Prevention for All" in Winnipeg, Manitoba. Over 300 delegates from across Canada attended, including policy, service delivery, research, and decision-making representatives from provincial, territorial, Aboriginal, and federal governments, national organizations, and professional associations representing a variety of sectors. In 2014/15, HCMO continued to lead ongoing work stemming from Mental Health Summit 2012, through the activities of the pan-Canadian Mental Health Summit Network (MHSN). Following the 2013 CoF meeting of Canada's Premiers, the MHSN was directed to "continue to develop best-practices for mental health promotion and mental illness prevention and identify how approaches, treatments and supports can be shared across jurisdictions to reach all individuals and communities, including in Indigenous and remote regions."

Work is nearing completion on developing a Blueprint outlining the 'how-to' of scaling up and monitoring evidence-based mental health promotion and mental illness prevention practices in jurisdictions across Canada. Distribution is planned for Fall, 2015.

- The MHSN's first 'Think Tank' meeting, entitled "Best Practices to Innovation to Scale-Up: Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada" took place in Winnipeg February 13-14, 2013. The goal of the 2013 Think Tank was to take the first steps in developing Work of the Mental Health Summit Network towards developing the Blueprint continued in 2014/15 and is ongoing.

- In 2014/15, HCMO continued to support the work of the Oversight Committee for Child and Youth Mental Health (OCCYMH), co-chaired by leaders representing the education system, health system, and Healthy Child Committee of Cabinet (HCCC) partner departments, to respond to recommendations from the Manitoba Association of School Superintendents (MASS) and other community partners;
- In 2014/15, HCMO and Manitoba Health, Healthy Living and Seniors continued to, co-lead the development of a provincial strategy for child and youth mental health, in collaboration with the other HCCC partner departments, as part of *Rising to the Challenge*, the province's mental health strategic plan, in concert with OCCYMH.
- In 2014/15, HCMO's PDRE team led or participated in several local, provincial, and national committees, including the following:
  - All Aboard: Manitoba's Poverty Reduction & Social Inclusion Strategy
  - Canadian Institute of Child Health (CICH) Profile: Improving the Mental Health of Canadian Children and Adolescents – *Advisory Committee (national)*
  - Canadian Institutes of Health Research (CIHR) – Institute for Human Development, Child and Youth Health (IHDCYH) – Institute Advisory Board
  - Centres de la petite enfance et de la famille (CPEF) – Executive Committee
  - Children and Youth Wellbeing Social Innovation Lab Design Team
  - Children and Youth with Complex Needs Cross-Sectoral Committee
  - CIHR Strategy for Patient-Oriented Research (SPOR) Network in Primary and Integrated Health Care Innovation
  - COACH Advisory Committee
  - Community Data Network
  - Community Health Assessment Network (CHAN)
  - F/P/T Mental Health Promotion Task Group (Healthy People, Healthy Communities)
  - Forum for National ECD - Monitoring Management Committee
  - HCCC Protocol Committee: Children and Youth with Complex Needs
  - HCCC Protocol Committee: Continuation of Educational Programming Protocol for Students/Young Persons In Doncaster or Gladys Cook School
  - HCCC Protocol Committee: Early Childhood Transition to School for Children with Special Needs
  - HCCC Protocol Committee: Education and Child and Family Services Protocol for Children and Youth in Care
  - HCCC Protocol Committee: Out of Catchment School Registration of Children and Youth with Informal Guardianship Agreements
  - HCCC Protocol Committee: Transition to Adulthood Protocol Evaluation
  - High-fidelity Wraparound Task Group
  - Intergovernmental Strategic Aboriginal Alliance (ISAA) Task Group on School Readiness
  - Manitoba Research Alliance
  - MCHP - PATHS Equity Advisory Board and Research Teams
  - MCHP Advisory Group – Educational Outcomes of Children in Care Mental Health and Wellbeing Working Group
  - Mental Health Commission of Canada: Evergreen National Child Mental Health Strategy
  - Mental Health Promotion Task Group
  - Organization for Economic and Cooperation Development (OECD) – Early Childhood Development Working Group
  - Pan-Canadian Early Development Instrument Initiative
  - Pan-Canadian Mental Health Summit Network

- Partnering Committee – Manitoba Health Healthy Living and Seniors; Manitoba Children and Youth Opportunities
  - Partners in Inner-city Integrated Prenatal Care (PIIPC) Steering Committee and Advisory Committee
  - Partners in Planning for Healthy Living (PPHL), including the Youth Health Survey Working Group
  - PEG (City of Winnipeg’s Community Indicators System)
  - Performance Management Community of Practice
  - Provincial Psychosocial Planning (PPP) Table - Flood
  - Strategic Knowledge Cluster on Early Child Development (SKC-ECD) – Advisory Committee & Steering Committee
  - Task Group on Mental Health Promotion and Mental Illness Prevention - Summit 2012
  - Youth Suicide Prevention Working Group (national)
- HCMO’s PDRE team is regularly invited to deliver presentations at local, provincial, national, and international knowledge exchange events, forums and conferences. In 2014/15, some examples included:
    - 2014 Summit: Children and Youth Mental Health, Toronto, ON (April 2014)
    - *Welcome to Kindergarten – Early Years Family and Community Engagement Symposium* Research to Practice – The Learning Partnership (May 2014)
    - Annual General Meeting – Attachment Network of Manitoba (May 2014)
    - Meeting of Winnipeg Regional Health Authority, Manitoba Family Services, and School Division Superintendents (May 2014)
    - Major Donor Appreciation 2014 – United Way of Winnipeg (May 2014)
    - Canadian Evaluation Society Annual Convention. Ottawa, ON. (June 2014).
    - Canadian Psychological Association Annual Convention. Vancouver, BC. (June, 2014).
    - *President’s Forum 2014: Forces for Change: Equity and Social Justice at the Heart of Public Education* - Canadian Teachers’ Federation (CTF) (July 2014)
    - 8<sup>th</sup> World Congress on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders, London, England. (September 2014) *Winnipeg Boldness Project Guide Groups* (September 2014)
    - *Time to Focus on Strengths: Addressing Obesity in Indigenous Youth* – 5th Conference on Recent Advances in the Prevention and Management of Childhood and Adolescent Obesity – University of British Columbia Interprofessional Continuing Education (UBC IPCE) and Manitoba Institute of Child Health (MICH) (September 2014)
    - Professional Development Day – Rolling River School Division (September 2014)
    - *Early Childhood Intervention: The Past Decade of Child Health Research* - Manitoba Institute of Child Health (MICH) 10th Annual Child Health Research Day (October 2014)
    - *Climbing Mountains: Leadership and Resilience in Paediatric Healthcare* – 2014 Canadian Association of Paediatric Health Centres (CAPHC) Annual Conference (October 2014)
    - *Inaugural Session of the Child Health and Social Policy Seminar Series, University of Toronto*: (October 2014). *Living Well: FASD and Mental Health – A Canada Northwest FASD Partnership Conference* (November 2014)
    - *Mental Health and Wellness: Educating for ACTION Conference* – Manitoba Association of School Superintendents and partners (November 2014)
    - Meeting of Provincial/Territorial Directors of Early Childhood Education and Care (November 2014)
    - Canadian Education Coalition Forum: The Winnipeg Boldness Project (November 2014)

- *Grassroots Engagement in Manitoba Schools: Manitoba Education Research Network (MERN) Winter Forum (January 2015)*
- Meeting of federal Aboriginal maternal and child health representatives (February 2015)
- Families First provincial coordinators meetings (February 2015)
- First Nation Early Learning Conference – “*The Journey from the Mind to Our Hearts*” – Manitoba First Nations Education Resource Centre (February 2015) *National launch of revised encyclopedia on ECD, Centre of Excellence of Early Childhood Development, (March 2015).*
- *Evidence to Action: 3rd Annual Knowledge Exchange between Manitoba Centre for Health Policy and Manitoba Government (March 2015)*

In 2014/15, HCMO PDRE staff responded to media requests for print and broadcast interviews. HCMO PDRE staff have also responded to numerous comprehensive information and interview requests from other jurisdictions on the effectiveness of the HCM model in Manitoba and the potential for replication elsewhere in Canada and internationally.

In 2014/15, HCMO PDRE staff co-authored publications in peer-reviewed scientific journals, including a report on the Towards Flourishing and Healthy Buddies pilot projects:

Chartier, M., Attawar, D., Volk, J. S., Cooper, M., Quddus, F., & McCarthy, J. A. (in press). Postpartum mental health promotion: Perspectives from mothers and home visitors. *Public Health Nursing*.

Santos, R.G., Durkson, A., Rabbani, R., Chanoine, J-P., Lamboo Miln, A., Mayer, T., & McGavock, J.M. (April 2014). Effectiveness of peer-based healthy living lesson plans on anthropometric measures and physical activity in elementary school students: A cluster randomized trial. *JAMA Pediatrics*, 168, 330-337.

**HEALTHY CHILD MANITOBA OFFICE  
RECONCILIATION STATEMENT**

<b>DETAILS</b>	<b>2014/15 Estimates (\$000`s)</b>
2014/15 Main Estimates	30, 665
<b>2014/15 ESTIMATES</b>	<b>30,665</b>

**Appropriation 20-2: Healthy Child Manitoba Office  
Expenditures by Sub-Appropriation  
Fiscal Year ended March 31, 2015**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2014/15 \$(000`s)</b>	<b>FTE`s</b>	<b>Estimate 2014/15 s(000`s)</b>	<b>Variance Over(Under) \$(000`s)</b>	<b>Expl. No</b>
Salaries and Employee Benefits	2,253	31.00	2,275	(22)	
Other Expenditures	824		569	255	
Financial Assistance and Grants	27,360		27,821	(461)	
<b>Total Sub-Appropriation</b>	<b>30,437</b>	<b>31.00</b>	<b>30,665</b>	<b>(228)</b>	

**Expenditure Summary for  
Fiscal Year ended March 31, 2015  
with Comparative Figures for the Previous Fiscal Year**

<b>Estimate 2014/15 (\$000's)</b>	<b>Appropriation</b>	<b>Actual 2014/15 (\$000's)</b>	<b>Actual 2013/14 (\$000's)</b>	<b>Increase (Decrease) (\$000's)</b>	<b>Expl. No.</b>
<b>20-2 Healthy Child Manitoba Office</b>					
2,275	(a) Salaries and Employee Benefits	2,253	2,309	(56)	
569	(b) Other Expenditures	824	680	144	
27,821	(c) Financial Assistance and Grants	27,360	27,589	(229)	
<b>30,665</b>	<b>Total 20-2</b>	<b>30,437</b>	<b>30,578</b>	<b>(141)</b>	

**Historical Expenditure and Staffing Summary by Appropriation (\$000's)  
for Fiscal Years Ending March 31, 2011 – March 31, 2015**

APPROPRIATION	ACTUAL/ADJUSTED ESTIMATES OF EXPENDITURES*									
	2010-2011		2011-2012		2012-2013		2013-2014		2014-2015	
	FTE	\$	FTE	\$	FTE	\$	FTE	\$	FTE	\$
20-2 Healthy Child Manitoba Office	33.00	29,375	32.50	30,535	32.50	30,396	32.50	30,578	31.00	30,437
<b>TOTAL</b>	<b>33.00</b>	<b>29,375</b>	<b>32.50</b>	<b>30,535</b>	<b>32.50</b>	<b>30,396</b>	<b>32.50</b>	<b>30,578</b>	<b>31.00</b>	<b>30,437</b>

\* Adjusted figures reflect historical data for comparative purposes in those appropriations affected by a re-organization during the years under review.

## Indicators of Progress Against Priorities (Performance Reporting)

The following section provides information on key performance measures for Healthy Child Manitoba Office for the 2014/15 reporting year. All Government of Manitoba departments include performance measures in their Annual Reports to complement the financial results and provide Manitobans with meaningful and useful information about government activities and their impact on the province and the citizens.

Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit [www.manitoba.ca/performance](http://www.manitoba.ca/performance).

Your comments on performance measures are valuable to us. You can send comments or questions to [mbperformance@gov.mb.ca](mailto:mbperformance@gov.mb.ca).

<b>What is being measured and using what indicator?</b>  <b>(A)</b>	<b>Why is it important to measure this?</b>  <b>(B)</b>	<b>What is the starting point? (baseline data and year)</b>  <b>(C)</b>	<b>What is the 2014/15 result or most recent available data?</b>  <b>(D)</b>	<b>What is the trend over time?</b>  <b>(E)</b>	<b>Comments/Recent Actions/Report Links</b>  <b>(F)</b>
1. The progress of our Early Childhood Development (ECD) strategy, by measuring positive parent-child interaction in Manitoba, through the following three indicators from the National Longitudinal Survey of Child and Youth (NLSCY) for children aged 0-5 years:	We know that parents and families are the primary influences in the lives of children. Research shows that positive parent-child interaction including reading with children; positive parenting and positive family functioning are key determinants of successful early childhood development.	We are using 1998/99 as the baseline measurement.	Our most recent data is from 2010/11.		ECD (Early Childhood Development) Programs remained a core commitment for 2010/11.  In 2010/11, 12 Triple P training courses were held in Manitoba. By the end of March 2011, 1292 practitioners in total from approximately 208 community agencies, RHAs, school divisions,



What is being measured and using what indicator? <b>(A)</b>	Why is it important to measure this? <b>(B)</b>	What is the starting point? (baseline data and year) <b>(C)</b>	What is the 2014/15 result or most recent available data? <b>(D)</b>	What is the trend over time? <b>(E)</b>	Comments/Recent Actions/Report Links <b>(F)</b>
<p><b>c) Family Functioning</b> (how well family members relate to and communicate with one another, including the ability to solve problems together)</p> <p>Please see Note 1 below for more detailed information about this indicator.</p>		<p>NLSCY since 1998, the number of parents with positive parenting has been revised.</p> <p><b>Family Functioning</b> (% of MB children living in families with positive family functioning – for children 0-5 years): 88.3% for Manitoba 89.1% for Canada</p>	<p><b>Family Functioning</b> (% of MB children living in families with positive family functioning – for children 1-5 years): 85.5% for Manitoba 91.3% for Canada</p>		<p>readiness (measured below).</p> <p><u>Limitation:</u> While the information collected is fairly representative of the Canadian population, the NLSCY does not include Aboriginal children living on reserves or children living in institutions, and immigrant children are under-represented.</p>
<p>2. The progress of our ECD strategy by measuring children's readiness for school, using results from the Early Development Instrument (EDI).</p>	<p>Ensuring the best start for children when they begin school is important for successful lifelong health and learning, as well as for the province's future well-being and economic prosperity.</p>	<p>This measure has been phased in, beginning in 2002/03. 2005/06 was the first year that all 37 Manitoba school divisions participated in the EDI; therefore, 2005/06 data will be used as the baseline for future measurements. 2005/06 Results</p>	<p>Manitoba's 6<sup>th</sup> province-wide EDI collection was implemented in 2014/15. The EDI was previously collected in all 37 school divisions in 2005/06, 2006/07, 2008/09, 2010/11 and 2012/13 (the most recent data currently available for reporting). Since 2008/09, the EDI is</p>	<p>EDI trend analyses show that between 2005/06 and 2012/13, the proportion of children who were Very Ready in one or more domains is improving (particularly in physical health and well-being, social competence, and communication</p>	<p><u>Note:</u> 'Very Ready' includes the proportion of children whose scores fell in the top 30<sup>th</sup> percentile - based on Canadian norms - in one or more areas of child development. 'Not Ready' includes the proportion of children whose</p>

<p>What is being measured and using what indicator?</p> <p>(A)</p>	<p>Why is it important to measure this?</p> <p>(B)</p>	<p>What is the starting point? (baseline data and year)</p> <p>(C)</p>	<p>What is the 2014/15 result or most recent available data?</p> <p>(D)</p>	<p>What is the trend over time?</p> <p>(E)</p>	<p>Comments/Recent Actions/Report Links</p> <p>(F)</p>
<p>The EDI is a questionnaire measuring Kindergarten children's readiness for school across several areas of child development including:</p> <ul style="list-style-type: none"> <li>• physical health and well-being</li> <li>• social competence</li> <li>• emotional maturity</li> <li>• language and thinking skills</li> <li>• communication skills and general knowledge</li> </ul> <p>For more about the EDI, please see Note 2 at the bottom of this table.</p>		<p>(based on 37 school divisions and 12,214 children) 62.4% of participating kindergarten students were 'Very Ready' in one or more areas of child development.</p> <p>28.3% of participating kindergarten students were 'Not Ready' in one or more areas of child development.</p>	<p>collected biennially. 2012/13 results (based on 37 school divisions, representing 13,467 children)</p> <ul style="list-style-type: none"> <li>• 64 % of participating kindergarten students were 'Very Ready' in one or more areas of child development.</li> <li>• 28% of participating kindergarten students were 'Not Ready' in one or more areas of child development.</li> </ul>	<p>skills and general knowledge). Between 2005/06 and 2012/13, the proportion of children who were Not Ready in one or more domains was stable. At the domain level, there were improvements over time in emotional maturity and language and thinking skills, along with increases in being Not Ready in physical health and well-being and social competence.</p>	<p>scores fell into the bottom 10<sup>th</sup> percentile - based on Canadian norms - in one or more areas of child development.</p> <p><u>Limitation:</u> While the EDI is collected in all provincial school divisions, the EDI is only collected in those First Nation-operated schools or independent schools who elect to collect (in addition to First Nation/Frontier School Division partnership schools). 28 First Nation-operated school collected the EDI in the 2012/13 collection cycle. EDI Reports can be viewed at: <a href="http://www.gov.mb.ca/healthychild/ecd/edi.html">http://www.gov.mb.ca/healthychild/ecd/edi.html</a></p>

What is being measured and using what indicator? <b>(A)</b>	Why is it important to measure this? <b>(B)</b>	What is the starting point? (baseline data and year) <b>(C)</b>	What is the 2014/15 result or most recent available data? <b>(D)</b>	What is the trend over time? <b>(E)</b>	Comments/Recent Actions/Report Links <b>(F)</b>
<p>3. The progress of the prevention strategy for FASD (Fetal Alcohol Spectrum Disorder), by looking at maternal alcohol consumption during pregnancy.</p> <p>Public Health Nurses meet with mothers of newborns to conduct a provincial postnatal screen (approximately 15,000 births per year are screened, which is about 84% of all births in Manitoba each year). Standardized questions related to alcohol use during pregnancy are included in the screen.</p>	<p>Research has established that alcohol use during pregnancy can have multiple serious consequences on fetal development. Fetal Alcohol Spectrum Disorder (FASD) is acknowledged as the most common preventable cause of birth defects and developmental disabilities.</p>	<p>In 2003, 13% of women in MB stated that they consumed some amount of alcohol during their last pregnancy. The incidence of drinking during pregnancy varied by Regional Health Authority and ranged from 9% to 28 % of women indicating alcohol use at some time during pregnancy.</p>	<p>In 2013, 11.7% of women in MB stated that they drank alcohol during pregnancy. New questions related to alcohol use were introduced in the 2007 screens. Women who used alcohol during pregnancy were asked if they continued to drink after discovering their pregnancy. In 2007, 19.0% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy. In 2013, 8.8% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy.</p> <p>In 2013, the prevalence of drinking during pregnancy varied across RHAs</p>	<p><u>Alcohol consumption during pregnancy has decreased since 2003.</u> The following shows the percentage of women who stated they drank alcohol during pregnancy from 2003 to 2013.</p> <p>2003 – 13.3% 2004 – 12.3% 2005 – 13.1% 2006 – 12.7% 2007 – 16.1% 2008 – 13.7% 2009 – 13.0% 2010 – 13.9% 2011 – 13.8% 2012 – 12.9% 2013 – 11.7%</p> <p>The prevalence range across RHAs has also decreased from 2003 to 2013.</p> <p><u>The proportion of women who continued to drink</u></p>	<p>A prevention strategy for FASD in Manitoba was identified as an ongoing Healthy Child Committee of Cabinet (HCCC) core commitment in 2005/06.</p> <p>Manitoba is the first jurisdiction in Canada to implement the collection of population-level information on the prevalence of maternal alcohol use during pregnancy.</p> <p><u>Limitation:</u> The provincial screen represents data on approximately 84% of all births in Manitoba; it is not collected on new mothers living on reserves or on those who do not engage</p>

What is being measured and using what indicator? <b>(A)</b>	Why is it important to measure this? <b>(B)</b>	What is the starting point? (baseline data and year) <b>(C)</b>	What is the 2014/15 result or most recent available data? <b>(D)</b>	What is the trend over time? <b>(E)</b>	Comments/Recent Actions/Report Links <b>(F)</b>
			(pre-amalgamation boundaries) ranging from 6% to 25%.	<p><u>after discovering their pregnancy has decreased from 19% in 2007 to 8.8% in 2013.</u></p> <p>Data from two national health surveys show that 17% to 25% of Canadian women indicated alcohol use at some time during pregnancy and 7% to 9% drank throughout pregnancy (National Longitudinal Survey on Children and Youth, 1994/95; National Population Health Survey, 1994).</p>	<p>with the public health system.</p> <p>Prevalence and incidence data for FASD is limited due to the stigma associated with prenatal alcohol use and a lack of available diagnostic services or provincially representative epidemiological studies. Prevalence estimates range from 1% to 5% in the general population, however higher estimates have been found in specific populations.</p>
4. We are measuring the progress of our Healthy Adolescent Development (HAD) strategy, by looking at Manitoba's teen pregnancy rates, Sexually Transmitted Infection (STI) rates and	It is important to know the rates of teen pregnancy, STI and service usage in Manitoba so the province can support Healthy Adolescent Development	The pregnancy and STI rates measurement began in 2001/02.  <u>Pregnancy Rates</u> (number is per 1,000 youths aged 15-19):	<u>2013/14 Pregnancy Rate</u> (number is per 1,000 youths aged 15-19): 34.7 This rate is for the whole province including First Nations women on reserves. <u>2014 STI</u>	<u>Pregnancy Rates (for youth aged 15-19) is declining:</u> Manitoba has consistently had among the highest teen pregnancy rates across	Note: <u>By increasing access to teen health services through prevention campaigns and programs and implementing teen health clinics in high</u>

What is being measured and using what indicator? <b>(A)</b>	Why is it important to measure this? <b>(B)</b>	What is the starting point? (baseline data and year) <b>(C)</b>	What is the 2014/15 result or most recent available data? <b>(D)</b>	What is the trend over time? <b>(E)</b>	Comments/Recent Actions/Report Links <b>(F)</b>
usage of health and wellness services by teens.	<p>initiatives. These are activities that inform youth about sexual and reproductive health, using a harm reduction approach; to target youth who may be sexually active to reduce the potential harms associated with high risk sexual activity; improve outcomes for pregnant young women; increase teens' access to primary health care, including sexual and reproductive health; and increase teens' capacity for self-care.</p> <p>Comprehensive evaluation of the Healthy Adolescent Development (HAD) strategy is necessary to determine causal effects over time.</p>	<p>2001/02 – 53.1</p> <p><u>STI Rates</u> (number is per 1,000 youths aged 15-19): 2001 – 17.1</p>	<p><u>Rates</u> (number is per 1,000 youths aged 15-19 for Chlamydia, gonorrhoea (rates for syphilis are not included due to low incidence): 20.1</p> <p><u>Teen Clinic Usage</u> In 2014/15 HCMO funded teen clinics had the following number of visits:</p> <p>Elmwood Teen Clinic: 471 St. John's Teen Clinic: 260 RB Russell Teen Clinic: 238 Nor-Man teen clinics: 526 Selkirk Teen Clinic: 737 Swan Valley Teen Clinic: 75 Assiniboine Teen Clinics: 89 Portage Teen Clinic: 1631</p>	<p>Canada. Since 1999, the rates of teen pregnancy have reduced from 60.7% in 1999 to 34.7% in 2013/14. These rates are for all Manitoba youth including First Nation youth living on reserve. (number is per 1,000 youths aged 15-19):</p> <p>2001/02 – 53.1 2002/03 – 50.2 2003/04 – 48.9 2004/05 – 45.2 2005/06 – 43.4 2006/07 – 47.3 2007/08 – 47.1 2008/09 – 47.0 2009/10 – 45.6 <u>2010/11 – 42.4</u> <u>2011/12 – 39.7</u> <u>2012/13 – 37.8</u> <u>2013/14 – 34.7</u></p>	<p><u>needs communities in MB, it is expected that there will be an increase in youth accessing health and wellness services.</u> If more youth access health services, there is the potential that reported STI rates for youth may increase in the short term due to increased testing and diagnosis (i.e., surveillance effect) Data for teen pregnancy rates (deliveries (live births), therapeutic abortions, and spontaneous abortions) is collected by Health Information Management, Manitoba Health.</p> <p>STI Rates include: Chlamydia, Gonorrhoea and</p>

What is being measured and using what indicator? <b>(A)</b>	Why is it important to measure this? <b>(B)</b>	What is the starting point? (baseline data and year) <b>(C)</b>	What is the 2014/15 result or most recent available data? <b>(D)</b>	What is the trend over time? <b>(E)</b>	Comments/Recent Actions/Report Links <b>(F)</b>
			<p><u>Teen Talk</u> In 2014/15, Teen Talk engaged with 20,396 Manitoba youth. This includes 711 workshops delivered to 13,802 youth; 715 youth that participated in peer support volunteer training who delivered skits presentations to 2049 youth and reached a total of 3830 people through volunteer efforts. Workshops include topics such as sexuality, birth control and STI, substance use, mental health and harm reduction.</p> <p>Teen Talk's website includes information and resources for teens, parents and service providers and features an interactive Youth Corner. In 2013/14 there were 114,246 visits to the website</p>	<p><u>STI Rates</u> Rates increased since tracking began in 2001 with the peak being in 2008. Rates over last 2 years are declining (number is per 1,000 youths aged 15-19):</p> <p>2001 – 17.1 2002 – 18.3 2003 – 20.5 2004 – 22.4 2005 – 18.8 2006 – 21.1 2007 – 25.9 2008 – 30.5 2009 – 26.6 2010 – 26.1 2011- 27.2 2012 – 27.2 2013 – 25.8 2014 – 20.1</p> <p><u>Teen Clinic Usage:</u> These measures are relatively new and there is not enough data to establish a trend.</p>	<p>Syphilis. Data is collected by Communicable Disease Control (CDC) Branch, Manitoba Health.</p> <p>Teen Clinics and Teen Talk usage is collected through the Healthy Child Manitoba Office.</p>

Notes:

**Note 1: Measures of positive parent-child interaction:**

***How are these data collected?***

Data from the National Longitudinal Survey of Children and Youth (NLSCY) was used for years 1998 to 2008-2009, with 2010-2011 information from the Survey of Young Canadians (SYC). Both surveys have information about the well-being of children and their families, provincially and nationally. Starting in 1994, the NLSCY collected comprehensive data by surveying parents, teachers, principals, and children aged 10 and older. Information on positive parent-child interaction was also collected. The SYC replaced the NLSCY in 2010. Currently, only data from 2010-2011 is available from the SYC.

***What do the most recent measures tell us?***

Most children in Manitoba experience positive interactions with their parents during their first years of life. Specifically, most children in Manitoba are read to daily or several times a day. Most children in Manitoba live in families with positive parenting and positive family functioning.

Thousands of the 90,000 children under age six in Manitoba could benefit from improvements in positive parenting, reading with their parents, and family functioning. These children can be found in every community and every kind of family in Manitoba (e.g., across income groups)

Research shows that all parents can benefit from varying levels of support, information and resources to assist them in raising healthy children.

**What is the trend information from previous surveys?**

Reading *			Positive Parenting			Family Functioning		
(% of parents who read to their child daily)			(% of children living in families with positive parenting)			(% of children living in families with positive family functioning)		
Year	Manitoba	Canada	Year	Manitoba	Canada	Year	Manitoba	Canada
1998/99	76.1%	69.7%	1998/99	90.6%	90.6%	1998/99	88.3%	89.1%
2000/01	69.5%	65.4%	2000/01	91.8%	92.1%	2000/01	89.1%	88.6%
2002/03	73.0%	67.3%	2002/03	94.7%	95.0%	2002/03	89.8%	90.2%
2004/05	71.1%	64.8%	2004/05	94.6%	94.3%	2004/05	90.9%	91.3%
2006/07	73.6%	66.0%	2006/07	96.0%	93.7%	2006/07	92.9%	91.0%
2008/09	72.5%	67.6%	2008/09	96.3%	94.8%	2008/09	90.5%	91.1%
2010/11	74.2%	73.9%				2010/11	85.5%	91.3%

\* For **Reading**, the 1998/99 and 2010/11 data include children between the ages of 2-5, while the remaining years, (2000/01 to 2008/09) include reading to children between the ages of 0-5.

**Note 2: Readiness for School and the Early Development Instrument (EDI):**

**How are these data collected and shared?**

Kindergarten teachers complete the EDI questionnaire for all children in their classroom. EDI results can only be presented for groups of children; the EDI is never used to assess or report on the development of individual children.

Participation by schools in the collection of the EDI data has been building over time. Beginning in 2002/03, collection of EDI data by school divisions has been phased in, with full Manitoba school division participation as of 2005/06. Biennial collection of the EDI began in 2006/07, with 2007/08 being the first “off” year, and the most recent results available are from the 2012/13 school year. School divisions completed the 6th province wide EDI collection in 2014/15. These results should be available for the next (2015/16) Annual Report.

Local level EDI results are shared with:

- Schools and School Divisions, including school boards, teachers, administrators, and resource workers
- Communities, including parent-child coalitions, early childhood educators, community residents, health professionals, community development and resource workers, policy makers, and parents.

***Why is readiness for school so important and what are the measures used for?***

'Readiness for school' is a baseline of Kindergarten children's readiness for beginning grade one. It is influenced by the factors that shape the early years, including family functioning, parenting styles, neighbourhood safety, community support, and socio-economic factors. EDI results are a reflection of the strengths and needs of children's communities.

The EDI was based on a need to measure the effectiveness of investment in ECD at a population level and based on a community need to plan and deliver effectively for ECD.

Specifically, the EDI tells us how we are doing as a province in getting Manitoba's children ready for school and this helps us to learn what is needed to support healthy child development. Furthermore, the EDI helps local communities improve programs and services for children and families.

***What do these data tell us so far?***

EDI results show that about two-thirds of children in Manitoba and Canada are very ready for school. However, significant numbers of children, about one in four, are not ready to learn at school entry.

Children who are not ready for school can be found in every community and every kind of family in Manitoba, (i.e., across all income levels and demographic groups).

More detailed information from the 2005/06, 2006/07, 2008/09, 2010/11 and 2012/13 EDI Reports are available at:  
<http://www.gov.mb.ca/healthychild/ecd/edi.html>.

## The Public Interest Disclosure (Whistleblower Protection) Act

*The Public Interest Disclosure (Whistleblower Protection) Act* came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by HCMO for fiscal year 2014/15:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2014/15
The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a)	<b>NIL</b>
The number of investigations commenced as a result of a disclosure. Subsection 18(2)(b)	<b>NIL</b>
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection 18(2)(c)	<b>NIL</b>