

**Healthy Child Manitoba Office**

**Annual Report  
2015-2016**





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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 2015/16.

Respectfully submitted,

“Original Signed By”

Ian Wishart  
Chair, Healthy Child Committee of Cabinet;  
Minister responsible for *The Healthy Child Manitoba Act*, and  
Minister of Education and Training





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Honourable Ian Wishart  
Chair, Healthy Child Committee of Cabinet  
168 Legislative Building  
Winnipeg, MB R3C 0V8

Dear Minister:

We have the honour of presenting to you the 2015/16 Annual Report of the Healthy Child Manitoba Office (HCMO). This report reflects the continued commitment of government and community partners in the Healthy Child Manitoba Strategy to facilitate child-centered public policy. In 2015/16, consistent with current Healthy Child Committee of Cabinet priorities of prevention and early intervention, including child and youth mental health, Early Childhood Development (ECD), Fetal Alcohol Spectrum Disorder (FASD), as well as a commitment to Truth and Reconciliation, HCMO activities and achievements included:

- Announcing the inter-departmental and cross-sectoral Child and Youth Mental Health (CYMH) Strategy to strengthen policies and the continuum of universal prevention and promotion, selective, and intensive interventions, services and supports to improve the mental health of children and youth;
- Through the CYMH Strategy,
  - establishing the Towards Flourishing program province-wide, to improve the mental health of parents and children who participate in Manitoba's Families First home visiting program;
  - expanding to more Indigenous communities, the Seeds of Empathy program in early childhood settings and the Roots of Empathy program in schools to improve children's literacy, emotional literacy, and mental health outcomes;
  - expanding further the province-wide pilot of PAX to new classrooms, and continuing support to PAX Teachers in light of evaluation results showing immediate positive impacts on participating children's early mental health;
  - strengthening mental health supports to Teen Clinics in Winnipeg;
- 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;

- Implementing the Starting Early, Starting Strong Five-Year Action Plan for ECD to improve outcomes from the prenatal through preschool years;
- Growing the provincial ECD Innovation Fund, a national first, building on initial contributions of \$500,000 each from Manitoba and the J. W. McConnell Family Foundation;
- Continuing to support the Winnipeg Boldness Project, an ambitious initiative supported by the ECD Innovation Fund to create new solutions to improve the well-being of young children and their families in Point Douglas;
- Continuing the Partners for Inner-city Integrated Prenatal Care (PIIPC) pilot project to enhance services in selected Healthy Baby sites and improve pregnancy and birth outcomes;
- Collaborating with the Developmental Origins of Chronic Disease in Youth Network (DEVOTION), including a replication of PIIPC research in northern Manitoba;
- Completing the fourth 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 offer the Manitoba Parent Line, staffed by trained Triple P – Positive Parenting Program counsellors, providing Manitoba parents with free, evidence-based, confidential parenting support, and continuing to offer Triple P training for practitioners province-wide;
- Continuing progress on the interdepartmental Provincial FASD Strategy including prevention, intervention, support and research to improve FASD outcomes; and
- Continuing progress on implementing Communities That Care (CTC) in pilot communities to gather data to strengthen collaboration for improving youth outcomes.

The Healthy Child Manitoba Office continues to work toward the best possible outcomes for all of Manitoba's children and youth (prenatal to adulthood).

Respectfully submitted,

“Original Signed By”

Bramwell Strain  
Secretary to Healthy Child Committee of Cabinet;  
Chief Executive Officer, Healthy Child Manitoba Office; and  
Deputy Minister of Education and Training



“Original Signed By”

Robert Wavey  
Chair, Healthy Child Deputy Ministers’ Committee; and  
Deputy Minister of Indigenous Relations









**Enfants en santé Manitoba**  
Les enfants et les familles d'abord



3e étage - 332 avenue Bannatyne, Winnipeg (Manitoba) Canada R3A 0E2  
**Tél.** : 204-954-2266 **Télééc.** : 204-948-2585 **Sans frais** : 1-888-848-0140  
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Monsieur Ian Wishart  
Président du Comité ministériel pour Enfants en santé  
Palais législatif, bureau 168  
Winnipeg (Manitoba) R3C 0V8

Monsieur le Ministre,

Nous avons l'honneur de vous remettre le rapport annuel du Bureau d'Enfants en santé Manitoba pour l'exercice 2015-2016. Ce rapport reflète l'engagement continu du gouvernement et des partenaires communautaires envers la stratégie Enfants en santé Manitoba afin de mettre en œuvre une politique publique axée sur l'enfant. En 2015-2016, conformément aux priorités actuelles du Comité ministériel pour Enfants en santé en matière de prévention et d'intervention précoce, y compris la santé mentale des enfants et des jeunes, le développement de la petite enfance et l'ensemble des troubles causés par l'alcoolisation foetale (ETCAF), et conformément à un engagement pour la vérité et la réconciliation, les activités et les réalisations du Bureau ont notamment été les suivantes :

- L'annonce de la stratégie interministérielle et intersectorielle pour la santé mentale des enfants et des jeunes, stratégie qui vise à renforcer les politiques et à poursuivre les activités de prévention universelle et de promotion, les interventions sélectives et intensives, les mesures de soutien et les services afin d'améliorer la santé mentale des enfants et des jeunes;
- Dans le cadre de la stratégie pour la santé mentale des enfants et des jeunes,
  - la mise en place du projet *Vers l'épanouissement* à l'échelle de la province, en vue d'améliorer la santé mentale des parents et des enfants qui participent au programme manitobain de visites à domicile *Les familles d'abord*.
  - l'élargissement à un plus grand nombre de communautés autochtones du programme *Semilles de l'empathie* dans les structures d'accueil de la petite enfance et du programme *Racines de l'empathie* dans les écoles pour améliorer les capacités de lecture et d'écriture, la culture affective et la santé mentale des enfants;
  - l'élargissement à de nouvelles salles de classes du projet pilote PAX mené à l'échelle de la province, et le soutien continu aux enseignants de PAX à la lumière des résultats d'évaluation qui indiquent des effets positifs immédiats sur la santé mentale précoce des enfants participants;
  - le renforcement des services de soutien aux cliniques pour adolescents de Winnipeg en matière de santé mentale;

- La poursuite du travail du Comité de surveillance pour la santé mentale des enfants et des jeunes, qui est co-présidé par des dirigeants représentant le système d'éducation et celui de santé ainsi que des ministères partenaires du Comité ministériel pour Enfants en santé, en vue de répondre aux recommandations de la Manitoba Association of School Superintendents et d'autres partenaires communautaires;
- La mise en oeuvre du plan d'action quinquennal *Commencez tôt, commencez bien* pour le développement de la petite enfance au stade prénatal et pendant les années préscolaires;
- La croissance du fonds provincial 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;
- le soutien continu au *Winnipeg Boldness Project*, une initiative ambitieuse appuyée par le fonds des innovations en développement de la petite enfance qui vise à trouver de nouvelles solutions pour améliorer le bien-être des jeunes enfants dans Point Douglas et de leurs familles;
- La continuation du projet pilote *Partners for Inner-city Integrated Prenatal Care* (PIIPC) pour accroître les services dans certains sites sélectionnés du programme *Bébés en santé* et améliorer l'issue des grossesses;
- La collaboration au *Developmental Origins of Chronic Disease in Youth Network* (DEVOTION), notamment dans le cadre d'une reproduction de la recherche menée sur le PIIPC dans le nord du Manitoba;
- L'achèvement de la quatrième année de mise en oeuvre du centre modèle de développement de la petite enfance Lord Selkirk Park, qui met notamment l'accent sur 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 prestation continue du service d'aide téléphonique aux parents du Manitoba, assuré par des conseillers Triple P qualifiés qui fournissent aux parents manitobains un soutien parental gratuit, confidentiel et basé sur des connaissances scientifiques, et la poursuite de la formation Triple P pour les praticiens à l'échelle de la province;
- La poursuite des progrès concernant la stratégie provinciale interministérielle de prévention de l'ETCAF, notamment dans les domaines de la prévention, de l'intervention, du soutien et de la recherche;
- La poursuite des progrès relativement à la mise en oeuvre de l'initiative *Communities That Care* dans les collectivités pilotes, pour recueillir des données destinées à renforcer la collaboration et à améliorer la situation des jeunes.

Le Bureau d'Enfants en santé Manitoba cherche toujours à obtenir les meilleurs résultats possibles pour tous les enfants et les jeunes du Manitoba (depuis la période prénatale jusqu'à l'âge adulte).

Le tout respectueusement soumis.

Original signé par:

Bramwell Strain  
Secrétaire du Comité ministériel pour Enfants en santé,  
directeur général du Bureau d'Enfants en santé Manitoba et sous-  
ministre d'Éducation et Formation



Original signé par:

Robert Wavey  
Président du Comité des sous-ministres pour Enfants en santé  
et sous-ministre des Relations avec les Autochtones

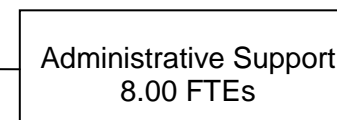
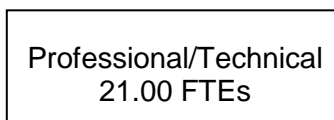
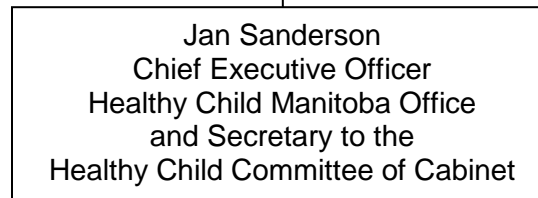
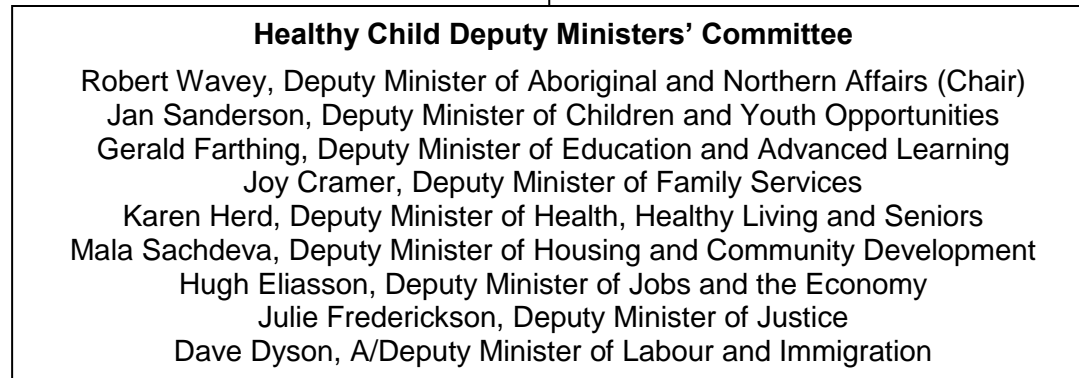
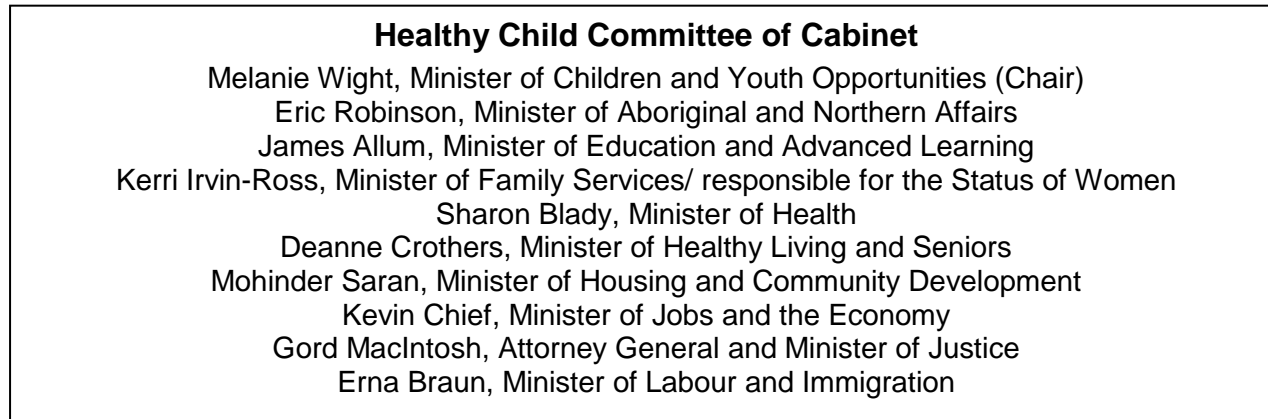




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**HEALTHY CHILD MANITOBA OFFICE  
ORGANIZATION CHART  
March 31, 2016**



## **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 and early intervention 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 all of Manitoba's children and youth (prenatal to adulthood).

### **Background**

The best possible outcomes for Manitoba's children and youth have been a provincial priority for over 20 years. The Manitoba government established the Children and Youth Secretariat in 1994 to co-ordinate the implementation of the ChildrenFirst plan launched in 1998, which promoted the healthy development and well-being of Manitoba's children. In 2000, the Government of Manitoba established the provincial HCM Strategy and HCCC, and *The Healthy Child Manitoba Act* was proclaimed by the Legislative Assembly in 2007. 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, youth, 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 bi-monthly during the year and is supported by the Healthy Child Deputy Minister's Committee and the Healthy Child Manitoba Office, which serves as the HCCC Secretariat.

### **Healthy Child Committee of Cabinet (HCCC) at March 31, 2016**

Melanie Wight, 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

Sharon Blady, Minister of Health

Deanne Crothers, Minister of Healthy Living and Seniors

Mohinder Saran, Minister of Housing and Community Development

Kevin Chief, Minister of Jobs and the Economy

Gord Macintosh, 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, shares 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. Chaired by the Deputy Minister of Aboriginal and Northern Affairs Indigenous Relations, HCDMC meets on a bi-monthly basis.

### **Healthy Child Deputy Ministers' Committee (HCDMC) at March 31, 2016**

Robert Wavey, Deputy Minister of Aboriginal and Northern Affairs (Chair)  
Jan Sanderson, Deputy Minister of Children and Youth Opportunities  
Gerald Farthing, Deputy Minister of Education and Advanced Learning (Chair)  
Joy Cramer, Deputy Minister of Family Services  
Karen Herd, Deputy Minister of Health, Healthy Living and Seniors  
Mala Sachdeva, Deputy Minister of Housing and Community Development  
Hugh Eliasson, Deputy Minister of Jobs and the Economy  
Julie Frederickson, Deputy Attorney General and Deputy Minister of Justice  
Dave Dyson, A/Deputy Minister of Labour and Immigration

### **Provincial Healthy Child Advisory Committee at March 31, 2016**

*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. In 2015/16, the Committee was chaired by Jamie Wilson, Treaty Relations Commissioner of Manitoba, and former director of the Opaskwayak Cree Nation Educational Authority. Mr. Wilson succeeded the former chair, Strini Reddy; a retired educator, former president of the Manitoba Association of School Superintendents, and Member of the Order of Manitoba.

### **Healthy Child Manitoba Vision**

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

### **Objectives**

The major responsibilities of HCCMO 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.

By statute, HCCMO is to assist the Healthy Child Committee of Cabinet (HCCC), the Healthy Child Deputy Ministers' Committee (HCDMC), and the HCCC Chair in carrying out their responsibilities under *The Healthy Child Manitoba Act*.



## Major Activities and Accomplishments

HCMO coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2015/16, 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 2015/16, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Announcing the inter-departmental and cross-sectoral Child and Youth Mental Health (CYMH) Strategy to strengthen policies and the continuum of universal prevention and promotion, selective, and intensive interventions, services and supports to improve the mental health of children and youth;
- Through the CYMH Strategy, establishing the Towards Flourishing program provincewide, to improve the mental health of parents and children who participate in Manitoba's Families First home visiting program;
- Through the CYMH Strategy, expanding to more Indigenous communities the Seeds of Empathy program in early childhood settings and the Roots of Empathy program in schools to improve children's literacy, emotional literacy, and mental health outcomes;
- Through the CYMH Strategy, further expanding the province-wide pilot of PAX to new classrooms, and continuing support to PAX Teachers in light of evaluation results showing immediate positive impacts on participating children's early mental health;
- Through the CYMH Strategy, strengthening mental health supports to Teen Clinics in Winnipeg;
- 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;
- Implementing the *Starting Early, Starting Strong* Five-Year Action Plan for Early Childhood Development (ECD) to improve outcomes from the prenatal through preschool years;
- Growing the provincial ECD Innovation Fund, a national first, building on initial contributions of \$500,000 each from Manitoba and the J. W. McConnell Family Foundation;
- Continuing to support the Winnipeg Boldness Project, an ambitious initiative supported by the ECD Innovation Fund to create new solutions to improve the well-being of young children and their families in Point Douglas;
- Continuing the Partners for Inner-city Integrated Prenatal Care (PIIPC) pilot project to enhance services in selected Healthy Baby sites and improve pregnancy and birth outcomes;

- Collaborating with the Developmental Origins of Chronic Disease in Youth Network (DEVOTION), including a replication of PIIPC research in northern Manitoba;
- Completing the fourth 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 offer the Manitoba Parent Line, staffed by trained Triple P counsellors, providing Manitoba parents with free, evidence-based, confidential parenting support, and continuing to offer Triple P - Positive Parenting Program training for practitioners province-wide;
- Continuing progress on the interdepartmental Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy including prevention, intervention, support and research to improve FASD outcomes; and
- Continuing progress on implementing Communities That Care (CTC) in pilot communities to gather data to strengthen collaboration for improving youth outcomes.

### **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 established in 2000: parent-child centres (now Parent Child Coalitions), prenatal and early childhood nutrition (now Healthy Baby Community Support Program and the Manitoba Prenatal Benefit), prevention of Fetal Alcohol Spectrum Disorder (FASD) (now FASD Prevention and Support), nurses in schools (now Healthy Schools), and adolescent pregnancy prevention (now Middle Childhood and Adolescent Development). Since 2000, HCMO program development and implementation activities have evolved to address early childhood development, parenting supports, child and youth mental health, children with complex needs, community capacity, and service integration.

HCMO program development and implementation are supported by HCCC partner departments and community-based stakeholders (e.g., regional health authorities, school divisions, family resource centres, municipalities) who together work to coordinate and improve programs for children and youth across Manitoba.

The HCMO program development and implementation activities are organized by the following sections: a) early childhood development (ECD); b) FASD prevention and support; c) child and youth mental health; d) middle childhood and adolescent development; and e) community capacity building.

### A) EARLY CHILDHOOD DEVELOPMENT (ECD)

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 recognition of this research, the Government of Manitoba has prioritized ECD since 1994 and invested in ECD since 1998. To date, several core ECD programs and partnerships have been established, including Families First Home Visiting, Healthy Baby Community Programs and Manitoba Prenatal Benefit, Triple P - Positive Parenting Program, and the province-wide network of Parent Child Coalitions in every region and community area.

#### **Manitoba's Five-Year Action Plan for ECD: *Starting Early, Starting Strong (SESS)***

In 2015, the Government of Manitoba released *Starting Early, Starting Strong (SESS)*, a five-year Action Plan for ECD. The purpose of the SESS plan is to affirm the Manitoba government's commitment to ECD; recognize the tremendous work that has been done to date; and identify building blocks for future work.

The four priority building blocks of the SESS plan include: 1) promoting healthy starts; 2) supporting strong and nurturing families; 3) fostering safe, secure and supportive environments; and 4) strengthening communities.

The ECD programs and initiatives delivered under Healthy Child Manitoba's cross-departmental and multi-sectoral strategy provide a strong foundation upon which to further efforts through the SESS plan. The SESS plan aligns with and complements other work by the Manitoba government in order to maximize collective impact towards supporting the best possible starts for Manitoba's children. The work of the SESS plan reflects many different program initiatives across the province, delivered by multiple departments and agencies.

In 2015/16, major accomplishments regarding the SESS plan included:

- Enhancing Early Learning and Child Care (ELCC) by adding new funded spaces; increasing supports to home-based care; supporting higher wages for Early Childhood Educators (ECEs); and establishing an ELCC Commission to develop recommendations for system re-design and modernization, which released its report in January 2016.
- Promoting practices in ELCC settings that help establish life-long healthy eating habits and enhance readiness to learn in school: This new program, which includes a website, a help-line to a dietician, and a guide book, was launched in September 2015;
- Creating a 24/7 phone line to connect pediatricians with family physicians in rural and isolated communities;
- Establishing a cross-departmental committee in September 2015 to explore and develop recommendations regarding the feasibility of implementing a province-wide Early Years Developmental Screening Program;
- Launching AFFIRM (Affordable Food in Remote Manitoba) in October 2015, a program to subsidize cost of milk, fruit and vegetables in select northern communities; and
- Adapting best practice program content into multi-media parenting resources in partnership with Red River College: Six evidence-based Abecedarian videos are now available to the public from the ParentZone website.

### **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 the 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 serving 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 and most impactful 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.

In honour of National Child Day in November, HCMO hosts an annual 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 November 2015, HCMO, in collaboration with Manitoba Labour and Immigration and community partners, hosted the *National Child Day Forum 2015: Embracing Diversity, Nurturing Roots*. This three-day event provided an opportunity for service providers, researchers, policy makers and community practitioners to network, increase awareness and cultural competence, and acknowledge the strengths inherent in immigrant and refugee children, youth, families and communities in Manitoba. The event was an inclusive gathering open to registrants of all cultural backgrounds.

### **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 province-wide 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 collaborating with community agencies, regional health authorities, child care centres, family resource centres, school divisions, and other partners on this research-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 (e.g., those working in health, early learning and child care, social services, education), 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 early learning and child care centre).

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.

In 2015/16, a total of 18 Triple P training courses at various levels of the Triple P system were provided across Manitoba (in Winnipeg, The Pas, Churchill, Swan River, and Thompson). Just over 260 practitioners from a host of agencies participated in one or more of these trainings. Since training began in 2005/06, more than 2,600 practitioners from over 325 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 2015/16 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 (UCN) in The Pas and Thompson to train students in Triple P. As part of their program of studies, Triple P provides 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. In addition to providing the students with training in the regular Primary Care version of Triple P, students were also provided with training in the version of Triple P that focuses on supporting parents with children who may have special needs. The addition of this training provides students with the skills to support a diverse group of parents and to also have a better understanding of the challenges that parents may face in raising their children. The HCMO Triple P team also works in close collaboration with UCN instructors to support students in the program, as many of them are either First Nations students attending from their home reserve communities or are recent immigrants to Manitoba from a number of different countries.

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 2015/16 year, two courses were held with a total of 19 practitioners being trained. Over 140 Francophone practitioners have now been trained and accredited in Triple P since training was first offered in French.

In 2011/12, 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. In 2015/16, the Parent Line continued to be used consistently by parents seeking parenting information and consultation, with approximately 1,100 calls received. Increasingly parents/caregivers are participating in counselling over the line, in addition to seeking direction on where they may access additional services. 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.(1-877-945-4777).

In 2015/16, the Triple P partnership with Manitoba Justice continued, with 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 further strengthening of partnerships with a number of agencies across Manitoba providing supports and services to families with children experiencing special needs. A number of staff from these organizations have now trained in Stepping Stones Triple P, a specialized version of Triple P for families with children experiencing disabilities, and are now offering these supports to families that they serve.

In recognition that family violence can have a profound impact on children and result in additional stress for parents, the HCMO Triple P team continued to strengthen its partnership with a number of the crisis centres providing support to women and children. Many of the staff have now been

trained in Triple P and discussions are ongoing in a more formalized way with the shelters belonging to the Manitoba Association of Women's Shelters (MAWS) as to how the Triple P team can best support these centres in the important work that they do. The focus of these discussions is on the development of best practices models and the collection of information and data to better understand the needs of those involved.

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, and partners to train staff in Teen Triple P. The training of these practitioners has now been completed and a number of the agencies began to offer parents Triple P group services in the 2015/16 year. Data is being collected, from both the families participating and the service providers delivering these programs, to better determine the best way to support parents/caregivers of teens.

### **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 a variety of topics (e.g., breastfeeding, bullying, temper tantrums, middle childhood and adolescent development). 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. In August 2014, the management and administration of ManitobaParentZone was transferred from Manitoba Family Services to Healthy Child Manitoba Office.

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 10 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. In 2015/16, experts were 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, 2015 to March 31, 2016, ManitobaParentZone responded to a total of 69 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 83,720 visits from April 1, 2015 to March 31, 2016 and has been growing in popularity with Manitoba families and caregivers 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. The program was originally launched in 1998 as the Women and Infant Nutrition (WIN) program.

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, postpartum depression, nutrition, baby's development and the benefits of going to a Healthy Baby Community Support Program are enclosed with monthly cheques.

In 2015/16, the benefit was provided to 3,592 women in Manitoba during their pregnancies, totaling an expenditure of \$1,654,380.29. Approximately 50% of approved applicants lived in Winnipeg, 50% lived in rural and northern Manitoba and 32% lived in First Nation communities. Since the program launch date of July 1, 2001, approximately 63,000 women have received benefits totaling over \$27.0 million.

Through a consent release request 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 including in First Nations communities. . In 2015/16, the Prenatal Benefit office made 4,234 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 2015/16, HCMO funded 25 agencies to provide programming in over 100 communities and neighbourhoods province-wide, with approximately 3,900 women attending programs. In Winnipeg, HCMO funded the Winnipeg Regional Health Authority (WRHA) to provide professional health support (public health nurses, registered dietitians) to Healthy Baby sites which run on a weekly basis and include, as part of the team, a program coordinator and/or outreach staff. 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 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 2015/16, \$145,293.59 was expended for the redemption of milk coupons.

In 2015, the Healthy Baby application package, including cheque inserts, was redesigned and a new Healthy Baby Magnet was developed to promote the program.

To reduce inequities in access to and use of prenatal care in Winnipeg, HCMO, WRHA, and University of Manitoba partnered to support the Partners in Inner-city Integrated Prenatal Care project (PIIPC), a 3-year research project (2012-15) consisting of four initiatives. Community Based Prenatal Care utilizes a multidisciplinary, collaborative approach to integrate prenatal care (midwifery) into selected 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 other initiatives include Street Outreach, a Social Media Campaign, and Facilitated Access to Care. HCMO provided financial support in the amount of \$10,000 (over 2 years) for participation incentives/facilitators for this project. 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. The meetings focus on policy and program updates, new research and best practice presentations related to maternal and child health, and the provision of teaching resource kits to service providers that ensure consistent messaging and relevant, accurate information is provided to families accessing services. From 2011-2016, HCMO has partnered with a number of community agencies in the development of over 30 research-based resources on a wide range of topics of interest and importance to pregnant individuals and new parents.

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.

Healthy Baby collaborates with the Baby Friendly Initiative (BFI), Manitoba Health, Breastfeeding Committee of Canada, and 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 in the delivery of a monthly Healthy Baby program to teen students on-site at APC. Since May 2011, participation has been very positive with 20-35 students attending each session.

Since 2004, Healthy Baby Community Support programs have been monitored and evaluated. Process evaluation reports and presentations of the results have been made to community stakeholders and government partners covering topics such as socioeconomic characteristics of participants, participant risk factors breastfeeding characteristics of participants characteristics of teen participants, as well as statistical reports on the number of prenatal and postnatal participants and the frequency of programming.

In 2010, as part of the multiyear PATHS Equity for Children research project, 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 and an unexpected decrease in continuity of care. Receiving the prenatal benefit was associated with reduced low birth weight, reduced preterm births, and increased breastfeeding initiation.

The MPB reaches the majority of low-income women: close to 1/3 of all births (29%) are to women who received the MPB during pregnancy. There may be groups of particularly vulnerable women for whom the MPB is not reaching. For example, only 72% of women receiving income assistance (IA) received the MPB during pregnancy (all women receiving IA would be eligible to receive the MPB). In 2014, based on additional data collected since 2010, MCHP reconfirmed the positive outcomes noted in the 2010 report regarding both MPB and community support program participants. In May 2016, the results of further MPB outcome evaluation for IA participants were published in a leading scientific journal, *Pediatrics*. These results generated considerable media attention regarding the positive outcomes of the MPB: \$81 a month (less than \$3 a day) provides a lift out of poverty that helps women give birth to fewer premature and low-weight babies. This expanded evaluation reports even larger, positive MPB effects: prevents low birth weight births by 21%; prevents preterm births by 17.5%; and reduces hospital length of stay.

### **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. The program was originally launched in 1998 as the BabyFirst program.

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 from the prenatal period to a child's 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 2015/16, HCMO provided funding to RHAs to employ nearly 150 equivalent full-time home visitors province-wide. Approximately 1500 families received intensive home visiting support from home visitors in their community.

Initial Families First program evaluation highlights were distributed in 2005/06. The evaluation indicated 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.

Results from the PATHS Equity for Children research undertaken in 2013 by Manitoba Centre for Health Policy have 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).

In 2015/16, an expansion project was initiated in partnership with WRHA and two community-based organizations, Wahbung Abinoonjiiag and Ma Mawi Wi Chi Itata Centre. Four home visitor positions and one public health nurse position were funded by Family Services as part of a two-year pilot project and evaluation to explore whether community-based organizations are better positioned to engage with hard-to-reach families and achieve outcomes that have been observed with the traditional model of Families First.

### **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. Supervisors participate in a fifth day of training, focusing on clinical supervision and program and quality management.

In 2006, HCMO began a partnership with the the Strengthening Families - Maternal Child Health Program of First Nations Inuit Health Branch (FNIHB) and Assembly of Manitoba Chiefs (AMC) including joint training for home visitors and supervisors working in the federal program. In 2015/16, 15 individuals from First Nation communities (e.g., Brokenhead, Cross Lake, Dakota Tipi, Keeseekoowenin, Long Plain, Nisichawayasihk, Norway House, Opaskwayak Cree Nation, Peguis, Pine Creek, Rolling River, Roseau River, Sagkeeng, and Waywayseecappo, Hollow Water and Garden Hill) received provincial core training.

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 2015/16, 52 home visitors and 12 PHNs received Integrated Strategies core training and Tier 1 curriculum training; 24 PHNs received Parent Survey training; and 10 PHNs received Advanced Parent Survey training.

## **Towards Flourishing: Improving Mental Health among Families in the Manitoba Families First Home Visiting Program**

The Towards Flourishing– Mental Health Promotion (TF-MHP) Strategy is a program 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 TF-MHP Strategy, designed to provide multiple levels of support to families and public health staff in Manitoba, was developed as 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-MHP received \$2.83 million over five years, rolling out in two phases, January 2009 – January 2010 and February 2010 – May 2015. In May 2015, Towards Flourishing was included in the provincial Child and Youth Mental Health Strategy and continues to be funded as a provincial program through HCMO.

TF is a multi-layer strategy including multiple levels of support to families and public health staff:

- The Mental Health Promotion Facilitator (MHPF) plays a key role in the delivery of training, supervision and consultation for Families First 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 parent or the family exceed the scope of the home visitor's role.
- Mental health education for new parents offered through a curriculum that includes a dual focus on mental health literacy and mental health promotion covering topics 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; each strategy is a simple, research-proven procedure that parents can learn and practice, with the aid of some brief instruction from their home visitor.
- Training for public health staff to increase comfort with and knowledge about mental health and mental illness, increase familiarity with using the educational modules and everyday strategies with families and encourage Public Health to see Mental Health as a part of the core service they deliver.
- 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.

Towards Flourishing 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 TF-MHP strategy including Indigenous 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.

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 taken place with a select group of First Nations 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.

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 and information is being shared in the TF-MHP strategy in a variety of ways including: training workshops; a DVD video; TF-MHP 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.

Healthy Child Manitoba is partnering with Manitoba Centre for Health Policy to evaluate TF-MHP with a mixed methods approach. Qualitative evaluation of the process and early impacts of implementation was conducted during the pilot stage and in the trial sites over the past few years. Preliminary results show that home visitors and public health nurses who implement TF-MHP embrace the approach. Quantitative analysis of TF-MHP is comparing mental health outcomes of families receiving TF-MHP with similar families who are not receiving the intervention. Preliminary outcomes demonstrate that parents receiving TF-MHP have higher rates of positive mental health (i.e., “flourishing”) and lower rates of parental distress.

### **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 Federation 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 2016, there are nine CPEFs, and five satellite locations across the province. Last year, (2014/15), families visited CPEFs more than 23,500 times.

### **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 Education 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 2015/16 school year, Seeds of Empathy was delivered through 64 child care programs in 51 centres across the province. Thirty-four of these programs are delivered to First Nation / Aboriginal children, including 22 programs operating in MFNERC centres. Two training sessions were held in the summer and fall of 2015, with a total of 66 Early Childhood Educators trained to deliver Seeds of Empathy. Of those trained in 2015, 37 (56%) were from First Nations / Métis centres. Two new training sessions are planned for the late summer/fall of 2016, with an estimated 90 additional Early Childhood Educators to be trained to deliver Seeds of Empathy.

Since 2010, there have been approximately 320 Seeds of Empathy programs delivered throughout the province with an average of 15 children per program. This translates to approximately 4800 children who have now received the Seeds of Empathy program. Seeds of Empathy was expanded through the new provincial Child and Youth Mental Health Strategy.

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

The Abecedarian Approach is a combination of teaching and learning enrichment strategies, for use in early childhood education settings, that is comprised of four key elements: 1) learning games, 2) conversational reading, 3) language priority, and 4) enriched care giving. The model 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.

Beginning as a pilot in 2008 and officially launched in 2012, the evidence-based Abecedarian model is now in its fourth year of full implementation in the Lord Selkirk Park Child Care Centre. Funding provided to Manidoo Gi Miini Gonaan supports multiple components, including:

- the Abecedarian curriculum and provision of 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 adjacent Family Resource Centre.

The Abecedarian Approach has demonstrated remarkable immediate and long-term outcomes for participating children and their families in over 30 rigorous evaluations. These evaluation results demonstrated that early education for vulnerable children within a safe, responsive, and stimulating environment can produce positive and long-lasting effects on the course of development. 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>).

Work related to the Abecedarian Approach in Manitoba has involved a partnership between HCMO, Red River College, Manitoba Early Learning and Child Care, and select child care centres.

### **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. *Introduction to the Abecedarian Approach*, is a blended course (on-line and in-person) that includes mentoring. Centres that participate are able to implement "Abecedarian-inspired practice." Abecedarian-Inspired Practice was implemented, and continues to be practised at eight child care centres with ongoing evaluation.

## **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 and tasked HCMO to lead the strategy coordination. The funding for this strategy is allocated to several provincial government departments including: Family Services; Health, Healthy Living and Seniors; Education and Advanced Learning; Aboriginal and Northern Affairs; and Justice. 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 FASD Strategy that are funded wholly or in part by HCMO. 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 FASD Strategy evaluation.

### **1) 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 FASD prevention programs and resources that recognize the need for a holistic, supportive approach when aiming to reduce alcohol-exposed pregnancies; this is achieved by empowering and supporting women to have the healthiest possible outcomes for themselves and their families in all areas of life.

#### **InSight Mentoring Program**

This 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. This woman-centred program uses a trauma-informed approach and is committed to providing holistic, culturally grounded care to clients. 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 (e.g., trauma, intimate partner violence, mental illnesses, unstable housing). The end goal is to build movement toward a healthier lifestyle for women and their children. There are seven sites across the province which can support up to 234 women. This program was originally launched in 1998 as the Stop FAS program.

In 2011/12, HCCC commissioned the Manitoba Centre for Health Policy (MCHP) to study the long-term outcomes of women participating in the InSight program. The final report was released in October 2015 and found that the program successfully engages the intended population (women with long-standing substance use histories, mental health concerns, and social support needs). The study also determined that overall, the InSight program makes a positive difference in the lives of participants, citing outcomes such as significant increases in access to prenatal care, a decrease in substance use during and after pregnancy, an increase in contraception use, and increased social service utilization for women and their families while enrolled in the InSight program. The report also found that for some participants, positive outcomes gained during participation in the InSight program, such as stability and connection to community supports, did not persist after program exit. In addition, women reported increased feelings of social isolation after the program ended. HCMO is currently exploring the possibility of developing a number of no-cost after-care services to support women after they complete the InSight program.

#### **Project CHOICES**

This is a preconception FASD prevention program for women who are at risk of having an alcohol-exposed pregnancy. Participants are offered four Motivational Interviewing counselling sessions to discuss their choices, learn information about high-risk drinking, and set healthy goals regarding alcohol use and birth control. Participants are also offered one session with a nurse to discuss birth control options. Programming is provided in Winnipeg through Klinik Community Health Centre and NorWest Co-op Community Health Centre.



### **The Mothering Project/Manito Ikwe Kagiikwe**

This is a single-access site program at Mount Carmel Clinic for women who are pregnant and/or have young children, use substances, and are impacted by systemic marginalization. The program aims to support women's health and wellness, healthy pregnancies, children's health and development, family preservation, and holistic services for women and their families. The Mothering Project's programming includes outreach and drop-in programs, access to health care (including prenatal care), a food security program, traditional ceremonies and access to Indigenous elders, parenting supports, advocacy for needed services, and space for family visits. The Mothering Project has an evidence-based philosophy of care, using approaches that are women-centred, trauma informed, culturally safe, have a harm reduction focus, and are supportive of all types of mothering. A Women's Advisory Council of program participants provides guidance for the program.

### **Be With Child – Without Alcohol**

This 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 the risks of 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.

## **2) FASD Supports**

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**

This 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**

This is an education model for children with FASD to enhance their school experience and outcomes. This partnership between HCMO, Manitoba Education and Training, 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**

This is a program offered by the Manitoba FASD Centre to caregivers and service providers of newly diagnosed individuals whose purpose 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**

This is a multifaceted program that provides ongoing support and services to families impacted 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 youth with FASD with a positive recreation experience and respite opportunities for their caregivers.

## **Visions and Voices**

This 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**

This is a rural support program for families caring for children and youth, ages 0-21 years, with FASD or confirmed prenatal 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)**

This 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 in November, 2014 in Winnipeg which attracted over 400 delegates from across Canada.. In the spring of 2016, the CNFASD Partnership Ministers sent out invitations to all the Eastern jurisdictions to consider joining the Partnership.

### **Manitoba FASD Coalition Inc.**

This structure brings together the goals and objectives of two former initiatives: Manitoba Coalition on Alcohol and Pregnancy (MCAP) and FASD Community Coalitions. The Manitoba FASD Coalition Inc. is a province-wide coalition that provides a forum for service providers, families, and government representatives with an interest in FASD to share ideas, information, and resources. It seeks to attract a network of individuals and organizations from across all sectors in Manitoba supporting prevention, education, research, and intervention activities in the area of FASD. It supports 13 community FASD coalitions by providing opportunities to network, share best practices, come together for an annual face-to-face meeting and work together on the Looking After Each Other project (a province-wide, grassroots project to promote dignity for Manitobans impacted by FASD).

### **3) FASD Research**

#### **Canada FASD Research Network (CanFASD)**

This 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 Canada Northwest FASD Partnership, 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**

This is a partnership with the University of Manitoba, Rady Faculty of Health Sciences, Max Rady 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 Institutes 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.

#### **Families First Screening – Alcohol Use During Pregnancy**

Data on alcohol use during pregnancy is routinely collected in Manitoba from women who have recently had a baby, through the Families First Screen, 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. The evaluation process began in September 2014 with the introduction of standard intake surveys across FASD-related intervention programs. The intake surveys 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 are consistently filled out for all intervention programs. In September 2015, phase two of the evaluation began for individuals who had previously completed the intake survey. Program participants, their caregivers, and service providers gave updated information through a comprehensive check-in survey. In addition to the check-in surveys, HCMO has implemented “you’re moving on” surveys that are conducted upon program completion. This survey tracks program success by asking about participant circumstances and feedback on the program. These three surveys allow the evaluation to track how the life circumstances of people affected by FASD develop over time.

In 2015/16, the FASD Interdepartmental Committee conducted twenty community conversations which provided key stakeholders with an opportunity to review and comment on the priorities for the Provincial FASD Strategy. The community conversations highlighted a number of priorities that the FASD Interdepartmental Committee has begun work on including adult diagnosis, system clarity in mental health, housing, service navigation, awareness education in schools, and training and collaboration.

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

The FASD Strategy evaluation provides 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) CHILD AND YOUTH MENTAL HEALTH (CYMH) STRATEGY**

The mental well-being of children and youth has been a provincial priority for over 20 years. In recent years, stakeholders, such as the Office of the Children’s Advocate and the Manitoba Association of School Superintendents, have raised concerns about the growing complexity of need among children and youth and the need to strengthen services and supports.

In May 2015, the province announced the interdepartmental and cross-sectoral Child and Youth Mental Health (CYMH) Strategy, which invested \$2 million new funds to strengthen policies and the continuum of universal prevention and promotion, selective, and intensive interventions, services and supports to improve the mental health of children and youth. HCMO co-leads the CYMH Strategy with Manitoba Health, Healthy Living and Seniors, Mental Health and Spiritual Health Care branch. It is advised by the cross-sectoral Oversight Committee for Child and Youth Mental Health, co-chaired by leaders representing the education system, health system, and HCCC partner departments.

Year One of the CYMH Strategy supported universal prevention/promotion initiatives, selected interventions for at risk children and youth, and intensive clinical supports for the most vulnerable. To inform the Strategy as it moves forward, HCMO led an Asset Mapping public consultation process that combined province-wide input (World Café format, online surveys, interviews) from approximately 1350 youth, parents and other stakeholders, and a review of evidence-based practices to identify what exists and what is needed to build an effective and equitable child and youth mental health system across sectors. A final report is anticipated in Fall 2016.

In addition to the Asset Mapping, Year One of the CYMH Strategy invested in the expansion of existing approaches that have been demonstrated to improve outcomes, as well as piloting and evaluating new approaches. Existing HCMO approaches receiving additional support from the Strategy include PAX, Roots of Empathy, Seeds of Empathy, Towards Flourishing, Teen Clinics and High Fidelity Wraparound. Major new support from the CYMH Strategy is allocated to pilot and evaluate a new Intervention and Outreach Team (IOT), which provides clinical and wraparound support to 15 children and youth in care jointly identified by the mental health, child welfare, education and justice systems as being the most vulnerable.

Additional funding from the Department of Family Services supports a pilot and evaluation of the COACH Expansion program, which uses the original COACH model for children (aged 5-11 years) with complex behavioural, emotional and mental health needs, and adapts it to an older age group (aged 12-15 years, youth in care). Both pilots are being evaluated by HCMO to identify causal evidence of improved social and economic outcomes for these vulnerable children and youth.

## **D) 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 Initiative**

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, independent and First Nation schools and 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, physical activity, healthy eating, injury prevention, healthy sexuality, and substance abuse and addictions.

Manitoba's Healthy Schools approach is rooted in comprehensive school health (CSH) and through the initiative, Manitoba is represented at the Joint Consortium on School Health a partnership of federal, provincial, and territorial governments from across Canada, working together to promote the wellness and achievement health of children and youth in the school setting. 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; and healthy school policy. For more information, please visit [www.gov.mb.ca/healthyschools](http://www.gov.mb.ca/healthyschools).

## **Roots of Empathy**

In 2015/16, 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 ROE 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 pilot and 2002-2004 randomized controlled trial (RCT) 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* (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 May 2013, together with Roots of Empathy founder Mary Gordon, Manitoba celebrated 10 years of offering the award-winning ROE program across the province. In 2015/16, the program was delivered in English and French by 301 certified instructors in 313 classrooms across Manitoba (including First Nations communities) to over 6300 students from Kindergarten to grade 8. ROE was expanded through the new provincial Child and Youth Mental Health Strategy.

## **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 \$64.18 for every dollar invested, one of the highest benefit-cost ratios of any program rigorously evaluated to date (Washington State Institute for Public Policy, June 2016).

The Healthy Child Committee of Cabinet directed HCMO to implement a province-wide randomized controlled trial (RCT) for Grade One classes across Manitoba, including Indigenous 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 Nations, Francophone, Independent, institutional and faith-based, rural and urban schools. Several training sessions and professional workshops are provided every year. To date, approximately 809 classroom teachers, 255 administrators and 159 student services personnel have been trained. Over 15,000 students have participated in PAX in over 250 schools, in almost every school division in the province, and in many First Nations communities.

PAX is recognized as a positive mental health promotion for schools under the provincial Children and Youth Mental Health Strategy (announced in May 2015). In the 2015/16 school-year, through the Child and Youth Mental Health Strategy, PAX was expanded to 50 new classrooms, reaching over 1,000 additional children. In response to community interest, HCMO is collaborating with schools and divisions to explore potential models to expand PAX to other grades.

Preliminary RCT outcome 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 Indigenous children. HCMO is continuing to collect data from new classrooms and is partnering with the Manitoba Centre for Health Policy and the Department of Community Health Sciences, University of Manitoba, to measure the longer-term outcomes of PAX in Grade 3 and Grade 5 students, respectively.

### **Mentoring Interventions**

In 2015/16, 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 2015/16, approximately 154 children were matched with mentors in the In-School Mentoring Program and over 400 children participated in the Community-Based Mentoring programs, including group programs.

### **Out of School Programming**

Out of school programs supported by HCMO offer regularly scheduled, structured and supervised activities to enhance the physical, social, emotional and intellectual development of school-aged children and youth. In 2015/16, HCMO continued to fund a number of youth-serving organizations across Manitoba to foster health and well-being practices in their programs including physical activity, healthy eating, and mental health promotion. For example, Rossbrook House in Winnipeg's inner city provides a safe alternative to the streets and a range of programming including a home work club, music, sports and recreation activities, Indigenous cultural activities, leadership opportunities and a healthy kitchen program. Other HCMO-supported organizations that provide out of school programming include Thompson Boys and Girls Club, The Pas Action Centre and Ma Mow We Tak Friendship Centre in northern Manitoba and Gilbert Park Going Places (NorWest Co-op Community Health Centre), Ma Mawi Wi Chi Itata Centre and Community School Investigators (CSI) Summer Learning Enrichment Program (Boys & Girls Clubs of Winnipeg) in Winnipeg. CSI, a school-based summer day camp for targeted communities in Winnipeg, provides children with opportunities for a variety of academic, recreational, arts, cultural, and educational activities during the summer months. In summer 2015, nearly 900 children attended at 13 sites. The program employed 68 university students and 51 local high school students and attracted 223 volunteers including 61 junior volunteers between the ages of 13 and 15 years.

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

#### **1) COACH:**

COACH is a community-based treatment and academic program that provides intensive wraparound and clinical support for children and youth with profound behavioural, emotional, and mental health 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 who are in the care of child welfare, opened in September 2015, funded by Family Services.

There are three program components: intensive day treatment/academics, integration into a satellite school and community activities, and reintegration into the home school with long-term follow-up as needed. 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), the Child and Family Services Authorities, Manitoba Education and Advanced Learning, and HCMO. 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, Manitoba Justice, Manitoba Health, Healthy Living and Seniors, the Child and Family Services Authorities, the Council of Child Caring Treatment Centres (Marymount), and the Winnipeg Regional Health Authority (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. COACH Expansion is being evaluated with a randomized controlled trial design which will identify causal evidence of the impact of the program.

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

High Fidelity Wraparound (HFW) planning is an evidence-based process for bringing together children and youth with complex needs and their family(ies) 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 within the community 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 was expanded through the Child and Youth Mental Health Strategy.

HFW continues to build capacity in Manitoba. Partners from the four Child and Family Services Authorities, Manitoba Adolescent Treatment Centre, Marymount, Project Neechewam, school divisions, and departments of Justice, Family Services, and Education and Advanced Learning, and Manitoba Health, Healthy Living and Seniors are developing the coordination, training, implementation and evaluation of HFW in Manitoba along with the Provincial Coordinator that was hired in December 2015. Since March 2014, HCMO has co-hosted numerous Wraparound training sessions in partnership with the Crime Prevention Branch. Trainees have represented various departments, agencies and organizations, based in centres throughout the province, including Manitoba Justice, Manitoba Family Services, 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 2015/16, there were 384 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. (2015/16 data not available at time of print.)

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. (2015/16 data not available at time of print.)

HCMO was able to provide new or enhanced funding in 2012/13 to support initiatives selected through a Request for Proposals process including the development of two 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 PMH South communities of Rossburn, Russell, Strathclair and Birtle began operating in November 2013. In 2014/15, there were 75 visits to Swan Valley Teen Clinic and the PMH South Mobile Teen Clinic saw 89 visits. (2015/16 data not available at time of print.) 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 2015/16, Portage Teen Clinic had 1873 youth visits.

As a result of the new Child and Youth Mental Health Strategy, funds were identified to support enhanced mental health services in Teen Clinics. This has resulted in the hiring of a new Teen Clinic Counsellor working out of NorWest Co-op Community Health and providing direct service in Elmwood Teen Clinic, Mount Carmel Teen Clinic, NorWest Teen Clinic and Sisler Teen Clinic. Youville Teen Clinic and Aboriginal Health and Wellness are also receiving indirect support.

### **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. Klinik'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 2015/16, Teen Talk engaged with 18,734 Manitoba youth. This includes 720 workshops delivered to 13,760 youth; 717 youth that participated in peer support volunteer training and who delivered skits and presentations to 328 youth. Workshops include topics such as sexuality, birth control and sexually transmitted infections, substance use, healthy relationships, mental health and harm reduction. Teen Talk also provided 17 workshops to 347 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 2015/16, there were 52,290 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 Indigenous 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 279 youth, all of whom identify as Aboriginal. (2015/16 data not available at time of print.)

HCMO continues to work on developing and updating resources which support youth in healthy decision-making, including the following:

- ***Your Choice for Your Reasons***, a resource package on pregnancy options 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 advocates for the needs of pregnant or parenting teens, holds events and hosts a website ([www.apin.org](http://www.apin.org)) to 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 90 parents registered in 2014. APIN also hosts a lunch and learn series attended by 86 services providers in 2015/16, and a service provider conference, which in 2015 was held for the first time in a rural community (Portage la Prairie). The Conference was attended by over 800 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 Indigenous youth. The YSPS Education Initiatives Task Team (YSPSEITT) is a sub-committee established in 2009 under 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/MFNERC), and alternative education settings.

YSPS Education Initiatives include the following early intervention programs: Roots of Empathy, an evidence-based, universal, school-based program implemented in 2001 that increases empathy and pro-social behaviour and reduces physical aggression and bullying; Seeds of Empathy, an early years version of Roots of Empathy, delivered since 2010 in early childhood settings; and PAX, an evidence-based, childhood mental health promotion strategy that helps children develop social, emotional and self-regulation skills (all described in above sections).

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 facilitated program called Everyone Matters. A pilot and evaluation of the video and facilitated was completed in selected Manitoba high schools in 2014/15; The program will be rolled out in Manitoba schools in 2016/17 along with an evaluation component.
- A website ([www.everyonemattersmanitoba.ca](http://www.everyonemattersmanitoba.ca)) with tools to support school and community collaboration at local and regional levels, launched in 2015.
- Building capacity in school staff and youth 15+ by training school-based staff to provide gatekeeper workshops to build skills in being alert to suicide warning signs, encourage help-seeking and connecting those in need to a helper. In 2015/16, 30 school personnel were trained to be trainers in safeTALK. An evaluation of the safeTALK initiative is underway.
- 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 completed in 2015/16.
  - 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 has been evaluated through a randomized control trial over the 2014/15 and 2015/16 school years. Results will measure the effectiveness of the Curriculum for improving mental health literacy in high school students.
  - 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).

- Development of *Best Practices in School-based Suicide Prevention: A Comprehensive Approach*, a resource guide for educational settings to support implementation of a whole-school approach 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 and 2015/16.
- Capacity-building through training for educators in First Nations schools, in collaboration with MFNERC, with a focus on youth suicide prevention.

## E) COMMUNITY CAPACITY BUILDING

Healthy Child Manitoba Office recognizes and values local capacity, community diversity and indigenous knowledge. Communities are integral partners with government in the design, governance and delivery of supports for children and families. These partnerships maximize resources and synergize efforts toward supporting the best possible start for Manitoba's children. Moreover, building community capacity promotes healthy communities that, in turn, respond to the unique needs of children and families.

### **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 2015/16 year have included the completion of community action and implementation plans, community engagement meetings, youth programming and consultations and participation in further CTC training. For example, in Swan River, the community completed its community action and implementation plans which build on the data-based assessment that took place earlier and which determined the community's priorities, strengths and resources. To that end, the Action and Implementation Plans identified two risk factors in their community to be addressed: rewards for anti-social behavior and family conflict. Two programs were selected to address these concerns: Guiding Good Choices and Triple P. Guiding Good Choices is a family competency training program for parents of children in middle school which focuses on increasing family involvement that is rewarding and that enhances parent-child bonds and reduces the likelihood of children engaging in risk taking behaviour. Service providers in the community have now been trained in Guiding Good Choices and several parent groups were delivered during the 2015/16 year. An Implementation Plan for Triple P has also been developed and Triple P groups will be offered in the community beginning in the Fall 2016. In Sagkeeng, a variety of family oriented as well as teen focussed programming continues to be implemented and the uptake by the community at large has been positive and increasing.

## **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) Creating and Integrating Policy and Evidence, 2) Community Data Development and Analysis, 3) Provincial Program Evaluations, 4) Population-Based Research, 5) Specialized Evaluations, and 6) Knowledge Translation and Mobilization.

### **A) CREATING AND INTEGRATING POLICY AND EVIDENCE**

As directed by HCCC, PDRE creates and integrates policy, traditional knowledge and scientific evidence to develop and implement evidence-based, child-centred public policy in a horizontal, whole-of-government approach, including:

- Developing and implementing cross-departmental and cross-sectoral policy structures and mechanisms to facilitate the intersect with, and application of, scientific evidence to improve the developmental trajectories and life outcomes for children and youth in Manitoba.
- Developing, implementing and evaluating cross-departmental, mandated policy protocols to complex, chronic, multi-system challenges.
- Seeking out, and contributing to, the local, national and international evidence base to innovate policy solutions for complex, multi-faceted issues that negatively affect children and youth trajectories.
- Developing and testing innovative policy and program pilots and, based on outcomes, scaling to provincial approaches that adhere to HCCC principles of equity, inclusion, geographic accessibility, and return on investment.

PDRE's creation and integration of policy and evidence is conducted within the context of collaborative, working partnerships with federal, provincial, municipal and Indigenous governments and organizations, community stakeholders, and university researchers. For example, HCCC directed HCMO through PDRE to co-chair the cross-departmental, cross-sectoral Children and Youth with Complex Needs Policy Committee. The Committee, along with its reporting Task Groups, is developing, implementing and evaluating innovative, evidence-based policy solutions to the complex, multi-system issues faced by this highly vulnerable population of children and youth.

### **B) 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 postpartum screen of biological and social risk factors among families and their newborn children in Manitoba, collected province wide 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 province wide 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.

## **C) 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 selected Healthy Baby sites.

## **D) 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 2015/16, 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)
- 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).
- 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.
- The Grade 5 Mental Health Survey was developed in partnership with the Manitoba Association of School Superintendents, Manitoba School Boards Association, Manitoba Teachers Society, with funding support from the University of Manitoba and the Winnipeg Jets True North Foundation. This previously validated, one-page survey measuring student mental well-being was distributed to Grade 5 classrooms in public school divisions, as well as independent and First Nations schools in April 2016. The survey will provide a snapshot of mental wellbeing for this age group, the first of its kind in Manitoba. Results are anticipated in Fall 2016.
- HCMO is partnering with world-leading researchers at the Children's Hospital Research Institute of Manitoba (CHRIM) in the new Developmental Origins of Chronic Disease in Youth Network (DEVOTION) funded by Research Manitoba and the Lawson Foundation, including a replication of the Partners in Inner-city Integrated Prenatal Care (PIIPC) research in northern Manitoba; and in using Manitoba data from the Canadian Healthy Infant Longitudinal Development (CHILD) Study in joint research and evaluation projects.

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

## **E) 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. Current examples of specialized evaluations conducted by HCMO include the evaluation of the Intervention and Outreach Team and the on-going randomized controlled trials of the COACH Expansion Program and the Mental Health Curriculum in grade 9 and 10 classrooms.

HCMO also co-leads specialized evaluations with community and university partners, such as the CIHR-funded study with the Swampy Cree Tribal Council of the benefits of PAX (offered through HCMO) at the community level. Other partnered studies include:

- Grade five follow-up to the 2011/12 HCMO randomized controlled trial of PAX in grade one classrooms. The follow-up is led by Dr. Depeng Jiang (Department of Community Health Sciences, University of Manitoba), who was awarded a Research Manitoba grant in 2015 for the study. This project was coordinated with the Grade 5 Mental Health Survey.

- Project 11, in partnership with the Winnipeg Jets True North Foundation, is a pilot mental health promotion program for students in interested schools across Manitoba. HCMO is assisting the Foundation in conducting a randomized controlled trial of Project 11 in Grades 5-6 (coordinated with the Grade 5 Mental Health Survey) and in Grades 7-8.

These data, research, and outcome 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 (described in the next section).

## **F) KNOWLEDGE TRANSLATION AND MOBILIZATION**

Knowledge Translation and Mobilization (KTM) is a critical component of the Healthy Child Manitoba Strategy and reflects core commitments to child-centred 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

Recent KTM examples 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 HCM website: <http://www.gov.mb.ca/healthychild>
- HCMO 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 continues to provide training and support in partnership with the Manitoba First Nations Education Resource Centre (MFNERC) and First Nation communities to implement EDI collection and co-present results in approximately 28 First Nations-operated schools. In 2015/16, these partners continued collaborating to support communities to use EDI data to support program and policy development.

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."

The MHSN's first 'Think Tank' meeting, titled "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 Think Tank was to develop a 'how to' blueprint for scaling up innovative and evidence-based practices. The completed blueprint, *Maximizing Social Impacts and Returns on Investment*, provides a step-by-step manual on how to pilot, evaluate, roll out and monitor mental health promotion and mental illness prevention practices. The blueprint is publicly available on the HCM website.

In 2015/16, 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
- 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 Committee on Early Childhood in Francophone and Acadian Communities
- F/P/T Mental Health Promotion Task Group (Healthy People, Healthy Communities)
- Forum for National ECD - Monitoring Management Committee
- HCCC Protocol Committee: Early Childhood Transition to School for Children with Additional Support 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

- Interdepartmental Children and Youth with Complex Needs (CYCN) Policy Committee, including the reporting Task Groups (High Fidelity Wraparound Implementation, CYCN Protocol Task Group, and CYCN Initiatives 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 Well-being 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
- Poverty Tool Development, Implementation and Evaluation Committee
- 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
- Wellahead – National Children and Youth Well-Being Social Innovation Implementation Team
- 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 2015/16, HCMO responded to media requests for print and broadcast interviews and 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. HCMO staff also co-author and support publications in peer-reviewed scientific journals. Selected publications in 2015/16 include:

Chartier, M., Attawar, D., Volk, J. S., Cooper, M., Quddus, F., & McCarthy, J. A. (Nov-Dec 2015). Postpartum mental health promotion: Perspectives from mothers and home visitors. *Public Health Nursing*, 32, 671-679.

Bennett K., Rhodes A.E., Duda S., Cheung A.H., Manassis K., Links P., Mushquash C., Braunberger P., Newton A.S., Kutcher S., Bridge J.A., Santos R.G., Manion I.G., McLennan J.D., Bagnell A., Lipman E., Rice M., Szatmari P. (June 2015). A youth suicide prevention plan for Canada: A systematic review of reviews. *Canadian Journal of Psychiatry*, 60, 245-257.

## HEALTHY CHILD MANITOBA OFFICE RECONCILIATION STATEMENT

Details	2015-2016 Estimates
2014-2015 MAIN ESTIMATES	32,526
MAIN ESTIMATES AUTHORITY TRANSFERRED FROM:	
- Enabling Appropriations Internal Service Adjustment	45
<b>2014/2015 Estimates</b>	<b>32,571</b>

### Appropriation 20-2: Healthy Child Manitoba Expenditures by Sub-Appropriation Fiscal Year ended March 31, 2016

#### 2 (a) Healthy Child Manitoba Office

Expenditures by Sub-Appropriation	Actual 2015/2016 \$(000's)	FTEs	Estimate 2015/2016 \$(000's)	Variance Over(Under) \$(000's)	Expl. No
20.2 (a) Healthy Child Manitoba Office					
Salaries and Employee Benefits	2,385	31.00	2,232	153	1
Other Expenditures	2,377		418	1,959	2
Financial Assistance and Grants	25,896		27,921	(2,025)	2
20.2 (b) Child and Youth Mental Health Strategy					
	1,913	0	2,000	(87)	
<b>Total Sub-Appropriation</b>	<b>32,571</b>	<b>31.00</b>	<b>32,571</b>	<b>0</b>	

*Expl. No 1 Estimate reflects transfer of \$45 from Enabling Vote – Internal Service Adjustments.*

*Expl. No 2 Actual reflects costs paid from Other Expenditures but budgeted as Financial Assistance and Grants.*

**Expenditure Summary for  
Fiscal Year ended March 31, 2016  
with Comparative Figures for the Previous Fiscal Year**

Estimate 2015/16 (\$000's)	Appropriation	Actual 2015/16 (\$000's)	Actual 2014/15 (\$000's)	Increase (Decrease) (\$000's)	Expl. No.
	<b>20-2 Healthy Child Manitoba</b>				
	(a) Healthy Child Manitoba Office				
2,232	Salaries and Employee Benefits	2,385	2,258	127	1
418	Other Expenditures	2,377	675	1,702	2
27,921	Financial Assistance and Grants	25,896	27,260	(1,364)	2
2,000	(b) Child and Youth Mental Health Strategy	1,913	-	1,913	3
<b>32,571</b>	<b>Total 20-2</b>	<b>32,571</b>	<b>30,193</b>	<b>2,378</b>	

*Expl. No 1 Estimate reflects transfer of \$45 from Enabling Vote - Internal Service Adjustments*

*Expl. No 2 Actual reflects costs paid from Other Expenditures but budgeted as Financial Assistance and Grants*

*Expl. No 3 2015/16 actual reflects year 1 costs of implementing Child and Youth Mental Health Strategy*

**Historical Expenditure and Staffing Summary by Appropriation (\$000's)  
for Fiscal Years Ending March 31, 2012 – March 31, 2016**

APPROPRIATION	ACTUAL/ADJUSTED ESTIMATES OF EXPENDITURES*									
	2011-2012		2012-2013		2013-2014		2014-2015		2015-2016	
	FTE	\$	FTE	\$	FTE	\$	FTE	\$	FTE	\$
20-2 Healthy Child Manitoba	32.50	31,980	32.50	30,163	32.50	30,343	31.00	30,193	31.00	32,571
<b>TOTAL</b>	<b>32.50</b>	<b>31,975</b>	<b>32.50</b>	<b>30,163</b>	<b>32.50</b>	<b>30,343</b>	<b>31.00</b>	<b>30,193</b>	<b>31.00</b>	<b>32,571</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 2015/16 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 2015/16 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.		<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>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 2015/16 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><b>a) Reading</b> (families with daily parent-child reading)</p>	<p><u>Research has also established that the best prevention investments occur during the early years.</u> Healthy early childhood development sets the foundation for positive development by building resilience and by reducing the likelihood of negative outcomes later in life.</p>	<p><b>Reading</b> (% of parents who read to their child daily): 76.0% in MB 69.7% in Canada</p>	<p><b>Reading</b> (% of MB parents that read to their child daily – for children ages 3-5; data from 2010/11): 74.2% in Manitoba 73.9% in Canada</p>	<p><u>Stable:</u> Average results from six cohorts from 1998/99 to 2010/11 are 72.6%, suggesting that the trend in reading in Manitoba is stable since 1998/99</p>	
<p><b>b) Positive Parenting</b> (families with warm, positive, engaging interaction between parents and children including praising, playing, reading and doing special activities together)</p>	<p>It is important to know how families in Manitoba are doing to enable decisions for investments to best support Manitoba's children and families, including to support positive parent-child interactions.</p>	<p><b>Positive Parenting</b> (% of children living in families with positive parenting): 90.6% in Manitoba 90.6% in Canada</p>	<p><b>Positive Parenting</b> (% of MB children living in families with positive parenting – data from 2008/09): 96.3% for Manitoba 94.8% for Canada</p>	<p><u>Increasing:</u> Results suggest improvements in positive parent-child interaction since 1998/99</p>	<p><u>Note:</u> Due to corrections and changes in the NLSCY since 1998, the number of parents with positive parenting has been revised.</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 2015/16 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><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><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; data from 2010/11): 85.5% for Manitoba 91.3% for Canada</p>	<p><u>Increasing:</u> Results suggest slight improvements in family functioning since 1998/99</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>The EDI is a questionnaire measuring Kindergarten children’s readiness for school across several areas of child development including:</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 (based on 37 school</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 collected biennially.</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 skills and general</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 scores fell into the</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 2015/16 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>
<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>divisions and over 12,000 children)</p> <ul style="list-style-type: none"> <li>• 62% 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>2012/13 results (based on 37 school divisions, representing over 13,000 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>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>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 37 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>

<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 2015/16 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>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</p>	<p>Alcohol consumption during pregnancy has decreased since 2003. 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>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</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 2015/16 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>during pregnancy varied across RHAs (pre-amalgamation boundaries) ranging from 6% to 25%.</p>	<p>The proportion of women who continued to drink after discovering their pregnancy has decreased from 19% in 2007 to 14% in 2013.</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>reserves or on those who do not engage 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>

<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 2015/16 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>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 usage of health and wellness services by teens.</p>	<p>It is important to know the rates of teen pregnancy, STI and service usage in Manitoba so the province can support Healthy Adolescent Development initiatives.</p> <p>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'</p>	<p>The pregnancy and STI rates measurement began in 2001/02.</p> <p><u>Pregnancy Rates</u> (number is per 1,000 youths aged 15-19): 2001/02 – 53.1</p>	<p><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.</p>	<p><u>Pregnancy Rates</u> (for youth aged 15-19) is declining: Manitoba has consistently been among the highest teen pregnancy rates across Canada. Since 1999, the rates of teen pregnancy have reduced from 60.7% in 1999 to 30.8% in 2014/15. These rates are for all Manitoba youth (aged 15-19) including First Nation youth living on reserve.</p> <p>Per 1000 youth:  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</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 2015/16 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>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><u>STI Rates</u> (number is per 1,000 youths aged 15-19): 2001 – 17.1</p>	<p><u>2014 STI 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>2010/11 – 42.4 2011/12 – 39.7 2012/13 – 37.8 2013/14 – 34.7 2014/15 – 30.8</p> <p>Rates of Teen Births (per 1000): 2011/12 – 27.3 2012/13 – 26.3 2013/14 – 26.5 2014/15 – 22.7</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): 2001 – 17.1 2002 – 18.3 2003 – 20.5 2004 – 22.4 2005 – 18.8</p>	<p>Note: By increasing access to teen health services through prevention campaigns and programs and implementing teen health clinics in high needs communities in MB, it is expected that there will be an increase in youth accessing health and wellness services. If more youth access health</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 2015/16 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>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>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)</p> <p>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 Syphilis. Data is collected by Communicable Disease Control (CDC) Branch, Manitoba Health.</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 2015/16 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><u>Teen Clinic Usage:</u>            In 2015/16 HCMO funded teen clinics had the following number of visits:            Elmwood Teen Clinic: 384            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><u>Teen Talk</u>            In 2015/16, Teen Talk engaged with 18734 Manitoba youth. This includes 720 workshops delivered to 13,760 youth; 717 youth that participated</p>	<p><u>Teen Clinic Usage:</u>            These measures are relatively new and there is not enough data to establish a trend.</p>	<p>Teen Clinics and Teen Talk usage is collected through the Healthy Child Manitoba Office.</p> <p>Workshops include topics such as sexuality, birth control and STI, substance use, mental health and harm reduction.</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 2015/16 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>in peer support volunteer training.</p> <p>Teen Talk website: In 2015/16 there were 52,290 visits to the website.</p>		<p>Teen Talk's website includes information and resources for teens, parents and service providers and features an interactive Youth Corner.</p>

**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, but the SYC was not collected in following years: 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.



## 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 2015/16:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2015/16
The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a)	NIL
The number of investigations commenced as a result of a disclosure. Subsection 18(2)(b)	NIL
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)	NIL