

His Honour the Honourable Philip S. Lee, 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 2012/13.

Respectfully submitted,

"Original Signed By"

Kevin Chief
Chair, Healthy Child Committee of Cabinet,
Minister responsible for
The Healthy Child Manitoba Act, and
Minister of Children and Youth Opportunities



A partnership of:

Manitoba Children and Youth Opportunities · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage, and Tourism · Manitoba Education · Manitoba Family Services and Labour/Status of Women · Manitoba Health · Manitoba Healthy Living, Seniors and Consumer Affairs · Manitoba Housing and Community Development · Manitoba Immigration and Multiculturalism · Manitoba Justice



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

Dear Minister:

We have the honour of presenting to you the 2012/13 Annual Report of the Healthy Child Manitoba Office.

This report reflects the continued commitment of government and community partners in the Healthy Child Manitoba Strategy to facilitate child-centered public policy. In 2012/13, consistent with current Healthy Child Committee of Cabinet priorities of early childhood development (ECD), mental health, crime prevention, and integrated services, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Completing the “Healthy Child Manitoba 2012 Report on Children and Youth”, and tabling the report to the Manitoba legislature. Under the provisions of *The Healthy Child Manitoba Act*, HCMO must table a report on the status of child health in Manitoba at least once every five years. The Report on Children and Youth was HCMO’s first formal report tabled since the proclamation of *The Healthy Child Manitoba Act* in 2007;
- Completing the first full year of implementation of the Lord Selkirk Park model ECD centre, which includes the renowned Abecedarian approach to early learning;
- Implementing Seeds of Empathy in early childhood centres, Aboriginal Head Start programs and nursery schools, in a randomized controlled trial;
- The 2012/13 year saw an approximate 30% increase in the number of telephone calls received by the Triple P Parent Line in comparison to the previous year. 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;
- Continuing the province-wide pilot and evaluation of the PAX Good Behaviour Game in Grade 1 classrooms as well as in selected nursery classrooms in the Winnipeg School Division;
- Continued progress on the Interdepartmental Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy which builds on prevention, intervention, support and research initiatives;
- Strengthening Early Childhood Development (ECD) opportunities at the community level through collaboration between Parent Child Coalitions, Manitoba School Divisions, and community partners;
- Let the Children Play: 2012 Regional Early Childhood Development (ECD) Forums: In the spring of 2012, regional forums were held in seven communities throughout the province. The focus of these community based events was to promote the importance of the early years and early brain development, and to provide research information and resources on play based learning for young children. Several included sessions to mobilize local leadership for ECD.
- Continued progress on developing an evidence-based approach to Middle Childhood and Adolescent Development (MCAD) including continued evaluation of the Life Skills Training program; implementation of the 2012/13 Youth Health Survey (YHS), together with Partners in Planning for Healthy Living;
- Establishing a new cross-sectoral 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;

A partnership of:

Manitoba Children and Youth Opportunities · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage, and Tourism · Manitoba Education · Manitoba Family Services and Labour/Status of Women · Manitoba Health · Manitoba Healthy Living, Seniors and Consumer Affairs · Manitoba Housing and Community Development · Manitoba Immigration and Multiculturalism · Manitoba Justice

- Leading ongoing work stemming from the Mental Health Summit 2012, in partnership with the Summit Steering Committee; co-chaired by Manitoba, the Mental Health Commission of Canada, and the Public Health Agency of Canada. In 2012/13, the Steering Committee established the Mental Health Summit Network by inviting key stakeholders who participated in the Summit from jurisdictions across Canada. The Mental Health Summit Network's first 'Think Tank' meeting, entitled "Best Practices to Innovation to Scale-Up: Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada" took place in Winnipeg February 13-14, 2013;
- Continued progress on implementing the Communities That Care (CTC) pilot in four Manitoba communities; and
- Through the Towards Flourishing project, work continues to improve the mental health of parents and children who participate in Manitoba's Families First home visiting program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the Public Health Agency of Canada (PHAC).

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

Respectfully submitted,

"Originally signed by"

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



"Originally signed by"

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



Monsieur Kevin Chief
Président, Comité ministériel pour Enfants en santé
Palais législatif, bureau 314
Winnipeg (Manitoba) R3C 0V8

Monsieur le Ministre,

Nous avons l'honneur de vous présenter le rapport annuel du Bureau d'Enfants en santé Manitoba pour l'exercice 2012-2013.

Ce document reflète l'engagement assidu des partenaires gouvernementaux et communautaires envers la stratégie Enfants en santé Manitoba pour faciliter cette politique publique axée sur l'enfant. En 2012-2013, conformément aux priorités du Comité ministériel pour Enfants en santé (le développement du jeune enfant, la santé mentale, la prévention du crime et l'intégration des services), les activités menées et les objectifs atteints du Bureau comprenaient :

- la rédaction du *Rapport de 2012 sur la situation des enfants et des jeunes* d'Enfants en santé Manitoba, et le dépôt de ce rapport à l'Assemblée législative du Manitoba. Conformément aux dispositions de la *Loi sur la stratégie « Enfants en santé Manitoba »*, le Bureau doit déposer un rapport sur la situation de la santé des enfants dans la province au moins une fois tous les cinq ans. Le *Rapport sur la situation des enfants et des jeunes* a été le premier rapport officiel que le Bureau a déposé depuis la proclamation de la *Loi sur la stratégie « Enfants en santé Manitoba »* en 2007;
- l'achèvement de la première année complète de mise en œuvre du centre modèle de développement du jeune enfant de Lord Selkirk Park, qui utilise l'approche Abecedarian de l'apprentissage;
- la mise en œuvre de Semaines de l'empathie dans les centres de la petite enfance et de la famille, les programmes Bon départ à l'intention des Autochtones et les pré-maternelles, au cours d'un essai contrôlé aléatoire;
- l'exercice 2012-2013 a vu une augmentation d'environ 30 % du nombre d'appels reçus par la ligne téléphonique du programme de pratiques parentales positives Triple P par rapport à l'année précédente. Animée par des conseillers entraînés de Triple P, cette ligne dispense aux parents un soutien confidentiel gratuit basé sur le programme;
- la poursuite du projet pilote et l'évaluation à l'échelle de la province de PAX, jeu de la bonne conduite, dans les classes de première année et dans des classes de prématernelle sélectionnées de la Division scolaire de Winnipeg;
- la réalisation de progrès soutenus dans la Stratégie de prévention de l'ensemble des troubles causés par l'alcoolisation fœtale, par des initiatives de prévention, d'intervention, de soutien et de recherche;
- le renforcement des initiatives en développement de la petite enfance à l'échelon local grâce à la collaboration entre les coalitions axées sur les parents et les enfants, les divisions scolaires du Manitoba et les partenaires locaux;
- Let the Children Play («Laissez les enfants jouer») – Forums régionaux 2012 sur le développement de la petite enfance : au printemps de 2012, des forums régionaux ont été organisés dans sept collectivités de la province. L'objectif de ces événements communautaires était de promouvoir l'importance de la petite enfance et le développement précoce du cerveau, et de fournir de l'information et des ressources sur la recherche dans le domaine de l'apprentissage orienté vers le jeu pour les jeunes enfants. Plusieurs de ces forums ont tenu des séances destinées à mobiliser les initiatives locales en faveur du développement de la petite enfance;

Un partenariat entre :

Enfants et Perspectives pour la jeunesse Manitoba · Affaires autochtones et du Nord Manitoba · Culture, Patrimoine et Tourisme Manitoba · Éducation Manitoba · Services à la famille et Travail Manitoba · Situation de la femme · Santé Manitoba · Vie saine, Aînés et Consommation Manitoba · Logement et Développement communautaire Manitoba · Immigration et Affaires multiculturelles Manitoba · Justice Manitoba

- la réalisation de progrès soutenus dans l'élaboration d'une approche fondée sur les preuves du développement des adolescents et des enfants à la phase intermédiaire, notamment l'évaluation permanente du programme Développement des aptitudes à la vie quotidienne; et la mise en œuvre du sondage de 2012-2013 sur la santé des jeunes, en collaboration avec Partners in Planning for Healthy Living;
- l'établissement du comité intersectoriel de surveillance pour la santé mentale des enfants et des jeunes, coprésidé par des chefs de files du système éducationnel, du système de santé et des ministères partenaires du Comité ministériel pour Enfants en santé, afin de répondre aux recommandations de la Manitoba Association of School Superintendents et d'autres partenaires communautaires;
- la direction des travaux engagés à la suite du Sommet de la santé mentale 2012 en partenariat avec le comité directeur du Sommet, coprésidé par le Manitoba, la Commission de la santé mentale du Canada et l'Agence de santé publique du Canada. En 2012-2013, le comité directeur a mis sur pied le réseau du Sommet de la santé mentale en invitant des intervenants clés des provinces et territoires du Canada qui ont participé au Sommet. La première réunion du groupe de réflexion du réseau du Sommet de la santé mentale, intitulée Best Practices to Innovation to Scale-Up: Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada («Pratiques exemplaires en innovation à développer – Création d'un plan d'action pour la promotion de la santé mentale et la prévention de la maladie mentale au Canada») a eu lieu à Winnipeg les 13 et 14 février 2013;
- la poursuite de la mise en œuvre du projet pilote Communities That Care dans quatre collectivités; et
- dans le cadre du projet Vers l'épanouissement, la continuation du travail visant à améliorer la santé mentale des parents et des enfants qui participent au programme manitobain de visites à domicile Les familles d'abord. En partenariat avec l'Office régional de la santé de Winnipeg et l'Université du Manitoba, ce projet est financé par l'Agence de la santé publique du Canada.

Le Bureau d'Enfants en santé Manitoba cherche toujours à obtenir les meilleurs résultats possibles pour les enfants et les jeunes du Manitoba.

Le tout respectueusement soumis,

Original signé par :

Jan Sanderson
secrétaire, Comité ministériel pour Enfants en santé,
administratrice en chef, Bureau d'Enfants en santé Manitoba,
et sous-ministre, Enfants et Perspectives pour la jeunesse



Original signé par :

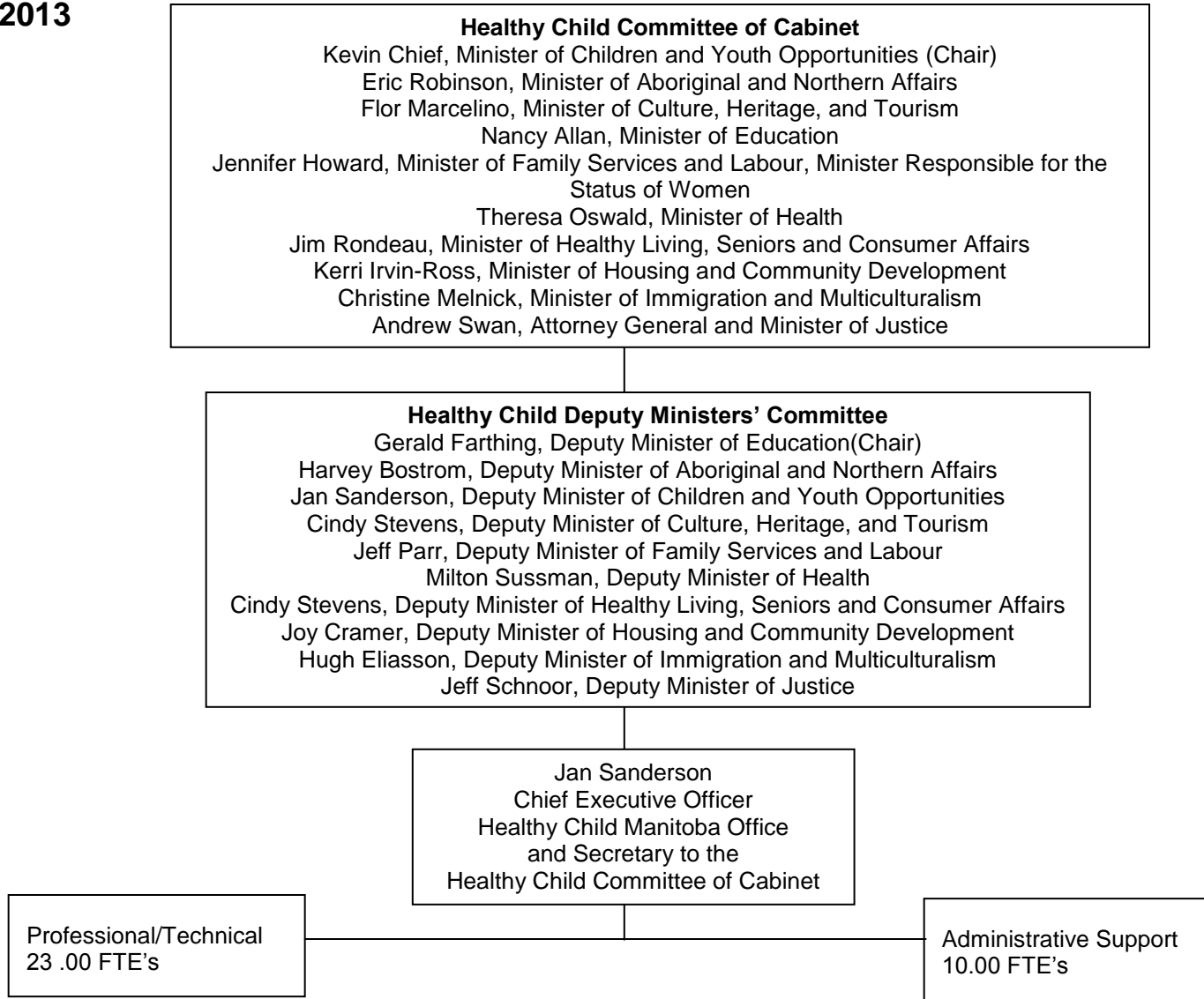
Gerald Farthing
président, Comité sous-ministériel pour Enfants en santé,
et sous-ministre de l'Éducation



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**HEALTHY CHILD MANITOBA
ORGANIZATION CHART
March 31, 2013**



PREFACE

Report Structure

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

Mandate

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

Background

In March 2000, the Government of Manitoba established the provincial HCM Strategy and the Premier created the HCCC. In 2012/13, the HCCC Chair was Minister of Children and Youth Opportunities Kevin Chief, appointed by the Premier in January 2012, succeeding Past Chairs Minister of Healthy Living, Youth and Seniors (November 2009- January 2012), Minister of Healthy Living (September 2006-November 2009), Minister of Healthy Living (October 2004-September 2006), Minister of Healthy Living (November 2003-October 2004), and Minister of Family Services and Housing/Minister of Energy, Science and Technology (March 2000-November 2003). HCCC develops and leads child-centred public policy across government and facilitates interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As a statutory committee of Cabinet, HCCC signals healthy child and adolescent development as a top-level policy priority of government. It is the only legislated Cabinet committee in Canada that is dedicated to children and youth. HCCC meets regularly during the year and is supported by the Healthy Child Deputy Minister's Committee and the Healthy Child Manitoba Office.

Healthy Child Committee of Cabinet (HCCC) 2012/13

Kevin Chief, Chair, Healthy Child Committee of Cabinet, Minister of Children and Youth Opportunities
Eric Robinson, Minister of Aboriginal and Northern Affairs
Flor Marcelino, Minister of Culture, Heritage and Tourism
Nancy Allan, Minister of Education
Jennifer Howard, Minister of Family Services and Labour, Minister Responsible for the Status of Women
Theresa Oswald, Minister of Health
Jim Rondeau, Minister of Healthy Living, Seniors and Consumer Affairs
Kerri Irvin-Ross, Minister of Housing and Community Development
Christine Melnick, Minister of Immigration and Multiculturalism
Andrew Swan, Attorney General and Minister of Justice

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

Healthy Child Deputy Ministers' Committee (HCDMC) 2012/13

Gerald Farthing, Deputy Minister of Education (Chair)
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Jan Sanderson, Deputy Minister of Children and Youth Opportunities
Cindy Stevens, Deputy Minister of Culture, Heritage, and Tourism
Jeff Parr, Deputy Minister of Family Services and Labour
Milton Sussman, Deputy Minister of Health
Cindy Stevens, Deputy Minister of Healthy Living, Seniors and Consumer Affairs
Joy Cramer, Deputy Minister of Housing and Community Development
Hugh Eliasson, Deputy Minister of Immigration and Multiculturalism
Jeff Schnoor, Deputy Minister of Justice

Provincial Healthy Child Advisory Committee 2012/13

The Healthy Child Manitoba Act also mandates the Provincial Healthy Child Advisory Committee. Its role is to contribute to the Healthy Child Manitoba vision by providing recommendations to the Chair of HCCC regarding the Healthy Child Manitoba Strategy. The Committee consists of ministerial appointees drawn from community, educational, academic and government backgrounds. The Committee is chaired by James Wilson, Treaty Relations Commissioner of Manitoba, and former director of the Opaskwayak Cree Nation Educational Authority. James Wilson follows the appointment of former chair Strini Reddy; a retired educator, former president of the Manitoba Association of School Superintendents, and Member of the Order of Manitoba. In 2012/13, the Committee continues to focus attention on creating recommendations for the development of an integrated provincial Early Childhood Development (ECD) strategy for Manitoba children and families, as well as strengthening provincial supports for youth.

Healthy Child Manitoba Vision

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

Objectives

The major responsibilities of 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.

Major Activities and Accomplishments

HCMO coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2012/13, 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 2012/13, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Completing the "Healthy Child Manitoba 2012 Report on Children and Youth", and tabling the report to the Manitoba legislature. Under the provisions of *The Healthy Child Manitoba Act*, HCMO must table a report on the status of child health in Manitoba at least once every five years. The Report on Children and Youth was HCMO's first formal report tabled since the proclamation of *The Healthy Child Manitoba Act* in 2007;
- Each year, HCMO hosts a National Child Day Forum for representatives of regional parent child coalitions and community partners from a variety of government and community sectors. The forum presents an opportunity to learn from renowned experts in the field of early childhood development and to acknowledge the work of community initiatives. The forum is held in November of each year, usually prior to National Child Day (November 20th). In 2012/13 the focus of the forum, *Coming Back to the Drum: A Shared Journey*, was on working with First Nations, Métis and Inuit children and families in Manitoba, with a priority focus on the early years (prenatal to six years). The forum aimed to increase general knowledge about Aboriginal peoples and their cultures; highlight the importance of partnerships and the need to work more closely with Aboriginal peoples; demonstrate positive initiatives involving Aboriginal children and families; contribute to professional development; and provide opportunities for Aboriginal and non-Aboriginal peoples to network and learn from each other. The gathering was an enlightening experience for all in attendance, with over 450 regional and national guests, the largest attendance to date over the past decade;
- Completing the first full year of implementation of the Lord Selkirk Park model ECD centre, which includes the renowned Abecedarian approach to early learning;
- Implementing Seeds of Empathy in early childhood centres, Aboriginal Head Start programs and nursery schools, in a randomized controlled trial;
- The 2012/13 year saw an approximate 30% increase in the number of telephone calls received by the Triple P Parent Line in comparison to the previous year. 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;
- Continuing the province-wide pilot and evaluation of the PAX Good Behaviour Game in Grade 1 classrooms as well as in selected nursery classrooms in the Winnipeg School Division;
- Continued progress on the Interdepartmental Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy which builds on prevention, intervention, support and research initiatives;
- Strengthening Early Childhood Development (ECD) opportunities at the community level through collaboration between Parent Child Coalitions, Manitoba School Divisions, and community partners;
- Let the Children Play: 2012 Regional Early Childhood Development (ECD) Forums: In the spring of 2012, regional forums were held in seven communities throughout the province. The focus of these community based events was to promote the importance of the early years and early brain development, and to provide research information and resources on play based learning for young children. Several included sessions to mobilize local leadership for ECD.
- Continued progress on developing an evidence-based approach to Middle Childhood and Adolescent Development (MCAD) including continued evaluation of the Life Skills Training program; implementation of the 2012/13 Youth Health Survey (YHS), together with Partners in Planning for Healthy Living;
- Establishing a new cross-sectoral 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;

- Leading ongoing work stemming from the Mental Health Summit 2012, in partnership with the Summit Steering Committee; co-chaired by Manitoba, the Mental Health Commission of Canada, and the Public Health Agency of Canada. In 2012/13, the Steering Committee established the Mental Health Summit Network by inviting key stakeholders who participated in the Summit from jurisdictions across Canada. The Mental Health Summit Network's first 'Think Tank' meeting, entitled "Best Practices to Innovation to Scale-Up: Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada" took place in Winnipeg February 13-14, 2013;
- Continued progress on implementing the Communities That Care (CTC) pilot in four Manitoba communities; and
- Through the Towards Flourishing project, work continues to improve the mental health of parents and children who participate in Manitoba's Families First home visiting program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the Public Health Agency of Canada (PHAC).

Sustainable Development

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

I. HCMO Program Development and Implementation

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

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

HCMO program development and implementation are supported by the Healthy Child Interdepartmental Program and Planning Committee, which includes officials from HCCC partner departments, as well as Manitoba Local Government. Chaired by HCMO, the committee works to coordinate and improve programs for children and youth across departments.

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

A) Early Childhood Development (ECD)

A focus of the Early Childhood Development portfolio is to raise the profile of the evidence and programs that support children prenatal to age 6 years. Research shows that investments in ECD, through universal and targeted early childhood programs and services, strengthen the foundation for children's lifelong health, well-being, and learning success. In 2012/13, work continued on the provincial ECD strategy, incorporating evidence-based principles and best practice models.

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 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 within Regional Health Authority Boundaries and Winnipeg Community Areas. There are 26 funded parent child coalitions province-wide: 25 regional coalitions (12 regions outside Winnipeg and 13 community areas within Winnipeg) and one cultural/linguistic coalition that serves the needs of Francophone communities.

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

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

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

Let the Children Play: 2012 Regional Early Childhood Development (ECD) Forums: In the spring of 2012, regional forums were held in seven communities throughout the province. The focus of these community based events was to promote the importance of the early years and early brain development, and to provide research information and resources on play based learning for young children. Several included sessions to mobilize local leadership for ECD.

Each year, HCMO hosts a National Child Day Forum for representatives of regional parent child coalitions and community partners from a variety of government and community sectors. The forum presents an opportunity to learn from renowned experts in the field of early childhood development and to acknowledge the work of community initiatives. The forum is held in November of each year, usually prior to National Child Day (November 20th). In 2012/13 the focus of the forum, *Coming Back to the Drum: A Shared Journey*, was on working with First Nations, Métis and Inuit children and families in Manitoba, with a priority focus on the early years (prenatal to six years). The forum aimed to increase general knowledge about Aboriginal peoples and their cultures; highlight the importance of partnerships and the need to work more closely with Aboriginal peoples; demonstrate positive initiatives involving Aboriginal children and families; contribute to professional development; and provide opportunities for Aboriginal and non-Aboriginal peoples to network and learn from each other. The gathering was an enlightening experience for all in attendance, with over 450 regional and national guests, the largest attendance to date over the past decade.

Triple P – Positive Parenting Program

On March 21, 2005, HCCC announced funding to implement the Triple P - Positive Parenting Program system in Manitoba. Triple P is founded on more than 30 years of rigorous international research conducted with the University of Queensland's Parenting and Family Support Centre in Australia and universities and partners across several countries and cultures. Since the initial announcement in 2005, HCMO has been presenting to and consulting with community agencies, RHAs, child care centres, family resource centres, school divisions, and others to inform and seek partners on this proven approach to supporting Manitoba's parents, with an initial focus on families with children under the age of 12 years and especially under age six years.

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

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

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

During the 2012/13 year, a total of 17 Triple P training courses at various levels were provided across Manitoba (in Winnipeg, Brandon, Swan River, The Pas and Thompson). More than 270 practitioners from a host of agencies participated in one or more of these trainings. Since the commencement of training in 2005, more than 2000 practitioners from over 250 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 2012/13 year also saw a unique partnership created between Triple P and the Law Enforcement program at the University College of the North in The Pas. This college program is designed to assist students in developing the academic, interpersonal, fitness and specialized skills required for entry-level training with the RCMP and other law enforcement programs or agencies. Recognizing that those working in the law enforcement field frequently deal with family and domestic issues students in this diploma program along with their instructor trained and accredited in Primary Care Triple P (brief consultation method) as part of their collegial studies and found the experience both rewarding and beneficial. Training in Triple P as part of their program of studies provides these students with an additional set of tools that they can use upon graduation and when they are employed in various law enforcement or related fields. The current year also saw a number of practitioners from the RHA in the North trained in Seminar Triple P. This training provided these practitioners with the ability to then deliver public education parenting workshops in a number of northern communities. .

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. During 2012/13, training was once again provided in French to Francophone practitioners in Primary Care (brief consultation service) Triple P. Participants who attended this training came from a number of different communities and agencies.

During the 2011/12 year, HCMO partnered with the Provincial Health Contact Centre to introduce a new flexible and convenient resource for parents – the Triple P Parent line. Staffed by trained Triple P counsellors, the phone line provides Manitoba parents with free, confidential parenting support based on the Triple P Positive Parenting program. Parents, guardians, and caregivers can call the line to discuss parenting concerns such as bedtime problems, tantrums, and toilet training. Parents can also participate in Triple P adapted phone programs or receive referrals to face-to-face programs from partner agencies. The 2012/13 year saw an approximate 30% increase in the number of telephone calls received by the Parent Line in comparison to the previous year.

The 2012/13 year also saw expansion of the Triple P partnership with Manitoba Justice which now sees Justice staff offering Triple P programs to parents in almost all correctional facilities in the province. Recognizing that it remains important to make available much needed parenting support to an at risk population, HCMO has been very pleased to partner with Manitoba Justice in this joint initiative which is unique in Canada. Feedback to date has been quite positive and the program has proven to be very popular amongst those attending.

The 2012/13 year also saw the Triple P and Healthy Baby programs at HCMO working more closely together to both train Healthy Baby staff in Triple P supports and to also begin developing materials in order to bring parenting information contained in the Triple P program to new parents participating in Healthy Baby programs.

Healthy Baby

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

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

In 2012/13, the benefit was provided to 3853 women in Manitoba during their pregnancies, totaling \$1,756,544.83. Approximately 48% of approved applicants live in Winnipeg, 52% live in rural Manitoba and 29% live in First Nation communities. Since the program launch date of July 1, 2001, over 52,000 women have received benefits totaling over \$22 million.

Through a consent provided on the Manitoba Prenatal Benefit application form, HCMO is able to connect women to community health services and/or Healthy Baby community support programs as a further means of supporting healthy pregnancies. Referrals are made to both provincial and federal prenatal programs and health agencies (both on and off reserve). In 2012/13, the prenatal benefit office made 4,129 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 2012/13, HCMO funded 32 agencies to provide programming in over 100 communities and neighborhoods province-wide. In Winnipeg, HCMO funded the Winnipeg Regional Health Authority (WRHA) to provide professional health support (public health nurses, nutritionists, registered dietitians) to Healthy Baby sites. In urban centres, community-based programs are delivered on a weekly basis by a team which includes a program coordinator and health professionals. In rural and northern centres, Healthy Baby Community Support Programs are delivered primarily on a monthly basis by a program coordinator with additional support from health professionals, depending on regional resources.

Milk coupons are offered through the Healthy Baby Community Support Programs as an incentive to participate and as a nutritional investment. Milk coupons for free milk can be redeemed at participating stores across Manitoba. Over 250 stores across Manitoba continue to partner with HCMO for the milk coupon redemption program. In 2012/13, \$149,430.79 was expended for the redemption of milk coupons.

Based on the 2010 Manitoba Centre for Health Policy (MCHP) report findings, efforts to increase early reach and program participation among vulnerable populations were enhanced to include increased program promotion, via invitations, posters, bibs and cook books and outreach to provincial Income Assistance offices, immigrant community programs and agencies, physician offices, community health centres and hospitals. Participation rates since 2010 have increased from 3,200 to approximately 3,600 per year.

As a way to reduce inequities in access to and use of prenatal care in Winnipeg, HCMO, WRHA, University of Manitoba and other community stakeholders partnered to support “The Partners for Integrated Inner-City Prenatal Care, (PIIPC) a 3-year research pilot project which utilizes a multidisciplinary collaborative approach to integrate prenatal care (Midwifery) into six existing Healthy Baby groups in inner city Winnipeg (Freight House Community Centre, Magnus Eliason Recreation Centre, West Broadway–Crossways In Common, Hope Centre, Trinity Place Church, Indian and Metis Friendship Centre). The pilot started in September 2012. This project will be evaluated to measure impact on pregnancy and birth outcomes.

In 2013, Healthy Baby funded and partnered with a number of community agencies in the development of a number of resources/kits for service providers including: speech and language, breastfeeding, emotional adjustments during pregnancy and postpartum, self care for women. Previously in 2011/12, the following kits were provided to service providers: brain development, plagiocephaly, skin to skin and cervical cancer.

In 2012/13, Healthy Baby provided the French version of the low literacy prenatal/postnatal resource, “Making Connections: You and Your Growing Baby” and “Making Connections: Your First Two Years with Baby” in addition to the English versions which were developed in 2011/12.

Healthy Baby is working with the Baby Friendly Initiative (including Manitoba Health, Breastfeeding Committee of Canada, RHAs) to promote, support and protect breastfeeding in the community, by working towards accrediting Healthy Baby sites. A draft Baby Friendly guide was developed which outlines education, training and practical tools that will support funded agencies to have increased knowledge about Baby Friendly guidelines and will help to support implementation at Healthy Baby Community Support Programs. This initiative will help to support, protect and promote breastfeeding at Healthy Baby and should help to increase breastfeeding initiation and duration rates at our sites.

In 2011, HCMO, WRHA and the Adolescent Parent Centre, partnered and collaborated to “pilot” a Healthy Baby program (once per month) to teen students on-site at the Centre. Since May 2011, participation has been very positive (20-45 students per session).

In 2011, a Facilitation Guide for Healthy Baby Service Providers was developed in cooperation with Bookmates Inc. and was distributed to service providers. The guide augments and supports the “Fabulous Facilitation” training delivered by Bookmates to Healthy Baby service providers in 2009 and subsequently in fall 2011. HCMO offers training on an annual basis, with a focus on skill development for new staff.

In 2010, Healthy Baby launched the new Healthy Baby Community Program Guide and Healthy Baby Resource Binder to better support service providers to deliver evidence based, effective and consistent programming and resources. In 2011/12, HCMO led community consultations with Winnipeg Regional Health Authority offices to orient staff to Healthy Baby and other HCMO-led programs, Healthy Baby Program Guide and Resource Binder and to promote and increase participation at Healthy Baby Community Support programs.

In November 2010, the Manitoba Centre for Health Policy (MCHP) released the evaluation report *Manitoba’s Healthy Baby Program: Does it Make a Difference?* There were 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. The prenatal benefit was found to reach the majority of low-income women; close to 1/3 of all births in Manitoba, are to women who received the benefit during pregnancy. Receiving the prenatal benefit was associated with reduced low birth weight, reduced preterm births, and increased breastfeeding initiation.

Families First

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

Families First is funded and coordinated through HCMO, and delivered through the Regional Health Authorities (RHAs) in Manitoba. The program provides a continuum of home visiting services for families with children, prenatal to school entry. Public Health Nurses (PHNs) complete the screening process with all newborns and new parents in Manitoba (over 15,000 births annually). Families identified as requiring additional supports through the screening process are offered an in-home Parent Survey focusing on parent-child attachment, challenges facing the family, current connection to community resources, and personal and professional support. The Parent Survey process is used to guide public health staff in determining the level of support most complementary to each family's situation, including home visiting, as available. In 2012/13, HCMO provided funding to RHAs to employ nearly 150 equivalent full-time home visitors province-wide. More than 1450 families received intensive home visiting support from home visitors.

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

On June 14, 2010 a comprehensive Families First Home Visiting report was released. Evaluation results show program families have better parenting skills, better psychological well-being, better social support and feel more connected to their neighborhoods than comparison families. In 2010, this day was henceforth proclaimed Home Visitor Day in Manitoba.

Work is proceeding on a major demonstration project called Towards Flourishing, funded by the Public Health Agency of Canada. A collaboration between HCMO, the Winnipeg Regional Health Authority and the University of Manitoba, this 5-year intervention evaluation initiative promotes the mental well-being of parents and children by adding a mental health promotion strategy to Manitoba's Families First program (see below).

Support for Training and Professional Development

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

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

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

Training participants include Families First staff as well as other community partners. Supervisors participate in a fifth day of training, focusing on clinical supervision and program and quality management.

In 2006, HCMO began training for home visitors and supervisors working in the Maternal Child Health Program of First Nations Inuit Health Branch (FNIHB) and Assembly of Manitoba Chiefs (AMC). In 2012/13, 15 individuals from 14 First Nation communities received provincial core training. This included practitioners from the communities of Brokenhead, Cross Lake, Dakota Tipi, Keeseekoowenin, Long Plain, Nisichawayasihk, Norway House, Opaskwayak Cree Nation, Peguis, Pine Creek, Rolling River, Roseau River, Sagkeeng, and Waywayseecappo.

Additionally, Families First staff receive training in 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 2012/13, 16 Public Health Nurses (PHNs) received Parent Survey training and 21 PHNs received Advanced Parent Survey training. This is a decrease in numbers from the previous year which continues to suggest stability in staffing the program. Over 500 PHNs have been trained since the inception of the program. PHNs have opportunities annually for advanced training related to the Parent Survey process.

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

The overall aim of the Towards Flourishing strategy is to enhance the mental well-being of parents and children through the development, implementation, and evaluation of a multilayered mental health promotion strategy. The strategy is currently available to families, public health, and mental health staff within Manitoba's *Families First Home Visiting (FFHV) Program*. The main goals of the strategy are to:

- 1) improve the mental health and decrease mental illness of women and their children;
- 2) strengthen the public health workforce capacity to promote positive mental health and address the mental health needs of families; and
- 3) build community capacity by creating mechanisms for effective mental health promotion interventions in community settings across Manitoba.

The Towards Flourishing Project is a tripartite collaboration between HCMO, the Winnipeg Regional Health Authority (WRHA), and the University of Manitoba. The strategy is funded by the Public Health Agency of Canada's Innovation Strategy entitled '*Equipping Canadians – Mental Health Throughout Life*,' having received \$2.83 million over 5 years, rolling out in two phases. The first phase, from January 2009 – January 2010, involved the development and preliminary evaluation of a comprehensive strategy to improve the mental health and well-being of families in the Families First Program. In phase two, beginning February 2010 (to February 2015), the strategy was pilot tested and evaluated in three community areas in Winnipeg. The intervention has subsequently been refined and consolidated into the multilayered Towards Flourishing Mental Health Promotion Strategy.

Scaling up of the Strategy has begun as it is being introduced in five regional health authorities across Manitoba via a rigorous trial evaluation design. In January 2012, with 18 trial sites receiving the FFHV Program as it is usually delivered, began the collection of baseline assessment data for Towards Flourishing (TF). Sites were randomly assigned to three groups (six sites per group) which initiated the intervention in succession. As of September 2012, after receiving TF curriculum training and introducing TF strategies, six trial sites started the intervention phase beginning with group one. Group two received training and started TF Strategy in the winter of 2013. Group three trainings will be completed by the summer of 2013. The TF intervention will be delivered as an adjunct to the curriculum that the FFHV Program currently employs and will be completed within the first six months that a mother participates in the FFHV Program. The intervention strategy includes two short modules that teach families about information on mental health literacy and mental health promotion, as well as a collection of Everyday Strategies for good mental health. The Strategy also includes the development of a plan to enhance access to mental health services and resources including: collaborative mental health assessment and streamlining consultation and referral processes.

A cultural lens on the Strategy was developed to align the strategy with the needs of Manitoba's diverse population with a specific mandate to incorporate the perspective of Manitoba's Aboriginal, Francophone, as well as immigrant and refugee communities. As part of a collaborative initiative with two other Innovation Strategy project teams in Québec and British Columbia, two case studies were completed with First Nation partners and immigrant and newcomer communities in Winnipeg to develop guidelines and best practices for cultural adaptation of interventions for future mental health promotion initiatives.

Partnerships

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

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

The priorities of First Nation families are being addressed through collaboration with leads from the Aboriginal Health Program of the Winnipeg Regional Health Authority and from the federal Strengthening Families Maternal Child Health Program in First Nations communities. Consultation is ongoing with a select group of First Nation knowledge keepers who have front line experience working directly with First Nation women and families in Manitoba and are experts in First Nation 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. The multiple disciplines and sectors engaged and represented in this group include: Public Health, community mental health, clinical psychology, as well as population and public health.

Knowledge Exchange and Evaluation

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

A formal evaluation plan is also being used to gather and share back information. Evaluation of the development, implementation, and outcomes of the Towards Flourishing Mental Health Promotion Strategy follows a mixed methods approach. Qualitative evaluation of the process and early impacts of implementation of the Strategy were conducted during the pilot stage and will be conducted during the trial stages using a developmental framework and case study design. Process evaluation methods include interviews, focus groups, survey questionnaires, and network analysis. Quantitative evaluation of the long-term mental health outcomes of the women and their families who participate in the Strategy will be conducted over a four-year trial period, as described above.

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

« Les centres de la petite enfance et de la famille » (CPEF). This 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. This model supports both ECD and the early acquisition of French language and literacy skills critical to later school success.

The model of CPEF was implemented in two demonstration sites in 2004/05, École Précieux-Sang in Winnipeg and École Gabrielle-Roy in Ile des Chênes. In 2006/07, the model was expanded to two additional school settings École Réal Bérard in St. Pierre Jolys and École St. Jean Baptiste. In 2007/08, École Roméo-Dallaire (Winnipeg) and École St-Jean-Baptiste Lagimodière (Lorette) were added. In 2008/09, École St-Georges and École St-Joachim (La Broquerie) were added. In 2009/10, École Notre Dame de Lourdes, and École Taché (satellite St-Boniface), and École Noël-Rtichot (satellite St-Norbert) were added. As of 2012/13, there are now 9 core CPEF sites, 2 satellite sites, and 1 mini-CPEF across the province.

In 2012/13, funding continued to be matched under the Canada/Manitoba Agreement on the Promotion of Official Languages.

Seeds of Empathy

In collaboration with the Manitoba First Nations Educational Resource Centre (MFNERC), under a tripartite agreement (2009-2012) between Indian and Northern Affairs Canada, MFNERC, and HCMO, Manitoba launched Seeds of Empathy, an expansion of the popular Roots of Empathy program, founded by Mary Gordon. In 2012, Aboriginal Affairs and Northern Development Canada (formerly INAC), MFNERC, and HCMO extended this agreement until 2017.

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 2012/13 school year, Seeds of Empathy was delivered through 65 child care programs in 54 centres across the province. 41 of these programs are delivered to First Nation / Aboriginal children, including 23 programs operating in MFNERC centres. Six training sessions were held in the summer and fall of 2012, with a total of 122 Early Childhood Educators trained to deliver Seeds of Empathy. Of those trained in 2012, 78 (64%) were from First Nations / Aboriginal or Métis centres. Five new training sessions are planned for the late summer/fall of 2013, with an estimated 100 additional Early Childhood Educators to be trained to deliver Seeds of Empathy.

Since 2010, there have been approximately 125 Seeds of Empathy programs delivered throughout the province with an average of 15 children per program. This translates to approximately 1875 children who have now received the Seeds of Empathy program. Seeds of Empathy is an important component of *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy*.

Lord Selkirk Park Abecedarian Pilot Project

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

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

For the period of April 1, 2012 to March 31, 2013, HCMO provided funding to Manidoo Gi Miini Gonaan to support the first full year of implementation of this pilot project in the Lord Selkirk Park Child Care Centre. The funding supported:

- the Abecedarian curriculum and providing ongoing training and resources;
- a contract with Red River College to provide ongoing faculty time towards the project;
- 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;
- home visitors to work directly with families (using the Learning Games); and
- programming/operational funds for the Family Resource Centre.

HCMO and its community partners are implementing a rigorous evaluation of the project. Baseline data was collected at the onset of the project and annual reassessments will be completed at the anniversary of each child's entrance into the program. First year evaluation data will be available in the fall of 2013.

B) FASD Strategy

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

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

FASD Prevention

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

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

InSight Mentoring Program

InSight is an intensive three-year, evidence based outreach program for women who are pregnant or have recently given birth and are using alcohol and/or drugs. Using harm reduction strategies, mentors provide comprehensive case management for women. They work one-on-one with women to provide practical supports, promote healthy living and connect women to community services. The goal of the program is to facilitate changes related to substance use and the root causes of problematic substance use (trauma, domestic violence, colonization, mental illnesses, etc.). The end goal is to build movement toward a healthier lifestyle for women and their children. This woman-centered program uses a trauma-informed approach and is committed to providing holistic, culturally grounded care to clients. There are seven sites across the province which can support up to 240 women.

Project CHOICES

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

The Mothering Project/Manito Ikwe Kagiikwe

The Mothering Project/ Manito Ikwe Kagiikwe is a program run out of Mount Carmel Clinic. It currently offers pregnancy outreach services to women who are pregnant or parenting children under one.

Be With Child – Without Alcohol

Be With Child – Without Alcohol is a prevention program of the Manitoba Liquor and Lotteries Corporation (MLLC) that uses television and radio commercials, posters, brochures, information kits and a website to raise public awareness about alcohol use during pregnancy. The MLLC 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 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 affected by FASD.

FASD Supports

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

Interagency FASD 6-14 Program

The Interagency FASD 6-14 Program is an FASD intervention program providing information and education regarding FASD to individuals, caregivers, service providers and systems. They also provide consultation, short and long term service delivery, advocacy, sensory regulation therapy, and crisis and safety planning to families caring for individuals with confirmed pre-natal exposure to alcohol.

Bridges FASD Intermediate School Program

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

Building Circles of Support

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

The FASD Family Network

Family Support Services for FASD is a multifaceted program that provides ongoing support and services to families affected by FASD. The program provides:

- 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.

Visions and Voices

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

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 assists to ensure our programming and services are informed and relevant. Some of these partnerships include:

Canada Northwest FASD Partnership (CNFASDP) is an intergovernmental partnership including British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut. The partnering jurisdictions have agreed to share best practices, expertise, and resources, and to develop joint strategies and initiatives to better address the issue of FASD. The partnership also supports jurisdictions to host international conferences on the latest advances in research and initiatives related to FASD. Manitoba will host a conference in the fall of 2014.

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

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

FASD Research

Canada FASD Research Network (CanFASD)

Initially, an initiative of the CNFASDP, the aim of CanFASD (then, The Canada Northwest FASD Research Network) was to build research capacity across Western Canada and the Territories 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.

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. CanFASD is an interdisciplinary research network that collaborates with researchers, programs, agencies, government, grassroots organizations, families and professionals on research projects that involve the complex issues surrounding FASD.

FASD Research Scientist Award

This award has been established in partnership with the University of Manitoba, Faculty 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.

FASD Screening

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

HCMO received a grant from the Public Health Agency of Canada (PHAC) to help explore ways of estimating FASD prevalence in Manitoba and across Canada. This project looks at the possibility of making better use of, and enhancing, the provincewide collection of the Early Development Instrument (EDI), as well as the provincewide Families First Screening, and Manitoba FASD Centre data. Better FASD prevalence data could provide jurisdictions across Canada with a clearer perspective on how extensive their policy and programming needs to be in order to adequately address the challenges faced by families, schools and educators, service providers and policy makers, regarding FASD prevention and intervention.

Circle of Security (COS)

HCMO is supporting a research project on COS an intervention protocol wherein the parent-child relationship is explored and strengthened with the supervision of a trained counselor. 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 their child's cues, and increasing caregiver self-reflection on their own care giving practices.

FASD Evaluation

Evaluation of the Provincial FASD Strategy is integral to the success of the Strategy. A framework for the evaluation has been established in collaboration with the FASD Interdepartmental Committee, and the development of evaluation measures is nearing completion. The evaluation will provide important information about how well Manitoba is doing in terms of:

- Ensuring that individuals and families who are affected by FASD are receiving the programs they want and need;
- Understanding how well programs are working;
- Providing information to help government make evidence-informed funding decisions;
- Ensuring that schools and educators, , service providers and policy makers are working with the most current information regarding FASD prevention and intervention.

C) Middle Childhood and Adolescent Development

The Middle Childhood and Adolescent Development (MCAD) portfolio utilizes evidence and research to develop and implement programs that support children and youth ages 6 to 18 years old. Research shows that investments in MCAD maintain the investments and positive gains that are achieved in early childhood programs and services. In 2012/13, work continued on the development of a provincial approach to MCAD, incorporating harm reduction strategies for risky behaviours and principles of population health, based on scientific knowledge and best practice models.

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

In 2012/13, HCMO continued to partner with the education sector to facilitate and support progress towards positive health and education outcomes for all students.

Healthy Schools is Manitoba's provincial school health initiative promoting the physical, emotional, and social health of school communities. 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, Healthy Schools supports progress towards positive health and education outcomes for all students. Under the auspices of HCCC, Healthy Schools is a partnership of Manitoba Healthy Living, Seniors and Consumer Affairs, Manitoba Education, and HCMO.

Healthy Schools is rooted in comprehensive school health (CSH), which is an internationally recognized framework for supporting improvements in students' educational outcomes, while addressing school health in a planned, integrated and holistic way. CSH helps educators, health practitioners, school staff, students, and others work together to create an environment that makes their school the best place possible to learn, work, and play. CSH is not limited to the classroom – it addresses the whole school environment with actions in four interrelated pillars that provide a strong foundation for healthy schools:

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

Healthy Schools focuses on six priority health areas in the context of the school community: healthy eating, safety and injury prevention, mental health promotion, substance use and addictions, physical activity and sexual and reproductive health.

Manitoba's Healthy Schools Initiative participates in the Pan-Canadian Joint Consortium for School Health (JCSH). The JCSH is a leader in supporting the advancement of comprehensive school health in Canada. Established in 2005, the JCSH is a partnership of federal, provincial, and territorial governments from across Canada, working together to promote the health of children and youth in the school setting.

Healthy Schools Funding

Funding was available to school divisions/schools to support their Healthy Schools work through:

1. *Healthy Schools Grant*

Through the Healthy Schools Grant, annual funding is available to support school divisions/schools in partnering with their community partners (including local regional health authorities) as they work toward creating healthy school communities. Activities are selected based on the needs school divisions/schools identify within their school community and align with the focus areas of Healthy Schools (ex. mental health promotion, physical activity, healthy eating, injury prevention, healthy sexuality, substance use and addictions).

Healthy Schools Grant activities typically:

- encourage community, student and family participation
- build and strengthen partnerships among health providers, educators, parents, children and the community
- use a comprehensive, collaborative approach
- incorporate best practices and evidence
- encourage activities that support wellness and promote healthy environments within the community, at home and at school
- build capacity and provide evidence of sustainability
- support the sharing of knowledge and expertise across the province

2. *Healthy Schools Campaigns*

In addition to receiving the Healthy Schools Grant, schools also received annual funding through the Healthy Schools Campaigns. Healthy Schools offered two Campaigns to support schools in undertaking projects that focus on important health and wellness issues in their school community. Aligning with the key focus areas of healthy living, the campaigns provide targeted school health promotion support in the areas of:

- Mental health promotion
- Physical activity
- Healthy eating
- Safety and injury prevention
- Substance use and addictions (including tobacco)
- Healthy sexuality

In 2012/13, schools were eligible to receive funding through the Healthy Schools Campaigns for activities that focused on Healthy Eating (fall 2012) and Mental Health Promotion (spring 2013).

Healthy Schools Programs and Resources

Premier's Healthy Living Award for Youth

The Premier's Healthy Living Award for Youth recognizes the achievements of ten young Manitobans who serve as positive role models for other children and youth. Award recipients have made outstanding healthy living contributions to their communities, in areas of focus that may include active living, mental health promotion, healthy eating and preventing tobacco use. The Premier's Healthy Living Award for Youth recognizes Grade 12 students who have engaged in meaningful leadership and citizenship volunteer activities targeted at promoting healthy living in their communities and schools during the past year.

Low Cost Bike Helmet Initiative

Over the past 8 years, through the Low Cost Bike Helmet Initiative, over 89,000 low cost helmets have been purchased by Manitoba families. The Low Cost Bike Helmet Initiative is offered to Manitoba schools and child care centres to promote the increased use of helmets and safer bicycle riding skills and behaviour as well as make affordable helmets more accessible to families.

Healthy Schools *in motion*

Manitoba *in motion* is a provincial strategy to help all Manitobans make physical activity a part of their daily lives for health benefits and enjoyment. A Healthy School *in motion* values the benefits of physical activity and ensures that it is a visible priority in the daily life of the school by working towards the goal of 30 minutes of daily physical activity every day for every student. Over 630 schools are registered as a Healthy School *in motion*. In 2012/13, Healthy Schools *in motion* implemented a Geocaching Loaner Program for all registered *in motion* schools. The program is run in partnership with the Manitoba Physical Education Teachers Association.

Healthy Buddies Pilot Project

In 2012/13, the Healthy Buddies program was implemented in ten elementary schools across the province, led by Manitoba Healthy Living, Seniors and Consumer Affairs. First started in British Columbia, Healthy Buddies is a school-based health promotion program that works to empower elementary school children to live healthier lives. Healthy Buddies uses a peer teaching model by partnering younger students with older “buddies” who serve as mentors and healthy role models. Together students learn to make healthy choices that will help them lead healthier lives.

Healthy Schools Website

The Healthy Schools website provides information and resources to assist school communities in promoting comprehensive school health: www.gov.mb.ca/healthyschools.

Roots of Empathy

In 2012/13, HCMO continued to support the implementation and sustainability of Roots of Empathy (ROE), an evidence-based, bilingual, universal and classroom-based parenting program that increases prosocial behaviour and reduces physical aggression and bullying by fostering children’s empathy and emotional literacy. In the long term, the goal of ROE is to build the parenting capacity of the next generation of parents.

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

By the end of the school year, students have become attached to “their baby” and have come to understand the complete dependence of the baby on others. They have also come to understand health and safety issues, such as proper sleep position, injury prevention, Shaken Baby Syndrome, FASD, the risks of second-hand smoke, the benefits of breastfeeding, and the stimulation and nurturance required for healthy child development. As the ROE 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.

Building on the success of the 2001/02 pilot of the ROE program, and the positive outcomes of improving prosocial behaviour and reducing aggression in students from a longitudinal randomized controlled trial (RCT) of the program, ROE has continued to expand across Manitoba. In 2012/13, ROE was delivered by 272 ROE certified instructors in 286 classrooms across Manitoba (including First Nations communities) to over 5500 students from Kindergarten to grade 8.

Manitoba’s RCT evaluation of ROE was published in a special issue of *Healthcare Quarterly* (Vol. 14 April 2011): Effectiveness of School-Based Violence Prevention for Children and Youth – Cluster randomized controlled field trial of the Roots of Empathy program with replication and three-year follow-up.

Mentoring Interventions

In 2012/13, HCMO continued to support the In-School Mentoring program through Big Brothers Big Sisters of Winnipeg, Brandon, Portage la Prairie, and Morden/Winkler. As well, HCMO supported the Community Based Mentoring programs within all four organizations. In 2012/13, approximately 235 children were matched with mentors in the In-School Mentoring Program and over 600 children participated in the Community Based Mentoring programs, including group programs.

Out of School Programming

HCMO continued to support out of school programming at the Thompson Boys and Girls Club. Programming focuses on providing a balance of structured and unstructured learning activities in the core areas of recreation, nutrition, vocation, and education.

In addition, HCMO continued its support of the CSI Summer Learning Enrichment program through the Boys and Girls Club of Winnipeg. This school-based summer day camp for targeted communities in Winnipeg provides children with the ability to participate in a variety of academic, recreational, arts, cultural, and educational activities during the summer months. The program also has a nutrition component and employs local youth and university students. In the summer of 2012, over 910 children attended at 14 sites and over 71 university students and 57 local high school students were hired.

COACH

In 2012/13, HCMO continued to support COACH, a 24-hour wrap-around program for 5-11 year old children with extreme behavioural, emotional, social and academic issues. COACH is designed for children who are not able to learn in a school classroom even with support of a full-time Educational Assistant; and have committed criminal offences for which they would be charged if they were age 12 and over; who have been involved in the child welfare system; who have profound behavioural or mental health problems; and who reside within the Winnipeg School Division catchment. The program provides appropriate school curriculum and family-based components as well as community socialization, aimed at returning students to an educational setting where they can function with specialized supports. Children are in the program for one to three years, and the program operates 12 months of the year, 7 days a week..

There is an ongoing program evaluation of COACH which focuses on pre- and post-measures in a case study approach. 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.

On May 20, 2011 the Manitoba Government announced an increase in funding for COACH which doubled the total number of children and families supported by the program, from 8 to 16 full time, with potential to support up to 30 children transitioning to a full time regular classroom setting.

Life Skills Training

The Life Skills Training (LST) program is an evidence-based prevention program targeting social and psychological factors that may cause youth to initiate high risk behaviours, including substance abuse and violence. LST focuses on teaching children how to make healthy choices throughout their lives by improving personal self-management skills, general social skills and self esteem, and drug resistance skills.

In 2009/10, 28 schools participated in a randomized controlled trial evaluation of LST in grade 3 classrooms across Manitoba. In 2011/12 and 2012/13, HCMO continued with phase two of its pilot of LST to deliver level 2 training to the initial cohort of students. Evaluation of the LST pilot is ongoing.

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 2012/13, there were 820 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 2012/13, there were 398 visits to St. John's Teen Clinic.

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 the 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 2012/13, there were 578 visits to the Northern RHA - Western Campus Teen Clinics.

Interlake 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 2012/13, there were 1042 visits to Selkirk Teen Clinic.

As a result of a Request for Proposals in 2011, HCMO was able to provide new or enhanced funding in 2012/13 to support selected initiatives including the development of new Teen Clinic sites in North Parkland (Swan Valley Regional Secondary School and Ecole Swan River). 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.

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. Clinic'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 2012/13, Teen Talk engaged with 18,327 Manitoba youth. This includes 692 workshops delivered to 12,429 youth; 1,281 youth that participated in peer support volunteer training who delivered skits presentations to 1,208 youth and reached a total of 4,617 people through volunteer efforts. Workshops include topics such as sexuality, birth control and sexually transmitted infections, substance use, healthy relationships and harm reduction. A new Teen Talk website was launched in 2011, with the support of HCMO, which 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 2012/13 there were 134,130 visits to the website, an increase of over 300% from 2011/12.

HCMO continues to work on developing and updating resources which support youth in healthy decision-making. "Your Choice for Your Reasons" a resource package on pregnancy options for young women which includes a video, service provider handbook and brochures was originally developed in 2003 in partnership with the Adolescent Parent Interagency Network (APIN). The service provider handbook was updated in 2009 and in 2011/12 the brochure was revised and re-printed in English and French. These resources are available for download at www.gov.mb.ca/healthychild/mcad/youth.

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. The Network holds events, hosts a website (www.apin.org) and produces regular newsletters, all of which facilitate the sharing of information for pregnant and parenting teens as well as service providers and the community. APIN hosts an annual Adolescent Parent Day, for which 116 parents registered in 2012. APIN also hosts a brown-bag lunch series and service provider conference, which in 2013 was attended by over 120 participants.

Youth Suicide Prevention Strategy (YSPS) Education Initiatives

The YSPS Education Initiatives Strategy supports inter-sectoral and cross-departmental collaboration for school or education-based initiatives in the area of youth suicide prevention, with a focus on Aboriginal youth. The YSPS Education Initiatives Task Team is a sub-committee of the Youth Suicide Prevention Strategy Implementation Steering Committee. Both groups were established in 2009 as part of Reclaiming Hope, the province's Youth Suicide Prevention Strategy announced in December 2008. YSPS Education Initiatives are delivered and implemented in the education sector, including the provincial school divisions, First Nations-operated schools (in partnership with Manitoba First Nations Education Resource Centre), and alternative education settings. Programs under the YSPS Education Initiatives Strategy include:

- Life Skills Training (LST), an evidence-based, universal and school-based mental health promotion program. The program has been delivered in 28 schools across Manitoba, to children in grades 3-5.
- Roots of Empathy (ROE), an evidence-based, universal, school-based parenting program that increases pro-social behaviour and reduces physical aggression and bullying by fostering children's empathy and emotional literacy. Led by HCMO, it was first implemented in 2001, and to date has been delivered across Manitoba, including First Nations communities, to approximately 55,000 students from kindergarten to grade 8.
Seeds of Empathy (SOE), an early years version of ROE, has been delivered to 1875 children, aged 3 and 4 years, across Manitoba, including many First Nations communities.
- PAX Good Behaviour Game is a series of evidence-based behavioural and brain-enhancing strategies which enhance children's self-regulation and socio-emotional learning. Previous research has shown positive long-term effects in preventing suicidal thoughts and attempts. Since the 2011/12 school year, over 200 schools attended training and implemented PAX as part of Manitoba's provincial pilot and evaluation in grade one classrooms.

In February, 2012, Treasury Board approved the redirection of Changes for Children funding for YSPS to the creation of a selection of suicide prevention school-based resources and programs that are evaluated and shown to be representative of the needs and diverse communities of Manitobans over time. This work, led by the Youth Suicide Prevention Strategy Education Initiatives Task Team, under the leadership of HCMO and Manitoba Education, includes the following work objectives:

1. Development of a multimedia resource to serve as a classroom-based suicide prevention video and discussion tool, (to be launched in Fall 2013);
2. Development of Regional-level Resource Tool Kits to support school and community collaboration (in process);
3. Pilot and evaluation of the Reaching Out program in selected school divisions (in process);
4. Development of a Best Practices Planning Tool to support education settings to implement local-level youth suicide prevention and mental health promotion strategies (to be distributed Fall 2013);
5. Capacity building and training for educators within alternative education settings, in collaboration with Manitoba First Nations Education and Resource Centre, related to youth suicide prevention.
6. Supporting the provincial pilot and evaluation of the PAX Good Behaviour Game.

D) Community Capacity Building

Communities That Care

In 2009/10, HCMO and the Winnipeg Regional Health Authority partnered to pilot Communities that Care (CTC), 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 behaviors - 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, and the United Kingdom. The Social Development Research Group (SDRG) at the University of Washington provides training and research support to the Province of Manitoba in its efforts to pilot the CTC prevention planning system in four diverse communities throughout the Province. Pilot communities that have been engaged in the Communities That Care mobilization process at varying levels are Elmwood (urban), Swan River (rural), Sagkeeng First Nation (southern First Nation) and Shamattawa First Nation (northern First Nation). In 2011/12, a Provincial Coordinator was placed in the Winnipeg Regional Health Authority's Mental Health Promotion Team to continue to support the mobilization process started in the pilot sites.

II. HCMO Policy Development, Research and Evaluation

Legislated in *The Healthy Child Manitoba Act* is 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. Under the leadership of HCMO's Policy Development, Research and Evaluation (PDRE) unit and in collaboration with government departments, inter-sectoral and community-based stakeholders, and university partnerships, this work is categorized into the following areas: 1) Community Data Development and Analysis, 2) Provincial Program Evaluations, 3) Population-Based Research, 4) Specialized Evaluations, and 5) Knowledge Translation and Mobilization.

A) Community Data Development and Analysis

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

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

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

- The FFS is a post-natal screen of biological and social risk factors among families and their newborn children in Manitoba (collected in partnership with Regional Health Authorities)
- The EDI is a questionnaire completed province-wide by Kindergarten teachers that measures children's development and "readiness to learn" prior to school entry (collected in partnership with School Divisions, the Offord Centre for Child Studies at McMaster University, and Manitoba Education)
- The YHS is a survey of student-reported health and health-related behaviours among students in grades 7 to 12 (collected in partnership with the Partners in Planning for Healthy Living)

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

B) Provincial Program Evaluations

Provincial program evaluations provide information for cross-sectoral policy and program decision-making. Building on the findings from a small number of intensively studied research sites (Healthy Baby, Families First, InSight Mentoring Program), provincial programs are extensively evaluated in multiple sites with a large number of families, using qualitative and quantitative data collection and analysis. Results of provincial program evaluations provide information on program effectiveness, key program components and program efficiency, toward program improvement. Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for the HCM goals for children (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 in the process of being evaluated in all provincial 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).

The province-wide pilot and evaluation of PAX for Grade 1 students is being implemented as a cluster randomized controlled trial (RCT) involving over 5,000 students.

C) Population-Based Research

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

An example of an ongoing population-based research initiative is the Manitoba Birth Cohort Study. Reports from this population-based research study are available on-line (http://www.gov.mb.ca/healthychild/ecd/ecd_reports.html#birthcohort). HCMO has collaborated with the Public Health Agency of Canada (PHAC) and the Mental Health Commission of Canada (MHCC) to jointly support mental health promotion/ mental illness prevention research activities. Also, several times a year, HCMO is asked to partner with university-based principal investigators on national research projects.

In 2012/13, HCMO led and/or partnered in several population-based research initiatives. Many of these initiatives are done in partnership with academic researchers or community partners and funded externally by granting agencies usually through a highly competitive process. Listed below are additional details for examples of initiatives from competitive grants:

RESEARCH AWARDS for 2012/13

Funding Body	Amount	Time Period	Name of project	Description
Public Health Agency of Canada	\$211,647 (Phase I)	Feb 2011 to Jan 2012	Evidence-based "kernels" (small initiatives that promote significant change) to promote healthy diet, activity, and weight in children from birth through age 12 at a population level: The Lifestyle Triple P - Positive Parenting Program	The primary aim of this project is to develop a series of resources (e.g. information aids, public education seminars – Lifestyle Triple P) that can be used by practitioners to support and empower parents/caregivers in implementing/sustaining a healthy diet, weight, level of physical activity, and overall healthy lifestyle for their children.
Public Health Agency of Canada	\$2,833,747 Phase I and II	Jan 2009 to Jan 2015	Towards Flourishing: Improving Mental Health among Families in the Manitoba Families First Home Visiting Program	The overall aim of this Innovation Strategy project is to enhance the mental well-being of parents and children through trial and evaluation of a multilayered Mental Health Promotion Strategy for families, public health and mental health staff within Manitoba’s Families First Home Visiting Program.

D) Specialized Evaluations

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Policy questions are intensively studied in selected sites. Specialized evaluations are time-limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs, toward establishing local best practice models in Manitoba communities. Examples of specialized evaluations conducted or launched by HCMO during 2012/13 include the Seeds of Empathy evaluation, the Life Skills Training (LST) pilot evaluation, and the PAX Good Behaviour Game RCT evaluation. These evaluations contribute to reports on program outcomes, as well as presentations to a variety of audiences as part of ongoing Knowledge Translation and Mobilization (For details, see below).

E) Knowledge Translation and Mobilization

Knowledge Translation and Mobilization (KTM) is a critical component of the Healthy Child Manitoba Strategy and reflects HCM's 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 2012 Report on Children and Youth
- 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;
- developing GIS (geographic information system) data maps to delineate relationships between multiple data sets
- supporting the development of evidence-informed and best practice service models for children and families
- leading/participating in local, provincial, and national committee work
- leading/participating in local, provincial, national and international knowledge exchange conferences and events

Examples of these activities include:

- **Let the Children Play: 2012 Regional Early Childhood Development (ECD) Forums:** In the spring of 2012, regional forums were held in seven communities throughout the province. The focus of these community based events was to promote the importance of the early years and early brain development, and to provide research information and resources on play based learning for young children. Several included sessions to mobilize local leadership for ECD.
- Parenting Resources developed by HCMO continue to be distributed. Examples include the *Getting Ready for School: A Parent's Guide* and *A Parent's Guide to Early Childhood Development* DVD, both of which are available on the following website: <http://www.gov.mb.ca/healthychild>
- HCMO develops and disseminates public newsletters to showcase communities that are using evidence-based approaches to develop programs and services to support healthy childhood development. Called the *EDI Teacher Newsletter*, this communication vehicle serves to provide feedback to Manitoba's kindergarten teachers, who collect the EDI on kindergarten students in Manitoba. Additionally, the newsletter provides examples of community success stories in order to facilitate community learning and capacity development. These newsletters are available online (<http://www.gov.mb.ca/healthychild/edi/resources.html>).
- HCMO uses GIS mapping technology to translate data into user-friendly data maps. These data maps are used to delineate community-level EDI results, and copies of these EDI community data maps can be found at: http://www.gov.mb.ca/healthychild/edi/edi_reports.html. Additionally, HCMO has translated community-level census data into community data maps and has worked with community stakeholders to conduct comprehensive community asset mapping studies.
- As part of HCM's commitment to supporting parent child coalitions, 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 to Manitoba First Nation Education Resource Centre (MFNERC) and First Nation communities to implement EDI collections in approximately 28 First Nation-operated schools. HCMO has continued work, in collaboration with MFNERC and these First Nation Communities, to develop a knowledge exchange strategy to support these communities to use EDI data to support program and policy development.
- Following Manitoba's Council of the Federation 2011 commitment, 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.

Manitoba continues to lead ongoing work towards accomplishing the goals of the Summit in partnership with the Mental Health Summit Steering Committee (co-chaired by Manitoba, the Mental Health Commission of Canada, and the Public Health Agency of Canada). In Winter 2013, the Steering Committee established the Mental Health Summit Network by inviting key stakeholders who participated in the Summit from jurisdictions across Canada.

The Mental Health Summit Network's first 'Think Tank' meeting, entitled "Best Practices to Innovation to Scale-Up: Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada" took place in Winnipeg February 13-14, 2013. The goal of the 2013 Think Tank was to take the first steps in developing a Blueprint outlining the 'how-to' of scaling up and monitoring evidence-based mental health promotion and mental illness prevention practices in jurisdictions across Canada. Work of the Mental Health Summit Network towards developing the Blueprint is ongoing.

- In 2012/2013, a new cross-sectoral Oversight Committee for Child and Youth Mental Health (OCCYMH) was established, 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. OCCYMH will be reviewing a mental health action framework for children and youth in Manitoba (pre-natal-18yrs). This framework will build on, and be embedded in, Manitoba's provincial mental health strategic plan, *Rising to the Challenge*, which was announced in 2011. This work is being co-led by HCMO and the Mental Health and Spiritual Health Care Branch of Manitoba Healthy Living, Seniors and Consumer Affairs (which leads *Rising to the Challenge*). OCCYMH continues to meet on an ongoing basis.

- Over the last several years, HCMO's PDRE unit led/participated in several local, provincial, and national committees, including the following:
 - All Aboard: Manitoba's Poverty Reduction & Social Inclusion Strategy – Senior Officials Steering Committee, Government of Manitoba
 - 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
 - Canadian Public Health Association (CPHA)
 - Centres de la petite enfance et de la famille (CPEF) – Executive Committee
 - Community Data Network
 - Community Health Assessment Network (CHAN)
 - Complex Placement Protocol Working Group
 - Crime Prevention Strategy Steering Committee
 - Drug Treatment Funding Program (DTFP) Evaluation Steering Committee
 - Education (EDU) and Child and Family Services (CFS) Protocol Working Group
 - Early Childhood Development (ECD) Working Group
 - Federal/Provincial/Territorial Advisory Committee on Children and Youth At Risk
 - Forum for National ECD - Monitoring Management Committee
 - Health Sciences Centre (HSC) Youth Violence Advisory Committee
 - Healthy Child Five Year Report Committee
 - International Health Data Linkage Network
 - Intergovernmental Strategic Aboriginal Alliance (ISAA) Task Group on School Readiness
 - Manitoba Research Alliance
 - MCHP Advisory Board - PATHS Equity for Children
 - MCHP Advisory Group – Educational Outcomes of Children in Care
 - MCHP Advisory Group – How Are Manitoba's Children Doing?
 - MCHP Advisory Group – Long-Term Outcomes of Manitoba's InSight Mentoring Program
 - MCHP Advisory Group – Perinatal Outcomes in Manitoba
 - Many Hands, One Voice Advisory Committee (national)
 - Maternal and Child Healthcare Services (MACHS) Advisory Council
 - Medical Home for Children in Canada - Advisory Committee (national)
 - Mental Health and Wellbeing Work 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 Oversight Committee for Child and Youth Mental Health (OCCYMH)
 - Pan-Canadian Early Development Instrument (EDI) Working Group (national)
 - Pan-Canadian Mental Health Summit Network (national)
 - Partnering Committee – Manitoba Health; Manitoba Healthy Living, Seniors and Consumer Affairs; Manitoba Children and Youth Opportunities
 - Partners in Inner-City Integrated Prenatal Care (PIIPC) Steering Committee and PIIPC Advisory Committee
 - Partners in Planning for Healthy Living (PPHL) - Youth Health Survey Working Group
 - PEG (City of Winnipeg's Community Indicators System)
 - Performance Management Community of Practice

- Provincial Advisory Committee on Child Abuse (PACCA)
 - Provincial Psychosocial Planning (PPP) Table - Flood
 - Strategic Knowledge Cluster on Early Child Development (SKC-ECD) – Advisory Committee & Steering Committee (national)
 - Senior Public Health Advisory Team (SPHAT)
 - Task Group on Mental Health Promotion and Mental Illness Prevention - Summit 2012 ThriveNet (The Results and Innovation in Evidence-based Healthy Child Development Trajectories Network) National Advisory Committee
 - Transition of Children with Special Needs to the School System
 - Transition to Adulthood Protocol Evaluation Committee
 - Youth Suicide Prevention-High-Risk Working Group (national)
 - Youth Suicide Prevention-School-Based Working Group (national)
- HCMO's PDRE unit is regularly invited to deliver presentations at local, provincial, national, and international knowledge exchange events, forums and conferences. In 2012/13, some examples included:
 - Let the Children Play 2012 Regional ECD Forums in Winnipeg (2 sessions), North Eastman, Brandon, Assiniboine, Central, (April-May 2012) and NOR-MAN (October 2012)
 - Together in Prevention: Addictions Foundation of Manitoba Provincial Prevention Conference, Winnipeg (April 2012)
 - Healthy Minds, Successful Students: A Forum on Student Mental Health and Wellness, Manitoba School Boards Association, Brandon (April 2012)
 - Roots of Empathy Research Symposium 2012, Toronto (May 2012)
 - Frontier School Division Trustees and Superintendents (May 2012)
 - Healthy Living – the Power of Prevention Conference 2012: Mind Your Health, Gimli (May 2012)
 - Models of Early Childhood Services: An International Conference, Centre of Excellence for Early Childhood Development/Strategic Knowledge Cluster on Early Child Development/International Network on Early Child Development and Health, Montréal (June 2012)
 - Ukraine Delegation (Livivska and Dnipropetrovsk), Legislative Building (June 2012)
 - Manitoba Emergency Measures Organization (September 2012)
 - EDI Provincial Train-the-Trainer Session (October 2012)
 - Winnipeg Poverty Reduction Council (October 2012)
 - National Child Day Forum 2012 – Coming Back to the Drum (November 2012)
 - Manitoba Government Workshop – Manitoba Centre for Health Policy (December 2012)
 - MFNERC Principals' Round Table meeting, (December 2012)
 - EDI for MFNERC Schools Train-the-Trainer Session (January 2013)
 - Ginew School (January 2013)
 - Provincial Coordinators of Manitoba's Families First Home Visiting Program (January 2013)
 - Public Health Ethics Rounds, Central Health Region (January 2013)
 - "5th International Conference on Fetal Alcohol Spectrum Disorder, Vancouver (February-March 2013)
 - Premier's Advisory Council on Education, Poverty, and Citizenship (February 2013)
 - Celebrating Our Roots, Creating Our Future – Recreation Connections Manitoba 17th Annual Provincial Conference (February 2013)
 - DSFM teacher training event (March 2013)
 - Manitoba Women's Advisory Council (March 2013)
 - Western Regional Training Centre (March 2013)

**HEALTHY CHILD MANITOBA
RECONCILIATION STATEMENT**

DETAILS	2012/13 Estimates \$000
2012/13 Main Estimates	31,789
2012/13 ESTIMATE	31,789

**Appropriation 20-2: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2013**

Expenditures by Sub-Appropriation	Actual		Estimate	Variance	Expl. No
	2012-2013 \$(000's)	FTE's	2012-2013 \$(000's)	Over(Under) \$(000's)	
Salaries and Employee Benefits	2,275	32.50	2,325	50	
Other Expenditures	549		620	71	
External Agencies	27,972		28,844	872	
Total Sub-Appropriation	30,796	32.50	31,789	993	

**Expenditure Summary for
Fiscal Year ended March 31, 2013
with Comparative Figures for the Previous Fiscal Year**

Estimate 2012-2013 (\$000)	Appropriation	Actual 2012-2013 (\$000)	Actual 2011-2012 (\$000)	Increase (Decrease) (\$000)	<i>Expl. No.</i>
20-2 Healthy Child Manitoba					
2,325	(a) Salaries and Employee Benefits	2,275	2,208	67	
620	(b) Other Expenditures	549	699	(150)	
28,844	(c) Financial Assistance and Grants	27,972	27,492	480	
31,789	Total 20-2	30,796	30,399	397	

**Historical Expenditure and Staffing Summary by Appropriation (\$000)
for Fiscal Years Ending March 31, 2009 - March 31, 2013**

APPROPRIATION	ACTUAL/ADJUSTED ESTIMATES OF EXPENDITURES ¹									
	2008-2009		2009-2010		2010-2011		2011-2012		2012-2013	
	FTE	\$	FTE	\$	FTE	\$	FTE	\$	FTE	\$
20-1 Administration and Finance	9.00	563	9.00	610	9.00	751	9.00	715	9.00	785
20-2 Healthy Child Manitoba Office	32.00	28,498	33.00	29,375	32.50	30,535	32.50	30,399	32.50	30,796
20-3 Youth Opportunities	155.73	12,099	155.73	11,009	155.73	12,871	155.73	12,007	155.73	11,521
TOTAL	196.73	41,160	197.73	40,994	197.23	44,157	197.23	43,121	197.23	43,102

1 Prior years' comparative figures have been restated where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2013.

Indicators of Progress Against Priorities (Performance Reporting)

The following section provides information on key performance measures for the department for the 2010/11 reporting year. This is the sixth year in which all Government of Manitoba departments have included a Performance Measurement section, in a standardized format, in their Annual Reports.

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.

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2012/13 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
<p>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:</p> <p>a) Reading (families with daily parent-child reading)</p>	<p>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.</p> <p>Research has also established that the best prevention investments occur</p>	<p>We are using 1998/99 as the baseline measurement.</p> <p>Reading (% of parents who read to their child daily):</p>	<p>Our most recent data is from 2010/11.</p> <p>Reading (% of MB parents that read to their child daily – for children</p>	<p><u>Stable:</u> Average results from six cohorts from 1998/99 to 2010/11</p>	<p>ECD (Early Childhood Development) Programs remained a core commitment for 2010/11.</p> <p>In 2010/11, 12 Triple P training courses were held in Manitoba. By the end of March 2011, 1292 practitioners in total from approximately 208 community agencies, RHAs, school divisions, child care centres, government departments, and other organizations,</p>

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2012/13 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
<p>b) Positive Parenting (families with warm, positive, engaging interaction between parents and children including praising, playing, reading and doing special activities together)</p> <p>c) Family Functioning (how well family members relate to and communicate with one another, including the ability to solve problems)</p>	<p>during the early years. 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>It is important to know how families in Manitoba are doing so that the Government of Manitoba can make decisions about which investments will best support Manitoba's children and families, including those that will support positive parent-child interactions.</p>	<p>76.0% in MB 69.7% in Canada</p> <p>Positive Parenting (% of children living in families with positive parenting): 90.6% in Manitoba 90.6% in Canada</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>Family Functioning (% 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>ages 3-5): 74.2% in Manitoba 73.9% in Canada</p> <p>Positive Parenting (% of MB children living in families with positive parenting – data from 2008/09): 96.3% for Manitoba 94.8% for Canada</p> <p>Family Functioning (% of MB children living in families with positive family functioning – for children 1-5 years): 85.5% for Manitoba 91.3% for Canada</p>	<p>are 72.6%, suggesting that the trend in reading in Manitoba is stable since 1998/99</p> <p><u>Increasing:</u> Results suggest improvements in positive parent-child interaction since 1998/99</p> <p><u>Increasing:</u> Results suggest slight improvements in family functioning since 1998/99</p>	<p>had participated in Triple P training and had successfully completed accreditation since the advent of the program in 2005. This added an additional 142 new practitioners and 10 new agencies/ organizations to the total from the previous year.</p> <p><u>Note:</u> Some practitioners are trained and accredited in more than one accredited course.</p> <p>Positive parent-child interaction can also be considered an intermediate outcome for children's school readiness (measured below).</p> <p><u>Limitation:</u> While the information collected is fairly representative of the Canadian population, the NLSCY does not include Aboriginal</p>

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2012/13 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
<p>together)</p> <p>Please see Note 1 below for more detailed information about this indicator.</p>					<p>children living on reserves or children living in institutions, and immigrant children are under-represented.</p>
<p>2. The progress of our ECD strategy by measuring children's readiness for school, using results from the Early Development Instrument (EDI). The EDI is a questionnaire measuring Kindergarten children's readiness for school across several areas of child development including:</p> <ul style="list-style-type: none"> • physical health and well-being • social competence • emotional maturity • language and thinking skills • communication skills and general knowledge <p>For more about the</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.</p> <p>2005/06 Results (based on 37 school divisions and 12,214 children) 62.4% of participating kindergarten students were 'Very Ready' in one or more areas of child development.</p> <p>28.3% of participating kindergarten students were 'Not Ready' in one or more areas of child development.</p>	<p>Manitoba's 4th province-wide EDI collection was implemented in 2010/11. The EDI has been collected in all 37 school divisions in 2005/06, 2006/07, 2008/09 and 2010/11. Since 2008/09, the EDI is collected biennially. 2010/11 Results (based on 37 school divisions and 13 First Nations schools, representing 12,885 children)</p> <ul style="list-style-type: none"> • 65 % of participating kindergarten students were 'Very Ready' in one or more areas of child development. • 29% of participating kindergarten students were 'Not Ready' in one or more areas of child 	<p><u>Stable</u> EDI trend analyses show that between 2005/06 and 2010/11, the proportion of children who are Very Ready in one or more domains and Not Ready in one or more domains is stable. The previous report indicated that the provincial trend from 2005/06 to 2008/09 in the Language and Thinking Skills area of development showed an improvement. However, this trend is now stable from 2005/06 to 2010/11.</p>	<p><u>Note:</u> 'Very Ready' includes the proportion of children whose scores fell in the top 30th 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 bottom 10th percentile - based on Canadian norms - in one or more areas of child development.</p> <p><u>Limitation:</u> While the EDI is collected in all provincial school divisions, the EDI is only collected in those First Nation-operated</p>

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2012/13 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
<p>EDI, please see Note 2 at the bottom of this table.</p>			<p>development.</p>		<p>schools or independent schools who elect to collect (with the exception of First Nation/Frontier School Division partnership schools. 13 First Nation-operated school have collected the EDI in the 2010/11 collection cycle.</p> <p>EDI Reports can be viewed at: http://www.gov.mb.ca/healthychild/ecd/edi.html</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 12,000 births per year are screened, which is about 84% of all births in Manitoba</p>	<p>Research has established that alcohol 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 that are permanent and irreversible.</p> <p>Alcohol consumption</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 2010, 14% of women in MB stated that they drank alcohol during pregnancy. 12,920 women were screened in 2010, representing about 81% of all births in Manitoba.</p> <p>New questions related to alcohol use were introduced in the 2007 screens. Women who used alcohol during pregnancy were asked if they</p>	<p><u>Alcohol consumption during pregnancy has remained stable since 2003.</u></p> <p>The following shows the percentage of women who stated they drank alcohol during pregnancy from 2003 to 2010.</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%</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>

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2012/13 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
<p>each year). Standardized questions related to alcohol use during pregnancy are included in the screen.</p>	<p>during pregnancy is the causal risk factor for FASD.</p>		<p>continued to drink after discovering their pregnancy. In 2007, 35% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy. In 2010, 11.1% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy.</p> <p>In 2010, the prevalence of drinking during pregnancy varied between RHAs ranging from 8.3% to 23.7%.</p>	<p><u>The proportion of women who continued to drink after discovering their pregnancy has decreased from 35% in 2007 to 11.1% in 2010.</u></p> <p>Data from two national health surveys show that 17% to 25% of Canadian women indicated alcohol use at some time during pregnancy and 7% to 9% drank throughout pregnancy (National Longitudinal Survey on Children and Youth, 1994/95; National Population Health Survey, 1994).</p>	<p><u>Limitation:</u> The provincial screen represents data on approximately 84% of all births in Manitoba, it is not collected on new mothers living on reserves.</p> <p>Prevalence and incidence data for FASD is limited because diagnosis is complicated and difficult. Based on the best available data, Health Canada estimates the Canadian FASD incidence to be 9 in every 1,000 live births (Health Canada, 2003). At least 200 children each year receive a diagnosis of FASD in Manitoba.</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</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>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>2011/12 Pregnancy Rate</u> (number is per 1,000 youths aged 15-19): 39.7 This rate is for the whole province including First Nations women on reserves.<u>2012 STI Rates</u> (number is per</p>	<p><u>Pregnancy Rates (for youth aged 15-19) is stable:</u> Manitoba has consistently had among the highest teen pregnancy rates across Canada. Since 1999, the rates</p>	<p>Note: <u>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</u></p>

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2012/13 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
<p>and usage of health and wellness services by teens.</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' 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>1,000 youths aged 15-19 for Chlamydia, gonorrhea (rates for syphilis are not included due to low incidence).</p> <p><u>Teen Clinic Usage</u> In 2012/13 HCMO funded teen clinics had the following number of visits:</p> <p>Elmwood Teen Clinic: 820 St. John's Teen Clinic: 398 Nor-Man teen clinics: 578 Selkirk Teen Clinic: 1042</p> <p><u>Teen Talk</u> In 2012/13, Teen Talk engaged with 18,327 Manitoba youth. This includes 692 workshops delivered to 12,429 youth; 1281 youth that participated in peer support volunteer training who delivered skits presentations to</p>	<p>of teen pregnancy have reduced 53% from 60.7 in 1999 to 39.7 in 2011/12. These rates are for all Manitoba youth including First Nation youth living on reserve. (number is per 1,000 youths aged 15-19): 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 2010/11 – 42.4 <u>2011/12 – 39.7</u></p> <p><u>STI Rates</u> Rates increased since tracking began in 2001 with the peak being in 2008. Rates over last 4 years are declining</p>	<p><u>there will be an increase in youth accessing health and wellness services.</u> If more youth access health services, there is the potential that reported STI rates for youth may increase in the short term due to increased testing and diagnosis (i.e., surveillance effect) Data for teen pregnancy rates (deliveries (live births), therapeutic abortions, and spontaneous abortions) is collected by Health Information Management, Manitoba Health.</p> <p>STI Rates include: Chlamydia, Gonorrhea and Syphilis. Data is collected by Communicable Disease Control (CDC) Branch, Manitoba Health.</p>

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2012/13 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
			<p>1,208 youth and reached a total of 4617 people through volunteer efforts. Workshops include topics such as sexuality, birth control and STI, substance use, and harm reduction.</p>	<p>(number is per 1,000 youths aged 15-19): 2001 – 17.1 2002 – 18.3 2003 – 20.5 2004 – 22.4 2005 – 18.8 2006 – 21.1 2007 – 25.9 2008 – 30.5 2009 – 26.6 2010 – 26.1 2011- 27.2 2012 – 27.2</p> <p><u>Teen Clinic Usage:</u> These measures are 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>In 2011 Teen Talk launched a new website which includes information and resources for teens, parents and service providers and features an interactive Youth Corner. In 2012/13 there were 134,130visits to the website, a 300% increase from 2011/12.</p>

Notes:

Note 1: Measures of positive parent-child interaction:

How are these data collected?

Data from the National Longitudinal Survey of Children and Youth (NLSCY) is used. The NLSCY was initiated in 1994 to find out about the well-being of children and their families, provincially and nationally.

Every two years, the NLSCY collects comprehensive data by surveying parents, teachers, principals, and children aged 10 and older. Information on positive parent-child interaction is collected.

What do the most recent measures tell us?

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

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

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

What is the trend information from previous surveys?

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

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

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

How are these data collected and shared?

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

Participation by schools in the collection of the EDI data has been building over time. Beginning in 2002/03, collection of EDI data by school divisions has been phased in, with full Manitoba school division participation as of 2005/06. Biennial collection of the EDI began in 2006/07, with 2007/08 being the first “off” year, and the most recent results from the 2010/11 school year.

Local level EDI results are shared with:

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

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

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

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

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

What do these data tell us so far?

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

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

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

The Public Interest Disclosure (Whistleblower Protection) Act

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

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

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

The following is a summary of disclosures received by HCMO for fiscal year 2011/12:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2011/12
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