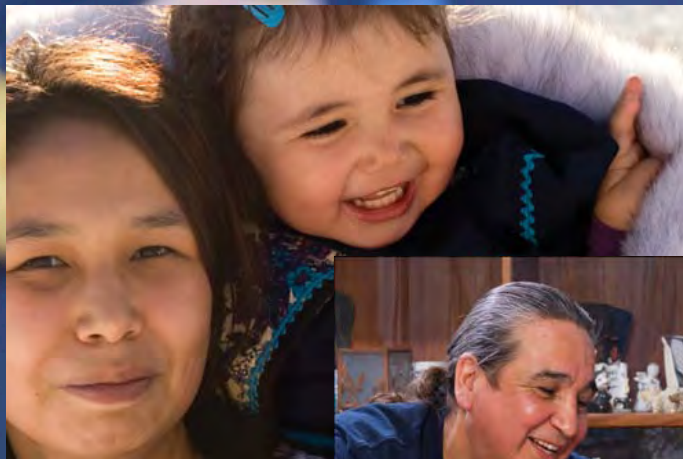


Early Childhood Development (ECD) and the Healthy Child Manitoba Strategy

Jan Sanderson and Dr. Rob Santos



Presentation: Key Messages

- Prevention is paramount (early childhood)
- Pay now or pay much more later (cost-effectiveness evidence)
 - Each of us, all of us have a role (shared responsibility)
 - All of our futures are at stake (public imperative)

Presentation Overview

1. Manitoba Children and Youth Opportunities (CYO)
2. *The Healthy Child Manitoba Act*
3. Healthy Child Manitoba (HCM) portfolio
4. Challenges and Opportunities

1. Manitoba Children and Youth Opportunities (CYO)

- Announced January 13, 2012
- Minister Kevin Chief
- Scope and responsibilities:
 - Healthy Child Manitoba Office, MB4Youth, Recreation and Regional Services, Crime Prevention
- Minister responsible for *The Healthy Child Manitoba Act* and Chair of Healthy Child Committee of Cabinet (HCCC)

2. The Healthy Child Manitoba Act

- a. Background to the Act (what led to it)
- b. Scope of the Act
 - i. What it does, permits and mandates

REVERSING THE REAL BRAIN DRAIN

Early Years Study

Final Report



April 1999

Co-chairs: Hon' Margaret Norrie McCain & J. Fraser Mustard

EARLY YEARS STUDY 2

Putting Science into Action

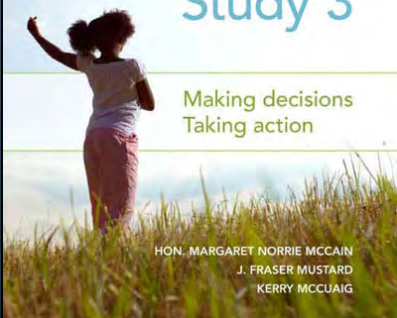


Hon. Margaret Norrie McCain
J. Fraser Mustard
Dr. Stuart Shanker



Early Years Study 3

Making decisions
Taking action

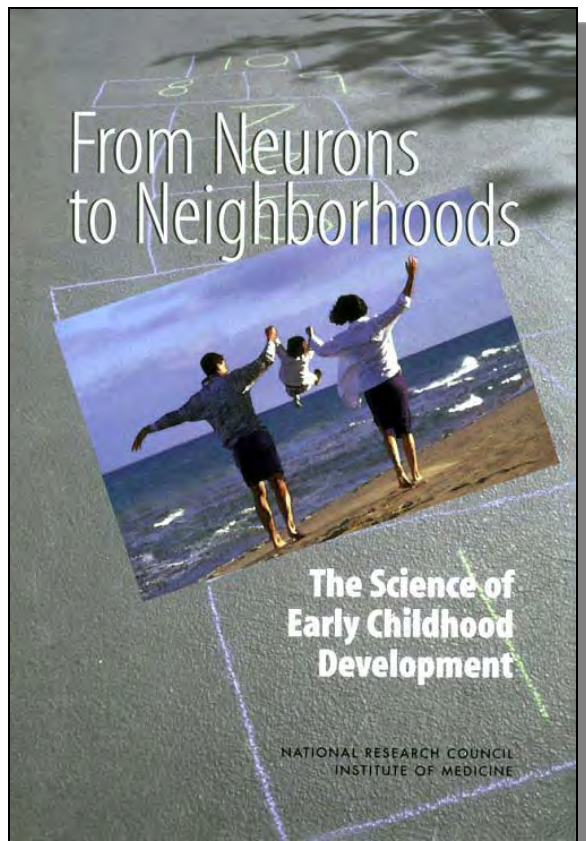


HON. MARGARET NORRIE MCCAIN
J. FRASER MUSTARD
KERRY MCCUAIG



**Dr. Fraser Mustard
(1927-2011)**

Overwhelming Evidence:



“What happens during the first months and years of life matters a lot, not because this period of development provides an indelible blueprint for adult well-being, but **because it sets either a sturdy or fragile stage** for what follows.”

National Research Council and Institute of Medicine. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development* (p. 5). Washington, DC: National Academy Press.

**LIFELONG
HEALTH**

ECD

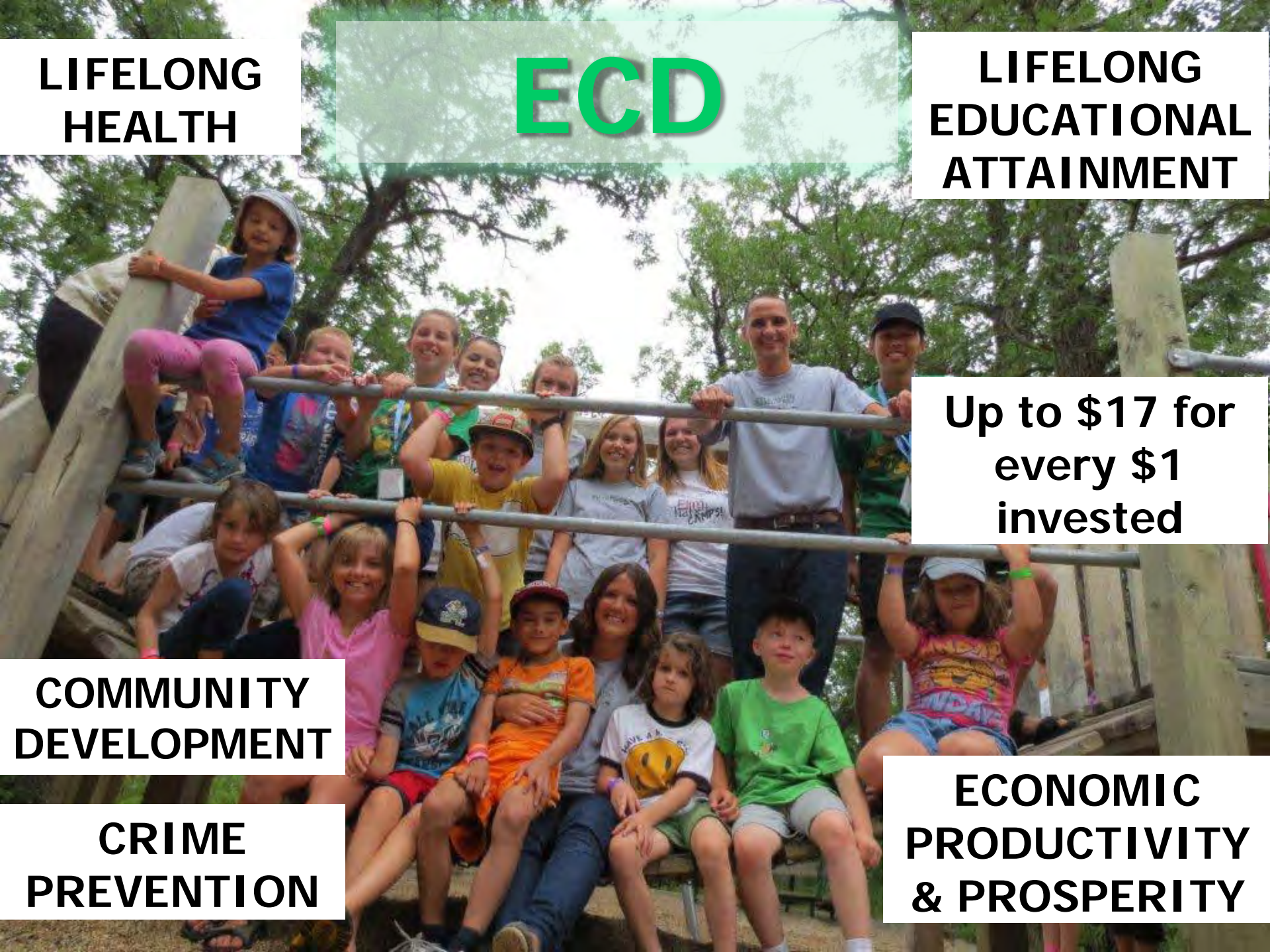
**LIFELONG
EDUCATIONAL
ATTAINMENT**

**Up to \$17 for
every \$1
invested**

**COMMUNITY
DEVELOPMENT**

**CRIME
PREVENTION**

**ECONOMIC
PRODUCTIVITY
& PROSPERITY**



A “Womb with a View” ...

Brain Development in Progress:



*By age 3 years, a
young child's brain is
apt to be more than
TWICE AS
ACTIVE as that of
his or her
PEDIATRICIAN
(or any other adult)*

Sources:

Gopnik, Meltzoff, & Kuhl, 1999; Shore, 1997

Three Core Concepts in ECD:

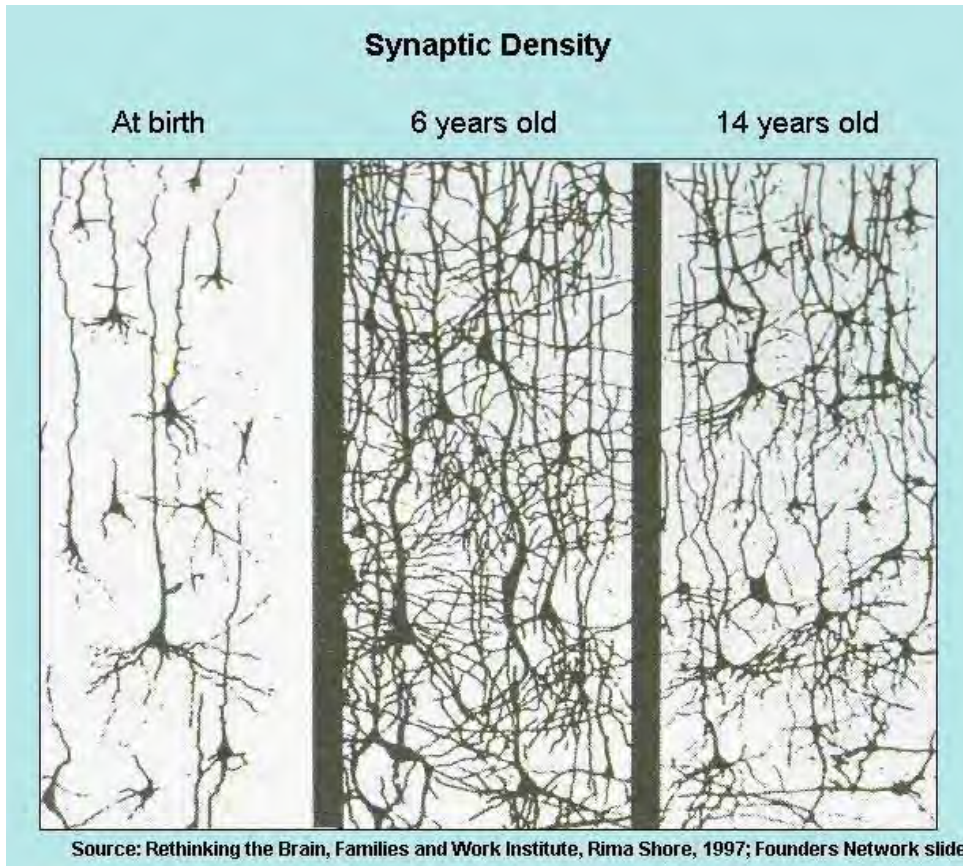
1. Experiences Build Brain Architecture

video (1:56)

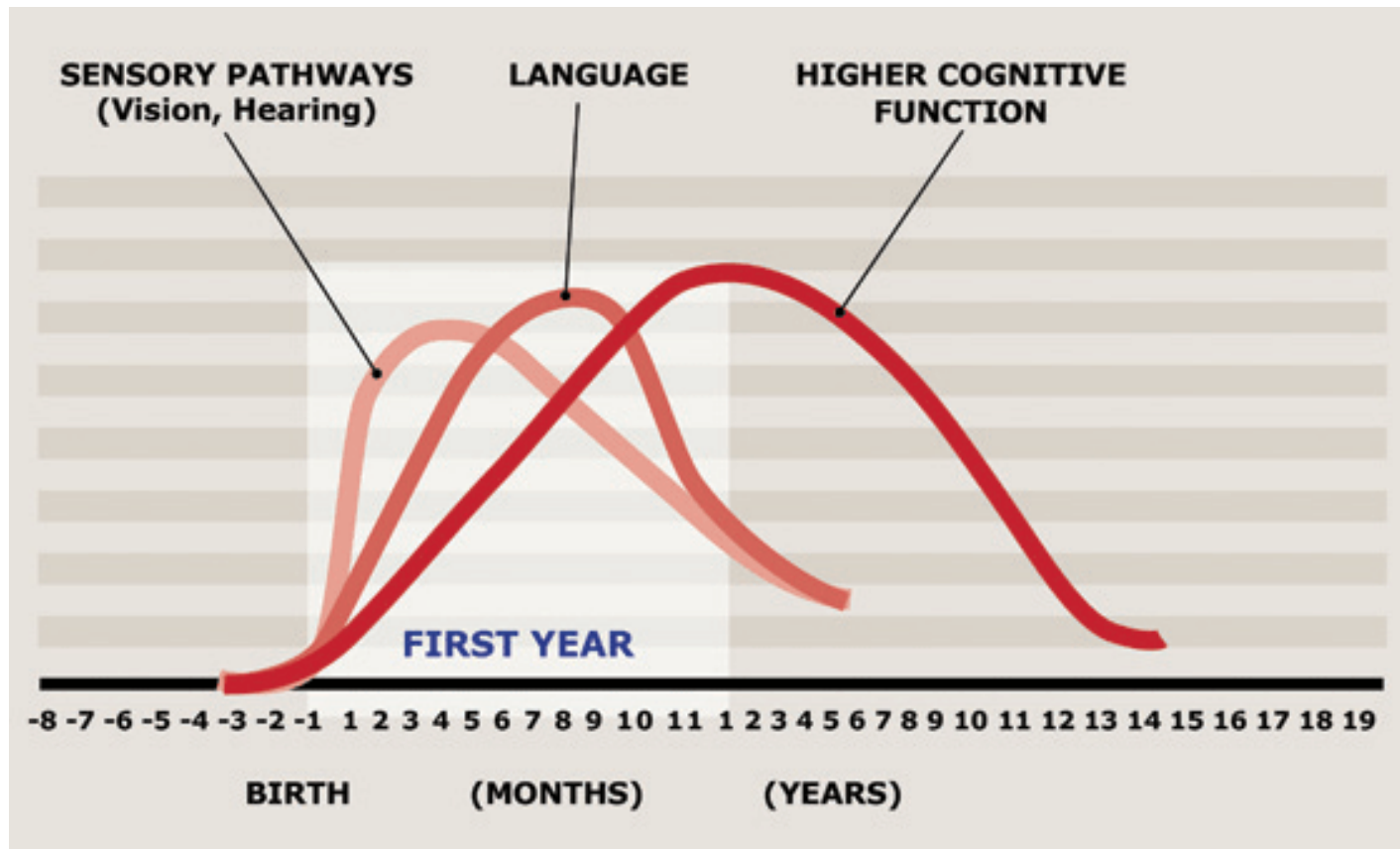


<http://www.youtube.com/watch?v=VNNsN9IJkws&list=UUhBjCaJyswxSEqz26TZrWRw&index=5&feature=plcp>

Experience Shapes Brain Architecture by Over-Production of Connections Followed by Pruning



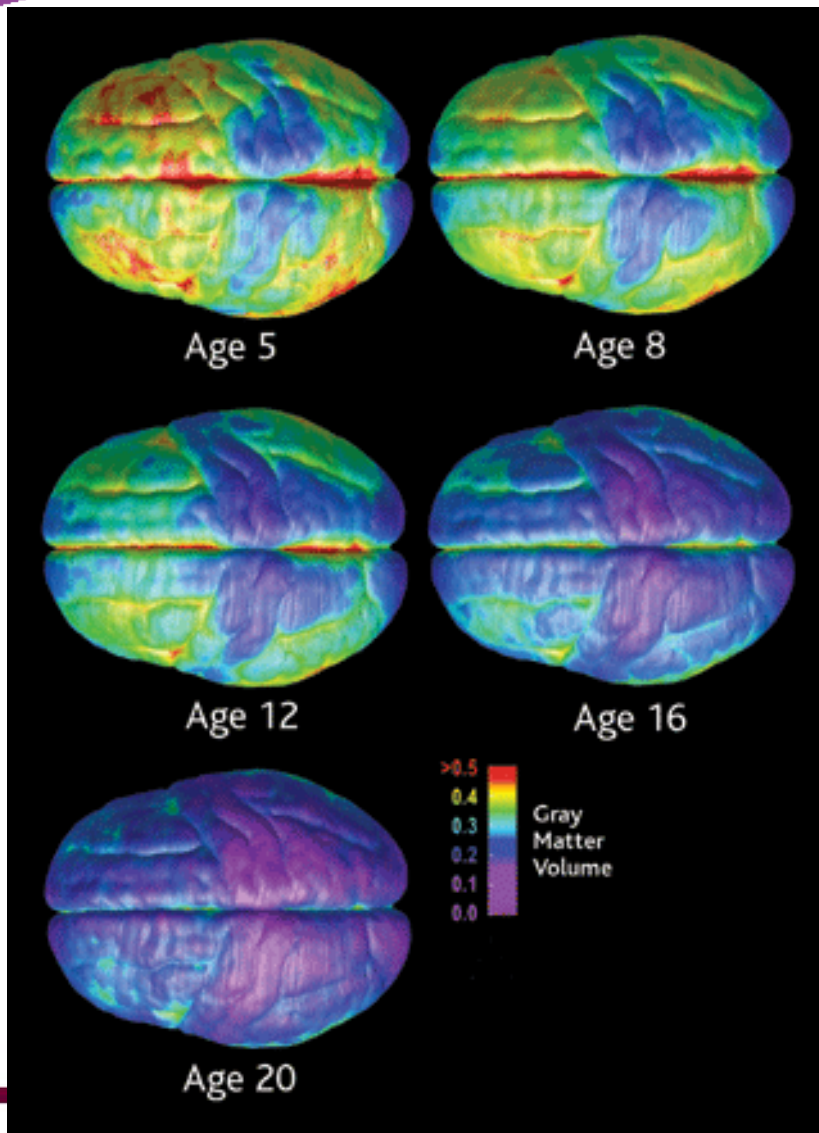
Brains Are Built From the Bottom Up: Skills Beget Skills



The Maturing Brain

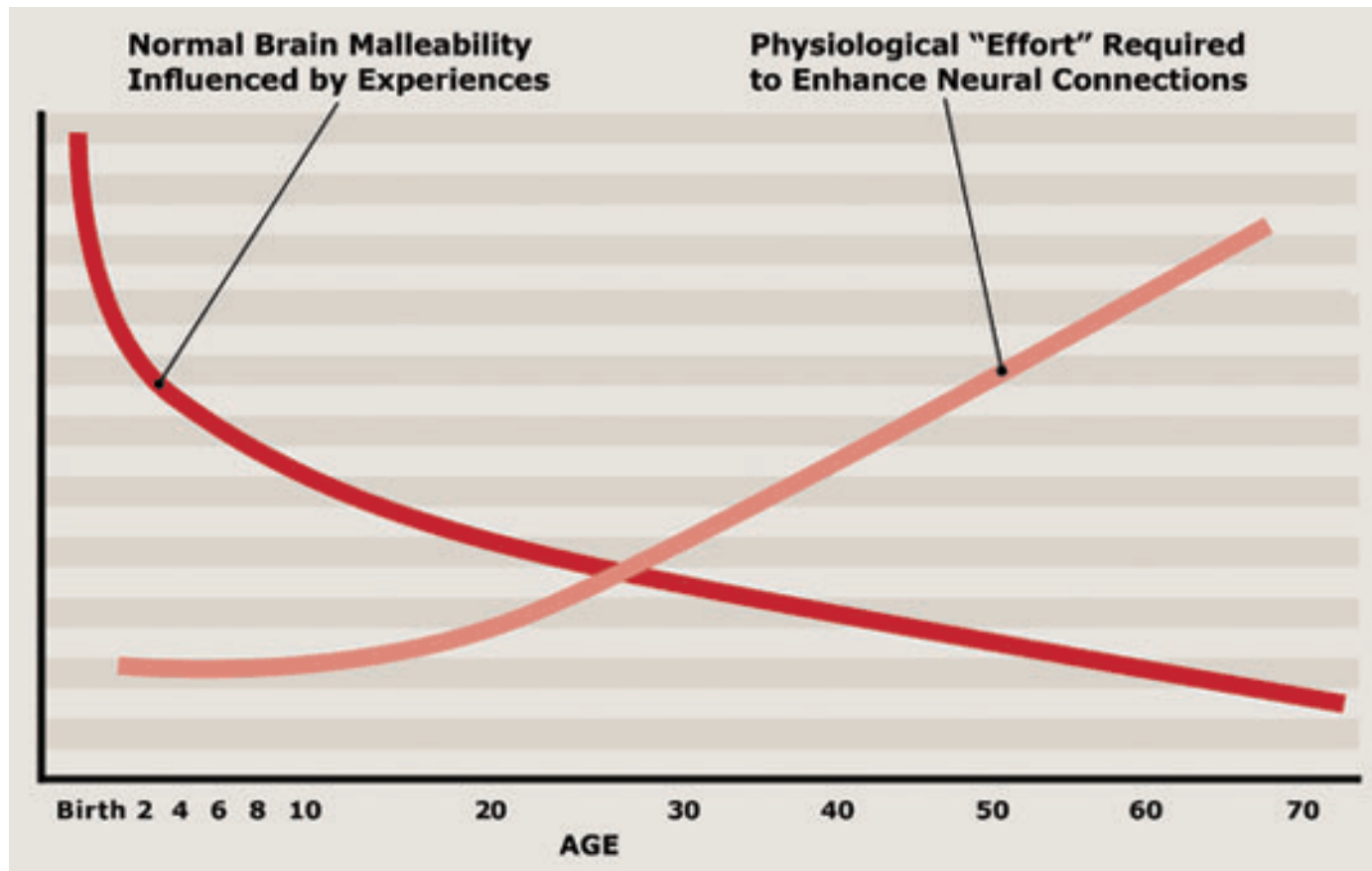
- Over the first two decades, gray matter is replaced throughout the cortex, starting at the rear
- New evidence shows that this "remodelling" continues through 3rd decade of life

Sources: Beckman (2004), Gogtay et al. (2004), Petanjek et al. (2011)



PNAS

The Ability to Change Brains and Behaviour Decreases Over Time



Three Core Concepts in ECD:

2. Serve and Return Interaction Shapes Brain Circuitry video (1:42)



http://www.youtube.com/watch?v=m_5u8-QSh6A&list=UUhBjCaJyswxSEqz26TZrWRw&index=4&feature=plcp

How Early Experiences Alter Gene Expression and Shape Development

1 EXTERNAL EXPERIENCES

(e.g., stress, nutrition, toxins) spark signals between neurons

2 NEURAL SIGNALS

launch production of gene regulatory proteins inside cell

3 GENE REGULATORY PROTEINS

attract or repel enzymes that add or remove epigenetic markers

4 EPIGENETIC "MARKERS"

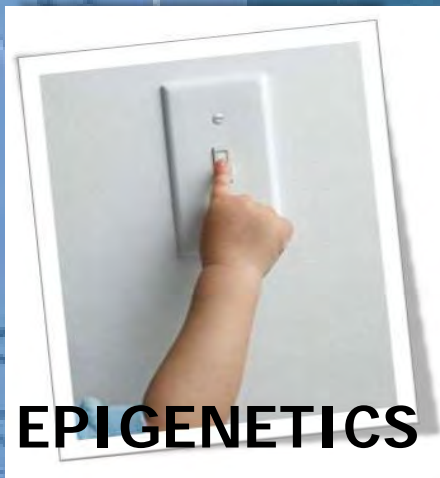
control where and how much protein is made by a gene, effectively turning a gene "on" or "off," thereby shaping how brains and bodies develop

GENE – a specific segment of a DNA strand

DNA strands encircle histones that determine whether or not the gene is "readable" by the cell

CHROMOSOME – can pass on genes to next generation

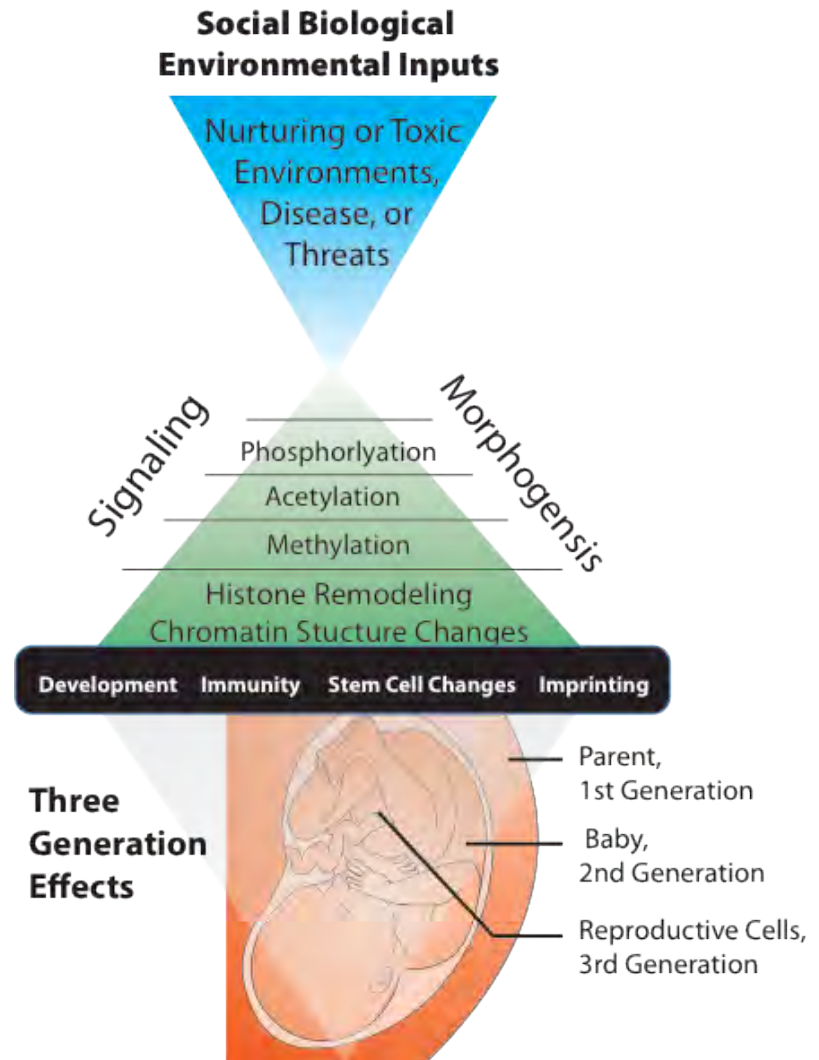
NEURON (brain cell)



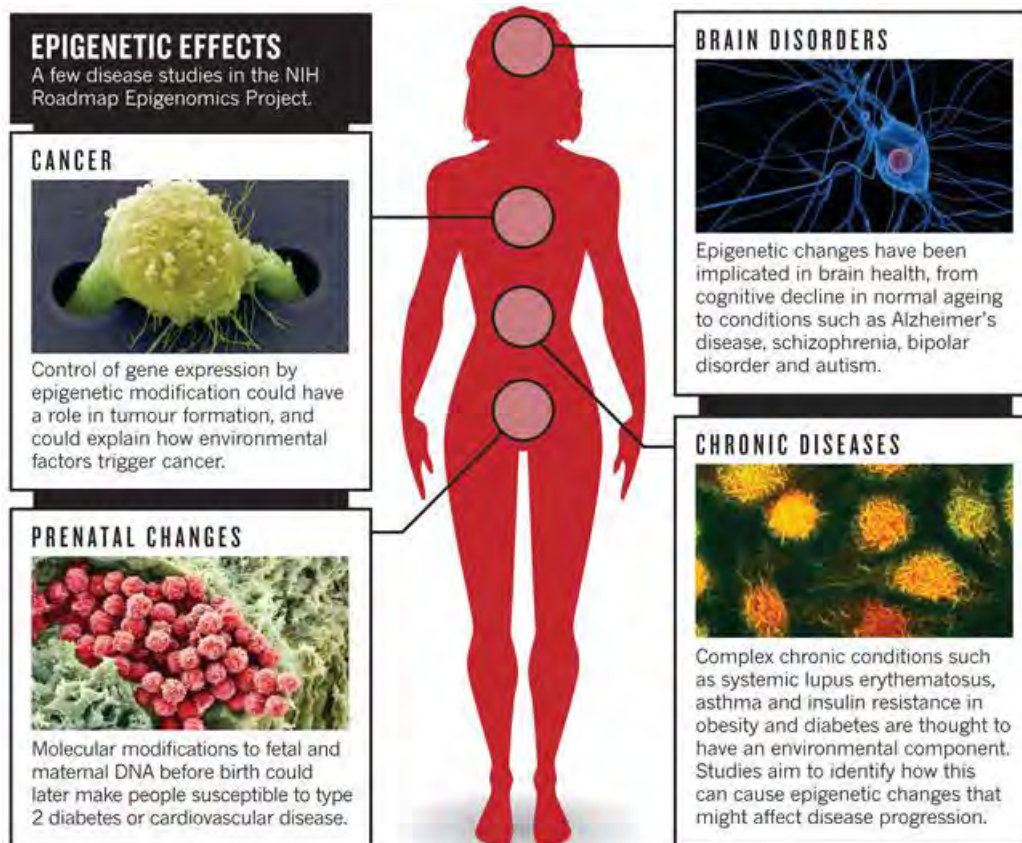
EPIGENETICS

Epigenetics

- Changes in gene expression caused by mechanisms other than changes in underlying DNA sequence
- These changes can affect the present generation and may affect multiple generations

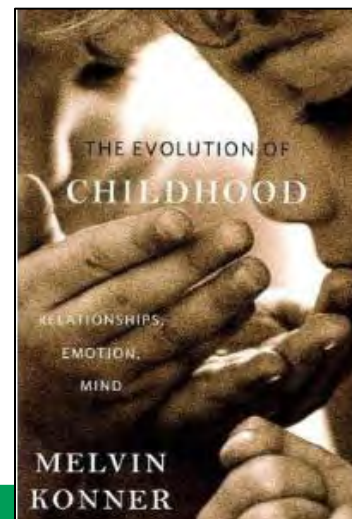
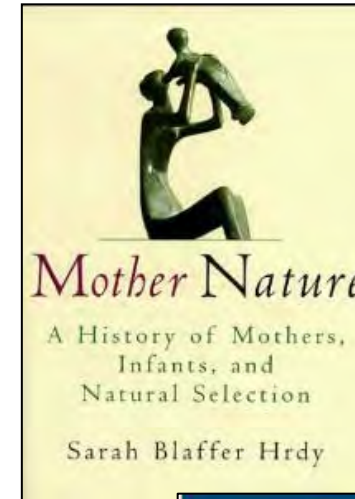


Epigenetics of Physical and Mental Health



Mismatch: Ancient Bodies, Modern Lives

- Origins, ancestral history, evolution
- Environment of evolutionary adaptedness (EEA)
- Breastfeeding, co-sleeping, alloparenting, extended family, intergenerational peers, play, land, nature, oral history, language, culture



Three Core Concepts in ECD:

3. Toxic Stress Derails Healthy Development video (1:51)



<http://www.youtube.com/watch?v=rVwFkcOZHJw&list=UUhBjCaJyswxSEqz26TZrWRw&index=3&feature=plcp>



Persistent Stress Changes Brain Architecture

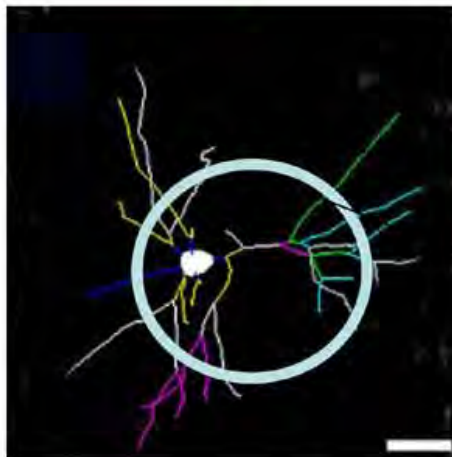
Normal



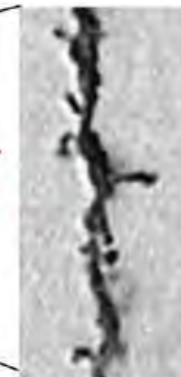
Typical neuron—
many connections



Toxic
stress



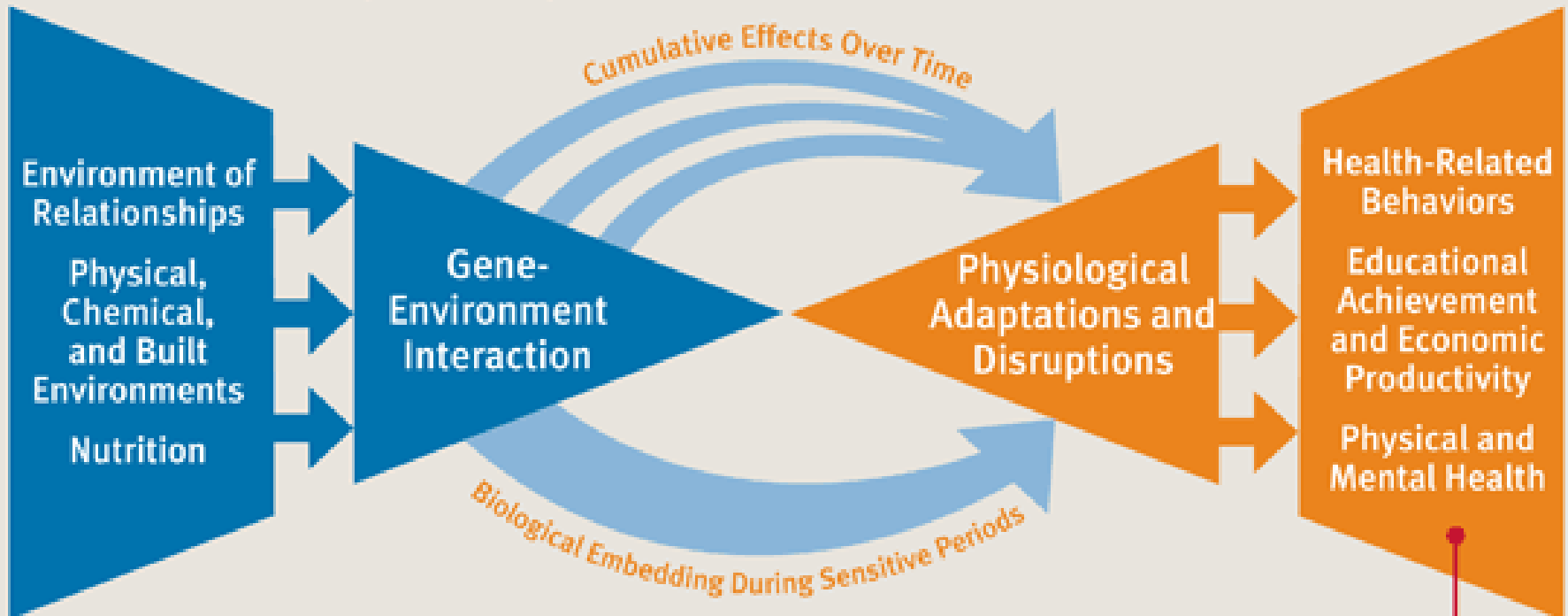
Damaged neuron—
fewer connections



Prefrontal Cortex and
Hippocampus

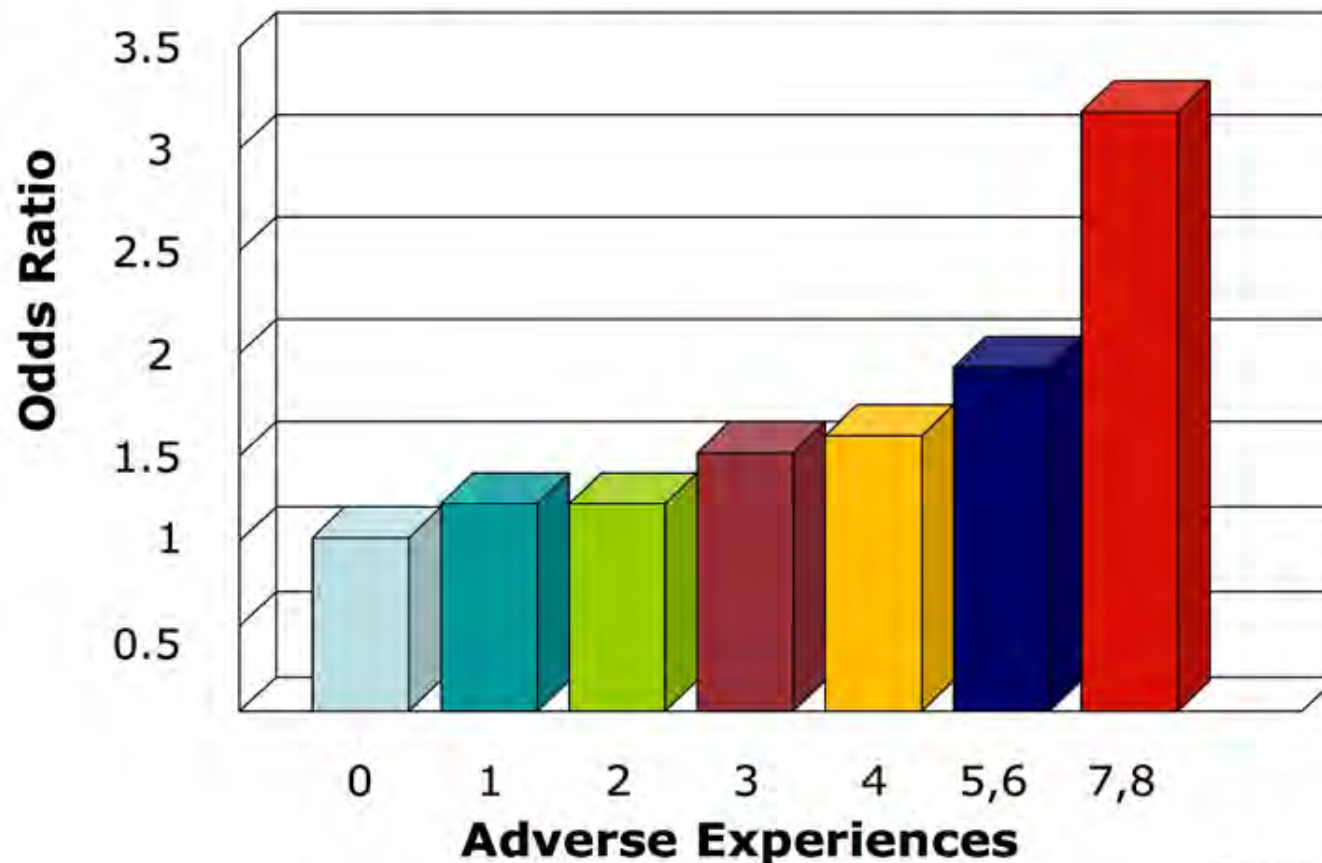
Foundations of Healthy Development and Sources of Early Adversity

Lifelong Outcomes





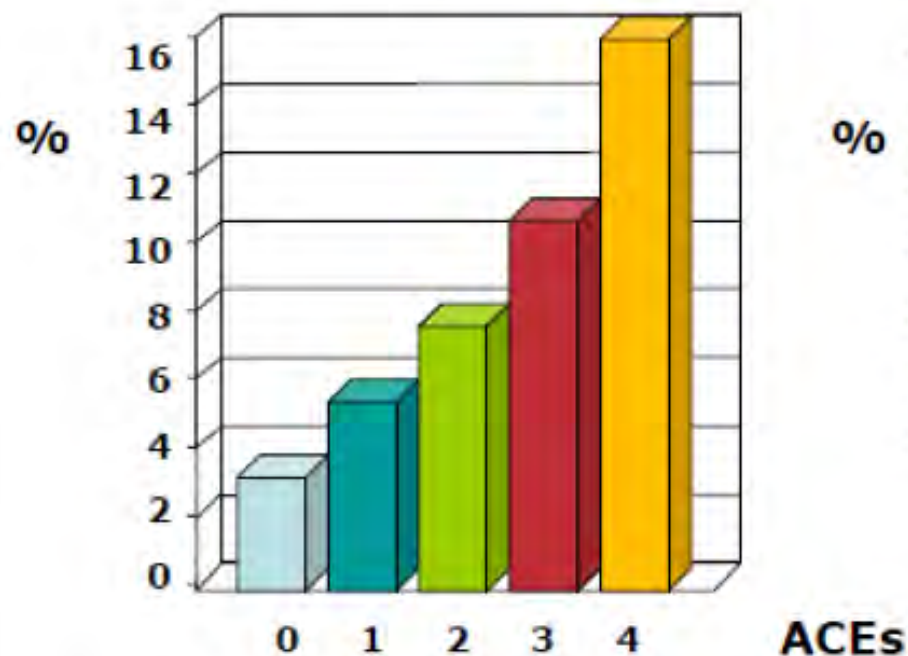
Risk Factors for Adult Heart Disease are Embedded in Adverse Childhood Experiences





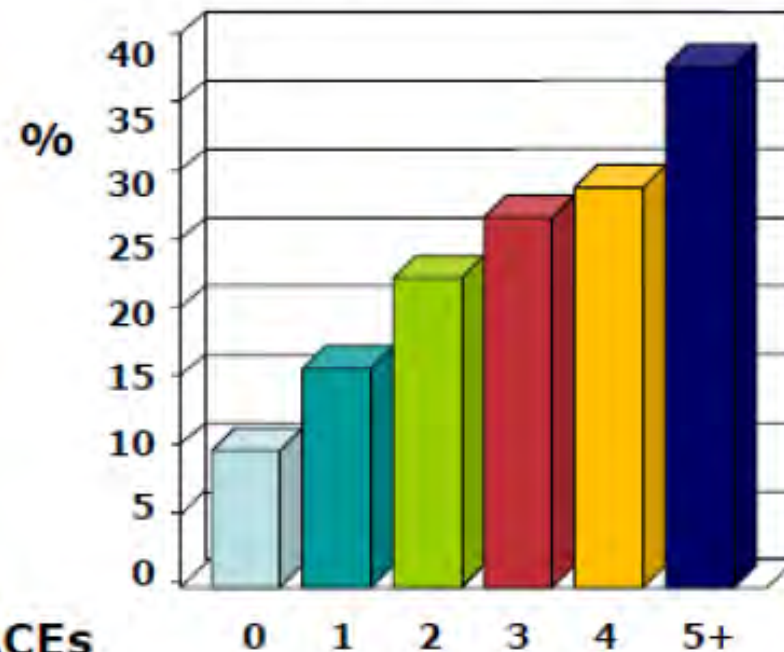
Risk Factors for Adult Substance Abuse are Embedded in Adverse Childhood Experiences

Self-Report: Alcoholism



Source: Dube et al, 2002

Self-Report: Illicit Drugs



Source: Dube et al, 2005

Intergenerational Trauma (Bombay et al., 2009, 2011)

- Colonization and epigenetic mechanisms


Intergenerational Trauma:

Convergence of Multiple Processes among First Nations peoples in Canada

Amy Bombay, MSc, Institute of Neuroscience, Carleton University

Kim Matheson, PhD, Department of Psychology, Carleton University

Hymie Anisman, PhD, Institute of Neuroscience, Carleton University

Transcultural Psychiatry 48(4) 367-391 © The Author(s) 2011
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DOI: 10.1177/1363461511410240 tcs.sagepub.com


transcultural
psychiatry

Article

The impact of stressors on second generation Indian residential school survivors

Amy Bombay, Kimberly Matheson, and Hymie Anisman
Carleton University



National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)

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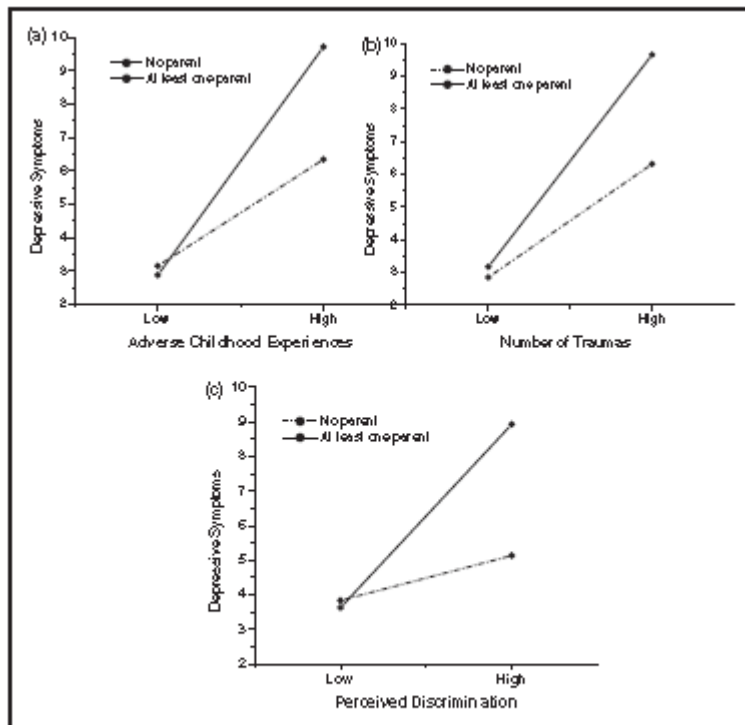
Journal of Aboriginal Health, November 2009



Healthy Child Manitoba
Putting children and families first

Manitoba 

Adverse Childhood Experiences (ACEs), Parental Indian Residential School (IRS) Attendance, and Adult Depression (Bombay et al., 2011)



- Parental IRS attendance moderated relation between stressors (ACEs, adult traumas, perceived discrimination) and adult depression
- Parental IRS attendance - ↑stress reactivity in children (2nd generation)
- Children of IRS survivors - ↑ACEs, ↑adult traumas, ↑discrimination = uniquely mediated parental IRS attendance and adult depression

Figure 1. The relations between a) adverse childhood experiences and depressive symptoms, b) number of adult traumas and depressive symptoms, and c) perceived discrimination and depressive symptoms as a function of parental IRS attendance.

Indigenous Resilience (Kirmayer et al., 2011)

- Aboriginal Peoples in Canada have diverse notions of resilience grounded in culturally distinctive concepts of the person that connect people to community + environment, collective history, Aboriginal languages + traditions, and individual + collective agency/activism
- Historical identity/continuity, revitalization of culture/language/tradition can help repair ruptures of cultural continuity that have occurred with colonization and the active suppression of indigenous cultures and identity (truth and reconciliation, culture and healing)



In Review

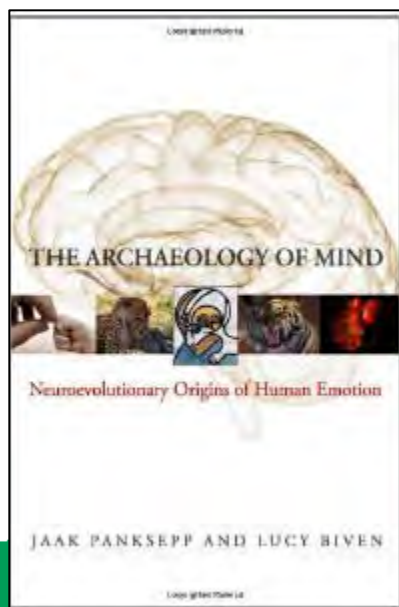
Rethinking Resilience From Indigenous Perspectives

Laurence J Kirmayer, MD¹; Stéphane Dandeneau, PhD¹; Elizabeth Marshall, BA²;
Morgan Kahenionni Phillips, MA³; Karla Jessen Williamson, PhD⁴

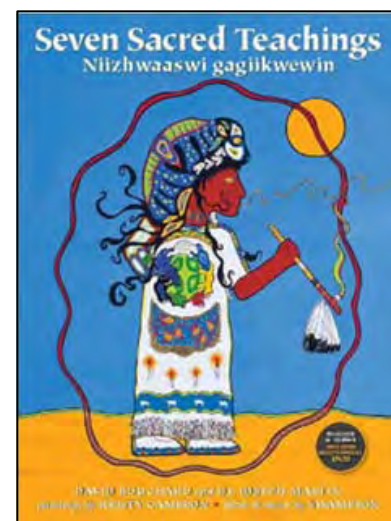


Seven Emotional Systems (Panksepp & Biven, 2012) and The Seven Sacred Teachings

- Seven evolutionary tools for living: SEEKING, ANGER, FEAR, LUST, CARE, PANIC, PLAY
- Seven teachings shared by many Indigenous peoples: LOVE, RESPECT, COURAGE, HONESTY, WISDOM, HUMILITY, TRUTH



(from Turtle Lodge - Sagkeeng First Nation)



 Healthy Child Manitoba
Putting children and families first

 Manitoba

ECD: Truth and Reconciliation

(Truth & Reconciliation Commission of Canada, 2012; Boivin & Hertzman, 2012)



TRC recommendation 8:

"that all levels of government develop culturally appropriate early childhood and parenting programs to assist young parents and families affected by the impact of residential schools and historic policies of cultural oppression in the development of parental understanding and skills"

- Overrepresentation of Indigenous children in CFS "indivisible" from residential schools history
- Addressing adverse childhood experiences / reconciliation



1 out of every 4 babies in Manitoba

A photograph of four newborn babies lying in a heart-shaped frame made of white, fluffy material. The babies are wearing white diapers and pink headbands with bows. Two babies on the left are looking towards the camera, while the two on the right are looking away. The background is dark wood.

born into **toxic stress**

(4000 each year)

(similar results across Canada)





2 out of every 3 Aboriginal babies in Manitoba born into toxic stress

(2000 each year
3 in 4 First Nations
1 in 2 Metis, Inuit)

(similar results across Canada)

Top 10 Toxic Stressors at Birth (2003-2009)

Non-Aboriginal: (15%)

1. **Assisted birth (14%)** ↑
2. Mom < HS (14%) ↓
3. HBW birth (13%) ↓
4. Mom smoking preg (12%) ↓
5. **Mom depression (11%)** ↑
6. *Mom alcohol preg (10%)* --
7. Financial difficulties (8%) ↓
8. Premature birth (7%) ↓
9. Lone parent (6%) ↓
10. **Social isolation (5%)** ↑

Aboriginal: (67%)

1. Financial difficulties (60%) ↓
2. Mom < HS (57%) ↓
3. Mom smoking preg (56%) ↓
4. Lone parent (40%) ↓
5. *Mom alcohol preg (30%)* --
6. **Mom teen 1st birth (27%)** ↑
7. *Mom CA history (22%)* --
8. **Mom depression (21%)** ↑
9. *Existing CFS file (20%)* --
10. HBW birth (19%) ↓

The Early Development Instrument (EDI)

- A population-based measurement that determines how a group of children is developing compared to children in other communities
- Kindergarten teachers from Manitoba's School Divisions complete the EDI questionnaire on all Kindergarten-aged children (including Frontier/First Nation partner schools and ~50% of First Nations schools through MFNERC)

What does the EDI measure?

- Children's "readiness for school" across 5 different areas of child development:
 - Physical Health and Well-Being
 - Social Competence
 - Emotional Maturity
 - Language and Cognitive Development
 - Communication Skills and General Knowledge





1 in 4 Kindergarteners and

(29% or ~4000
not ready for
school each year)

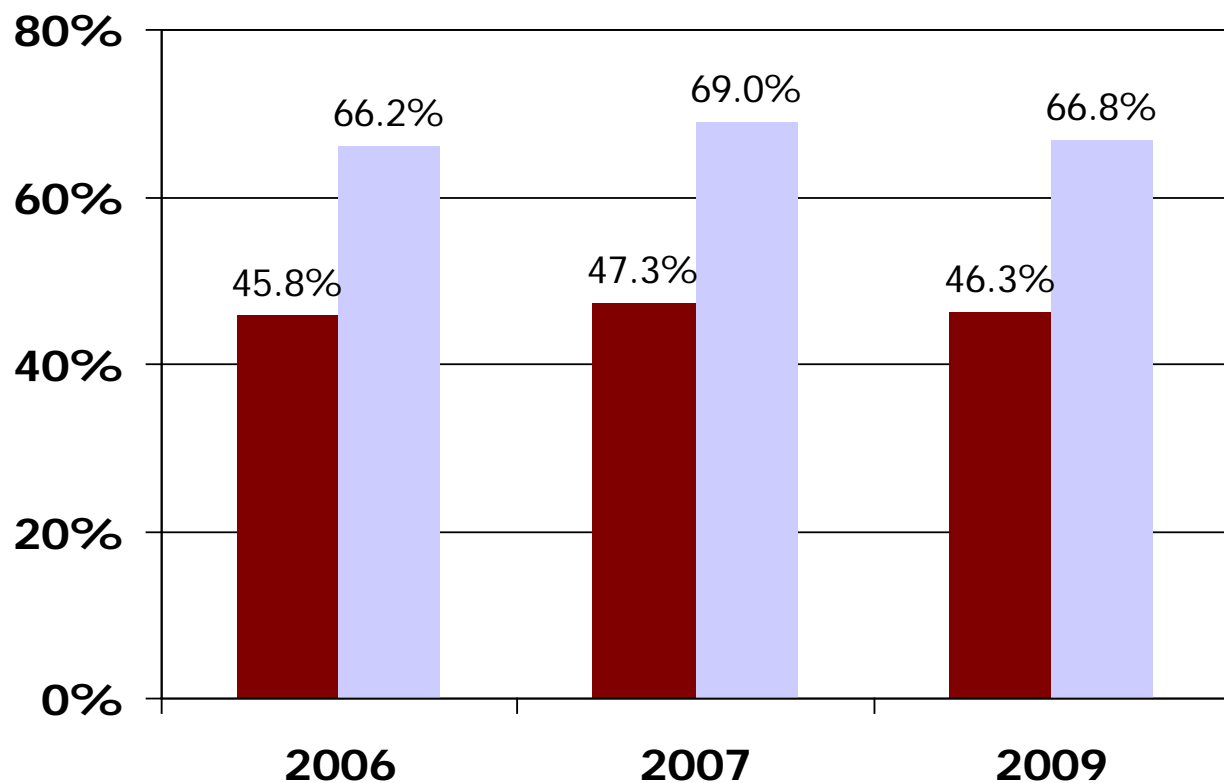
2 in 4 Aboriginal (45%)

Kindergarteners
in Manitoba
vulnerable



(similar results across Canada)

Kindergarten Children's Success Over Time: Very Ready for School in One or More Areas of Early Development, Manitoba, 2006-2009



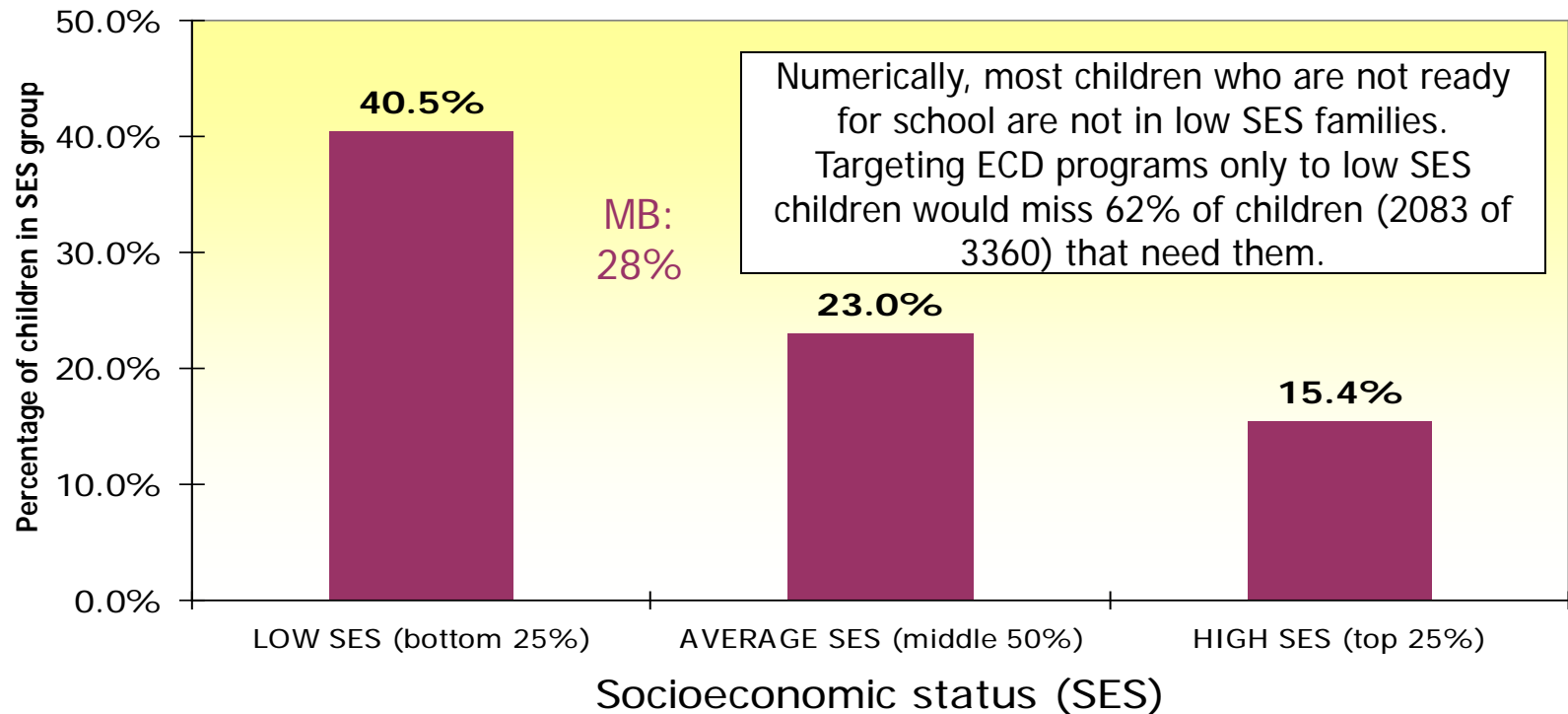
An equal proportion of **Aboriginal children** are **doing very well (45%)** as are vulnerable when starting school

■ Aboriginal
■ Non-Aboriginal

Sources: EDI 2005/06, 2006/07, 2008/09; HCMO and OCCS

NOTE: Taller bars are better

Inequalities in Vulnerability: SES and Children Not Ready to Learn in School – (age 5 years), Manitoba, 2006



Source: EDI Parent Survey 2006 and 2006 EDI results

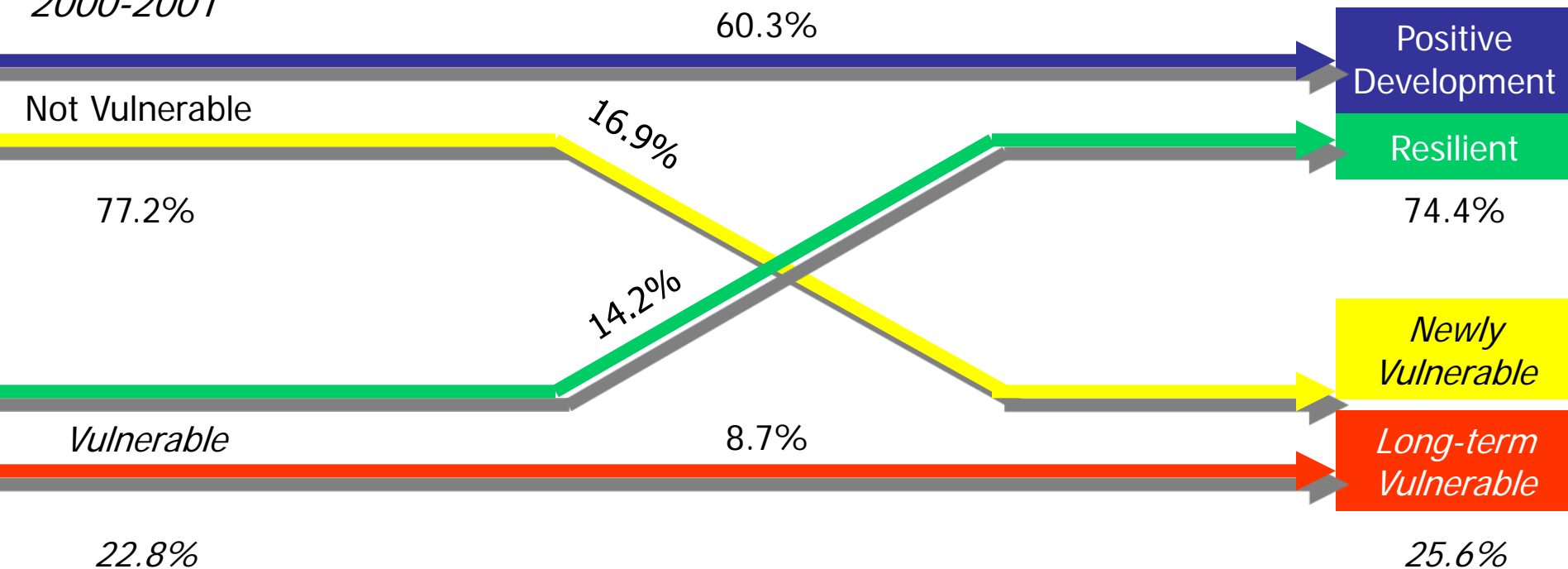
NOTE: SES is a composite of household income and parental education. Low SES generally represents household income less than \$20,000 per year and parental education less than high school.

Growing Up in Manitoba: Vulnerability is Not Permanent



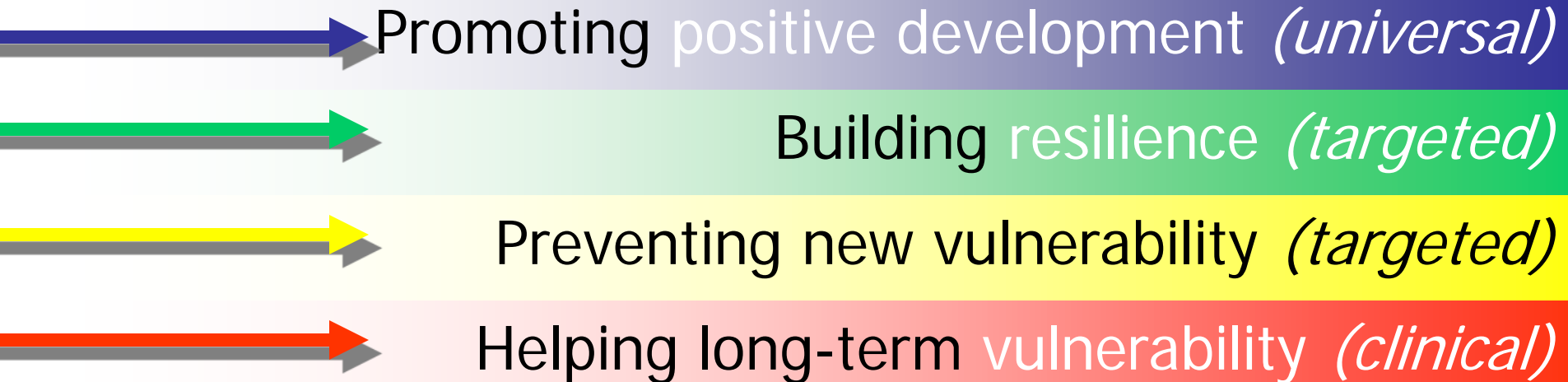
*Families First Screen
2000-2001*

EDI 2005-2006

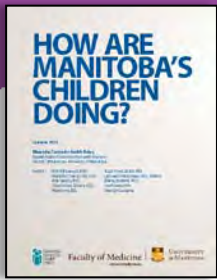


Toward a Best Policy Mix for Manitoba's Children

Policy goals = flattening socioeconomic gradients and improving trajectories over time



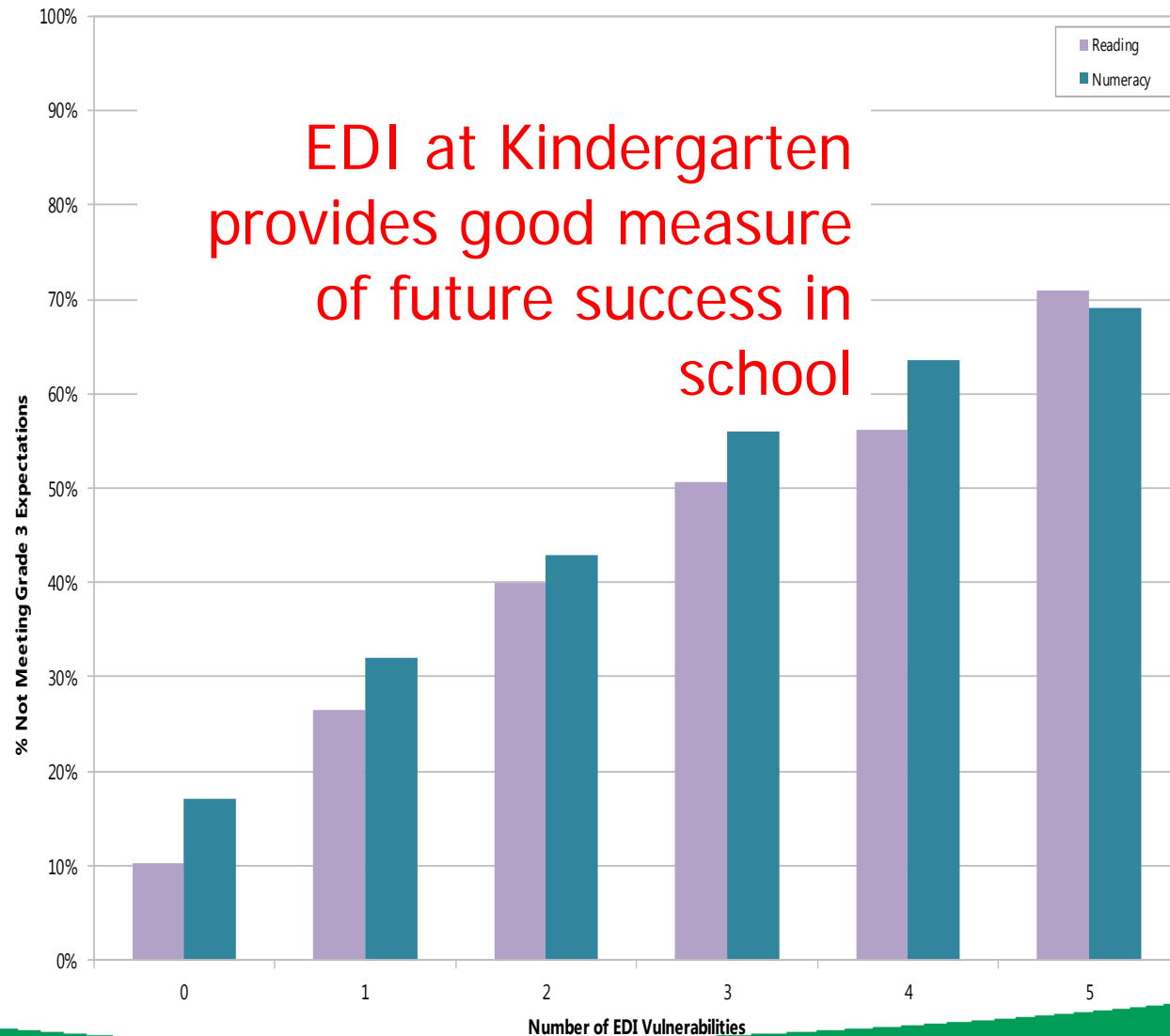
= “best policy mix” for children and families

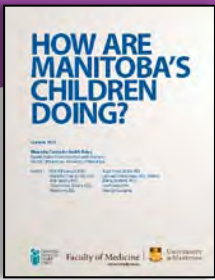


Relationship between Number of EDI vulnerabilities in Kindergarten and Grade 3 Reading and Numeracy

5 EDI domains:

- Language & Cognitive Development
- General Knowledge & Communication Skills
 - Social Competence
 - Emotional Maturity
- Physical Health & Well-Being

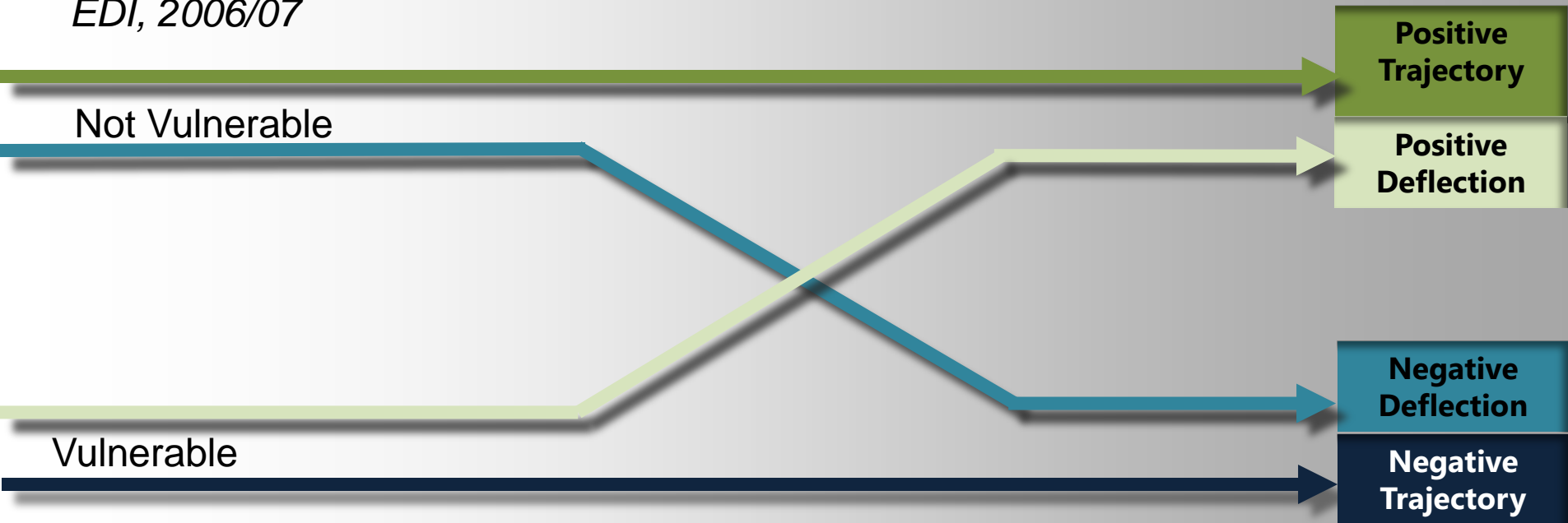


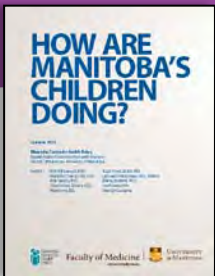


Children's Academic Trajectories

Grade 3, 2009/10

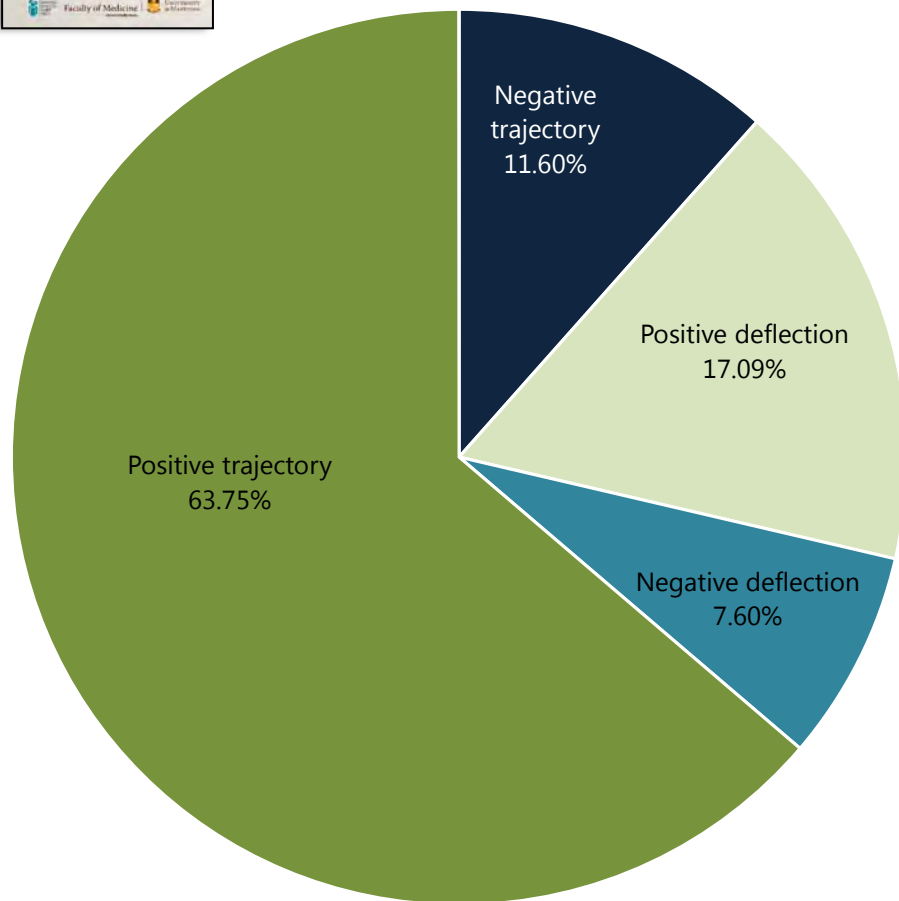
Kindergarten
EDI, 2006/07



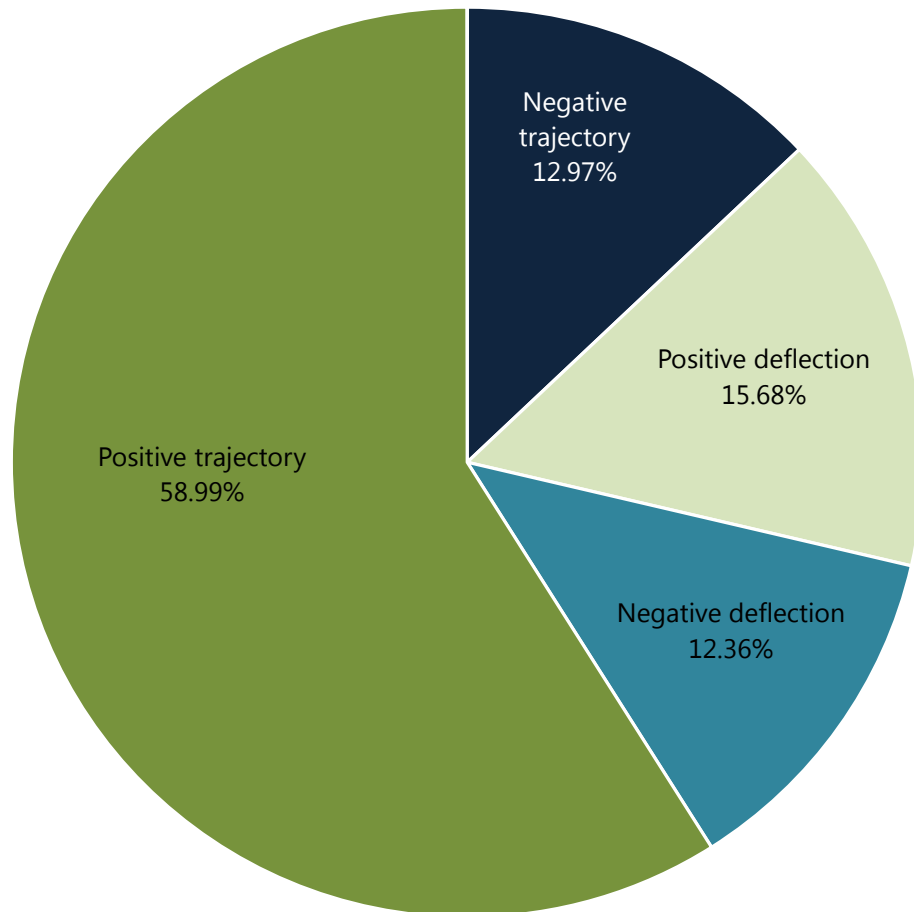


Pathways from EDI to Grade 3, all Manitoba

Grade 3 Reading



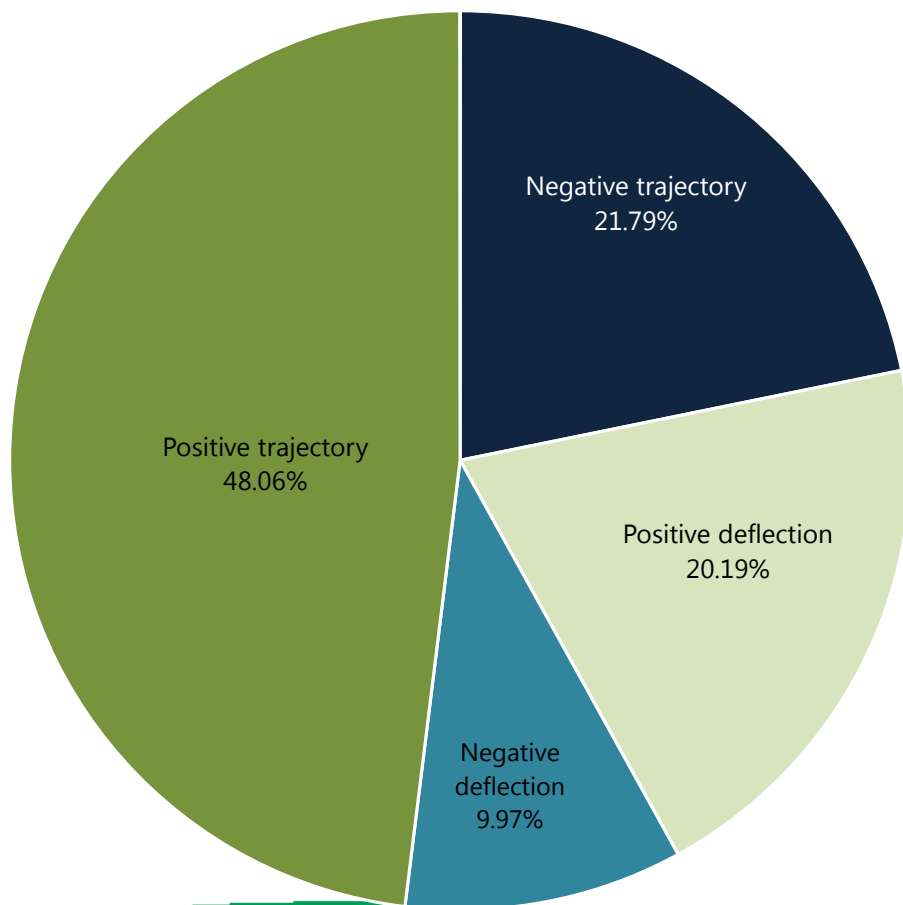
Grade 3 Numeracy



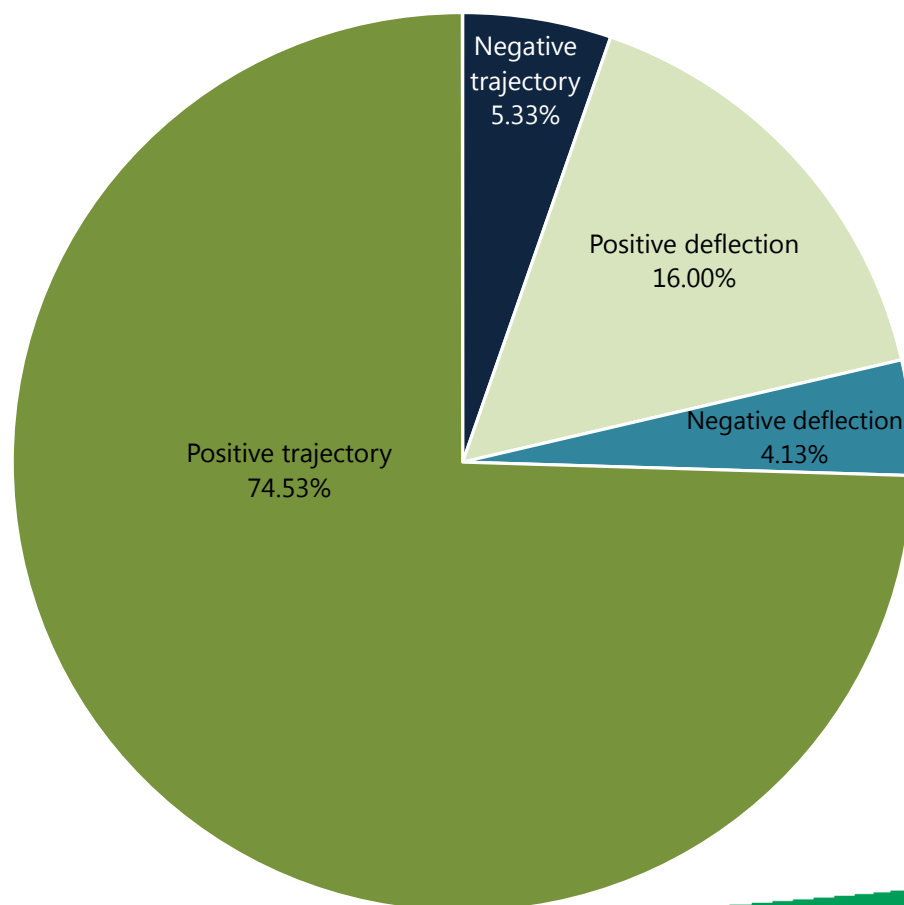


Pathways from EDI to Grade 3 Reading, Lowest and Highest Urban Income Quintiles

Grade 3 Reading, U1



Grade 3 Reading, U5





What factors are related to outcomes?

SES



Prenatal

Health Behaviours
Measured using:
Smoking
Alcohol/drug
Prenatal care



Birth

Health at Birth
Measured using:
Birth weight
Gestational age
NICU
Length of stay



Birth to Age 4

Breastfeeding initiation
Intellectual disability
Child welfare
Maternal depression
Physician visits
Illnesses
Maternal age first birth
Number of siblings
Sex



EDI

Age at test

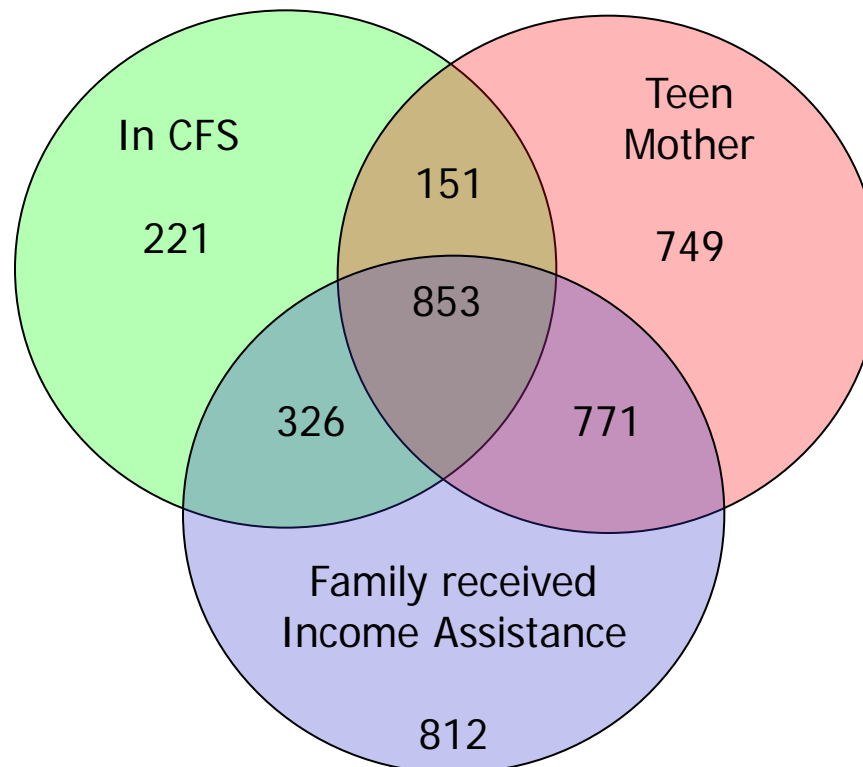


Grade 3

Assessments
Emotional Health
(ADHD, special
funding)

-Many factors contribute to school performance
-SES plays a major role

How Risks Compound/Overlap for Three Subgroups of Children (Winnipeg)



32%

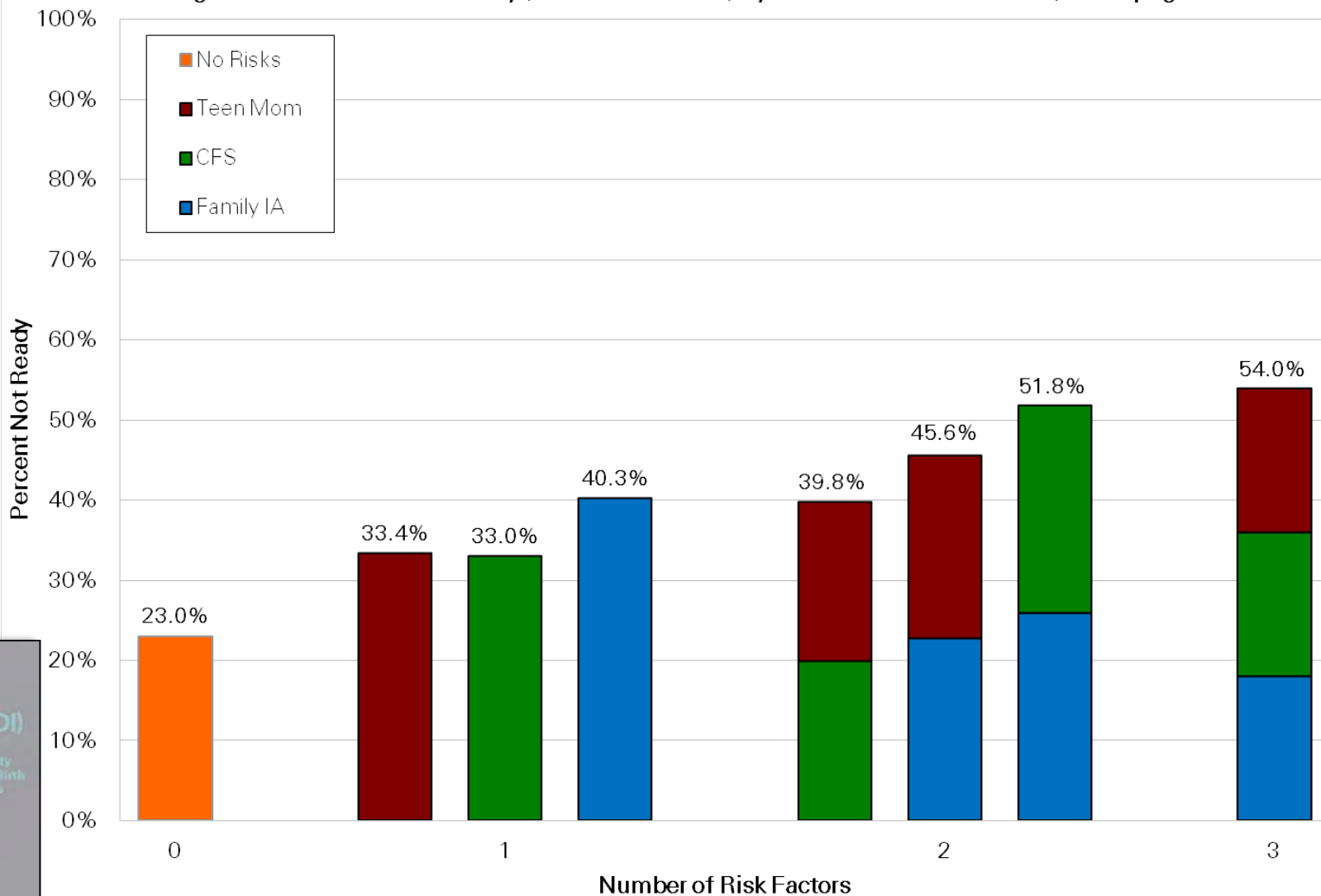
(3,883/11,954)

have 1 or more
risk factors

THE EARLY
DEVELOPMENT
INSTRUMENT (EDI)
IN MANITOBA:
Linking Socioeconomic Adversity
and Biological Vulnerability at Birth
to Children's Outcomes at Age 5



Figure 4.5: Percent Not Ready (≥ 1 EDI Domains) by Number of Risk Factors, Winnipeg



Source: Manitoba Centre for Health Policy, 2011

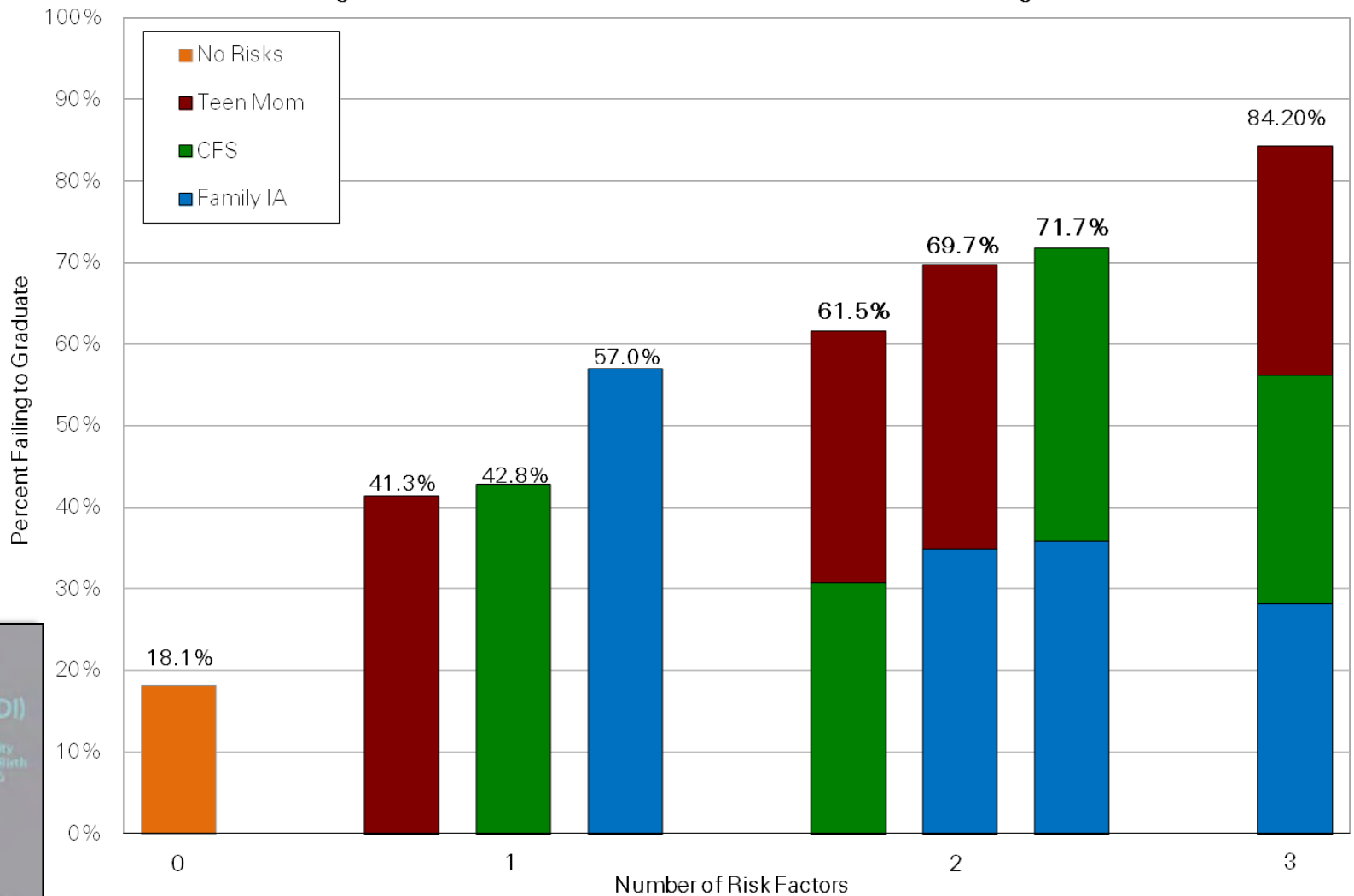
**THE EARLY
DEVELOPMENT
INSTRUMENT (EDI)
IN MANITOBA:**
Linking Socioeconomic Adversity
and Biological Vulnerability at Birth
to Children's Outcomes at Age 5

UNIVERSITY OF MANITOBA
FACULTY OF MEDICINE
MANITOBA CHILDREN'S HOSPITAL
HEALTHY CHILD MANITOBA
MANITOBA CENTRE FOR HEALTH POLICY
MANITOBA CHILDREN'S SURVIVAL FUND
MANITOBA CHILDREN'S SURVIVAL FUND
MANITOBA CHILDREN'S SURVIVAL FUND
MANITOBA CHILDREN'S SURVIVAL FUND

Healthy Child Manitoba
Putting children and families first

Manitoba

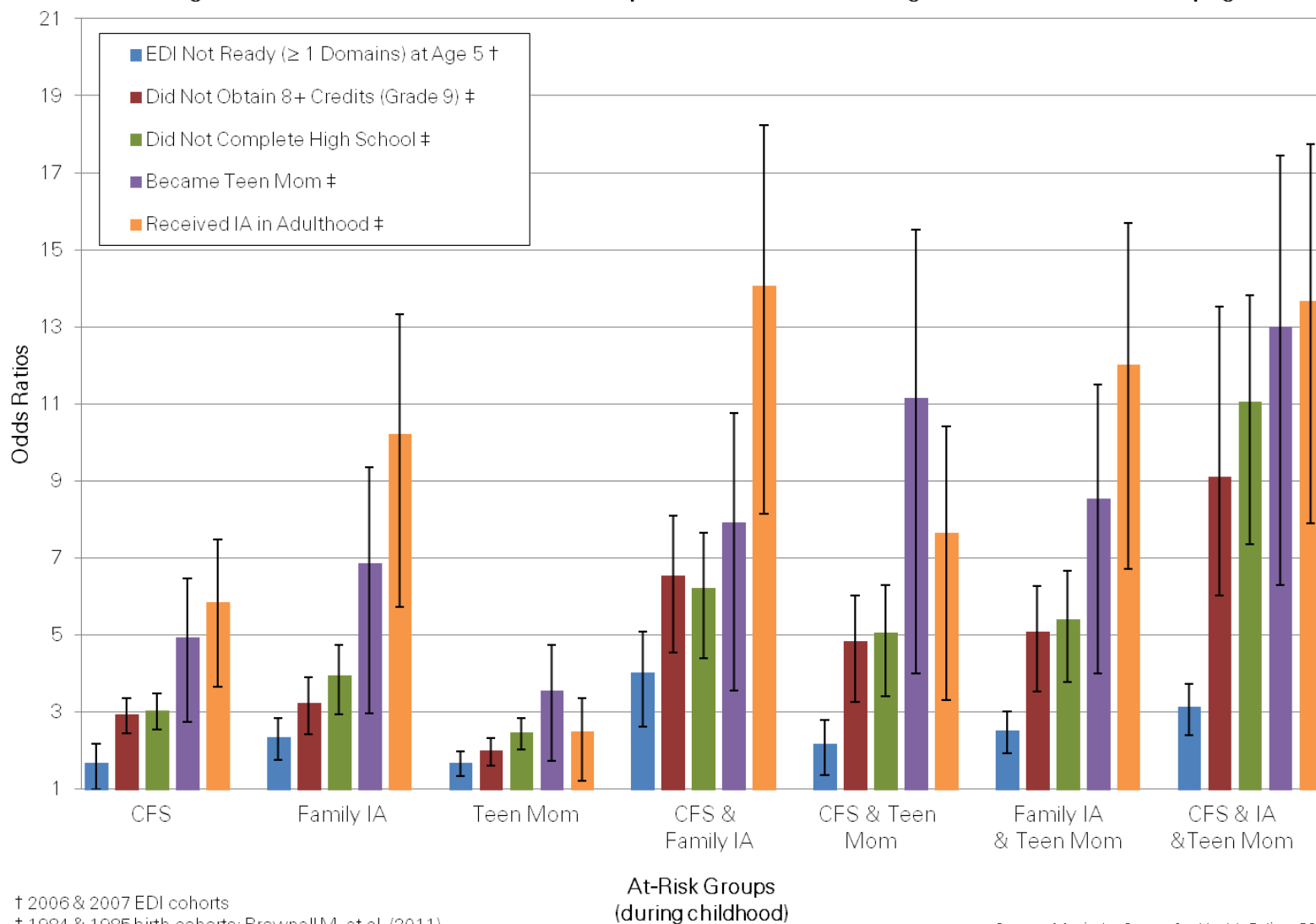
Figure 4.6: Failure to Graduate within Seven Years of Entering Grade 9



Source: Brownell M, Roos NP, MacWilliam L, et al. (2011)

Source: Manitoba Centre for Health Policy, 2011

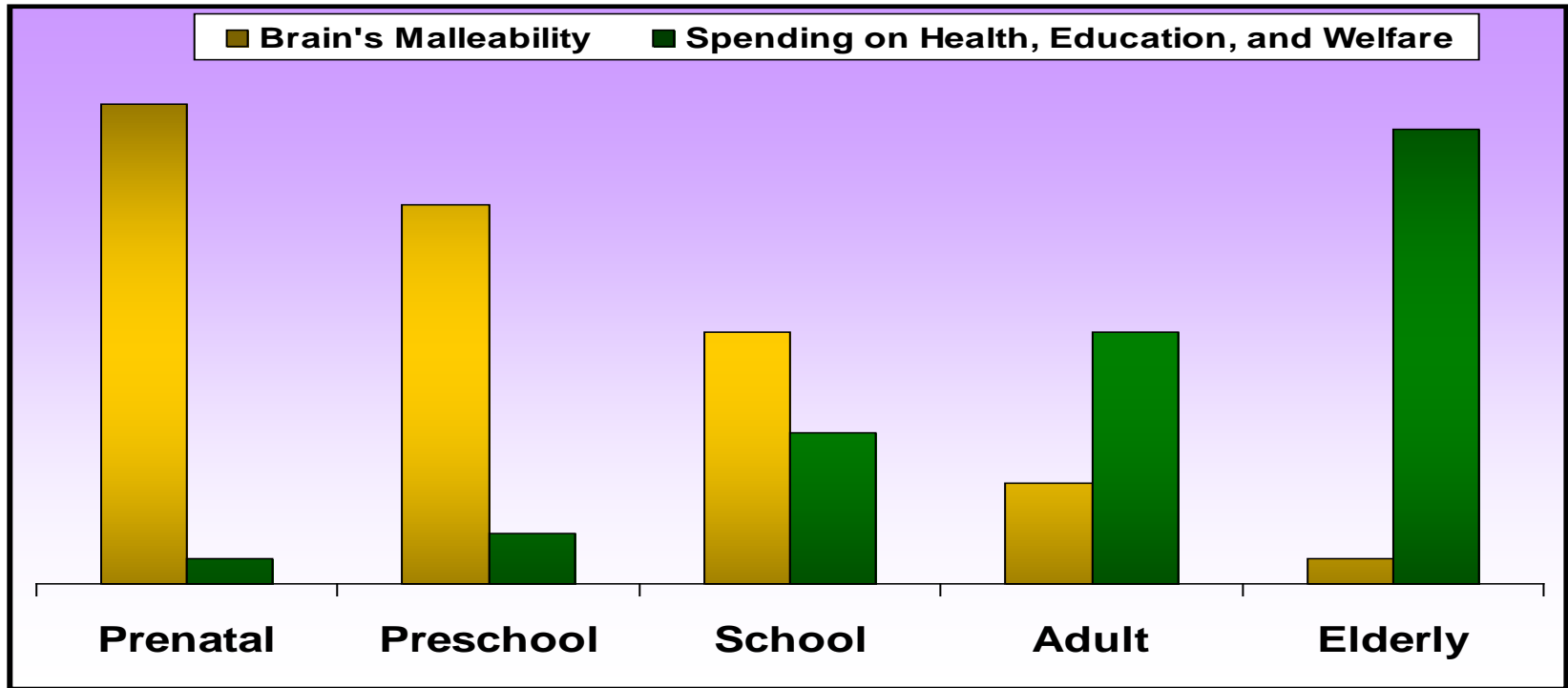
Figure 4.7: Odds Ratios for At-Risk Groups for Outcomes from Age 5 to Adulthood: Winnipeg



Source: Manitoba Centre for Health Policy, 2011

Opportunity Lost. . .

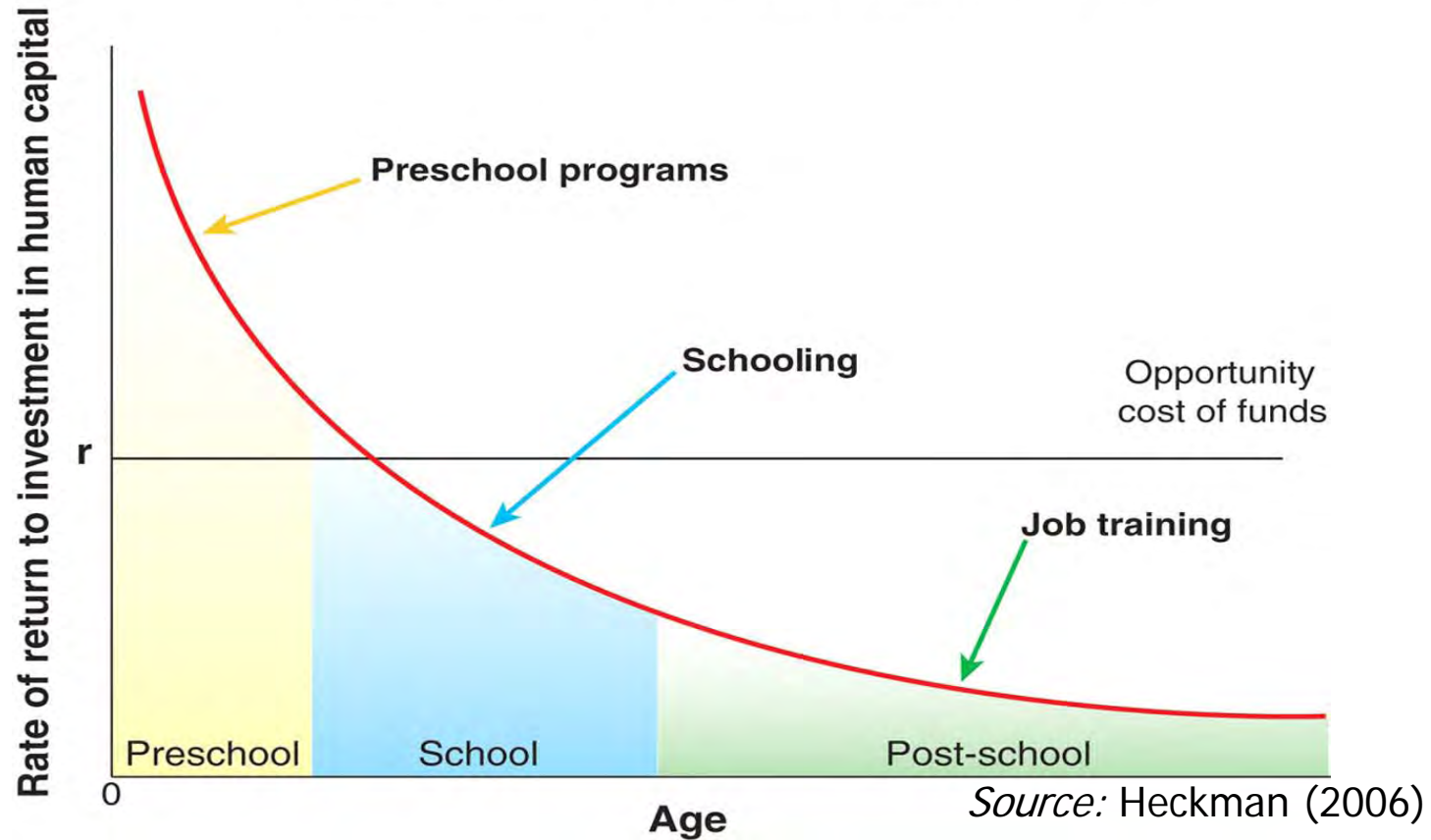
Addressing the Mismatch Between Opportunity & Investment



Adapted from: "How Nurture Becomes Nature: The Influence of Social Structures on Brain Development"
Bruce Perry, Baylor College of Medicine, Houston, Texas.

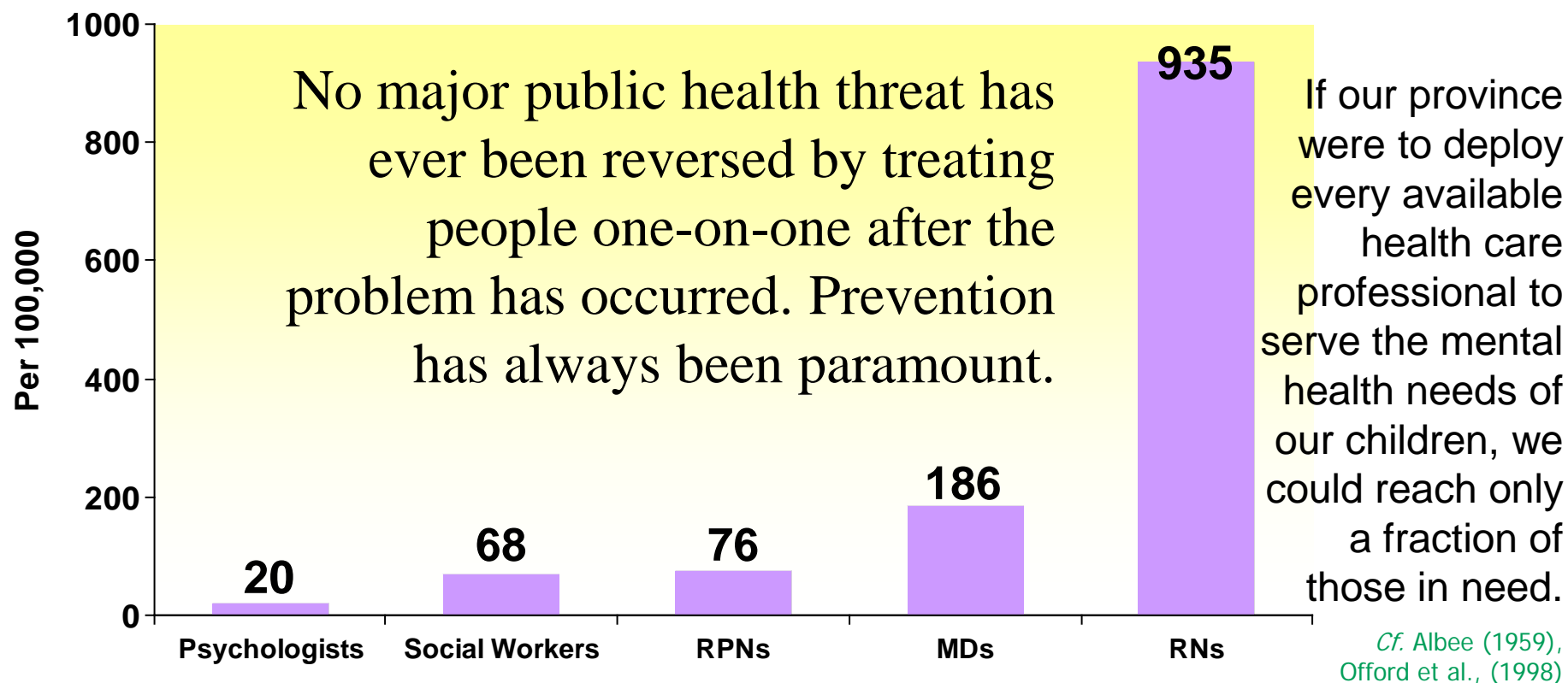
The economic imperative:

Rates of return to human capital investment



The Capacity of the Few:

Number of health personnel (per 100,000 of population)
in selected health professions, 2010, Manitoba



Source: Canadian Institute for Health Information (2012). *Canada's health care providers – 2010 provincial profiles: A look at 24 health occupations*. Ottawa, ON: Author.

Presentation: Key Messages

- Prevention is paramount (early childhood: increase nurturing environments, decrease/buffer toxic stressors)
- Pay now or pay much more later (cost-effectiveness evidence)
 - Each of us, all of us have a role (shared responsibility)
 - All of our futures are at stake (public imperative)

The Healthy Child Manitoba Act

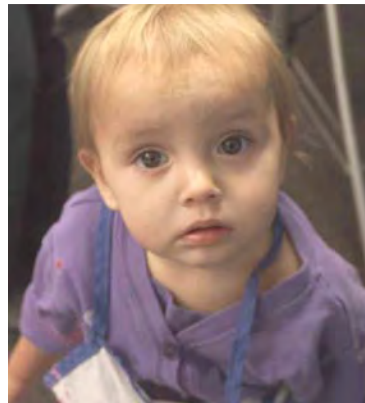
- Enabling legislation for Healthy Child Manitoba, the Government of Manitoba's long-term, cross-departmental prevention and early intervention strategy for children and youth (prenatal – 18 years), proclaimed in December 2007
- Purpose is to achieve best possible outcomes for Manitoba's children (policy emphasis on early childhood development)
- Legislated cross-sectoral government and community structures for children and youth
- Authority to collect and link data across sectors and across time (horizontal and longitudinal)
- Requirement for regular public reporting on progress in child and youth development
 - <http://web2.gov.mb.ca/laws/statutes/ccsm/h037e.php>

3. Healthy Child Manitoba (HCM) portfolio

- a. Work of the Healthy Child Committee of Cabinet (HCCC)
- b. Who is working together
- c. Mandate/principles of HCM
- d. Outline key programs/projects including: Triple P, Healthy Baby, FASD Strategy, Families First, Francophone Hubs (CPEF), and other family/parenting programs with reference to:
 - i. Goals
 - ii. Measuring/evaluating and refining
 - iii. Collaborating with community
 - iv. Successes and lessons learned
- e. What else are you working on? (also other examples later)
 - i. Towards Flourishing pilot

Healthy Child Manitoba Vision

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



To their fullest potential:

1. Physically and emotionally healthy
2. Safe and secure
3. Successful at learning
4. Socially engaged and responsible



Healthy Child Manitoba Mission



Healthy Child Manitoba works across departments and sectors to facilitate community development for the well-being of Manitoba's children, youth, families, and communities.

With a priority focus on early childhood development (ECD: prenatal to school entry).



HCM Guiding Principles

1. **Community-based:** communities are partners in design, governance and delivery of supports for children and families; partnerships and collaboration for service delivery build on existing community networks, foster new networks; most effective approach for building self-determination/healthy communities is developing services sensitive to local capacities/needs
2. **Inclusive:** programs/services will invite/welcome participation of children/families, sensitive to their traditions, culture, language, abilities
3. **Comprehensive:** spectrum of services, across sectors, available to support families and healthy development of their children
4. **Integrated:** program planning/service delivery coordinated across sectors, provide best possible integration for specific needs of each child and family
5. **Accessible:** services/programs available/accessible to families/children across MB
6. **Quality assurance:** services based on local/national/international best practices, government develops/maintains standards for service excellence, programs have clearly articulated/measurable outcomes, ongoing evaluations: learn what's working/how to improve
7. **Public accountability:** government + communities share responsibility: programs achieve their outcomes, delivered in cost-effective manner

Leadership: Manitoba's Premier and Healthy Child Committee of Cabinet (HCCC)

- Built on foundations of Manitoba Children and Youth Secretariat (1994-2000)
- Announced in March 2000
- Only legislated Cabinet committee in Canada dedicated to the well-being of children and youth:

Current HCCC members:

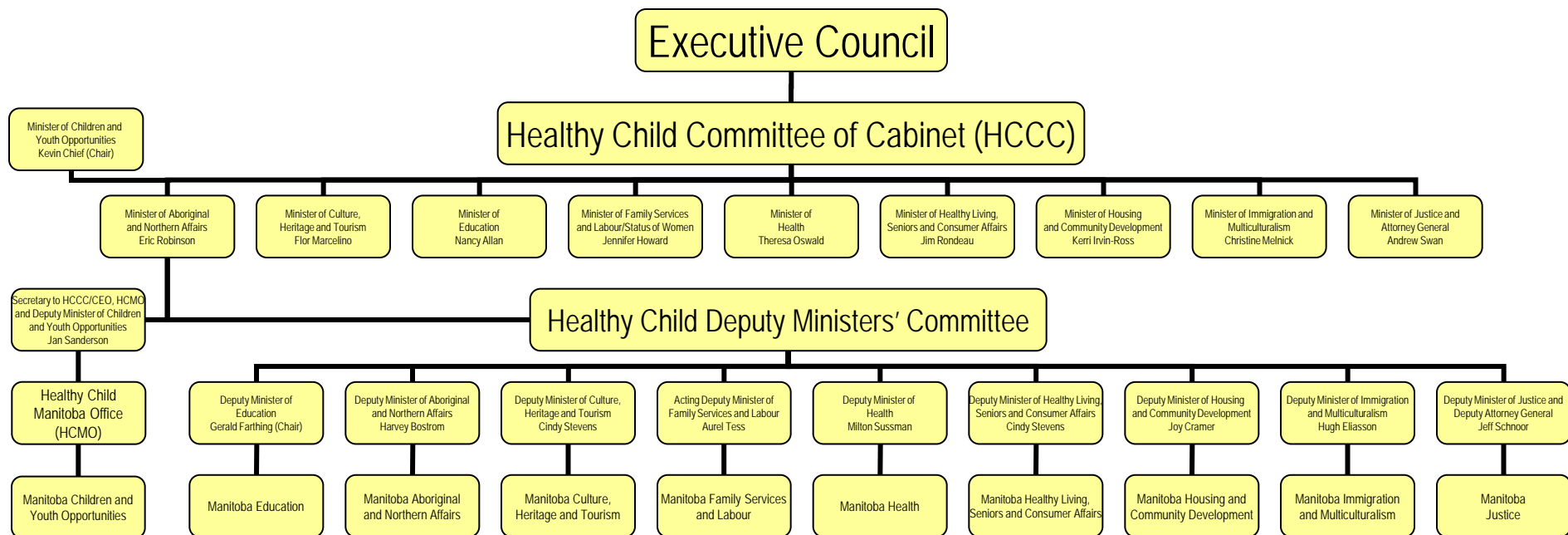
- Kevin Chief, Minister of Children and Youth Opportunities (Chair)
- Eric Robinson, Minister of Aboriginal and Northern Affairs
- Flor Marcelino, Minister of Culture, Heritage and Tourism
- Nancy Allan, Minister of Education
- Jennifer Howard, Minister of Family Services and Labour, Minister responsible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

Some Current Areas of Focus

- Early Childhood Development (ECD)
- Mental Health and Emotional Well-Being
- Crime Prevention
- Integrated Services and Systems

HCCC oversees Fetal Alcohol Spectrum Disorder (FASD) Strategy, coordinates with other cross-departmental strategies affecting children and youth (e.g., ALL Aboard, Neighbourhoods Alive, Reclaiming Hope, Rising to the Challenge)

Bridging Government Departments: Intersectoral Structures in Manitoba



- Both horizontal and vertical structures are essential

- HCCMO: 5-part mandate (community development, research, policy, practice, evaluation), dedicated staff and budget, direct access to Ministers and Deputy Ministers, and direct collaboration with all partner ministries and cross-sectoral community partners

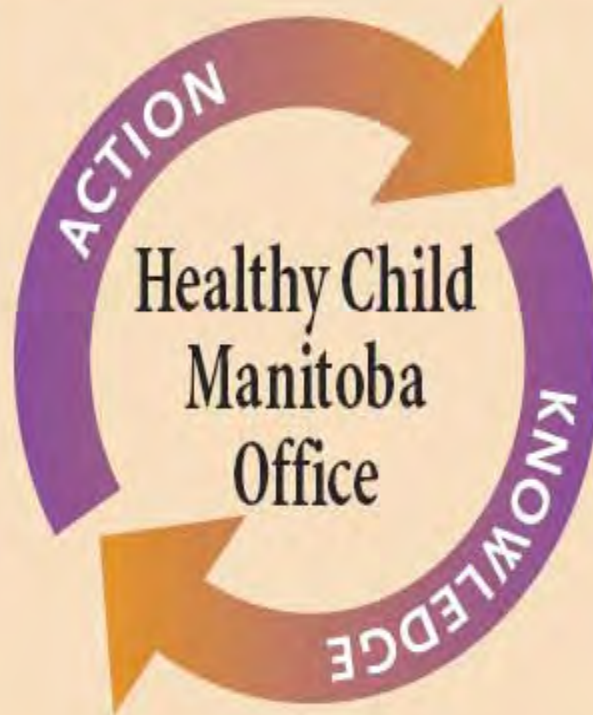
Bridging Government and Community:

Intersectoral Structures in Manitoba

Healthy Child
Committee of Cabinet

Healthy Child Deputy
Ministers' Committee

Healthy Child
Interdepartmental Committees



Citizens and communities

Parents and families

Children and youth

Community agencies

Provincial Healthy Child Advisory Committee

Parent-Child Coalitions
and Council of Coalitions



Pregnancy, Birth, and Infancy

(Prenatal - 3 years)

Early Childhood Care and Learning

(3 years - 6 years)

Middle Childhood Care and Learning

(6 years - 12 years)

Adolescent Development

(12 years - 18 years)

OUTCOMES

Physical & Emotional Health

Social Engagement & Responsibility

Safety & Security

Success at Learning

HEALTHY LIFE TRANSITIONS:
birth->school->adolescence->adulthood

FINANCIAL SUPPORTS

Healthy Baby – Manitoba Prenatal Benefit
Canada Child Tax Benefit and National Child Benefit

COMMUNITY-BASED FAMILY SUPPORTS

Parent-Child Coalitions (all regions and community areas)

Healthy Baby · InSight · Families First · Triple P – Positive Parenting Program

Manitoba Child Care Program · Manitoba Education – ECDI · Turnabout

Roots of Empathy · Healthy Schools · Middle Childhood and Adolescent Development

HEALTHY CHILD MANITOBA CONTINUUM

Children and Youth Opportunities (Chair) • Aboriginal and Northern Affairs • Culture, Heritage and Tourism • Education • Family Services and Labour Health • Healthy Living, Seniors and Consumer Affairs • Housing and Community Development • Immigration and Multiculturalism • Justice



- *Parent-Child Coalitions*
- *Middle Childhood and Adolescent Development*
- *PAX Good Behaviour Game (pilot)*
- *Roots of Empathy/Seeds of Empathy*
- *Triple P – Positive Parenting Program*
- *FASD Strategy*
- *Families First*
- *Healthy Baby*

COMMUNITY

PRESCHOOL
& SCHOOL

Socially Engaged
& Responsible

FAMILY

Successful
Learners

CHILD

Safe and
Secure

Physically &
Emotionally
Healthy

**CHILD-CENTRED
PUBLIC POLICY**



HEALTHY CHILD MANITOBA

Putting Children and Families First



Shared Destiny:

Our Aboriginal Children and the Future of Manitoba



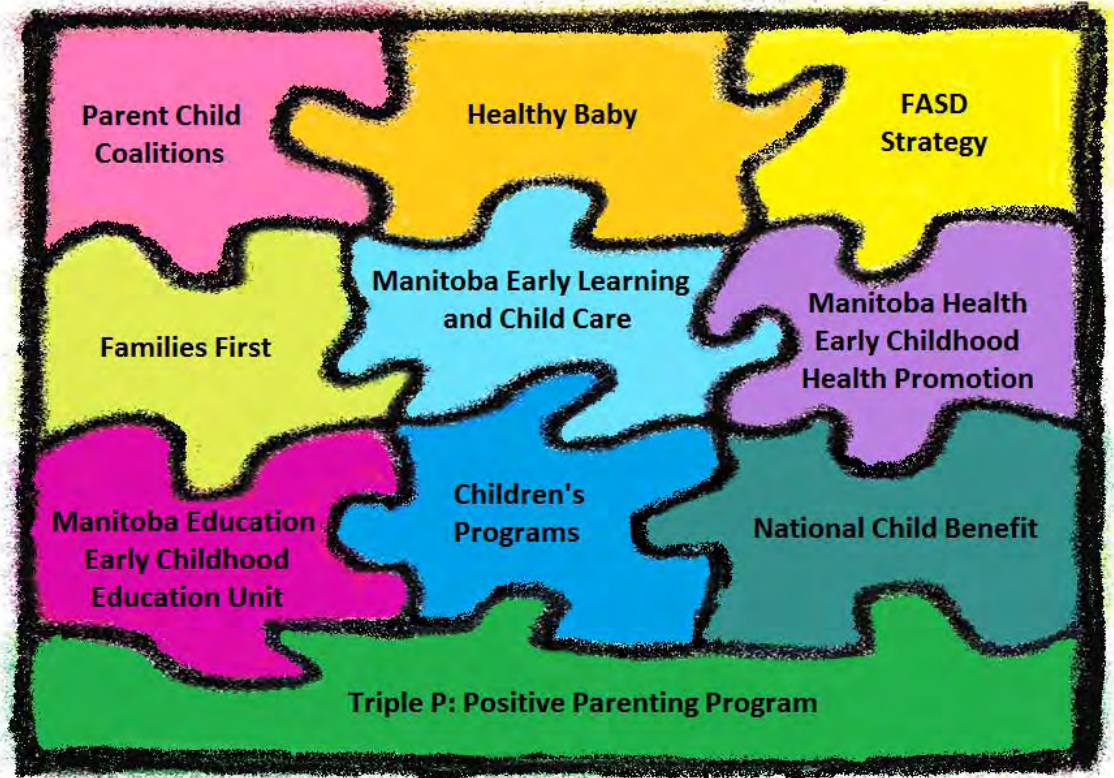
*"Manitoba
cannot
prosper if
Aboriginal people
do not prosper."*

*-Honourable Oscar Lathlin,
Minister of Aboriginal and
Northern Affairs
(1947-2008)*

Priority Investments in Manitoba's

Early Childhood Development

*REGIONAL & COMMUNITY
PARENT-CHILD CENTRED
COALITIONS*

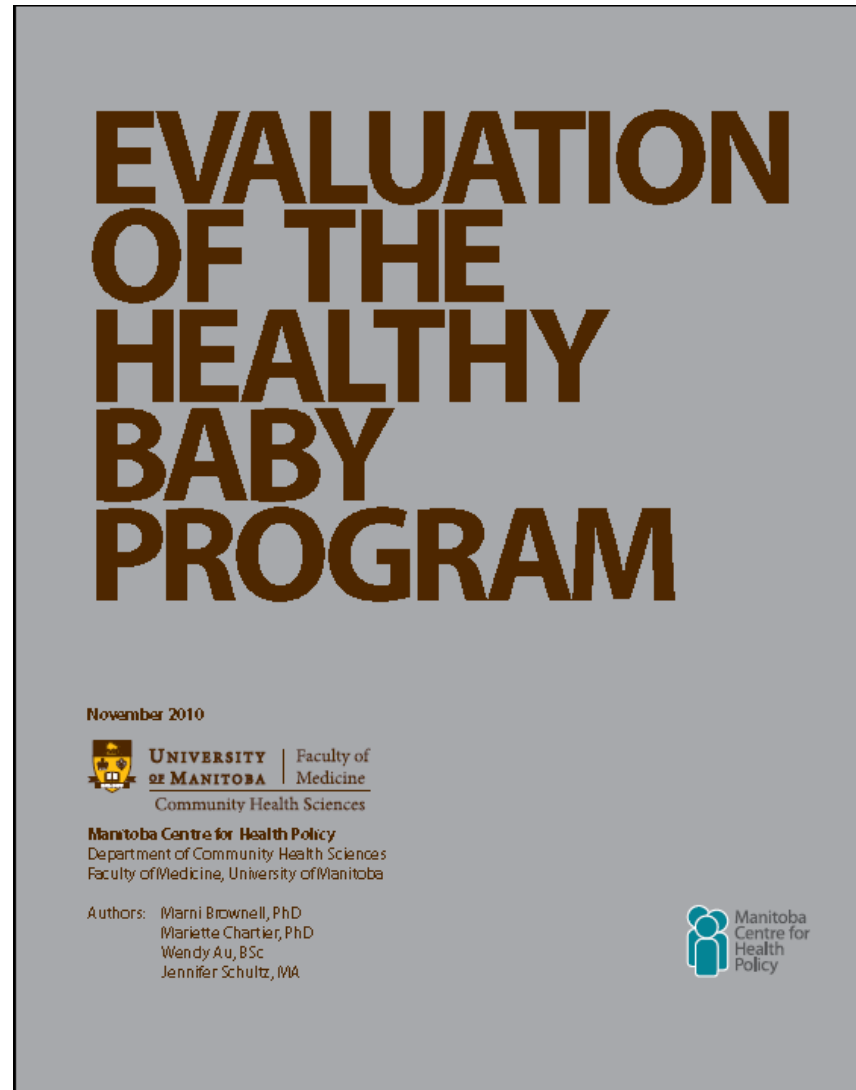


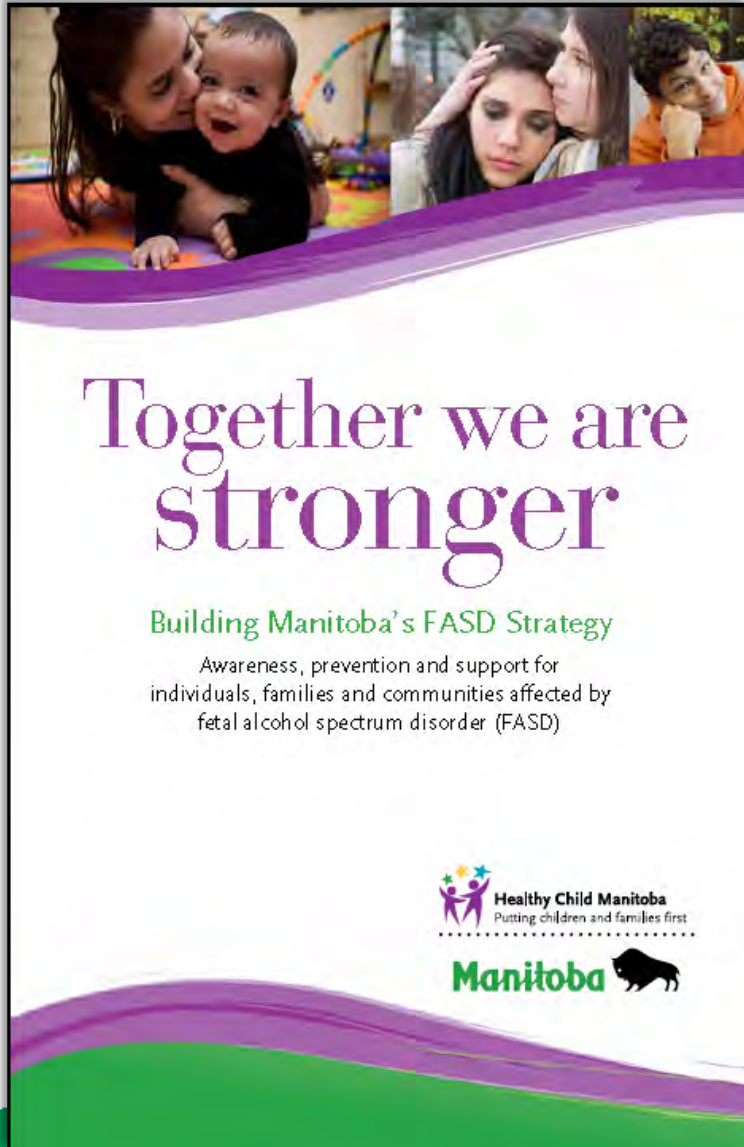


Healthy Baby – Manitoba Prenatal Benefit and Community Support Programs

HB Evaluation

- Independent evaluation by Manitoba Centre for Health Policy (MCHP)
- Healthy Baby Prenatal Benefit and Community Support programs increased connection to prenatal care, prevented low birth weight births and preterm births, and increased breastfeeding
- Findings on gaps led to changes in referral process and new Partners in Inner-City Integrated Prenatal Care (PIIPC) – U of M, WRHA, HCMO, AMC (MHRC and CIHR funding)





FASD Strategy

- Prevention
(e.g., InSight, Mothering Project)
- Intervention and support
(e.g., FASD in the Classroom)
- Research and evaluation
(e.g., FASD Research Scientist, MCHP)
- Led by HCCC
- Canada-FASD Partnership

ABOUT FAMILIES FIRST

Families First offers home visiting supports to families with children, from pregnancy to school entry. There is no cost.

Families First is delivered across the province by community public health. First a public health nurse will visit with you to talk about your family. Together you will decide what community resources would be best for your family.

Home visiting may be one of the options available to you. A home visitor will meet with you and your family on a regular basis for up to three years. The home visitor will support you in building a strong relationship with your child and family, while sharing information and suggesting activities to help your child grow up healthy and happy.

"Taking care of our children is the most important, most wonderful and often the most challenging job in our society."

(How Your Baby & Child Learns: Penny Shore with the International Advisory Council on Parenting)

FAMILIES FIRST

Healthy Child Manitoba
3rd fl - 332 Bannatyne Avenue
Winnipeg, Manitoba R3A 0E2
Toll free: 1-888-848-0140
www.manitoba.ca

For more information on Families First, contact your community public health office.

Families First



For You, Your Child and Your Family



Families First

Manitoba's Home Visiting Model

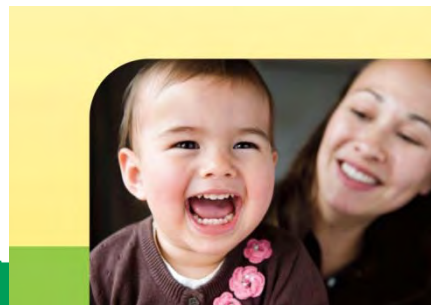
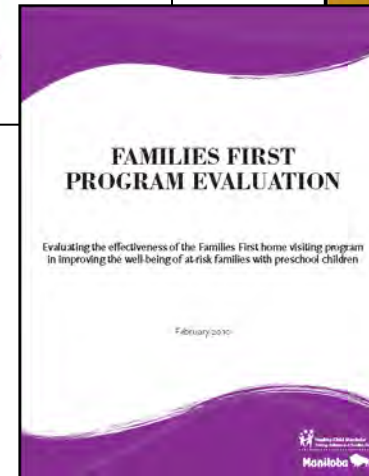
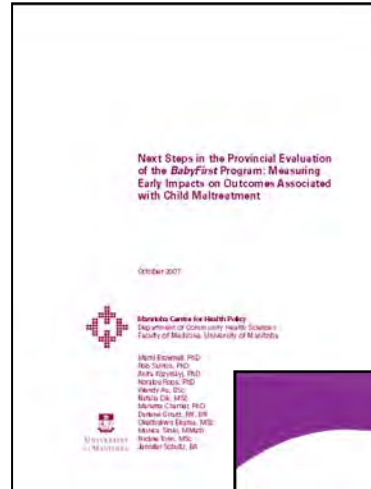
Program Features:

- Voluntary program delivered through public health program of Regional Health Authorities
- All parents with newborns receive a visit from a public health nurse (universal screen)
- Families needing extra support may be offered home visiting by a Families First Home Visitor and/or referral to community services
- Families with preschool children and community agencies can make referrals to the program through their local public health office



FF Evaluation

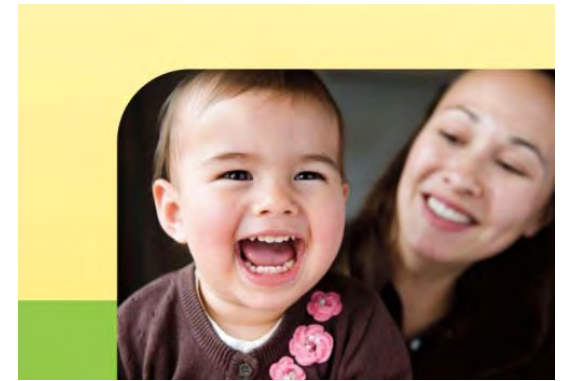
- Provincial evaluation (HCMO) and independent evaluations by Manitoba Centre for Health Policy (MCHP) and other U of M
- FF home visiting increased positive parenting, parents' well-being, families' social support, neighbourhood connectedness
- Home Visitor Day proclaimed
- Findings on gaps led to changes in FF screening and launch of maternal mental health promotion enhancement to FF (Towards Flourishing pilot – funded by PHAC)



Towards Flourishing

Strengthening Families First

- Funded by PHAC Innovation Strategy: 2009-2015
- Community partners, HCM, UM, WRHA
- Public Health working with Mental Health for families in Families First
- Around time baby is born, about 11%-14% of moms have depression or anxiety (Families First screening)
- Promote positive mental health + reduce mental illness/distress
- Intervention pilot and evaluation in all 5 RHAs



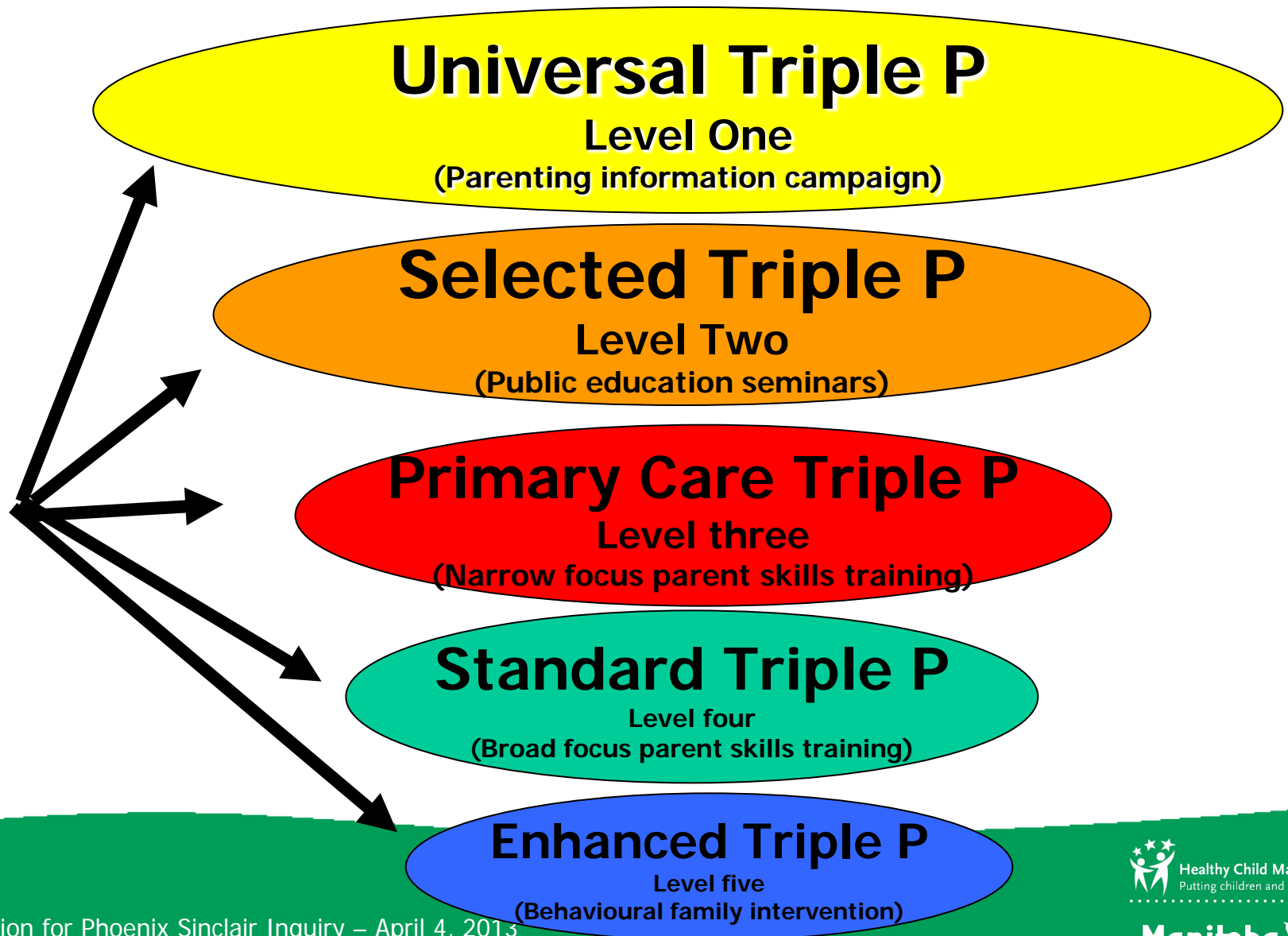
Francophone ECD Hubs

(Les Centres de la petite enfance et de la famille – CPEF)



- A decade of progress: 2 centres opened in 2003, with 2 new centres opening each subsequent year
- Significant proportion of DSFM schools now offering CPEF
- Made-in-MB Francophone ECD hub model – includes HCM programs (e.g., Healthy Baby)
- Regarded as exemplary by Dr. Fraser Mustard

Triple P – Positive Parenting Program System



Essential Criteria for Making a Public Health Approach to Parenting Work

(Sanders, 2012)



ANNUAL REVIEWS
A NONPROFIT SCIENTIFIC PUBLISHER

(April 2012 issue)



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Development, Evaluation, and
Multinational Dissemination
of the Triple P-Positive
Parenting Program

Matthew R. Sanders

Parenting and Family Support Center, School of Psychology, The University of
Queensland, St. Lucia QLD 4072, Australia, email: m.sanders@psy.uq.edu.au

Annu. Rev. Clin. Psychol. 2012. 6:345-379

First published online 252 Review in Advance on
December 6, 2011

Keywords

public health, parenting, child health, child behavior, dissemination,
evidence-based practice, Triple P-Positive Parenting Program

1. HAVING PARENTING PROGRAMS AVAILABLE THAT WORK
2. HAVING EVIDENCE OF COST-EFFECTIVENESS
3. ENSURING CULTURAL RELEVANCE AND ACCEPTABILITY
4. REDUCING STIGMA ASSOCIATED WITH PARTICIPATION IN PARENTING PROGRAMS
5. ENGAGING CONSUMERS IN THE DEVELOPMENT OF EVIDENCE-BASED PROGRAMS
6. ESTABLISHING ACHIEVABLE PARTICIPATION TARGETS
7. HAVING AN EVALUATION PLAN AND TRACKING POPULATION-LEVEL INDICATORS



Manitoba The logo for the province of Manitoba, featuring a stylized bison.

Why Manitoba is Doing Triple P

1. EVIDENCE:

- Epidemiological evidence: Rising prevalence of children's mental health problems
- Evaluation evidence: Randomized effectiveness and dissemination trials of Triple P (30 years, 20 countries, 17 languages, 55,000 trained, 6M children and families)
- Economic evidence: Benefit-cost analyses of Triple P (up to 6:1; Lee et al., 2012)

2. EXPERIENCES:

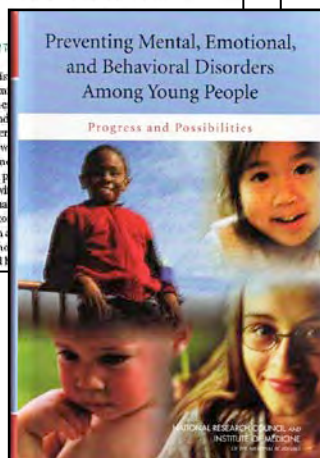
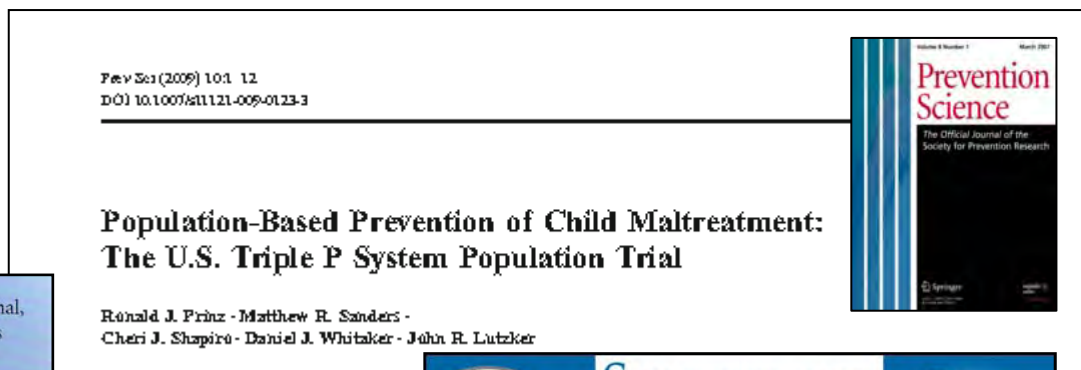
- Colleagues from across sectors have asked for help with rapidly rising (and earlier onset of) children's mental health problems
- Lessons learned re: limitations of current approaches, including overemphasis on targeted programs, and urgent need for population-level, public health approach

3. EXCITEMENT:

- Tremendous public policy potential of population-level prevention for children and youth in improving life course outcomes across sectors

Population-Level Prevention of Child Maltreatment

(MacMillan et al., 2009; NRC & IOM, 2009; Prinz et al., 2009; Aos et al., 2011; Lee et al., 2012)



THE LANCET

Washington State
Institute for
Public Policy

110 Fifth Avenue Southeast, Suite 214 • PO Box 40999 • Olympia, WA 98504-0999 • (360) 536-2677 • www.waipp.wa.gov

April 2012

**Return on Investment
Evidence-Based Options to Improve Statewide Outcomes**
—April 2012 Update—

Washington State
Institute for
Public Policy

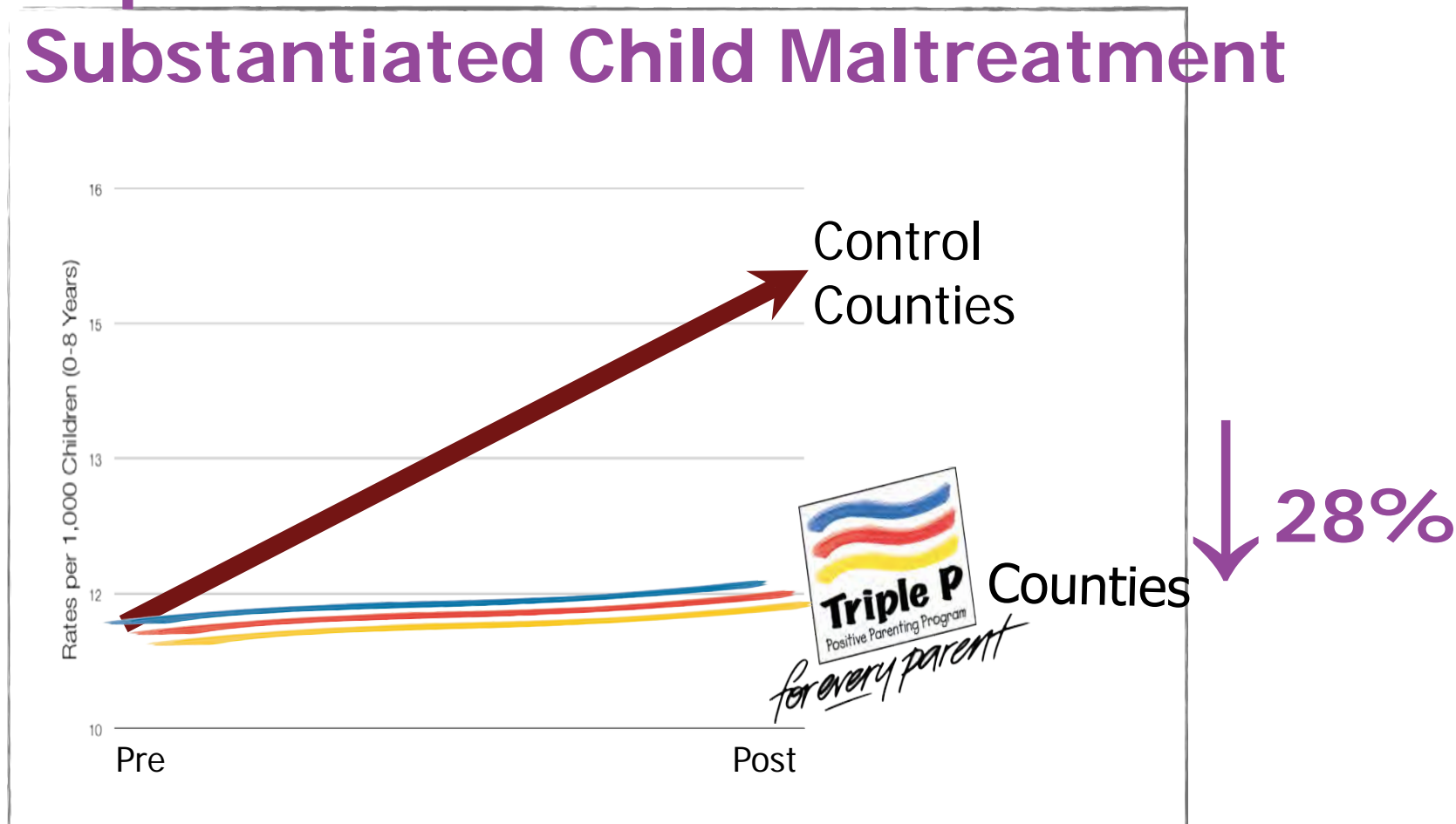
110 Fifth Avenue Southeast, Suite 214 • PO Box 40999 • Olympia, WA 98504-0999 • (360) 536-2677 • www.waipp.wa.gov

**Return on Investment
Evidence-Based Options to Improve Statewide Outcomes**
—July 2011 Update—

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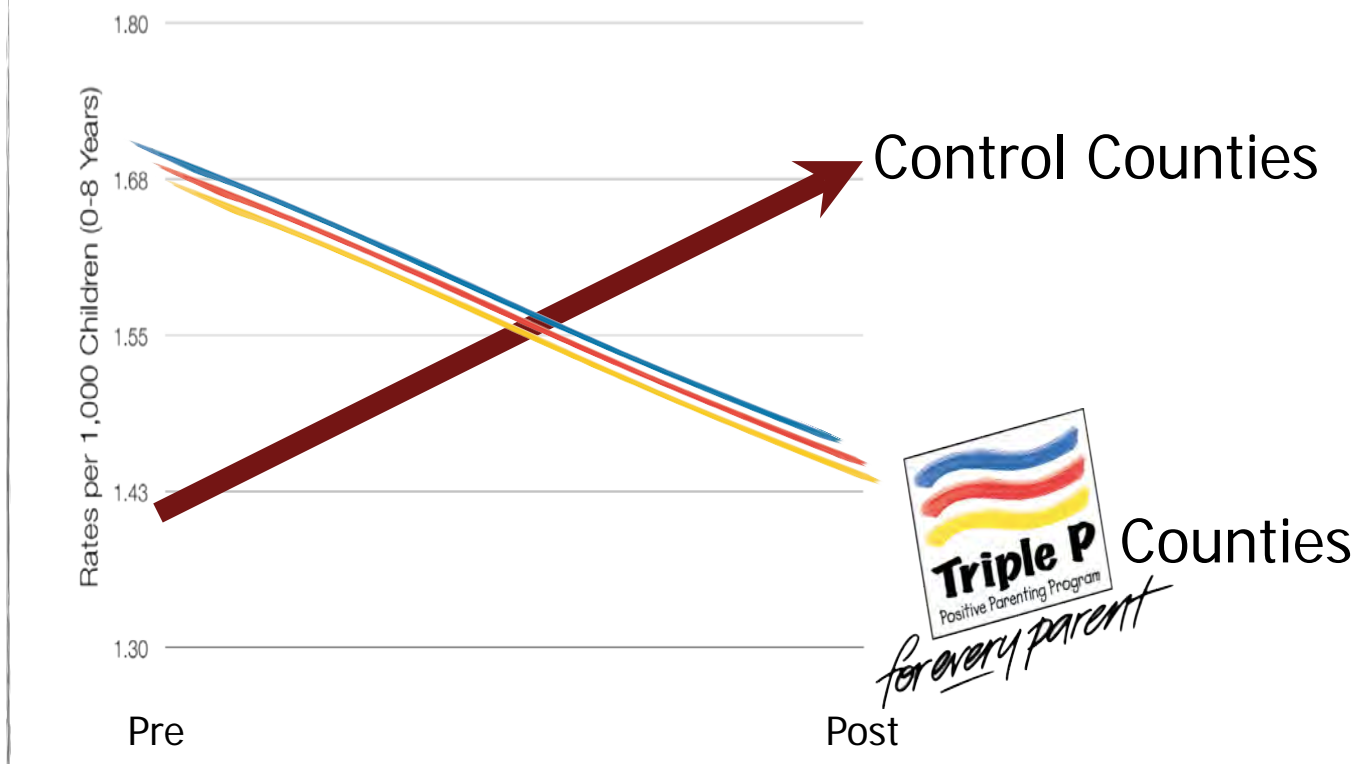
Manitoba

Population-Level Prevention of Substantiated Child Maltreatment



Prinz et al., 2009, *Prevention Science*

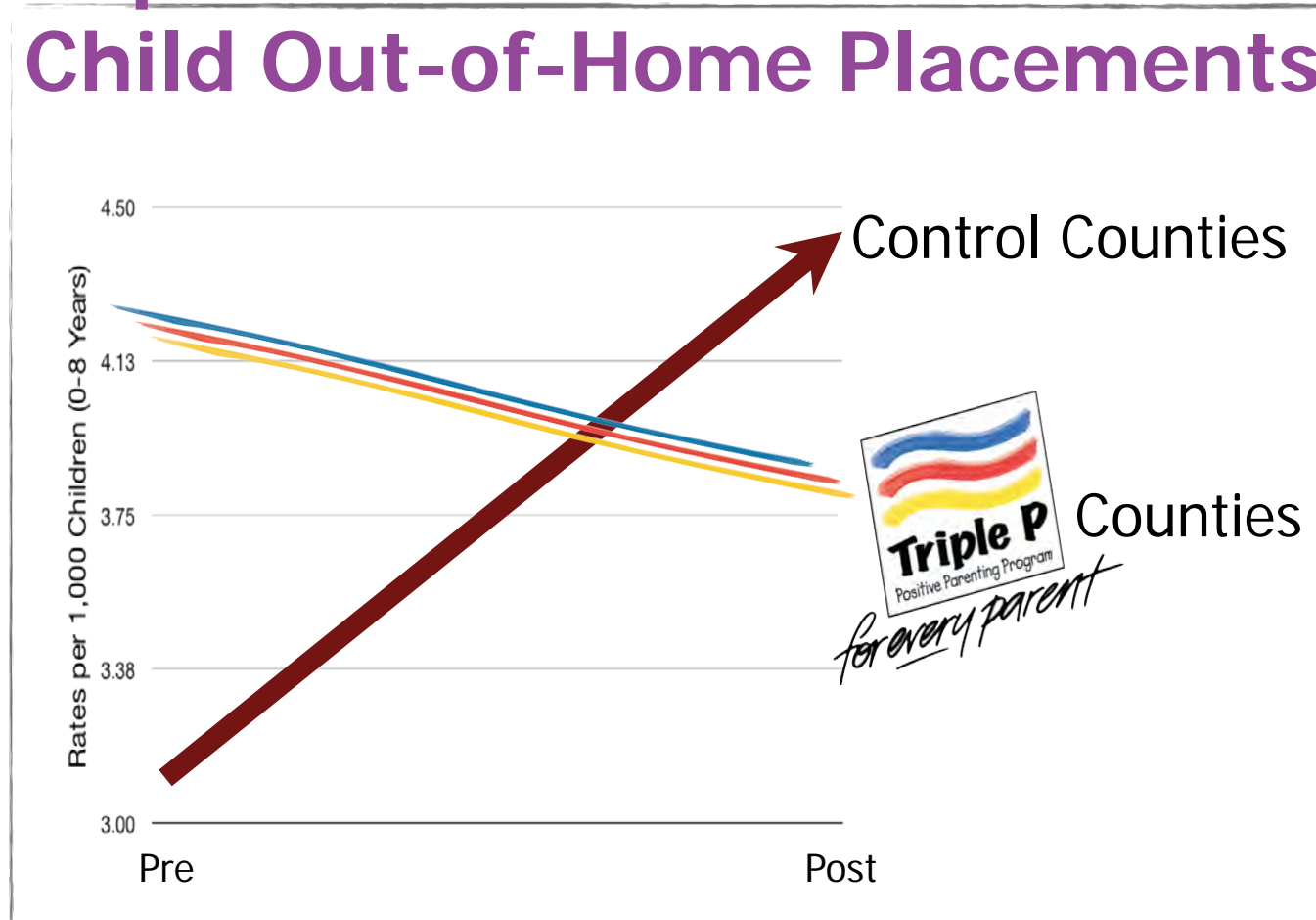
Population-Level Prevention of Child Abuse Injury Hospitalizations



↓ 35%

Prinz et al., 2009, *Prevention Science*

Population-Level Prevention of Child Out-of-Home Placements



Prinz et al., 2009, *Prevention Science*

The Current Picture in Manitoba



- Approximately 1500 practitioners trained and accredited in one or more levels of Triple P support across Manitoba
- Practitioners come from across sectors (e.g., health, early learning and child care, education, child welfare, community)
- Positive response from many First Nations communities
- Training and resources in Triple P now available in French for Francophone practitioners

(further examples at end of presentation)

Triple P in Manitoba First Nations and Metis Communities



**Triple P practitioners with
Louanne Beaucage, The Pas**



Triple P billboard, The Pas



Triple P in Manitoba First Nations and Metis Communities

May 11, 2012 front page

OPASQUIA TIMES
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Positive Parenting has a positive impact
M. Stuart Bhowmik

It's information that every parent can use

what's inside
p2: ...
p4: ...
p13: ...
p17: ...

www.opasquiatimes.com



Metis Hall, The Pas



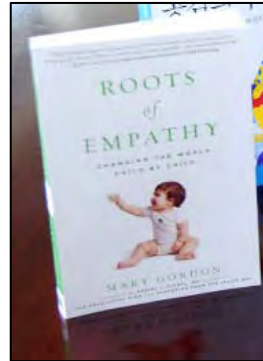
Norway House



Roots of Empathy program
(2001-present) – endorsed in 2008 by AFN

ROE Evaluation

- Poster at scientific conference (March 2008)
- ROE book (2009 edition)
- New York Times (Nov 2010)
- Journal article (April 2011)
- Prevented aggression, promoted prosocial behaviour
- K-8, lasted up to 3 years later



CHILD AND YOUTH MENTAL HEALTH IN THE COMMUNITY

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

Robert G. Santos, Mariette J. Charlier, Jeanne C. Whalen, Dan Chateau and Leanne Boyd

Effectiveness of the Roots of Empathy (ROE) Program in Preventing Aggression and Promoting Prosocial Behaviour:

Results from a Cluster Randomized Controlled Trial in Manitoba

Robert G. Santos PhD, Mariette J. Charlier PhD, Jeanne C. Whalen MSc, Dan Chateau PhD and Leanne Boyd MSW

Background

Incidents and interventions during and between children in elementary and secondary schools. Research consistently shows that children who are exposed to violence in the home and community are at higher risk for aggressive behaviour and are more likely to be involved in violent incidents. Aggressive behaviour is a learned skill that children learn from their environment. Children learn to be aggressive by watching others, including parents, teachers, and peers, and by practicing aggressive behaviour in play and in the classroom.

Research Objective

Our objective was to determine the effectiveness of the Roots of Empathy (ROE) program in reducing aggression and promoting prosocial behaviour in children and youth.

Methods

We conducted a cluster randomized controlled trial in 10 elementary schools in Manitoba. The ROE program was implemented in five schools, and a control group of five schools was used. The ROE program is a 10-week, evidence-based program that teaches children and youth about emotions, empathy, and conflict resolution. The program is delivered by trained teachers and parents.

Results

Children in the ROE program showed significantly lower levels of aggression and higher levels of prosocial behaviour compared to children in the control group. These findings were consistent across all schools and at three-year follow-up.

Conclusion

The ROE program is an effective intervention for reducing aggression and promoting prosocial behaviour in children and youth. The program should be implemented in all elementary schools.



About the Roots of Empathy Program

- Roots of Empathy (ROE) is a universal social-emotional learning program that teaches children and youth about emotions, empathy, and conflict resolution.
- ROE is a 10-week, evidence-based program that is delivered by trained teachers and parents.
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Opportunity for Real-World Evaluation in Manitoba

Manitoba is the only province in Canada that has implemented the ROE program in all elementary schools. This provides a unique opportunity to evaluate the effectiveness of the ROE program in a real-world setting.

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The New York Times

Healthy Child Manitoba
Putting children and families first

Manitoba

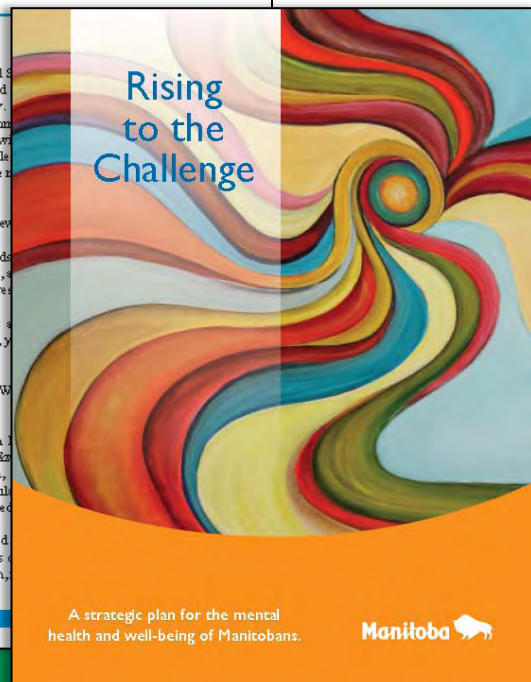
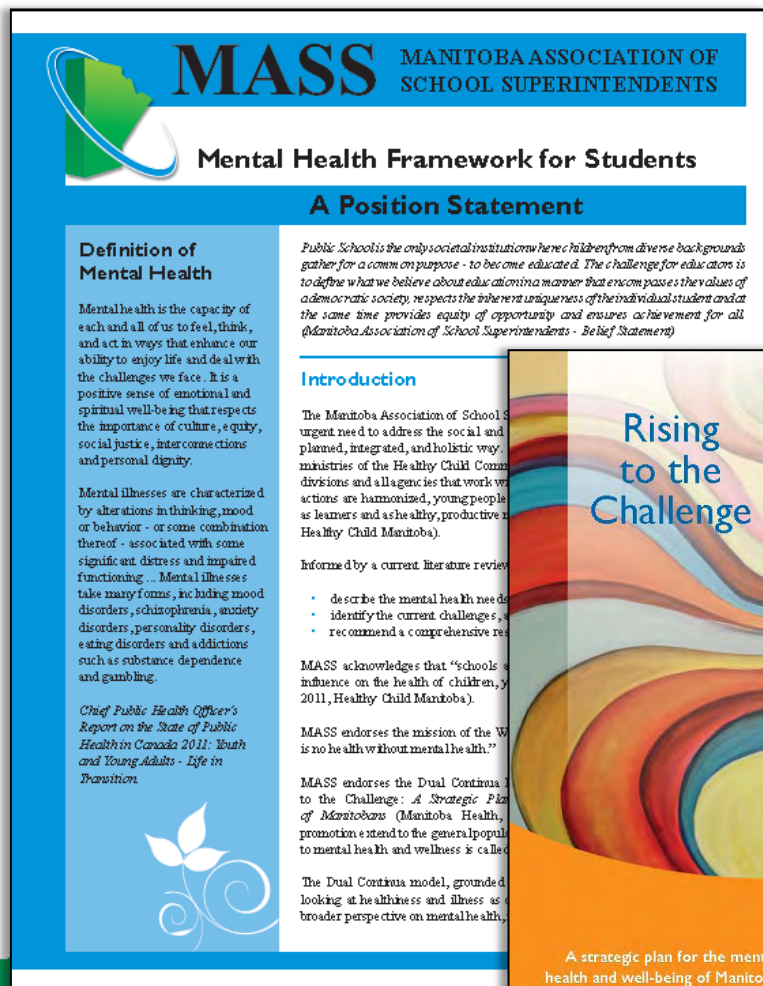


Presentation for Phoenix Sinclair Inquiry – April 4, 2013

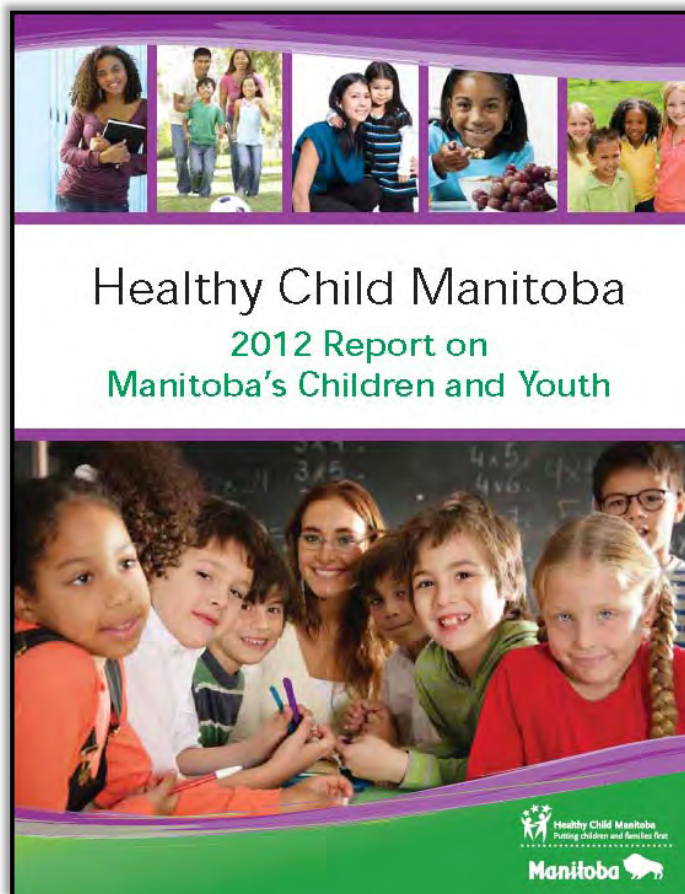
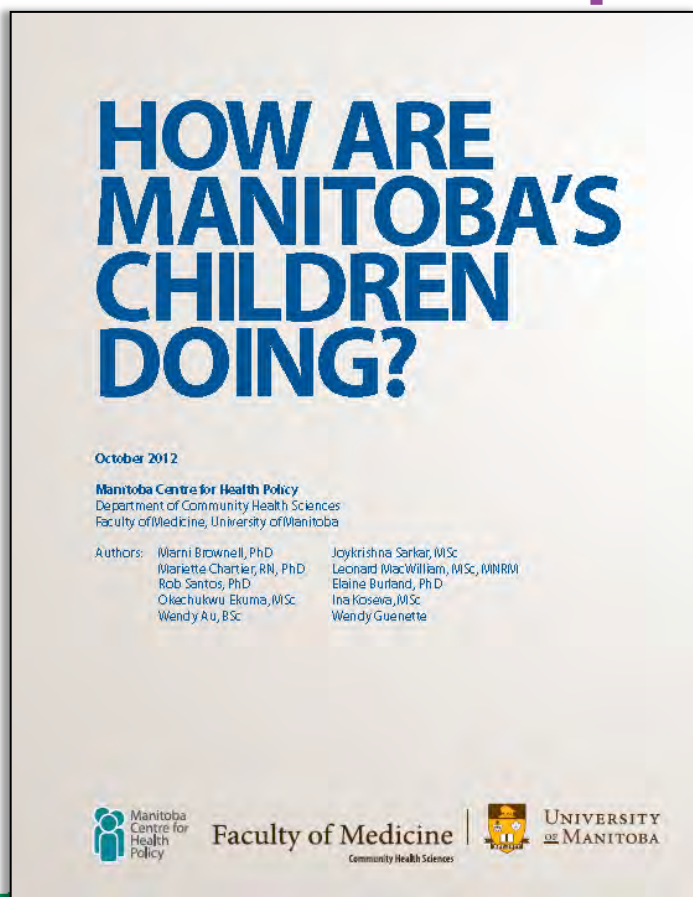
December 15, 2010 announcement
Four Feathers – Gilbert Park

Seeds of Empathy program (2010-present)

Mental Health Plan for Children and Youth 2012 ...



HCM Five-Year Report (coming soon) and MCHP Report (October 2012)



4. Challenges and Opportunities

- a. **What are the challenges:** Public understanding/support and \$ for prevention as protection (from downstream to upstream, systems outside CFS; cf. Brownell paper), cross-sectoral complexity, disentangling protection and well-being (cf. Trocme paper), moving science into practice (cf. Wright paper)
- b. **Opportunities for the future, including (but not limited to):**
 - i. Comment on integrated service centres (as proposed by Kerry McCuaig) – Lord Selkirk Park Abecedarian centre (model ECD hubs; cf. McCuaig paper)
 - ii. Comment on integrated service delivery approach as outlined in the September 2009 paper prepared for the Child Welfare Intersectoral Committee – Gimli pilot

**Manitoba
innovation and
ingenuity can put
the ECD pieces
together for all of
our children**



Lord Selkirk Park Abecedarian Centre





Gathering for Our Aboriginal Children



NATIONAL CHILD DAY FORUM

Healthy
Child
Manitoba



Enfants
en santé
Manitoba

Manitoba



NOVEMBER 6TH - 8TH

2012

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WINNIPEG, MANITOBA



Manitoba 

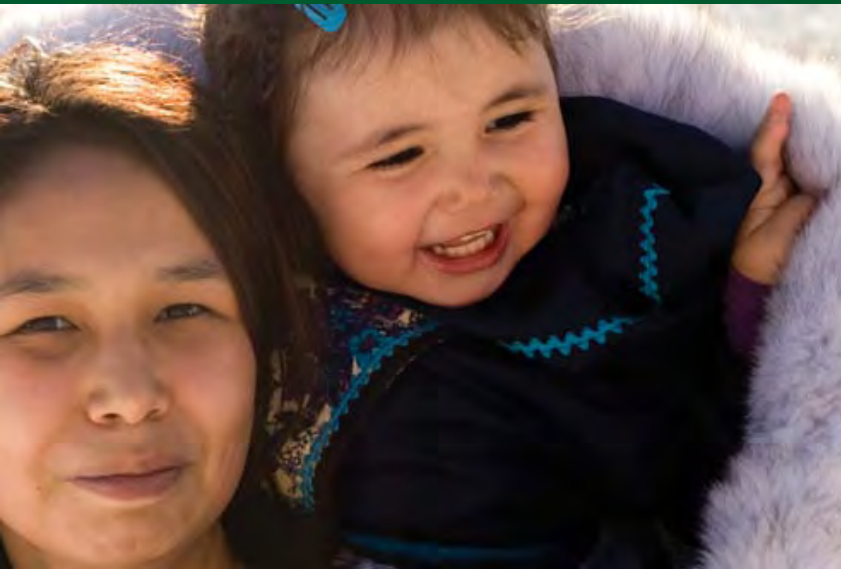


Presentation: Key Messages

- Prevention is paramount (early childhood: increase nurturing environments, decrease/buffer toxic stressors)
- Pay now or pay much more later (cost-effectiveness evidence)
 - Each of us, all of us have a role (shared responsibility)
 - All of our futures are at stake (public imperative)



YES, WE CAN!



Thank You

For more information, please contact:

Jan Sanderson
Deputy Minister
Children and Youth Opportunities;
CEO, Healthy Child Manitoba Office; and
Secretary to Healthy Child
Committee of Cabinet (HCCC)
(204) 945-6707
Jan.Sanderson@leg.gov.mb.ca

Dr. Rob Santos
Associate Secretary to HCCC
(204) 945-8670
Rob.Santos@gov.mb.ca

www.gov.mb.ca/healthychild



Triple P Newsletters and Community News Articles

Introducing the Triple P - Parent Phone Line

Triple P Manitoba has introduced a new resource for every parent throughout Manitoba - *The Triple P Parent Line*. Healthy Child Manitoba is pleased to be partnering with The Provincial Health Contact Centre in operating the phone line. The Parenting Line is staffed by trained Triple P Consultants who will provide parents with free, confidential parenting support based on the Triple P - Positive Parenting Program. It allows Manitobans access to Triple P information and support in a way that is flexible and convenient for families. Hours of operation are from 8-5 Monday to Friday.

Messages can be left after hours and will be returned in a timely way.

Parents, guardians or caregivers can call the parenting line at 204-945-4777 in Winnipeg or 1-877-945-4777 toll free and speak with Triple P Consultants on any number of common parenting concerns such as bedtime problems, tantrums, and toilet training. Parents can also participate in Triple P programs that have been adapted for delivery over the phone. If parents prefer to participate in face to face consultations or group Triple P, referrals to partnering agencies will be offered. The Triple P phone line

is not a crisis line for parents. Crisis calls will immediately be referred to community resources better equipped to deal with these situations.

In addition, Triple P Consultants can provide information to service providers looking for Triple P resources in the community. We encourage practitioners with questions about how to use Triple P with parents and families to contact the Triple P team for practitioner support at the Healthy Child Manitoba Office 945-2266 (Winnipeg) or 1-888-848-0140.

NEWS FROM THE NORTH

Community PATH and Triple P in Northern Manitoba- Louanne Beaucage

What is a Community PATH? The PATH stands for Planning Alternative Tomorrows with Hope, and that is what the Northern Triple P Coordinator, Louanne Beaucage has started to do with the trained and accredited practitioners in Northern Manitoba. The PATH is a valuable tool to help gather information as to what has been working with the Triple P program, and what could be potential road blocks / issues that the practitioners face in their community. Louanne began incorporating the PATH in December of 2010, and has found that it allows the participants to share their dreams, goals, strengths of the community, and helps to identify who else needs to be involved in the action plan to make the PATH succeed.

Some of the comments Louanne received were that this process works best if groups focus on

achieving their short term goals in 3 to 6 months, followed by engaging other community members for the goals that will need to include the larger community, the 2 to 3 year plan.

This PATH is done on a 14 foot long piece of paper and is left in the community at a location where community members can see firsthand the sense of pride and commitment, along with potential challenges the community faces such as a lack of services. Some of these services include youth services, community gardens, better infrastructure etc.

Having the PATH process helps Triple P and other service

providers to plan for future programming and to identify solutions. Louanne sees the many benefits of this process for communities and plans to continue to assist Northern Communities to Plan for an Alternative Tomorrow with HOPE.



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strengthening families and strengthening communities, creating a more vibrant province for us all. If we get it right for kids, we get it right for everyone.

That's the spirit behind the provincial government's nationally-recognized Healthy Child Manitoba (HCM) strategy. Recently celebrating its 10th anniversary, the multi-faceted program continues to help parents give children their best start in life and as they grow up in Manitoba. HCM is based on a growing amount of research indicating that children's early years are critical to their lifelong health, learning and well-being. The HCM strategy is the result of several government departments working together, including the Healthy Child Committee of Cabinet, the only cabinet committee in Canada dedicated to the well-being of children and youth. HCM offers a network of programs designed to help Manitoba children and youth become:

- physically and emotionally healthy
- safe and secure
- successful at learning
- socially engaged and responsible

Three goals inspired a variety of programs designed to give children, youth, parents and families the support they may need to be the best they can be. Some examples are:

Healthy Baby helps pregnant women and new parents pay for nutritious food and connect with other parents.

Families First provides a friendly, home visitor program to support new parents.

Family Choices provides accessible, affordable, quality child care.

Roots of Empathy helps children learn to recognize and respect the feelings of others through regular classroom visits from a new parent and a newborn throughout the year.

Parent Child Connections offers a one-stop opportunity for communities to connect and share local resources and activities for children and families.

HCM is responsible for the current public awareness campaign for the celebrated Triple P - Positive Parenting Program. It's an internationally-recognized program to help parents build knowledge, skills and confidence in caring for their children.

Triple P is a set of proven, practical approaches to parenting children that emphasizes the positive. It involves creating a loving, supportive and predictable family environment. It's based on the idea that strong nurturing, relationships, good communication and positive attention help children become more resilient and successful. "Children who grow up with positive parenting are more likely to develop the skills they need to do well at schoolwork, build friendships and feel good about themselves," says Australian clinical psychologist and Triple P founder, Dr. Matt Sanders. "They are much less likely to develop behavioral or emotional problems when they get older."

Triple P offers effective, easy-to-follow suggestions for small changes that can make big differences to parents, children and families. Research from around the world has shown that positive parenting works. For example, When your child wants to show you something, say what you are doing and really pay attention. It is important to spend frequent, small amounts of time with your child doing things that you both enjoy.

Prize your children when they do something good. It will encourage them to continue the good behaviour (e.g. "Thank you for doing such a good job of picking up your toys").

"Parenting is the most difficult job any of us will ever do in our lives, but it's also the one we're least prepared for," says Dr. Sanders. "Some parents may need just a little Triple P advice, such as a few ideas to help them set up a better bedtime routine or manage occasional misbehaviors."

"Often may be in crisis and need greater support. Triple P is based on the idea that we give parents just the right amount of help they need - enough, but not too much." For more information about Triple P and the full range of programs available through HCM, visit www.manitoba.ca/healthychild.



Triple P Positive Parenting Program

Manitoba Triple P Newsletter

Winter 2012

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Triple P on TV and Online:

www.manitobatriplep.ca

Positive Parenting Program (Triple P)

Triple P
The Positive Parenting Program

The Positive Parenting Program is a helpful, practical approach to raising children that focuses on the positive. Triple P uses strong, nurturing relationships, good communication and positive attention to help children develop. It helps create a family setting that is loving, supportive and predictable.

The program uses easy-to-follow suggestions for small changes that make big differences to parents, children and families. It is proven to be very successful in developing good attitudes and behaviour.

[Positive Parenting for Parents](#)

[Positive Parenting for Practitioners](#)

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Selected (Seminar) Triple P
Enhanced Triple P
Pathways Triple P
Standard Stepping Stones Triple P

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Phone: 204-677-0980
Training: Primary Care Triple P

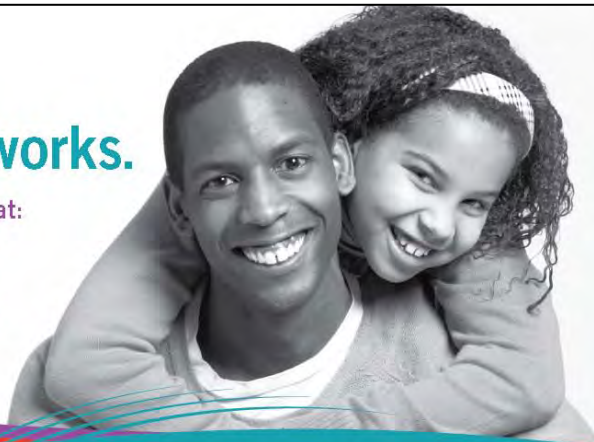
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Standard Triple P
Primary Care Triple P
Enhanced Triple P
Enhanced Triple P
Standard Stepping Stones Triple P

1. Key in your postcode / area to find your nearest practitioner
2. Nearest practitioners to your location will be listed
3. Each practitioner will have a level of Triple P training listed
To find out more about the level of training of your nearest practitioner click on the following
a. [Primary Care](#)
b. [Primary Care Team](#)
c. [Standard](#)
d. [Group](#)
e. [Group Team](#)
f. [Selected](#)
4. If there are no practitioners in your immediate area, key in your closest major centre
5. If you're having problems or would like more information email contact@triplep.net

Triple P Public Education Campaign – Billboards, Bus Shelters, Bus Ads

Positive parenting works.

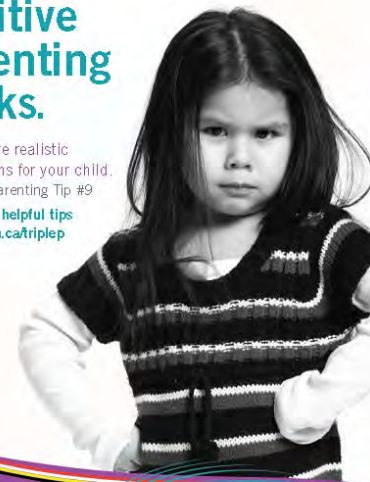
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Positive parenting works.

Always have realistic expectations for your child.
– Positive Parenting Tip #9
Learn more helpful tips
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