



Alberta Family Wellness Initiative

**From Knowledge to Action: Using Brain Story Science to Improve Outcomes for
Children and Families in Alberta**

Commentary and Proceedings Report

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COMMENTARY

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After following the pioneering work of AFWI in Alberta for many years, our team at the University of Oxford were honoured to join the family in 2019 to bring the Brain Story to a UK audience. The Brain Story clearly conceptualises the critical and dynamic relationship between the burden of adversity and the pivotal role of positive supports, skills and abilities in contributing to resilience. It provides our team with a vehicle to translate our academic research and understanding into clear public health messaging and facilitate dissemination of this important knowledge across all sectors.

The huge range of organisations and services represented at the Calgary Practice day in January 2020 demonstrated the success of AFWI in embedding the Brain Story across Alberta and the impact that this has had on the lives of so many within widely varying communities. We were immediately struck by the generosity of the delegates to share their journey with us, as we begin our own mission to replicate this success. We are very fortunate to benefit from participants' learning and reflections of their experiences, which will accelerate implementation of the Brain Story in the UK.

This extensive evaluation paper offers a detailed blueprint documenting the developmental trajectory of the Brain Story. The in-depth, reflective interviews offer powerful testimony to changes at the micro, meso and macro level prompted by the knowledge of advances in brain science. These range from participants' acknowledgement of the personal impact of understanding their own childhood experiences, to huge organisational paradigm shifts including changes to Federal Divorce and Court proceedings. The strength of this report lies in the identification of facilitators for change and honest acknowledgement of where difficulties have been encountered. This offers an invaluable insight into the potential challenges of aligning and integrating the Brain Story within organisations, which will enable our Oxford team to be proactive in preparing for and addressing similar situations. The case studies offer substantial detail which can be used to leverage advances in service development in other geographical and cultural areas. Furthermore, it presents detailed evidence with which to address common concerns; for example, data indicating that systematic screening for ACEs does not increase referrals, but rather enhances patients' gratitude and experience of being cared for and understood.

In order to make sustainable and effective changes it is critical to focus on increasing the capacity development of the workforce. The Brain Story certification course provides this mechanism, with this report detailing survey results from over 400 participants which show a significant shift in people's perceived knowledge and behaviour. The course enables the University of Oxford team to offer organisations a proven strategy for capacity building. The shared language and understanding of the core story unifies the endeavours of professionals and communities from very different backgrounds to collectively move forward to improve long term physical and mental health. It is exciting to hear this resonating throughout the report from so many different individuals and organisations.

The work of the AFWI and partners across Alberta strongly echoes our own team's aspiration to stop the intergenerational transmission of adversity. This report compellingly articulates the power of the Brain Story to achieve sustained and systemic changes across so many different services and settings and will be instrumental in helping us replicating this success. We are excited to join our colleagues in the shared challenge of evaluating the impact of the Brain Story on knowledge, mindset shift and practice change, and the difference this makes to the lives of individuals and communities.

REPORT

From Knowledge to Action: Using Brain Story Science to Improve Outcomes for Children and Families in Alberta: Proceedings Report

JUNE 12, 2020

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*Note: The program names listed next to each individual represent the program that they either are employed by or are linked with.

Executive Summary

In 2007, the Palix Foundation created the Alberta Family Wellness Initiative (AFWI) to bridge the gap between the latest science in early brain development, mental health, and addiction, and what was actually being done in policy and practice to improve the health and wellbeing of children and families across Alberta. A core AFWI strategy has been knowledge mobilization – the dissemination of scientific knowledge about early child and brain development and its connection to mental health and wellness outcomes to a broad range of policymakers, practitioners, and the public. In 2019, the Palix Foundation planned and hosted convening symposia in Edmonton (November 25-26, 2019) and Calgary (January 16-17, 2020), called “From Knowledge to Action: Using brain story science to improve outcomes for children and families in Alberta,” attended by more than 200 leaders, practitioners, and policy makers from a wide range of disciplines (92 in Edmonton and 109 in Calgary). This report summarizes the findings for the meetings’ four objectives:

Objective One: Identify and share emerging and promising brain story-aligned practices being implemented at individual, program, organization, and community/system levels, and their impact.

Findings. Kelsey Duebel, project manager at Policy Wise, presented findings from an environmental scan of current evidence of effective approaches to identifying experiences of childhood adversity. Several speakers also talked about the Resilience Scale, which is being developed into a multidimensional measurement framework. Participants described their current practices at four levels: Individual themes focused on participants’ taking the Brain Story Certification Course and adoption of brain story science. At the program level, participants reported aligning existing programs and developing new ones that are aligned with brain story science. At the organizational level, participants recommended mandatory Brain Story Course certification for all staff. At community and systems levels, participant themes focused on increasing interagency collaboration and communities of practice to expand use of the Brain Story.

Objective Two. Using local exemplars, discuss how context and process can support the initiation and sustainability of new brain story-aligned practice change.

Findings. Leaders presented their experiences integrating brain story science at multiple levels. Cynthia Tonet, Director at the Louise Dean Centre, and Carlene Donnelly, the Executive Director of CUPS, described the implementation and measurement of brain story science in their programs and organizations. From Alberta’s Ministry of Children’s Services, Patti Johnston reported on the creation and use of the Ministry’s Well-being and Resiliency Framework and Marni Pearce reported on the development of the Ministry’s new Wellbeing and Resiliency Evaluation Framework. Participants reported on the lessons they learned from their experiences with the Brain Story course, messaging, level of effort required to implement the science, strategic implementation processes, championing change, and measuring the impact of brain story science results.

They recommended connecting the concepts of adverse childhood experiences, trauma, and resilience in brain story training, and spending more time ensuring that staff understand the need for the training. They also outlined the need for more strategic management of the transformational change process. They also urged making brain story science an ongoing organizational priority, and empowering staff to serve as champions of change. They also called for better measurement and developmental evaluation of their transformation process and its impact on children, families, programs, and service systems.

Objective Three. Explore how brain story science can inform the development of new indicators and outcomes, and how to evaluate them.

Findings. Meg Hargreaves, Senior Fellow at NORC, introduced the Complex Change Evaluation Framework to assess resilience-related complex change. The framework assesses six elements of resilience-related change: individual and collective resilience capacity; adverse experiences and supportive contexts and environments that affect resilience; the design and adaptive implementation of strategies to build resilience; the use of learning cycles to test and improve these strategies; and the measurement of shifting patterns of resilience and well-being at multiple levels. Participants recommended better measurement of the burden of adversity, positive supports, and skills and abilities that build resilience and well-being resilience well-being, trauma, and childhood adversity concepts; better methods for measuring long-term outcomes and impacts of the use of brain story science, and standardized measures and platforms for assessing outcomes and impacts at multiple levels.

Objective Four. Build collective will and leadership to mobilize and implement brain story science to promote better interagency collaboration and integrated service pathways within and across sectors, and other brain science-aligned policy changes to improve population outcomes.

Findings. Participants were asked to imagine how brain story science might change their service sectors and systems over the next five years, turning Alberta into a brain story-aligned province. Three themes emerged from the convenings' discussions. First, participants suggested immediate mobilization of the Brain Story Course across sectors and recommended course improvements to accelerate its deployment. Second, they recommended changes in institutional policies, systems, and structures, especially in the Government of Alberta, to sustain and scale the spread of brain story science across organizations and sectors. They also called for more organic growth of the brain story science movement through the expansion of self-organized networks of communities of practice to help practitioners embed brain story science into their organizations and communities. Third, participants' five-year visions described aligned systems and supports that are more effective in building families' resilience and well-being. They also called for the province to move closer to a shared language, set of principles, and program practices spread across sectors and communities that is more fully aligned with brain story science.

Conclusion. This is an ambitious plan for brain story science in Alberta, but the Palix Foundation has already had spectacular success, transforming practitioners, program practices, and institutions throughout Alberta and beyond. At this point, brain story science is ready to be scaled and AFWI has a roadmap for how brain story science can be scaled up (impacting greater numbers), scaled out (impacting laws and policy), and scaled deep (impacting cultural roots). Transformation at this scale requires collective capacity beyond the resources of any one organization, and many allies are ready for this next step.

Section 1: Introduction

What are the Knowledge to Action convenings?

In 2007, the Palix Foundation created the Alberta Family Wellness Initiative (AFWI) to bridge the gap between the latest science in early brain development, mental health, and addiction, and what was actually being done in policy and practice to improve the health and wellbeing of children and families across Alberta. A core AFWI strategy has been knowledge mobilization – the dissemination of scientific knowledge about early child and brain development to a broad range of policymakers, practitioners, and the public.

Since 2010, the AFWI has hosted symposia, bringing together leaders from different sectors and disciplines to increase their scientific knowledge and expand their networks of collaborators to translate the science into changes in individual practice, and at program, organizational, system, and community levels. Other AFWI strategies have included funding and support for the development of the Brain Story (an interdisciplinary body of knowledge about early childhood experiences, brain development, epigenetics, intergenerational risk and protective factors, and outcomes) and for the Brain Story Certification Course (an online course created in 2017 to make brain story science available to professionals, policymakers, and the public).

In 2019, the Palix Foundation planned and hosted convening symposia in Edmonton (November 25-26, 2019) and Calgary (January 16-17, 2020), called “From Knowledge to Action: Using brain story science to improve outcomes for children and families in Alberta”. Attended by more than 200 leaders, practitioners, and policy makers from a wide range of disciplines (92 in Edmonton and 109 in Calgary), these events were designed to achieve four objectives:

1. Identify and share emerging, promising, and leading brain story-aligned practices that are being implemented at the individual/front line, program, organization, and community/system level, and their impact.
2. Using local exemplars, discuss how context and process can support the initiation and sustainability of new brain story-aligned practice change.
3. Explore how brain story science can inform the development of new indicators and outcomes, and how to evaluate them.
4. Build collective will and leadership to mobilize and implement brain story science to promote better interagency collaboration and integrated service pathways both within and across sectors, as well as other brain science-aligned administrative and legislative policy changes to improve population outcomes.

This report summarizes the proceedings of these convenings. This section provides an introduction to the report. Section 2 “Charting Change at Multiple Levels” identifies the practices that are being used to initiate change at front line, program, organization, and system/community levels. Section 3 “The Change

Process” reviews the strategies organizations and convening participants have used to support the change process. Section 4 “Lessons Learned about Change” summarizes lessons learned about how to translate brain story science into practice. Section 5 “Measuring the Impact of Brain Story Science” answers the question of how to assess the impact of brain story science at different levels. The final section, Section 6 “Visioning a Brain Story Science-Aligned Province” explores participants’ visions for alignment of brain

Section 2: Charting Change at Multiple Levels

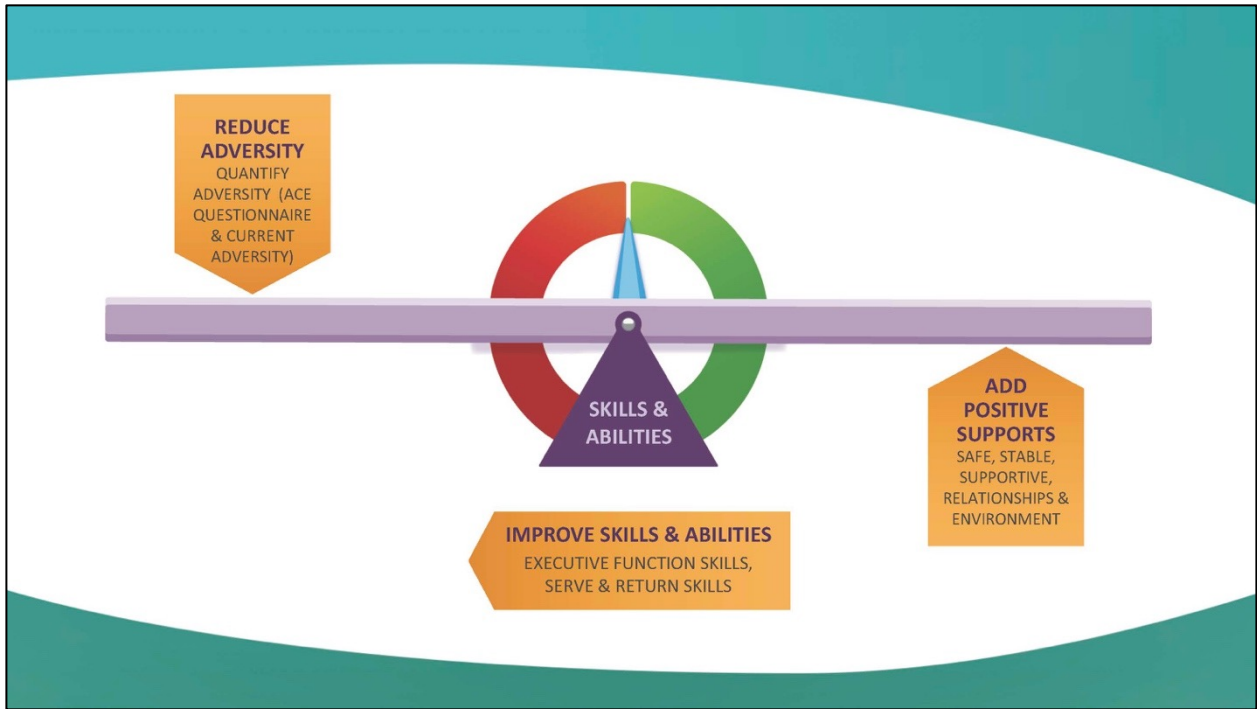
How can we use brain story science to achieve better outcomes?

The first day of the Edmonton and Calgary convenings focused on three themes: strategies used to facilitate and support brain story science-related change, an introduction to the use of the Brain Story’s Resilience Scale to assess the impact of brain story-related change, and a summary of current research on best practices in identifying and scoring adverse childhood experiences (ACEs).

Kelsey Duebel, project manager at Policy Wise, presented findings from an environmental scan of current evidence of effective approaches to identifying experiences of childhood adversity. The study reported findings in four areas. First, the study found that adversity should not be identified in isolation, but as part of a larger study on the burden of adversity, positives supports, and skills and abilities to build resilience within the context of prevention, response and ACEs- or trauma-informed practice. Second, the exclusive use of ACEs questionnaires and scores is less effective than more holistic approaches that capture the scope, impact, and context of adversity and resilience. Third, it is important to assess ACEs in a setting of trust and shared power dynamics, and where there is potential for therapeutic follow-up, if needed. Finally, the study found that further research and evaluation regarding the effectiveness and outcomes of ACEs identification practice is needed to support a stronger evidence- and knowledge-base for ACEs policy and practice.

Several speakers talked about the Resilience Scale during the convenings. Part of the Brain Story, this metaphor was developed by the National Scientific Council on the Developing Child at the Harvard Center on the Developing Child and the Frameworks Institute. The Brain Story defines resilience as “a combination of supportive relationships, adaptive skill building, and positive experiences”. The Resilience Scale shows how positive experiences and supports are counterbalanced by negative experiences and adversity (Figure 1). Resilience can be increased, shifting the fulcrum (the tipping point) of the scale toward more positive outcomes by increasing an individual’s skills and abilities to improve self-regulation, executive functioning, and “serve and return” social interactions with others. The Resilience Scale is also being developed into a multidimensional framework to measure changes in resilience.

Figure 1: Resilience Scale Metaphor



In a table-top exercise, participants were asked, “What changes did you deliberately choose to make as a result of learning about the Brain Story and why did you choose those?” They provided answers at four levels: individual practices, programs, organizations and systems/communities.

Individual strategies. Individual themes focused on participants’ taking the Brain Story Certification Course and adopting and incorporating Brain Story language into their communications with colleagues, parents, and clients, in ways that were relatable and less stigmatizing. Participants talked about integrating core concepts from the course into clinical practice, program interventions, community presentations, supervisory and professional development processes, and funding proposals. They also reported using the knowledge for their own growth and self-improvement as employees and parents, approaching their work with greater empathy, curiosity, mindfulness, and less judgment. They also gained a new understanding of resiliency and of the importance of building strong relationships for positive mental health.

Program strategies. At the program level, participants reported adapting or redesigning existing programs to align with brain story science, embedding brain science concepts in program practices, tools, and resources. They also incorporated brain story science into the design of new programs and services, as a common theory of change across their organization. Knowledge in brain story science was reinforced through training programs, onboarding requirements, and pre-qualifications for new positions. Participants also reported assessing clients’ level of adversity (e.g., ACEs) and identification of positive supports and skills and abilities that build resilience at intake, to inform service planning. Participants said

they have started focusing more on building relationships and less on “fixing” clients through behavior modification.

Organizational strategies. At the organizational level, participants recommended mandatory Brain Story Course certification for all staff, from leadership to front-line workers, board members, and administrators, as part of the onboarding process. One organization allocated five professional development days for staff to complete the course. The course provided a common language that was used in reports to funders, recommendations to policymakers, corporate plans, and in working with clients. Participants also reported working with external partners to organize their services around a single entry point, service hub, assessment process, or set of shared measures.

System- and community-level strategies. At community and systems levels, participant themes focused on increasing interagency collaboration anchored around a common knowledge of the brain story. Their goals were to mobilize knowledge to educate funders and advocate for changes in programs, policies, and practices. Examples included shared professional development training across agencies, partnering with Indigenous organizations to incorporate Indigenous cultural elements into programs, sharing the Brain Story with interagency steering committees, and working across sectors on services to increase caregiver capacity, enhance early child development, improve recovery, and build families’ social connections and capacities.

Participants also worked through partner networks. Examples included: spreading the Brain Story through the national network of Big Brothers, Big Sisters organizations, advocating for changes in the Alberta Works employment and training system, promoting the Brain Story Course through a provincial mental health alliance, and advocating for an intra-Government of Alberta secretariat to support justice reform. Participants also reported developing communities of practice, embedding the Resilience Scale into provincial-level strategic planning, and working across the prevention and early intervention service continuum to address addiction, mental health, and suicide prevention.

Individual results. Participants were asked about the results they had seen or experienced in themselves, their colleagues, or their clients. Participants noted having more empathy, understanding, and compassion for their clients, and in parenting their own children. They felt empowered to make decisions that were more solutions-oriented and less deficit-based. Among clients, participants noted less shame, stigma, and self-blame. As clients gained a better understanding of how their backgrounds contributed to their problems, trauma was “normalized” for them. They saw potential to increase their own resilience and to have a more positive impact on their children.

This changed the dynamic between practitioners and clients. As they engaged in deeper, more meaningful conversations, they felt they “were on the same page” and clients were more likely to feel heard. As parents felt more understood, they became more engaged, and voiced more appreciation and satisfaction with the services they received. On the practitioner side, most participants reported an increased sense of purpose and pride in their work, confident that their practice was evidence-based. Still, some sessions with clients triggered re-traumatization for some staff, resulting in the need for more employee assistance services than planned.

Organization, systems, and community-level results. At organization, systems, and community levels, participants reported that increased knowledge of the Brain Story resulted in greater engagement and investment in brain science-aligned services by public and private funders and donors. As the Brain Story spread across networks of professional groups, this knowledge bridged differences in qualifications across levels, “leveling the playing field” and increasing the collective competence of diverse groups. As organizational practices changed, some participants reported shifts in larger systems such as the education system, with fewer school expulsions and more service referrals.

Section 3: The Change Process

What can we do to support the change process?

The convenings featured presentations from leaders who spoke about their experiences integrating brain story science into their organizations. Two leaders focused on the implementation and measurement of brain story science at program and organizational levels. Cynthia Tonet is a Director at the Louise Dean Centre, a Catholic Family Service program serving pregnant and parenting teens and their families. She spoke about her work integrating brain story science-informed measures into programs for new parents and their families.

Carlene Donnelly is the Executive Director of CUPS, a Calgary-based non-profit organization dedicated to improving the lives of vulnerable families and individuals. CUPS successfully undertook a several year process using the ADKAR (awareness, desire, knowledge, action, and reinforcement) change management model to integrate brain story science throughout their organization. This process included the creation of an organization impact statement, theory of change, and five-year strategic plan; reorganization of the agency’s structure; and transition to an integrated care model designed to increase client resiliency. CUPS also developed the Resilience Matrix, a measurement and case management tool to track clients’ progress.

Two speakers from Alberta’s Ministry of Children’s Services spoke about systems-level change informed by brain story science. Patti Johnston, a Manager in the Family and Community Resiliency Division of Children’s Services was one of the developers of the Ministry’s Well-being and Resiliency Framework and active in the development of the Family Resource Network model. The framework outlines the Government of Alberta’s approach to delivering programs, policies, and services that are aimed at preventing and/or reducing the impacts of early adversity. The framework applies an Indigenous and newcomer lens, uses an evaluation framework for contracted services, and monitors service gaps to ensure equity in implementation.

Marni Pearce, the Director of Prevention and Early Intervention with Alberta’s Ministry of Children’s Services, spoke about the Ministry’s new Wellbeing and Resiliency Evaluation Framework. The evaluation framework includes a theory of change and set of outcomes, measures, and processes for assessing the effectiveness of prevention and early intervention services. These services focus on building caregiver capacity and connections to social supports to ensure that children experience healthy social and

emotional development. The services are contextualized to the local community, made widely available, delivered by competent staff, and are culturally safe and inclusive.

Participants were asked to complete a series of table-top exercises asking what they needed to prepare to support change, and what their experiences were supporting change at multiple levels. Their advice was consistent across the different levels.

Supporting individual practice change. Participants explained that significant resources are needed to support individual-level change, for example, paid work time to complete the Brain Story Course, especially if certification is mandatory. Additional time is also needed to reflect on how the knowledge can be applied through ongoing discussions with colleagues, and to supplement the course with additional readings, videos, and other materials. Time is also needed to practice using brain story language more fluidly and consistently, and referring to the concepts repeatedly. Support from upper leadership is important, as well as the identification of people who will champion the effort. It also helps to have a group of managers design the training process, building awareness about the course, creating a general buzz about the training, and motivating people to take the course seriously, open up to the new information, and let go of past practices.

Participants prepared for success by creating a team or committee or leadership support circle of champions from different disciplines and programs to guide the education and implementation process. They organized cohorts of staff to go through the course at the same time, gave them paid release time to complete the course, and reinforced the learning through coaching, mentoring, and modeling the change. They also held regular team meetings to check in and discuss barriers to progress.

Supporting program change. Participants most often reported needing to make programmatic changes in four areas: devoting sufficient resources to the change process, ensuring leadership buy-in, adapting existing programs to align with the new information, and using feedback to improve the process. They recommended Brain Story Course certification of all staff, aligning work priorities and giving paid time to enable staff to complete the training, and building certification into performance evaluations. They argued for leadership to serve as role models by being among the first to complete the training, and setting up an advisory committee to inform the change management process.

Participants also discussed the importance of reviewing and adapting existing programs to align with brain science, using implementation science methods to embed brain science into their programs, and integrating Brain Story information into program materials. They recommended a developmental approach, experimenting with small program changes by developing and testing prototypes, being willing to stop and make adjustments informed by feedback. Programs may need to collect new data and consider revising their collection and use of ACEs data.

To support these changes, participants reported working closely with staff to reach a deeper understanding of the course material, testing new practices before scaling them up, and sharing materials, such as the Brain Architecture Game. They suggested making time for staff to engage in the Brain Story Course together, using creative methods (group, individual, and online activities) for staff to complete the

course, scheduling the training for the right time of year to increase participation, and scheduling monthly meetings for staff to share their experiences integrating the science into their programs.

This process required managers to provide additional coaching, mentoring, and reflective supervision to help staff make changes. Participants also tested new policies and practices before extending them to families. Their leaders took the training first to better understand the Brain Story, their managers were used as trainers and mentors, and their supervisors took on the task of designing new practices. They recommended being very clear about where the organization was heading, why the changes were needed, and setting out a clear theory of change and change management plan for the process.

Supporting organizational change. Several themes were repeated at the organizational level. Participants reported that being certified in the Brain Story Course should be made an organization-wide priority. All staff should be allocated time and required to complete the course within their first six months of employment as part of their orientation and onboarding process, if they are not already certified at the time of hire. Participants also emphasized the need for a change management plan, using a framework such as the ADKAR model to guide the process. Organizations needed to assess their readiness for change, and then develop and fund a plan, designed by a cross-department implementation committee or team. Buy-in was needed from both inside and outside stakeholders, including government funders, board members, senior administrators, and staff. Strong leaders need to start the work and secure organization-wide buy-in and endorsement of the initiative from their board. Leaders should also be able to explain how brain science fits into the organization’s vision, mission, values, theory of change, and business plan.

Supporting systems-level change. Participants had less to report about supporting change at an interorganizational or systems level. Their most frequent suggestion was to advocate for public and private funders to increase their awareness and understanding of the Brain Story and shift from managing isolated grants to more collective, cross sector efforts that aligned with brain story science. Participants also commonly reported the need to find potential allies. They held meetings and conversations with potential allies and shadowed organizations that were already doing the brain story science-informed work. They also sought diverse input from Indigenous and newcomer groups, consulting with others about potential changes.

Supporting community change. At the community level, participants reported networking and serving as ambassadors to spread the message about the Brain Story. They also looked for champions from other sectors to join their efforts, hoping to leverage what others were doing and ensure that “the right people were at the right tables” for decision-making. They also talked about highlighting the work of other groups to “shine a light” on what other organizations were doing in the community. At community and systems levels, participants also reported working with funders to raise their awareness of the long-term negative impacts of adverse childhood experiences.

Section 4: Lessons Learned about Change

What have we learned about translating brain story science into action?

In the Edmonton and Calgary convenings, participants were asked to reflect on the lessons they had learned from their experiences with brain story science, using that knowledge to change their program practices, organizational policies, service systems, and communities. They were asked what had worked well and what had not worked well for them, and what would they do differently if given another opportunity. Participants provided consistent responses to these questions. Their lessons focused on brain story science course certification, messaging, level of effort, strategic implementation, championing change, and measuring results.

Brain Story Course certification. Based on their experiences, participants recommended Brain Story Course certification for all staff, including direct service workers, supervisors, managers, executive leadership, board members, and other stakeholders. They suggested conducting the training during work hours in groups of teams so that all team members would have the same starting point, “leveling the playing field”. They recommended course completion and certification for all staff, preferably at the time of onboarding and orientation. Cross-sector training was also suggested.

Participants recommended introducing the Resilience Framework as part of brain story training, and that the course connect the concepts of reducing the burden of adversity, adding positive supports, and increasing skills and abilities to build resilience adverse childhood experiences, trauma, and resilience, as well as reframing the focus of services from deficit-oriented trauma to strengths-based engagement in healing, not only for individuals and families, but also for communities. At the same time, participants suggested making the training process more creative, innovative, and responsive to people’s different learning styles through the use of videos, guest speakers, and course materials that could be offered in mobile formats for training outside of work.

Messaging. To increase buy-in and support for brain story science, the participants recommended being more intentional and spending more time ensuring that the entire staff understands the purpose and rationale for the brain story training before it starts. It also helps to create and maintain a sense of urgency, emphasizing the importance of brain story science, reinforced through regular communications internally to new staff and externally to the public and other stakeholders. They suggested asking staff to consider, “How does brain story science make your work easier?”

Level of effort. Participants cautioned that the time required to learn about brain story science and then translate the science into daily practice was much longer than the time required to complete the Brain Story Course. It required dedicating time, especially during the “pre-engagement” phase, to map out a change management strategy, explaining why the Brain Story is important. Some participants thought that a six-month process was too short; at least nine months was needed to complete the training, reflect on what was learned, reinforce the new language in meetings, and build staff skills through regular practice.

Participants counseled patience, allowing time to embed the science into daily operations, and slowing down the process if staff become overwhelmed. Other recommended strategies were to keep professional development going by checking in frequently with front-line staff, and by weaving the new content into program materials. They also recommended timing changes with existing initiatives to reduce disruption. It was important to “meet staff where they are” and to understand and manage staff resistance to change.

Strategic implementation. Participants recommended developing and using a more strategic change management process until changes were well underway, planning more intentionally the steps that follow the Brain Story Course. The plan should provide a systematic roll-out of the initiative, creating a clear path for people to follow. Brain story science should be introduced to front-line staff and leadership at the same time, so that everyone can proceed at the same pace. They emphasized the need to balance more organic change processes with a more formal, facilitated change management process. Participants recommended the ADKAR model, which focuses on awareness of the need for change, desire to support the change, knowledge of how to change, ability to demonstrate skills and behaviors, and reinforcement to make the changes stick.

Participants also recommended creating a budget for the initiative that included paid time for staff to complete the Brain Story Course, as well additional time for staff to attend additional training, and funding for additional materials, such as the Brain Architecture Game. Change might also require the reallocation of staff and reprioritization of resources.

Championing change. Participants urged making brain story science an ongoing organizational priority, involving all staff from the beginning, and empowering them to act as agents in the organizational change process. Participants called for everyone to “be brave” in the process, cautioning them to increase their self-care to sustain the work. Participants suggested incorporating the voice of clients into the change process to improve the project’s outcomes.

They also recommended focusing on maintaining leadership commitment and engagement throughout the process, using the positional influence of inside leaders and outside experts to build support for change. Leaders should work with brain story science champions to broaden project messaging, consolidate project gains, and scale the work up and out. Participants also suggested creating opportunities to work with outside partners to leverage the synergy of other change champions.

Measuring results. Participants recommended being more intentional about documenting their organizations’ transformation and measuring the impact of the use of the brain story on both families and service systems. They suggested bringing someone on board early with a data collection strategy that would provide feedback for learning and improvement, while also tracking change at multiple levels. Participants asked for outcome measures that were both rigorous and practical.

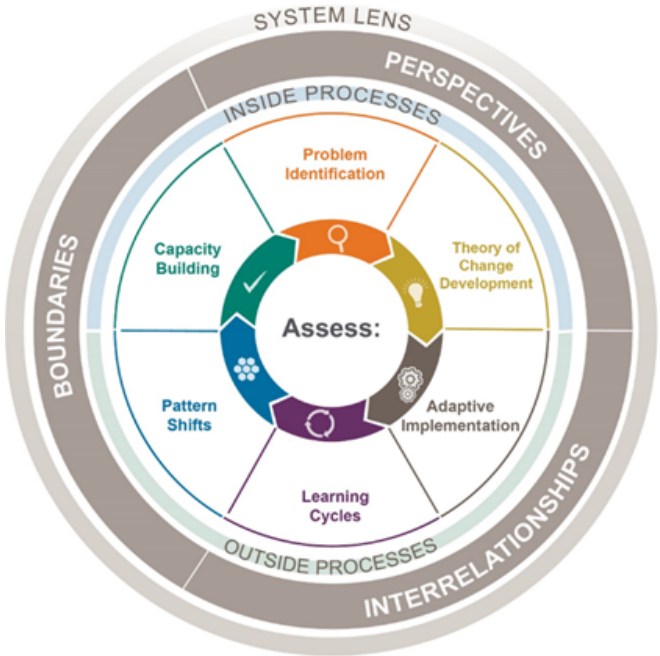
Section 5: Measuring the Impact of Brain Story Science

How do we assess the impact of brain story science?

In a series of three presentations, Margaret Hargreaves, a Senior Fellow at the National Opinion Research Center (NORC) at the University of Chicago, reviewed the assessment of the impact of brain story science on organizational and interorganizational change. The first presentation focused on assessing changes in resilience. The presentation provided Michael Ungar’s definition of resilience, which explains that resilience operates at multiple levels as the capacity of both individuals and communities to “navigate their way to the psychological, social, cultural, and physical resources to sustain their well-being” (Ungar 2008). Resilience is also a “complex life outcome... determined by the complex interplay of genes and experiences that shape brain architecture.” Families can increase their resilience by improving their skills and abilities to thrive and adapt, increasing positive supports, and reducing adverse experiences that can cause toxic stress (AFWI Resilience Scale).

Hargreaves introduced the Complex Change Evaluation Framework to assess changes in complex capacities and outcomes such as resilience. The framework assesses six elements of complex change: changes in individual and collective capacity; assessment of adverse experiences and supportive contexts and environments that affect resilience; the design and adaptive implementation of strategies to build resilience; the use of learning cycles to test and improve these strategies; and the measurement of shifting patterns of resilience and well-being at multiple levels (Figure 2).

Figure 2: Complex Change Evaluation Framework



Source: Hargreaves 2020

The second presentation reviewed the assessment of complex change at three levels: (1) individual attitudes, knowledge, skills, and behaviors; (2) program policies, processes, and practices; and (3) organizational culture, leadership, structures, resources, communications, and workforce development. The third presentation reviewed the assessment of changes in (1) relationships, shared goals, collaboration, and co-creation of solutions across organizations; (2) changes in network connections, partnerships, governance processes, and distributed leadership; and (3) community-level changes in public policies, population demographics, social norms and beliefs, and other social and economic determinants of health and well-being. Each presentation explained how to assess the capacities, change processes, outcomes, and impacts associated with change at different levels.

Participant contributions. Participants were asked in the Edmonton and Calgary convenings about the methods they were using to measure the effectiveness of the changes they were making to integrate brain story science into their work, and their recommendations for improving brain story science-aligned measurement. They reported that their measurement methods focused primarily on staff enrollment in the Brain Story Certification Course, staff reactions to the course, their adoption of brain story science concepts, the extent to which they integrated brain story language into their work, and changes in program practices to achieve better results for their clients.

Participants noted a range of reasons for choosing the measures they were using. The measures were based on brain story science, program-specific, aligned with a theory of change, relatively straightforward and/or easy to administer. The measures also provided a useful narrative of their organization’s progress, and/or were required by funding agencies.

- Regarding the Brain Story Course, participants reported measuring how many people had completed the course and been certified, how many had enrolled but not completed the course, and how many people went on receive additional training or materials on the topic.
- To track reactions to the course, participants used mixed methods, including interviews, focus groups, surveys, and feedback “3-2-1” worksheets to obtain people's perceptions of the course, their overall satisfaction with the training, and their plans to use what they had learned.
- Participants used observations and anecdotal stories to track people’s uptake and use of brain story language in their conversations with colleagues and clients, in work meetings and public presentations, and in their approach to their work.
- Participants also reported collecting staff perceptions about how the brain story had changed their day-to-day activities. People reported having more confidence and greater skill in how they worked with their clients. They also reported having more empathy and less judgment as they shifted to a more trauma-informed practice.
- Staff also mentioned working more collaboratively with their clients, focusing more on clients’ resilience and well-being. Their organizations were assessing clients using surveys and adapted measurement tools such as the CUPS Resilience Matrix, as well as measuring economic, social/emotional, health, and child development aspects of resilience.

- Participants reported tracking some changes at the organizational level, including the level of engagement of leaders, board members, and donors in brain story science, the reallocation of resources, realignment of organizational processes with brain story science, and building of organizational capacity for brain story-related evaluation.
- Participants also mentioned tracking changes in client-level outcomes including: parent-child interactions; child development (Ages and Stages Questionnaire); people’s executive functioning and emotional self-regulation; students’ academic achievement; and family members’ sense of hope, increased trust, expanded community connections, and potential for long-term recovery.

Participants’ recommendations for improving brain story science measurement and evaluation touched on three areas: better measurement of specific concepts, such as the burden of adversity, positive supports, and skills and abilities that build resilience and well-being; better methods for tracking and analyzing individual-level outcomes, especially over the long-term; and developing more standardized measures and platforms for assessing the adoption and use of brain story science at program (micro), system (meso), and population (macro) levels.

Measuring brain story concepts. Participants at the Edmonton and Calgary convenings sought to operationalize the measurement of multidimensional concepts of resilience by assessing their elements. For example, the Brain Story’s Resilience Scale metaphor describes resilience as a combination of three factors: (1) the burden of adversity, (2) positive supports, and (3) skills and abilities. Participants also requested measures of adversity that were more comprehensive than ACEs scores. Participants were interested in measuring relational aspects of resilience and well-being, such as formal and informal supports, social connectedness, and supportive relationships. Participants were interested in analyzing the differences in resilience between more and less vulnerable populations. They also wanted to measure the intergenerational transfer of the burden of adversity, positive supports and skills and abilities from caregivers to their children. In particular, they hoped to understand how changes in adverse conditions affected outcomes.

Assessing long-term outcomes. Participants wanted to capture the long-term impacts of their programs on client outcomes, conducting longitudinal studies that followed up with clients a year or more after service receipt. These long-term outcomes included changes in parenting skills and abilities, such as serve and return interactions, executive function, and self-regulation, for fathers as well as mothers. Participants were also interested in measuring changes in clients’ perceptions and aspirations, such as hope, gratitude, and self-forgiveness. They wanted to understand why some people seemed to respond better and make more progress in treatment than others. Last, they requested more culturally-responsive measures that were co-created with clients.

Standardized measures. Participants expressed an interest in developing standardized indicators and shared platforms that could be used to collect and report aggregated brain story-related results at program, organization, sector, system, and provincial levels. They urged the development of a province-wide evaluation framework that could be used to guide assessment activity. At the same time, they wanted to capture and report stories to the public narrating organizations’ brain story journeys.

Section 6: Visioning a Brain Story Science-Aligned Province

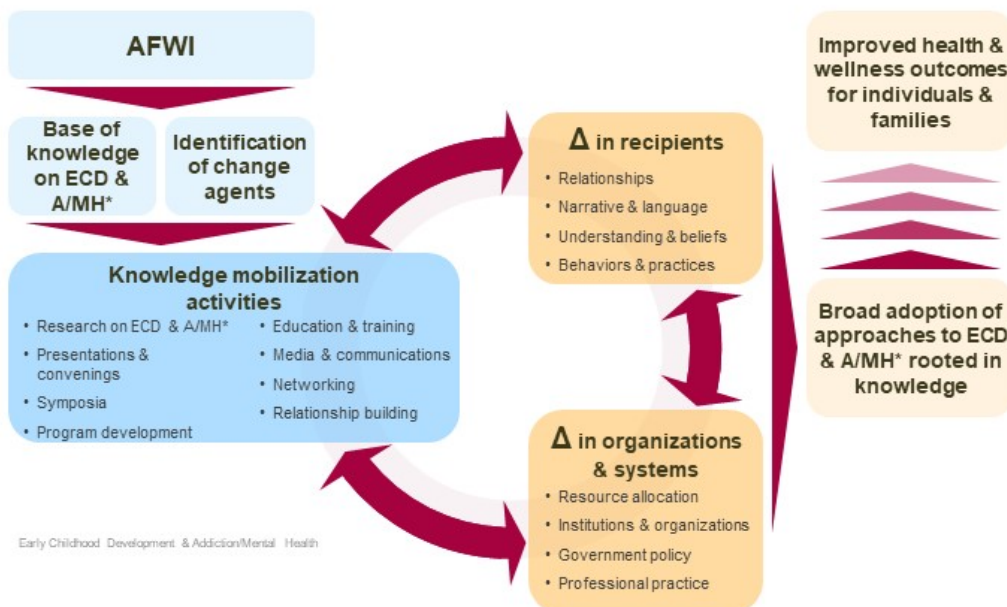
How do we get there?

During the second day of the Edmonton and Calgary convenings, participants were led through a series of table-top discussions to imagine how brain story science might change their service sectors and systems over the next five years, with the intent to turn Alberta into a brain story-aligned province. They were asked to be specific, outlining changes in programs, practices, inter-agency collaboration, and administrative or government policies, including examples and measures of successful cross-system integration and coordination of services and supports for individuals and families.

As a final activity, participants were asked to outline how this vision could be turned into a reality, in terms of what participants could do individually to move their vision forward over the next three months, twelve months, and two years, and what they could do collectively to move their vision forward over the next three months, twelve months, and two years. In particular, they were asked to identify what were the key next steps to take and who should lead them.

Although the participants did not explicitly reference the Alberta Family Wellness Initiative’s theory of change in their comments, their remarks reflected key elements (Figure 3). The framework outlines a complex change process in which three interacting processes reinforce and amplify the impacts of the Brain Story. The process starts with knowledge mobilization, where the Brain Story is shared with individuals across organizations and sectors. In response, they become change agents within and across their organizations and sectors. As organizations begin shifting their programs, policies, and organizational priorities, new patterns of policies, resource allocations, and institutional relationships emerge at systems and community levels.

Figure 3: Alberta Family Wellness Initiative Theory of Change



Participants’ contributions. The elements of the AFWI’s theory of change were reflected in participants’ suggestions for brain story science expansion and alignment at the provincial level. Three themes emerged from the convenings’ discussions. First, based on their own experiences, participants offered suggestions for immediate mobilization of the Brain Story Course across sectors. Second, at a longer time horizon of one or two years, they recommended administrative and legislative-level policy and funding changes to support the “scaling up and out” of brain story science across organizations and systems. Last, participants’ five-year visions described aligned systems and supports that were effective in building families’ resilience and well-being.

Knowledge mobilization. Participants’ immediate suggestions focused on making incremental improvements to the Brain Story Certification Course to assist in expanding its dissemination. They suggested updating the course’s format (designing podcasts and other applications), learning styles (adding in-person trainings and group discussion guides), intensity and duration (developing abbreviated versions at different levels or tiers of difficulty for different audiences), language options (translating materials into more languages), and readability (lowering literacy levels for different groups) to make the course more user-friendly for professional, non-professional, and public audiences. Participants also suggested tailoring course content, adding sector-specific examples to increase its relevance for different organizations. Participants specifically recommended creating a course that introduces culturally appropriate alternatives to certain brain story metaphors such as “serve and return” and supports changes in knowledge and practice that can also move the reconciliation process forward with Indigenous communities.

To extend the population reach of the Brain Story Course, participants provided a range of suggestions, including implementing the course at secondary, post-secondary, graduate, and doctorate levels, and adding the course to social work, education, nursing, medical, and business degree programs. To reach the public, they recommended making the course available through public library systems. To reach younger audiences, they suggested creating children’s books as well as a version of the core story for teen brain development. To expand course training capacity, they suggested creating a centralized hub for training and evaluation. Participants also called for public reporting of course enrollment, completion, and certification rates to document the course’s growth.

Communities of practice. At both convenings, participants stressed the need to create collaborative networks that could develop and test mutually reinforcing programs, policies, and practices that increased the resilience of individuals and families, especially those exposed to adverse social, economic, and environmental conditions. Participants also wanted to create brain story science-based communities of practice for themselves that would help them continue the conversations they were having at the convenings about how to embed brain story science into their own organizations and communities. The spread of communities of practice such as the Change in Mind initiative supported by Palix, would allow participants to continue sharing stories from their separate journeys, identify where they were on their journeys, discuss the barriers and challenges that slowed their progress, and give them a chance to seek support and advice from others. They could also be organized to engage clients, community members, leaders, and advocates from different disciplines to work together to address community priorities.

Communities of practice could be organized within or across sectors, and operate either as facilitated in-person cohorts or as self-organized online gatherings. They could use technology-based platforms, discussion forums, and message boards to post questions and inquiries, and assemble libraries of shared stories and resources. Participants were especially interested in speaking with other early adopters of brain story science who could report on their successes, failures, and lessons learned. Early adopters could also provide informal coaching, mentoring, and peer support to less experienced colleagues. Participants also wanted to collaborate with others to leverage colleagues' expertise, see what others were doing, share plans, and work together on new developments.

Immediate steps suggested for collective action were: networking with like-minded allies; seeking opportunities for service integration across silos through “no wrong door” and “one-stop” entry points and processes; and offering clearer pathways for families to get help, normalizing the process of seeking support. Participants highlighted collaborations that “prevented preventable ACEs”, used positive approaches to increase resilience, and focused on prevention and early intervention, working upstream to address root causes of adversity and disproportional outcomes.

Changes across institutions and systems. Changes in institutional policies, systems, and structures, especially in government, are also needed to sustain and scale the spread of brain story science across organizations and sectors. When fully realized, this process would involve the widespread implementation of new government programs and policies, funding allocations, training and workforce development, contracting arrangements, and procurement processes to translate brain story science into practice. This would also include passing new legislation and amending existing laws, developing new regulations and modifying existing rules, incorporating Brain Story Course certification into industry licensing and accreditation standards, and developing cross-ministerial policy implementation guidelines that use a brain story science or resilience lens. Participants also suggested messaging and public awareness campaigns to build broad leadership awareness and non-partisan support for this agenda.

One important area where participants called for provincial-level leadership was in the development and implementation of a government supported and funded system of evaluation that assessed the efficacy of brain story science-aligned interventions at program, community, and systems levels. This outcome would involve the development of a comprehensive evaluation framework, a set of robust outcome measures for children and families, widely available data collection tools and resources, and a shared data collection and reporting platform for disseminating results. For example, some promising program practices have some out of Harvard's Frontiers of Innovation R&D platform, an AFWI partner.

Long-term vision. Over the next five years, participants anticipate that these short- and mid-term strategies will eventually move the province closer to a shared language, set of principles, and program practices across organizations, sectors, and communities that is more aligned with brain story science. Participants also hoped that the general public will have gained a greater understanding of the Brain Story by that time, and that all service sectors will have increased their understanding of the importance of brain story science in their work.

In terms of specifics, participants want the Brain Story Course to be required of all staff, its language reflected in daily conversations, and its use normalized in daily practice. They want the science to inform strategic planning and decision-making and its efficacy to be assessed and improved through meaningful evaluation. Across systems, they want services to be more streamlined, integrated, and accessible to clients. They want service providers to offer more holistic, developmentally aware, culturally responsive, and trauma-informed care to families, and the service continuum to focus more on prevention and early intervention in addition to treatment and recovery services.

Participants want parents to experience better mental health with less addiction, to improve their relationships with their children, and to gain new skills that will help build their family's resilience and limit their exposure to adversity, preventing intergenerational transmission of trauma. As a result, participants hope that children will experience enhanced social and emotional development, which will provide a foundation for increased serve and return interactions, self-regulation and executive functioning, leading to overall health and well-being, including academic success.

Conclusion

What are the implications of these proceedings for the future?

This is an ambitious plan for brain story science in Alberta. Participants have lauded the Palix Foundation for organizing the Edmonton and Calgary convenings and bringing together a great intersection of service providers, experts, and policymakers to share their experiences and support each other in advancing this work. Indeed, the work of this one foundation has had spectacular success, transforming practitioners, program practices, and institutions throughout Alberta and beyond to other provinces and countries.

At this point, brain story science is ready to be scaled. Through the Brain Story Certification Course and other trainings, much more is known about *what* are the basic concepts of brain story science and how they can be taught to a wide range of audiences. Through the Change in Mind initiative and other communities of practice, much more is also known about *how* brain story science can be used to transform program practices, organizational cultures, service systems, and government policies. And through networks of experimentation such as the Frontiers of Innovation, researchers and practitioners have explored *where* brain story science can make a difference.

Transformation at scale requires collective capacity beyond the resources of any one organization or government agency. AFWI has already developed a roadmap or theory of change for how brain story science can be scaled up (impacting greater numbers), scaled out (impacting laws and policy), and scaled deep (impacting cultural roots).¹ The convenings' participants have provided explicit strategies for accelerating the mobilization of the Brain Story to reach more people and organizations through new technologies and communities of practice. They have also detailed the next steps needed to create and operationalize policy and evaluation frameworks across sectors, disciplines, and government ministries. Most important, they have explained how brain story science can be used to shift the dominant service paradigm away from punitive, deficit-based programs and policies to more solutions-oriented resiliency-based approaches to health and well-being.

To move forward, these strategies need more financial and institutional support from cross-sector funding consortia, inter-governmental agreements, public-private partnerships, research-community collaborations, community-based practitioner networks, ecosystem change initiatives, social innovation hubs, and other boundary-spanning infrastructure. Such innovations are needed to transform new ideas such as brain story science into fundamental social change.² Fortunately, many allies are ready to take on this next phase of transformation.

¹ Riddell, D., & Moore, M. (October 2015). *Scaling out, scaling up, scaling deep: Advancing systemic social innovation and the learning processes to support it*. The J.W. McConnell Family Foundation.

² Westley, F., McGowan, K., & Tjorbo, O. (2017). *The evolution of social innovation: Building resilience through transitions*. Northampton, MA: Edward Elgar Publishing, Ltd.

Appendices

Appendix 1: From Knowledge to Action Agenda (Calgary Convening)

Day 1, Morning

Theme: Charting Change at Multiple Levels

Time	Activity
8:30-8:50am	Welcome and Opening Remarks
8:50-9:00am	Program Orientation, Housekeeping
9:00-9:45am	Identification and Assessment of Adverse Childhood Experiences Environmental Scan <ul style="list-style-type: none"> ■ Kelsey Duebel, Policy Wise
9:45-9:50am	Introduction to Group Discussion
9:50-10:05am	Round Table Introductions <ul style="list-style-type: none"> ■ What was your main interest and motivation for implementing the brain story and/or what challenges are you trying to solve by using brain story science?
10:05-10:20am	Health Break
10:20-11:00am	Exercise 1: Charting Change at the Individual, Program, Organizational, and System Levels <ul style="list-style-type: none"> ■ What change(s) did you deliberately decide to make as a result of learning about the brain story and why did you choose those? ■ How did these changes affect your staff/clients/beneficiaries? ■ What planned and unplanned results did you see?
11:00-11:30am	Group Debrief with Facilitators
11:30-12:00pm	Using a Resilience Framework to Evaluate Complex Change <ul style="list-style-type: none"> ■ Meg Hargreaves, PhD, MPP, Senior Fellow, NORC
12-1:00pm	Lunch

Day 1, Afternoon

Theme: The Change Process

Time	Activity
1:00-1:10pm	Summary of Morning Themes (Facilitators)
1:10-1:15pm	Orientation to Afternoon Program
1:15-1:25pm	Round Table Introductions
1:25-1:55pm	Exercise 2: Supporting the Change Process <ul style="list-style-type: none"> ■ What did you need to do to prepare for change, and what other skills or capacities did you need to develop? ■ How did you support your change process?
1:55-2:25pm	Exercise 3: Lessons Learned from Change Efforts <ul style="list-style-type: none"> ■ What worked well? What didn't? How did you use that learning to change your approach? ■ What would you do differently the next time?
2:25-2:40pm	Mental Health Break
2:40-3:10pm	Group Debrief with Facilitators
3:10-3:40pm	Measuring Organization, Program Practice, and Individual Recipient Change <ul style="list-style-type: none"> ■ Meg Hargreaves, PhD, MPP, Senior Fellow, NORC
3:40-4:05pm	Community Example: How Can Brain Science Inform Better Measurement? <ul style="list-style-type: none"> ■ Cynthia Tonet, Catholic Family Services
4:05-4:15pm	Wrap Up

Day 2, Morning

Theme: Measuring the Impact of Brain Story Science

Time	Activity
8:30-8:35am	Welcome and Orientation to Morning Program
8:35-8:45am	Summary of Afternoon Themes (Facilitators)
8:45-9:15am	Measuring Complex Community Change ■ • Meg Hargreaves PhD, MPP, Senior Fellow, NORC
9:15-10:05am	Community Examples: How Can Brain Science Inform Better Measurement? ■ Carlene Donnelly, CUPS ■ Patti Johnston, Ministry of Children’s Services
10:05-10:20am	Health Break
10:20-11:20am	Exercise 4: Measuring the Impact of Brain Story Science ■ How do you know that the changes you made were effective? ■ What did you measure? Are these existing or new measures? ■ How did you choose what to measure, or develop new measures? ■ What could we be measuring better, or what should we be measuring?
11:20-12:00pm	Group Debrief with Facilitators
12:00 – 1:00pm	LUNCH

Day 2, Afternoon

Theme: Using the Brain Story to Support Better Outcomes for Children and Families in Alberta

Time	Activity
1:00-1:15pm	Summary of Morning Themes (Facilitators)
1:15-1:20pm	Orientation to Afternoon Program
1:20-1:50pm	Exercise 5: Visioning a Brain Story Science-Aligned Province <ul style="list-style-type: none"> ■ Where should Alberta be 5 years from now in terms of applying brain story science? ■ What would look different in terms of front-line practices, programs, policies? ■ How would organizations and systems work differently to support families?
1:50-2:30pm	Exercise 6: How Do We Get There from Here? <ul style="list-style-type: none"> ■ What needs to happen in order to turn your vision into reality? ■ What will you do and what should we do collectively to move forward? ■ What other administrative or policy changes could help? ■ What are the key next steps?
2:30-2:45pm	Mental Health Break
2:45-3:25pm	Group Debrief with Facilitators
3:25-3:50pm	Summary of Afternoon Themes (Facilitators)
3:50-4:00pm	Closing Remarks

Appendix 2: Speaker Biographies

Kelsey Duebel is a Project Manager at Policy Wise for Children & Families. In her role, she has led research and evaluation projects related to post-disaster psychosocial supports; client feedback collection in the child intervention system; measurement of safety and well-being for children and youth; and currently, evaluation of ACEs practices in Alberta. Kelsey has a Master of Public Policy and Governance from the University of New South Wales in Australia and a background in social policy development and analysis with the Government of Alberta.

Kelsey presented findings from a literature review and thought leader interviews that Policy Wise conducted for the first phase of a three year project that aims to guide evidence-informed ACEs policy, programs, and evaluation and support effective use of ACEs practices in Alberta.

Margaret (Meg) Hargreaves, PhD, MPP, is a Senior Fellow at NORC at the University of Chicago. For the past two decades she has directed research and evaluation projects of complex place-based and system transformation initiatives, working across health care, public health, child welfare, early child development, public education, juvenile justice, housing, and economic development sectors to address a range of social and health equity issues. In particular, she directed the developmental evaluation of the Change in Mind Cohort, funded by the Palix Foundation and other funders.

Meg spoke about how we can use a resilience framework to measure outcomes and impact across the prevention/treatment spectrum.

Cynthia Tonet is the Director at Louise Dean Centre, a program of Catholic Family Service serving pregnant and parenting teens and their families. In this role, she works with Centre partners Calgary Board of Education and Alberta Health Services to support the health, well-being and resilience of young parents and their children. Cynthia has been a social worker in Calgary since 1995, and has held leadership positions at Big Brothers Big Sisters of Calgary and Area and the YWCA where she worked for 14 years designing and delivering programs for women and their families experiencing domestic violence, poverty and homelessness.

Cynthia spoke about her experience integrating new measures based on brain story science at both Big Brothers Big Sisters Calgary and the Louise Dean Centre.

Carlene Donnelly is the Executive Director of CUPS, a not for profit organization dedicated to helping individuals and families overcome poverty. CUPS programs focus primarily on a combination of healthcare, housing and education to address the root causes of poverty and achieve lasting solutions. Under her leadership, CUPS has seen extraordinary growth in its programs, staff, budget and a shift towards evidence-based practice. Carlene is widely recognized as a leader in the community by actively participating in community collaborations to look at evidence-based practices that would give low-income families the tools to be self-sufficient.

Carlene spoke about how brain story science informed the development of new outcome measurements for CUPS clients.

Patti Johnston is a Manager with the Family and Community Resiliency Division of Children’s Services, based in Central Region. Shas worked with Alberta Children’s Services’ prevention and early intervention programs for 15 years and has participated in the Alberta Family Wellness Initiative. She is one of the developers of the provincial Well-being and Resiliency Framework and is actively engaged in the development of the Family Resource Network service delivery model.

Patti spoke about the Ministry of Children’s Services new Well-being and Resiliency Evaluation Framework and how this has been informed by brain story science.

Marni Pearce, PhD is the Director of Prevention and Early Intervention with Alberta Children’s Services, on secondment from Alberta Education. Her current work involves collaborating with government and community partners on strategies, initiatives and programs to promote protective factors and reduce risk factors that lead to children, youth and families becoming involved with Child Intervention. Marni also has extensive experience as an educator, counsellor, researcher, academic, and not for profit leader.

Marni spoke about the Ministry of Children’s Services new Well-being and Resiliency Evaluation Framework and how this has been informed by brain story science.

Appendix 3: Edmonton Convening Attendees

Alberta Participants

	Name	Organization	Job Title
1.	Bev Baker-Hofmann	Alberta Education	Education Manager
2.	Jan Banasch	Grey Nuns Community Hospital	Psychiatrist
3.	Marni Bercov	Alberta Health Services	Executive Director, AMH SCN
4.	Robyn Blackadar	PolicyWise for Children & Families	President & CEO
5.	Cecilia Blasetti	Boyle McCauley Health Centre	Executive Director
6.	Jacqueline Boschman	The Family Centre	Mental Health Therapist
7.	Nickall Bryan	Terra Centre	Supervisor, Services for Educational Achievement
8.	Lisa Bumstead	Strathcona County Family & Community Services	Supervisor Early Years Navigation and Planning
9.	Kathy Burgett	Norwood Child and Family Resource Centre	Program Director
10.	Kim Carter	Boyle McCauley Health Centre	Clinic Manager
11.	Launa Clark	Imagine Institute for Learning	Community Mental Health Facilitator
12.	Paul Conway	Alternative Dispute Resolution Institute of Alberta	Executive Director
13.	Don Cranston, QC	Law Society of Alberta	LSA Representative, Court of Queen's Bench Reforming the Family Justice System
14.	Kathy Crothers	Community	Community Development
15.	Amerdep Deol	BGCBiggs	Community Based Supervisor
16.	Susan Dmyterko	Alberta Children's Services	Senior Manager
17.	Carlene Donnelly	CUPS Calgary	Executive Director
18.	Kelsey Duebel	PolicyWise for Children & Families	Project Manager
19.	Nancy Easton	Boyle McCauley Health Centre	Staff Physician
20.	Arlene Eaton-Erickson	Office of the Child and Youth Advocate	Manager, Intake, Outreach and Systemic Advocacy
21.	Coreen Everington	Alberta Health	Director, Strategy Implementation Unit Health
22.	Laurie Fagan	Norwood Child and Family Resource Centre	Executive Director
23.	Patti Ferguson	Office of the Child and Youth Advocate	Manager of Investigations
24.	Ilene Fleming	United Way of the Alberta Capital Region	Director, Strategic Initiatives
25.	Michelle Gagnon	Palix Foundation	President & CEO

26.	Claire Ganje	Alberta Health Services	Research Assistant
27.	Colleen Geake	Alberta Children's Services	Manager, ECD Initiatives
28.	Pamela Geddes	Alberta Parenting for the Future Association	Executive Director
29.	Mina Ghoreishi	Canadian Mental Health Association – Edmonton	Manager, Community Engagement
30.	Del Graff	Office of the Child and Youth Advocate	Child and Youth Advocate
31.	Tracy Gravelle	Strathcona County Family and Community Services	Supervisor Mental Health Capacity Builder
32.	Danielle Griffin	BGCBigs	Volunteer Enrolment Facilitator
33.	Mardi Hardt	Edmonton Public Schools	School Mental Health Nurse
34.	Amanda Harry	BGCBigs	Club Manager
35.	Dylan Hassel	Pathways to Housing Edmonton	Team Lead
36.	Mark Hattori	Alberta Children's Services	Assistant Deputy Minister
37.	Gail Haynes	Canadian Mental Health Association – Edmonton	Manager, Housing Services and Peer Support
38.	Meagan Hightet	Norwood Child and Family Resource Centre	Children's Program Manager
39.	Angela Hill	Imagine Institute for Learning	Early Childhood Facilitator
40.	Beth Hunter	Family and Community Support Services	FCSS Liaison
41.	Janelle Jaster	The Family Centre	Success Coach
42.	Rod Jerke	Court of Queen's Bench of Alberta	Justice
43.	Patricia Jones	Catholic Family Service	CEO
44.	Robbie Kaboni	Bent Arrow	
45.	Maureen Konrad	Alberta Children's Services	Director
46.	Tammy Lien	Terra Centre	Child/Family Liaison
47.	Steven Lin	Terra Centre	Family Outreach Worker
48.	Diana Lowe	Court of Queen's Bench of Alberta / Reforming the Family Justice System	Executive Counsel / Co-Lead
49.	Mary MacDonald	Alberta Justice	Assistant Deputy Minister
50.	Judi Malone	Psychologists' Association of Alberta	CEO / R. Psychologist (AB)
51.	Nancy Mannix	Palix Foundation	Chair & Patron
52.	Rebecca Marsh	CASA Child, Adolescent and Family Mental Health	Director of Evaluation, Research, and Innovation
53.	Faby Martin	CUPS Calgary	Information; Data Management
54.	Nicole McFadyen	ALIGN	Consultant
55.	Tiffany McRae	Alberta Parenting for the Future Association	Program Manager
56.	Melissa Mendes Hurst	Terra Centre	Groups Coordinator

57.	Denise Milne	CASA Child, Adolescent and Family Mental Health	CEO
58.	Adrianna Moore	Norwood Child and Family Resource Centre	Children's Program Coordinator
59.	Francesco Mosaico	Boyle McCauley Health Centre	Physician / Medical Director
60.	Ada Nieminen	Psychologists' Association of Alberta	Student Rep
61.	Cathy Norris	Alberta Children's Services	Senior Manager
62.	Karen Orser	Calgary & Area Child Advocacy Centre	CEO
63.	Marni Pearce	Alberta Children's Services	Director
64.	Tannis Pearson	BGCBigS	School Based Mentoring Manager
65.	Terri Pelton	Office of the Child and Youth Advocate	Executive Director, Advocacy Services
66.	Line Marie Perron	Imagine Institute for Learning	Director
67.	Robert Perry	CUPS Calgary	Senior Director
68.	Rebecca Plant	Alberta Parenting for the Future Association	Program Facilitator
69.	Wanda Polzin	Little Warriors	Clinical Director
70.	Emma Potter	Canadian Mental Health Association – Edmonton	Crisis and Navigation Manager
71.	Michelle Roy	Glenrose Rehabilitation Hospital	Physical Therapist 2
72.	Michelle Royer	Ubuntu Boyle Street	Family Support Worker
73.	Ghada Sayadi	BGCBigS	Volunteer Enrolment Facilitator
74.	Cathie Scott	PolicyWise for Children & Families	Chief Knowledge and Policy Officer
75.	Nicole Sherren	Palix Foundation	Scientific Director, Senior Program Officer
76.	Pauline Smale	The Family Centre	CEO
77.	William Smiley	The Family Centre	Director
78.	Gina Somerville	Strathcona County Family and Community Services	Manager, Early Childhood Development and Family Resource Services
79.	Lisa Stern	The Family Centre	Director
80.	Carol Sullivan	Terra Centre	Director, Early Childhood Services
81.	Wayne Thomas	Alberta Children's Services	Engagement Specialist
82.	Cynthia Tonet	Catholic Family Service	Director, Louise Dean Centre
83.	Allan Undheim	United Way of the Alberta Capital Region	Vice President, Community Building and Investment
84.	Angie Undheim	Strathcona County Family and Community Services	Supervisor, Early Years Navigation
85.	Kathryn Way	Alberta Planning for the Future Association	Program Facilitator
86.	Dori Wearmouth	Alberta Health	Senior Policy Lead

Out-of-Province Observers

	Name	Job Title, Organization	Location
1.	Miya Cain	Senior Consultant, FSG	Oakland, CA
2.	Emily Herne	Survey Specialist, National Opinion Research Center (NORC)	Chicago, IL
3.	Colleen McCann	Senior Consultant, FSG	Seattle, WA
4.	Peter Watt	Managing Director, Family Support	London, UK

Appendix 4: Calgary Convening Attendees

Alberta Participants

	Name	Organization	Job Title
1.	Kim Ah-Sue	Palix Foundation	Senior Program Officer
2.	Monique Auffrey	Discovery House	CEO
3.	Benjamin Bamijoko	Discovery House	Mental Health Clinician
4.	Farah Bandali	Alberta Health Services	Director, Healthy Children and Families
5.	Craig Barabash	United Way of Calgary	Strategist, Children & Youth
6.	Leah Barber	Calgary Police Service	A/Superintendent
7.	Caroline Bartel	Heartland Agency and Educational Services	Teacher
8.	Stephen Becker	Calgary Board of Education	Specialist, School Improvement
9.	Talia Bell	YW Calgary	Vice President Client Services
10.	Lana Bentley	YW Calgary	Director Client Services
11.	Karen Benzies	University of Calgary, Faculty of Nursing	Professor, Associate Dean Research
12.	Hazel Bergen	Enviros	CEO
13.	June Bergman	University of Calgary, Faculty of Medicine	Associate Professor Emerita
14.	Sandy Berzins	Family and Community Support Services / City of Calgary	Research Social Planner
15.	Gillian Bowerman	Calgary Police Service	Manager, Youth and Child Wellness
16.	Elsa Campos	Providence	Manager of Community Services
17.	Janet Chafe	Alberta Health Services	Executive Director
18.	Dee-Ann Chibry	Heartland Agency and Educational Services	Site Manager
19.	Bill Clarke	Calgary Police Service	Constable
20.	Ryan Clements	Alberta Health Services	Program Manager
21.	Kerry Coupland	Centre for Sexuality	Director of Research and Innovation
22.	Anne Daniel	Calgary Board of Education	System Specialist
23.	Carlene Donnelly	CUPS Calgary	Executive Director
24.	Colin Doucette	Aspen Family and Community Network Society	Team Leader, Group Care
25.	Ray Downie	CUPS Calgary	Director Human Services
26.	Kelsey Duebel	PolicyWise for Children & Families	Project Manager
27.	Janine Elenko	PolicyWise for Children & Families	Research and Evaluation Associate

28.	April Elliott	Physician	Head, Section of Adolescent Medicine
29.	Denise Fedunec	Family Centre Society of Southern Alberta	Early Childhood Education Manager
30.	Sueanne Ford	Calgary Police Service	Staff Sergeant
31.	Michelle Gagnon	Palix Foundation	President & CEO
32.	Robbin Gibb	University of Lethbridge, Department of Neuroscience	Professor
33.	Karen Gosbee	Community	Mental Health Advocate
34.	Joan Green	Calgary Reads	Director of Development
35.	Heidi Grogan	Catholic Family Service	Supervisor
36.	Ann Harding	Alberta Health Services	Director
37.	Patrick Hazel	Alberta Justice	Team Lead, Calgary Family Mediation
38.	Bruce Holstead	Fresh Start Recovery Centre	Director of Operations
39.	Sylvie Horan	Enviros	Program Manager
40.	Peter Imhof	Family Centre Society of Southern Alberta	Executive Director
41.	Patricia Johnston	Alberta Children's Services	Manager
42.	Patricia Jones	Catholic Family Service	CEO
43.	Kathy Jones-Husch	Holy Spirit Catholic Schools	Principal
44.	Diana Joseph	Inn from the Cold	Team Lead, Early Childhood & Youth Development
45.	Jennifer Kamps	Alberta Children's Hospital Foundation	Director, Strategic Partnerships
46.	Heather Kane	Calgary Catholic School District	Director, Instructional Services
47.	Grant Kennedy	CUPS Calgary	Manager - Family Development Centre
48.	Jennifer Kent-Charpentier	Fresh Start Recovery Centre	Program Manager
49.	Tony Kokol	Fresh Start Recovery Centre	Lead Counselor
50.	Pam Krause	Centre for Sexuality	President and CEO
51.	Jennifer Kuntz	Alberta Health Services	Project Facilitator TIC/ACE CAAMHPP
52.	Jason Kupery	The Calgary and Area Regional Collaborative Service Delivery (RCSD)	Director of Learning
53.	Kira Lagadin	Evans Hunt	Project Manager
54.	Ashley Lamantia	Canadian Mental Health Association – Calgary	Youth Services Lead
55.	Nicole Letourneau	University of Calgary, Faculty of Nursing	Professor
56.	Denise Lindsay	Heartland Agency and Educational Services	Manager of Operations
57.	Diana Lowe	Court of Queen's Bench / Reforming the Family Justice System Initiative	Executive Counsel / Co-Lead
58.	Jennifer MacKendrick Weber	Providence	Therapy Lead

59.	Michelle MacKinnon	Holy Spirit Catholic School Division	Director of Support Services
60.	Brianna Macleod	Calgary John Howard Society	Practice Framework Facilitator
61.	Nancy Mannix	Palix Foundation	Chair & Patron
62.	Faby Martin	CUPS Calgary	Information & Data Management
63.	Sheila McDonald	Alberta Health Services	Research Scientist
64.	Raynell McDonough	Family and Community Support Services / City of Calgary	Issue Strategist
65.	Brenda McInnis	Providence	Vice President, Community Services
66.	Geoff McKenzie	Evans Hunt	Associate Creative Director
67.	Jim McLellan	College of Alberta School Superintendents	Wellness Director
68.	Leslie McMechan	Calgary John Howard Society	Executive Director
69.	Cyndi McNiven	Calgary Board of Education	Director
70.	Candice Moch	Aspen Family Services	In-home Family Support
71.	Heather Morley	Inn from the Cold	Executive Director
72.	Silvana Moscardelli	Public Health Agency of Canada	Senior Program Officer
73.	Tim Neubauer	Canadian Mental Health Association – Calgary	Community Resilience and Wellness Manager
74.	Erika O’Riordan	Alberta Children’s Services	Manager, Family and Community Resiliency
75.	Karen Orser	Calgary & Area Child Advocacy Centre	CEO
76.	Jenna Passi	Wood's Homes	Research Assistant
77.	Andrea Perri	Alberta Health Services	Director
78.	Robert Perry	CUPS Calgary	Senior Director
79.	Stacey Petersen	Fresh Start Recovery Centre	Executive Director
80.	Stacey Pinney (Collyer)	Calgary Reads	CEO
81.	Joanne Pitman	Calgary Board of Education	Superintendent, School Improvement
82.	Sonya Quinlan-Jacob	Canadian Mental Health Association – Calgary	Counselling Therapist Program Lead
83.	Cathy Regier	Pritchard & Company, LLP	Lawyer
84.	Melanie Sawatzky	Calgary & Area Child Advocacy Centre	Director of Programs and Services
85.	Cathie Scott	PolicyWise for Children & Families	Chief Knowledge and Policy Officer
86.	Nicole Sherren	Palix Foundation	Scientific Director, Senior Program Officer
87.	Denise Still	Calgary Board of Education	Manager Critical Incident Response Group
88.	Leanne Timko	Calgary Catholic School District	Supervisor, Diverse Learning
89.	Valerie Tkacik	Inn from the Cold	Senior Manager

90.	Cynthia Tonet	Catholic Family Service	Director, Louise Dean Centre
91.	Craig Trimble	Simon House Recovery Centre	Client Services Worker
92.	Michele Wellsby	Wood's Homes	Research Assistant
93.	Chloe Westelmajer	Wood's Homes	Program Supervisor
94.	Chris Wilkes	Alberta Health Services	Professor of Psychiatry
95.	Jessica Williams	Catholic Family Service	Senior Director, Programs & Services
96.	Diane Yee	Calgary Board of Education	Acting Superintendent

Out-of-Province Observers

	Name	Job Title, Organization	Location
1.	Miya Cain	Senior Consultant, FSG	Oakland, CA
2.	Louise Dalton	Consultant Clinical Psychologist, University of Oxford, Department of Psychiatry	Oxford, UK
3.	Margaret Hargreaves	Senior Fellow, National Opinion Research Center (NORC)	Chicago, IL
4.	Wendy Katherine	Executive Director, Health Nexus	Toronto, ON
5.	Sharon Kingston	Secretary, National Prevention Science Coalition to Improve Lives	Carlisle, PA
6.	Clare Law	Senior Development Manager, Centre for Early Child Development, Blackpool Better Start	Blackpool, UK
7.	Colleen McCann	Senior Consultant, FSG	Seattle, WA
8.	Neel Parti	Senior Strategy Analyst, National Society for the Prevention of Cruelty to Children	London, UK
9.	Doris Payer	Knowledge Broker, Canadian Centre on Substance Use and Addiction	Ottawa, ON
10.	Elizabeth Rapa	Postdoctoral Researcher, University of Oxford, Department of Psychiatry	Oxford, UK
11.	Melissa Rivard	Senior Project Manager, Harvard Center on the Developing Child	Cambridge, MA
12.	Genevieve Rivera	Communications Director, National Foundation to End Child Abuse and Neglect	Denver, CO
13.	James Webb	Senior Advisor, Synergos UK	London, UK

Appendix 5: List of Participating Organizations

Alberta Children's Hospital Foundation. The ACHF was incorporated in 1957 as the official fundraising body for the Alberta Children's Hospital. Through the generosity of donors, the Foundation supports excellence in pediatric health care by funding family-centred child health programs, specialized life-saving equipment and advanced research and education.

Alberta Children's Services. Children's Services leads childcare and intervention, early childhood development, foster and kinship care, adoption, and improvements for children and youth. It works to ensure that children in Alberta have the tools they need to thrive in healthy families and communities. The ministry engages with Indigenous leaders and communities, the Government of Canada, other Government of Alberta ministries, community agencies and other stakeholders.

Alberta Education. The Ministry of Education provides leadership, direction, and oversight in the delivery of a student-centred education system that provides assurance to the public and promotes student success. The Ministry has the following responsibilities:

- develop curriculum and set standards
- evaluate curriculum and assess outcomes
- teacher development and certification
- support students with diverse learning needs
- fund and support school boards
- First Nations, Métis and Inuit and Francophone education and
- oversees basic education policy and regulations.

Alberta Health. The Ministry of Health works to ensure Albertans receive the right health care services, at the right time, in the right place, provided by the right health care providers and teams. Alberta Health is responsible for:

- setting policy, legislation and standards for the health system in Alberta
- allocating health funding
- administering provincial programs such as the Alberta Health Care Insurance Plan
- providing expertise on communicable disease control
- implementing and ensuring compliance with government policy.

Health services are planned and delivered by **Alberta Health Services**. Some public health services may also be provided by private health care clinics, for example, dentists' offices.

Alberta Health Services. AHS is Canada's first and largest provincewide, fully integrated health system, responsible for delivering health services to the more than 4.4 million people living in Alberta, as well as to some residents of Saskatchewan, British Columbia and the Northwest Territories. AHS has more than 102,700 direct employees (excluding Covenant Health staff) and over 11,700 staff working in AHS wholly-owned subsidiaries such as Alberta Precision Laboratories, Carewest and CapitalCare Group. They are also supported by over 14,100 volunteers and almost 11,600 physicians practicing in Alberta, more than 8,400 of whom are members of the AHS medical staff (physicians, dentists, podiatrists, oral and maxillofacial surgeons).

Alberta Justice. The Ministry promotes safe communities, improves access to justice and provides legal and strategic services to government.

Alberta Parenting for the Future Association. The Alberta Parenting for the Future Association has a wide range of programs, services, and special events are free to all families throughout the Tri-Community Region. They offer positive parenting tools and strategies, information and support and opportunities to connect with other parents and caregivers of infants, toddlers, preschoolers and teens. They provide fun, active and engaging opportunities to play, enhance early childhood development, and strengthen family connections.

ALIGN. ALIGN is a membership association of agencies providing services to children and families in Alberta. ALIGN (formerly Alberta Association for Services to Children and Families) formed in 1967 as a network of agencies with common interests. They have represented child welfare and family service providers in Alberta for over 40 years. During that time, they championed the development of standards dedicated to residential and community childcare services, influenced social policy and legislation and advocated on behalf of service providers. Currently ALIGN has several Regional Chapters throughout Alberta and are in the process of creating additional chapters to meet the changing needs of their members.

Alternative Dispute Resolution (ADR) Institute of Alberta. The ADR Institute of Alberta (ADRIA) is a registered not-for-profit organization that serves its members, the public, and their clients throughout the province. They are the professional membership body for mediators, arbitrators, and other ADR practitioners in Alberta.

Aspen Family and Community Network Society. Aspen Family and Community Network Society offers support and assistance to and advocate on behalf of thousands of single parents, new immigrants, Indigenous Peoples, children, youth and families in Calgary and area. From foster care to homelessness prevention, their programs focus on building capacity, improving access to resources, and developing family and community supports. Everything they do is grounded in research and informed by community priorities, ensuring they are able to track outcomes and measure impact on an individual, familial and community level.

Bent Arrow. Bent Arrow has been serving Indigenous children, youth and families in Edmonton and area since 1994. Their founders strongly believed that keeping culture at the centre was crucial and that this important work was best done in partnership. Since then, they have developed strong partnerships with many and are proud to see that culture continues to play a central role in their practice. They also support many partners in elevating their capacity to serve the Indigenous Community in a culturally relevant, authentic and sincere way.

Boyle McCauley Health Centre. The Boyle McCauley Health Centre, the first community-based health centre in Alberta, was incorporated in 1979 and opened its doors to the public in May of 1980. The centre provides interdisciplinary, team based, integrated, comprehensive, and person-centered primary health care for vulnerable Edmontonians with complex needs.

BGCBigs. In 2011, Boys and Girls Clubs of Edmonton and Big Brothers Big Sisters of Edmonton amalgamated to better serve the community's kids. Through life-changing programs, community-based services, and relationships with peers and caring adults, BGCBigs help children and youth develop the skills they need to succeed in school and in life.

Calgary & Area Child Advocacy Centre. CCAC was founded in 2013 and is a non-profit organization that, together with their partners organizations, provide wrap-around services to assess, investigate, intervene, and support survivors of child abuse while bringing offenders to justice.

Calgary Board of Education. CBE educates more than 125,000 students in over 245 schools. More than 14,000 employees work together to provide learning as unique as every student. Their work is guided by the three-year Education Plan which connects each CBE employee to student success. They create an environment where each student can become an engaged learner, prepared for success in life, work and future learning.

Calgary Catholic School District. CCSD educates and empowers students from kindergarten to Grade 12 through their mission of Living and Learning in the Catholic Faith. CCSD is the largest Catholic school district in Alberta, serving more than 58,000 students in 116 schools located in Calgary, Airdrie, Cochrane, Chestermere and Rocky View County.

Calgary John Howard Society. CJHS is a charity that has been reducing crime and making Calgary communities safer since 1949 by helping youth and adults make positive changes and move away from criminal behaviour. They address the root causes of crime by providing education, employment programs, housing and support so individuals have alternatives to breaking the law.

Calgary Police Service. CPS, formed in 1885, is the municipal police force for the City of Calgary, Alberta. It is the largest municipal police service in Alberta and third largest municipal force in Canada. The CPS maximizes public safety in Calgary with vigilance, courage and pride.

Calgary Reads. Calgary Reads is a story of collaboration, with schools, educators and community partners who work with them to offer programs, events and resources that nurture a love of reading. Together, they are igniting a movement to strengthen literacy and give children a brighter future.

CUPS Calgary. Since 1989, CUPS has helped Calgarians overcome adversity and build resilience that spans generations. Through integrated healthcare, education and housing, CUPS and its partners will assist adults and families in Calgary living with the adversity of poverty and traumatic events to become self-sufficient.

Canadian Centre on Substance Use and Addiction. Formed in 1988, CCSA is a national non-governmental charity, with a legislated mandate to reduce alcohol and other drug-related harm. The organization receives funding from Health Canada and provides guidance to decision makers through harnessing the power of research, collecting and organizing knowledge, and bringing together diverse perspectives.

Canadian Mental Health Association. CMHA programs and services are developed to address the unique needs of individuals and communities. For more than 60 years in Alberta, CMHA has focused on recovery and support for Albertans impacted by mental illness.

Catholic Family Service. For more than 60 years, CFS has been delivering programs and services designed to help people work through issues like marital problems, family breakdowns, trauma and abuse.

Centre for Early Child Development, Blackpool Better Start. Better Start is a multi-agency partnership in Blackpool between the NSPCC, Local Authority, Blackpool Teaching Hospitals, NHS Foundations Trust and Blackpool Clinical Commissioning Group looking at improving the outcomes of children pre-birth to three years old. Better Start supports families by helping parents give children the best possible start in life by providing free events, services and programs.

Centre for Sexuality. Centre for Sexuality is a nationally recognized, community-based organization delivering programs and services that work to normalize sexuality and sexual health across the lifespan. They have been leading the way in the areas of sexuality, healthy relationships, human rights, gender identity, sexual orientation, equality and consent for more than 40 years in the Calgary community.

CASA Child, Adolescent and Family Mental Health. The goals of CASA's programs and services are:

- To offer accessible, effective mental health services to children and families from the Edmonton Region and Central and Northern Alberta.
- To promote knowledge and skill in the field of children's mental health.

They do this by offering a wide range of assessment and treatment programs, as well as professional training and consultation. Their programs range in intensity from early identification, assessment and primary intervention, to intensive tertiary level treatment. All of their programs are evidence-based, community-based, and trauma-informed.

City of Calgary / Family and Community Support Services. FCSS is a joint municipal-provincial funding program designed to establish, administer and operate preventive social services. FCSS emphasizes prevention, volunteerism and local autonomy and partners with more than 100 social service program providers in Calgary. The programs they offer address a wide range of issues, such as improving parenting skills, reinforcing positive child and youth development, increasing adult personal capital, strengthening positive social ties for vulnerable Calgarians and creating stronger neighbourhoods.

College of Alberta School Superintendents. CASS supports the Superintendent Leadership Quality Standard from Alberta Education which provides a common frame of reference for defining professional practice. CASS professional learning opportunities and resources support Superintendents and System Leaders in building their professional practice capacity in order to support quality school leadership and teaching to create optimum learning for all students in Alberta.

Court of Queen's Bench Reforming the Family Justice System (RFJS). Working in collaboration with the Government of Alberta and the Law Society of Alberta through the RFJS project, the Court has identified a substantial number of areas for concrete action that will help to ensure appropriate social, relationship, parenting and financial supports are in place for families, and reducing the number and types of issues that proceed to trial.

Discovery House. Discovery House is a social profit organization providing a continuum of care to women and their children fleeing domestic violence. They facilitate transitional housing offering longer-term, safe places for women and children to call home while they begin rebuilding their lives.

Edmonton Public Schools. Edmonton Public Schools helps to shape the future in every one of its classrooms. It is focused on ensuring each student learns to his/her full potential and develops the ability, passion and imagination to pursue their dreams and contribute to their community.

Enviros. Enviros is a Calgary-based social services agency that delivers programming to: children and teens who require intensive short- and long-term live-in programs, young adults in need of wilderness addiction treatment, Albertans of all ages diagnosed with FASD, young adults transitioning out of “the system”, and the families and caregivers of all of these individuals.

Evans Hunt. Evans Hunt is a strategic digital communications agency that specializes in creating meaningful connections between people and brands through technology.

Family Centre Society of Southern Alberta. Family Centre, based in Lethbridge, is a non-profit organization providing a comprehensive range of services to children, youth and families in Southwestern Alberta. Family Centre operates within a team model and utilizes a consensus decision-making process including parents who are considered valuable partners in Family Centre’s planning process. Programs offered by Family Centre are: Information and Referrals, Early Literacy, Learning and Care, Parent Education, Support Services including Individual, Couple, Family and Parent/Teen Counselling, and Developmental Screening.

Family Support. Family Support helps families in Hammersmith & Fulham, London, UK thrive. Its family centres are on hand so mums, dads, carers and children can make new friends and enjoy play and learning experiences together. The Family Support model and programming is based on the brain story science.

FSG. FSG was founded in 2000 by Harvard Business School Professor Michael E. Porter and Mark Kramer to help foundations create more effective strategies and impact beyond their grant dollars. Today, they are a global firm of 160 people in 6 offices on 3 continents. Each year they use their expertise in strategic planning, implementation, and evaluation to help hundreds of clients consisting of foundations, businesses, non-profits, and governments around the world make progress on the world's toughest issues from health to economic.

Fresh Start Recovery Centre. Fresh Start is a 50-bed long term recovery addiction treatment centre for men in Calgary, Alberta. They base their program on the 12 steps model and the Family Systems Method. They provide a comfortable environment where men and families can get the support they need and learn to live rewarding and fulfilling lives in recovery. Fresh Start has been helping people live in recovery since 1992. Today they operate a purpose-built facility that is one of the largest inpatient treatment centres in Alberta.

Glenrose Rehabilitation Hospital. The Glenrose Rehabilitation Hospital opened in 1964 and is the largest free-standing, comprehensive tertiary rehabilitation hospital in Canada, serving patients of all ages who require complex rehabilitation to enable them to participate in life to the fullest. The Glenrose offers services to children and adults on an inpatient, outpatient and outreach basis.

Grey Nuns Community Hospital. In 1988, the Edmonton General Hospital’s acute care services were transferred to the newly opened Grey Nuns Community Hospital. The Grey Nuns Community Hospital provides a full range of health services to a diverse following with a deep-rooted tradition of healing the body, enriching the mind and nurturing the soul.

Harvard Center on the Developing Child. The Center on the Developing Child at Harvard University was established in 2006 by director Jack P. Shonkoff, M.D. Their founding mission was to generate, translate, and apply scientific knowledge that would close the gap between what we know and what we do to improve the lives of children facing adversity.

Health Nexus. Health Nexus is a registered charitable organization in Ontario that promotes healthy, equitable and inclusive communities. For more than 30 years Health Nexus, a designated bilingual organization, has been working with diverse partners to help create healthy, equitable and vibrant communities where people of all ages can thrive. Their work is focused on healthy child development, community engagement and partnership development.

Heartland Agency and Educational Services. Heartland Agency and Educational Services is a non-profit organization providing before and after school care, childhood education, and summer camp program's for children in the Calgary area.

Holy Spirit Catholic School Division. The Holy Spirit Roman Catholic Separate Regional Division No. 4 officially came into existence on December 30, 1994. The school division was created as a result of the voluntary regionalization of five Catholic school boards in the communities of Coaldale, Lethbridge, Picture Butte, Pincher Creek and Taber. On September 1, 2014 the Bow Island Catholic School District also joined the division. There are 15 schools and 2 outreach centres in the division that serve a total of 5,079 students from kindergarten to grade 12, as of September 30, 2018. Early learning programming is also offered in 11 of the 12 elementary schools to 396 children. Currently, Holy Spirit Catholic School Division employs 315 teachers and 311 support staff.

Imagine Institute for Learning. The Imagine community is a diverse group of Albertans that has been working since 2015 and has been a Society in the province of Alberta since 2018. Alberta’s health care system belongs to all of us – the citizens who live, work and raise families in this beautiful province. Yet we have little ability to influence how the system operates. Imagine is working to change that by bringing Albertans’ voices together to improve our health-care system. When citizens come together, they can share their knowledge and experiences to help make our system the best it can be.

Inn From The Cold. In 1997, Inn From The Cold was started by a small group of passionate Calgarians who were determined to change the lives of individuals experiencing homelessness. They now offer shelter, sanctuary, and healing to assist homeless children and their families achieve independence.

Law Society of Alberta. The Law Society of Alberta regulates the legal profession made up of more than 10,000 lawyers who practice law in the province of Alberta and approximately 500 articling students.

Little Warriors. Little Warriors is a national charitable organization based in Alberta. They are focused on the awareness, prevention and treatment of child sexual abuse. They also advocate on behalf of and with child sexual abuse survivors.

National Prevention Science Coalition to Improve Lives. This US based prevention science coalition embraces the concepts and strategies from prevention science promises to improve young people's chances for growing up healthy and being successful in multiple domains of life. Its ultimate goal is to infuse a prevention mentality into the public and private sectors, where the emphasis is more on proactively preventing problems rather than reactively responding to them.

National Society for the Prevention of Cruelty to Children. NSPCC is the leading children's charity in the UK, specializing in child protection and dedicated to protecting children today to prevent abuse tomorrow. They are the only UK children's charity with statutory powers, which means they can take action to safeguard children at risk of abuse.

National Opinion Research Center (NORC). NORC is an objective, non-partisan research institution at the University of Chicago that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions.

Norwood Child and Family Resource Centre. Norwood is a non-profit child and family resource centre. They work with other local agencies to support children and families to build a strong community. Their programs respect culture and diversity.

Office of the Child and Youth Advocate Alberta. The OCYA is an independent office of the Legislative Assembly of Alberta, mandated to work with vulnerable young people. The OCYA provides individual and systemic advocacy for children and youth receiving "designated services" as defined under the Child and Youth Advocate Act.

Pathways to Housing Edmonton. Pathways to Housing implemented in 2009 and is located in Edmonton, Alberta. The program provides treatment and housing support to persons who are chronically homeless, have severe mental illness, and are in need of housing.

PolicyWise for Children & Families. PolicyWise is a charitable, not-for-profit corporation. Their employees are experts in applied research and evaluation, data science, knowledge mobilization, marketing and communications, and administration. Their mission is to inform, identify, and promote effective social policy and practice to improve the well-being of children, families, and communities.

Pritchard & Company Law Firm LLP. Pritchard LLP is a general practice law firm in Medicine Hat, Alberta.

Providence. For over 75 years, Providence has grown and changed to meet the needs of Calgary families. Working together with the child, family and community, they support the well-being and development of all children.

Psychologists Association of Alberta. Since 1996, PAA has been the primary professional association for Albertan psychologists. They are the voluntary body that advocates for psychology in Alberta, informs

the public and the media, and advocates for consumers of psychotherapy, psychological, and mental health services.

Public Health Agency of Canada. The Public Health Agency of Canada empowers Canadians to improve their health. In partnership with others, its activities focus on preventing disease and injuries, promoting good physical and mental health, and providing information to support informed decision making. It values scientific excellence and provides national leadership in response to public health threats.

Simon House Recovery Centre. Since 1983, Simon House, through the 12-Steps and a multi-disciplinary program, guides and empowers men to achieve long-term recovery from addiction and all of its effects. Through their Core Values of compassion, acceptance, respect, integrity, accountability, and innovation, they will lead the way in addiction treatment and lifelong recovery.

Strathcona County Family and Community Services. Family and Community Services is a partnership between the Alberta Government and Strathcona County. Their goal is to help build a safe, supported, and connected community that encourages the well-being of children, youth, adults, older adults and families.

Synergos UK. Founded in 2010, Synergos Consulting Services leverages Synergos' experience, relationships, and approach to help clients generate sustainable economic and social value through their core businesses, CSR, and philanthropic efforts. Their approach combines business analytics with experiential learning and advanced approaches to participatory, human-centered design. They support clients from strategy formation to field implementation and have proven methodologies both for enhancing internal alignment and building effective partnerships.

Terra Centre. Terra is a non-profit organization that provides supports and services that empower teen parents to succeed. Terra began in 1971 as a small group of young moms who wanted more for themselves and their children. Today, Terra provides support, services, and necessities to 1,000 moms, dads and children each year.

The Calgary and Area Regional Collaborative Service Delivery (RCSD). The Calgary and Area RCSD is one of seventeen regions that are part of a provincial program to support the integration of services for children and youth. RCSD involves a regional partnership between:

- Local School Authorities
- Alberta Health Services (Child and Youth Addiction and Mental Health Services)
- Rehabilitative Services
- Alberta Community and Social Services
- First Nations
- Other Community Stakeholders.

The Family Centre. The Family Centre's main focus is to deliver professional counselling and in-home support to parents. Currently, The Family Centre has a wide breadth of over 350 personnel including: educational facilitators, family connectors, family preservation workers, family support workers, interpreters, kinship support workers, parental support workers, psychologists, social workers, therapists, workplace support specialists, youth connectors, and youth reunification workers.

The National Foundation to End Child Abuse and Neglect. The National Foundation to End Child Abuse and Neglect (EndCAN) raises awareness of the health, mental health and public health impacts of abuse. EndCAN focuses on funding research; investing in innovative child abuse prevention and treatment; and supporting a community for survivors.

Ubuntu Boyle Street. Ubuntu Boyle Street / Boyle Street Community Services has been working in the inner city of Edmonton since 1971 to serve, support, and empower people to take control of their lives and escape the cycle of poverty and homelessness. They provide over 40 programs and services to over 12,000 individuals every year.

United Way of the Alberta Capital Region. Founded in 1941, United Way of the Alberta Capital Region (UWACR) raises money to support programs and initiatives that fight poverty in Edmonton and surrounding areas which includes Fort Saskatchewan, Sherwood Park, Strathcona County, St. Albert, Leduc County, Spruce Grove, Stony Plain, and Parkland County.

United Way of Calgary. United Way of Calgary and Area operates within a strong network of social services to build a connected system of community supports so everyone has access to programs and services when they need them, guaranteeing daily assistance for the community's most vulnerable people.

University of Calgary, Faculty of Nursing. The Faculty of Nursing at the University of Calgary is a leading Canadian nursing school focused on the pursuit of excellence in nursing education, research and practice.

University of Lethbridge, Department of Neuroscience. The Neuroscience Department at the University of Lethbridge was the first established neuroscience department in the country and home to some of Canada's most famous neuroscientists. Their faculty has a wide range of interests that span topics such as memory, neuroplasticity, comparative neurology, brain development, neurodegenerative disease, recovery after injury, decision making, gambling, play, sleep and stress.

University of Oxford, Department of Psychiatry. The Department of Psychiatry's role is to champion their patients' interest by making basic research applicable to the causes, the diagnosis, and the treatment of disease. They use clinical and patient observation and experience to motivate and direct basic research, where it is likely to help real life problems. They have built expertise and extensive networks in a variety of research fields from molecular biology to brain imaging, from behavioural research to epidemiology, bringing together clinicians and scientists in all our research groups, and collaborating with leading experts in other departments and institutions.

Wood's Homes. Wood's Homes is a children's mental health centre that provides treatment and support for children, youth and families with mental health needs. They are a non-profit organization and have been working with families since 1914. The 500 staff provide 40+ programs and services in Calgary, Lethbridge, Strathmore and Fort McMurray.

YW Calgary. YW Calgary is the largest and longest serving women's organization in Calgary. Through its more than 108-year history, the organization has touched tens of thousands of lives and evolved its

programs to meet the changing needs of women in the community. YW Calgary is dedicated to supporting women and their families through programs and services like shelter, counselling, childcare, language instruction and employment support.