
THE FIRST 2000 DAYS & BEYOND-TIPPING THE SCALE

Early Years Forum October 29 and November 5, 2020



OHWN CHILD WELLNESS GROUP, OCEANSIDE BUILDING LEARNING TOGETHER, OCEANSIDE
COMMUNITY RESPONSE COMMITTEE, LOCAL ACTION TEAM

The First 2000 Days and Beyond: Tipping the Scale

OVERVIEW

The First 2000 Days and Beyond is an Oceanside collaborative started in 2019, following a community convening which focused on food security and mental health. The long-term impacts required to make an impact on upstream social determinants of health and move the needle on child wellness, requires a more collective impact approach to make a systems level change at the population level. Island Health, together with four community working groups developed the Nourishing the First 2000 Days and Beyond initiative. The working groups included the Oceanside Health & Wellness Network (OHWN) Child Wellness Action Group, a regional collaborative action group dedicated to improving early childhood indicators in Oceanside. The Building Learning Together Early Years Coalition which focuses on encouraging healthy relationships with families, with each other and with community as it relates to the importance of early learning and successful development for young children and is made up of a variety of Oceanside organizations that have an interest in collaborating to uphold this mission. The Local Action Team (LAT) whose mission is to collaboratively promote well-being by cultivating learning about early childhood development and by fostering compassionate responses to those of any age impacted by trauma, and the Oceanside Community Response Committee (OCRC) which promotes and enhances the capacity of community to support the growth, safety and development of children, youth and families.

In the fall of 2020, the collaborative held a two-day, online convening to present the outcomes of the first stage of the First 2000 Days and Beyond project, including the inventory tool results and to share information on the three pillars of the First 2000 Days and Beyond: early learning opportunities, nutrition and protection from trauma. In addition, the collaborative shared with the participants how moving the needle forward on child population health could be advanced by adopting a collective impact framework for the initiative, should the community demonstrate a willingness to move forward in this way. Each forum presentation was followed by breakout room discussions framed around the following three questions.

- What is working well in the community of Oceanside?
- What needs our attention?
- What as a community, can we do to move the needle collaboratively?

On October 29th, the forum began with an overview of the three pillars of the First 2000 Days and Beyond; a presentation on collective impact and a presentation by Judy Buium, Knowledge to Action Early Year Lead and Joanne Schroeder, Director of External Partnerships from the Human Early Learning Partnership (UBC) sharing the results of the Oceanside Early Development Indicators (EDI) results and a discussion on the impacts of COVID-19 on early childhood learning.

The second convening on November 5th began with The First 2000 Days and Beyond, a community approach to trauma protection and support by Autumn Taylor, Principal of Arrowview Elementary School, followed by Nutrition, Food Security and the First 2000 Days and Beyond, presented by Dr. Mike Benusic, Medical Health Officer and Analisa Blake, Food Security Lead, Island Health.

This report summarizes the discussion around the three questions in the breakout sessions that followed each presentation and concluding thoughts around next steps in each of three pillars. For a list of shared resources, video presentations and slides presented at the First 2000 Days and Beyond, visit

our [website](#). Graphic recordings of the presentations and discussions were recorded by Jill Banting @StarQuillCreative throughout the event and they provide a visual capturing of the learnings and opportunities that were presented throughout the forum. The list of presentations is included at the end of this report.

Pillar 1 – Early Learning



Promotion of Early Learning

What is working well:

- Overwhelmingly is the availability and accessibility to quality early years programs from a large variety of organizations.
- The solid community partnerships through the Early Years Table and other networks that has history and stability over many, many years. The partnerships are built on trust, collaboration and communication.
- Leveraging our outdoor environments was mentioned several times as a strength in our community.
- Creating this event is a good example of how this community works together.

What needs our attention:

- How to reach out to families to get information to them? Can't always depend on technology.
- How to respectfully reach out to vulnerable families.
- General parental well-being for all.
- Child and Youth Mental Health (including infants).
- Decreasing early development instrument (EDI) vulnerabilities.
- Impact of technology on children
- How to engage folks with lived experience in our planning and collaborating as well as decision makers and other public.
- Bridging Early Years and School District – shining the light on what is already working and what else could be done.

What can we do to move the needle collaboratively?



(Note: this was at the end of the breakout session and many people ran out of time to come up with specific actions/ideas.)

- Focus on the whole child and all three of the pillars of the First 2000 Days and Beyond.
- Increase outreach programs to address isolation.
- Remove barriers such as transportation.
- Create common spaces to meet and serve.
- Use technology and pre-recorded sessions to get word to the front line.
- Collaboration is key using communication and transparency as a common understanding.
- Address lack of parent support and remove fear of judgement and stigma.
- Find effective and coordinated ways to leverage resources and funding.

Concluding thoughts:

After reviewing the notes from the breakout sessions on Early Learning, I feel that we were able to articulate what we are already doing well as well as having a closer look at what needs our attention. What needed more time together, was a deeper look at many of these identified concerns and a deeper look at specific actions. What didn't get reflected, but was talked about, was the need to be smarter at how we work together with each other and avoid the times spent by multiple people on each of the networks/coalitions. We all have a lot to contribute, but need to be able to do it more effectively.

I suggest another less formal forum using the graphic art, the summaries and the survey results to move to the next level of action for the children, youth and families in our community.

Thank you for the opportunity,

Judi Malcolm, Manager

SD69/ Oceanside Building Learning Together

PILLAR 2 – Nutrition and Food Security



Nutrition and Food Security

What is working well:

Successful local food security programs:

- Community initiative backpack program funded by Rotary - weekly backpacks of food for vulnerable families; challenge during vacation time to get food out to families; Rotary worked on food literacy before backpack program; liaises with PASS/Woodwind Alternative school.
- Schools/community programs are a good entrance point for vulnerable families - Breakfast and Lunch programs at schools. After school programs - children always looking to eat as soon as they arrive. Teachers can help identify vulnerable families. Offering fruits/vegs helps with behaviours.
- Community organizations that provide food at cost or at no cost for school programs, including Munchkinland, and Words on Wheels (WOW) bus. The WOW bus is doing amazing work –
 - provide food on the bus; Parksville Rotary is supporting as well as Ministry for Children and Family Development (MCFD) and the United Way Central Vancouver Island.
 - MCFD sometimes provides food/taxi vouchers to families they work with when needed.
 - Food is provided in all programs at Society of Organized Services (SOS); it encourages attendance - more approachable to their children if parents are not hungry.
 - Emergency assistance program for families; parents are guided how to access additional assistance.
 - Food Voucher Program in connection with Farmer's Market through Public Health - up to when child is 6 months old. Farmers Market coupon- \$21/week.
 - Food hampers through OBLT Cares, food offered in many OBLT programs including our outreach to rural areas. OBLT gives a package regardless of status.
 - Meals provided at baby groups.

- Food helps to make a welcoming environment and encourages social interactions.
- SOS Emergency Fund.
- Community programs such as the food bank, emergency programs.
- Grocery stores are doing recovery programs, so less is going into waste.
- Food Hubs Island wide.
- Starting poverty reduction strategy with Regional District of Nanaimo (RDN).
- Teachers can help identify vulnerable families.

Educational opportunities:

- Providing help in budgeting, credit counselling - a holistic approach.
- Nutrition Education in prenatal courses & postpartum sessions. Food Skills for Families Programs with curriculum.
- Cooking with kids at Errington school and then sharing a meal together. Kids get a cookbook at the end with all the recipes – Arrowsmith Community Experiences (ACE) Club.

- Cooking classes to show families how to cook healthy, economical meals.
- Education where we give recipes and food to parents - Munchkinland, Pete the Cat.
- Sampling new foods – after school program at Errington Elementary School
- Proposed Family to Family project through LAT would help with food literacy and transport.

Increase capacity building/Grants:

- United Way grant - equals capacity building and food literacy.
- Resourcefulness/Receiving Grants - United Way funding for grocery gift cards (60 families).

Increase partnership and collaboration:

- Food distribution and education.
- Partnerships like Rotary club.
- Working with groups / partners outside of the community.
- Helps to have someone from SOS at OHWN table.



What needs our attention?

- How to create community support and reach families with the COVID realities/restrictions. Solve disruptions to previously existing programs.
- Cost of living (food) and logistics barriers to lower cost options. Poverty reduction- strategy.
- Lack of accessibility. Lack of funding for projects such as Family2Family. Outreach can be enhanced/funded. Funding and manpower for food nutrition security initiatives. Service provider snacks/meals→ Drop in the bucket. Rural, low income and First Nations areas need support.
- Lack of community cooking facilities - having them would enable families or communities to cook together - meal sharing. Provision of child minding to enable parents to attend cooking classes. Provide recipes to make low-cost meals.
- Effective Food Box program through subsidized not for profit / volunteer organizations. Stone Soup kitchens - we need to look at ways to run it due to safety and barriers.
- Create awareness and knowledge of food programs available for families.
- Most schools have food programs but there is little access to food for vulnerable families when school is not in session. Schools then become responsible for sourcing funding for food programs.
- Stigma reduction for food access. De-stigmatization of people. Stigma around being vulnerable - needing to prove you are hungry every time you are going in - need to re-humanize.
- Can be very triggering to hear people talk about food vulnerability who aren't experiencing that themselves - especially in relation to COVID - a good reminder on how we talk about it - barriers of getting food to people.
- Vote with your dollars - are your stores giving back, doing food recovery - done on a very real and personal level.

- Isolation and transport issues need to be addressed - Forward House did study on transportation in the past; Errington voted against being part of RDN transport system. Transportation barrier added bus routes. Outlying areas have no public transit.
- Can fruit from gardens be given to those in need; asked how to donate to PASS/Woodwinds Alternative school?
- Gaps need to be identified and understood - OHWN; know who does what would be helpful. Gaps during holidays
- Upstream prevention → Proactivity → reach children before kindergarten. Overlap - Build healthy resilient brains with good nutrition - Mental health and nutrition directly linked- hungry learners are not ready learners.
- Food waste reduction and redirection/redistribution/recover.
- Getting more support from food hubs like Nanaimo FoodShare.
- May need to look at successful programs in other regions for inspiration. Look at best practices elsewhere – R&D (Rip off and duplicate).
 - Duplicate what Comox did so not to reinvent the wheel.
 - Food Programs in Nanaimo
 - Community kitchens
 - Nanaimo FoodShare- Good Food Box
 - School Hamper programs
 - Farm to School Network
 - Food Security council in Nanaimo (through city council)
 - Vancouver gives fruit trees.

What can we do to move the needle collaboratively?



Work together:

- Work together to support families in times of COVID. Getting community support information out to families
- How to engage people that live in the rural areas to help with intergenerational projects.
- Coordination of services
- Communication between services to help with the continuation of services and support.
- Address barriers - Address gaps - Statistics not fully representative- hunger vs nutrition
More likely 1/3 nutrition insecure (vs 1/6 hungry)

Teach/Grow.

- Have people who have land, who could share their land to enable people to grow vegetables and to share their knowledge with others - including “old skills” such as canning ... - Errington is food producing area - create land share; implement ground up model.
Community garden - share resources
- Have First Nations teach others how to grow vegetables.
- Having children help with growing vegetables can often help children enjoy eating the harvest. Teaching kids so that they may take more self responsibility to make the most of available resources.
- Continue with programs that offer education on nutritious meals which include items to take home Using

backyards, school yards, parks for vegetable gardens would lessen the transportation challenges.

- Better education on growing / supplementing food and cooking food.

Access more funds

- Find more funding though partnering to better qualify - See Grant Station - data base of funding opportunities. Need to bring all resources to the table i.e., PAC, who else could help.
- Need funding for projects like Family2Family; lots of willingness but can't do without funds.
- Look to government to help more; Vancouver city gave out fruit trees.

New approach

- Need system approach; not about charitable model - Comox farm to school model - looking at integrating indigenous approaches to teaching kids, i.e., community gardens, community kitchens, empower people to take care of themselves.
- Get involved in poverty reduction strategy with RDN. Re-educate our communities on the reach of food security and poverty - re-educate at a “people level” - will help solidify getting food to people that need it.
- Support coalition for healthy school food- advocacy for a national school lunch program.
- <https://www.healthyschoolfood.ca/bc-chapter>

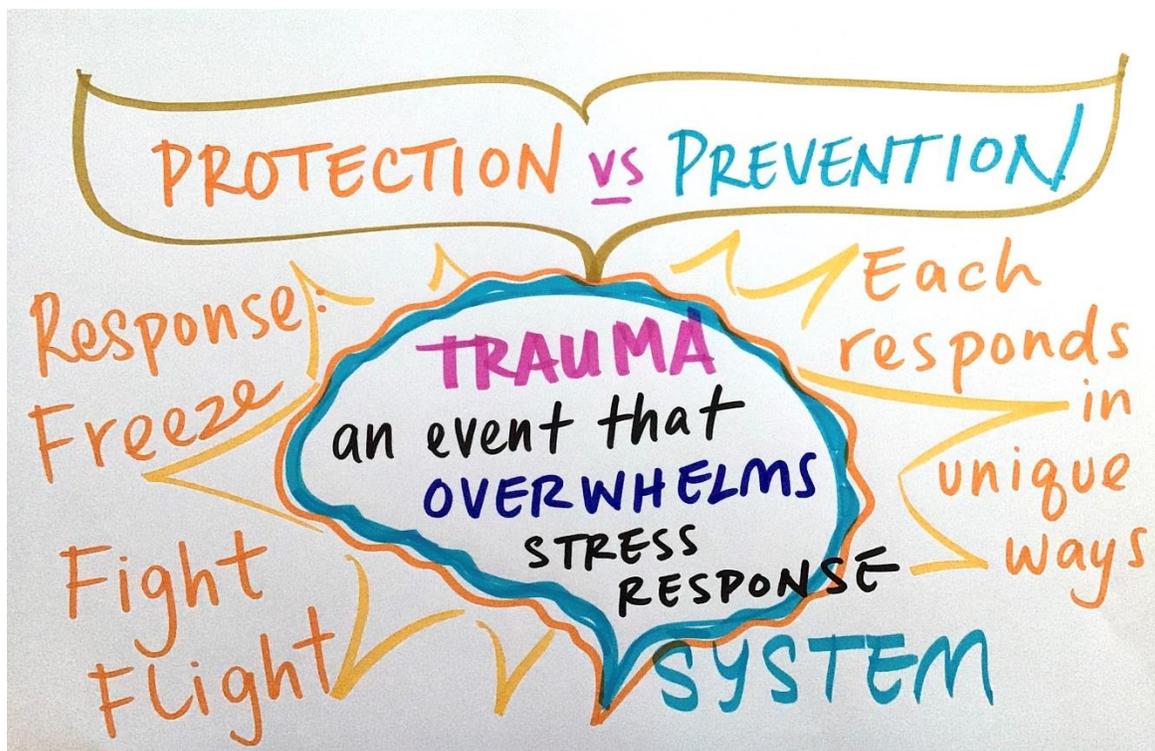
Concluding thoughts:

I really appreciated the rich discussions from the breakout sessions on Nutrition and Food Security. The conversation confirms the trend reported nationally and globally: the number of people affected by food insecurity is on the rise in our region. Food insecurity can worsen diet quality and consequently increase the risk of various forms of malnutrition, leading to undernutrition, nutrient deficiencies as well as overweight and obesity. The current pandemic has also exacerbated the issue. Sadly, the nutritional

status of our most vulnerable population groups is likely to deteriorate due to the health and socio-economic impacts of COVID-19. While we face significant challenges, I feel optimistic that our community conversations, efforts and advocacy will help move the needle towards access to healthy diets for all!

Hélène Dufour, Dietitian
Public Health Services, Island Health

Pillar 3 - Protection from Trauma



What is Working Well:

- There is enthusiasm and commitment in the district to learn and share knowledge. Agencies and local groups are interested in learning together and from one another.
- School District and the Local Action Team collaborated on training in NME (neurosequential model in education). NME looks at the impact of developmental trauma on brain development and its effects on a child's ability to function in the classroom. NME aims to match interventions to the brain areas affected by early life adversity. The School District ensured that all staff (teaching and nonteaching) has had exposure to these concepts. Community partners have also been included in training.
- Public Health has spearheaded awareness about the First 2000 Days and Beyond to community partners, agencies, school district and VIU teacher training. Local Action Team has increased the awareness and knowledge around ACEs (Adverse Childhood Experiences study) which has led to the ACE questionnaire being used in CY mental health intake and in other agencies. Knowledge

about early childhood trauma and its effects on brain development and future physical and mental health has started to be shared with volunteers/staff and parents along with the positive effects of interventions. Community education sessions were starting to be organized but COVID has halted these for now.

- Agencies have started to incorporate a 'trauma informed lens' when working with families around challenging behaviour.
- The various interagency Tables/committees have resulted in everyone learning more about what the various groups and agencies offer families, and this has built confidence in inter-referring of families.
- The Early Years Table promotes communication, connection and cross support and has resulted in innovative, collaborative programs and services.

What Needs Our Attention:

- More and ongoing awareness and education of the community around life-long effects of early trauma and why more intervention and support is needed for families and organizations.
- Sustaining momentum and communication.
- More focus on protection from trauma starting at the prenatal level. Highlight links with poverty/financial insecurity, homelessness, domestic violence.
- Educate high school students (future parents) about the 3 pillars of the First 2000 Days and Beyond.
- Encourage use of the ACEs questionnaire in Family Practice /Public Health
- Work to remove barriers and stigma to service and supports; promote easier access to services and support for all ages; consider creative ways to make services/programs more visible; address issue of lack of transport in rural areas.
- Increased isolation of parents/families due to COVID will mean more outreach and building of trust/connections will be needed. Trauma informed/safe services and programs will be needed more than ever. Need more programs to help build relationships between parents and children.

What can we do to move the needle collaboratively?



- Ensure common language and communication through education and training amongst the community tables; build and maintain stronger links between the tables; consider pooling resources or collaboration of some programs.
- Training on protection from trauma and effects of early trauma is needed for early childhood educators, day care/nursery school owners, ECE students. Funding and coordination are needed.
- Look for non-traditional partners (e.g., Rotary) to help promote and perhaps fund community education/awareness events. Inject teaching of proactive versus reactive to help grow a trauma informed and more compassionate community.
- Develop an accessible information hub listing all local services and programs for children, youth and families. Would need to be kept current!

Concluding thoughts:

There was great interest from the participants in learning more about protection from trauma and how to incorporate that knowledge into their work, but also how to communicate this information to the larger community. The school district was acknowledged as a leader in the training of all staff in the awareness of effects of trauma on students and learning how to apply positive interventions to promote healing. The need for the training of early childhood educators and early childcare providers in protection from trauma was highlighted as a gap that needs attention.

Caron Byrne
Co-Chair LAT and member of the Child Wellness Action Group

Thank You

The First 2000 Days and Beyond: Tipping the Scale wishes to thank all the presenters, the community organizations, and the participants for their valuable contributions and commitment to moving the needle on child wellness in Oceanside. Funding for the First 2000 Days and Beyond was provided by the Oceanside Health and Wellness Network (through Island Health).



Links to Videos can be found on the OHWN: First 2000 Days and Beyond [website](#)

The First 2000 Days and Beyond: Tipping the Scale - Overview of the Three Pillars

Collective Impact as a Framework for the First 2000 Days and Beyond

The First 2000 Days and Beyond: Oceanside Early Development

The First 2000 Days and Beyond: A community approach to trauma, protection and support

Nutrition, Food Security and the First 2000 Days and Beyond