

# SEED in Northern BC Summit

Report on Key Learnings & Next Steps  
June 2021

# SEED

SHARING TO CHANGE EARLY CHILDHOOD EXPERIENCES AND  
PROMOTE HEALTHY DEVELOPMENT IN NORTHERN BC



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## Aim of Report

The aim of this report is to share a descriptive summary of the Sharing to change Early childhood Experiences and promote healthy Development in Northern BC (SEED) Summit, key learnings from this event and next steps identified by participants. This report is intended for participants of the Summit, those working with children and families in early childhood, leaders and decision makers across northern British Columbia (BC), and the grant funders.

## Background and Description of Summit

The early years are a critical period of growth and development with variation in family needs from the prenatal period through to the school years transition. An array of services exist to support families, offered across multiple sectors, each with their own processes and priorities. Families with more complex life circumstances may require additional support via enhanced services to navigate the complexity of early childhood development. Yet barriers to access include shortages of available and affordable facilities or services, lack of culturally appropriate services, long wait lists for assessments and programs, geographical inequities for rural and remote families, and variability in parental knowledge of the significance of early childhood development. For enhanced services in the early years to best support family's needs connectivity and engagement across all sectors is essential.

In 2018, a group of cross-sectoral practitioners in the early years were introduced to Compassionate Systems Leadership training (CSL). The CSL approach comprises an integrated framework for the development of capabilities and knowledge that strengthen the capacity of individuals and collectives to effectively progress systems change initiatives <sup>1</sup>. This cross-sectoral group was passionate about exploring how to drive change as a community, with their communities. Mentored by Pippa Rowcliffe and Joanne Schroeder, leaders for CSL across British Columbia, this team was motivated to find ways to integrate the CSL approach into our daily pedagogies. The team was keen to apply the CSL methodology across the early years community in northern BC as an approach that combines mindfulness, compassion system-wide thinking and action in addressing early years priorities. As emphasized in CSL and experienced across the north, traditional approaches to addressing children's wellbeing outcomes have had limited impact <sup>1</sup>.

There is now growing interest in working together in new ways to address childhood health, educational, and social wellbeing outcomes. Initiated by a small group of "CSL Practitioners" in northern BC, we started to gather, to learn, and support each other's practices through a community of practice. Through evolving community partnerships across health, education, research, government, and a range of not-for-profit organizations, the interest in collaboration

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<sup>1</sup> BC Compassionate Systems Leadership. Compassionate Systems Leadership. [Internet]. [cited 2021 May 18]. Available from: <https://www.compassionatesystemsleadership.net>

in applying CSL to guide our work has evolved into SEED BC - Sharing to change Early childhood Experiences and promote healthy Development in Northern BC. The focus of this project is to bring together individuals using a systems and compassionate leadership stakeholder approach, to learn and grow together in how we support children and families in early childhood and come together across work streams to provide enhanced services for families experiencing vulnerabilities. The launching point for this work was the SEED Summit.

The SEED Summit embraced both Indigenous and western pedagogies, acknowledging that both are necessary to improve health and wellbeing of children and families. As settlers, we are personally and professionally committed to the Calls to Action<sup>2</sup> of the Truth and Reconciliation Commission (TRC) and acknowledge that the current gaps in early childhood outcomes between Indigenous and non-Indigenous populations are a direct result of colonization, government policies, and systemic inequities and racism. It is essential that culturally appropriate early childhood health, education, and parenting programs and services are developed in partnership with Indigenous families and communities. In planning the Summit, we committed to using the platform to amplify the voices and cultural practices of our Indigenous partners and presenters, providing a space to share their expertise, knowledge, experience, and guidance as it relates to early childhood and to incorporate Indigenous language into the event.

The Summit took place in northern BC in February 2021. While the Summit had been planned as a face-to-face activity in April 2020 (see below timeline) this was postponed and transitioned to a virtual event due to the ongoing COVID-19 pandemic. The Summit ran over five days and was a hybrid model of pre-recorded asynchronous sessions combined with a live full day workshop on the final day. Participants were offered the option to register to access asynchronous sessions only, or asynchronous sessions combined with the live workshop. The workshop was split into a morning session comprised of a live one-hour presentation on compassionate systems leadership followed by a panel discussion and followed by facilitated breakout groups and reflection sessions in the afternoon. The agenda for the week is provided in Appendix 1. At the beginning of each day during the week, participants received an email with the day's overview and links to access. This allowed them to connect to the pre-recorded presentations, details and resources from each presenter, and the online engagement space.



<sup>2</sup> Truth and Reconciliation Commission. Truth and reconciliation commission: calls to action. Winnipeg: Truth and Reconciliation Commission. 2015. Available from [http://trc.ca/assets/pdf/Calls\\_to\\_Action\\_English2.pdf](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf)

## **Purpose of the Summit**

Supporting children and families in the early years requires the collective efforts of many individuals across sectors. Siloed streams of work can inhibit our ability to meet the needs of families and positively influence health and wellbeing outcomes. We recognize that a way to break down some of these barriers is to work together, locally – building relational ways of engaging with compassion with each system delivery model paying careful attention to ensure inclusion and representation of people and communities, in particular Indigenous partners in this work. The potential benefit in focused attention and prevention efforts in the early years is even greater if shared outcomes can be determined between sectors. The purpose of the Summit was to bring together child and family serving sectors, specifically health, education, social care, and not for profit, to find common ground, celebrate local success, and build on understanding priorities in the early years together across the North.

## **Summit Objectives**

The objectives of the Summit were:

1. To build on understanding needs and priorities in the early years together across northern BC to support children and families in early childhood;
2. To provide an opportunity for networking and relationship building across sectors that support families in early childhood (0-8);
3. To share knowledge and experiences of work happening to support children and families in the early years across the north and celebrate successes;
4. To introduce compassionate leadership in systems thinking for early childhood services;
5. And following evaluation, create a sustainable, engaging workplace, plan of action and dissemination approach.

## **Summit Participation**

121 individuals registered to participate in the Summit. During the week we had 863 video views of asynchronous sessions from 142 unique viewers. The most viewed asynchronous sessions were:

- Trauma & Childhood Development
- Northern Health's Approach to Early Childhood Services
- Supporting Children and Families in Communities of Compassionate Practice

The live full day workshop had 51 participants and 10 facilitators.

## Collecting Feedback

### Pre-Summit Thought Exchange

Preceding the Summit, we leveraged the Thought Exchange platform to ask individuals working across the north, "***What is needed to improve early childhood health, education and wellbeing in your community?***". Thought Exchange is a crowd sourcing engagement platform used to get ideas from groups and focus on alignment and prioritization of next steps. An Exchange is created asking an open-ended question to which participants confidentially provide their responses. Responses are then randomized so participants can objectively rate other responses and ideas.

### Asynchronous online engagement

For each day of the week there was an online engagement space using the Padlet platform which served as a "community whiteboard". A question of the day or engagement idea was posed each day on this space and it was primarily used as a space for participants to connect, share comments, thoughts, resources, and links.

### Live workshop

During the live workshop facilitated breakout groups and reflection sessions took place. Participants were divided into six small groups and facilitators were equipped with a set of discussion questions to guide the conversation (Appendix 2). In each of these sessions a note taker documented the discussion. Following each breakout group a nominated member from the group reported back to the large group the key takeaways from their discussion. This was an opportunity for reflection, exploring shared findings across groups, and learning about differing ideas.

### Post-Summit evaluation

At the end of the live workshop, we provided an opportunity for real time evaluation, feedback, and reflections on the day. Following the Summit, a short evaluation survey was distributed. This was first shared via email to all participants and in the weeks following a postcard and magnet was mailed to all recipients with a survey link and QR code as a reminder to complete the survey. Distribution was delayed due to shipping of the materials. Completion of the post-Summit evaluation survey was limited (n=9) and we anticipate many felt they already shared their feedback in the workshop reflection sessions.

## Summary of Learnings

### Summit Experience

During the afternoon workshop participants expressed excitement at having the opportunity to convene and to connect with others from across northern BC to explore current practices across sectors. Participants appreciated that the early years and associated work was attracting

attention and the Summit team applied a participatory approach to attend to concerns that had previously been raised by the community working within the early years.

There was also appreciation that the Summit approach created a culture of belonging regardless of individual culture, race, professional discipline, or background. The opportunity to share and exchange information, feel listened to, and discover meaningful similarities and differences across programs, geographies, cultures, and disciplines was a positive experience for participants. Opportunity to hear about ways in which communities had tried, been successful, or failed yet learned, were critical examples of building new knowledge and insight between participants.

Participants at the workshop also critically discussed what they had watched during the asynchronous sessions throughout the week. For example, participants appreciated the space to reflect on the knowledge being shared and enjoyed hearing about what is happening in other communities. This was noted as a teachable moment allowing participants from a range of professional roles to explore, and possibly adopt, new learning perspectives. Through a compassionate systems leadership lens participants were able to think about how some of the ideas/programs/teachings could be incorporated in their own communities.

Participants drew attention to COVID-19 as a key challenge to staff, early years work, children and their families, as well as communities. The Summit paid attention to the challenges that participants had faced, gave space to listen, and celebrated innovation that had arisen as a result of the COVID-19 pandemic response. The burden on families was shared from all present, without judgement, with many participants able to share stories of their active and empathic listening to the needs of families and community, even if they were struggling to find solutions. Due to the timing of the Summit and approaching the one year anniversary of the global pandemic declaration, the Summit provided a space at which participants could explore their concerns about what 'helping' families had been like and would continue to be like in the short to midterm.

At the conclusion of the workshop, many participants expressed their responsibility in participating as an active process and the desire to remain connected and involved in future opportunities.

While responses to the post-Summit survey were limited, 100% of respondents expressed that the asynchronous delivery and engagement opportunities were an effective approach given the COVID-19 pandemic limitations. The Summit experience could have been improved by ensuring all asynchronous presentations were concise and similar in length and by splitting the full day workshop into two half day sessions.

### **Thought Exchange**

48 participants from across the northern region of BC submitted a total of 71 key thoughts. These thoughts were then rated by participants. 643 ratings were provided and the following five needs emerged as the top ranked five.



What is needed to improve early childhood health, education and wellbeing in your community?

**For families to be lifted out of poverty – a cross systems approach – government departments need to communicate with each other to develop a strategy**

**Trauma Informed Practice across all systems**

**Intersectoral, interdisciplinary coordinated approaches**

**Increased funding for more therapy services**

**Inexpensive child care**

These five needs in conjunction with the learnings from the Summit week built an understanding of needs and priorities in the early years across northern BC.

### **What We Heard**

***Early years services are patchwork but there are dreams of weaving a new blanket together.***

Early years services are fragmented across sectors. A common theme used to describe early years services was patches and pockets of work which resulted in limited interventions and family support. Parents or primary caregivers were noted at times to be the relational ties between pockets of care as they tried to weave a blanket of care to support their child and themselves. This approach creates gaps for children unable to access the comprehensive services needed to support healthy development and promote early learning, particularly before they enter into the school system.

Reflecting on the experiences of trying to support families in rural and small urban communities, participants expressed that there needs to be a “new weaving of the blanket”. The woven blanket was described as a holistic, multidisciplinary team which includes primary care, mental health, spiritual health, and support for social emotional development and education, while synchronously recognizing, and ideally addressing, the families' physical needs such as housing and nutrition. There is a keen interest in greater cross-sector communication, coordination, and collaboration, and in the development of a more cohesive or integrated approach to supporting families and children in the early years. There is an acute awareness across all the sectors of the influence of funding as a key factor in program or service sustainability. Regardless of barriers providers were able to demonstrate an unwavering daily focus on managing priorities, focused on delivering quality and inclusive services, programs, and care approaches within the early years.

Participants did dream and hope for an inclusive approach to the early years across all sectors. Common language drew on the nature of a seamless service as a future vision, for many this

was described as a hub model, a one-stop shop for seamless progression of cross-sector supports from pregnancy to 8 years old, where outreach would be provided by teams of supporters. A hub was described as more than a physical space and included the idea of *“the more you have that’s connected ....it creates a wider audience”* which drew on the value of building hubs that were networks of parents voices as well as physical spaces.

***An ideal model of service is family centered and inclusive.***

A second theme revealed that families know what they need and want and should be considered experts, allowing them to set their goals and not become hidden, forgotten, or lost within the present system of early years work. Focusing on trusting families and communities to know what they need allows cross-sector agencies and organizations to empower and uplift families. As described by one participant *“trusting that families in communities, no matter [the] type, know their needs – helps them to interpret, share their knowledge and grow and build upon that.”* Participants emphasized that services need to be culturally responsive and include options for the diversity of primary caregivers we see in our northern communities including fathers, grandparents, aunts, uncles, and foster or adoptive parents. Participants identified there are often gaps in supports for these individuals as caregivers in early childhood, particularly for fathers and there was appreciation for the inclusion of Indigenous fatherhood as a focus and key perspective in presentations throughout the week. In sum, an ideal early childhood health and wellness model must be community-driven, holistic, comprehensive, and open to individualization, ensuring that family-directed priorities are supported and met. Any system we co-create, adopt, or adapt must be driven by the community and have the voices of the families and the children involved - at its heart, thereby also being culturally sensitive and allowing for diversity, accessibility, and inclusivity.

***All sectors are needed at the table.***

Across conversations a recurring theme was the need to have all partners at the table, and in particular the absence of health was noted. One participant described that *“when public health left the early years table that was a loss so it’d be nice to have them back”*. The biggest challenge is reconnection with the people that were required or mandated to leave the early years dialogues and tables. Participants acknowledged the current demands on health authority staff due to the COVID-19 pandemic but noted that their absence was already a factor pre-pandemic. Many communities faced difficulties engaging healthcare practitioners in early years meetings, community groups, and program planning. Additionally, significant service redesign in primary care resulted in both short and longer term loss of connection between health care providers and early years teams. This has resulted in uncertainty as to what the healthcare sector, specifically the Northern Health Authority provides or how it supports the early years work in the north. A lack of clarity as to the role of public health or primary healthcare in the early years and a lack of primary care providers was evident within many of the conversations. However, there were also examples of health contributions as positive experiences of working together with the healthcare community explaining that being situated in smaller communities often means it is harder for them to say no when there is an existing relationship. Others noted that it is not just health that shifts the opportunity to uplift early years work, but that all the *‘major players’* need to be present and engaged. For example, *“unless you have MCFD [Ministry*

*of Children & Family Development], Education, [and] Health at the table it is hard to move anything forward.”* Also acknowledged were current shifts happening within the education sector. For example, in School District 57 the removal of early years leads will create a notable absence as they will no longer be a continuing partner and advocate at cross-sector tables.

***Compassion is the thread that binds us together and moves early years work forward.***

Across participants there was a shared theme that compassion is the common thread across our work and that compassionate leadership facilitates family centered care. Compassion is the thread which we are all connected by that will allow us to weave together the patchwork blanket of supports. Participants expressed that *“it comes down to the passion of the people in these programs to make them better and to make them work in northern communities.”* Other factors that support this work are commitment (people in these positions for an extended time), relationships, and shared understanding. Amongst the participants, there was consensus that it starts with our teams, leadership, and workplaces. This shared acknowledgement translates into how we work alongside families. Compassionate leadership involves promoting a climate of trust and encouragement whereby those working together can become a co-operative and collaborative team, listen carefully to each other empathize and help each other.

## **Looking Ahead & Next Steps**

Our 2021 SEED Summit was a starting point to gather together and begin to understand ways to better support child and families in the early years, particularly drawing attention to how we support those experiencing vulnerabilities requiring enhanced services in northern BC in inclusive and culturally sensitive ways. Supporting children and families in the early years requires the collective efforts of many individuals across sectors but the opportunities to convene, build relationships and dream of a shared vision can be limited. Participants at the Summit identified that they would like to develop opportunities for further connection, knowledge sharing, and collaborative work addressing priorities in the early years together across northern BC. Primarily, participants spoke to the desire for SEED BC to start a northern community of practice specific to early childhood education, health, and wellness and the need for community hubs. Below we highlight the opportunities identified by participants that the SEED BC team will begin to focus on over the coming months.

### **What We Are Doing: Short Term**

***Sharing Summit Experience.***

The first task we have set is to share the Summit's findings with both participants and leaders throughout our northern organizations and services. Postcards with key findings have been prepared and will be mailed to all participants. Additionally, we will share the results with our advisory committee partners to support identifying opportunities to share the findings across their organizations.

### ***Knowledge Hub (SEED BC website).***

Summit participants identified the value of a knowledge hub or space that can house resources, local information, as well as the materials from the Summit. The SEED BC website ([www.seedbc.ca](http://www.seedbc.ca)) will serve as this knowledge hub. Since the Summit, we have updated the website to include a resource library and an opportunities page. Partners across the north can share opportunities and resources to be added to these spaces or stories and events to be highlighted on the blog. Participants also expressed that they would like to stay connected through email updates. Through the website and newsletters, the SEED BC team will share community partners' resources and opportunities, as well as next steps for collaborative work and research addressing priorities. The frequency of these newsletters is to be determined.

### **What We Are Doing: Mid-Term**

#### ***Mapping early childhood priorities, drivers, and implications in context of northern BC.***

To help visualize the learnings from the Summit we will conduct a brain mapping exercise, drawing together the identified early childhood priorities, drivers and implications. We will situate this in the context of northern BC and nuances linked to local ways of working such as rurality, fiscal vulnerability, cultural complexities, and human resource challenges. Strategies designed to improve early childhood measures of health and wellbeing require an understanding of the different parts of the system, how they interact, and the barriers, drivers, and implications for change. We hope that the mapping of this information in an integrated way will enable partners from across sectors to situate themselves within this work and consider how they contribute and strengthen partnerships to support families.

#### ***Exploring new research partnerships.***

The SEED BC team will also continue to explore funding options to build an ongoing research arm to the work focused on needs and priorities in the early years across northern BC, paying attention to recovery and opportunities as a result of the COVID-19 pandemic.

### **What We Are Doing: Longer Term**

#### ***Creating a community of practice for the early years.***

Participants spoke to the desire for SEED BC to start a northern community of practice specific to early childhood education, health, and wellness. Building on the existing CSL community of practice in the north we will focus on mentoring compassionate leaders and developing champions in communities. We also will explore developing community dashboards with champions from communities to capture small but ongoing changes happening at the community level.

#### ***Exploring the “one stop shop” model for early years.***

The SEED BC team will also explore the “one stop shop” or hub model for the early years and examine where this has been used, how it has functioned, and what mechanisms have fostered successful outcomes in the northern BC context. Through the SEED Summit we were made aware of some communities that are already undertaking this work such as the Sai’kuz First

Nation in Vanderhoof, the South Fort George Family Resource Centre in Prince George, and the Raise Up Our Kids Community Hub initiative at Nusdeh Yoh Elementary School in Prince George. We look to humbly learn from their experiences and others.

***Health back at the table.***

In an effort to improve early childhood health and development outcomes healthcare providers and leaders are a key partner required at the table. There was keen interest in the presentation shared at the Summit on the Northern Health Authority's approach to supporting families in the early years. It was clear that developing understanding across sectors, understanding the shifts in service delivery and what support can be expected from primary care networks and team-based care in early childhood is still needed. Acknowledging this, the SEED BC team will continue to focus on strengthening existing relationships within the health sector and building new relationships, specifically with primary care providers, and advocate for their support and participation in a northern community of practice specific to early childhood.

## **Concluding Remarks**

Supporting children and families in the early years requires the collective efforts of many individuals across sectors and we are grateful to the providers, caregivers, leaders, and advocates for early childhood who have demonstrated enthusiasm to engage in the SEED BC project. Compassion is not new to this group, concern for the children, families, and communities we work with, and within, continues to motivate this work supporting early childhood health and wellbeing. This was evident in the conversations, knowledge sharing, and experiences of work happening to support children and families in the early years. In facilitating a safe space that allowed for vulnerability and relational ways of engaging with compassion across the sectors we discovered commitment, interest, and a willingness for those present to consider new ideas and possibilities for future partnerships.

## Appendix 1. SEED Summit Overview Agenda

Summit Schedule – February 22-26, 2021		
Date	Themes	Objectives
<b>Monday, February 22</b> Asynchronous online	<b>Early Childhood Overview:            Why does it matter</b>	To provide a foundation for the week on the importance of early childhood and the impact and influence of brain science in early years work
<b>Tuesday, February 23</b> Asynchronous online	<b>Health and the early years</b>	To introduce the role of health services in the early years
<b>Wednesday, February 24</b> Asynchronous online	<b>Healthy community, social care and the early years</b>	To explore the role of community and social services in the early years and learn through examples in the North
<b>Thursday, February 25</b> Asynchronous online	<b>Education and the early years</b>	To explore education in the early years and celebrate examples of early years education in Northern BC
<b>Friday, February 26</b> Live Summit Workshop	<b>Compassionate leadership in the early years</b>	To introduce the partnership to compassionate leadership in systems thinking and focus on relationship building and learning across different mandates and perspectives

## Virtual Workshop February 26<sup>th</sup> 10:00 am to 3:00 pm

Time	Agenda
10:00-10:20	<p><b>Welcome and introduction – Dr. Caroline Sanders</b>  <b>Acknowledgement of traditional territory - Lisa Provencher</b>  <b>Welcome – Lheidli T’enneh Elder Edie Frederick</b></p>
10:20-10:30	<p><b>Goals and objectives for the day</b></p>
10:30-11:00	<p><b>Setting the stage - Compassionate Systems Leadership (CSL)</b>            There has been a growing interest in working differently together in BC over recent years. It has been clear for a long time that the traditional approaches to children and families have not been working. On almost all measures children’s wellbeing has not improved and the Covid-19 Pandemic continues to further impact wellbeing. Compassionate Systems Leadership (CSL) is an integrated framework which aims to develop local capabilities and knowledge. CSL strengthens the capacity of individuals and groups to positively effect system change. This presentation will set the stage for our workshop as we work towards strengthening interpersonal relationships while deepening understanding of how a whole system contributes to improve child outcomes.</p> <p><b>Presented by:</b> Joanne Schroeder (HELP) &amp; Pippa Rowcliffe (Office of the Representative for Children and Youth BC)</p>
11:00-11:10	<p><b>Breathing Break</b></p>
11:10-12:00	<p><b>Panel Discussion: Aspiration for growth and change - What do we want to grow?</b>            Through a variety of trainings and experiences, a group of “CSL Practitioners” in BC have started to gather, to learn and support each other. The growing Community of Practice includes people from multiple child serving sectors including those from early years, education, child welfare, and public health. The growing network brings together people from community, schools and education, research, government and a range of public institutions.</p> <p><b>Moderator:</b> Joanne Schroeder, Human Early Learning Partnership</p> <p><b>Panelists:</b></p> <ul style="list-style-type: none"> <li>• Dr. Alison Gerlach, Assistant Professor, School of Child &amp; Youth Care, University of Victoria</li> <li>• Darcy Dennis, Early Childhood Educator, Member of Provincial Child Care Council</li> <li>• Pippa Rowcliffe, Executive Director, Monitoring, Office of the Representative for Children and Youth</li> <li>• Liza Haldane, Lisims Early Learning Partnership (LELP) Coordinator, Laxgalts’ap, BC</li> <li>• Robyn Alden &amp; Renee Morven, Regional Network Coordinators – North East &amp; North West, Family Support Institute of BC</li> </ul>
12:00-1:00	<p><b>Mid-day break</b></p>
1:00-1:10	<p><b>Introduction to breakout sessions and objectives</b></p>
1:00-1:30	<p><b>Multi-Sector Group Discussion (Facilitated Breakout Groups)</b></p>
1:30-1:50	<p><b>Coming back together</b></p>
1:50-2:00	<p><b>Breathing Break</b></p>
2:00-2:30	<p><b>Community Partnership Discussion (Facilitated Breakout Groups)</b></p>

2:30-2:50	<b>Reflections on emerging stories and re-creating shared values for moving forward to work together</b>
2:50-3:00	<b>Celebrating the Day</b>



## Appendix 2. Breakout Session Discussion Questions

### Breakout Session #1: Multi-Sector Group Discussion (1:00-1:30 pm)

1. **Round table introductions**
  - a. Ask participants to introduce themselves, where they are attending from/what traditional territory, and their role
2. **Dream with partners about what could be**
  - a. What would an ideal model of health and wellness in the early years (0-8 years) in Northern BC look like?
    - i. What could be included?
    - ii. How could services and supports be delivered?
    - iii. Who could be involved in this model?
3. **Identify what respectful and enabling partnerships look like within your community**
  - b. Describe an example of what positive partnership looks like in your community
    - i. How did you get there? How did it happen?
    - ii. If you had a time machine, what would you do the same and what would you do differently?
4. **Summarize top two things you would communicate back to the large group**

### Breakout Session# 2: Community Partnership Discussion (Facilitated Breakout Groups) (2:00-2:30 pm)

1. **Round table introductions**
  - a. Ask participants to introduce themselves, where they are attending from/what traditional territory, and their role
2. **How do you understand compassion as a platform to build community?**
3. **In what ways can we stay connected across sectors?**
  - a. Think about friendships and relationships
  - b. Learning together in networks or teams
4. **What does family centered care look like when we work in partnership?**
5. **How has COVID- 19 has taken us out of our silos and help us learn to collaborate in order to make change quickly?**
  - a. How did Covid-19 take the wind out of our sails?
  - b. Is there a way to sustain that what have we learned?
6. **Considering today's dialogue about new possibilities, what are you motivated to expand, start, or change?**
7. **Summarize top two things you would communicate back to the large group**