An Analysis of a Horizontal Public Policy Approach Involving Education: A Case Study of the Healthy Child Manitoba Policy Strategy

by

Jean-Vianney Auclair

A Thesis submitted to the Faculty of Graduate Studies of the

University of Manitoba

in partial fulfillment of the requirement for the degree of

DOCTOR OF PHILOSOPHY

Faculty of Education

University of Manitoba

Winnipeg

Abstract

Governmental institutions are now called to address social problems that have an increased level of complexity. For this reason, innovative collaborative policy approaches are being implemented to find better ways of identifying policy solutions. Insights from the scholarly literature in the field of public administration indicate that horizontal policy approaches involving the participation of multiple policy actors, in the form of networks, represent a promising approach for addressing wicked problems. The Government of Manitoba implemented in year 2000 a horizontal policy strategy, referred to as Healthy Child Manitoba, reflecting the holistic development of children. This cross-departmental policy strategy was designed to address several factors located inside and outside of schools that not only have an influence on the broad development of children but and also on their success in schools. Its main purpose was to improve the well-being of children. This research study concerns itself with the analysis of the *Healthy Child Manitoba Policy Strategy* from an educational perspective. The central question being examined in this study was to determine how the policy strategy evolved over time as an intersectoral policy strategy and what were its benefits and challenges perceived by key policy actors as it relates to the field of education. The data collection conducted for the study was based on a documentation analysis as well as on semi-structured interviews conducted with elected and non-elected public policy actors as well as with non-public policy actors. The findings of the study indicate that the policy strategy came about as a result of non-partisan actions, activities, and events that included the participation of the education system. With a well delineated government apparatus, the policy strategy provides a number of opportunities, some more effective than others, to influence policy decisions. While the policy strategy may not be fully achieving its ambitions, the findings of this study indicates that Healthy Child is well

positioned for improving and extending the effectiveness of the more conventional development and implementation of educational policies led by the Department of Education.

Keywords: poverty, wicked problems, policy networks, horizontal policymaking

Acknowledgements

The completion of this research project was possible because of the culminating effect of significant contributions made by a number of individuals.

I would like to start by expressing my most sincere gratitude to each one of the twenty-four informants who have generously accepted to participate in this study. No matter the role they played, either as educators or as members of the public service, the information and insights they shared during the interview process was priceless and critical to the quality of the analysis conducted. Without the detailed responses they provided, completing this research would simply not have been possible.

I would like to thank Leanne Boyd in particular for having literally allowed me to access her archived treasures located in the Healthy Child Manitoba Office.

I also want to thank the members of my advisory committee starting with Dr. Jon Young, the main adviser for this research project. Thank you very much Jon for your promptness and sustained support during this project. Your wise counsel throughout this ambitious task has been tremendously important to me and very much appreciated. Your comments were insightful and always informed by academic rigour. Your attention to details and constant feedback and encouragements were critical ingredients were that encouraged me to persevere. I have the highest respect for you, both as a scholar but also, perhaps more importantly, as a wonderful and caring person. Your thoughtful input made the whole process much easier to navigate. You have been a tremendous mentor.

I also want to thank the other members of the committee, Dr. Raymond Hébert, Mr. Paul Vogt, as well as Dr. John Wiens. Your critical examination of my work, your questions, and

your constructive feedback, primarily in the last writing stages of the dissertation were highly appreciated. There is no doubt in my mind that you have incited me to go beyond the ordinary.

Finally, the completion of this project has only been possible because of the inequivalent support of my family and primarily because of the support of the love of my life, Monique. Merci Monique. Merci de ta patience, de ton appui et de ton encouragement tout au long de cette aventure. Je te serai pour toujours redevable et plus que reconnaissant pour tous les sacrifices qui t'ont été imposés du début jusqu`à la fin de cette folle course contre la montre.

Alexie, Adelle, Augustin, Éloise, Élianne, Dominique, Alexandre, Yvan, Stacey, Noël, mais surtout toi Monique, je suis désolé de mes trop longues et trop fréquentes absences.

Je vous remercie de votre confiance, de votre affection mais surtout de votre amour.

Dedication

Pour toi maman, qui a su susciter en moi le désir d'apprendre et de me dépasser. Je t'en serai toujours très reconnaissant.

Table of Contents

List of Tables

List of Figures

CHAPTER ONE

INTRODUCTION

Governmental administrations throughout the world are undertaking diverse initiatives to address the increasing level of uncertainty, volatility, and unpredictability that currently characterize the policymaking process. Public institutions are now called upon to address problems and challenges that have, according to many observers, scholars and political scientists, a higher level of interrelatedness and complexity (Bourgon, 2011; Glouberman & Zimmerman, 2002; Lindquist, 2011; O'Toole, 1997). According to Savoie (2003) "policy issues no longer respect boundaries" (p. 214). For this reason, it is increasingly difficult to consider problems in isolation from one another. Accordingly, governmental institutions need to be creative and innovative in their search for new approaches and have to be responsive to today's challenges. However, as governmental policy initiatives are becoming increasingly intertwined with activities conducted by multiple external influential actors, governments are becoming more dependent on these actors to achieve their mandates (Klijn, 2008). Predominantly government-centric views of policymaking are becoming a tradition of the past. The development of networking capacities to facilitate the building of relationships across policy actors is consequently becoming critically important in a policy environment where negotiation skills, flexibility, collegiality and the ability to give and take represent increasingly important habits of mind for any policy actors. This applies to all sectors of policy activities within and without government but most certainly in the health and education sectors. Policy development approaches of the 21st century valuing the involvement and participation of multiple stakeholders to address complex social problems therefore require attention (Bourgon 2008; 2011).

The central question examined in this study is the following: *How has the Healthy Child Manitoba Policy Strategy evolved over time as an intersectoral policy strategy and what are the benefits and challenges perceived by key policy actors as it relates to the field of education.*

The introductory section of this chapter presents a description of the initiative including a brief historical perspective on the development of the *Healthy Child Manitoba Policy Strategy*.[1] This is followed by a two-dimensional statement of the problem being considered in this research. The first dimension relates to education policy and specifically to the limited impact schools have on improving student learning in the context of complex and pervasive social problems such as of poverty. The second dimension relates to the field of public administration and examines the capacity of governmental institutions to address complex problems when relying on traditional policy approaches. This is followed by the identification of the central research question considered as well as by identification of three corollary research sub-questions. An overview of research methodology used to address the research questions is provided and followed by a list of definitions of terms used in the context of this research that could potentially be open to a variety of interpretations, thus needing to be clarified. This overview of the research methodology is followed by a brief discussion and reflection on the limitations of the study. The introductory section ends with a broad overview of the dissertation.

Healthy Child Manitoba: The Context

The purpose of this section is to present relevant contextual background information about *Healthy Child Manitoba Policy Strategy*. It attempts to provide sufficient details to ensure that the reader has a basic understanding of the role and mandate of this policy strategy. It should

[1] Throughout the dissertation a variety of expressions such as *Healthy Child, Heathy Child Manitoba, the Healthy Child Manitoba Policy Strategy* are used interchangeably to improve the readability of the text. All these expressions have an equivalent meaning.

be noted that, from a scholarly perspective, the information related to Healthy Child is relatively limited. For this reason, the information provided here is largely based on the documentation found on the Healthy Child web site including the annual reports published since the implementation of the strategy as well as in a few central policy documents and reports that have been published prior to the formal creation of the Healthy Child policy approach. Several of these documents provided by the Healthy Child Manitoba Office (HCMO).

The Healthy Child Manitoba Committee of Cabinet was established by the Government of Manitoba, led by the New Democratic Party under the leadership of Premier Gary Doer in the year 2000. The committee is qualified as the only legislated Cabinet committee, throughout Canada, dedicated to the well-being of children (Bostrom, 2010). Three other committees of Cabinet were also in place, namely Treasury Board, Community and Economic Development and Aboriginal Issues (Grace, 2005). According to Cottes (2011), the establishment of this intersectoral committee was sending a clear signal regarding the importance and value attributed by the government to early childhood development. Moreover, Cottes (2011) suggested that Premier Doer was moving away from a mechanistic and conventional public administration model towards an approach designed primarily to improve the relationships between the government and its citizens. The committee was first chaired by the Minister of Family Services and Housing and had, as its mandate, to lead the development and implementation of child-centered public policy across government through the cooperation and coordination of programs and services offered to children and families (Healthy Child Manitoba [HCM[2]], 2002). The mandate of Healthy Child is described as being grounded on a policy framework that is "founded on the integration of economic justice and social justice" (HCM, 2002, p. 9). The main area of

[2] Appendix A provides a list of all the acronyms used in the dissertation.

focus of this select Committee of Cabinet is described as the healthy development of children and adolescents (prenatal to 18 years) and is considered a top-level policy priority for the provincial Government (HCM, 2006). Healthy Child has coined the following phrases to describe its mission: "to give children the best possible start in life" (HCM, 2002, p. 11); Healthy Child is a "cross-departmental prevention strategy for putting children and families first" (HCM, 2012a, p. 9). Since its inception, the Healthy Child policy strategy has focused mainly on prevention and early intervention in the four following areas: physical and emotional health, safety and security; learning success; and, social engagement and responsibility (HCM, 2002). These four goals were influenced by the National Children's Agenda, a federal, provincial and territorial agreement initially designed to develop a comprehensive strategy for improving the health and well-being of children as a follow-up to a broad consultation conducted with the Canadian public.

While the Healthy Child Committee of Cabinet was initially comprised of the Ministers of Family Services and Housing; Justice and Attorney General; Aboriginal and Northern Affairs, Education, Training and Youth the committee in place when the interviews for this research were conducted between September 2015 and December 2015 was comprised of the following nine ministers out of a Cabinet comprised of a total of nineteen ministers (including the Premier who also had ministerial responsibilities) as presented in Appendix B:

- Minister of Children and Youth Opportunities (chair of the committee when the interviews for this research was being conducted);
- Minister of Aboriginal and Northern Affairs;
- Minister of Education and Advanced Learning;

- Minister of Family Services and Minister Responsible for the Status of Women/ Minister of Housing and Community Development;
- Minister of Health;
- Minister of Healthy Living and Seniors;
- Minister of Jobs and the Economy;
- Attorney General and Minister of Justice;
- Minister of Labour and Immigration.

The representation on this committee is significant from both political and administrative perspectives and has, of course, changed over time as a consequence of Cabinet shuffles as well as changes made to the overall governmental organization and names used to identify governmental departments. For example, while the minister of Children and Youth Opportunities was the chair of the Committee of Cabinet at the time of this research, this department did not exist in year 2000 when Healthy Child was created. According to *The Healthy Child Manitoba Act* (Manitoba, 2007), the Committee of Cabinet is expected to meet at least five times each year.

The operationalization of the child-centred policy decisions developed by the Committee of Cabinet is under the responsibility of the Committee of Deputy Ministers representing all the partner departments involved in the horizontal collaborative governance model. Generally, the Committee of Deputy Ministers is expected to meet on a bi-monthly basis and to lead the development and implementation of policies and of concrete initiatives and programs (HCM, 2013a). The activities undertaken by Healthy Child Manitoba are coordinated by the HCMO, led by the Chief Executive Officer and Secretary to the Healthy Child Committee of Cabinet who is also currently the deputy minister for the Department of Children and Youth Opportunities. The organizational structure and composition of the Committee of Cabinet and of the Committee of

Deputy Ministers is presented in Appendix B. The location of the HCMO within the Department of Children and Youth Opportunities is illustrated in Appendix C.

It is important to note that, in December 2007, *The Healthy Child Manitoba Act*, C.C.S.M. c. H37 (2007) was proclaimed in legislation. This was considered an important milestone for the Government of Manitoba as it legally confirmed its long-term commitment to the well-being of children and families as illustrated by the following statement: "This statute enshrined our province's long-term, whole-of-government partnership with communities to improve outcomes from pre-birth to adulthood through prevention and early intervention, the Healthy Child Manitoba Strategy" (HCM, 2012b, p. 1). The activities of the HCMO are primarily conducted in two areas with the ultimate goal of developing a continuum of effective services and supports from conception through adolescence: (i) program development and implementation; and (ii) policy development, research and evaluation.

Although the activities conducted under the policy strategy are primarily conducted within the governmental administrative apparatus, its mission is also achieved in collaboration with community partners, mainly through an advisory committee set by *The Healthy Child Manitoba Act*.

Historical Perspective

Healthy Child Manitoba was officially created in year 2000 by former Premier Doer. However, there are good reasons to believe that the concept of an interdepartmental committee evolved over a certain period of time, prior to the election of the NDP Government in 1999. Some observers or analysts would suggest that the concept originated primarily from the publication of the report *The Health of Manitoba's Children* by Postl, Boulanger, Isaac, and the Child Health Strategy Committee (1995). This important document is also conveniently referred

to as the *Postl Report*, since its main author was Dr. Brian Postl who, at the time, was the co-chair of the 'Child Health Strategy Committee'. For simplicity purposes, this report will be referred to as the Postl Report. It would therefore be accurate to suggest that the movement towards a greater alignment of policies relating to children's health was initiated under the leadership of the government in power prior to the election in 1999 of the current NDP Government. The Postl Report, intended to provide a conceptual framework for the specific health needs of children, included several very pertinent sections that provided some insights on the origin of the conceptual idea behind the policy strategy. For example, the author stated "In May 1993, Manitoba Health prepared the document *Framework for a Vision of Healthy Child Development in Manitoba*" (Postl et al., 1995, p. iii). This illustrates how the idea of focussing on the health of children was not necessarily new when Healthy Child came to be in year 2000. More importantly, already at this early stage, the steering committee responsible for examining the health sector for children came to the following conclusion:

> Existing structural and organizational boundaries must be minimized or eliminated to allow for multisectoral approaches [...] all government departments (i.e. Health, Education and Training, Northern Affairs, Justice, Family Services, Culture, Heritage and Citizenship) must now focus on developing mandates that meet the needs of children. (Postl et al., 1995, p. 1)

Many of the issues currently being addressed by Healthy Child were already raised in the Postl Report. These included: the overlap between poverty and the health of children; the gap between the health of aboriginal children and children living in higher income groups and the involvement of youth in criminal activities. To address these complex social issues, Postl et al. (1995) indicated that "Insofar as no single department or agency can intervene in broad social

contexts, it necessitates the need for multisectoral, horizontal and seamless approaches that will require a major reorientation of how programs are developed and delivered to children" (p. 2). The Postl Report therefore has the merit of having raised the awareness of the Progressive Conservative (PC) Government, in power at the time, of the importance of developing a research capacity in the area of child development, and of the need to address the gaps in services for children and youth. This explains why, as a follow-up to the publication of this report, the PC Government in power at the time directed the then existing Manitoba Children and Youth Secretariat (CYS) to lead a cross-departmental response to carry-out the recommendations included in the report. It should be noted here that CYS was created in November 1994, therefore only one year prior to the release of the Postl Report. The goals of CYS were initially presented as follows:

> The Manitoba Government established the Children and Youth Secretariat in November 1994 with the following goals: to facilitate a coordinated and integrated system of services for children, youth and their families where the needs of children and youth cross departmental mandates and resources; to facilitate change in the current organizational culture structure and service delivery system; to develop a holistic approach of prevention, treatment, rehabilitation, safety and care for children, youth and their families. (Manitoba Children and Youth Secretariat [CYS], 1997, p. 1)

At the time of its creation in 1994, the Manitoba Children and Youth Secretariat (CYS), was considered the departmental structure responsible for providing "a mechanism to bring together both government departments and the community in developing the strategic approach" (CYS, 1997, p. 1). The work of CYS was then described as "focused on the issues faced by high

risk children and youth in Manitoba" (CYS, 1997, p. 1). This would suggest that the Secretariat can be considered as the predecessor organisation to Healthy Child Manitoba.

One of the first responsibilities given to CYS soon after the publication of the Postl Report was to develop a strategic orientation for the new horizontal governmental approach being contemplated. This orientation was defined, in 1997, in the document *Strategy Considerations for Developing Services for Children and Youth*. According to this document, this work conducted by CYS was the result of a wide consultative process that included the participation of several organisations including community groups. Moreover, as part of an information gathering process, CYS developed a program and financial summary corresponding to the work of the five initial partner departments. Based on this collection of information, intersectoral profiles of high-need children and youth were developed. This initial preparatory work was used by CYS to identify key priority areas in support of an approach favouring cross-departmental collaboration (CYS, 1997). The initial priorities identified through the consultation process were the following: "early childhood, adolescence and pregnancy, care and protection of children, high-risk children and youth, and critical health incidents" (CYS, 1997, pp. 1-2). As a follow-up to the identification of these broad priorities, a steering committee was created for each of the priority areas. Each committee had representation from members of the community, agencies representing consumers, and service and advocacy representation from key government departments. The mandate of each of the steering committees was to develop plans and recommendations in support of appropriate systemic changes. The following three factors emerged from this initial work:

> The need for a comprehensive policy framework for services delivered to children and youth by government and the community; the need to design delivery systems to focus on

> results that are beneficial to children, youth and the community and; the necessity to build upon existing successful initiatives/programs. (CYS, 1997, p. 2)

From a public administration perspective, the following rationale was provided to justify the horizontal approach being contemplated in 1997: "The needs of these children and youth often cross departmental lines because they require services from more than one department. The problems faced by children require an early and coordinated response from a number of sectors to achieve positive outcomes" (CYS, 1997, p. 1). The strategy being considered was also described as wanting to address an issue of policy fragmentation within government:

> During the last three decades, there has been substantial increase in the type and number of services for children and families. This expansion has made it more difficult for government and communities to provide services in a coordinated and efficient manner. Manitoba, like other jurisdictions recognized this growing problem, and has begun to focus on decreasing fragmentation and gaps and increasing coordination at the client and system level. (CYS, 1997, p. 1)

Within this context, the participation and engagement of members of the community was described as "enhancing social capital [...] where networks of people, extended family supports, close friends and involvement of neighborhoods bring people together to solve common childhood problems" (CYS, 1997, p. 26). It is through such a collaborative approach that government indicated at the time that "partners have successfully begun the process of producing more community ownership, responsibility and accountability" (CYS, 1997, p. 26). The CYS published a status report in 1999. Similarly, one of the expectations set as a legislative requirement of *The Healthy Child Manitoba Act*, directs the HCMO to provide every five years a report on the status of Manitoba's children. In the initial report published in 1999, the mandate of

the secretariat is described as follows: "The job of the secretariat is to provide leadership and a focus for a new partnership among government departments. This partnership led to the development of a network of programs and services to respond more effectively to the needs of children and their families" (CYS, 1999b, p. 1). The following five departments were initially considered as CYS partners: Health, Education, Training and Youth, Family Services and Housing, Justice and Attorney General, and Aboriginal and Northern Affairs (HCM, 2002).

After approximately fifteen years of existence, Healthy Child continues to develop and implement a variety of policies and programs. More recently Healthy Child has expanded its mandate to include the establishment of partnerships with the private sector as well as with philanthropic foundations. For example, the Manitoba Government, through Healthy Child, has entered into a partnership with the Winnipeg Jets True North Foundation in support of the piloting of the implementation of *Project 11*, an educational program focusing on positive mental health awareness. Healthy Child is committed to supporting this project through the evaluation of its effectiveness. The Manitoba Government, in 2013, entered into a partnership with the J. W. McConnell Foundation to set a new Early Childhood Development Innovation Fund: "In a partnership with United Way of Winnipeg, the Winnipeg Poverty Reduction Council and the business community, the fund is being seeded by a $500,000 investment from the Montreal-based McConnell Foundation, with matching funds from the Government of Manitoba" (Manitoba, 2013, p. 1).

Statement of the Problem

The statement of the problem related to this research has two distinct but interrelated dimensions examined separately. The first dimension represents an educational policy problem while the second relates to the pertinence of its corollary public administration response.

An Education Policy Problem

Policymaking related to the well-being of children is of course very relevant, for obvious reasons, to all those having a vested interest in public education and to all those engaged in the field of educational administration. Within the mandate of Healthy Child, the notion of children's well-being is interpreted broadly and beyond the formal educational role traditionally attributed to schools. Indeed, it is suggested that the Healthy Child ecological and holistic structure of intervention is responsive to how child development is affected and shaped by multiple environmental factors. Such a perspective on children's development, according to Shonkoff (2010) is useful in determining to what extent life outcomes are influenced by a dynamic interplay of factors within the individual, family, community and cultural contexts. According to Shonkoff (2010), policy interventions aiming at improving the well-being of children should be targeting a variety of contexts and at different levels of society. It is proposed that Healthy Child's strategic and holistic policy orientation is positioned and designed to address the needs of children from a variety of social contexts and perspectives. Accordingly, child development and education, through the role played by schools, need to be examined and considered within a broad ecological context as opposed to only through the limited mandate of schools. This is important to note since many strong predictors of school success are located outside of the realm of schools. Accordingly, Seashore Louis, Leithwood, Wahlstrom and Anderson (2010) make the following suggestion to policymakers: "leaders cannot view the school and the student's homes in isolation from one another; leaders need to understand how schools and homes interconnect with each other and with the world at large" (p. 48).

Education is one of the targeted areas being considered under the broad Healthy Child mandate. Indeed, the following stated mission of the Department of Education and Advanced

Learning, a partner department involved in the policy strategy, certainly intersects meaningfully with the mandate of the cross-sectoral approach supporting the well-being of children:

> To ensure that all Manitoba's students have access to an array of educational and training opportunities such that every student experiences success through relevant, engaging and high quality education and training that prepares them for lifelong learning and citizenship in a democratic, socially just and sustainable society. (Manitoba Education and Advanced Learning, 2015, p. 2)

It is well known that schools play a very important and central role in the delivery of educational programming and that the actions undertaken by these institutions can have a significant impact on improving the health of children and more broadly on child development. When examining all environmental and social factors having an effect on the education and health of children, one can come to the conclusion that schools only have a limited impact on children's learning simply because multiple external social factors, agencies, and institutions also have an effect on the development of the child. In this context, Seashore Louis et al. (2010), suggest that all the activities conducted in schools, representing all school variables, only account for 12 to 20% of the variation in student achievement across schools. This would imply that there are numerous other factors, external to the school environment, that contribute to student learning and child development and that schools do not directly control all of them. The holistic development and growth of children therefore depends on a variety of variables and on the intervention of multiples actors, including parents, families, communities, schools and private public organisations as per the proverbial *it takes a village to raise a child*. When considering the well-being of children, public policies aiming at those other variables or factors, located outside of the school walls, do therefore require attention. It is proposed that Healthy

Child can play a unique role in impacting on these other variables due to its ecological scope and consequently support and extend the role of schools towards student success.

While Healthy Child is not an initiative specifically designed to focus on education, it is assumed that its cross-departmental approach to policymaking plays an influential role in attempting to ensure that the optimal conditions and social services, in and out-of-schools are in place to support children's learning and more widely, children's well-being. This includes elements located outside of the school system such as nurturing parental care, quality housing and food security.

The social context plays a critical role in influencing the health of children and the issue of poverty certainly constitutes one on the most complex and pervasive barriers that needs consideration. It has long been recognized that children growing up in low-income families are less likely to be as successful in schools and will not be as healthy as children raised in families with higher incomes (Brownell et al., 2004, 2012). The findings of these two studies conducted by Brownell et al. (2004; 2012) in Manitoba clearly indicate that the issue of social inequities starts early in a child's development. As mentioned earlier, poverty is a critical aspect to be considered as it will often be the source of other social problems such as mental illness, addictions and violence.

Evans, Eckenrode, and Marcynyszyn (2010), assert that chaotic living conditions resulting of poverty negatively interfere with the healthy development of children. According to HCM (2012), poverty is considered to be the most fundamental health risk for adolescents. It contributes to the development of other risk factors such as obesity, injury, high risk behaviors, low self-related health and physical and mental illness. Scientists refer to the notion of *social gradient* to describe the ladder describing the relationship existing between the socioeconomic

status (SES) and outcomes, including educational outcomes (Fransoo, Ward, Wilson, Brownell, & Roos, 2005). In an interview conducted in 2011, Michael Marmot, a well known scientist in the area of social determinants of health, explains how the social gradient describes the relative inequalities existing in a population. Marmot posits that the lower children are located on the SES scale, the worse their educational outcomes are likely to be; the higher they are, the more likely they are to achieve better educational outcomes (Marmot, 2011). Silver (2014) who has studied extensively the issue of poverty in Winnipeg refers to the notion of *complex poverty* to explain how this pervasive social problem needs to be examined beyond the simple idea of lack of income. Silver (2014) suggests that *complex poverty* relates to other challenges related, for example, to inadequate housing, criminality, violence and intergenerational social exclusion.

It is argued here that the issue of poverty is one of the central factors influencing the policy orientation taken by Healthy Child; a policy approach that according to Grace (2005, p. 178) has a relatively "narrow social policy mandate" focusing primarily on issues related to social inclusion. Henley and Young (2001) suggest that that the implementation of the Healthy Child policy strategy represented a significant governmental shift from a focus on educational governance structures to policy agenda paying more attention to the well-being of children and increased support for parents. According to Koppenjan and Klijn (2004), complex problems which cut across traditional jurisdictions require a different and new approach to policymaking. Similarly, the Commission on Social Determinants of Health, chaired by Michael Marmot, stated that cross-sectoral government wide approaches with the participation of the civil society was required to address health-related concerns (World Health Organization [WHO], 2008). More precisely, the Commission added "policy coherence is crucial–this means that different

government departments' policies complement rather than contradict each other in relation to the production of health and health equity" (WHO, 2008, p. 10).

This brings us to what is considered here to be the tentative policy response to the problems described above. This policy response relates to the Healthy Child policy strategy.

Public Administration's Response

Public issues needing to be addressed by governmental institutions are becoming increasingly complex and intertwined. Traditional public administration approaches largely depending on the policy actions of single departments appear to be no longer sufficient and effective to adequately respond to an increasing level of social complexity. Indeed, policymaking processes used by governments in the past, were largely guided by linear rational-technical methodologies that included the definition of a problem, the collection of data, data analysis and the identification of potential solutions (Australian Public Service Commission [APSC], 2007; St-Pierre, Hamel, Lapointe, McQueen, & Wismar,2013). In the context of policymaking, Howlett, Ramesh and Perl (2009) suggest that these processes have traditionally been described as a series of linear stages that include agenda setting, policy formulation, adoption, implementation and evaluation. While such a linear model may have been adequate to address certain types of technical policy problems, it is now argued that these approaches, often considered too simplistic, are no longer sufficient to resolve the intricate and multifaceted problems faced by society. Cottes (2011), suggests that complex policy issues require organic, agile and responsive policy systems rather than mechanistic rigid systems where the role and functions of policymakers are often defined within traditional hierarchies. Accordingly, to adequately respond to the complexity of social problems such as poverty and inequities,

governments and other institutions can no longer be effective by using the linear policy process described above.

Complexity is not unique to the field of public administration. It is rather an issue that scientists and engineers are dealing with on a daily basis. For example, having a person land on the moon for the first time in 1969 was in itself a remarkable scientific and technological accomplishment. Successful scientific achievements are technically complex but can be sufficiently well defined to determine a number of technical solutions that can lead successful undertakings. These issues, according to Rittel and Webber (1973), are considered as 'tame' problems. Rittel and Webber (1973) are widely cited in several scholarly papers examining the notion of complexity, have introduced the concept of 'wicked' problems. Their thinking is considered central to the literature examining complex social problems. The notion of wicked problem is widely used in the literature to describe complex public policy agendas currently faced by policymakers (APSC, 2007; Blackman et al. 2006; Gordon et al. 2010; Head & Alford, 2013; Kickbush & Bucket, 2010; Roberts, 2000). To define the notion of wicked problems, Rittel and Webber (1973), initially proposed that these types of problems exhibit a unique set of properties. The APSC (2007) has developed a modified list of these properties to better reflect the policy environment of public institutions. This adapted list of properties used to define the notion of wicked problems is presented here to frame the problem pertinent to the research being considered in the context of the policy mandate of Healthy Child, as it better reflects the world of public administration. It is argued that the broad mandate of Healthy Child, along with other government initiatives, is attempting to address the highly complex social problem of poverty which can be considered in light of the following list of properties. Wicked problems: (i) are difficult to clearly define; (ii) have many interdependencies and are often multi-causal; (iii) often

lead to unforeseen consequences; (iv) are not stable; (v) have no clear solution; (vi) are socially complex; (vii) hardly ever sit conveniently within the responsibility of any one organisation; and, (viii) involve changing behavior.

There is a significant consensus in the literature indicating that wicked problems require a coordinated response by a number of governmental and non-governmental actors, through more horizontal collaborative processes as there is a growing need, for public institutions, to respond to problems having conflicting values, being multifaceted and increasingly horizontal (Kickert, Klijn & Koppenjan, 1997; Sørensen & Torfing, 2008a). Klijn (2008) suggests that the "trend towards various forms of horizontal governance will ultimately transform nations into network societies in which interdependence and horizontal relations are paramount" (p. 506). Bourgon (2011) supports this notion and suggests that achieving public results through policymaking can progressively be done through the participation of multiple actors. Accordingly, she suggests that in government, hierarchy and networks are called upon to co-exist. It is not however without challenges that this type of approach can take place. It is well known that traditionally, governments have broadly organized their policy function as well as program delivery services, including those related to the well-being of children, into distinct domains and departments, for example (health, family services, education and justice. Pollitt (2003) suggests that these organisational boundaries have over time proven to be relatively effective to define the areas of work and responsibilities of governmental employees in specific and specialized sectors. The conventional manner by which governmental institutions organize themselves, administratively and organizationally, can have a significant impact on how public services are delivered to citizens. Cottes (2011) suggest that while classic structuralist *Weberian* and *Taylorian* approaches focused primarily on hierarchical and horizontal fragmentation, differentiation and

departmentalization, contemporary approaches tend to move in the direction of cross-sectoral collaboration and coordination. It indeed argued that this vertical public administration approach based on the effectiveness of hierarchy and on the use of administrative structures, often metaphorically described as silos, has also shown multiple limitations and weaknesses (Brown & Keast, 2003). Peters (1998), for example, proposes that one of the most important problems faced by modern governments is the lack of coordination and coherence in policy and across governmental departments due to the traditional vertical focus of governmental activities. This is especially true when the problems being examined and considered transcend the well defined boundaries of a sector. Savoie (2003), when referring to the work conducted by a task force responsible for reviewing the government's policy capacity, suggests that the most significant weakness of public institutions is to respond efficiently and strategically to horizontal issues.

Poverty: A Significant Wicked Problem in the Shadow of Healthy Child Manitoba

Healthy Child Manitoba, is often depicted as one of the most innovative and collaborative public administration approaches designed by the Manitoba Government. As stated in the 2013-2014 Healthy Child Manitoba Annual Report (2014), "HCM is the only legislated Cabinet committee in Canada that is dedicated to children and youth" (p. 2). In December 2012, Healthy Child published a report taking stock of the health of Manitoba's children entitled *Healthy Child Manitoba: 2012 Report on Manitoba's Children and Youth*. According to this report, after more than ten years of interdisciplinary collaborative work, there were indications that the cross-sectoral policy strategy was having an impact on the improvement of children's health but yet, the province of Manitoba continues to face a number of significant challenges in this area (HCM, 2012b). One of the most striking, but perhaps not surprising, findings of a precursor study to the 2012 Healthy Child report conducted by the Manitoba Centre for Health Policy (Brownell et al.

2012), was that "children from lower socioeconomic areas carry the largest burden of illness, use more health care and social services, and have poorer educational outcomes compared to children with higher socioeconomic backgrounds" (p. xxx). While Healthy Child is not a policy strategy specifically designed to address the problem of inequity in society, it is argued that poverty and ensuring learning success to all students, from a macro level perspective, represent two interrelated fundamental wicked problems the horizontal and collaborative initiative needs to consider and is intended to address. It is important to note that Healthy Child is not in itself an anti-poverty strategy and neither, per se, an education-specific policy.

Attempting to implement effective policy initiatives to address the pervasive problem of poverty is not new to Manitoba. For example, the Canadian Government, in collaboration with the Province of Manitoba, introduced in Winnipeg and Dauphin (as a saturation site), from 1974 to 1979, a guaranteed annual income field experiment, also known as MINCOME. This noteworthy and relatively controversial initiative was designed, to show how reducing poverty could potentially improve health outcomes and therefore present at least a partial solution to the ever increasing costs in the health sector. Due to a number of challenges, the data collection for this project lasted only two years and limited analysis was conducted (Forget, 2011). Similarly to Healthy Child, MINCOME paid considerable attention to the social determinants of health and also examined the impact of the experiment on a few educational outcomes, namely the degree of persistence of grade 11 and grade 12 students.

It is also necessary to take into account the fact that this persistent and pervasive social problem will always be in the shadow of the public administration strategy even if the strategy aims more broadly at improving the well-being of children. It is worth noting here that Healthy Child is considered as one of the areas of intervention of the provincial "All Aboard: Manitoba's

Poverty and Social Inclusion Strategy" (Manitoba, 2012). Healthy Child is therefore playing a role and contributing to other governmental efforts and interventions implemented to address the impact of poverty but specifically designed to address the well-being of children; one of the most vulnerable sections of the population. Cottes (2011) suggests that extreme poverty and its associated challenges are one of the most pressing challenges addressed by the policy strategy.

The publication of the pan-Canadian Assessment Program results, conducted by the Council of Ministers of Education, Canada in October 2014 indicated that the students in Manitoba did not perform as well as their counterparts elsewhere in Canada in all three subject areas examined: mathematics, reading and science.[3]

These results have, of course, generated many discussions and debates in the education community in the province. For some, the Manitoba disappointing results have to be examined with great caution as they only focus on a narrow set of indicators describing educational achievement based on a limited understanding and appreciation of what the broad purpose of education really is. For others, the results provide a strong indication that there is something fundamentally wrong with the education system that requires attention. While much speculation and many interpretations of the results have been put forward by educational stakeholders and the public at large, some argue that the Manitoba results can largely be explained by poverty. Given that the results of the pan-Canadian assessment do not include any extensive analysis of contextual data, interpretation of this type is largely speculative in nature. There are, however, good reasons to believe that poverty does have an impact on student achievement and students outcomes. As a matter of fact, numerous studies have demonstrated that the socioeconomic status (SES) of a student's family represents one of the most significant predictor of success in

[3] When the pan-Canadian Assessment Program was administered in 2013 (results published in 2014), science was the primary domain assessed while reading and mathematics were the minor domains.

schools. Willms (2003), for example, suggests that children living in low SES communities whose parents have low incomes as well as low levels of education, or are unemployed or working in low-prestige situations are more likely to have behavioral problems, a slower cognitive development in the early years when compared with children living in families having a higher socioeconomic status. It is therefore imperative for anyone interested in providing equitable life opportunities to all, to examine the notion of student learning beyond the conventional role attributed to the school system simply because many factors impacting on student learning are simply not controlled, at least not directly, by the work conducted in schools. While schooling is often depicted as a powerful social equalizer, improving schools and the formal educational system is of course necessary but potentially not sufficient to ensure that all children are provided with equitable opportunities to become educated and to reach their full human potential.

As mentioned earlier, it is becoming increasingly more difficult for individual departments in a government, to address complex and multifaceted social problems in isolation. Issues related to the well-being of children require the participation of diverse actors at various levels. It is within this context that the Government of Manitoba has implemented the Healthy Child strategy, to ensure a higher level of horizontal policy coherence, eliminate duplication of efforts, facilitate greater synergy across multiple stakeholders and also to maximize the quality of the delivery of services offered for the benefit of children. From a governmental perspective, the Healthy Child strategy can be considered, to a minimum, as a partial response to a dynamic policy context having an increased level of complexity and ever changing contextual conditions. This research focuses on the Healthy Child departmental strategy that intervenes on factors that are located both inside and outside of the realm of schools to improve the well-being of children.

More specifically, Healthy Child is used as a case study seeking to uncover how this horizontal policy development strategy is being perceived by internal and external policy actors in the field of education as to how it extends and enhances the typical policy development process conducted, more in isolation, by the Department of Education.

Thesis Statement

Governments are increasingly confronted with wicked problems that are complex, fluid, and never fully solvable in their entirety. Moreover, student learning and more widely student success in schools, even when conceptualized in a variety of ways, are widely recognized to be affected and influenced by a numerous factors that lie beyond the school walls and jurisdictionally beyond the mandate of the Department of Education and of the narrowly defined K to 12 education system. Collaborative and horizontal policymaking approaches are increasingly advocated as being better suited and more conducive and effective at addressing such highly complex problems. Accordingly, horizontal policymaking represents a promising alternative to more top-down and hierarchical conventional and fragmented department-centered policy development approaches. It is argued that cross-sectoral collaborative policy processes tend to yield better results but involve a number trade-offs that require attention. While not without faults and limitations, it is expected that intersectoral policy development, as practiced in the Healthy Child Manitoba initiative provides an innovative and valuable policy model that is perceived by policy actors as contributing to the quality of educational policy developments.

Research Questions

In the previous section, two main arguments were put forward: (i) given that in-school factors account for no more than 20% of the variance in student success, education policy benefits from being embedded into a broader more ecological approach; (ii) highly complex

problems, referred to as wicked problems, call for an intersectoral approach to public administration and policy development. Based on these arguments it is relevant to examine in greater details the processes and drivers that have led to the development and implementation of the intersectoral Healthy Child policy approach as it relates to education in terms of potential challenges and benefits.

This research examines of the Healthy Child strategy as a case study favoring a more horizontal and collaborative public policymaking model. The Healthy Child strategy is analyzed to elicit how this policy approach is conducive to the identification of emergent solutions to complex and wicked problems, even if by definition, these types of problems are not necessarily solvable, and to what extent it complements and supports policy development conducted in other sectors. The case study focuses on the role and perceptions of both government and non-government actors, to determine how the strategy influences policy direction set by the province of Manitoba in support of children's well-being. Given the scope of the policy initiative and the number of governmental departments and stakeholders who have an interest in this initiative, it is considered here beneficial to narrow the focus of the study. For this reason, the research mainly relates to the K to 12 formal education system as well as to and the broader education sector, which includes other agencies beyond he Department of Education and school divisions. Both these broad areas have a vested interest in virtually all aspects related to the well-being of children.

The central question being examined by this study is the following:

How has the Healthy Child Manitoba Policy Strategy evolved over time as an intersectoral policy strategy and what are the benefits and challenges perceived by key policy actors as it relates to the field of education.

More specifically, the study addresses the following three sub-questions:

1. *What were the origins of the Healthy Child Manitoba Policy Strategy, how has this policy approach evolved over time and how has it related to the field of education?*
2. *Who are the public and non-public policy actors involved in the Healthy Child Manitoba Policy Strategy, what role do they play and how do they interact with one another?*
3. *How is the Healthy Child Manitoba Policy strategy being perceived and understood by educational policy actors in the field of education in terms of challenges and benefits?*

Overview of the Methodology

This qualitative research is designed as a case study examining a horizontal policy approach from two different problem-related perspectives: one relating to the field of education and the second one relating to the field of public administration. The data collection is based on a document analysis as well as on a number of semi-structured interviews.

The documentation review took place throughout the research project. This analysis primarily focused on publicly available documents either found on the governmental web site and at the Manitoba Legislative Library, as well as on documentation received from the HCMO. Twenty-four interviews were held in the Fall 2015 based on a number of pre-determined set of questions designed for each participating policy actor. Some of the questions were specific to some participants while others overlapped across a number of respondents to examine how the views expressed by both public (governmental) and non-public (external to government) policy actors. All participants had, in principle, some form of direct and meaningful engagement with the Healthy Child policy strategy and played a leadership role in education. The interviews were all digitally recorded and transcribed directly by the main investigator. Other interviews were

transcribed by a private contracted firm. The transcripts prepared by an external agency were carefully reviewed by the researcher to ensure a high level of accuracy.

From a data analysis perspective, the coding process began with the identification of the major themes that became apparent following multiple readings of the transcripts that led to the identification of more than 50 nodes in NVivo™ that were examined carefully to avoid any redundancies in order to prepare a narrower and more dense list of key concepts. The organisation of the data was also influenced by the narrower focus inherent to each of the three research sub-questions.

When considering the initial transcribing of each individual interview completed by both the researcher and an external private firm, the verification of the draft transcripts prepared by the external firm, the importing of the transcripts in the software package as well as the coding process for each individual transcript, it can be said that the information provided by the informants, through the interview process, was read and consulted multiple times and in multiple formats throughout the data analysis process.

Definitions

A number of terms and expressions are used throughout this dissertation and some of them deserved to be highlighted here in this introductory chapter. It should be however noted that most of these definitions are contextualized and revisited in the following chapters of the thesis. The terms and expressions are listed in alphabetical order.

Case Study

For the purpose of this research, the following definition proposed by Bogdan & Bicklen (2007) is used as a reference point: “A case study is a detailed examination of one setting, or single subject, a single depository of documents, or one particular event” (p. 59)

Cross-Departmental/Cross-Sectoral/Interdepartmental/Intersectoral/Horizontal policymaking

These terms are used interchangeably throughout the dissertation. They refer to any policy work involving the participation of more than one governmental department.

Education Sector

The expression *education sector* is used more broadly to include other agencies, beyond the Department of Education, school divisions as well as the formal education stakeholders, having a vested interest in education. The expression *early childhood education sector* is also occasionally used to refer the agencies specifically responsible for the delivery of child care services.

Education System

The expression *education system* is used several times in this dissertation. It refers to the K to 12 formal education system and involves the participation of the government, through the role played by the Department of Education, of the school divisions and of a number of stakeholder formal organizations having a vested interest in education.

Healthy Child Manitoba Policy Strategy

"Healthy Child Manitoba is the Government of Manitoba's long-term, cross-departmental strategy for putting children and families first. With its community partners, the Province of Manitoba, has developed a network of supports and strategies for children, youth and families" (HCM, n.d. a, para. 1).

Manitoba Education and Advanced Learning

Manitoba Education and Advanced Learning is the name of the provincial Government department responsible K to 12 education when the interviews for the purpose of this study were

conducted. The name of the department was changed several times during the period of time corresponding to the evolution of the of the Healthy Child policy strategy predominantly examined in this study from 1991 to 2016 (see Appendix D).

Policymaking

In the context of this research, the term *policymaking* is interpreted broadly as the non-linear, interrelated and complex series of processes generally related to agenda setting, policy formulation, decision-making, policy implementation and policy evaluation (Howlett et al., 2009).

Policy Analysis

In the context of this research, the expression 'policy analysis' is interpreted broadly as simply finding out "what governments do, why they do it, and what difference it makes" (Dye, 2002, p. 1).

Policy Networks

The notion of *policy network* is discussed extensively in Chapter Two corresponding to the literature review and conceptual framework used to inform and guide this research. The notion is predominantly examined in light of two related schools of thought. Based on this review, primarily guided by the work of Börzel (1998), the following two definitions are proposed by the main investigator:

Interest intermediation

Cluster of interdependent non-public policy actors, predominantly representing interest groups, interacting with public-policy actors to influence the policymaking process led by the government primarily through a vertical and top-down approach. The policy network,

conceptualized under the interest intermediation perspective, represents an analytical tool of the policymaking process.

Governance

Group of fairly stable autonomous public and non-public policy actors, with reciprocal and interdependent interests, mainly coordinated through non-hierarchical bargaining structures. The activities undertaken by the network are generally self-regulated towards the identification of emergent solutions to complex policy problems to complement and extend the policy process conducted by a democratically elected government.

Public and Non-public Policy Actors

In distinguishing between Public and Non-Public policy actors this study uses the former to refer to elected and non-elected members of a governmental institution having an interest and a potential or real influence on the policymaking process and the latter to actors located outside of governmental institutions having an interest and influence on the policymaking process.

Limitations

This research designed as a case study has a number of limitations that need to be taken into account. One question often raised about case study research relates to the issue of generalizability. In other words can the findings of a case study research be applied to a different but similar environment? This research does not take such a position. It rather assumes that the case study is designed primarily to develop a rich, comprehensive and in depth understanding of a certain situation, topic or phenomenon, in this case, the *Healthy Child Manitoba Policy Strategy*. It also assumes that the findings of such a case study can be used to guide and inform other similar studies attempting to gain similar understandings.

It is important to note here that, at the time of the development of this research, nine departments were involved in the horizontal policy strategy being studied. Each department involved in this strategy has its own complexities and challenges to address but more importantly its own network of internal policy actors and external stakeholders. The study examined here focuses primarily on one group of stakeholders having a relatively direct interest in the field of education. The research is, therefore, primarily conducted through an education lens representing a narrower and more delimited scope of the broad policy strategy. For this reason, the data collection and corresponding analysis only applies to a subset dimension of the policy strategy.

The overarching principle of Cabinet confidentiality, one fundamental characteristic of our democratic system, requires attention. It is assumed here that some potentially relevant information for the purpose of this research may not have been made explicit by the informants during the interview process, or that some internal documents were not made available to the researcher simply out of respect for the principle of Cabinet confidentiality.

The theoretical framework chosen to guide the development of this research relates to the notion of *policy network.* While it is suggested that this conceptual approach provides a useful and theoretically credible and effective lens to analyze the Healthy Child policy strategy, it is also possible that the use of a different theoretical framework could have generated findings and outcomes of a different nature. It is important to note that the document review completed for the purpose of this study and the interviews conducted do not necessarily ensure that all key elements related to the historical development, the interactions taking place within the policy network as well as the perceptions of the actors engaged in the network have fully been uncovered through the research process. There is indeed the possibility that some elements may have been overlooked therefore impacting on the quality of the research findings. Finally, the

quality of the findings also depends on the degree of effectiveness of the researcher to adequately interpret to capture and interpret the large amount of data collected. The quality of analysis can therefore also be affected by the researchers' own limitations and biases.

Significance of the Study

The Healthy Child policy strategy has now been in place for more than fifteen years. The researcher suggests that this study examining and analyzing the status of this policy strategy, with a focus on its influence in the field of education, is timely and that it makes a significant contribution to both the field of public administration and the field of education.

Any policymaking approaches implemented over a certain period of time by a government deserves to be analysed to determine its strengths, weaknesses and areas of potential improvement. This study uncovers elements that are indicative of the success of the policy strategy, through the identification of lessons learned and best practices as well as areas requiring attention and perhaps improvement. To the best of the researcher's knowledge, no specific research leading to any form of academic publications has been conducted with the aim of specifically analyzing the *Healthy Child Manitoba Policy Strategy*. For this reason, it could be argued that this research fills a gap. As, the research on policymaking in the context of the Manitoba provincial Government is somewhat limited, it is suggested that the publication of the findings of this study makes a pertinent and valuable contribution to this broad area of public administration but more importantly to a better understanding of a policy strategy that is unique to province of Manitoba. More specifically, it is argued that the case study being examined here is of interest to other scholars engaged in the study of issues and processes related broadly to collaborative horizontal policy approaches but also particularly in the field of education. This study will help any interested readers to develop an appreciation towards the complexity of the policymaking process and a better understanding of the role played by governmental policy

actors, but perhaps more importantly, of the role also played by external policy actors and of the influence they can have on the policy work conducted by government.

From an education perspective, there is a need to examine how the cross-sectoral Healthy Child policy strategy in its actual form adequately complements and supports the more centralized policymaking role played by the Department of Education in the achievement better learning outcomes for Manitoba children. Since it is well known that the success of children in schools depends on factors located outside and inside of the schools, the broad and effective coordination of policy activities designed to avoid any duplication of efforts in favor of greater synergy becomes critical. It is suggested here that this study provides relevant insights as to how the policymaking conducted horizontally by Healthy Child could potentially be articulated, perhaps differently, to extend the more traditional policy role played by the Department of Education. It is also proposed that the study creates an opportunity for the education sector, internal and external to government, to provide feedback to the Manitoba Government on the Healthy Child policy strategy and potentially influence its future orientation.

Finally, this research contributes to the scholarly discourse related to the complexity of wicked problems governmental institutions are facing. This case study examines how horizontal policy approaches initiated by governmental institutions can successfully favor, under some circumstances, the identification of emergent solutions to hard to solve social problems. This however does not happen without a number of considerable challenges.

Overview of the Dissertation

This introductory section, constituting the first chapter of the dissertation presented a brief description of the *Healthy Child Manitoba Policy Strategy* including a brief historical perspective on its iterative development. This was followed by the presentation of a two-dimensional statement intended to describe the problem being considered in this research. The

first dimension was set within the context of educational policy and specifically related to the limited impact schools have on improving student learning when considering complex and pervasive social problems, including the very issue of poverty. The second dimension related to the field of public administration and examined more particularly the capacity of governmental institutions to address complex problems when relying on traditional policy approaches. This was followed by the identification of the central research question to be considered as well as the identification of three corollary research sub questions followed by reflection on the significance and the limitations of the study.

The second chapter of the thesis, the review of the literature, addresses two distinct areas of focus primarily examined from the perspective of the field of public administration. The first one relates to the horizontal management of policy initiatives while the second one considers more specifically how policymaking involves the participation of government and non-government actors who interact within an environment conceptualized as a policy network. The third chapter of the thesis provides a description of the research methodology used for this study with a focus on the data collection and analysis with consideration to the ethical dimension of the research design and a discussion on the limitations of the study. The research findings are examined in the fourth, fifth and sixth chapters of the study; each chapter corresponding to one of the three research sub questions. Finally, the last chapter presents a summary of the overall research and includes a pertinent discussion on the meaning and implications of the study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Introduction

The purpose of this section of the thesis is to provide a detailed account of the literature examining how collaborative horizontal approaches to policymaking can be analyzed using the notion of *policy network* as a theoretical framework. The review takes stock of the state of the research in this area since it is proposed here that the Healthy Child policy activities take place in a *network* environment through the interactions of diverse public and non-public actors who share a common interest.

The literature review first examines the notion of horizontal policymaking with a focus on the aspirations of this type of public administration approach but also on the challenges that are inherent to cross-sectoral collaboration. This initial section is followed by a detailed examination of literature on networks which is becoming predominantly important in the field of public administration (O'Toole, 1997). This second part of the review of the literature on networks is largely framed around the two following perspectives: *interest intermediation* and *governance* (Börzel, 1998). The examination of these two perspectives is then followed by a brief discussion on a network analytical model that is used to inform this study and more specifically the synthesis of the findings of the study.

Horizontal Policymaking: The Perspective of the Public Policy Actors

Because of the complex multi-dimensional nature of the problems being considered in this research, issues related to poverty and more broadly to the well-being of children and their learning success in schools are being examined from a broad and holistic perspective. The same can be said regarding how government goes about coordinating its activities in the most effective way to address this interconnectedness. The purpose of this initial section is to examine what the

literature identifies as aspirations and challenges of higher-level horizontal policymaking structures that tend to be favoured for achieving better coordination and integration of the development of policies, programs and more effective delivery of services. There is a growing body of literature suggesting that achieving such a goal comes with a variety of benefits but also challenges that need to be taken into account.

Strictly from a rhetorical perspective, the notion of collaboration in support of policymaking has a positive connotation (Pollitt, 2003). From a political point of view, such a model can be appealing for a government simply because the notion of collaboration may sound positive and promising based intuitively on common sense. Indeed, it is most probable that not too many policymakers and public citizens would take issue with a government articulating a policy orientation favoring collaboration and partnerships. However, to be effective, any horizontal initiative needs to be considered beyond the simple rhetoric of collaboration, since it is far from being a perfect art (Huxham & Vangen, 2005). Indeed, when considering horizontal approaches to policymaking, "there is no easy solution and there is no one model that can apply to all circumstances and over time" (Savoie, 2008, p. 9).

The Ambitions of Horizontal Policymaking

While the traditional focus on vertical and hierarchical public administration, through the notion of ministerial responsibility, provides efficiency and clear lines of communication and of accountability, it is argued that such a vertical model of governance is not well equipped to address contemporary social problems that require cross portfolio action (Brown & Keast, 2003; State Services Authority [SSA], 2007). The notion of wicked problem provides a rationale and an articulated sense of direction for governments to move towards greater cross-sectoral collaboration. The public administration literature refers to a variety of models that have been used to increase horizontal collaboration, reduce fragmentation, improve the coordination of

activities and eliminate duplication of efforts (Peters, 1998). While these cross-sectoral approaches have different names and labels, such as *horizontal, holistic, integrated, collaborative, horizontal government, health in all policies* (HiAP), *joined-up government* (JUG), they all share a number of commonalities with respect to their goals and objectives (Lindquist, 2012; SSA, 2007). All these approaches, no matter the label used, address the need governmental institutions have to break the conventional departmental structure, often metaphorically referred to as silos (Savoie, 2008). One of the main goals of cross-departmental public administration models is to eliminate situations where one policy undermines another (Pollitt, 2003). The intent of horizontal policy approaches is to promote policy coherence requiring horizontally and vertically co-ordinated thought and action (Savoie, 2008). The elimination of contradictions, overlaps and tensions between different policies represents one of the potential strengths of horizontal policy models (Savoie, 2008). One other benefit identified relates to the improved flow of innovative ideas and collaboration between diverse stakeholders to produce positive synergies and smarter ways of developing policies (Pollitt, 2003).

Peters (1998) suggests that, when wanting to achieve better coordination, it is in the best interest of governments to identify a small number of priorities from a coordinated holistic perspective as opposed to be dealing with a large number of often disjointed set of priorities, bubbling-up from individual areas. Such a short list of cross-sectoral priorities is best set through political leadership where competing priorities and directions tend to be considered (Savoie, 2008). In order to achieve such a goal, the quality of relationships among members of senior government officials represents a significant factor in the implementation of any horizontal policy initiatives (Peach, 2004). Strong leadership and commitment from both politicians and senior officials located in central agencies, such as treasury board, and individual departments

are required to promote the implementation of the horizontal approaches and to progressively change the silo-based and well engrained internal culture (Peach, 2004). Similarly, Head (2008) suggests that networks of policy actors are required to build trust and confidence and that it is through strong political support that this can be achieved. Within this context, working collaboratively across sectors requires a higher level of comfort with the unknown and the capacity of tolerating a higher level ambiguity become important habits of mind to develop. The successful implementation of horizontal policy strategies therefore depends on a strong and well articulated political commitment leading to a number of targeted actions (Peach 2004; Savoie, 2008).

Several provinces in Canada have initiated interdepartmental and cross-government activities, built around the achievement of results, with the goal of improving the delivery of public services (Peach 2004). Horizontal policy approaches became a strong area of interest for governments, primarily in the late 1990s and early 2000s (Lindquist, 2012).While horizontal policy approaches have been implemented in many government sectors, it is suggested that determining the benefits of horizontal policymaking on social outcomes remains somewhat difficult (Peach, 2004). In that sense, Savoie (2008) posits that despite many efforts made by scholars, a well delineated theory on horizontal management has yet to be defined.

The Challenges of Horizontal Policymaking

In principle, the notion of working collaboratively to address complex problems appears to make sense. However, one of the challenges faced by government when wanting to implement horizontal approaches relates to the need to adapt and change the structures and processes in place to facilitate the implementation of this type of collaboration. Under these circumstances, it is important to allow sufficient time to make the necessary structural and operational changes

before expecting concrete results (Peach, 2004). Horizontal approaches involving the participation of multiple actors require time, especially in early stages of implementation. Time is indeed needed for building relationships and ultimately building trust (Hopkins, Couture, & Moore, 2001; Mandell & Keast, 2008). Mandell and Keast (2008) further caution that the time devoted to achieving this goal is often considered as 'lost time' as opposed to an investment in longer-term productivity. Hopkins et al. (2001) also contend that horizontal approaches tend to lengthen the decision making process. This represents a significant challenge given that often, partner departments will argue that there are so many issues flowing from their own areas, there is simply not enough time available to address the issues perceived as 'belonging' to other departments. This issue of time limitation can also be particularly challenging when considering the alignment of a particular policy initiative with the political election cycle.

Structural changes by themselves are important but not sufficient to achieve the goals of cross-sectoral collaboration. Horizontal policymaking also requires significant cultural, technical shifts, and perhaps more importantly, behavioral changes as suggested by one respondent interviewed by Peters (1998) when conducting his research: "Most efforts at coordination have attacked only the superficial problems of coordination without addressing the underlying issues. The 'solutions' have relied on simply manipulating structures rather than changing behaviours" (p. 2). While the traditional governmental departmental arrangement favours departmentalization, specialisation, fragmentation and division of labour horizontal collaboration requires trust building, adaptability, flexibility, risk-taking, political commitment and the capacity to compromise and to give and take (Savoie, 2008). For example, in the context of horizontal collaboration, there is a need to better align the collaborative approach with the budgetary process. This is not easily accomplished simply because, it is suggested that central

government agencies, such as Treasury Board, are not necessarily well designed to accommodate and support joint initiatives. Peters (1998) suggests that some governments have in fact been more successful than others at making strides in reforming budget processes so that they become more conducive to collaboration across and among departments. Developing a shared culture, beyond the implementation of structural changes, is considered as a more ambitious key determinant of success any initiatives conducted horizontally (Hopkins et al., 2001).

All those involved in collaborative activities therefore are called to develop a new set of skills and attitudes and need to take the broader context into consideration simply because they may only, in the past, have been exposed to a narrower and more specialized view of the policy problem to be resolved (Pollitt, 2003; Savoie, 2008). This implies that building relationships across sectors is important but here as well requires attention but also time. Moreover, Peters (1998) suggests that to be effective and successful, horizontal collaboration and coordination cannot simply be imposed but rather needs be widely owned by the policy actors involved through some type of bargaining process as opposed to through the simple imposition of a new structure. This would be critical when attempting to set a widely cohesive "organizational culture and to attempt imbue the organization with that culture" (Peters, 1998, p. 38).

Préfontaine, Ricard, Sicotte, Turcotte and Dawes (2000) propose that the success of any collaborative initiative led by public services has to evolve in a way that will allow for an iterative process that involves negotiation, decision, action and evaluation that largely take into account the evolution of the relationships among partners. In that sense, maintaining momentum throughout the duration of a joint initiative represents an important factor to maintain continuity (Hopkins et al., 2001). The quality of the relationships built tends to depend largely on behavioural responses to a number of issues such as turf protection often linked to the control

over the financial resources made available for the realisation of a specific project and more broadly on the internal politics of an organisation (Government of Hong Kong, 2009; Savoie 2008). Horizontal initiatives, under certain circumstances, may therefore appear to be less efficient on a short-term basis, especially when considering the multiplicity of views being considered through the participation of diverse actors. For example, Savoie (2003) notes that when policymaking becomes more horizontal, more policy actors are involved and for this reason it is likely that "policy development by *petits pas* will prevail" (p. 214). This Here as well, an efficiency trade-off requires attention. For this reason, Huxham and Vangen (2005) argue that collaborating is resource-consuming and should only be used as a strategy when there are strong reasons and commitment to achieve common goals. In other words, collaborative approaches need to be considered strategically and can be easier said than done. Moreover, Huxham and Vangen (2005) further suggest that to be effective, collaboration, in the context of work being conducted through the participation of multiple organizations, must actively be managed in order to counteract what they refer to as "collaboration inertia" (p. 4). Huxham and Vangen (2005) therefore propose that any collaborative enterprise, to be effective, requires some "collaborative thuggery" (p. 222). While Huxham and Vangen (2005) suggest that the term used here is somewhat extreme and provocative and should not be interpreted literally, they further state that actions, such as 'playing politics' and 'manoeuvering' behind the scene, occasionally need to be enacted by the leader to achieve a real 'collaborative advantage` and to avoid collaboration inertia.

It is proposed by Peach (2004) that, to be successful, horizontal policymaking first needs to be based on a well delineated, result-oriented, strategic framework with appropriate indicators of success and benchmarks to be used to measure the progress of the initiative. Hopkins et al.

(2001) also refer to the importance of a shared framework to reach the targeted goals and to ensure appropriate levels of accountability.

On that note, horizontal policy approaches do not imply the end of vertical government (Lindquist, 2012). Accountability, mainly through ministerial responsibility, is considered fundamental and is generally well defined and understood within governmental systems and illustrates well how the vertical dimension remains an important component of the government apparatus. In principle, ministers are accountable for the activities conducted within their departments. One of the challenges with any horizontal initiatives is that this notion becomes more difficult to interpret and needs to be examined from different angles. The increased complexity of horizontal initiatives tends in fact to blur traditional accountability lines which can negatively reduce the impact of joint initiatives often examined through department-specific evaluation processes. As suggested by Savoie (2008), "horizontality muddies accountability" (p. 4). Savoie (2003) further adds that the participation of a greater number of actors 'thickens' the policy process and for this reason information can suffer from being distorted. For this reason holding someone or even a cross-sectoral unit accountable for the policy analysis conducted and for the outcomes achieved can be challenging. This view is supported by Peters (1998) who argues that it is difficult to enforce financial accountability when, for example, funds from multiple departments are used to support the delivery of one program or the creation of one specific resource.

It is argued here that this lack of clarity can have an impact on the efficiency of the work being conducted by the various partner departments. The notion of shared accountability and transparency may be difficult to achieve. Peters (1998) suggests that one strategy available to governments to achieve horizontal coordination as well as accountability is the development of

an organisation or central or lead agency that becomes responsible for these two areas. When considering how governmental horizontal initiatives can be managed, the Peters (1998) suggests that the cross-sectoral work can be placed under the responsibility of the Cabinet as a whole or by a Cabinet committee given the specific responsibility of accomplishing this task. Peters (1998) cautions that the priorities and interests of the ministers and of the departments they are responsible for may tend to have a sustained overarching influence and may consequently limit the capacity of the members of the committee to think beyond the boundaries set by their departmental perspective. The Committee of Cabinet approach may in some cases lead to an ineffective proliferation of coordinating committees and to a work overload for an already very busy Cabinet minister (Peters, 1998). Rounce and Beaudry (2002), contend that it is critical to determine who will be responsible for speaking about the horizontal initiatives as well as who will be responsible for reporting on it. In some ways, working horizontally is described by Hopkins et al. (2001) and Rounce and Beaudry (2002) as being more an art than a science. Accordingly, finding ways to navigate between the typically well delineated vertical structure of the government and the horizontal aspirations of a certain policy approach represents a delicate balancing act.

The challenge related to accountability benefits from being interpreted broadly as it does not only refer to the management of financial resources but also to the need to ensure that projects are managed efficiently as collaborative initiatives have the potential of lacking in precision and structure around roles, responsibilities and time lines. When examining the management of a horizontal initiative, the Office of the Auditor General of Canada (2005) noted that such cross-departmental initiatives are sometimes ill-defined and lack the planning for overall performance measurement. As suggested by an informant involved in the review

conducted by Hopkins et al. (2001), a perceived lack of clarity around horizontal policy approaches involves some risks and may be open to diverse interpretations: "Working horizontally is in everybody's interest, but nobody's mandate" (p. 5).

A strong central agency mentality, tends to be well engrained in the government apparatus which can impede horizontal thinking (Savoie, 2008).This is illustrated, for example, by the well defined accountability departmental expectations set by Treasury Board. To address the type of challenges, the APSC (2007) proposes that innovative and more sophisticated structures, processes and practices are required to promote better connections and remove obstacles. The governmental structures and processes would consequently have to evolve and to adapt to line-up with a more collaborative way of conceptualizing policymaking. It is suggested that new governance arrangements are necessary to refocus accountability on the whole government as opposed to the traditional silos (APSC, 2007). The goal would therefore be to maintain sufficient levels of accountability and attempt to minimize the barriers to innovation and collaboration among multiple sectors. While Savoie (2008) concurs and indicates that horizontality raises a fundamental challenge with governance, he underscores the importance of the well established doctrine of ministerial responsibility that puts a strong focus on the individual responsibility of ministers and of their departments. Attempting to adapt this principle to horizontality may be easier said than done and implies that, to be effective, horizontal approaches must be accommodated with more flexible and innovative administrative and governance, as suggested above, but must respect and maintain the intent of the doctrine. The notion of ministerial accountability is central to the Government of Canada as well as to provincial governments. Fitzpatrick (2000) suggests that when involved in cross-departmental work, ministers have dual accountability responsibilities: the traditional vertical ministerial

responsibility and the horizontal responsibility resulting from the participation of the minister in the cross-sectoral activity. There is another dimension that according to Fitzpatrick (2000), needs to be taken into account: the citizen dimension. While it is assumed here that members of the public have an influence in the policymaking process, this does not diminish the fundamental ministerial responsibility related to accountability and to the legitimacy of the democratic political process. According to Fitzpatrick (2000), the legitimacy of the democratic political system must remain intact.

The participation of external policy actors in horizontal initiatives does require attention beyond the aspect of ministerial responsibility. Hopkins et al. (2001) suggest that when working horizontally, relying on the engagement of individuals and on the development of collective ownership with third parties is necessary to build collective buy-in. Similarly, when examining the lessons learned from horizontal government initiatives in various jurisdictions in Canada, Peach (2004) noted the following:

> The officials interviewed in all of the Canadian jurisdictions are seeing a steady increase in their bureaucracies' understanding of the complexity of the issues they are trying to address through horizontal policies and commitment to work together to develop solutions, in recognition that no one group or area of expertise is capable of solving serious, multi-faceted social issues. (p. 31)

This suggests, for example, that a government can strategically mobilize concerted action and encourage the creation of certain networks to co-address targeted complex problems that can benefit from being examined from the outside through a variety of perspectives (Hopkins et al., (2001). Peach (2004) further states:

> More importantly, though, horizontal policymaking is increasingly bringing citizens and stakeholders into the act of governing their societies through deliberative processes and fostering a new respect among government officials for the valuable role that citizens can play in policymaking. In democratic societies, this may be the most important contribution of horizontal policymaking to the quality of modern governance. (p. 31)

Hopkins et al. (2001) posit that working horizontally equates to working in networks with the participation of multiple actors that may include diverse levels of government, non-governmental organizations, community groups as well as academics. In that sense, the horizontal activities undertaken by a government take place in a complex network of organizations (Koppenjan & Klijn, 2004).

In the context of this research, the *Healthy Child Manitoba Policy Strategy*, through the actions of a number of governmental and non-governmental policy actors is considered as taking place in a network environment; i.e. a policy network. While the horizontal governmental approaches are not typically examined in the literature though a policy network lens, it is argued here that linking the two concepts is relevant and innovative. The following section of the literature review focuses primarily on the notion of policy networks.

Policy Networks

Criteria for Inclusion and Exclusion of Literature

The literature focusing on networks is abundant and, according to Borgatti and Foster (2003), has grown exponentially in recent years. For this reason, the researcher had to be very selective when determining which publications deserved to be included in this literature review. Accordingly, the literature addressing *policy networks*, *governance networks* and *interorganizational networks* was predominantly considered in the context of this research. The decision to include a paper was therefore not made lightly but only after an attentive review of its

content in order to determine its relevance with the context of this research. To narrow the research, the focus was largely maintained on research publications generally published after 1990. Conventional bibliographic methods, using a variety of electronic databases, were used to identify potential relevant publications. The cited works in the various pertinent papers consulted also significantly guided this research process. The historical examination of policy networks included some papers published earlier due to their historical and conceptual relevance.

The research and corresponding publications addressing various forms of networked public and non-public forms of collaboration related to policymaking has grown significantly in the past decades as many analysts consider that top-down policymaking is progressively being replaced with horizontal and more collaborative approaches. The initial work conducted in this area focused on the state-society relationship and showed how multiple entities and actors have some level of influence on the policymaking process typically from quite centralized policy processes led by governmental institutions (Skogstad, 2008). Over time the broad notion of policymaking was progressively reconceptualised to examine how both public and non-public actors interact to achieve common goals, often to complement and to support the role played by the state.

For Koppenjan and Klijn (2004), because of the cross-sectoral nature of the problems society is facing, there is indeed a need to work beyond the traditional boundaries of governmental institutions becomes absolutely necessary. The capacity of public and non-public institutions would therefore largely depend on the capacity of all stakeholders to collaborate. It is suggested that collaboration taking place in network arrangements may provide an adequate approach for addressing policy complexity. This section of the chapter examines how the

concept of policy network can be used effectively as a conceptual model to guide the analysis of the Healthy Child Policy Strategy.

The literature on policy networks is not easy to navigate. There is indeed a wide array of understandings and interpretations given to this notion as there are multiple approaches related to the study of networks. Discussions around terminology, taxonomies and typologies occupy a significant part of the initial scholarly literature related to concepts such as policy networks and similar terms such as policy communities. Indeed, these notions represent a significant portion of the content of the literature published before the year 2000. Debates around typology are further exacerbated by the lack of agreement generally noted when examining notions relating to networks (Howlett & Ramesh, 1995; Marsh 1998). For some analysts, terms such as network and communities fall into the catch-all category whenever any attempts are being made to describe in simple fashion social and organizational changes (Bode, 2006). Accordingly, Dowding (1995) and Blanco, Lowndes and Pratchett (2011) add that the terminology used in this field has a fairly high potential for confusion since they argue expressions such as policy networks and policy communities tend to be used interchangeably in the context of the analysis of policy systems examining the interactions amongst policy actors that may include civil, public and non public actors. Börzel (1998) proposes that some authors commonly use these terms when often only having a vague and ambiguous understanding of what they really mean and for this reason tend not to make their meaning explicit. Accordingly, certain scholars chose to bring together a few of these terms and consequently refer to generic expressions such as communities/networks simply to avoid difficulties related to taxonomies (Pal, 2010). Other scholars go as far as referring to the needless proliferation of terms of that nature that are often similar and overlapping (Howlett, 2002). Rhodes (2006) refers to a “buzzing, blooming confusion of terms” (p. 426). In contrast,

Howlett (2002) proposes that the debate on terminology does not necessarily need to focus on the development of a certain type of taxonomy but rather need to clearly clarify the purpose of the taxonomy being used and the need to accept that the terminology is neither exhaustive nor mutually exclusive. While reaching agreement on the definition of terms may appear for some as a futile exercise, others argue that rigour in the use of a clear and consistent language is a fundamental requirement to ensure a high quality debate on concepts of that nature (Jordan, 1990). According to this view, there is a need to attempt to bring clarity around the historical evolution of several terms and notions used in this context in order to better understand their pertinence to examine and critically analyze the policy process. It is indeed important to note that the notion of network is not new and that it evolved from the insights of the work conducted by a wide group of scholars.

When considering policymaking, Börzel (1998) proposes that the literature treats the notion of networks in reference to three broad approaches: (i) the notion of network is at times used as a vague and generic term, a metaphor, depicting how a number of different actors informally interact towards the achievement of a common goal; (ii) in other circumstances the notion of network is considered as a tool used to analyse how policymaking takes place with a certain focus on the interrelationships between the actors involved; (iii) others conceptualize them as an alternative form of governance beyond the conventional role attributed to governments.

Determining if the notion of policy network has any theoretical power and constitutes a 'real theory,' according to Börzel (1998) remains an area of debate in the literature. Börzel (1998) suggests that the existence of policy networks would have an influence on policy outcomes but would not necessarily determine those policy outcomes. Skogstad (2008) suggests

that the policy network needs to be considered beyond its narrow capacity to be used as an empirical analytical tool and needs to also be examined in light of its explanatory power to explain how policymaking and governing take place but more importantly why it takes place as it does. Dye (2002) further states that "the study of policy networks is driven by the belief that uncovering them will identify who makes decisions and why decisions have the content they do" (p. 1).

To facilitate the study of the evolution of policy networks, Börzel (1998) narrows the focus and proposes two alternative conceptions representing different perspectives for organizing and facilitating the examination of the historical development of the notion of policy networks: the *interest intermediation* and *governance* schools of thought. Similarly, Doberstein (2014) refers to a first wave of policy network, primarily falling under interest intermediation, later supplemented by a second generation of research on policy networks that paid more attention to new forms of governance arrangements. Börzel (1998) notes that the two different perspectives, interest intermediation and governance, need to be considered as fluid and not necessarily as mutually exclusive. This represents an important nuance since, as it will be discussed as part of this literature review, networks can at times be categorized along a continuum where the notion of fluidity is very relevant whenever attempting to group or to label them into certain categories.

On the one hand Börzel (1998) refers to the interest intermediation school as a generic notion or analytical tool/concept used primarily to study the structural relationships, interdependences and interactions among policy stakeholders and the state. On the other hand, Börzel (1998) and Skogstad (2008) proposes that the governance school conceives policy network as a tool for mobilizing political resources distributed among the public and the private

or corporate sectors. In that sense the policy network is conceptualized as a form of governance thus the use of the term ‘governance network’.

As the literature on policy networks has a certain level of complexity, distinctions across the two perspectives, interest intermediation and governance, are considered important and relevant but also useful, in practical terms, to help frame the descriptive analysis that follows and to narrow its scope. The two schools of thoughts briefly described above are used as the main organizers to frame this section of the review of the literature that is intended to determine how these two perspectives inform this study. The purpose of this discussion is therefore to determine how and where the analysis of the Healthy Child Network can be positioned in light of these the two perspectives.

Policy Networks−Interest Intermediation

According to Börzel (1998), the interest intermediation school of thought conceives the notion of policy network as a generic approach to analyze different form of relationships between the state and diverse interest groups. The interest intermediation perspective is conceptualized as an analytical model, representing a framework, focusing primarily on the structures of the network, on the behaviour of the actors involved and on the analysis of their interactions within a certain policy sector. Based on Börzel’s views, this perspective applies to the interactions taking place between interest groups and the government. In the context of this study, this dimension would be relevant, for example, to examine how the educational stakeholders organizations in Manitoba have an influence on the educational policy decisions made by the government. Similarly, Doberstein (2014) posits that this model gives significant attention to the state-society relations. This approach suggests that policymaking cannot simply be explained or analysed through the centralized actions of public policymakers. To the contrary,

policymaking is rather the result of the contributions and interactions of diverse but also interdependent policy actors. The interpretations given to the nature and intensity of interactions have evolved over time. This evolution is briefly discussed in the following paragraphs.

The intermediation-related perspective was initially informed and influenced by the pluralist and corporatist models of government-interest group relations (Marsh & Rhodes, 1992) considered as meso and macro analytical models. According to Börzel, these models were rapidly considered as having several limitations in terms of empirical relevance. Due to various criticisms, both the notions of pluralism and corporatism were progressively replaced over time with diverse terms and expressions as *subgovernments*, *iron triangles*, *issue networks* and *advocacy coalitions*. All these terms were used to describe the 'space,' interactions and roles attributed to the actors engaged in the policymaking process. Some of these notions suggested a very closed and controlled approach to policymaking, often directed by a small group of 'insiders,' while others illustrated how other actors and interest groups were also having an influence on the policy process. The definitions and descriptions given to those terms led to the elaboration of various understanding of the notion of policy networks.

Marsh and Rhodes (1992), for example used following definition of network borrowed from the initial work conducted by Benson (1982): a policy network is a "cluster or complex of organizations connected to each other by resource dependencies and distinguished from other clusters or complexes by breaks in the structure of resource dependencies" (p. 13). Rhodes (2007) has over time refined his theoretical position on policy networks and, in a more recent publication, defined policy network as "sets of formal and informal institutional linkages between governmental and other actors structured around shared interests in public policymaking and implementation" (p. 1244). It is important to note here that when defining network, Rhodes

particularly highlighted how policies represent the result of a bargaining process taking place between the members of the network.

Marsh and Rhodes (1992) treated the notion of policy network primarily as a meso level concept. This raises the need to also locate the notion of network in reference to the micro and macro levels. According to this perspective, the micro level relates to the role of interest groups and government and to their relationships, in the context of a certain policy issue. On the other hand, the macro level relates to the notion of the distribution of power in society. Policy networks, considered as a meso level concept, therefore bridges the policy analysis between the micro and macro levels. The following table summarizes and describes the various levels of analysis relating to the interest intermediation perspective as depicted by (Marsh & Rhodes, 1992). Based on this perspective, the analysis of the Healthy Child strategy would predominantly be conducted at the micro level as it primarily focuses on the interactions across various internal public policy actors and external policy actors.

Table 1

Level of Analysis of Policy Networks under the interest intermediation school of thought (Marsh & Rhodes, 1992)

Level of analysis	Descriptions
Micro level	Relates to the role of interest groups and government departments and to their relationships, in the context of a certain policy issue
Meso Level	Bridges the policy analysis between the micro and macro levels
Macro Level	Relates to the notion of the distribution of power in society

The concept of policy network can, accordingly, be depicted as a tool used to examine the relations taking place between interest groups and the government (Börzel, 1998). In this context, the policy network has a certain level of influence on the policy decisions but does not necessarily directly determine policy outcomes. Marsh and Rhodes (1992) contend that "As such

the existence of a policy network both has influence on, although it clearly does not determine, policy outcomes and reflects a relative status, or even power, of the particular interests in a broad policy area" (p. 2).

This is also reflects the position taken by Dowding (1995) suggesting that the policy network model "has proved inadequate in providing fully determined causal analysis of particular networks in structural terms" (p. 158). This position parallels the observation examined earlier, made by Savoie (2008), that a theory on horizontal management linking this policy approach to the production of certain outcomes, has yet to be defined. The model would therefore primarily be valuable tool as opposed to a theoretical model.

A number of Canadian scholars have also played a role in the terminology debate. According to Howlett (2002), the notion of policy network has become a major area of focus in public administration studied both in Canada and elsewhere in the world. Skogtad (2008) however acknowledges that European scholars have been much more influential in this area when compared with their Canadian counterparts.

Howlett (2002) challenges the assertion made by Marsh and Rhodes (1992) and Dowding (1995) discussed earlier in this chapter, indicating that the structures as well as the interactions amongst the actors involved in a network do not determine the policy processes and outcomes. Howlett (2012) posits that his research has yielded evidence indicating that subsystem structures, such as policy networks, were correlated with policy changes. This idea suggesting that the structure of the network does not have any impact on the outcomes produced by policy networks remains contested.

Summary–interest intermediation. The interest intermediation school of thought is often used as an analytical tool to examine the interactions between interest groups and the

government in the context of sectoral and sub-sectoral policymaking. Some authors propose that such an analysis shows how particular interests have an influence, as opposed to a direct impact, on policy outcomes. Accordingly, Börzel (1998), Dowding (1995) and Marsh and Rhodes (1992) propose that the analytical approach applied to networks cannot directly be considered as a theory simply because a direct relationship between the network and its outcomes has yet to be demonstrated. In that sense Börzel (1998) argues that the idea of network, under the interest intermediation perspective, remains a 'tool box' or a mere metaphor for analytical purpose. Other scholars tend to have a similar view but still consider that even as a simple metaphor, the notion has value and deserves attention. For example, Dredge (2006) states that "the concept of policy networks has become a powerful metaphor that reflects the richness of interest structures, the contestation of agenda issues, values and approaches, the uneven character of organisation and the reflexivity of business-government relationships" (p. 565). Dredge (2006) further proposes that the notion of policy networks represents a useful metaphor "imbued with meanings that serve to ignite enquiry and facilitate understanding" (p. 579). He also states that "Different people interpret networks differently and their flexibility should be viewed as an advantage in facilitating understanding of the political complexities of collaborative planning" (p. 579). Other researchers also argue that even when conceived as a metaphor, the notion of network can be of great use to describe governance structures (Dakowska 2009; Eising, 2008; Henning, 2009; Marsh & Smith, 2000).

It is proposed here that the notion of *interest intermediation* can be used as a relevant framework for examining the Healthy Child policy network, especially when examining how the actors in the network interact with one another. The relevance of the *interest intermediation*

school of thought is further discussed later in this chapter along with the *governance* perspective examined in the following section.

Policy Networks–Governance

According to Doberstein (2014), the more recent evolution of the notion of governance networks presents a relevant opportunity to link this concept to the "effectiveness of policy, efficiency of decision making and potential for policy innovation" (p. 29)**.** The following section focuses primarily on the governance school of thought.

It is important to remind the reader here that the concept of network is somewhat fluid. Accordingly, Blanco et al. (2011) propose that it should not be assumed that the notion of governance network is the outcome of the evolution of policy network as described under the interest intermediation approach. To the contrary, it is probably more accurate to consider that these two perspectives have evolved to some extent simultaneously.

The governance school of thought is based on the idea that the interactions taking place among the members of such a governance network are primarily non-hierarchical as opposed to traditional models fundamentally anchored in modes of governance that emphasize hierarchy and market. Hierarchy relates to the traditional conception of public administration and traditionally values a top-down approach and centralized view of problem solving (Peters, 1998). The market perspective emphasizes a decentralized process valuing exchange and bargaining (Peters, 1998).

Kooiman (2003) cited in Bode (2006) proposes that an approach promoting governance highlights the increasing importance of the participatory role of the 'third sector' in the policymaking process to address complex and cross-sectoral issues thus reflecting the evolution of the discourse from government to co-governance. In the context of a governance policy network, the government is no longer considered as the sole decision-making authority but rather

as one part of a larger system where many actors contribute to policy development and implementation (Pahl-Wostl, 2009). In this type of governance network, the contributions made by participants, based on their perceptions and their definition of the problem being considered, are valued and central to the governance decision-making process (Edelenbos & Klijn, 2005). According to Salamon (2002), the governance network offers the benefit of involving an array of participants in the process of resolving complex societal issues and to consequently overcome the challenge the public sector has to face related to its limited capacity and resources.

From hierarchy and markets to a complementary form of governance. The roots of the governance approach strongly relate to the power relationships existing between interest groups, private and semi-private actors, and the government (Klijn & Koppenjan, 2006; Rhodes, 2006). Börzel and Heard-Laureate (2009) suggest that in order to be considered as a form of governance, a network has to meet the following three criteria. First, public and non-public actors involved in the network are part of an informal negotiation system where they share a non-hierarchical status based on elements such as resources dependencies and norms of equality. Second, the network is based on a voluntary agreement which is collectively binding. Finally, the role of public actors is not one of authoritative decision-maker but rather one of partner and mediator between private actors. Within this context, the outcomes of the policy process are dependent on the complementary interaction of strategies, complex negotiations and games played by the various actors that largely takes place between the various policy actors, outside of a hierarchical structure and outside of the competitive regulation of markets (Börzel, 1998; Klijn & Koppenjan, 2006; Sørensen & Torfing, 2008b). This non-hierarchical coordination of activities represents a fundamental characteristic of governance networks. Accordingly, it could be argued that governance networks are designed, at least to some extent, to by-pass the

perceived limitations imposed by hierarchical control and market-driven strategies. Proponents of governance networks argue that hierarchy can be effective for addressing problems that are relatively politically and technologically simple but has strong limitations for addressing issues with a high level of complexity (Bogason & Toonen, 1998). Similarily, Sørensen and Torfing (2008a) suggest that public policy can no longer exclusively be produced by central and local governments through vertical bureaucratic processes. The non-hierarchical nature of the network suggests that its members are operationally autonomous and are not obligated to act in a certain way in response to the direction by superiors in a hierarchy. Sørensen and Torfing (2008b) add that the members of the network are interacting horizontally in a relatively self-regulating operational environment where the actors are mutually dependent.

A new type of relationship with the state. The intent of the governance network is not to replace the state but rather to change the relationship between the state and external policy actors where both levels of governance are called to play an active and complementary role in the policymaking process (Börzel, 1998). In other words, governance networks create a new intermediary space between the formal governmental institutions and the public citizens (Fisher, 2006).

The conceptualisation of the governance network represents a significant paradigm shift from the conventional state-centric perspective, where the government is considered as the single most important decision-making authority, to an approach favouring a more decentralized and shared decision-making process. Pahl-Wostl (2009) suggests that the notion of governance networks challenges this traditional government-centrist view when proposing that other institutions can play a significant role in the formulation and implementation of policies. Similarly, Savoie (2003) suggests that it is to the benefit of both politicians and career civil

servants to look outside government in order to extend the policymaking process to other actors and goes as far as suggesting that such a process may yield more creative policy solutions. Rhodes (1997), however, cautions that network governance may imply 'governing without government' which consequently suggests a 'hollowing out' role of the state and of the legitimacy of the policymaking process that would result from the activities of a governance network.

The perceived impact of governance networks on democracy is widely discussed in the literature as for some scholars and practitioners this form of governance is perceived as being undemocratic and as lacking legitimacy. Moreover, the perceived expansion of the power and role of networks can be interpreted, according to Sørensen and Torfing (2008b) both as a threat and as a benefit to representative democracy. Similarly, Börzel and Heard-Lauréote (2009) suggest that governance networks can potentially undermine the position of elected politicians as they may perceive in this approach a progressive loss of control, power, authority and legitimacy. On the one hand the Börzel and Heard-Lauréote (2009) suggest that the governance network can ensure, at least in principle, the meaningful and genuine participation of a larger number of actors in the policymaking process. On the other hand, they posit that the governance network is not always perceived as being sufficiently open since it may not, under some circumstances, provide adequate mechanisms to ensure a transparent, fair and balanced distribution of influence with respect to the decision making process. Börzel and Heard-Lauréate (2009) suggest that this problem may be compounded by the challenge of accountability. Democratic legitimacy and accountability of governance networks tend to remain important considerations raised in the literature.

In response to these types of concerns, Torfing (2007) posits that the proliferation of governance networks should not be interpreted as a threat that could potentially lead to a declining role and influence of the state. Torfing (2007) rather proposes that it is the traditional conceptualization of the role of the state that needs to evolve as a consequence of the influence of governance networks which can complement and support government. The premise here is that the state would benefit from collaborating with multiple actors and establishing strong linkages with those actors to address complex and multifaceted problems. Moreover, Koppenjan and Klijn (2004) suggest that governance networks present an opportunity for rethinking the distribution of power in society. Indeed, they propose that governance networks complement democracy when emphasizing the direct participation of external actors in the policy process.

The governance network therefore has the potential of creating some type of hybrid system between local governance and the notion of representative democracy where, based on a state-centric perspective, elected officials tend to fear a constant threat to their political primacy (Koppenjan & Klijn, 2004). It is argued by the supporters of governance networks that the two approaches can not only co-exist but can also support one another.

The role and participation of governmental elected and non-elected public actors in governance networks represents an area of debate in the literature. It is important to note that there are indeed a variety of views related to the role public actors should play in a network, especially when governance networks are being considered. Klijn and Koppenjan (2006) suggest that the role of governments could range from not being at all involved in a network to acting as a network builder where negotiations with the network participants would be required. It could certainly be argued that in the context of the Healthy Child policy strategy, the government has played a central role in building and supporting the network to favour the development of closer

relationships between policy actors. While there are a variety of opinions expressed in the literature regarding the role of the public sector in governance networks, there is also a general consensus indicating that this form of governance involves the interaction of policy actors from both the public and non-public sectors.

This interaction is often the result of the horizontal structures put in place by governments through cross-departmental collaboration (Keevers, Treleaven, & Sykes, 2008). In that sense, Considine (2005) considers that the governance networks represent a significant paradigm shift in public administration. While governance networks are described as a strategic response to complex problems, they also have limitations that must be considered. Klijn and Koppenjan (2006), suggest that the central element of the network relates to co-operation. According to them, the success or failure of the policy process used would largely depend on the achievement of co-operation . This is also a significant area of concern discussed in the first part of this chapter when considering horizontal policymaking. They also propose that the success of the network is largely dependent on the characteristics of the institutions involved, which include their resources and internal rules which limit the action of the actors as well as the strategies they use with the network. Klijn and Koppenjan (2006) mention that a barrier that may affect the performance of the network is a lack of understanding and of awareness of participants' external and mutual dependencies, conflicts of interests, interaction costs and risks. Moreover, Huxman and Vangen (2005), propose that it is to be anticipated that the memberships of complex collaborative structures, such as governance networks, will always have some level of ambiguity, especially due to the limited presence of vertical controls within non-hierarchical structures. This ambiguity can lead to various levels of confusion including members of the network being uncertain about the membership of the network as well as uncertainty about the status of the

mandate and broad mission of the collaborative process. Unexpected changes to the composition of the actors engaged in the network, difficulties related to the need to address conflicts and tension and lack of shared-leadership are also identified by Sørensen and Torfing (2008b) suggesting that the self-regulation and management of the network merits continuous attention.

Salamon (2002) identifies a number of governance challenges in the six following areas: (i) the *management challenge* due to the dispersed power distribution compounded by the number of actors involved; (ii) the ambiguity related to the *accountability challenge* within a network environment functioning horizontally and outside the traditional vertical hierarchy; (iii) the *legitimacy challenge* of the network in the context of the traditional values of democracy and of the traditional primacy functions attributed to governmental institutions; (iv) the *tool knowledge* indicating that those involved in new forms of governance require more knowledge and training to become more effective in working in an environment that is much more open and not as clearly defined; (v) the *design knowledge*, where policy actors need to identify potential policy interventions that are adapted to the specific problems being considered taking also into account the unique context in which the problem is taking place; and (vi) the *operating challenge*, indicating that policy actors need a different set of skills to bring together multiple actors where abilities bargaining and negotiations ways of doing business are replacing traditional command and control management practices.

While considered in a different but related context, many of the challenges described above by Salamon (2002) are similar to those discussed earlier in the context of horizontal policymaking.

Governance network and neo-liberalism. A number of scholars have associated governance networks to the neo-liberal agenda and to a shift in the global economies (Davies,

2012; Fuller & Geddes, 2008; Swyngedouw, 2005). For example, Davies (2012) argues that networks can be used as a tool for the advancement of neo-liberal strategies. Swyngedouw (2006) and Fuller and Geddes (2008), both suggest that a number of networks promoting social innovations are supported by various agencies favoring a more conservative policy agenda. Blanco (2015) responds to these critics and suggest that such accounts are overly reductionist and do not adequately pay sufficient attention to the highly complex relationships and dependencies existing in governance networks.

On that note, it may be tempting to link the notion of governance network with some relatively new policy approaches primarily designed to allow a more direct involvement of the private sector in the policymaking process. According to many, one of the primary social responsibilities of the business sector should be to pay taxes while the primary role of government should be to provide quality public services. Accordingly, the intrusion of the private sector in public affairs is a significant concern. For others, expanding the role of the private sector in the public services arena creates new opportunities for addressing and solving social problems. This can be achieved through the use of new policy instruments namely the *public-private partnership* and the *social impact bonds*. These two policy mechanisms are briefly examined here.

According to many, Social Impact Bonds (SIBs) represent a relatively new and innovative policy approach designed to rely on private investors and agencies located outside of the government to address social problems. The typical complex social problems targeted with SIB approach include, poverty, homelessness, unemployment, school attendance, incarceration, early childhood services and others. One premise behind the bonds is that it addresses the perception that the political and bureaucratic governmental apparatus is slow, too distant from

the 'on the ground' reality and not therefore adequately responsive to intractable problems. According to Gustasffson-Wrigth, Gardiner and Putcha (2015) "Election cycles, budgets, silos, and complex rigid government appropriation systems can all hamper government's ability to deliver" (p. 2). The bonds have, at least in theory, the advantage of focusing on outcomes as opposed to outputs, increasing effectiveness, reducing the risk for the government. Gustasffson-Wrigth et al. (2015) describe the bond's approach as "a mechanism that harnesses private capital for social services and encourages outcome achievement by making repayment contingent upon success and the achievement of results" (p. 2). The bonds are largely perceived as a policy tool to prevent 'policy failure'; a perceived predominant problem within governmental institutions. The argument behind them is that they increase the potential for return on investment.

Gustasffson-Wrigth et al. (2015) identify the key actors engaged in the establishment of a SIB: (i) a commissioner, for example the government, responsible for repaying the investors, principal and interest, only once the intended outcomes have been achieved; (ii) an investor willing to finance a project; (iii) and a service provider responsible for the delivery of services. This initial structure is often complemented by other actors playing a supporting role.

There are a variety of views on the benefits of this approach to complex problems. For some, bringing together the financial and performance management dimensions along with the entrepreneurship spirit as well as their strong focus on the achievement of predetermined outcomes represents a considerable strength (OECD, 2016). The same type of argument is made about the fact that the risks associated with the partnership is shared by both the private sector and by the commissioner, in many cases, the government. For others, SIBs are simply perceived as a strategy primarily used by the government to privatize the delivery of public services. Those opposing SIBs have a more cynical view on this issue and suggest that this fundamentally

capitalist approach is designed to create wealth on the back of those who are suffering (Kaye, 2013).

Similarly to SIBs, public-private partnerships (P3s) are established based on the premise that the private sector is more efficient at managing complex projects largely because of its technical expertise. P3s are often associated with public infrastructure initiatives and are, in the field of education, primarily used for the building schools. The partnerships are based on the idea that the public sector shares the numerous risks associated with a project with the private sector and at the same time provides a for-profit opportunity to the private sector.

According to Loxley (2010), the use of these types of policy approaches designed to improve efficiency and reduce cost of service delivery is primarily the result of the neo-liberal school of thought as well as a more accentuated conservative ideology. As governance networks do not operate within a market-driven context, linking this idea with the neo-liberal ideology needs to be approached with a great deal of caution.

Governance, management and effectiveness of the network. Provan and Kenis (2007) propose that scholars tend not to address the notion of governance *in* the network as they tend to focus more on governance *by* networks (Börzel & Heard-Lauréote, 2009) simply because any type of mechanisms of control and management imply, according to some, some sort of hierarchy. Given the considerable reduction or even absence of hierarchical control within the network, the management of the collaborative effort can pose a significant challenge. In response to this situation, Börzel (1998) and Rhodes (2007) propose that the network can create what is referred to as a ‘shadow of hierarchy’ which is intended to provide an acceptable level of operational structure to ensure an effective level of coordination.

It is important to note here that the notion of governance network is not equivalent to the idea relating to the governance *of a* network or as proposed by Provan and Kenis (2007), the governance *in* the network . The former idea conceptualizes the network as an instrument of governance that complements the role of government as discussed above. The governance function of such network may be conceived as "a functional interdependence of public and private actors in policymaking" (Börzel, 1998, p. 260). The latter rather relates more directly to the management, leadership and coordination needs of a network in the context of collaborative process involving multiple partners. This distinction is important as it can be a source of confusion when examining and analysing the literature. This section of the literature review specifically addresses the required distinctions between the governance and the management of a network not to be confused, as mentioned earlier, with the broad governance role attributed to policy networks. While considered within the unique context of governance networks, this discussion may also provide some interesting and relevant insights when analyzing the Healthy Child network.

Several scholars have examined the mechanisms of governance within networks and argue that the conditions under which the activities of the network take place, meaning its own governance, can have an impact on the outcomes and therefore on the broad effectiveness of the network (Börzel & Heard-Lauréote , 2009; Huppé, Creech, & Knoblauch, 2012; Klijn & Edelenbos, 2008; Provan & Kenis , 2007; Sørensen & Torfing, 2008b;);). Sørensen & Torfing (2008b) refer to *metagovernance* and *network management* to describe the mechanisms, technologies and tools used to regulate the self-regulation of the network.

In contrast with many scholars who are concerned with any form of hierarchical structure, Provan and Kenis (2007) argue that the work of the network will benefit from having a

well delineated mode of governance. Börzel and Heard-Lauréote (2009), also suggest that the notion of the effectiveness of the network requires attention. They propose that one of the main purposes of the network is to produce efficiently policies or actions intended to address the problems being considered. The activities of the network need therefore to be conducted in reasonable time and with reasonable cost. They argue that the efficiency of the network can also have a positive impact on the legitimacy of the network.

Provan and Kenis (2007) describe the notion of governance of the network on a continuum that provides relevant insights for examining the proposed case study for this research. For this reason, this perspective is examined here in greater detail. The various forms of governance located on this proposed continuum have a number of strengths and weaknesses that need to be considered. On one extreme side of the continuum, the network is conceived as fully governed by its members meaning collective self-governance. This model, identified as *participant-governed network* generally infers a highly decentralized form of governance where diverse members of the network interact in a fairly equal manner in a shared process of governance. In this context, the policy actors involved in the network are themselves responsible for the management of the relationships amongst the members of the network and of its internal operations. It should be noted that this type of network promoting shared governance may interact with external partners such as funders and government.

At the centre of the continuum, Provan and Kenis (2007) propose the *lead organization-governed network* where a member organization of the network is asked to manage certain key governance activities while other members of the network would be required to manage other types of activities. Provan and Kenis (2007) also suggest that in some instances, governance

responsibilities can be shared among network subsets of policy actors. A variety of governance configurations can therefore take place.

At the other end of the continuum, Provan and Kenis (2007) suggest that the network can be highly brokered where transactions occur mainly through one centralized broker considered as the lead jurisdiction responsible for ensuring the existence and survival of the network. The network is therefore externally governed by a separate entity. This model, identified as the *Network Administrative Organization* (NAO), is used as a replacement to decentralized approaches, perceived by many, as less efficient due to a lack of leadership and of direction. Accordingly activities and decision-making under this perspective benefit from being coordinated through a central agency. In that context, the governance of the network becomes much more centralized through the brokering conducted by this agency. In principle, the role of the NAO is to administer and to steer the activities and operations of the members of the network towards the achievement of a common goal. Accordingly, under this model, a unique lead administrative unit is responsible for steering the work of the network and provides a centralized leadership. In this case, the unit is not simply one of the members of the network, but rather an organisation specifically mandated to play the administrative and leadership role of the network. In this context, Provan and Kenis (2007) suggest that the unit can be a government entity or another type of non-governmental agency. The potential applicability of the Network Administrative Organization (NAO) in light of the role of the Healthy Child Manitoba Office (HCMO) will be examined later.

Summary–governance. The notion of a governance network goes beyond the intent of influencing the policymaking process, as largely described under the interest mediation school of thought. The role of governance networks is in fact conceptualized as a potentially powerful

instrument of governance having the capacity of complementing and extending policymaking role played by public institutions through the function of a democratically elected government. These networks challenge the traditional perspective that favors the primacy of government in policymaking and for this reason are considered as an alternative to the traditional top-down, hierarchical, market-controlled approaches used by governmental institutions. The notion of governmental primacy being a central concept of democracy, requires attention and certainly represents an area open for debate. In many ways, governance networks are perceived as a necessary tool addressing the limitations of existing governmental institutions. It is in fact proposed that these networks have the potential of creating and identifying emergent solutions to complex problem; a task that is difficult to achieve through the traditional governmental institutions perceived at times as working in isolation from influential and well informed outside organizations.

Governance Models

The following table is proposed as a synthesis of the key elements examined in this review largely framed around two perspectives on policy networks. The development of this table was primarily informed by the work of Börzel (1998), Sørensen and Torfing (2008b; 2017).

Table 2

Contrasting Hierarchy, Market and Governance Network (Informed by the work of Börzel [1998], Peters [1998]), Sørensen and Torfing [2008b], and Torfing and Sørensen [2017])

	Conventional forms of governance		Network governance
	Hierarchy	Market	Network (supplement hierarchy and market solutions–narrow the gap between democracy and effectiveness
Coordination	Unicentric coordination (State-focused) Coordination results from authority (Peters, 1998)	Multicentric system of competitive market regulation–infinite number of self-interested actors in a free market economy Coordination results from voluntary exchange and bargaining (Peters, 1998)	Pluricentric (Some public, semi-public and private actors based on their needs to exchange resources)
Relation between actors	Subordination between principals and agents	Independence (independent and open relationship between sellers and buyers)	Interdependence (autonomous actors interact on the basis of mutual dependencies–reliance on one another) Largely based on negotiations Self-regulation (in the shadow of hierarchy by the government.
Decisions based on	Substantial rationality that governs imperative state regulation–decisions are made by elected officials based on substantial	Procedural rationality that governs free and competitive market regulation (privatization, contracting out, commercialization)	Negotiation (cross-cutting negotiated solutions across different policy actors)

	values and constructed opinions		Impact on ideas, values and opinions but also but also on process and norms of reference
Compliance	Legal sanctions of the state	Economic sanctions (loss on the market)	Trust and obligation based on the commitment made to the network (sustained overtime by rules and norms)
Limitations (Peters, 1998)	Based on imposition from the top may generate resistance Tends to wrongly assume that the top has sufficient information to make decisions	Production of action is dependent on the bargaining process taking place within a market environment as opposed to command and control	Production of action is dependent on bargaining within the network as opposed to command and control
Preferred model	Preferred model when authority is required–well delineated decision-making process	Preferred model when standardized goods and services are required.	Developing emergent solutions to complex and wicked problems–bring multiple actors together
• Fluidity: Depending on the policy area being considered, various combinations of these approaches can be used Emergent hybrids forms of governance have to be expected It may, in some cases, be difficult to determine how the three dimensions (hierarchy, market, network) are being considered and treated Asymmetrical configuration can be expected			

Proposed Definitions for the Purpose of this Study

The notion of policy network keeps evolving and as demonstrated through this literature review is conceptualized in a variety of ways. The understanding and the interpretation of the concept remain open for debate as there is not one single clearly stated and commonly shared conceptualisation of the term network found in the literature. The two parallel schools of thought primarily considered in the second part this review of the literature, interest intermediation and

governance represent however pertinent and useful organizers to facilitate the examination of the concept of network.

While different interpretations exist, some similarities are also noted across definitions. The table included in Appendix E presents, in chronological order of date of publication, a number of definitions that have been proposed by several influential scholars. This analytical tool highlights the predominant characteristics and attributes of each of these definitions. The purpose of the table is to uncover both disparities and similarities among these multiple definitions. From the analysis of the definitions included in the table, it is suggested that Börzel (1998); Kenis and Schneider (1991) and Torfing (2007) provide the definitions that are the most comprehensive. For the purpose of this thesis, the researcher proposes the two following definitions that have been constructed in reference to the various definitions included in the table but that also have been informed by the content of this review of the literature. These two proposed definitions serve as anchor points to frame the analysis of the Healthy Child strategy. A definition is proposed in light of the two schools of thought that have been described in this section of the proposal.

Interest intermediation. Cluster of interdependent non-public policy actors, predominantly representing interest groups, interacting with public-policy actors to influence the policymaking process led by the government primarily through a vertical and top-down approach. The policy network, conceptualized under the interest intermediation perspective, represents an analytical tool of the policymaking process.

Governance. Group of fairly stable autonomous public and non-public policy actors, with reciprocal and interdependent interests, mainly coordinated through non-hierarchical bargaining structures. The activities undertaken by the network are generally self-regulated

towards the identification of emergent solutions to complex policy problems to complement and extend the policy process conducted by a democratically elected government.

The following table provides a summary of the central elements characterizing each of the two schools of thoughts previously examined. The distinctions presented in this table have to be interpreted with caution as they are not mutually exclusive and are not always specifically taken into account in the network-related literature.

Table 3

Contrasting the Interest Intermediation and Governance Schools of Thought

	Interest intermediation	Governance
Applicability	The policy network is generally considered as a generic concept examining the relations between the state and society in the context of a certain policy area	The policy network relies on a specific concept examining the relations between the state and society in the context of a certain policy area
Positioning on the notions of hierarchy and market	Does not specifically oppose the notions of hierarchy and of market	The policy network is designed to specifically provide an alternative mode of governance to hierarchy and market In other words, the network is proposed a response to the perceived limitations of market and hierarchy The policy network proposes a shift from hierarchical control to horizontal coordination and collaboration
Mode of operation	Favours vertical policymaking	Favours horizontal policymaking
Scope	The policy network is largely conceived as a tool box or an analytical tool of the policymaking process	A mechanism designed to mobilize political resources when resources are widely distributed between public and non-public actors Networks are considered as a specific class of policymaking tools with specific attributes

Unit of analysis	Focuses on the structures of the network, on the behaviour of the actors involved and on the analysis of their interactions within a certain policy sector	Considered beyond the analytical function–holistic perspective that focuses on pattern of relationships
Impact on policy outcomes	The policy network influences but does not determine policy outcomes	The policy network, examined as a whole, can produce positive outcomes (Policy networks are more than the sum of their parts–actors and relationships)
Relationship with the state	The policy network evolves within a government-centric hierarchical policy environment	The policy network reflects a change in the relationship between the state and society Reflecting the changing boundary between the state and the civil society
Impact	The policy network influences policymaking	The policy network complements the role of governmental institutions to solve complex problems

Network Analysis

While the detailed examination of the various interpretations of the concept of policy network conducted in the previous section is informative and valuable, there is a practical need, for the purpose of this research, to identify an analytical model to broadly guide the analysis of the Healthy Child policy strategy. Mandell and Keast (2008), informed by the work of others, have proposed a model considered here to relevant in accomplishing this function. It is suggested here some portions of this model can be used to guide the analysis of a network primarily based on the interest intermediation perspective but that can also potentially uncover elements and characteristics of governance networks. This model asserts that networks typically evolve through a set of stages of development.

Stages of development. Mandell and Keast (2008) posit that the development of networks is non-linear, dynamic and goes through a series of phases. They argue that the

progressive building of relationships among the members of a network represents a critical component of its growth. The development of the network, according to Sydow (2004) would be affected by the intended and non intended recursive effect of the actions and management of the network.

Mandell and Keast (2008), based on the work conducted by Sydow (2004), suggest that the evolution and growth of the network can be described using the four following phases: network formation, struggle for network stability, network routinization and network extension. It is important to note here that Sydow (2004) cautions that these four proposed stages of development must not be interpreted as an attempt to present linear process that could potentially be perceived as being too simplistic. He rather suggests that the four proposed stage takes into account the fluidity, pervasiveness and open-endedness of real networks. In the context of this study, it is relevant to examine how the network has evolved over time and where, at the time of its study, it could potentially be located from the perspective of a lifecycle in light of the following four phases proposed by Sydow (2004) referred to above.

Network formation. Networks are often put in place as a result of a perceived problem or challenge. More precisely, Mandell and Keast (2008) suggest that the networks are often formed because the status quo is not producing the intended results. Mandell and Keast (2008); Keast, Mandell, Brown and Woolcock (2004) argue that creating an effective and sustainable network necessitates time and commitment before being in a position to achieve concrete outcomes because networks are fundamentally a dynamic social structure. They also suggest that it is not unusual for a new network to be considered as a fragmented social system, especially when newly created. It is through the a progressive building of relationships but also through the change in perceptions, attitudes, values and interaction norms that a network will develop the

capacity of producing effectively concrete policy deliverables. This phase of development requires a significant investment of time and will often require adjustments to structures. One element being considered when analysing framework relates to the examination of the processes being used to control the network. These regulatory mechanisms used by the network are considered as norms that can also be used as indicators of success of the network (van Raaij, 2007). More specifically, van Raaij (2007), suggests three norms that deserve attention: network legitimacy, self-activating capacity and network climate.

To be effective, the network needs to shift initially from a fragmented social system to a cohesive network. This requires the building of relationships, trust and norms which should have an impact on the way of doing business using collaborative mechanism (Mandell & Keast, 2008).

Struggle for network stability. Mandell and Keast (2008) suggest that network stability is generally achieved when the network is successful at establishing its legitimacy and credibility especially from the perspective of external stakeholders. They suggest that this may happen, for example, through the establishment of formal linkages to well established institutions such as the government. This phase also corresponds to the need for the network to make the necessary efforts to develop the necessary skills and internal capacity to conduct the activities of the group (Mandell & Keast, 2008). This could potentially include some formal training opportunities in areas such as leadership and project management. The notion of stability also relates to the network's capacity to develop the skills of its members to ensure the operationalization of the activities undertaken by the network.

Network routinization. Routinization is described by Mandell and Keast (2008) as the stage of the network where the collaborative activities of the network are considered as a regular

way of doing business and where common norms, values and rules are integrated in the operations of the network in a seamless fashion. In this context, the network actors have acquired a certain level of experience at working together for a sustained and reasonable period of time. The network can admit new actors but its membership tends to be fairly stable (Mandell & Keast, 2008).

***Network extension*.** Based on the work of Sydow (2004), Mandell and Keast (2008) suggest that the network extension represents the stage where the network is considered as a viable arrangement. At this point, a variety of activities is conducted in synergy and is guided by a number of formal and informal rules. Mandell and Keast (2008) suggest that this stage shares some similarities with the *routinization* described above but propose that it is often when the network reaches this stage that it will start to break down. This would be largely due to the perception that a significant amount of time is required to building relationships and trust in the network. It is also at this stage that the determination of the effectiveness of the network becomes important to reiterate the value of the collaborative endeavour. Not being able to demonstrate the value of the network puts at risk its long-term viability. Mandell and Keast (2008) suggest that the viability of the network at this stage is largely dependent on the strength of the commitment made by the network participants, not only from the individual contributions made by the participants, but rather through the holistic effect of the networks. The quality and strength of the interrelationships established among the members of the network can be used as an indicator of that commitment.

It is suggested by the author of this thesis that the stages described above need to be considered as fluid and not necessarily fully cumulative. This would imply that a network could move from one stage to the other without having fully fulfilled the requirements corresponding

to one stage. Similarly, some components of the network could progress more rapidly than others. This would explain why networks vary from one another in terms of their effectiveness and when some components of the network are more effective than others. Accordingly, all networks considered as viable do not necessarily need be considered equal and as effective.

It is proposed that the model described above, with consideration for the unique characteristics of the Healthy Child network will particularly be useful to synthesize the findings corresponding to the three sub-research questions being examined.

Summary

The literature review first examined the aspirations and challenges related to horizontal policymaking structures. While such policy approaches are designed, at least in principle, to eliminate and to reduce the implementation of contradicting and conflicting policies as well as duplication of efforts, it was noted that implementing horizontal policy approaches requires strong political engagement but also a significant shift, both from a technical but also a cultural perspective. For example, it is proposed that working collaboratively across sectors, including also the participation of external stakeholders, necessitates the building of strong relationships and the development of new sets of skills and dispositions that are not necessarily in place when policy initiatives are conducted horizontally in a network environment. Moreover, several scholars have noted that the traditional governmental structures, including the budget process as well as the role traditionally given to central agencies such as Treasury Board, are not always necessarily well prepared and adapted to consider the unique nature of accountability requirements existing when multiple departments are sharing resources to achieve common goals. The literature suggested that horizontal policy approaches are more conducive to civic participation and to stakeholders involvement. For this reason, the notion of policy network was

examined extensively in light of the multiple interactions taking place within the policymaking process.

The second part of the literature review examined more specifically policymaking taking place within a network environment. Kenis and Schneider (1991, p. 32) suggest that the network concept and other related policy concepts, such as those examined in this section of the thesis are to some extent 'variations of a basic theme' suggesting that the policymaking process cannot be rationalized by the simple contributions of one or two single actors but rather through the complex interplay of multiple public and non-public actors. While the examination of the concept of policy network conducted in this literature review was primarily framed around two distinct perspectives: interest intermediation and governance, the notion of policy network remains significantly fluid. Under the interest intermediation, the network is largely considered as an analytical tool to describe the policymaking process, predominantly led by the government, taking place through the interaction of public and non-public actors. On the other hand, the policy network, considered under the governance school of thought, presents a much more ambitious proposition suggesting a new type of relationship with the state. This governance model is considered by some scholars as an ideal type and as the emerging governance model for the twenty-first century (Considine, 2005; Keevers et al., 2008). Finally, an adaptation of a network analytical model proposed by Mandell and Keast (2008) was introduced. This model asserts that development of networks typically evolved through a number of stages. This model will be used as a tool to synthesize the findings of the study corresponding to the three research questions.

Positioning of Healthy Child Manitoba in a Network Perspective

While the review of the literature attempted to widely cover the most pertinent scholarly work susceptible to inform this study, it is argued that the Healthy Child cannot neatly be located

within one specific network model. The Healthy Child Manitoba policy network has two dimensions that need to be taken into account. The first one relates to the role played by the state elected and non-elected public officials. The second one relates to the policy actors and partner organisations located outside of the government. It is argued that the Healthy Child network, with its legislated foundation favouring the horizontal collaboration of a select group of ministers and of deputy ministers, can be considered as a policy network. It is proposed that the horizontal policy approach put forward through this network still has a significant vertical focus that may not translate easily into strong and well articulated horizontal collaboration at the level of the public service and outside of the traditional governmental boundaries. It is also proposed that the network of policy actors located outside of the public service can play an influential role on the policy decision-making process led by the government through the horizontal policy approach.

It is expected that given the nature of the Healthy Child existing policy configuration, the analysis based on the network theoretical framework primarily relates to the interest intermediation school of thought. It is also expected that some of the activities conducted by Healthy Child, in collaboration with other partner organizations, may be better explained and analyzed through the governance perspective. The data analysis conducted as part of this study identifies opportunities for use of the latter paradigm where innovative, less traditional and collaborative approaches could be considered in order to illustrate how such approaches could potentially help identify emergent solutions to wicked policy challenges related to the well-being of children.

The author of this thesis posits that Healthy Child Manitoba, qualified as a cross-sectoral and horizontal approach to policymaking, is structured within a fairly conventional hierarchical and vertical strategy led by a group of Cabinet ministers. It is therefore suggested that the

Healthy Child strategy benefits from being examined from both horizontal and vertical perspectives.

The Vertical Perspective

Vertically, the policy strategy is primarily led from the top by a group of Cabinet ministers. The deputy ministers of each participating departments and more importantly, the Chief Executive Officer of the HCMO and Secretary to the Healthy Child Manitoba Committee of Cabinet, are responsible for operationalizing a policy agenda set by the group of ministers. In that sense, it could be argued that Healthy Child is largely designed as a top-down government centric strategy.

The Horizontal Perspective

While the HCMO is part of the vertical bureaucratic structure of the government and many of its activities are conducted under a hierarchical influence, the organisation also has a horizontal and cross-sectoral mandate given the involvement of several ministers. Based on the Provan and Kenis (2007) framework, the HCMO can potentially be conceptualized as a Network Administrative Organization (NAO) for the network being studied in this research. Accordingly, the NAO represents a distinct entity responsible for operating and for coordinating and sustaining the activities of the network. In the case of Healthy Child, the organization playing the role of the NAO, the Office, is a governmental entity that can act as a program holder, a facilitator and as a broker. In that sense Healthy Child has a high level of legitimacy as it is well anchored in the government machinery under leadership of a democratically elected government.

In the case of Healthy Child, the notion of horizontal collaboration needs to be considered at two different levels: internally through the joint interactions of the various governmental departments and externally through the interactions taking place with stakeholders who are considered in the context of this study as an influential group of policy actors. The

legislation adopted in 2007 does bind the public policy actors towards collaborative work with outside policy actors represented by the Healthy Child Advisory Committee set as a legislative requirement.

The governmental departments engaged in the Healthy Child strategy therefore participate horizontally in a number of activities, in collaboration with other external organizations that are not directly acting under the influence of the Committee of Cabinet ministers. For this reason, it is pertinent here to determine to what extent and how the Healthy Child strategy relies on community engagement and on the input of external partners to both develop and implement policies. It is also important to determine to what extent the operational practices used by Healthy Child encourage the participation of local communities in the identification of local policy solutions that are responsive to local needs. While it is apparent that activities conducted by Healthy Child are guided through the input of the members of its Advisory Committee, as set in the legislation, there is a need to explore how stakeholders external to government can have an influence on policymaking. One of the key issues here is to determine to what extent the policy actions undertaken by Healthy Child are largely designed from a top-down perspective or a bottom-up and horizontal approaches favouring more meaningful and direct community involvement and collaboration across the governmental.

The two Healthy Child perspectives considered here, vertical and horizontal, provides a strong justification for the consideration of the two network schools of thoughts, interest intermediation and governance, where the first one tends to examine the policymaking process predominantly taking place with a vertical policymaking process controlled by the state while the second one pays more attention to the horizontal exchange and collaboration outside the traditional vertical and hierarchical model.

CHAPTER THREE

METHODOLOGY

Introduction

The purpose of this research is to determine how the *Healthy Child Manitoba Policy Strategy* has evolved over time as an intersectoral policy strategy and what are the benefits and challenges perceived by key policy actors as it relates to the field of education. This chapter describes the research methodology used to collect, analyse and synthesize the findings of the research used to answer the identified research questions which set the main orientation of the study.

A Qualitative Perspective in Support of a Case Study

Both qualitative and quantitative methodologies used within the context of political science and educational administration represent credible research approaches (Mahoney & Goertz, 2006). Attempting to compare the two approaches always represent a somewhat sensitive matter since, as proposed by Mahoney and Goertz (2006), there are strong and well established traditions, cultures, values and norms in both camps. While, according to Bogdan and Biklen (2007), there are a variety of views and perspectives related to the comparison of these two research methodologies, there is a fairly broad consensus on the notion that the methodology to be used for a research project largely depends on the purpose of the study being conducted.

Qualitative research is intentionally more subjective and relies largely on the context and on the relationships among the actors being studied to uncover "what the social world is made of and how it operates" (Bennett & Elman, 2006, p. 455). This research methodology is particularly relevant when there is a need to explore and to construct a detailed and comprehensive understanding and appreciation of a certain issue (Creswell, 2013).

In the context of network analysis, research in this area can either be qualitative or quantitative in nature (Börzel & Heard-Lauréate, 2009). Quantitative research tends to focus on social structure analysis (Börzel & Heard-Lauréate, 2009). In this context, the research pays attention to the relations taking place amongst policy actors and examines particularly cohesion, equivalence of structure as well as spatial configurations based on mathematical models. On the other hand, qualitative research is more oriented towards the processes used within the network, including the examination of the interactions taking place between the policy actors involved. This type of research methodology therefore pays more attention to the content and discourse analysis related to these interactions (Börzel, 1998; Börzel & Heard-Lauréote, 2009).

The qualitative research conducted here takes the shape of a case study related to a horizontal policymaking approach largely from the perspective of the fields of education administration and of public administration. For the purpose of this research, the following definition proposed by Bogdan & Bicklen (2007) is used as a reference point: "A case study is a detailed examination of one setting, or single subject, a single depository of documents, or one particular event" (p. 59). Creswell (2013) asserts that the case study research approach allows the researcher to conduct a comprehensive description and analysis of a real-life system over a certain period of time through an in depth data collection and analysis from the use of multiple sources of information. This strategy is relevant and appropriate for the qualitative research methodology, the case study, representing a pathway leading to an in-depth understanding of the horizontal policymaking processes being studied (Creswell, 2013).

The technical processes related to qualitative research tend to largely be inductive. This implies that the purpose of this type of research methodology is not to support or to reject a pre-identified hypothesis but rather to construct meaning as a consequence of the analysis of the data

collected from a bottom-up perspective (Bogdan & Bicklen, 2007). For this reason, the initial research design conceptualized for this study was first considered, to a certain degree, as tentative. Accordingly, the preliminary research design was considered as flexible as it was anticipated that it would continue to evolve during the course of the study. For example, reformulation and refinement over time of the research questions to be used was considered as possible as this process was to be significantly influenced by the document analysis to be completed and through the conducting of semi-structured interviews. On that note, Bogdan and Biklen (2007) go as far as suggesting that in fact, in a best case scenario, any qualitative research proposal should only be written once some preliminary data collection and analysis has been conducted.

In the context of qualitative research, Bogdan and Biklen (2007) contend that "research questions are not framed by operationalizing variables, rather they are formulated to investigate topics in all their complexity, in context" (p. 2). Accordingly, as stated in the introductory chapter, the following research questions was used to frame the case study:

How has the Healthy Child Manitoba Policy Strategy evolved over time as an intersectoral policy strategy and what are the benefits and challenges perceived by key policy actors as it relates to the field of education.

More specifically, the study addressed the following three sub-questions:

1. What were the origins of the of the Healthy Child Manitoba Policy Strategy, how has this policy approach evolved over time and how has it related to the field of education?
2. Who are the public and non-public policy actors involved in the Healthy Child Manitoba Policy Strategy, what role do they play and how do they interact with one another?

3. How is the Healthy Child Manitoba Policy Strategy being perceived and understood by educational policy actors in the field of education it terms of challenges and benefits?

The Issue of Generalizability

Bennett and Elman (2006) contend that the case study research methodology, considered as an observational method in the social sciences, has some limitations especially in light of the notion of generalizability. Accordingly, it is suggested that the case study methodology has strengths but also limitations that have to be taken into account but that can also be contested and open for debate. For example, while the limitation associated to generalizability is often underscored in various sources of research methodologies in the social sciences, Flyvbjerg (2006) posits that this conventional and widely spread view tends to be oversimplified and can be misleading. He therefore argues that the case study method remains a necessary and pertinent approach, when compared with other methodologies. Glesnee and Peshkin (1992) cited in Creswell (2013) posit that the term generalizability has little meaning in the context of most qualitative studies. Bogdan and Biklen (2007) have a different but complementary perspective on this debate which is pertinent to the context of this research. They suggest that the main responsibility of qualitative researchers is not to determine if the findings of a particular study taking place in a certain context will be applicable to other similar settings. According to the Bogdan and Biklen (2007), their role is rather to provide a rich and in depth description of a certain setting which may allow deriving broad interpretations of social processes that may be applicable to other contexts. This implies that the findings resulting from the analysis of the Healthy Child horizontal policy strategy will not necessarily be applicable to other similar situations. The findings could however provide relevant insights that could inform the conducting of similar studies in other contexts. As proposed by Creswell (2013), the purpose of the case study is not to attempt to generalize beyond the case being studied but rather to develop

a deep understanding and appreciation of the complexity of the case being studied. Similarly, Guion, Flowers, Diehl and McDonald (2011) contend that case studies are designed to obtain deep understanding of how a certain social setting operates and functions. The strength of the case study is indeed to focus on the richness of the data generated as opposed to its inherent capacity to yield generalizability (Lichtman, 2006).

Collection and Data Sources

The data collection for this research was conducted through document analysis and semi-structured interviews taking place in various sites with diverse individuals; public and non-public policy actors. This approach focusing on multiple individuals has the advantage of highlighting various perspectives on the issues being examined (Cresswell, 2013).

Document Analysis

Document analysis is one of the data collection mechanisms used for this research. This data collection process was used throughout the research project, but started prior to initiating the interviews, as it was expected that the initial review of documents would have some influence on the nature of the questions developed for the purpose of the interviews; the other data collection process used in this study. The document analysis was intended to inform the research both from a content and a contextual perspectives. One primary functions of this approach was to triangulate the data collected through the interviews with the pertinent data found in the documentation being examined. As suggested by Bowen (2009), the document analysis represents an effective method to validate findings and to corroborate research evidence. On that note, as part of the interview process, the informants were also invited to provide documentation to the researcher, particularly when the informants referred to certain documents linked to some

specific points of interest raised during the interview. Some document analysis was therefore done as a parallel process to the conducting of the interviews.

Primary and secondary sources were consulted to examine the evolution of the Healthy Child strategy over time. In the context of historical research, *primary sources* provide a written or oral description of an event obtained directly from a witness who took part of the event being studied (Berg, 2001). Primary sources may include documents such as the minutes of a meeting, memos and diary entries (Berg, 2001). *Secondary sources* represent, according to Stapleton (1975), "an account or record of an event or circumstances one or more steps removed from an original repository" (p. 65). The documentation analysis primarily focused on documents available in the public domain (eg., government documents available on governmental web site; documents found at the legislative library) as well as on a number of documents graciously obtained from the Healthy Child Manitoba Office (HCMO). The documents consulted included meeting minutes, provincial reports, annual reports, specific policy and program-related documents, budget-related documents, evaluation reports, statutes and regulations, *Hansard*, news releases published by the Government of Manitoba including Healthy Child Manitoba and by any other relevant departments as well as media accounts such as newspaper articles.

Semi-Structured Interviews

According to Bogdan and Biklen (2007), he purpose of the interviews largely relates to the need to "gather descriptive data in the subject's own words so that the researcher can develop insights on how subjects interpret some piece of the world" (p. 103). The level of structure given to the interviews utilized for qualitative research purpose can vary significantly. Some researchers will opt for a minimal level of structure through the use of only a few open-ended questions based on loosely defined interview guidelines as opposed to well delineated

questionnaires. For researchers choosing to use this methodology, this approach will provide more flexibility to the respondent who can freely frame the response to be provided according to their own interpretation of the reality they are invited to describe. Bogdan and Biklen (2007) suggest that "even when an interview guide is employed, qualitative interviews offer the interviewee considerable latitude to pursue an array of topics and offer the subject a chance to shape the content of the interview" (p. 104). They further add, "when the interviewer controls the content too rigidly, when the subject cannot tell his or her story personally, in his or her own words, the interviews falls out of the qualitative range" (p. 104). The level of structure given to an interview may therefore be conceptualized as a continuum ranging from loosely defined guidelines to structured narrow sets of questions. Determining what level of structure to give to an interview consequently represents an area of debate where advantages and disadvantages can be highlighted. For example, Bogdan and Biklen (2007) contend that semi-structured interviews will facilitate the gathering of comparable data from one participant to another but will also limit the capacity of the researcher to elucidate the personal conceptualizations of the informant with respect to issues being examined. While the consistency related to the use of a common set of questions among participants may provide a higher level of confidence related to the notion of reliability, Bogdan and Biklen (2007) argue that researchers conducting qualitative studies focus rather on the accuracy and comprehensiveness of the data collected as opposed to notion of 'reliability'. For this reason Bogdan and Biklen (2007) posit that "qualitative researchers tend to view reliability as a fit between what they record as data and what actually occurs in the setting under study, rather than the literal consistency across different observations" (p. 40). The choice related to the level of structure given to the interview represents therefore a research design compromise that needs to be taken into consideration. While developing standardized interview

procedures may be tempting, Bogdan and Biklen (2007) caution that such an approach will not necessarily yield more valid answers simply because the wording chosen for the questions will most certainly evoke different meanings and interpretations for the respondents.

For this study, a semi-structured interview format was used to capture interviewees' experiences and perspectives on the Healthy Child strategy as it provided a balance between the need for some structure, some level of congruence but also adequate freedom and flexibility, especially from both the perspective of the respondent but also from the perspective of the researcher. Also, as suggested by Aberback and Rockman (2002), the semi-structured format has some conversational qualities that were beneficial to the type of open-ended questions this study needed to focus on. Diverse participants were invited to take part in the interview process. This approach related to what some researchers refer to as *purposeful sampling* where particular subjects are selected because of the potential they represent for providing rich information on the issues being examined (Bogdan & Biklen, 2007; Patton, 2002). A list of open-ended questions was designed to appropriately address the research question identified earlier.

All interviews were conducted between September 2015 and December 2015. Based on a number of pre-determined questions, the interviews were digitally recorded and transcribed by the researcher in some cases and by a private contracted firm in others. Private transcribers were asked to sign a confidentiality form (see Appendix F). When contracted out, the draft transcripts were reviewed carefully by the researcher for accuracy before being shared with the interviewees for a final verification. All interviews were recorded and all corresponding written transcripts were prepared for review and approval by the participants. Written transcripts were sent either electronically or in paper format to the participants. Participants had the option to provide their feedback and suggested changes in either one of these two formats. When responding

electronically, respondents were invited to highlight their proposed changes. The respondents preferring to use a hard copy were invited to write directly their proposed changes on the paper copy. The researcher provided a reasonable timeline for responding and included a note indicating that, if no changes were required by a certain date, the researcher would assume that the transcript was acceptable as submitted to the respondent.

Several sets of questionnaires were specifically developed to examine the perspectives of the following policy actors located inside and outside of the government. The list of research participants interviewed for the purpose of the study is presented in Appendix G. The questionnaires used for the semi-structured interviews are presented in Appendix H. The list of respondents is as follows.

Policy actors external to government.

- Former chairs of the Healthy Child Manitoba Advisory Committee
- Former director of Student Services in the former St. Boniface School Division (retired) and community activist
- Former early years coordinator in the River East Transcona School Division (retired)
- Representatives from the education stakeholders[4] groups:
- The Manitoba Association of Parent Councils (MAPC)

  The Manitoba Association of School Business Officials (MASBO)

  The Manitoba Association of School Superintendents (MASS)

  The Manitoba School Boards Association (MSBA)

[4] While the term *stakeholder* may be used to identify broadly all those having a vested interest in a certain topic, including the public at large, it is used here with a narrower sense, to identify a number formal and structured organizations called to interact more directly within the policy strategy being examined. This does not imply that other stakeholders, namely the *ordinary citizens*, do not also have a legitimate and critical stake into the work conducted by Healthy Child Manitoba.

The Manitoba Teachers' Society (MTS)

The Student Services Administrators Association of Manitoba (SSAAM)

- Representative from the Manitoba Centre for Health Policy (MCHP)
- Executive Director of the Manitoba Child Care Association (MCCA)

Policy actors internal to government.

- Elected officials (ministers) Minister responsible for Healthy Child (Department of Children, Youth and Opportunities) and the Minister of Education and Advanced Learning) including the first chair of the Committee of Cabinet (Family Services and Housing).
- Secretary to Healthy Child Committee of Cabinet, Chief Executive Officer, HCMO, and Deputy Minister of Children and Youth Opportunities
- Staff from the HCMO
- Deputy Minister of Education and Advanced Learning
- Staff from the Department of Education and Advanced Learning
    - Assistant deputy minister, School Programs Division
    - Director of Student Support Services, School Programs Division
    - Coordinator of the Early Childhood Unit, School Programs Division
    - Director of the Aboriginal Education Directorate

For the purpose of the semi-structured interviews, it was assumed that all participants had, in principle, some form of direct and meaningful engagement with the Healthy Child policy strategy. The contact information for the interview participants was obtained from publically available web sites. For example, the e-mail addresses of all governmental employees were easily obtained from respective departmental web sites. The e-mail addresses of all participants

from stakeholder organizations were also easily accessible on the respective organizational web sites. Individuals not directly affiliated to a formal organization were contacted directly by telephone to obtain an e-mail address. Potential participants without a publically available e-mail address were first contacted by telephone found in either a *white pages* telephone book or on a related public web site. The following telephone script was used when contacting potential participants:

Hello (name of the person being contacted).

My name is Jean-Vianney Auclair and I am doctoral student at University of Manitoba.

I am conducting a research on the 'Healthy Child Manitoba Policy Strategy' and have very good reasons to believe that you would be an excellent candidate to interview for the purpose of this study.

Do you have an e-mail address I could use to send you an invitation letter to take part of this study? The letter will provide you with all pertinent details regarding your potential participation.

Only participants considered as having meaningfully been engaged in past activities related to the Healthy Child strategy and playing a leadership role in the field of education were invited to take part in the interviews. This allowed the researcher to assume that the interviewees would have a certain level of understanding and appreciation of the Healthy Child strategy. All participants from government were selected directly by the researcher given his comprehensive understanding of their roles and responsibilities with the HCMO and with the department of Education and Advanced Learning (EAL). With respect to the educational partner organizations, the executive director of each of these organisations, when applicable, was invited to identify a potential participant. The executive directors could themselves elect to participate in the

interview. Members of the Advisory Committee, community activists, participants involved in program and policy development as well as representatives having direct working experience with the Parent-Child coalition sector were identified.

Based on the results of the initial interviews conducted, one respondent was added throughout the data collection process (snowballing). In the case where an interviewee (person A) suggested that another informant (person B) be approached, *person A* was invited to contact *person B*, on behalf of the researcher to inform him or her of their interest in obtaining more information about their potential participation in the study. The researcher therefore talked to *person B* only when contacted by *person A.* In total, twenty-four (24) interviews were conducted.

The interview guides developed were somewhat distinct for each of the targeted groups and individuals but also overlapped to see how the perspectives of each of the targeted respondents were to be similar or different on certain issues. The questionnaires were developed to ensure that the information provided by the interviewees would complement the review of the documentation in order to adequately address the three research sub-questions. This permitted, for example, a comparison of views and perceptions expressed by internal and external stakeholders to government regarding the perceived strengths and weaknesses of the cross-sectoral approach and also to highlight similarities and differences of perception amongst members of a same organisation. While all questions were stated in a relatively consistent and systematic order, the interviewer allowed any pertinent digression, in accordance with the purpose of semi-structured interviews, to go beyond the scope and intent of the original question prepared. As suggested by Bogdan and Biklen (2007), “the researcher has to be captive to the larger goal of the interview [...]. The researcher must always be prepared to let go of the plan and to jump on the opportunities the interview situation presents” (p. 106). Depending on the

responses provided by the person being interviewed, some modifications were made to the questions during the interviews, to ensure that they were well understood and appropriately interpreted. The questionnaires were therefore, at least to some extent, considered as interview guides where probes were developed prior to the interviews and used by the researcher to examine more deeply some elements considered particularly pertinent and relevant. These probes were also used to examine more deeply or to perhaps better understand or uncover biases that could be present in the opinions being expressed. Probing also allowed to go beyond the surface of the initial response provided and to reach deeper reasoning and premises that underlay such an initial response (Aberbach & Rochman, 2002).

The interview guides were shared with all respondents prior to the interview along with a letter inviting the candidates to accept participating in this process. Each interview lasted approximately 45 to 75 minutes and took place between September and December 2015.

Follow-up conversations, for example, through e-mail, took place, when necessary, with some of the respondents especially when the data analysis indicated that, for a variety of possible reasons, further data or clarifications on the data previously collected was necessary. As part of the informed consent process, participants were invited to indicate if they would accept to potentially participate in a follow-up interview if necessary. Only one potential participant contacted by the researcher declined the invitation to take part in this study. All other participants signed the informed consent form.

The semi-structured interviews represented a significant data collection mechanism used in this study. It is therefore important to discuss their inherent strengths and weaknesses as a tool to collect data. The researcher’s personal opinions, prejudices, and other biases may have had an effect on the data collection and analysis and therefore needed to be considered within this

context. This is particularly important since the researcher occupies a senior position within government in the Department of Education and Advanced Learning. There is a need here to acknowledge, as suggested by Bogdan and Biklen (2007) that "all researchers are affected by observers' biases" (p. 38). One of the key challenges for the researcher related to the need to be sufficiently aware of this risk and to mitigate the implications of this risk. This risk was taken into account when the questions to be used in the interviews were being created. Of course, it is important to note that biases also have an effect on the type of responses provided by the respondents. This is an important factor that needs to be considered through the crosschecking the researcher conducted when analyzing the responses provided by the respondents since a response provided by one respondent may contradict, alter or negate the information provided by others. The findings of the study needed therefore to be carefully informed by this crosschecking analysis and needed to highlight these types of disparities found through the data analysis. It also needs to be noted that some respondents felt more comfortable than others answering the questions and were consequently more effective at articulating clearly their ideas. Here as well, the use of probes represented an effective approach to help the respondents clarify their thinking and argumentation.

Field notes were created during the interview process and recorded directly on the interview guide used by the researcher. These notes largely referred to a variety of elements needing to be highlighted either because of their inherent importance to inform the research and to guide the data analysis but also to potentially inform future interviews with other informants that had yet to be interviewed. The notes recorded by the researcher were used to keep track of any documents referred to during the interviews that were considered as having an interesting

potential for informing the study and that could deserved to be consulted as well as for identifying other informants worth interviewing that were not initially being considered.

Assumptions of the Researcher

The researcher assumed that the qualitative methodology was the best suited approach to respond to the research question representing the focus of this study. The researcher also assumed that that all respondents participating in the interviews answered the questions in good faith and to the best of their knowledge. This testimony was therefore considered as a trustworthy account of the perceptions and understanding of the informant regarding the Healthy Child strategy. It was also assumed that the data collected and analysed adequately reflected the intent of the theoretical framework chosen for the study and that this theoretical model was supported by trustworthy and sound peer reviewed research. It was also assumed by the researcher that this study was guided by the best research practices related to qualitative research.

Delimitations and Data Analysis

Bogdan and Biklen (2007), suggest that within the context of qualitative research, data analysis and interpretation are difficult to examine separately. On one hand, they suggest that *interpretation* refers to "developing ideas about your findings and relating to them to the literature and to broader concerns and concepts" (p. 159). On the other hand, they propose that *analysis* involves "working with the data, organizing them, breaking them into manageable units, coding them, synthesizing them, and searching for patterns" (p. 159). Due to the proposed methodology for the case study based on document analysis and semi-structured interviews, there is always a risk that the accumulation of information can become overwhelming and difficult to use. Creswell (2013) highlights how the data analysis represents a complex and time consuming task where the sorting-out of multiple data sets creates a real challenge. For this

reason, the data analysis started early, though informally, when the collection of data began. This analysis maintained its focus on the research questions initially stated. The data analysis was on-going and therefore was not only conducted after all the data collection process had formally been completed. The data analysis was conducted through the identification of major themes and common trends that progressively led to the identification of 'big ideas' and conceptualisations. The document analysis as well as the semi-structured interviews were the main tools used to gather the data. The data analysis was conducted manually but was also supported with the use of the NVivo™ 10 and 11 software to facilitate and enhance the overall coding and data management processes.

As a first step, the lines of each individual transcript were numbered for reference purposes. A summary of each transcript was also prepared for each interview and took the form of an initial list of key themes. The summary also identified specific sections of the transcript that could potentially be used as relevant and insightful quotes in the dissertation. An example of such a summary is included in Appendix I. Some elements of the summary may have been modified to protect the identity of the respondent.

All the interview transcripts were also imported in the software package for reference an analysis purposes. When considering the initial transcription process, the verification of the draft transcripts prepared by an external firm, the importing of the transcripts in the software package as well as the coding process for each individual transcript, it can be said that the information provided by the informants was read multiple times and in multiple formats.

The information provided by the interviewees was examined using a variety of visual representations available in NVivo™ to visually summarize, classify and cross-analyze the key information collected in light of the themes and trends identified through the data collection and

analysis processes. The relationships among all of these research tools also needed to be taken into account to avoid potential unnecessary duplications of ideas. A hierarchical structure was therefore used to help determine what were the primary and secondary conceptualisations and themes resulting of the analysis. The identification of dominant conceptualizations and of theme helped determining which elements of the findings required more attention.

The coding process began with the identification of the major themes that became apparent following multiple readings of the transcripts that led to the identification of more than 50 nodes in NVivo™. Following multiple coding steps, it became evident that some nodes were redundant and overlapping. For example, two nodes were identified as *program* and *program implementation*. A decision was made to only keep '*program implementation*'. In some cases, sub-nodes were used for ease of reference. This would apply, for example, to the sub-node *History Parent-Child Coalition* used under *Historical Development–Pre-Healthy-Child–Transition and conceptualisation*. The final list of nodes was reduced to thirty-nine (39) and is included in Appendix J. The nodes selected only took into account the information collected through the interview process. Additional data came from the documentation review conducted in parallel to the interviews during the research project.

It is important to note that the frequency of response was considered as one variable only amongst others when determining the key findings of the study. This implies that some elements were highlighted in the study because of their perceived inherent value even when they were not raised by multiple informants. The organisation of the data was also influenced by the three research sub-questions. For example, the data collected through both the documentation review and the interviews that related more directly to the historical development of the policy strategy were particularly examined through that lens. The second research sub-question was both

informed by the document review as well as by the interviewees. The third and final research question was primarily informed by the content of the interviews.

In any type of academic research, any bias that could potentially interfere with the interpretation of the evidence collected needs to be declared. As the researcher currently holds a senior bureaucrat position in the Department of Education and Advanced Learning within the Government of Manitoba, this element was considered when analysing the data collected even if the researcher was committed to conduct as objectively as possible the research undertaken here. It is critical that researchers involved in this type of qualitative study puts aside their personal perspectives to observe and analyse the experiences through the perceptions and interpretations of the reality described by the participants involved in the case study (Stewart, 2007). It should be noted however that the professional role and area of responsibility of the researcher is located at a significant distance of the cross-departmental initiative being examined and that none of the respondents, internal to the government, selected for the interviews had a direct or indirect reporting relationship with the researcher.

Ethical Issues

Participants exposed to observations and analyses in a case study may feel vulnerable for a variety of reasons. For example, it was expected that some participants might not feel comfortable providing information that could potentially put them in an awkward position with other colleagues in government due to their own perspectives on some of the issues being discussed. For this reason, it was important to ensure that all those involved in the study were reassured that that their privacy was to be protected at all times and that all data collected during the project was strictly confidential.

The letter of invitation sent to all participants in the study clearly stated that participation was totally voluntary. Two informed consent letters were used for this study - one for individual participants (see Appendix K) and a second one for organizations (see Appendix L). The two letters included reference to the purpose of the research, a description of the procedure to be used for the data collection, an explanation related to the recording and transcription of the conversations, as well as a note related to the confidentiality of the information. Participants were able to withdraw from the study at any point during the research process. The participants had the option of withdrawing at any point during the data collection process. In the case of a withdrawal, the participant had the possibility of asking that all the data provided to the point of withdrawal (when applicable) be either destroyed or kept by the researcher for the purpose of the study. It should be noted that none of the participants have made such a request to withdraw during the research process. Each participant was invited to formally sign an Informed Consent Form (see Appendix M).

The consent letter also indicated the anticipated approximate duration of the interviews stated that the interviews were to be recorded for the purpose of transcription.

The informed consent form signed by all participants indicated that if the researcher was to make the decision to quote or to cite content material included in the transcript that would identify the respondent, a formal authorization from the respondent was to be required. Accordingly, any respondents who were to be either cited or quoted, were to be individually contacted and invited to provide their permission to have the quote or cited text inserted in the final dissertation. Under these circumstances, the respondents were identified by their names and by the position they occupy. In general terms, the letter also indicated that elements of the interview transcript could be used without attributing the comment or observation to a specific

identification. This meant that the final dissertation used broad labelling such as, for example, *a respondent*, *an informed participant*, *a policy actor* or *an informed observer* to protect the identity of the respondents. Furthermore, any citations or quotes that could potentially be considered embarrassing for a participant were not be directly attributed to the respondent. In most cases, a decision was made by the researcher not to attribute the quotes included in the dissertation to specific individuals while at the same time making sure that confidentiality was protected adequately. The use of quotations without attribution indeed poses certain risks that need to be addressed. As stated above, in most cases, quotations used in this dissertation were without attribution. In all cases, special precautions were taken to ensure that the risks related to the identification of any respondents were reduced as much as possible. The main intent related to the issue of confidentiality was to mitigate, as much as possible, the risks related to the possible unintended identification of an informant, without undermining the quality of the findings of the study.

In the context of this research, the notion of *Cabinet confidentiality* was another element that required special attention. Even if the researcher intended to seek information from a few ministers of the Cabinet or from civil servants, it was expected that all the governmental informers would be very protective of this foundational notion of the governmental democratic system. It can therefore be assumed that some critical pieces of information may not have been shared by key respondents intentionally in order to not compromising Cabinet confidentiality.

An application to the University of Manitoba Research Ethics Board was submitted and approved prior to the conducting of the interviews. The initial Approval Certificate may be found in Appendix N. The Renewal Approval Certificate may be found in Appendix O.

Summary

This chapter outlined the research methodology used to adequately cover the research questions earlier identified. A rationale for the use of a qualitative research design in the form of a case study was provided, along with a discussion on the limitations of such an approach with regards to the generalizability and application of the findings on other situations. A predominant section of the chapter focused on the collection and sources of data with consideration for the both the document review and the information collected through the semi-structured interviews. This was followed by a discussion on ethical aspects of the research design and on the perceived limitations of the study.

The research proposal corresponding to this research project was approved as a result of a defense that took place on June 18, 2015. Following the defense, a formal application was developed and submitted to the University of Manitoba, Education and Nursing Research Ethics Board (ENREB). The application was initially formally approved on August 31, 2015 and renewed on August 2nd, 2016. The data collection in the form of a document review began during the development of the research proposal. The interviews were however conducted from September to December 2015. The data analysis related to the interviews started in the early stage of this process and was juxtaposed with the documentation review. This process was ongoing but also intermittent and ended approximately in June 2017.

CHAPTER FOUR

HISTORICAL EVOLUTION OF THE HEALTHY CHILD MANITOBA POLICY STRATEGY AND ITS RELATIONSHIP TO THE FIELD OF EDUCATION

Introduction

The purpose of this section of the thesis is to address the first research question presented in Chapter One. It provides a detailed account of the historical evolution of the Healthy Child Manitoba strategy and highlights how this strategy relates to the field of education. As mentioned in Chapter Two, Mandell and Keast (2008) posit that networks typically evolve through a set of stages that do not necessarily take place in a sequential and well defined manner. This examination of the historical evolution of the policy strategy is therefore very relevant and will help situate Healthy Child in this development process. The historical description examined here is largely based on the review and analysis of publically available documents and of a number of internal documents obtained from the Healthy Child Manitoba Office (HCMO). This review is also guided, to some extent, by the information obtained from key informants who have provided a number of relevant insights.

This chapter is divided in three parts. The first section highlights the activities that took place prior to the formal establishment of the *Healthy Child Manitoba Policy Strategy* in 2000 and that have had considerable influence on the strategy as it is known today. This initial examination of the historical development of the policy approach specifically underscores two important elements. The first locates the education sector within this broad perspective of the policy strategy and describes the influence the field of education had on the development and implementation of the policy approach. The second relates to the role played by the

governmental organisation that preceded the establishment of the HCMO, namely the Children and Youth Secretariat (CYS).

The second part of this chapter focuses on the activities that have led to the creation of the *Healthy Child Manitoba Policy Strategy* in the year 2000, soon after the election of the New Democratic Party (NDP) Government in 1999. Finally, this chapter pays attention to the work that has led to the consolidation of the policy strategy in 2007 when *The Healthy Manitoba Act* received royal assent.

The examination of the historical events that have led to the development of the current Healthy Child policy strategy demonstrates that it came about as a result of a number of actions undertaken by the civil service but perhaps more importantly through the leadership of influential elected officials who acted as policy champions, namely, Don Orchard, Minister of Health under the Progressive Conservative Filmon Government from 1988 to 1993 confirmed and as Tim Sale, first minister responsible for Healthy Child in year 2000 and also Minister of Family Services and Housing when the NDP was elected.

While the historical milestones examined here are largely presented sequentially, their evolution has not necessarily taken place in such a well defined and chronological delineated way. Elements of the historical activities and events described bellow may have overlapped and may therefore have evolved in a fairly intertwined way.

The following figure illustrates the key milestones of the policy strategy that are examined in details in this chapter. This diagram is intended to be used as a reference tool throughout this chapter.

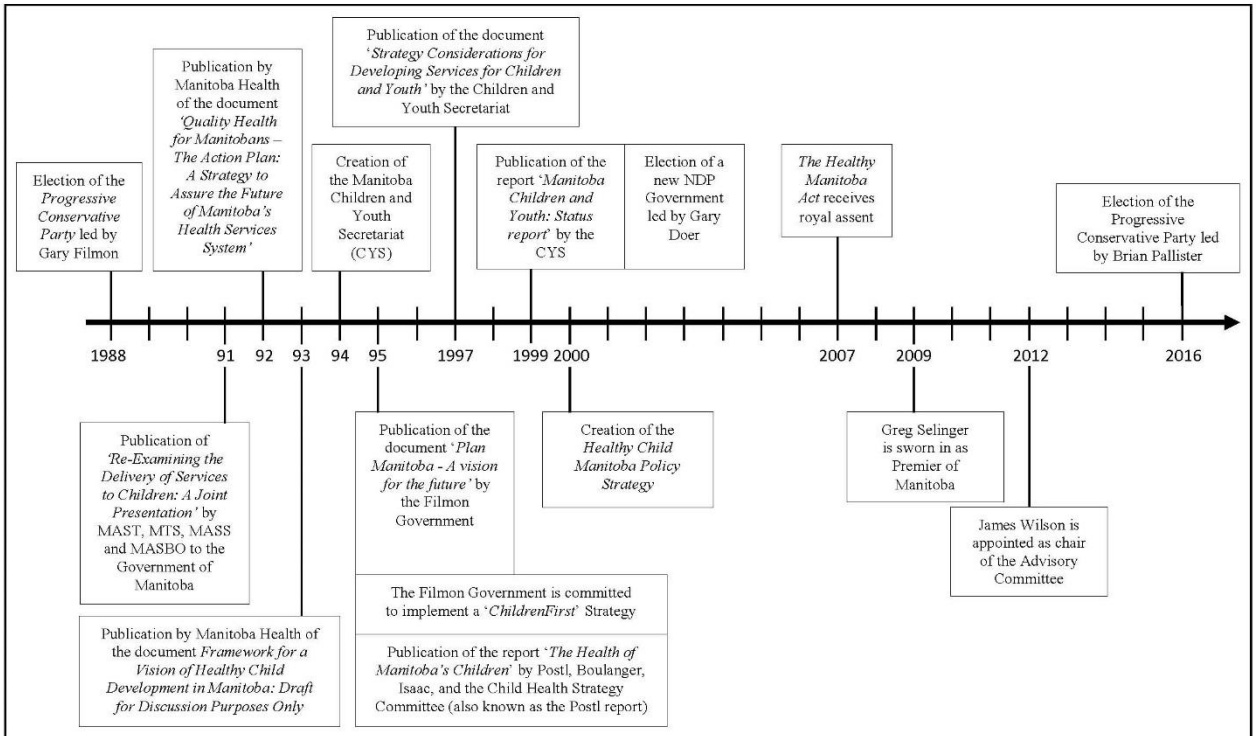


Figure 1. Key historical milestones related to the *Healthy Child Manitoba Policy Strategy*.

Pre-Healthy Child Manitoba

The groundwork required to implement the *Healthy Child Manitoba Policy Strategy* was largely influenced by a number of factors and events that took place between 1991 and 2000.

Six critical milestones that occurred within this timeframe referred are outlined below: (i) a paper presented to the Manitoba Government by four official educational stakeholder organizations in 1991; (ii) a broad health policy developed in 1992 by the provincial Government (*Quality Health for Manitobans–The Action Plan: A Strategy to Assure the Future of Manitoba's Health Services System*) as well as it's related discussion paper published in 1993 by the Department of Health (*Framework for a Vision of Healthy Child Development in Manitoba*); (iii) the creation in 1994 and evolution of the Children and Youth Secretariat (CYS); (iv) the policy direction known as *ChildrenFirst* set under the Filmon Government in 1995; and (v) the release of the Postl Report, *The Health of Manitoba's Children*, in 1995.

A Paper Presented by Four Official Educational Stakeholder Organizations

The Manitoba Association of School Trustees (MAST), now known as the Manitoba Association of School Boards (MSBA) along with its other educational partners, played an influential role on the cross-departmental work initially conducted by the Manitoba Government. Central to this was the publication of a document titled *Re-Examining the Delivery of Services to Children: A Joint Presentation* co-authored *by* Manitoba Association of School Trustees (MAST), Manitoba Teachers Society (MTS) , Manitoba Association of School Superintendents(MASS) and Manitoba Association of School Business Officials (MASBO) to the Government of Manitoba in 1991.

The purpose of this document was described as follow: "To encourage reform among existing health, education, and community services agencies which are designed to provide essential social services to the children of Manitoba" (MAST, MTS, MASS, & MASBO, 1991, p. 3).

This publication included a number of elements that deserve attention when attempting to contextualize the policy environment in which the K to 12 education system was attempting to play an influential role. Through the advocacy of the four educational stakeholders identified above, the paper raised a number of concerns related to a need for an improved coordinated policy approach to better serve the growing needs of children, especially within the context of the public school system becoming progressively more and more inclusive. The paper primarily argued that the mandate of public schools was continuously being expanded and that numerous services traditionally offered by other government departments were being transferred to schools without the corresponding appropriate and necessary financial resources. For example, the educational stakeholders suggested that schools were asked to offer new types of support such as

day care services, nutrition programs, specialized services to students who in the past did not attend public schools, including young offenders and emotionally disturbed students, and were also required to teach English as a second language to a growing student population due to an increasing flux of students from immigrant families. For those reasons, the partner organizations presented the following recommendation to the province:

> That the province of Manitoba undertake a comprehensive investigation to determine how services to children provided by government departments and agencies can be improved by the effective co-ordination and reallocation of financial and human resources within those departments; and that the Province of Manitoba develop, by December 31, 1991, an action plan which identifies specific projects and initiatives to be undertaken in order to accomplish this objective. (MAST et al., p. 2)

More specifically, the paper took the following position:

> By revising service delivery strategies to accommodate increased collaboration and cooperation among different groups, we believe that services will improve and efficiencies will be realized. We challenge the notion that independent bureaucracies are capable of providing the scope and quality of social services required by today's children. Until we accept the need for a restructuring of relationships among agencies dealing with children, no significant improvement in service delivery can be expected. The functional interdependency of these groups must be recognized and the tendency to reward activities which maintain bureaucratic *inner health* without necessarily meeting needs of the clientele must be stemmed. Education, health and social service departments have a common client -- the child. They must integrate their service delivery to meet the increasing number and variety of demands. (MAST et al., 1991, p. 3)

The educational partners further claimed that: “Nowhere does the Manitoba Government commit itself to a multidisciplinary, integrated or coordinated delivery system for services to children. The lack of coordination among government departments results in missed opportunities for efficiency” (MAST et al., p. 14). While the educational stakeholders’ paper reflected a belief that collaboration should take place across departments, it paid little attention to the inclusion of other external actors with a vested interest that could potentially play a role including parents and members of the community as well as the business and the non-profit sectors.

It is suggested that this paper represented the aspiration, at this time, of the education stakeholders towards a better articulated system to address a growing number of issues putting increased pressure on the education system without the required resources to respond to what was perceived as a constantly expanding mandate. The significance of this intervention made collaboratively by these four educational groups can be corroborated by the following debate taking place in the Legislative Assembly that took place several years later in September 1995 between two members of the Legislative Assembly Jim McCrae, then Minister of Health and Dave Chomiak, MLA for Kildonan:

> [...] I remind the member for Inkster that as long ago as 1991, the Manitoba Association of School Trustees, the Manitoba of Association of School Superintendents, The Manitoba Teachers' Society and other organizations brought forward a paper recommending just such a policy as this. [...]
>
> They brought forward a recommendation that children's services and justice and education, social services and the like be integrated and looked at by the government. They asked the minister of the day then, the member for Roblin-Russell, to respond by

> December of 1991, I believe, to that initiative. There was no response. There was no initiative. I vividly recall questioning each subsequent Education Minister and each minister as they came up, asking for progress on it. Nothing happened in this regard until initiative was taken by the government with respect to the institution of the child secretariat, the Children's Secretariat. (Chomiak, 1995, p. 3993)

The educational stakeholders' paper discussed here can be used as a reference point to locate the field of education in the context of a perceived need for a better coordination of policy activities relating the well-being of children. Early on, the educational stakeholders represented an influential advocacy group calling for a more systemic and coordinated approach towards the design, implementation and delivery of social services targeting children and the work conducted by the public school system.

The concerted advocacy actions undertaken by the education stakeholders, when considered under the interest intermediation (Börzel, 1998) perspective, illustrate how the actions of these non-public policy actors, located outside of government, have had an influence on a number of policy decisions made by the government. These actions are considered as an important initial stage of development that later lead to the development of the network examined in this study. As suggested by Mandell and Keast (2008), a network is often put in place a result of a perceived problem indicating that the status quo is not longer acceptable. It is suggested here that the educator sector played a significant contributing role in defining a broad problem related to the well-being of children that will eventually lead the creation of the network.

A Framework for a Vision of Healthy Child Development in Manitoba

A framework document was presented soon after the publication of the broad policy document *Quality Health for Manitobans–The Action Plan: A Strategy to Assure the Future of*

Manitoba's Health Services System (Manitoba Health, 1992), which was probably the first effort made by the Department of Health to examine health related issues through the lens of the social determinants of health.

The 1993 *Framework for Vision of Healthy Child Development in Manitoba–Draft for Discussion Purposes Only* flows from this 1992 broad policy document and sheds light on the health perspective more directly related to the effect of social determinants of the health and well-being of children. Biological, environmental, cultural but more importantly socioeconomic factors, such as poverty and income disparity, were identified in this paper as significant determinants of health. These social determinants are located outside of the realm of the health care system thus require the attention and involvement of other jurisdictions such as other governmental departments, community organisations, heath agencies and the private sector. Based on this document, it appears that the Department of Health was already being proactive in making an attempt to focus on cross-departmental approaches:

> Manitoba Health has recognized the intersectoral nature of the issue of child health and has restructured accordingly. The child health programs of Manitoba Health have now been integrated under a new responsibility centre, the Healthy Child Development Branch. [...] One of the roles of the Branch is to facilitate a collaborative, intersectoral, multidisciplinary approach to healthy child policy development and implementation. (Manitoba Health, 1993, p. 2)

The document was described by its authors as a catalyst for the development of an intersectoral provincial strategy for child health and well-being. More specifically, the paper considered academic performance in schools as an indicator of positive health outcome.

> Among many interdependent influences which would facilitate a child's achievement of full academic potential could be adequate nutritious food on a daily basis, availability of high quality teaching materials, supportive and communicative family dynamics, high social value of literacy and education, public modelling of productive education outcomes, positive self esteem, consistent access to healthy living conditions, and constructive linkages of education meaning. No one influence would be efficient to ensure achievement of full academic performance, nor would any one influence alone hinder such achievement. But it is clear from the example that the influences go far beyond the health care system. (Manitoba Health, 1993, p. 8)

According to the paper, the Manitoba Government announced in 1992, with the publication of the policy document referred to above, a restructuring of the health system through a new broad governmental approach to the development of public health-related policies. To enact this broad policy approach, one concrete action of the government was the creation of a steering committee comprised of deputy ministers representing each of the departments mandated to play a role in influencing the social determinants of health.

The broad government policy initiative was referred to as the *Healthy Public Policy* approach and was conceptualized as the government framework to focus on the role and mandate of multiple contributors to health, including several governmental departments. This policy initiative was led by a Cabinet Committee referred to as the *Human Services Committee of Cabinet*. Within this context, health was considered as a "positive asset influenced by a range of determinants that are partly beyond the control of the health care system" (Manitoba Health, 1993, p. 9). It has not been possible, through the archive research conducted for the writing of this thesis, to determine exactly when the Human Services Committee of Cabinet was created.

However, one document found in the Minister of Education archived files confirmed the existence of the committee as early as 1989.

The 1993 draft discussion paper highlighted the following five central elements of a proposed blueprint for action: (i) establishing a healthy public policy approach to healthy child development; (ii) firmly establishing fundamental principles; (iii) establishing a mechanism for refocusing and redirecting resources for child health and development; (iv) establishing and action plan for implementation; and (v) developing the Manitoba strategy for child health and well-being. The third element related to the establishment of a governmental mechanism supporting the refocusing and redirecting of resources deserves special attention as it suggests that the government was moving away from the strict or narrow attribution of financial resources to departments to a complementary sectoral distribution of resources in order to facilitate the cross-departmental use of resources. One of these sectors was labelled as *human services*. The purpose of this budget planning process was described as "the beginning phase for permitting policies, programs and services to be re-prioritized cooperatively along a continuum regardless of which department holds the lead responsibility" (Manitoba Health, 1993, p. 12).

While the 1993 Manitoba Health framework paper does not specifically refer to the educational stakeholders' document examined above, it is suggested here that the work undertaken by the Manitoba Government, through the Department of Health, was a policy response that was influenced, at least partially, by the education stakeholder organizations.

It is assumed here that this indicates that the field of education was influential in impacting the policy direction set by the Government of the time. The 1993 framework paper was a precursor of the report *The Health of Manitoba's Children* also known as the Postl Report

(1995) referred to in the introduction chapter of this dissertation but also examined later in greater detail.

The Creation and Evolution of the Children and Youth Secretariat

The contextual environment. Before examining exactly how the Children and Youth Secretariat came about, some contextual information, related to the cross-sectoral work that began several years prior to the establishment of the Secretariat needs to be considered. One interviewee provided a concrete example to illustrate how cross-departmental work was taking place at this time. This example related to the development of *protocol documents* generally designed as planning tools to facilitate the transition of children with special needs. These documents are typically developed through the contributions of various representatives from several departments and other partner agencies. The purpose of such protocol documents is to set an agreement across sectors to describe how the partners involved will operate jointly to achieve joint objectives for facilitating the transition of students with special needs from one area to another (HCM, 2013c). Indeed, according to the *1991 educational stakeholders* paper referred to earlier, the Manitoba Government published in 1989 a protocol identified as the *Transition Planning Process*. This protocol was developed collaboratively by the Departments of Education and Training, Heath and Family Services to facilitate the transition of students with special needs, for example transitioning from one school to another or transitioning from high school to either a supported living environment or the word of work (MAST et al., 1991).

A respondent specifically referred to the development of this protocol document that took place prior to the creation of the Secretariat. This document was designed to support students with emotional/behavioural disorders. Of special interest, this informant noted that the cross-sectoral committee responsible for the development of this document was chaired by the Education assistant deputy minister. The fact that the Department of Education was chairing this

committee signals that early on, the education system played a significant role in influencing the policy direction being set. It was reported that the members of the committee worked well together and the committee was broadly characterized as being very effective.

One challenge identified by a well informed internal policy actor was that prior to the creation of Children and Youth Secretariat, whenever policy cross-cutting decisions related to children were being made collaboratively and cross-departmentally, at a lower level within the bureaucracy, as soon as those issues were raised at a higher level for approval purposes, namely at the deputy minister or ministerial level, they were inadvertently routed back into the traditional governmental departments without a sufficient and coordinated cross-sectoral perspective. The challenge described above, according to this informant, consequently made very difficult the possible gain of support and of buy-in at the higher levels of the hierarchy. This seems to suggest that, prior to the creation of the Children and Youth Secretariat, cross-sectoral collaboration was effective at a lower level of the hierarchy but ineffective at higher levels, particularly when final decisions and approvals had to be made.

To address the issue of 'silos,' Don Orchard, provincial Minister of Health directed Reg Toews, then assistant deputy minister in the Department of Health, to lead the development of a concept paper addressing the issue of cross-departmental collaboration. The concept paper served as the foundation for the creation of the Children and Youth Secretariat and later Healthy Child as it is known today. The Children and Youth Secretariat was therefore specifically created to coordinate more effectively the need for more effective horizontal collaboration and communication.

Setting the direction for the Children and Youth Secretariat. Policy work conducted by the government can, at times, be very reactive and responsive to delicate, politically sensitive

and controversial situations raising the attention of the public and of the media. This does not appear to be the kind of environment in which the work led by assistant deputy minister Toews took place. On the contrary, it was reported that this work was strongly supported by the elected officials and that non-elected departmental officials were provided with the time and the resources required to conduct meaningful, proactive and constructive work. An internal policy informant used the following words to describe the contextual environment leading to the creation of the Children and Youth Secretariat: "We did not have a crisis. We did not have a child death. We did not have an inquiry." Based on this information, it is suggested that the contextual environment was favourable to the setting of a new and innovative policy strategy and was not overly influenced by an emergent political issue requiring immediate attention.

As alluded to earlier, one central activity was the development of a paper, developed under the leadership of assistant deputy minister Toews, to examine specifically how cross-departmental collaboration could potentially be improved. One respondent used the following words to describe the purpose of the concept paper requested at the time by minister Orchard: "[we were asked to explore how to] reduce silos and to do even better than we are doing at an interdepartmental level" and "to find a new way of doing things." Early on, the issues of territoriality and of 'turf protection' were raised as potential barriers needing to be considered. For example, a respondent suggested that it is often assumed that one of the roles of deputy ministers, as well as of all public servants working within a certain department, is to collect as many resources as possible when negotiating with officials from central governmental and central agencies such as the Treasury Board Secretariat. These resources, largely financial in nature, support the operational activities as well as salary dollars used within a certain department. It was suggested that departments tend to be very protective of such resources they

can potentially gain. This was corroborated by one of the respondents who indicated that when considering the best ways to support the overall well-being of children, there was a perception that governmental departments tend to be very protective of their dollars. As noted in Chapter Two, 'turf protection' behaviours are to be expected whenever attempting to work horizontally (Government of Hong Kong, 2009; Savoie, 2008).

One of the tasks of the team responsible for writing the concept paper that led to the creation of the Children and Youth Secretariat was to examine how other jurisdictions were responding to challenges impacting several sectors of government. On that basis it was found that a 'whole-of-government' approach attempting to have all government departments pay attention to health related matters used in some other jurisdictions did not adequately respond to the Manitoba context. This broad approach related to cross-sectoral collaboration with a focus on health in all of government, was rejected as it was perceived as not adequately addressing the need for interdepartmental collaboration at all levels of the hierarchy, especially at the highest levels of the public service, meaning at the deputy ministerial level, as well as at the political level of elected officials. Other governmental collaborative structures examined elsewhere appeared to have the same limitations: they were perceived as lacking in their capacity potential for enabling and favoring cross-collaboration at the highest levels. Approaches considered from other jurisdictions included the efforts being made to establish a closer relationship between the formal K to 12 education system and the field of early childhood education through the reorganisation of some governmental sectors to achieve better alignments. This approach was perceived as not sufficiently taking into consideration cross-cutting dimensions such as mental health, child welfare and justice. The working group therefore came to the conclusion that a new and different model was required to answer the challenges encountered in Manitoba.

Here came the idea of using the Human Services Committee of Cabinet to also focus on the well-being of children and to create a parallel steering Committee of Deputy Ministers, an approach that, according to various interviewees, did not exist anywhere else. According to a respondent, the small group working on the concept paper raised the following question: "What about if we had a Cabinet committee to which the work at the sort of ADM/Director level could rise, where decisions could be made and politically ratified, what if we try that?" As suggested by Peters (1998), using such a Cabinet committee responsible for coordination and accountability is one of the options available to government to manage horizontal initiatives. The intent was therefore to create a mechanism that would reproduce the collaboration already taking place at the directors and assistant deputy ministers level at both the deputy ministerial level and at the political level. According to an interviewee, the initial response to this proposed approach informed by a bottom-up approach was "That's absolutely crazy, that will never work. How are you going to talk to each other?" While the initial response expressed by many to this suggested idea was very much incredulous, the Minister of Health, Don Orchard, qualified as being visionary, liked the concept and said, according to this informant "we are going to do it anyways."

The Children and Youth Secretariat came into being in November 1994 to address a perceived higher number and types of services required by children and families but more importantly, it was a governmental attempt to improve the planning and coordination of service delivery required to reduce a perceived systemic fragmentation in the design and delivery of programs and services traditionally based on a medical and illness deficit model (Children and Youth Secretariat [CYS], 1996). The mandate of the Secretariat was initially conceptualized as follow:

> The purpose of the Children and Youth Secretariat is to facilitate change in the current structure, organizational culture, and service delivery system to a holistic approach of prevention, treatment, rehabilitation, safety and care for children/youth families. A systemic approach is necessary because changes at the individual case level, or community level, while helpful, will not significantly resolve structural and cultural level barriers.[...] The Children and Youth Secretariat, is facilitating the search for solutions to those barriers which present coordinated service provision to children, youth and families with multiple needs [...]. (CYS, 1996, p. 2)

Based on the Mandell and Keast (2008) model, the creation of the Children and Youth Secretariat represented the required initial step for the network to gain a certain level of legitimacy.

The report The Health of Manitoba's Children. A report, entitled The Health of Manitoba's Children, also discussed briefly in the introductory chapter of this dissertation, was developed as a follow-up to the document published earlier by Manitoba Health, more precisely in 1993, *Framework for a Vision of Healthy Child Development in Manitoba* examined earlier. One of the main intents of this framework document was to recognize that the health of children is affected by a number of factors and influences and for these very reasons, a multisectoral committee needed to be struck to further examine the impact of these influences (Manitoba Health, 1993). With the involvement of multiple stakeholder organisations the committee co-chaired by Dr. Brian Postl and Gerry Martin (Licensed Practical Nurse) met on several occasions between September 1993 and June 1994 (Postl et al., 1995). The work of this committee was complemented by the participation of seven working groups, each one focusing on one of the

following topics: special populations, socio-cultural, treatment services, special population groups, lifestyle issues, socio-economic and health and allied services.

The report, referred to as the Postl Report, was published in 1995 which coincided approximately with the creation of the Children and Youth Secretariat (CYS). The Postl Report included a number of recommendations and Children and Youth Secretariat became, by default, the governmental agency responsible for implementing them. It important to note here that many recommendations included in the report required the interventions of multiple departments. It is indeed suggested that that several public servants played a strong supporting role in the development of this report. These policy actors ended up becoming the key members of the team working for the Children and Youth Secretariat. An internal policy actor described the Postl Report as innovative and suggested that this publication was shedding a new light on cross-sectoral aspects related to the well-being of children:

> [The report] was the first cross-departmental look at data, population health, social determinants of health around children, that had many recommendations in it for government actions across the board, which has many of those themes that have persisted in the Healthy Child strategy today like prevention, an outcome-focus, evidence-based policy, community engagement and community development, an emphasis on indigenous communities all within a certain view of rights for the child, *U.N. Convention on the Rights of the Child* framework.

One of the central findings of the Postl team was indeed that the health needs of children were largely related on a number of factors referred to as social-determinants of health. These factors include elements such as poverty, family integrity, housing, employment and nutrition (Postl et al., 1995). These notions reinforced and complemented the initial position presented by

the Department of Health under the policy *Quality Health for Manitobans–The Action Plan* (1992) referred to earlier. The research team led by Dr. Postl therefore came to the conclusion that better coordination and concerted efforts were required to more effectively affect these social-determinants of health and that in order to achieve such a goal important changes needed to be implemented.

When examining the impact of social determinants of health in other jurisdictions, Dr. Postl and his colleagues noted that there was one major glaring difference in Manitoba: the issue related to the health of indigenous children and poverty. At the time of the publication of this report, children living in poverty had the highest rate of hospitalization, suffered from malnutrition, had a higher risk of being apprehended and of being in placed in care; there was also a higher probability that they would be involved in criminal activities (Postl et al., 1995). It was proposed that the best way to address these issues was through prevention and early interventions and through a new multisectoral and seamless process described as representing a major shift or reorientation of program design and delivery (Postl et al., 1995). Similarly, it was recommended that any services offered to families, targeting the needs of children, or activities designed to prevent youth crime, be delivered through interdepartmental cooperation and collaboration (Postl et al., 1995).

From an education perspective, the Postl Report was recommending that the schools become the primary social site for health promotion, service delivery and health education, based on a comprehensive school health model, with an expansion of the nurses in schools program (Postl et al., 1995) which later lead to the implementation of a comprehensive school health initiative in Manitoba. It was also recommended that government departments share their

resources horizontally to favour program integration. This was to permit the cross-departmental funding of school based and recreational services (Postl et al., 1995).

Guided with evidence produced by the Manitoba Centre for Health Policy (MCHP), the issue of poverty was considered as a central factor impacting on the health of children: "There is no determinant of health that impacts more on the health of individuals than poverty. The impacts of poverty are pervasive and provide a cycle that is difficult to break... or to survive" (Postl et al., 1995, p. 58). The team of researchers was therefore assuming that there was a strong correlation between the health of a person and his or her income: "The richest are healthier than the poorest" (Postl et al., 1995, p. 58). These observations justify why the report recommended an increased research focus on the interconnectedness between health, income and poverty as well as other more specific recommendations directly targeting the issue of poverty. For example, similarly to the MINCOME initiative referred to in Chapter One, it was recommended that some form of financial support be provided to low-income single mothers. Furthermore, the report highlighted the potential impact of prevention and of early interventions. On that note, the report took the following position related the need for *upstream* approaches to address the pervasive poverty cycle: "In the long-term, [addressing of child poverty] also has the potential for reducing health and social service costs, improving educational attainment and improving the productivity of those on the perimeter of our society" (Postl et al., 1995, p. 61). The Postl Report also highlighted the growing importance of high quality child-care services and of early intervention programming, as at least a partial solution to the poverty cycle alluded to earlier.

A total of 116 recommendations were included in this central document. The most fundamental recommendation that can be used to explain its relationship with the creation of the Children and Youth Secretariat is the following: "That a Standing Committee on Child Health be

established which will report to the Human Services Committee of Cabinet. This committee will publish an annual, State of Manitoba's Children, report to ensure the ongoing importance of children on the public and political agenda" (Postl et al., 1995, p. 125).

It is suggested here that this very specific recommendation explains the genesis of the Children and Youth Secretariat even if the secretariat was created prior to the release of the Postl Report which was published approximately four months after the creation of the secretariat. Similarly to the role played by the education sector through the publication of a paper in 1991, the Postl Report played a central role in defining issues relating to the well-being of children; a common condition leading to the formation of a network.

The operation of the Children and Youth Secretariat. The initial mandate of the Children and Youth Secretariat covered a range of age groups from prenatal to age 18. The employees first hired to work collaboratively and cross-departmentally at the Children and Youth Secretariat were seconded from the initial four partner departments: Education and Training, Family Services, Health, and Justice. Soon after the creation of Children and Youth Secretariat, the Department of Culture, Heritage and Citizenship became the fifth member of the group. The collaboration amongst these five departments "was a step in the right direction", from the perspective of one respondent, and was perceived, at least partially, as a governmental response to the 1991 paper presented by the four stakeholder organizations. The Secretariat initially operated under, and was accountable to, the Human Services Committee of Cabinet (HSCC), comprised of the five departments listed above, through the Minister of Family Services who was responsible for chairing the HSCC committee. It is important to note that this committee did not have a unique and specific focus on the well-being of children. Its mandate was broader and corresponded to social needs and issues for people of all ages. The initial group representing five

departments was later expanded to include seven departments. The representation of the Human Services Committee of Cabinet (HSCC) for year 1996-1997 is presented in the following table:

Table 4

List of Governmental Departments Involved in the Human Services Committee of Cabinet, CYS First Year Report (1996)

Culture, Heritage, and Citizenship
Education and Training
Family Services (lead minister)
Health
Justice

This arrangement remained intact until 1998-1999. Minor changes were made in 1999-2000, the year corresponding to the election of the NDP Government. At that time, seven departments remained members of the committee but the mandate of the Department of Family Services was expanded and the department renamed Family Services and Housing. The name of the Department of Culture, Heritage and Citizenship was changed to Culture, Heritage and Tourism, also to reflect a change in mandate of this department and finally, the Department of Housing and Urban Affairs became the Department of Inter-Governmental Affairs.

Table 5

List of Governmental Departments Involved in the Children and Youth Secretariat from 1995 to 2000

1995-1996	1996-1997	1997-1998	1998-1999	1999-2000
Culture and Heritage	Culture, Heritage and Citizenship	Culture, Heritage and Citizenship	Culture, Heritage and Citizenship	Culture, Heritage and **Tourism**
Education and Training	Education and Training	Education and Training	Education and Training	Education and Training
Family Services	Family Services	Family Services	Family Services	Family Services **and Housing**
Health	Health	Health	Health	Health
Justice	Justice	Justice	Justice	Justice
	Housing and Urban Affairs	Housing and Urban Affairs	Housing and Urban Affairs	**Intergovern-mental Affairs**
	Northern and Native Affairs	Northern and Native Affairs	Northern and Native Affairs	**Aboriginal and Northern Affairs**

The work of the Secretariat was supported by a group of assistant deputy ministers who were to meet bi-weekly as well as a Steering Committee of Deputy Ministers who were to meet every five or six weeks (CYS, 1996). It is interesting to note in the Children and Youth Secretariat organizational chart, that the CYS Chief Executive Officer is responsible for liaising with three committees: assistant deputy ministers, deputy ministers and Ministers through the HSCC.

Initially the work of Children and Youth Secretariat was coordinated by Reg Toews assistant deputy minister for the Department of Health. Toews was considered as the initial leader of the Children and Youth Secretariat as his role in the conceptualisation of this organisation was very significant.

While the Children and Youth Secretariat was created in November 1994, the first annual report produced by this organization was published for year 1996-1997. The publication of this report was preceded, on an interim basis, by the publication by Children and Youth Secretariat of a *First Year Report* published in February 1996. In the last annual report published under the Filmon Government (1998-1999), the Children and Youth Secretariat was directed by the government to operate the three following policy actions: "(i) focusing on the early years of a child's life to provide a good start; (ii) strengthening families in the community; recognizing and respecting aboriginal culture; and (iii) and reducing barriers to provide coordinated, outcome based services for children and youth" (CYS, 1999a, p. 6).

Human and financial resources of the Secretariat. From a staffing perspective, the Secretariat did not initially have any financial resources to cover staff salary dollars and for this reason used a staffing model based on the secondment of personnel from the partner departments. All staff were therefore seconded from partner departments which remained responsible for covering the salary dollars corresponding to the seconded employees. Table 5 presents the list of employees initially seconded to the Secretariat. From an operational perspective, the Children and Youth Secretariat had in 1996-1997 a relatively small budget of $144,000.00 with $129,200 in *actual* expenditures (CYS, 1997)

Table 6

List of Employees First Seconded to the Children and Youth Secretariat (CYS, 1996)

Name of the individuals	**Partner Departments**
Reg Toews	Health
Donna Kadeshuk	Health
Neil Butchart	Education
Leanne Boyd	Health
Lawrie Barkwell	Justice
Evelyn Mathers and Richard Asselin (each half time) (1.0 FTE)	Family Services
To be designated	Culture, Heritage and Citizenship
Noella Depew (half time)	Health

In 1996-1997, a Chief Executive Officer (CEO), Doris Mae Houlton, was hired and replaced Reg Toews at the head of the Secretariat. The hiring of a CEO for the Secretariat represents a second step giving a higher level of legitimacy to the network (Mandell & Keast, 2008). Based on the information found in the Children and Youth Secretariat annual reports, it is unclear how the salary dollars for the CEO were covered in 1996-1997. For the first time, in 1997-1998, some salary dollars were provided by central government to the Secretariat for this position. Based on estimate-related information, the operational budget remained at $144,000.00 ($202,000.00 in actual expenditures) and the amount of $497,400.00 was provided in support of the *ChildrenFirst* strategy, the broad policy orientation set under the Filmon Government, which will later be examined in greater detail (CYS, 1998). In 1998-1999, salary resources were increased to fund two full time equivalent positions (FTE) and the operational budget was raised to $269,100.00 (CYS, 1999a). The budget supporting the *ChildrenFirst* initiatives was raised significantly and reached close to $2.4 million (CYS, 1999a). In 1999-2000, the Children and

Youth Secretariat had 6 FTEs and an overall budget of more than $6.0 million when considering all sources of revenue from the Province (including amortization). The following table shows how the Children and Youth Secretariat staffing and expenditures (based on actual expenditures) have evolved over time (CYS, 2000). The following table presents an overview of growth of the financial resources provided by central government to support the Secretariat.

Table 7

Five-Year Expenditure and Staffing Summary by Appropriation ($000) for Fiscal Years Ending March 31, 1996–March 31, 2000[5]
(CYS, 2000)
($000)

Actual Expenditures										
Appropriation	**1995/96**		**1996/97**		**1997/98**		**1998/99**		**1999/00**	
	SY (staff years)	**$**	**SY**	**$**	**SY**	**$**	**SY**	**$**	**SY**	**$**
Children & Youth Secretariat	-	43.7	-	129.2	1.00	727.8	2.00	2,333.8	6.00	6,028.9
	-	**43.7**	**-**	**129.2**	**1.00**	**727.8**	**2.00**	**2,333.8**	**6.00**	**6,028.9**

Based on the information found in the CYS 1996-1997 annual report, all staff years corresponding to this fiscal year were seconded and funded from existing resources provided by the partner departments namely, Health, Family Services, Justice, Education and Training and later Culture, Heritage and Citizenship (CYS, 1997).

[5] This table includes expenditures related to salaries, operations, *ChildrenFirst* initiatives and amortization (CYS, 2000)

Programming and major initiatives of the Secretariat. Based on the *First Year Report* of the Children and Youth Secretariat and on the first annual report (1996-1997), it is clear that the initial activities conducted by the Secretariat were broad and exploratory in nature and largely guided by the policy framework set by the *ChildrenFirst* strategy.

While Healthy Child has for a long period of time made efforts to work with communities and to also encourage and support collaboration across sectors, there is evidence that this type of encouragement for collaboration at the community level, with the participation of educators, health workers and social services, was already very much the modus operandi of the Secretariat. The purpose of this initial collaborative work was to demonstrate how different partners could, locally, work together to better complement the mandate of each organisation as opposed to working against one another or perhaps duplicating the work being conducted elsewhere in the community. It was suggested by one respondent that this type of collaborative approach within the community was supported by the research showing that many factors have an influence on child development and for this reason it made sense to consider child development on a continuum from prenatal care, early childhood education K to12 and post-secondary education as opposed to a perceived tendency towards compartmentalisation. Accordingly, factors located outside the schools such as good parenting skills, healthy nutrition and local environmental factors required attention. For this reason, one respondent suggested that it was relevant, at the time to promote a flatter organization of departments designed to favor cross-sectoral data collection, planning and programming for children as opposed to a segmentation of disjointed components. Similarly, another respondent suggested that whether it is related to family problems, to a child falling behind in schools, abuse or poverty, intervening early and collaboratively is the way to go with young vulnerable people.

ChildrenFirst. The policy direction focusing on children, referred to as *ChildrenFirst* was an important component of the broad policy orientation, *Plan Manitoba- A vision for the future published in* 1995 (Manitoba Progressive Conservatives, 1995). The initial vision of this policy approach was very much described as a "strategy for the coordination of services for children and the redirection of funding towards preventive measures, early intervention and direct services to children and their families" (CYS, 1996, p. 2). For this reason, it is suggested here that the staff of the Secretariat was instrumental in the development of this policy and more importantly, became the vehicle by which this policy orientation was enacted.

Early after its inception in November 1994, the Children and Youth Secretariat was asked to conduct a number of consultations with the community groups, agencies, government departments and youth on five key areas to create a planning framework or plan to be used by the Secretariat. The consultative activities were conducted by five steering committees set in January 1996, each one having two co-chairs. This process led to the identification of five priority areas also referred to in the introduction section of this dissertation but repeated here for ease of reference: early childhood, adolescence and pregnancy, care and protection of children, high risk children and youth, and critical health incidents (CYS, 1999a). The identification of these priority areas led to the development of a conceptual plan designed to result in the implementation of a number of recommendations intended to facilitate the implementation of targeted, intersectoral, upstream, flexible and comprehensive activities supporting systemic change. The steering committees, comprised of members of the community, service provider agencies, aboriginal organisations and youth were asked to organize a series of consultation meetings that took place between January and June 1996.

The Children and Youth Secretariat analyzed and synthesized the feedback received and presented the results of the consultation in three different documents: (i) Strategy Consideration for Developing Services for Children and Youth (1997); (ii) A Statement of Government Policy (1997); and (iii) The *ChildrenFirst* Strategic Plan (1997).

It is suggested that this initial consultative and planning work still has an impact today with the implementation of programs such as the *Families First Program* which was initially referred to as *Babies First*. *Families First* is one of Healthy Child's programs, which is intended to help young parents develop strong and positive relationships with their children mainly through the support and guidance provided by a trained home visitor (Manitoba, 2010).

The 1997-1998 CYS annual report highlights five major initiatives flowing out of the strategic plan. These initiatives are briefly described below as they will have direct implications on the work later be conducted by Healthy Child.

Table 8

Strategies Identified by Children and Youth Secretariat in 1997-1998 as Demonstration Projects and Implemented in 1998-1999

BabyFirst Launched in April 1998 with a province- wide implementation starting in April 1999 (HCM, 2005)	Program modelled after the Hawaii Healthy Start program The project was initially conceived as a three-year targeted project to promote positive parenting and to prevent abuse and neglect This community-based program assesses new born children to determine if families required any supplementary supports The families in such a situation received assistance from a home visitor
Early Start	This early intervention program is modelled after the Perry Pre-school Model and was intended to build parent involvement and parental skill development

Launched in April 1998 with a province- wide implementation starting in April 1999 (HCM, 2005)	Both *BabyFirst* and *Early Start* use trained paraprofessionals to deliver the family interventions
Fetal Alcohol Syndrome Strategy (Pilot site launched in April 1998) (HCM, 2005)	Several initiatives were implemented to contain the expansion of this preventable disease, including the 'Stop FAS' program
Side by side	First program implemented by Children and Youth Secretariat to promote government/school/community partnerships (this initiative preceded the Parent-Child Coalition idea implemented later under Healthy Child)
Adolescent pregnancy	Variety of partnership and mentorship initiatives designed to address prevention and the challenging consequences of teen pregnancies

From the Postl Report to the Healthy Child policy strategy. According to Tim Sale, first minister responsible for Healthy Child, Gary Doer, then leader of the opposition, showed his strong commitment to the implementation of the recommendations of the Postl Report immediately when the report became public in 1995. The Postl Report quickly became what was referred to as a conceptual framework and also as a blueprint - not only under the Filmon Government but also by the Doer Government - for action largely influenced by an approach favoring an analytical framework based on the social determinants of health perspective as opposed to a perspective favoring a pathologically or illness-driven analysis. It is suggested that this approach became a strong underpinning influencing the orientation initially taken under the Healthy Child strategy. One respondent suggested that the Postl Report was co-owned by the two parties since it largely influenced the development overtime of the *ChildrenFirst* policy published in 1995 under the Conservative party while it also had a significant influence on the vision set by the NDP for the Healthy Child Strategy. Other informants have confirmed that the Postl Report was one of the drivers behind the creation of the Healthy Child strategy. In some

ways, it could be said that the Postl Report was the *fil conducteur* between the two similar but different policy visions held by the two governments which explains the relatively smooth transition between the two administrations to the benefit of children. The following section examines the evolution of the policy strategy as a follow-up to the election of the NDP in 1999.

Election of the NDP Party and the Creation of the Healthy Child Manitoba Strategy

It is important here to be reminded that the Postl Report was released in 1995 when the Conservative Party formed the Government. The NDP Government was elected in 1999. One influential policy informant used the following words to describe the euphoric policy context of the time "This was the first term of a new government so there's a lot of enthusiasm, there's a lot of energy an there's a lot of hope [...] people always come to it with real hope to get things done." The newly elected party quickly became responsible for addressing the recommendations of the Postl Report and implementing as it saw fit the corresponding policy instruments and solutions. On the other hand the official opposition, initially very supportive of the recommendations of the Postl Report, did not waste any time to criticize the newly elected Government and to raise a number of questions as to how government would address numerous issues requiring immediate attention. The newly elected Government needed therefore, in collaboration with the civil service, to come to grips with the essence of the report and to determine what to do next with the existing Children and Youth Secretariat that was already in place. The fact that the Children and Youth Secretariat/Healthy Child Manitoba policy has evolved to a considerable degree over and beyond political party lines represents an aspect of the policy strategy, qualified as unusual by one of the respondent. This is an element deserving attention. While Grace (2005) suggested that the policy strategy was sending a clear governmental signal that social exclusion was considered a pressing problem, the stakeholders interviewed in this research suggested rather that this transition represented a natural progression

and evolution as opposed to an abrupt watershed mark. One respondent suggested that Healthy Child was a good idea that evolved from the Children and Youth Secretariat. More specifically, an internal policy actor suggested "I feel in retrospect that they [the newly elected Government] really retained not just the values and principles but the structures and processes that had existed as Children and Youth Secretariat; took the best of that from their view and focused it, enhanced it and elevated it." This once again would explain the smooth transition from the Children and Youth Secretariat to Health Child due to several overlaps related to the data, findings and recommendations of the Postl Report.

Using the regular governmental mechanisms such as Cabinet Submissions and Treasury Board submissions, the newly elected government needed to determine promptly how and where to go next. Different options, models and structures were considered through a back and forth process with the civil service. The big question was to determine if the work was to continue within the spirit of the recommendations of the Postl Report and of the work initially undertaken by the Children and Youth Secretariat or to rather implement a significant change of direction. This created some challenges for the NDP Government since a newly elected government has to make this type of decisions within a fairly short timeframe and in multiple areas. Following some deliberations, the government decided to work within the spirit of continuity with the work that had initially been conducted, under the leadership of the Conservative party, by the Children and Youth Secretariat. An internal policy informant stated:

> People can see this differently from a political lens, but from a public service lens, we changed the title to *Healthy Child Manitoba*. We changed the name of the Cabinet committee. We went away from a secondment model over a period of a year and made staff permanent and added staff and expanded, but the fundamental values and the

principles that we listed back in the Children and Youth Secretariat days, remained the same.

It is primarily under the leadership of Tim Sale, appointed on October 5th, 1999 as Minister of Family Services and Housing and minister responsible for Healthy Child, and therefore soon after the transition from Children and Youth Secretariat to Healthy Child, that the operational financial structure behind the cross-departmental policy initiative was reviewed. One important shift was the definitive move from a secondment model to an approach based on a permanent staff. Here as well, this situation needs to be considered within the context of the CYS-HCM transition as this new staffing paradigm shift began to be considered under the Children and Youth Secretariat. The same thing could be said about the progressive emphasis on the scientific and research evaluation functions that began under Children and Youth Secretariat but became much more accentuated under Healthy Child. This was explained, at least partially, by the creation of a permanent staff at the secretariat, by the set of skills and expertise that was brought in the organisation, and also by the injection of supplementary resources in Healthy Child when under the leadership of the NDP Government.

Other respondents also reinforced the notion of continuity when acknowledging that the previous administration had a similar understanding of the issues requiring attention and needing to be addressed, including areas such as the need for increased and sustained investments in the early childhood education sector. It was felt that the model used at the time, centered around the Children and Youth Secretariat, needed to be changed to reflect a stronger and reinforced cross-departmental structure that would have a mandate fully focussed on responding to the needs of children. According to Cottes (2011), Healthy Child was implemented progressively through the careful selection of a number of policy tools designed to address a number of social challenges.

Moreover, he suggests that the structures put in place were designed with the input of a wider policy network.

Tim Sale was invited by Premier Gary Doer to become the first chair of the Healthy Child Committee of Cabinet in 2000. Accordingly, one respondent suggested that Tim Sale could be considered as the founding chair of the Healthy Child Committee of Cabinet and added that his role was "absolutely pivotal." The same respondent added:

> He was clearly the most important among the cabinet at that time to drive this forward [...] He set the tone in many ways for what the transition looked like. He accorded and afforded real respect for the civil service in that transition.

Another interview participant suggested that Tim Sale was a central player in the implementation of the policy strategy as illustrated by the following statement "I think he just got it about kids [...] he told us: you get it right for the kids, you get it right for everybody."

Tim Sale was also known as being open and transparent, and for this reason, he welcomed the participation and attendance of civil servants to the Healthy Child Cabinet Committee, notwithstanding the political nature of the conversations that tend to take place within this type of environment.

When the NDP Government was elected in 1999, the Treasury Board Secretariat was the only existing Committee of Cabinet. Healthy Child therefore became the second Committee of Cabinet; this in itself represented a significant action implemented by a newly elected Government committed to raise the profile a child-centered political agenda. A formal internal policy actor noted "[With the exception of Treasury Board] there was no other Committee of Cabinet so you can get a sense of the priority and I think that's an important learning for any big

public policy effort." This clearly highlights the high profile the *children agenda* had within the context of a newly elected Government.

While a lot of the inner characteristics of the initial Children and Youth Secretariat structure have been maintained, one respondent suggested that moving away from the original Human Services Committee of Cabinet responsible for people of all age groups to which the Children and Youth Secretariat was accountable, to the Healthy Child Manitoba Committee of Cabinet, does not represent a change that should be taken lightly. Quite the contrary, according to this interviewee this represented a fundamental change showing a crystal clear desire to pay a very special attention to the well-being of children. This was also sending a clear message regarding the support, leadership and commitment of elected officials at the highest level of the hierarchy, an important condition required to achieve success when working horizontally (Peach, 2004; Savoie, 2008). Setting a Cabinet Committee fully dedicated to the well-being of children sent a strong political message related to the critical importance of this policy agenda. This in itself also represented an important factor corresponding to the increasing legitimacy of the network (Mandell & Keast, 2008).

Soon after the election of the NDP Government on September 21, 1999, the last annual report of the Children and Youth Secretariat was published. The following five goals were used to describe the mandate of the organisation: (i) improved co-ordination of services to ensure best outcomes for Manitoba children, youth and families; (ii) 'best practices' for healthy outcomes are researched and adapted to Manitoba environment and need; (iii)shared responsibility for the healthy development of children, (iv) youth and families, and; (v) successful early years of a child's life (CYS, 2000).

One significant difference between the functioning of the Children and Youth Secretariat and Healthy Child relates to the selection of the chair for the Committee of Cabinet. While the Human Services Committee of Cabinet, the committee overseeing the work of the Children and Youth Secretariat, was chaired by the Minister of Family Services, the Healthy Child Committee of Cabinet was chaired by one of the ministers, on a rotational basis, from one of the member departments (see Appendix P). This approach had the advantage of ensuring that the leadership of the committee was spread amongst the partner departments and made sure that other partner departments were at one point in time deeply engaged in the activities of the committee, and accountable for the overall policy strategy. However, the regular change of leadership also caused a number of challenges related to continuity; an area of concern most probably compensated by the more centralized role played by the HCMO.

One strategically critical piece of the newly implemented policy approach, from a structural perspective, was the identification of a lead deputy minister to champion the initiative. When reflecting on the conversations taking place between a respondent and the then deputy minister of the time, this informant cited Tannis Mindell, saying "If this is going to work, if the government is actually going to really make early childhood a priority, then you have to have to have a deputies committee because ministers, they're fine, but if things are actually going to move at the department level, the deputy has to be behind and it and pushing it." Under the current policy approach, the chair of the Committee of Deputy Ministers cannot, by design, be from the same department of the chair of the Committee of Cabinet. This also emphasizes the consistent focus of the policy strategy on cross-sectoral collaboration.

One respondent added that if the work of deputies is not aligned with the Committee of Cabinet, it becomes much more difficult to implement policies. It is interesting to note here that

Minister Sale had formerly served as a public servant as an assistant deputy minister so he had concrete and real experience within the public service apparatus. He therefore had an extensive understanding and appreciation of the internal operations of the public service and of the complexity of the intersection existing between the public service and the political arm of the government. It was without any hesitation that the Minister of Family Services and Housing, with the support of his Cabinet colleagues, directed his deputy, Tannis Mindell, to convene a Committee of Deputy Ministers to be responsible for operationalizing the work to be conducted under the Healthy Child Manitoba Committee of Cabinet. This committee was described as having an important role to play to move beyond what could have perhaps been perceived by some as a simple and more limited symbolic action. An interviewee noted "Deputies take their lead from how government organizes itself. I think this work operationally was the most important thing that was done in the early stages because it clearly meant that the departments were to be on board." This approach was also very much done in continuity with the work initially led by the Steering Committee of Deputy Ministers conducted under the Children and Youth Secretariat. Having a Committee of Deputy Ministers to co-lead the implementation of the policy added another layer of legitimacy to the Healthy Child network (Mandell & Keast, 2008).

One other task that the newly elected government needed to implement was the need to hire someone to lead the HCMO and to become responsible for activating, coordinating and implementing the actions identified by both the Committee of Cabinet and the Committee of Deputy Ministers. Following the brief appointment of a first director for leading the secretariat, an action qualified as a 'rocky start,' a second and permanent Director of Healthy Child Manitoba was hired to lead this work including the building of a network. The highly regarded leader of the secretariat still occupied this function when this research was conducted in 2015.

According to the Healthy Child annual reports, the Director initially reported directly to the assistant deputy minister of the Family Services Department. Beginning in 2003, the name of the position was changed to Executive Director of the HCM Office and Secretary to the Healthy Child Committee of Cabinet. With the passing of *The Healthy Child Manitoba Act* the name of the position was changed to Chief Executive Officer.

Based on the reflection of one governmental respondent, there was unreserved support for the initiative from the initial member departments which were Family Services and Housing, Education, Health and Justice. It is suggested that given the strong focus on children, the Committee of Cabinet perceived its mandate as being exciting, positive, rewarding and full of hope. None of the members of Cabinet had any concerns or expressed any resistance towards the initial mandate of the strategy which allowed the committee to rapidly reach consensus on the problems requiring immediate attention and to make important decisions. A former internal policy actor suggested that early on it was decided that "Healthy Child would not be a program owner. It would be a program initiator or it would help a department initiate but it would not be an owner so we would not become a department. We would not become a holding place for new initiatives." This is an important observation that will require further attention. According to one of the two elected officials interviewed the creation of the Healthy Child strategy was an acknowledgment of an understanding of the significant needs that exist across the province to address the well-being of children and of "the need for some kind of integration and collaboration among various departments in order to address these issues."

The work and mandate of Healthy Child was significantly influenced by a number of high profile leaders and researchers. It is suggested for example that the late Dr. Fraser Mustard, had a major influence in bringing to the forefront the foundational policy orientation by the

Healthy Child policy strategy in Manitoba, especially in the area of early childhood development and education. Healthy Child, right from the beginning had a strong academic foundation and perspective and a well-delineated focus on research and evaluation. Efforts were made early on to promote an approach that would support, highlight and value evidence-based decision making. This focus was also based on interdisciplinary and collaborative approaches which valued the participation and involvement of external agencies such as the St-Amant Centre, an institution providing support to individuals with developmental disabilities, and other research institutions for identifying and addressing the issues and sectors requiring immediate attention through the formation of potential partnerships with the four governmental departments initially involved. It is suggested that many participants in these initial conversations would later become key actors of the Manitoba Centre for Health Policy (MCHP), a critical research partner institution supporting the work of Healthy Child. This interdisciplinary way of doing business still represents today a strong advantage for Healthy Child whenever the organization submits applications for research grants given that this type of cross collaboration often represents an essential condition that has to be met. For this very reason some would argue that the approach taken initially by the Children and Youth Secretariat and later by Healthy Child over the last twenty years has been a cutting edge practice. It is argued here that the strong scientific and academic partnerships established also contributed to increasing the legitimacy of the network (Mandell & Keast, 2008).

One respondent suggested that Tim Sale was very skilled at setting the right tone as part of the Children and Youth Secretariat/Healthy Child transition. As the first chair of the Healthy Child Committee of Cabinet, he was described as very thoughtful, when considering the role of parents and of the community, and was considered as being very cautious not to unnecessarily

bureaucratize the processes required to make things work and to keep these processes as 'organic' as possible. This respondent added, in that sense, Minister Sale accepted the fact that, working with members of the community involved some 'healthy messiness' especially when working with complex system-oriented issues related to the development of children and youth.

While the conversations taking place at the Healthy Child Committee of Cabinet can be politically sensitive, Minister Sale was described as being open minded and transparent. For these reasons, one respondent suggested that he was very welcoming of civil servants attending meetings.

The Children and Youth Secretariat 1999-2000 annual report was used to formalize the transition from the Children and Youth Secretariat to Healthy Child as follows:

> On March 28, 2000, The Healthy Child Initiative was created. The Healthy Child Initiative is directed by a Committee of Cabinet comprised of ministers from the departments of Aboriginal and Northern Affairs, Education and Training, Health, Justice, and chaired by the Minister of Family Services and Housing. The Healthy Child Initiative focuses on parent-child centres, prenatal and early childhood programs, nurses in schools, adolescent pregnancy prevention, and fetal alcohol syndrome/fetal alcohol effect prevention. (CYS, 2000, p. 4)

According to an unpublished internal document, the new policy agenda put forward by the NDP originated from an election commitment made by the party in support of the well-being of children related to the following five points: adolescent pregnancy prevention; parent-child centres; nurses in schools; pre-natal and early childhood nutrition and physical education and in-school curriculum. The Healthy child initiative was initially designed to encompass the election

commitment made by the NDP and to devolve the programs previously under the responsibility of the Children and Youth Secretariat.

From a program perspective, the initial Healthy Child activities were aligned with the activities previously undertaken by the Children and Youth secretariat presented in the table above with some relatively minor changes as illustrated in the table presented below. Additional activities however were initiated under Healthy Child. The intent here is to first focus on the limited set of activities often considered as 'flagship' activities or core commitments for HCM.

Table 9

Transition ECY–HCM Main Activities

Children and Youth Secretariat Main Activities	**Healthy Child Main Activities (Based on the 2001-2002 annual report)**
BabyFirst	Continued implementation. (Research conducted in three sites)
Early Start	Continued implementation. (three research sites with evaluation report released in 2001)
	Healthy Baby: • Manitoba pre-natal benefit Provides low and moderate income pregnant women with financial support. (Launched in July 2001) • *Healthy Baby* Community support programs Practical learning opportunities for pregnant women and new mothers
Fetal Alcohol Syndrome Strategy	FAS Prevention and Support The implementation of the Stop FAS program was continued (research conducted in three sites) The FAS partnership project designed to facilitate the sharing of expertise and of resources - *Prairie Northern Pacific FAS Partnership (PNPFASP)*
Side by side	Parent-Child Centred Approach Twenty-six Parent-Child Centred Coalitions were established
Adolescent pregnancy	Healthy Adolescent Development Expanded focus beyond the issue of teen pregnancy prevention

	Healthy schools Re-naming of the Nurses in Schools concept to better reflect a comprehensive school health model
	Roots of Empathy–began pilot project in Seine River school division
	Beginning of the provincial implementation of the Early Development Instrument (EDI)–province wide voluntary implementation to begin in 2002-2003

It is suggested here that the Parent-Child Centred Approach referred to in the table above (fifth row) was influenced by the Side by Side initiative conducted under the Children and Youth Secretariat and was the precursor of the Parent-Child Centred Coalitions financially supported by Healthy Child. According to one participant, within the context of the funding support provided under the policy strategy, there was initially a perception that the HCMO was a governmental agency largely responsible for distributing funding to stakeholder organizations.

The significant growth in programming and in research and evaluation activities can, at least to some extent, be explained by the information included in the HCM 2001-2002 annual report indicating that there was at that time 22.0 FTEs working in the HCM sector while, based on the 1999-2000 CYS annual report, only 6.0 FTEs were part of the Children and Youth Secretariat staff. The following table illustrates how the staffing as well as the expenditures of the HCMO have evolved over time.

Table 10

Children and Youth and Healthy Child Manitoba Office Expenditures Based on Actuals and FTEs from 1995 to 2015 (Based on CYS and HCM Annual Reports from 1995 to 2016[6])

	Fiscal Year	Salaries	FTE	Other Expenditures	Financial Assistance and Grants
Children and Youth Secretariat	1995-1996	All staff seconded from partner departments 0	All staff seconded from partner departments	0.0	0.0
	1996-1997	0	0.0	129.2	
	1997-1998	28,4	1.0	202.0	497.4 (*ChildrenFirst* Initiatives)
	1998-1999	149.5	2.0	216.5	1,967.8
	1999-2000	362.1	6.0	282.0	5,349.5
		$000			
Healthy Child Manitoba Office	2000-2001	1,069.3	19.00	381.7	11,000.2
	2001-2002	1,118.1	22.0	450.6	14,904.5
	2002-2003	1,191.1	22.0	411.1	18,970.9
	2003-2004	1,276.2	22.0	398.0	19,255.5
	2004-2005	1,359.2	22.0	309.5	19,948.1
	2005-2006	1,396.8	22.0	335.2	22,492.9
	2006-2007	1,939.1	30.0	334.3	22,980.0
	2007-2008	2,039.9	31.0	338.9	22,939.5
	2008-2009	Information not-available in the annual report consulted			
	2009-2010	2,0304	35.0	456	24,788
	2010-2011	2,257	33.0	583	24,793
	2011-2012	2,172	32.5	697	25,703
	2012-2013	2,275	32.5	549	27,972
	2013-2014	2,309	32.5	680	27,589
	2014-2015	2,253	31.0	824	27,360

[6] Starting from 2009-2010, all total Other Expenditures, Financial Assistance and Grants, and total Salaries and Employee Benefits amounts are a whole number (i.e. $236 or $236.0 as opposed to $235.7).

The Programming

Appendices Q and R present an overview of the programming offered by the Children and Youth Secretariat in its last year of existence and by Healthy Child from 1998 to 2015. For the purpose of this table, the term *programming* is to be interpreted broadly as including a wide variety of elements ranging from unique stand alone and well defined programs such as *Roots of Empathy* to some more general components such as the HCM Advisory Committee and the publication of provincial reports. The table is not intended to present an exhaustive list of all the activities undertaken by the two organizations over this period of time but rather to identify the activities being the most significant to convey an overall impression of the nature and scope of the activities conducted by the two organizations. The intent of the table is therefore to provide a broad overview of the continuity of the programming initially delivered by the Children and Youth Secretariat and then delivered by Healthy Child. While, as indicated earlier by Tim Sale, Healthy Child was not initially designed to be a 'program owner,' the growth over time in the programming being offered and in term of 'program ownership' is significant. Some noteworthy elements are examined here. The first column of the tables presented in Appendices Q and R identifies the activities referred to and provides a brief descriptor of each of the program activities. Some of the specific initiatives included in the tables are referred to below in what is intended to be an historical perspective on the implementation of these activities.

The *BabyFirst* and *Early Start* programs initiated under the Children and Youth Secretariat were continued until year 2004-2005 and then integrated in 2005-2006. From that time, the two integrated programs were referred to as *Families First*. The focus on Fetal Alcohol Syndrome established by Children and Youth Secretariat has remained a priority throughout the implementation of the Healthy Child strategy with the implementation of the program *Stop FAS* which was renamed the *Insight Mentoring Program* in 2009-2010. The expression *Fetal Alcohol*

Syndrome was later replaced with *Fetal Alcohol Spectrum Disorder* (FASD) to better accurately reflect the evolution of the research in this area. The Children and Youth Secretariat program *Side by Side* set the stage for the implementation of the parent organizations which became known as the Parent-Child Coalitions in 2001-2002. Twenty-six coalitions were created. *Healthy Baby* was implemented for the first time by HCM in 2001-2002 by HCM and remains one of its flagship initiatives today. The piloting of the program *Roots of Empathy*, began in 2001-2002 and is currently widely used throughout the province on a voluntary basis. Similarly, the program *Seeds of Empathy* targeting children in early learning child care facilities was implemented in 2009-2010. From a research and data collection perspective, the approval by the Committee of Cabinet of the phased-in implementation of the *Early Development Instrument* (EDI) in 2001-2002 represented an important decision. EDI is currently implemented throughout the province, including in First Nations communities, and represents one central portion of the data collection mechanisms put in place by HCM. The *Triple-P* program was implemented in 2005-2006 to increase the level of support provided to young parents. Following the proclamation of *The Healthy Child Manitoba Act* in 2007, the HCM Advisory Committee replaced the Provincial Early Childhood Development Committee initially used as a consultation mechanism to guide policy decision-making in the early childhood education sector. In 2011-2012, HCM began the piloting, on a voluntary basis, one of its most controversial programs: *PAX The Good Behavior Game*, a program that received a fairly mitigated response from the educational sector. With respect to the publication of a status report on the health of children, Healthy Child published its first report in 2012-2013 as a follow-up to the initial report published by the Children and Youth Secretariat in 1998-1999. The publication of this report is a requirement of *The Healthy Child Manitoba Act* that will be further discussed in this chapter.

While the tables included in in Appendices P and Q do not include extensive details related to the Healthy Child's research agenda, beginning in year 2009-2010, this is an area deserving attention. The level of details related to this research and evaluation agenda included in the 2009-2010 annual report published Healthy Child seems to imply that this component of Healthy Child's mandate became significantly more important at that time.

It is important to note that throughout its development, and perhaps more importantly in its early stage, Healthy Child focused a significant portion of its time and energy in promoting the importance of early child development especially through the organization of early childhood summits and through the hosting of a variety of activities on National Child Day celebrated on November 20th annually to commemorate the adoption of the United Nations' adoption of the United Nations Declaration of the Rights of the Child in 1959 and of the United Nations Convention on the Rights of the Child in 1989. In response to a well-orchestrated advocacy process mainly conducted by the Manitoba Association of School Superintendents, Healthy Child initiated in 2013-2014 a number of activities in the area of mental health which currently represent one central area of focus of this organisation.

It is argued that the initiatives implemented by the NDP after the election did not represent a fundamental shift in terms of, for example moving away from a broad orientation on 'the needs of children' to a more focused attention to children living in poverty. In other words the transition did not reflect a well defined sharp break linked to opposing political ideologies or to the policy influence of different external stakeholders.

What has changed over time however relate to the profile given to the policy strategy and to the amount of resources dedicated to the implementation of the policy strategy.

The Healthy Child Manitoba Act

The proclamation of *The Healthy Child Manitoba Act*, in 2007 thereafter referred to as *The Act*, represents an important benchmark to take into consideration when examining Healthy Child from an historical perspective. The proclamation of *The Act* is indeed considered a milestone in the evolution of the policy strategy and it deserves to be examined here in greater detail. It is argued here that *The Act*, when considered in light of the developmental model proposed by Mandell and Keast (2008) was enacted with the purpose of giving a higher level of legitimacy to the policy strategy. A description of the main components of *The Act* is first presented below followed with a description of the processes that have led to the proclamation of *The Act*.

Overview of The Healthy Child Manitoba Act. *The Act* was put in place to establish permanent structures in support of the HCM strategy. *The Act* includes seven sections. The first one, Introductory Provisions, introduces a number of definitions that describe briefly the scope of the policy strategy. The second section, formalizes the continuation of the Committee of Cabinet set earlier, defines the role and responsibilities of this committee and identifies the broad category of ministers that would be appointed by the Lieutenant Governor to this committee. More specifically the role of the Committee of Cabinet is defined as follows: "The Healthy Child Committee of Cabinet is to establish a framework for developing, implementing and evaluating the Healthy Child Manitoba strategy" (HCM Act, section 5(1)). This section also specifies that the appointed chair of the Committee of Deputy Ministers must not be from the same department as of the chair of the committee of ministers. This approach was adopted to avoid a potential situation where the interest of one specific department would have more influence on the decisions made by the two committees.

Rather than identifying a set number of departments, *The Act* simply refers to ministers having a portfolio impacting on the life of children. This section of *The Act* was designed to provide sufficient flexibility to the government of the day with respect to the organisation and naming of the departments called to play an active role in the cross-sectoral implementation of the strategy.

The third section of *The Act* delineates the responsibilities of the HCMO including pertinent details related to the chief executive officer and the staff. This section also sets a clearly identified obligation for the Office to publish a public report on the health of children. This reporting requirement is set within the spirit of continuity set from the initial Postl Report published in 1995 followed by the publication in 1999 of the Children and Youth Secretariat *Manitoba Children and Youth Status Report* just prior to the end of its mandate. One intended objective amongst others of the report was to favor public engagement and involvement regarding a variety of issues related to the health of children and to collectively build support for the implementation of concrete actions. In itself this report represents an important accountability tool fort the policy strategy.

The Act was therefore providing a permanent legislated status in support of the strategy as illustrated by the following comment made by one internal policy actor:

> That was very much a decision of the ministers that they wanted to make sure that the structures -- they didn't want to tie the hands of future governments in terms of what their decisions would be or what they might prioritize or anything like that. But they wanted to entrench the structures because they felt that it was unique and that it should stay. I mean that's a simple way of putting it. And those structures were of course the Cabinet Committee, the D[eputy] M[minister]s, the Advisory Committee and the coalitions and

> that that there was sort of magic in all of that.

Another internal policy actor suggested that providing a legislated status to Healthy Child also had a political dimension:

> [...] there was a little bit of political proofing going in saying, you know future government has a mandate to do this and if they want to undo it, they're going to have to undo an Act so there's a bit of that.

From a research and data collection perspective, the fourth section of *The Act, requiring and disclosing information* is designed to allow Healthy Child to collect personal information or, more specifically, personal health information. Given the mandate of Healthy Child with respect to research and program evaluation this represents an important technical feature allowing the organisation to collect and disclose relevant and important information while respecting high standards of confidentiality, security and privacy protection.

On the other hand, public body and partner organisations, according to *The Act*, are required to provide the information requested by Healthy Child based on the safeguards referred to above. *The Act* also allows Healthy Child to disclose personal information to a public body or other government entity based on the terms of an agreement that guarantees the protection of the information from potential risks such as unauthorized use, disclosure or alteration. It could be said that *The Act* was carefully crafted to allow and facilitate data collection, analysis and disclosure for research purposes while complementing and in some cases supplementing protective elements covered under *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

The fifth and sixth sections of *The Act* emphasize community participation and involvement particularly through the Parent-Child Coalitions and through the formal recognition

of the Provincial Healthy Child Advisory Committee. These two components are considered as structures allowing partnerships to take place in support of community development but also to focus on the needs and strengths of children and families. This structure was intended to break down the perceived community-government silos and to reduce fragmentation through better coordination.

More specifically with respect to the Parent-Child Coalitions, one internal policy actor suggested the following:

> Minister Sale felt very strongly he had a lot to do with how those Parent-Child Coalitions were developed. And he was right. We needed that regional voice. It has helped us immensely to know what's going on out there and to get new information out through the regions. He also was the one that felt very strongly that they should be organic. So they've never -- we've never required them to... what do you call it when you create a board and all of that?

In sections five and six of *The Act*, two specific community structures, the Advisory Committee and the Parent-Child Coalitions, are therefore formally addressed. This signals that they have a special status, within the broad policy strategy. *The Act* indeed formalizes the role of the Provincial Healthy Child Advisory Committee which is designed to provide the community with a mechanism to have an input in the implementation of the broad policy strategy. This committee replaced the former Provincial Early Childhood Development Advisory Committee which had a narrower mandate over early childhood education. The new provincial committee was given a broader mandate, from prenatal to age 18. The chair and vice-chair of the Advisory Committee are designated by the minister responsible for Healthy Child. The members of the Advisory committee are appointed by the minister responsible for Healthy Child representing

diverse perspectives including urban, rural, aboriginal, francophone as well as with a number of representatives with pertinent expertise in, for example, the areas of prevention, early interventions and child development. There is also a close link between the Advisory Committee and the Parent-Child Coalitions as at least six representatives on the committee have to be recommended by the coalitions.

The Parent-Child Coalitions are described as being the *recognized* structures designed to support the implementation of the HCM strategy. The word 'recognized' was carefully chosen for the purpose of *The Act*, given that the Parent-Child Coalitions have been designed to work informally and for this very reason do not represent legal entities. While the current structure given to the twenty-six (26) existing coalitions is largely based on the territory set by the Regional Heath Authorities and by community areas in urban Winnipeg, this structure could be modified as *The Act* does not necessarily indicate that such a structure would need to remain in place if other models were to be contemplated. The coalitions, amongst other provincial organisations, were consulted when *The Act* was being developed. While the text of the legislation indicates that the government, through the Minister of Finance, may provide funding to the coalitions, in the form of grants, it does not provide any guarantee that this funding will remain available in future years. While the formality around the functioning of the coalitions was loosely defined initially, *The Act* requires that all coalitions provide an annual plan as well as an annual progress report to the HCMO.

The process leading to the proclamation of *The Act*. While the Healthy Child Committee of Cabinet was in place since 2000, it did not have any statutory basis before the proclamation of *The Act* on December 6, 2007. The legislative process required to create *The Act* was initially led by Theresa Oswald, then Minister of Healthy Living and chair of the Committee

of Cabinet. Prior to the proclamation of *The Act*, Bill 3–*The Healthy Child Manitoba Act* was first introduced in the Legislative Assembly on November 20 2006, date also corresponding symbolically to the *National Child Day*. Bill 3 passed first and second readings but because of time limitations, due to the call for the 2007 provincial election, it did not proceed to third reading. Minister Irvin-Ross was appointed Minister of Healthy Living following the 2007 election and also became the minister responsible for Healthy Child. Bill 3 was reintroduced in the Legislative Assembly on October 9, 2007. Following first and second readings, 'Bill 3' was submitted to public consultation on October 17, 2007. On October 22, 2007 a member of the House proposed three amendments.

As per the regular legislative process, the Standing Committee of Social Economic Development heard presentations from members of the public on Bill 3. This public consultation process took place just prior to third reading. Only the five following participants attended the meeting and made presentations to the Committee: Dr. J. Fraser Mustard representing Founders Network; Ms. Doraine Wachniak presented as a private citizen; Ms. Trish Ward, on behalf of a Parent-Child Coalitions; Mr. Strini Reddy representing the Healthy Child Early Childhood Development Advisory Committee and Mr. Mark Gray, on behalf of the Manitoba Institute of Child Health. Dr. Mustard, Mr. Reddy and Ms. Ward all spoke unconditionally in favor of Bill 3. The limited participation in this consultation can be interpreted in a variety of ways including either a lack of interest or instead a perceived high consensus on the intent of the bill and minimal controversy around what the bill was intending to do. It is suggested here that the latter explanation applies to this situation.

Ms. Ward particularly highlighted the importance and impact of the Parent-Child Coalitions, supported by Healthy Child, and alluded to an emotional and powerful observation

made by one of the parents involved in the coalition she was responsible for to highlight the importance of the work conducted by Healthy Child:

> [“] This program saved my life[*”*] These very heartfelt words were spoken last May by a young immigrant mother. She was referring to one of the free weekly programs that our coalition offers to parents of young children in the River East Transcona community. We asked her to explain what she meant, and she said, [“]the program saved her life. [”]. (Ward, 2007, p. 5)

Mr. Reddy was also very supportive of the bill and stated the following:

> I want to say, in particular, that the creation of the Healthy Child Committee of Cabinet needs to be acknowledged because it makes a very important statement. The statement it makes is that we acknowledge, in this province, that the well-being of children and families in Manitoba is not the responsibility of any one department of government. That is a very significant recognition that has been made nowhere else. (Reddy, 2007, p. 7)

Ms. Wachniak’s presentation was somewhat neutral but interestingly enough presented a different perspective on the bill as she emphasized the important and primary role of the family when relating to the proverbial: *It takes village to raise a child*. Ms. Wachniak stated:

> I have a little bit of a different take on the *village* from my perspective. I'm sure that there may be others out there that share my perspective. I think it's healthy families that build strong villages as opposed to villages which build strong families. (Wachniak, 2007, p. 5)

Mr. Gray was simply requesting that under section 21 of the bill, a nominee of the *Manitoba Institute of Child Heath*, a division of *The Children’s Hospital Foundation of Manitoba, Inc* be appointed to the Provincial Healthy Child Advisory Committee.

As part of the legislative process, Dr. Jon Gerrard, MLA for River Heights and leader of the Liberal Party, proposed three, largely technical, amendments to Bill 3. The first one supported the request initially made by Mr. Gray and referred to above. The second and third amendments related primarily to section 15(1) of the bill requesting that the HCMO must provide a report on the status of Manitoba's children every five years to the minister. Dr. Gerard suggested that this should be done on a yearly basis as opposed to every five years and that this report should be discussed on a yearly basis with members of the Healthy Child Advisory Committee who would be invited to present, on an annual basis to the Standing Committee on Legislative Affairs. Here is an excerpt of the argument put forward by Dr. Gerrard:

> Mr. Speaker, the intent of this amendment is to change the report on the health of children in Manitoba from every five years to every year. Clearly, the health of children should be more important than just to be reviewed every five years. Five years is far too long a period to have to wait for a report on the health of children in Manitoba. If you look at the large majority of bodies who report and provide reports to the Legislature, I think you will find that the large proportion of those report annually. (Gerrard, 2007, p. 1724)

The three amendments proposed by the MLA were not supported by the Legislative Assembly. Based on an internal Advisory Note (October 29, 2007), these amendments were considered as representing a misunderstanding of the intent of the bill with respect to the role of the Advisory Committee which was to be comprised of volunteers. With respect to the report to being produced, this document was envisioned as being quite comprehensive, as was the initial Postl Report. Given the nature of this document, it was considered that it would simply be impractical or impossible to produce a meaningful report on a yearly basis especially if some type of longitudinal analysis were to influence the development of the report.

On November 8, 2007 *The Healthy Child Manitoba Act* obtained royal assent. Overall it can be said that the process leading to the proclamation of the HCM Act was lengthy but generally straightforward and noncontroversial.

The members of the Committee of Cabinet organized a public ceremony on December 6, 2007 that took place at the Grand Staircase of the Legislative Building to celebrate what was considered an historic day with the proclamation of *The Act*. Based on the speaking notes prepared for this occasion, Minister Kerri Irvin Ross, Chair of the Healthy Child Committee of Cabinet, underscored the unique nature of *The Act* considered a first of its kind in the world. *The Act* was described as the culmination of non-partisan work conducted for the benefit of children. More specifically, the minister's speaking notes state that "The Act acknowledges the shared, nonpartisan agreement of the Manitoba legislature that there is an on-going need for intersectoral collaboration, evidence-based decision-making, and increased investments in prevention and early intervention, particularly during the early childhood" (Manitoba, 2007, p. 2). The non-partisan nature of the initiative was explained by the fact that *The Act* was built upon the initial mandate of the Children and Youth Secretariat created under the Conservative Government in 1994 and continued under the Healthy Child branding and a widely shared understanding that children deserved special attention. On that note, one interview respondent stated: "There are things, regardless of whether you're left-of-centre or right-of-political-centre, that really matter for kids."

Moreover, Dr. Fraser Mustard said the following when speaking in favor of the bill at the Standing Committee on Social and Economic Development on October 17, 2007:

> By your passing legislation, you had the chance of keeping it sustained during that period of development because, as you know, governing political parties can change. Each has

> different ideologies and systems, so putting legislation forward to me seems enormous good sense because that's a chance that you have to sustain this development, because this is basically an apolitical question. If you wish to enhance the quality of your next generation which is important for your economic argument, then you have to start increasing your investment in early child development. (Mustard, 2007, p. 3)

Similarly, Strini Reddy made the following observation:

> But what I want to say about the legislation is simply this: I have been superbly impressed by the non-partisan approach and nature of how we've approached the issue of children and families in our province. This legislation says to me… it gives me confidence and comfort in saying that it doesn't matter who's around and who's in charge. The fact remains that this particular structure we're talking about is something that will go on forever. That is what I take my comfort from. So, whether there are gaps in it or whatever, I'm not exactly sure, but I really think that it is a very, very important step that we're taking. (Reddy, 2007, p. 9)

When examining the broad evolution of the Healthy Child strategy, the passing of *The Healthy Child Manitoba Act* in 2007 represents one of the most significant historical milestones of the strategy along with the creation of the Children and Youth Secretariat in 1994, the publication of the Postl Report in 1995 as well as the creation of the *Healthy Child Manitoba Strategy* in year 2000.

Summary

This chapter presented an overview of the historical evolution of the *Healthy Child Manitoba Policy Strategy* with an emphasis on various policy influences, generally considered as non- partisan, that have had an impact on its advancement. A variety of events took place during these phases of development. These included the publication in 1991, of a joint paper published

by the educational stakeholders lamenting a perceived never-ending expansion of the mandate given to public schools but more importantly the need for cross-departmental responses to the growing number of complex needs some children have namely this with special needs. Accordingly, it is suggested that the publication of this paper had a significant influence on the decision of the government of the time to create the Children and Youth Secretariat (CYS), the inter-departmental policy apparatus put in place in 1994 to address these concerns and others. It is important to note that at this time, the CYS reported to the *Human Services Committee of Cabinet* which had a much broader mandate than the Committee of Cabinet put in place under the Healthy Child approach with its narrower focus on the well-being of children. The policy influences impacting upon the decision of the government to create a secretariat were considered as non-partisan simply because they largely reflected a consensus that emerged overtime around the notion of social determinants of health, especially with the release of the influential Postl Report in 1996.

The creation of the *Healthy Child Manitoba Strategy* in 2000 by the newly elected Government therefore came as the result of a number of continuous interventions including those of a few policy champions deserving attention. First, Don Orchard, Health Minister under the Filmon Government played a significant role leading to the creation of the CYS, and Tim Sale, Minister of Family Services and Housing under the Doer Government elected in year 2000, who became the catalyst leading to the *Healthy Child Manitoba Strategy*. Strini Reddy, a member of the community, also had a significant and positive influence on the implementation of the strategy.

The passing of *The Healthy Child Manitoba Act* in 2007 represents a key milestone in the evolution of the strategy as it formalized its structural organization and provided a higher level of

legitimacy as well as a higher level of protection to ensure its longevity. Some key features of *The Act* address the important notion of accountability primarily when clarifying the scope of responsibilities attributed to the chair of the Committee of Cabinet. Furthermore, Heathy Child was required under *The Act* to produce an annual report as well as a report, every five years, on the status of Manitoba's children.

In light of the Mandell and Keast (2008) model, it is important to note that over time, the network has gained a significant level of legitimacy through a number of significant steps that included: (i) the creation of the Children and Youth; (ii) the hiring of a permanent CEO for tis organisation; (iii) the creation of the Committee of Cabinet as well as the Committee of Deputy Ministers–both fully dedicated to the well-being of Children; (iv) the establishment of a close relationship with the scientific community and the academia; and finally, (v) the proclamation of *The Healthy Child Manitoba Act.*

CHAPTER FIVE

THE PUBLIC AND NON-PUBLIC POLICY ACTORS INVOLVED IN THE HEALTHY CHILD MANITOBA POLICY STRATEGY, THEIR ROLES AND THEIR INTERACTIONS WITH ONE ANOTHER

Introduction

The purpose of this section of the thesis relates to the second research question stated in Chapter One. It identifies who the main policy actors were, what were their respective roles and how they interacted with one another. Many of the actions undertaken under the Healthy Child policy strategy were framed around the need to maximize collaboration amongst multiple actors; not a simple task to achieve. The purpose of this collaborative approach is to address multifaceted needs, problems and challenges related to the well-being of children and to leverage the intended effect of joint policy actions conducted across government departments and other stakeholder sectors including educational partner and non-for-profit organizations.

The public and non-public policy actors, their respective roles as well as their interactions with one another were examined here through a theoretical framework focusing on the notion of *policy network*. This concept was used here as a lens and as an analytical tool primarily in light of the interest intermediation school of thought discussed earlier (Börzel 1998), to examine how the policymaking process takes place within the complex and multilayered Healthy Child policy environment. Accordingly, the following five elements were broadly considered: (i) structures; (ii) relationships; (iii) interdependences; (iv) behaviours of the actors; and (v) interactions.

The intent here was to examine how the policy actors engaged in this network interact through collaborative processes while assuming that, as proposed by Skogstad (2008), policymaking cannot be explained simply through the centralized actions of government policy actors without also taking into account the interactions taking place across diverse internal and

external policy actors. Rhodes (2007), supplements this idea by suggesting that policymaking is often the result of a bargaining process taking place between the members of the network. This chapter examines, amongst other elements, the interactions taking place between advocacy groups and the government. For this reason, when referring to the *analytical scale* suggested by Marsh and Rhodes (1992) discussed in the previous chapter, it is suggested that the analysis takes place primarily at a *micro level*.

It is important to be reminded here that for the purpose of this research, the network being considered is a subset of the broad multi-sectoral Healthy Child network, as it primarily focused on the education dimension. It did not therefore consider the full scope and multiple other partners also engaged in the policy strategy. Accordingly, while the mandate of Healthy Child is broad and linked to a number of partner departments besides Education, this research focused primarily on a subset of policy actors predominantly acting within the education system.

A new expression is introduced here, to describe one central dimension of the Healthy Child Manitoba policy network, that of the policy network 'inner-circle.' For the purpose of the analysis of the Healthy Child policy network, the 'inner circle' refers to the group of internal elected and non-elected policy actors who have what is considered here as a privileged influential role in the policymaking process. The members of the inner-circle include the Committee of Cabinet, the Committee of Deputy Ministers, the Healthy Child Manitoba Office senior staff and the chair of the Healthy Child Manitoba Advisory Committee. While the 'membership' of the 'inner-circle' involved different players at different time, its broad structure and policy influence has remained quite stable. It is interesting to note that the notion of inner circle also inadvertently creates, by default, the notion of 'outsiders.' This implies that the inner circle actors are strategically positioned to influence the policy direction and to 'test' their ideas

and activities for feasibility while the influence of outsiders may be thwarted when their perspectives on certain issues do note correlate to those of the members of the inner circle.

The description of the policy network developed within this chapter was first framed around some of the policy structures identified in *The Healthy Child Manitoba Act* simply because these structures provided a strong indication as to how the network is operating and were considered as core fundamental components and functions of the policy strategy. These policy structures and functions, at times, involved the engagement and participation of a number of external, influential policy actors from the education community.

As suggested by Peach (2004), when examining horizontal policy processes, consideration of the role played by external stakeholders in the policy process requires attention. In the context of the Healthy Child policy strategy, the Manitoba School Boards Association (MSBA), the Manitoba Association of School Superintendents (MASS) including the Student Services Administrators Association of Manitoba (SSAAM), as well as the Manitoba Child Care Association (MCCA) have been the most influential external policy actors within the education sector, based on the insights shared by the interview participants. It should be noted here that while MCCA was not traditionally considered a stakeholder directly concerned with K to 12 educational issues, it is included here because of its significant engagement in the area of early childhood development, still today a central area of focus of the Healthy Child policy strategy. It is suggested here that these external organizations had, at times, a unique *inside track* which allowed them to affect policy decisions.

The policy strategy was also influenced by a number of high profile outsiders, primarily from academia. The Manitoba Centre for Health Policy, due to the policy strategy's emphasis on

research and evaluation, was therefore also considered as having this unique *inside track* relationship with the policy strategy.

Other less influential external policy actors from the field of education included a broadly defined category of educators, as well as some educational stakeholder organizations such as the Manitoba Association of Parent Councils (MAPC), the Manitoba Teachers' Society, and the Manitoba Association of School Business Officials (MASBO).

From a broader perspective, other external agencies also interacting with the education sector were, for example, the Health Regional Authorities, non-profit organizations such the Boys and Girls Club, charitable organizations such as the United Way through the Winnipeg Poverty Reduction Council, and charitable foundations such as the McConnell Foundation. Other politically influential groups such as the business sector, most specifically, the Manitoba Business Council, and the Social Planning Council were amongst the organizations interacting within the network.

The following diagram provides an overall representation of the policy network under study and is intended to be used as a reference tool located the different policy actors engages and to some extent the interactions taking place in the network. As with any visual representation, the diagram does not fully convey the level of complexity of the interactions taking place within the policy network.

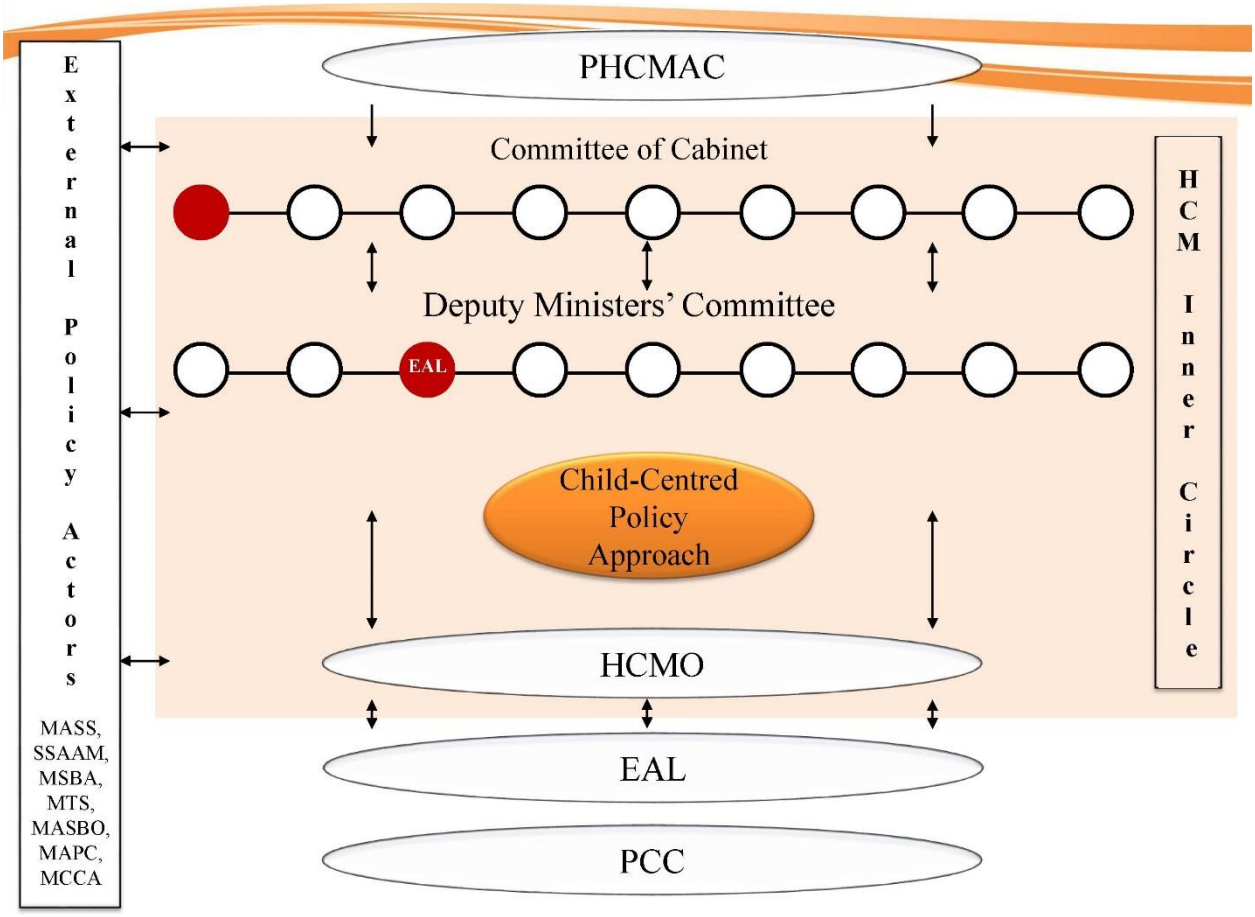


Figure 2. The Healthy Child Policy Network. The first row of nine circles represents the groups of nine ministers involved in the Committee of Cabinet. The *Children and Youth Opportunities* (CYO) red circle highlights the position of the minister responsible for chairing the committee and accountable for the policy initiative. The second row of circles represents the Committee of Deputy Ministers. The Education and Advanced Learning[1] (EAL) circle highlights the position of the deputy minister responsible for chairing the committee. It is important to note that the two chairs have to be from two distinct departments. The Healthy Child Manitoba Office (HCMO) is located under the Committee of Deputy Ministers. The bureaucrats in the Department are located underneath the Office. All the arrows between these structures are bi-directional to illustrate the dialogue and collaboration taking place between these groups. The Parent-Child Coalitions are located at the bottom of the diagram and without any 'communication arrows' to illustrate their relative autonomy. The Provincial Healthy Child Manitoba Advisory Committee (PHCMAC) is located at the top of the diagram to illustrate how, in principle, the Advisory Committee should have a broad influence on the policy strategy. The *communication arrows* from the Advisory Committee are unidirectional to illustrate how the impact of the committee, from a *dialogue and advisory perspective* was perceived as having some limitations. The shaded area highlights the structures of the network considered as the 'inner- circle.' The influence of the external policy actors is illustrated with the rectangle located on the left side of the diagram and primarily representing the educations stakeholders consulted for the purpose of the study. The main locus of the cross-sectoral strategy is represented with the oval located at the centre of the diagram.

In order to illustrate how the policy network operated differently under different circumstances, following the descriptive analysis of the policy network, this chapter also includes a contextualised examination of three specific examples highlighting various types of interactions taking place across the network. These three examples were selected, because they were referred to by several of the participants interviewed and secondly because they show three different facets of the functioning of the policy strategy and because of their significance for the purpose of the study. The three contextual examples are: (i) early childhood development and education, (ii) mental health and the (iii) Community School Investigators' (CSI) program.

It is important to note that for the purpose of this chapter, the analysis of the policy network, is primarily descriptive. The next chapter will supplement this initial description by offering a critical analysis of the network based on the perceptions of the members of the policy network in terms of benefits and challenges.

The Formal Structures of the Policy Strategy

While the Healthy Child Manitoba strategy emphasizes horizontal collaboration across sectors, its organizational structures are largely managed from a vertical perspective. This relates perfectly to an observation made by Lindquist (2002) suggesting that horizontal policymaking does not imply the end of *vertical* government. This explains why the governance school of thought discussed by Börzel (1998) earlier did not appear to be the appropriate conceptual model to predominantly guide the description and examination of the policy network being considered for the purposes of this study.

The *Healthy Child Manitoba Policy Strategy* is primarily led by a group of elected officials who are strategically positioned to exert leadership and set a policy orientation. This type of leadership *from the top* was considered by some as one of the conditions and drivers of change required to achieve success through collaboration (Peach, 2004; Peters, 1998). While the

group of ministers sitting on the Committee of Cabinet are responsible for steering the direction of the overall policy strategy, its work is also significantly influenced by the Committee of Deputy Ministers that is largely responsible, at a high level, for the operationalization of the strategy along with the HCMO staff which is more directly responsible for substantially informing, activating and coordinating the implementation of the strategy. This includes, collaborating with several government departments, with other governmental agencies and external stakeholders.

The overall orientation of the strategy is to be guided, at least in principle, through the influence of the Provincial Healthy Child Advisory Committee (PHCAC) which later in this chapter is simply referred to as the *Advisory Committee*. At the community level, the Parent-Child Coalitions in some ways replicate the horizontal structure and collaborative nature of the broad strategy to address a number of local priorities and issues that are also cross-sectoral in nature.

The interactions amongst the actors take place within a network primarily considered as government-centric. As suggested by one elected policy actor, Healthy Child is very much a 'government initiated operation.' For this reason, the five fundamental network structures identified in *The Healthy Child Manitoba Act* are examined in the following sections of this chapter: the Committee of Cabinet, the Healthy Child Deputy Minister's Committee, the HCMO, the Provincial Healthy Child Advisory Committee and finally, the Parent-child coalitions. According to the Mandell and Keast (2008) model, the quality of the relationship existing between the network and the government confers a significant level of stability to the network. Based on the fact that the Healthy Child apparatus is solidly anchored within such a government-centric paradigm, there is good reason to believe that the network benefits from a certain level of

stability. This element of stability may however infringe or limit the capacity of the network to interact with others. This tight coupling with government may therefore imply a number of trade-offs that will require attention.

The interactions taking place within and across each of the Healthy Child structures are examined in greater details. It is suggested here that these structures, delineated in *The Act*, represent the framework from which the policy strategy is being enacted.

While the information below is presented in a linear fashion, it should not be assumed that the interactions described here are necessarily taking place in a well delineated and unidirectional trajectory. Quite the contrary, these interactions tend to be multifaceted, multi-directional and take place within a fairly complex and messy operational framework.

The Committee of Cabinet

The Committee of Cabinet benefited from strong, deliberate and sustained support demonstrated by both Premier Doer (1999-2009) and Premier Selinger (2009-2016) of the New Democratic Party. This required support, an essential driver for horizontal policymaking, represented and received a powerful thrust when the members of the Cabinet Committee were initially given a mandate towards the effective implementation of the horizontal policy strategy (Peach, 2004).

The Committee of Cabinet consists of ministers identified by the Lieutenant Governor in Council. The ministers are not arbitrarily or directly selected on a preferential basis but rather in light of their portfolio. Accordingly, the selected ministers all have responsibilities that relate to the well-being of children, as defined by their departmental portfolio.

As mentioned by several scholars, the notion of accountability requires attention (Börzel & Lauréate; Fitzpartrick, 2000; Peach, 2004; Peters (1998), Rounce & Beaudry, 2002; Salamon,

2002; Savoie (2003)). It is suggested here that even when working horizontally, vertical accountability remains a significant component of the government machinery. The selected chair for the committee is by default responsible for *The Healthy Child Manitoba Act.* At the end of the day, the minister responsible for Healthy Child is therefore fundamentally accountable for the policy strategy. It is suggested that the chair is really the central 'champion' of the policy strategy, an important role for maintaining the momentum of the strategy but also to align with the vertical structures in place (Hopkins et al., 2001).

It is proposed that the Healthy Child network is considered as being largely dependent on the central government with well defined vertical lines of accountability. Indeed, under the legislation, Healthy Child is accountable in three different areas. First it must produce an annual report on the regular activities conducted by the HCMO. Second, it must produce a report on the status of Manitoba's children in relation to achieving the outcomes of the Healthy Child Manitoba strategy. Third, on a yearly basis, the Department where the HCMO is located is responsible for producing the document *Supplementary information for Legislative Review* (SILR). Similarly, to the annual report, the SILR is a public document designed to provide a variety program and financial information related to staffing requirements and expenditures as well as a historical budget comparison (Manitoba Children and Youth Opportunities, 2015). This document is primarily meant to assist the members of the Legislative Assembly in critically examining the estimated expenditures of a certain department. (Manitoba Children and Youth Opportunities, 2015).

The HCMO is typically located within the organizational chart of the department corresponding to the main portfolio chair of the Committee of Cabinet is located. For example, as illustrated in Appendix C, the Office was located in 2015 in the Department of Children and

Youth Opportunities. This is consistent with the Healthy Child legislation which indicates that the chair of the committee is responsible for *The Act.* The primary function of the Committee of Cabinet is to set a broad orientation for the policy strategy through the identification of cross-cutting priorities; a task that requires that the ministers involved think strategically beyond their respective areas of responsibility. According to *The Act* the committee is required to meet at least five times a year, which is a relatively limited amount of time, thus the importance of the leading and supporting role played by both the deputy ministers and the HCMO staff.

It is pertinent to examine the role and function of the Committee of Cabinet within the context of the early implementation of the Healthy Child policy strategy to better understand and appreciate the nature of the conversation that initially took place at that table. Soon after the election of the NDP Government in the year 1999 the Healthy Child Committee of Cabinet was formed. The committee was asked to expand the work first initiated by the Children and Youth Secretariat by the previous Government under the new brand *Healthy Child Manitoba*. As part of a newly elected Government, the ministers sitting at that table needed to reflect on the role of this committee and were called to collaboratively define the scope of their mandate and develop a shared understanding of the purpose of the work to be conducted horizontally. As a result, one important task of this committee is to set a number of priorities, based on the advice of the deputy ministers and of the staff from the HCMO. This conversation at the Committee of Cabinet often begins from a departmental perspective and is progressively broadened to eventually have more of a cross-departmental scope. One interviewee, from the inner circle, described the typical conversations the ministers were having when attempting to define the scope of the mandate of the committee:

So one of our very early meetings back in 2001 when [the ministers] were still finding their stride and figuring out what does it mean to be a Cabinet Committee for children, we suggested that we would have [...] a facilitated conversation. And the question that we asked them to think about before they came in was: “When you think about your responsibility, in your Ministry, for children, what keeps you awake at night?” And for some of them their whole department is children, you know like Education [...] but for some of them like Justice, children are a piece of their portfolio but not the whole story, but just going around the table and asking each of the ministers that question was an illustration on the complexity right there, right? So Education even way back then was talking about the mental health issues and behavioral issues they were seeing. Health was talking about childhood obesity and diabetes. Justice was talking about the violent crime that they were starting to see that hadn't seen before and so on all the way around the table. [...] You stand back and say to the very people that just told you all of that, "So what do you see when you look at that?” And they all just said, “The issue I am trying to solve, the solutions don't lie in my department. The solutions lie with there and over there. Or the problem that I've created actually doesn't end up being my problem. It ends up being their problem over there.” Like we can't solve these things unless we work together and then we sort of did the spider web drawing, you know and kind of -- and out of that, they started to choose a couple of priority areas for attention. Early childhood was one, early prevention was one. I can't remember the other ones but they're very early stage, but those were a couple of them.

For this committee, the task of setting priorities also relates also to the goal of being as efficient as possible when determining which areas require an interdepartmental approach. One informant used the notion of *intersection* to reflect on this task:

> Well my attitude always was the important intersections, but that there wasn't an intersection everywhere. In other words, not everything we do in the department [...] concerns other departments, but a lot of what we [does] concern other departments. So, it was really important for me to identify where there should be intersection and where there should be collaboration and so on, where there could be synergies and where there likely wasn't. [...] I didn't want to be trying to find these intersections just for the sake to say we were doing that or for window dressing [...]. I really wanted to do that if it meant something to somebody, if it created a bigger outcome by doing that than not doing that. There were really some really important intersections and you know [...], out of that came the identification of the priorities. [...] So it's always a question of where does it matter, where doesn't it matter.

When having this type of conversation, the Cabinet ministers needed to be encouraged to think beyond the unique mandate of the department they were responsible for. As newly elected MLAs, the ministers did not arrive equally prepared to reflect on the scope and complexity of the issues related to the well-being of children. The role of non-elected public policy actors, in this case the HCMO staff and the deputy ministers, was to facilitate this conversation and to engage and familiarize the ministers of the critical importance of examining the issues beyond the traditional boundaries of the departments.

However, keeping this cross-sectoral view on issues appears at times to be challenging. For example, one respondent mentioned that the conversation taking place at the Committee of

Cabinet table was influenced by a number of perspectives including points of view often informed by a narrow departmental perspective or issue perceived as being more pressing. On that note, it has to be expected that ministers never lose sight of their own departmental issues requiring attention. Juggling both, department-specific issues with those of a cross-cutting nature, appeared at times to represent a real challenge. The purpose of the Committee of Cabinet is to encourage strategic thinking about the priorities with the hope that the initiatives undertaken jointly would create a synergy that would also, on a long-term basis, have an impact on issues located in individual departments. For example, the Minister of Education may be required to develop a plan to improve student learning in numeracy and literacy. The Minister of Education may therefore very much be interested in considering how the cross-departmental priority actions identified by the Committee of Cabinet will also, perhaps, have a supportive impact on this issue.

Managing conflicting goals and priorities remains a significant challenge for the ministers sitting on the committee. Aligning interests and determining shared goals and priorities from a multi-departmental perspective can be a daunting task simply because each department tends to primarily work from a unique and distinct frame of mind or perspective, related to a well defined departmental mandate, as well as within the context of finite resources. As suggested by Peach (2004) and Savoie (2008), when working horizontally, identifying a small number of priorities has the benefit of creating a focus and of forcing the actors to make tough decisions on competing potential directions. By the very nature of their positions, each one of the partner Cabinet ministers is working under different pressures influenced by different factors and stakeholders. Each individual member of the Cabinet Committee has his or her own personality and style as well as his or her personal views on certain issues often informed by a unique set of political pressures. Limitations around financial departmental resources and the fact that these

resources are largely already committed are always present. For all these reasons aligning interests and priorities represents a real challenge.

From a budget perspective, all departments are not equal. While the spirit at the table is considered collaborative, there is no doubt that some of the ministers, namely the Minister of Heath and Minister of Education may believe that their voice at the table has or perhaps should have a greater weight in the decision-making process due to the size of their department. There is an element of unbalanced levels of power and of, based on human nature, perhaps some personal ego at play.

Within the context of their respective committees, Cabinet ministers and deputy ministers will not always agree with one another as to how an issue needs to be addressed; this is to be expected in any type of deliberative activities. While the views expressed by the members of the Committee of Cabinet and Committee of Deputy Ministers may occasionally appear to be contradictory or even conflicting, it was suggested that this type of situation where ideas are being discussed and debated can be healthy and constructive even if the necessity to reconcile ideas can be difficult at times, as long as the interventions made by each departmental representative are generally made in good faith with good intention and good will. There appears to be a healthy tension between the members of each respective committee, ministerial and deputy-ministerial committees, and between these two committees where negotiation, as suggested by some informants, skills and willingness to give and take are always beneficial when working collaboratively.

On that note, while the ministers are sitting at the same table to discuss a number of issues of common interest, turf protection behaviors are also to be expected. For example, one external policy actor suggested that having ministers working at a same table may indeed

reinforce some of the barriers where they may be required to protect or defend the actions undertaken by their department:

> From the outside, I think having the multiple ministers involved is in fact reinforcing some of those barriers that it was supposed to be breaking down. I think there still is... I am going to use the word turf protection.

The work of the Cabinet ministers takes place in a politicized environment where the impact of decisions is often measured through a political lens. Of course, research evidence made available through the work of the HCMO is often available to inform decision-making but do elected officials take full advantage of the research even when it involves taking risks? Government tends to be risk averse when the consequences of decision-making have real political ramifications on voters and create political opportunities for the official opposition at the Legislative Assembly. The ministers' political special assistants and a few selected backbenchers, who, as indicated by a senior policy actor, also often attend the meetings of the Committee of Cabinet, tend to be particularly attentive to these more sensitive dimensions.

The work conducted at the table of the Committee of Cabinet does not end there. Often, the ministers involved in the cross-departmental conversation will need to convince other Cabinet colleagues as well as the Treasury Board of the importance of any new investments being considered as a follow-up a decision made by the Committee. The fact that central agencies such as Treasury Board are not always well adapted, as suggested by Peters (1998), to work horizontally requires attention. The chair of the committee will often be called upon to be the spokesperson responsible for convincing his other Cabinet colleagues or Treasury Board of the critical importance of the actions needing to be implemented for the benefit of children. Indeed, the decisions made by the Healthy Child Committee of Cabinet requiring significant

financial resources, often have to be vetted through Cabinet which also includes the Premier as well as the other ministers not directly involved with the Healthy Child policy strategy. While there is always a risk that a proposed investment in support of a new activity or initiative may not be supported by the Cabinet, the communication process taking place between the Healthy Child Committee of Cabinet and the Cabinet as a whole is considered by the HCMO as a very effective mechanism to obtain clear direction:

> If you didn't have that Cabinet Committee, if one minister felt that strongly about it, it would take months to get the necessary meetings together and so on and no one would be charging us to do our work until all of that happened and it gets derailed. In the meantime another priority comes up or whatever. You come out of the Healthy Child Committee of Cabinet meeting, you've got a minute that says that "this is a priority that Healthy Child has set", that minute goes to Cabinet and Cabinet either endorses or doesn't and then you've got a Cabinet minute. So it's a very efficient way. And just as quickly something can be quashed and say the time is not right or we don't have the resources or whatever and that's happened too. Great, then we're not going to spend a whole bunch more time trying to frame this idea and develop it up into eight different submissions and stuff. If there's no appetite for it, we move on.

The impetus for initiating a project can vary extensively. For example, it can be politically motivated, perhaps because one or several ministers sitting at the Cabinet table see an opportunity to undertake an activity that has the potential of yielding some immediate political benefits. In other cases, an action undertaken can be a direct response to the advocacy activities conducted by a certain group or in response to an unforeseen urgent situation that requires immediate attention. It can also flow from the priorities that have been approved by the

Committee of Cabinet.

The relationship between the Committee of Cabinet and of the Committee of Deputy Ministers is important and requires attention. It is examined here in greater detail.

The Committee of Deputy Ministers

The chair of the Committee of Deputy Ministers is appointed by the Cabinet Committee. As noted earlier, the selected deputy minister must be from a department distinct from the department responsible for chairing Committee of Cabinet; this is simply to be consistent with the cross-departmental spirit of the policy strategy. For example, when the interviews for this research were conducted, the chair of the Committee of Cabinet was Melanie Wight, Minister of Children and Youth Opportunities and the chair of the committee of Deputy Minister was Gerald Farthing from the Department of Education and Advanced Learning. Moreover, the process leading to the identification of the priorities by the Committee of Cabinet is often first informed by an initial deliberation that takes place at the deputy ministerial table where the deputies will first do the groundwork, with the support of staff from the HCMO, to set some type of initial framework to facilitate the decision-making process. While the ministers are responsible for providing the broad direction on the priorities requiring attention, it is generally at the deputy ministerial table that the more operational discussions take place, especially if there is a need to determine how the various departments will collaborate on some joint initiatives and, in some cases, will cost-share the activities being considered. Given the nature of the work conducted by the deputy ministers' committee, the meetings of this group are significantly more frequent and tend to happen on a bi-monthly basis.

The conversation on the use of financial resources is at times more sensitive as departmental senior officials, just like ministers, tend to be protective of the resources they are responsible for. This illustrates how the members of the network are connected to resource

dependencies and also relates to the Rhodes model of the policy network examined earlier in Chapter Two (Rhodes, 2007) where the relationships amongst the participants within a network are conceptualized as a 'game' where policy actors engage in a bargaining process, relating to the advantages and benefits based on the often unwritten 'rules of the game.' These unwritten rules of the game, according to Rhodes (1987) include elements such as pragmatism, consensus, fairness, accommodation, secrecy, trust, depoliticization of issues, and the right of central government to govern.

Because of the sensitivity and complexity of the issue of cost-sharing, in any policy deliberations, follow-up conversations on funding arrangements involving several departments tend to also take place outside of the regular committee meetings and more within and across each of the partner departments. Based on the insights of some informants, these conversations generally take place at the assistant deputy minister/director level and tend to involve some negotiations and give and take across the sectors until a recommendation, generally based on consensus, is presented to deputy ministers and ministers for final approval. Because other participants from a department, such as assistant deputy ministers, often also attend the deputy ministerial meetings, follow-up conversations tend to be easier to manage and generally take place in a timely manner and with appropriate background information.

Both the chair of the Committee of Cabinet and the chair of the Committee of Deputy Ministers play a central role in the decision-making process. On that note, a senior departmental official indicated that the responsibilities of the chair of the deputy ministerial table relate primarily to the need to ensure that the committee operates within its mandate. For example, one central responsibility of the chair of the committee is to ensure that the list of priorities endorsed

by the ministers is constantly used as a roadmap for the group, as suggested by the deputy minister interviewed:

> My role was to make sure that the committee identified priorities [...] Those priorities then went to ministers for ratification. There were four priorities identified and I made sure as the chair that we stayed focused on those priorities, that we didn't go off doing something else when we should have been focusing on our priorities.

The identification of these priorities, based on the conversations taking place across the two tables, requires numerous conversations at the deputy ministerial and ministerial levels. As mentioned within the context of the work taking place at the ministerial level, these conversations on priority-setting tend to be generally guided by civil servants, namely by the HCMO staff primarily under the leadership of the Chief Executive Officer of this organisation who may also be appointed Secretary to the Cabinet Committee through Order in Council. These priorities are then ratified by the Committee of Cabinet and become the framework used to guide the conversations taking place at this table.

While the priorities are largely set internally by the committee and without any formal consultation with stakeholders, it was suggested by respondents that the development of the priorities is informed by a number of views that have previously been shared by external groups and through the interactions taking place across various departments, groups and agencies on different occasions. This includes both formal and informal activities and meetings which, based on the following comment shared by an informant represents an iterative process:

> It was an interactive thing. [...] The priorities were both talked about, have been identified by those in government and those outside the government, but I think that came about

through, you know the interaction that goes on between various government departments and agencies and various parts of the public.

It is generally assumed that the HCMO staff is very much aware of the 'lay of the land' and of the issues that require more immediate attention and that need to be addressed by the deputy ministers. In other words, the Office acts as "the eyes and the ears" of both the Committee of Cabinet and of the Committee of Deputy Ministers. Thus the importance for the Office staff to ensure a strong presence in the field to remain well aware and informed of the issues.

Attendance at deputy ministers' meetings was raised as an issue by an informant: "sometimes [...] there are not a lot of deputy ministers at the deputy ministerial meetings." While of course deputy ministers are very busy due to the scope of their responsibilities, this can also be interpreted as a potential lack of commitment and perhaps as a relatively low level of importance attached to the policy strategy. Under these circumstances, it appears that sending a delegate to a meeting can become a common practice. On that note, a civil servant with a senior position in the department suggested that perhaps it would be more effective to formally transfer the leadership of the Committee of Deputy Ministers to assistant deputy ministers since it appears that, by default, they often end up being the representatives at the table. Such an approach would require a legislative change since the Committee of Deputy Ministers is specifically referred to in *The Healthy Child Manitoba Act*. This suggestion may also indicate that, because of their respective workload and regular departmental responsibilities, it is at times difficult for deputy ministers to be fully engaged in the cross-sectoral dialogue. This would also suggest that when comparing departmental work and cross-sectoral work, the departmental focus tends to remain the top priority for the deputy ministers.

The following example provided by a senior civil servant illustrates how the Committee of Deputy Ministers was at times used as a mechanism to create a cross-sectoral conversation with decision makers from other areas. This example also shows how this approach has its limitations, simply from the perspective of its capacity to bring busy people together.

> And again [at] some of the meetings that I have had it has been interesting to see the different organizations come and present. Just yesterday, the CFS [Child and Family Services] authorities were meeting with the deputy ministers of Healthy Child Committee of Cabinet and that's the second meeting that they had. It's interesting to see those kinds of organizations coming to the table and talking to the various departments and people together trying to figure out […]some actions that will be taken. Now one of the challenges is that it is not a perfect system, for example yesterday, for a variety of reasons, there was no representative from Justice at the table and I am not sure if there was Health as well. There were two departments that were noted that were not at the table participating in the conversation and the authorities noted that. So, it's still is challenging even though you have the structure to get everybody around the table for the conversations that are needed but if we didn't have that table we would not even get that close to having them. And hopefully on an ongoing basis those departments will come and participate in the discussions and in whatever actions that are going to come out of that.

The Committee of Deputy Ministers has historically entertained a limited and more controlled relationship with outside stakeholders but is apparently becoming more open to the idea of interacting more frequently with external policy actors as indicated by the following observation made by a respondent: “[There have been times] where people from stakeholders

from the partners actually, from the educational community have presented to both the deputy ministers and ministers and there's been discussions and there's been recognition of shared interests." This bi-directional communication has the benefit of helping external stakeholders better understand what the committee is attempting to achieve and perhaps more openly signal that the committee is interested in having a dialogue with outside stakeholders. A member of the 'inner-circle' shared the following observation regarding the openness of the deputies to work collaboratively with external stakeholders:

> The committee has, and always was to some extent, but even more so now really opened to interaction and feedback from partners. And whether we talk about early childhood education or we're talking about crime prevention or we're talking about integrated service delivery or we're talking about mental health that's been the case, and in particular with regard of the early childhood and mental health. [...] So, because there's been that effort to make sure that there is communication with partners and stakeholders and get feedback through that process of course, they get to know the committee and what it's, you know, what it's concerned with and what it's trying to do with people who are part of it.

It appears that the openness and willingness of both the Committee of Deputy Ministers and Committee of Cabinet to build relationships with stakeholders has evolved over time. This illustrates how the network has become progressively more open to hear from others and how government is called to work in conjunction with a network of organizations (Koppenjan & Klijn, 2004). In some cases, as indicated above, external agencies were invited to attend a meeting, often as a response to advice provided by the Healthy Child staff. On other occasions, external organisations will make a request to attend. The committee may respond favorably or

negatively to such an invitation depending on the nature of the request and depending on the overall policy agenda being considered.

The Healthy Child Manitoba Office

The Healthy Child Manitoba Office (HCMO) is the governmental agency responsible for acting as the Secretariat for the Committee of Cabinet. The work of the Office, since the proclamation of *The Act*, is led by a chief executive officer (CEO), in accordance to *The Civil Service Act*, who plays a critical role in informing the work and decision-making capacity of both the Committee of Cabinet as well as the Committee of Deputy Ministers. The Lieutenant Governor in Council may also appoint the chief executive officer (CEO) of the office as secretary to the Healthy Child Committee of Cabinet through an Order in Council. The main responsibility of the Manitoba Healthy Child Office, is to coordinate and facilitate the development and implementation of public policy related to the well-being of children as delineated by *The Healthy Child Manitoba Act* (Manitoba, 2016). The Office plays therefore the role of a lead agency (Peters, 1998) responsible largely responsible for the day-to-day management of the policy strategy. As suggested earlier, the Office can be conceptualized, based on the perspective shared by Provan and Kenis (2007) as a Network Administrative Organization (NAO) in the context of the broad policy strategy. This formal governmental agency, based on the Mandell and Keast (2008) model, has a stabilizing effect on the network.

Furthermore, the role of the Office is to be responsive to the desire to create a higher level of policy alignment across several departments and implement a number of evidence-based initiatives that have the potential to support both families and optimal child development. This orientation is based on the premise that resources invested early on in the life of children will prevent the need for costly downstream interventions required later when various preventable health and social problems need to be addressed. The mandate and the work of the HCMO is

based on an operational framework that relies on research, development and delivery of programs but also on the evaluation of the effectiveness of the programs being implemented. As per *The Act*, the scope of the work of the Office focuses on age groups ranging from prenatal to adulthood. Activities can either be implemented universally, therefore targeting the well-being of all children or at times be targeted in order to be more responsive to the needs of more vulnerable segments of the children population.

The Office staff is also responsible for all the logistics surrounding the work of the various tables but more importantly, is responsible for identifying the issues requiring attention and for gathering the necessary 'intelligence' to analyze the issues for bringing this information to the attention of the both ministers and deputies to help them make informed decisions. One interviewee used the following analogy to describe the nature of the work conducted by the office:

> They are the workhorses of the committee, for the committee and [the Chief Executive Officer/Secretary] plays a huge role, almost equal to and in some ways, more that the chair you know. [...] I mean it is just indispensable and done in a very collaborative kind of way.

One of the central responsibilities of the Office is to bring together the policy actors who need to work collaboratively to address a specific issue. This collaborative work, coordinated by the Office, is used to collect the evidence required to make decisions and to frame the work of the two high level committees. The Office staff are expected to be responsive to the decisions made and are responsible for acting proactively on the directions provided either by the ministers or by the deputy ministers, depending on the nature and on the scope of the issues being examined. The Office tends to act at a fairly high level and to bring together the content

departmental knowledge experts depending on the nature of the issues that are being considered. In other words, the Office has two functions: one inward function where it is responsible for gathering information for the two high level committees and an outward function, often related to the implementation of a number of actions required as a result of the directions provided by both the committees of ministers and deputy ministers.

Relying on strong evidence to inform decision-making is one of the foundations of the policy strategy and of the work being conducted by the HCMO. Hence the focus of the work conducted by the Office is on program evaluation. In a certain way, the Office has a research function similar to those of a specialized research centre but on a smaller scale. For this reason, this research capacity is often complemented by support of other external agencies, including the Manitoba Centre for Health Policy mentioned above. This focus on the use of quality data and research to inform decision-making is valued by other structures of the policy strategy as illustrated by the following observation made by one of the participants: "Both the Advisory Committee and the Cabinet Committee were keen on making sure that we [Healthy Child] made decisions based on good information." Once again, this highlights how this connection with the scientific community increase the level of legitimacy of the broad policy approach.

The HCMO has traditionally been located within the organizational chart of a certain Department based on the location of the chair selected for leading the policy strategy (see Appendix R). The location of the Office is often however perceived as somewhat superficial since, even when considering its core cross-sectoral function, the Office is very much a standalone entity that is required to file its own annual report even when located under one departmental umbrella such as Children and Youth Opportunities. The annual report is an important tool for addressing the issue of accountability, often considered as being muddied

when considered within in the context of horizontal policymaking (Savoie, 2008). The perceptions around the distinction of Healthy Child as a standalone office or as an organisation nested within a department vary greatly. It was suggested that for those involved directly in the policy field, this distinction is important and significant but it was less visible to the politicians and to external stakeholders. In other words, no matter where Healthy Child is located in the governmental departmental organizational chart, its mandate remains the same no matter who the chair is and no matter where the office is physically located. This explains some of the confusion around terminology and why expressions such as *Healthy Child*, *Healthy Child Manitoba Office*, *Healthy Child Manitoba Strategy* are some time used interchangeably and incorrectly.

Ensuring a strong presence outside, in the field, with partner organisations has always been a strong priority for the senior staff of Healthy Child. Finding the right balance between the need to reach out externally and being able to provide sufficient coordination and leadership internally can be challenging at times especially when considering the limited internal capacity the organisation has. Another aspect requiring attention relates to how Healthy Child finds the right balance between the need to create and support community engagement but at the same time pay attention to the engagement of the partner departments. Healthy Child can at times get caught in the middle and for this reason struggles with the best way to balance external and internal needs and pressures.

By itself the HCMO, perhaps the most visible component of the strategy, does not have a high profile, certainly not a profile as prominent as that typically attributed to a department. This in itself is not necessarily problematic given that in a certain way, the role of the Office is to orchestrate and to coordinate the work conducted under the policy strategy, therefore to work in the shadow of other departments. Accordingly, the main functions of the Office are, at least in

theory, strategic in nature and should focus on research and planning strategies that can be used to inform the work of other departments to ensure cross-sectoral coherence.

The Provincial Healthy Child Advisory Committee

The chair and vice-chair of the Advisory Committee are designated by the chair of the Committee of Cabinet. The main responsibility of the chair is to lead the conversations taking place at the Advisory Committee table and to ensure that the committee is used as an effective vehicle for information sharing, for gathering input and as a tool to develop and sustain the relationship between the government and the community. Typically, the selected chair of the committee will be a highly regarded member of the community and will have a high level of credibility, both externally and internally. In principle, the committee is designed to provide an opportunity to members of the community to influence government decision-making. The vice-chair's main responsibility is to replace the chair of the committee if for any reason the chair is absent or unable to fulfill his or her duties. A minimum of six members of the Advisory Committee are representatives recommended by the Parent-Child Coalitions. Other organizations currently represented on the Advisory Committee are listed in Appendix S (Manitoba, 2016).

According to *The Healthy Child Manitoba Act*, the Advisory Committee is responsible for advising the Committee of Cabinet and the HCMO on any issues or elements related to the *Healthy Child Manitoba Policy Strategy* and to assist in identifying and assessing community strengths and needs related to children and their families.

As with other aspects of the policy strategy, the role of the Advisory Committee has evolved over time and merits to be first examined from an historical perspective. As briefly alluded to in Chapter Four (historical development), this committee was not created at the onset of the policy strategy. Indeed, it was suggested that the broad conversation on the well-being of

children initially took place within the education community, even before the Healthy Child Advisory Committee was created by the passing of *The Healthy Child Manitoba Act* in 2007.

The first external committee set under Healthy Child was referred to as the Early Childhood Development (ECD) Advisory Committee and its scope was limited to pre-natal to children of 5 years of age. This committee, established in September 2000 was initially created with a clearly stated and narrow purpose: to organize a provincial forum that would inform the implementation of the Healthy Child Manitoba provincial strategy and would focus on the engagement of the early childhood community in Manitoba.

The work conducted under the Healthy Child Manitoba strategy is influenced internally but also externally through the strategic involvement of influential individuals. It was suggested, for example, that the original ECD committee was established as a result of the influence of Dr. Fraser Mustard, a high profile and influential medical doctor, well known in Manitoba and elsewhere, in the early childhood community for his work and research in the field of early childhood development. A first provincial ECD forum was held in February 2001. The membership of this government ECD task-driven committee was later expanded to include the participation of a variety of external stakeholders and community organizations to play a broader role in the area of early childhood development and to advise the Committee of Cabinet through its chair. In 2007, the mandate of the committee was expanded to encompass prenatal age to 18 years.

The work conducted by both the initial ECD committee and by the Advisory Committee as defined in *The Act,* was initially led by a highly respected and influential Manitoba educator who later became the first chair of the Advisory Committee. Accordingly there are good reasons

to believe that the Healthy Child Advisory Committee came to be as a response to a need expressed by a variety of influential educators and stakeholders.

An individual considered as charismatic, passionate and highly skilled, Strini Reddy, was first asked to chair the ECD Advisory Committee in 2000. Reddy used the following words to describe why he accepted to play this role: "It's something I'm very passionate about and I only agreed to do it because of that and also selfishly because I wanted to make sure that this concept [the Healthy Child Manitoba Strategy] was implemented." Reddy was initially asked to fulfill this mandate for one year but in fact remained chair of the committee for 12 years when one includes his initial involvement with the ECD committee as well as his role as chair of the Advisory Committee. According to him, his 12 years of personal dedication as chair of this committee were great and fulfilling. His long-term commitment provides an indication of his influence as a member of the inner circle.

The Advisory Committee officially established under The *Healthy Child Manitoba Act* in 2007, by design, provides an opportunity for all the organizations invited to attend, to exchange information but also to obtain information on new developments and new relevant research undertaken by Healthy Child and by other organizations. The committee is comprised of approximately forty members representing a variety of community organisations providing an adequate regional and cultural balance in terms of representation. Each organisation is invited to identify a representative to sit on the committee. The committee brings a number of representatives with pertinent expertise in a variety of areas including research and evaluation, child development, and prevention and early intervention. Each partner department is also asked to identify one representative to sit on the Advisory Committee on an ex-officio basis as well as

the representatives of the Parent-Child Coalitions. In principle, the forum is designed to allow the participants to share their own perspectives on the issues being discussed.

More specifically, the Advisory Committee was designed to be a body that brings together a variety of perspectives, not only the voice of experts. The committee therefore allowed people with different views and levels of expertise to learn from one another as indicated by this observation shared by one interviewee: "I felt that those meetings were valuable for many reasons. I always felt like I had a voice." In any committee however some voices tend to dominate. It was suggested, for example, that the Manitoba Association of School Superintendents and Manitoba Child Care Association were amongst those dominating voices. The chair of the committee was required to ensure that all those represented had adequate and equitable opportunities to share their views and concerns. This was raised as a constant challenge by the two past chairs of the Advisory Committee.

The relationship between the Advisory Committee and the Committee of Cabinet deserves some attention. Under the leadership of the first chair, the Advisory Committee had a fairly strong working relationship with ministers as indicated by the following statement made by the first chair of the Advisory Committee, Strini Reddy:

> I had the opportunity as chair of the Committee to meet with the Healthy Child Committee of Cabinet every two or three months to have a dialogue with them, to ask about what the Healthy Child Advisory Committee was looking at in terms of direction and to, you know, try to move the agenda forward. I must say to their credit, the Healthy Child Committee was very responsive, they were very welcoming of my reporting to them in terms of what took place with the Committee, whichever minister [...] was in

> charge. [...] The minister responsible for Healthy Child Manitoba was very willing to come and meet with our committee.

It was suggested that because the ministers sitting on the Cabinet Committee are very busy and pulled in many directions, linking these ministers with the Advisory Committee simply through documents such as meeting minutes, was neither adequate, meaningful nor sufficient. For this reason, it was suggested that this relationship needed to be formalized to ensure that the priorities and areas requiring attention benefitted from an in-depth conversations with the ministers. This would be one of the reasons why the Advisory Committee was embedded in *The Healthy Child Manitoba Act* which clearly stipulates that the chair of the Advisory Committee must meet at least once a year with the Committee of Cabinet. This close relationship was very valued as indicated by the follow comment made by the former chair:

> I must say to their credit, the Healthy Child [Cabinet] Committee was very very responsive... [they] were very welcoming of my reporting to them in terms of what took place with the Committee whichever minister was in charge...

It is important to reiterate here that the first chair of the Advisory Committee met at multiple occasions with the Committee of Cabinet. This type of more personal and regular face to face meeting did not however take place under the leadership of the second chair of the committee where meetings with ministers only occurred at the regular meetings of the Advisory Committee, as a large group. It is suggested here that perhaps the first chair of the initial committee had a stronger personal connection with the chair of the Committee of Cabinet of the time, namely Tim Sale. While important and beneficial, the conversations taking place with the large group and the ministers were considered as being more superficial, predominantly because they took place in a large group format. Under these circumstances, the members of the Advisory

Committee had limited opportunities to entertain a more focused and perhaps meaningful dialogue with the ministers of the Committee of Cabinet. This allowed the ministers to talk, perhaps superficially, about a number of issues they were paying attention to but also to hear about some of the concerns the members of the committee wanted to bring to their attention. Selected senior civil servants including deputy ministers and assistant deputy ministers, along with the ministers, also attended these meetings, to hear the conversation but also to provide support to ministers when needed especially when questions raised were perhaps more technical in nature.

It was reported that one of the broad messages provided by the ministers to the members of the Advisory Committee was that implementing systemic changes, as a result of governmental actions, is incremental in nature and requires time. In other words, the ministers were inviting the members of the committee to be "patient and realistic" with respect to their expectations regarding the rapid implementation of changes that would address the issues being considered which often required the investments of additional resources. Part of the role of the ministers within this context appeared to focus on the need to manage expectations. It was reported that some members of the committee expressed some frustration with regards to this lack of commitment perceived as lack of willingness to seriously consider the challenges and issues raised by the members of the Advisory Committee. This is not an uncommon practice in government especially because ministers tend to be constantly solicited with requests from many stakeholders and constituents.

The lack of formal, direct and more personal communication between the second chair of the Advisory Committee and the Committee of Cabinet was described as a missed opportunity to establish a solid and important link between these two central structures of the Healthy Child

strategy as indicated by the second chair of the Advisory Committee: [I was hoping] [...] "the Committee would meet or the Cabinet would meet with me, I would go there with the staff and make presentation once a year. 'Here are our priorities.' But that didn't really happen."

Such an opportunity would have allowed the chair to report on the activities of the Advisory Committee and receive feedback from the ministers that could then have been reported back to this group. While it was suggested by the last chair that some type of interaction between the Advisory Committee and the Committee of Cabinet should be mandated, perhaps through an amendment of the existing legislation, *The Healthy Child Manitoba Act* does in fact currently states under section 7(2) that "The chair of the Healthy Child Committee of Cabinet, or his designate, is to meet at least once a year with the chair of the Advisory Committee" (Manitoba 2007, p. 4).

The Parent-Child Coalitions

The Parent-Child Coalitions were implemented early on when Healthy Child was created in 2000 but they became one of the formal structures set under *The Act* proclaimed in 2007. As for the evolution over time of the Advisory Committee, the Parent-Child Coalition model deserves to be examined in light of its historical development.

The origin of the Parent-Child Coalitions. Healthy Manitoba, since its early inception, has been promoting community outreach and seeking community engagement through the setting of grassroots initiatives. This, according to Tim Sale who was first responsible for Healthy Child, has always been part of the core mandate of the horizontal policy strategy: "One of the things that we wanted to do early on was to develop grassroots organizations that would support program diffusion and also support sharing of best practices and so we called these things [...] the Parent-Child Coalitions."

There are good reasons to believe that the Parent-Child Coalition model implemented early on by Healthy Child Manitoba was influenced, informed and guided, at least to some extent, by the innovative work being conducted in local communities to address the needs of families, even prior to the implementation of the strategy in 2000. One interviewee provided a detailed account as to how a number of activities were undertaken in a certain school division to achieve goals that were very similar to those later implemented under the Healthy Child umbrella. These precursor activities were also self-described as being grassroots-based. Their success was very dependent on the will, motivation and unconditional engagement of some experienced educators strongly committed to building closer relationships between schools, families and communities. These educators were used to working with families with vulnerable children and often living in poverty. Given the needs and challenges faced by these families, the educators involved quickly came to the conclusion that the services required by these students and families were often fragmented and for this reason the needs of these children were not adequately addressed especially from an intersectoral perspective as suggested by an informant:

> So, children that were ending-up in our classroom, it was symptoms of system issues and society issues, and things like that. And so what seemed to be needed was something that was going to really bring the systems together, put the child at the centre and then see what we could do to make things a little more positive and healthy. So we put together a proposal for a project.

A school division submitted a proposal to the Children and Youth Secretariat (CYS) in the late 1990's. The project proposal promoted, at the local level, an intersectoral approach and involved several community organizations including the police, public health, education, child and family services, local charitable organisations, as well as representatives from the

private/business sector. The project was designed to respond to a number of system-related issues as suggested by the interviewee: “We were always looking systemically.” This project perceived by some as very innovative was a source of concern for others who were initially totally unfamiliar and skeptical about the results this type of approach could achieve. This initiative received funding from the Children and Youth Secretariat and continued to be supported by the government, through Healthy Child, after the election of the NDP Government in 1999. The transition from the Children and Youth Secretariat to Healthy Child was initially received with some apprehension by the proponents of this successful initiative. While on the one hand, this group felt that they were well prepared to transition to the new Parent-Child Coalition model being promoted by Healthy Child, on the other hand, they felt that they were now required to meet certain new guidelines and rules that were suddenly imposed by Healthy Child.

While the transition from Children and Youth Secretariat to Healthy Child created some anxiety and challenges, many of the Secretariat’s players remained in place. For this reason, there was continuity right from the beginning. It was mentioned that the Healthy Child staff was very collaborative and committed to support the work that had already been undertaken in this region. Healthy Child became a supporter of local initiatives considered successful or promising. While Healthy Child was progressively implementing and promoting its new vision, this local group was attempting to ensure that Healthy Child was attentive and respectful of the work already taking place in the division. This ended up being a positive and constructive dialogue where the two organizations were learning from one another. It is suggested here that this successful local initiative had some level of influence in the design of the policy direction set early on for the Parent-Child Coalitions. Healthy Child was therefore attentive and responsive to

the innovative work that was already taking place in the field. During the implementation of the Parent-Child Coalitions, local communities saw Healthy Child primarily as a facilitator helping them to identify the most pressing issues as suggested by an external policy actor:

> The other area where I found interaction has been in our community forums and Healthy Child is very good through the Parent-Child Coalitions at planning these community forums. And at those tables, it's local, it's regional, its grassroots and I think at that point you get some very pragmatic interactions so what's happening on the ground in our regions, in our community and so it moves from that bigger picture policy setting organization to now, how do we do this? How are we going to work together in our communities?

The purpose of the Parent-Child Coalitions. The coalitions are broadly defined as community organisations that bring together a number of community partners, sectors, strengths and resources to plan and to work collaboratively to support the optimum development of children, with a primary focus on the early years (HCM, 2016b). Community partners typically include parents, early childhood educators, health care workers from the regional health authorities, school division educators and others. The intent of the coalitions is to better coordinate the delivery of existing programs and to develop new programming opportunities responding to local needs and priorities. More importantly, an informant suggested that the coalitions favor and promote strong networking opportunities for parents and community organizations to better support both children development and the needs of family and break the feeling of loneliness and isolation often felt by families in more vulnerable situations as indicated by the following statement:

> We wanted to reduce isolation I think was one of the biggest things. We wanted parents particularly the at-home parents from the earliest days to feel that there was a network or connections there for them. That's what we wanted. Because then you've got people talking, you've got people sharing, you've got that whole mental wellness thing going on, emotional wellness. You get the children more connected with the medical system when they need to be connected with the medical system. And you create a positive mindset and attitude with the parents and the children towards the schools which is where they are going to spend a whole lot of their time.

One of the goals was to have a wide representation at the coalition table and to capitalize on the idea of building on community involvement through a well established community network with the long-term goal of creating greater public awareness and commitment (Cottes, 2011).

The Parent-Child Coalitions were described by some respondents as an example of a local community bottom-up initiative. Healthy Child provides a relatively modest amount of money to the coalition to take a look locally and cross-sectorally at how local partner organizations can work collaboratively towards the improvement of children's outcomes. The initial intent of the government was to loosely define the coalitions and to impose very little rigid governance structures and administrative and bureaucratic limitations to the concept to allow as much as possible flexibility and creativity at the local level as suggested by one of the strong proponents initially behind this concept:

> Here's $75,000. Please don't think you have to match it. Don't think you have to go out and fundraise with it. Don't think you have to incorporate. Just find somebody in the community, the school health system, social service agency, we don't care, somebody

> who will administer the money and can account for the administration, not for what was done with it but for the administration of the money so that we don't get tangled up with money going missing. But this is your money to do what you think will be the best things you could do in your committee, in your community for young kids, preschoolers.

Cottes (2011) described how the governance model used by these community-based organisations differed from the more conventional 'advisory committee' model. Accordingly, the wide representation on the coalition as well as the relative autonomy and decision-making power given to its member represented a significant departure from the traditional more limited role given to a typical 'advisory committee' being consulted on various topics. The proponents of the Parent-Child Coalition initiative were strongly convinced initially that accountability measures between government and the coalitions needed to be loosely defined even if it was, for other policymakers, very tempting to move towards a more regimented and traditional model. With the passing or *The Act* in 2007, the Parent-Child Coalitions must comply with the terms and conditions set by the Committee of Cabinet and are required to submit a number of reports to the HCMO related activities, programming, finance and staffing.

There are currently twenty-six (26) Parent-Child Coalitions in the province of Manitoba. All these coalitions are financially supported by Healthy Child Manitoba and are based on the geographic boundaries of the Regional Health Authorities corresponding to twelve regions located outside of Winnipeg and thirteen regions within Winnipeg. There is one exception to this arrangement; the francophone coalition. Contrary to the others, the francophone coalition has a non-geographical basis to better reflect the cultural uniqueness of this population and to also reflect the dispersion of the francophone community throughout diverse regions in the province (HCM, 2016a). From an education perspective, a respondent suggested that the current

arrangement, largely based on the boundaries of the Regional Health Authorities (RHAs), creates at times a number of challenges due to its structural configuration more directly aligned with the RHAs as opposed to school divisions. From an education perspective, this indeed appeared to have created some difficulties, since a coalition may be required to work with more than one school division and a school division may be required to work with more than one coalition as suggested by an informant:

> And one of the issues too, at least in reference to working with school divisions [...] is that the coalitions are organized around the health regions. So a school division may have three different health regions within their boundaries, or a health region may have three different school divisions within their boundaries. So sometimes [...] a coalition might be working with three different school divisions and trying to support programming so that's part of the problem.

As mentioned above, Parent-Child Coalitions were initially provided with $75,000 in funding support by Healthy Child Manitoba. Overall, this level of funding support remains approximately the same today. While the funding can be used in different ways by the coalitions, a certain local community decided to use it to hire ‘community connectors.’ It is interesting to note here that the notion of community connectors was later adopted by other coalitions and also by the *Community Schools* program later rolled-out by the Aboriginal Education Directorate of the Department of Education. There was evidently cross pollination not only between coalitions but across sectors.

The results and successes of these local initiatives were often linked to the engagement of some community or school champion. It was suggested, for example, that school principals quickly became very influential actors in the success of these initiatives being implemented

locally. The success of the local collaborative work was also often linked to the effectiveness and quality of the partnerships established with for example the local community organizations as well as public health nurses. It was suggested that the Parent-child Coalitions became a powerful tool to create networks in communities but more importantly to reach out and involve parents especially those in more vulnerable situations.

Over time, Healthy Child provided many opportunities to those involved in these local initiatives to share their successes and challenges with others. These successful local projects sort of became a benchmark for best practices. This illustrates how the building of close working relationships across sectors, including Healthy Child Manitoba, became a condition for success.

As illustrated by the following observation made by one of the respondents, the first minister responsible for Healthy Child, was very much personally committed to the implementation of the Parent-Child Coalitions project a success: “Tim Sale was quite involved with that. He came and spoke to our group and parents.”

The notion of Parent-Child Coalition has been one of the most central concepts put forward in the early days of Healthy Child as suggested by one of the interviewee: “So again they felt that if you only had the internal provincial Government structures, then you're missing the whole delivery system community based piece, so for that reason the coalitions are probably one of the most fundamental pieces.” The intent was to ensure that each coalition could benefit from the contribution of a few community champions that would lead the local implementation of the coalition: “What we wanted to do is identify the key advocates and enablers in every region. So [the coalition] essentially hired community developers or contracted with people to find the enablers that would become sort of lighthouse folks.”

The meaning given to the concept Parent-Child Coalitions however was initially openly debated and consequently evolved over time. One significant innovation of this model was that it created, at the local level, a structure that was attempting to mirror the cross-sectoral approach implemented within the government as articulated by an inner-circle policy actor:

> These coalitions which again came from Tim (Sale) and others and other community champions, Strini Reddy and others, who understood that if we didn't have a parallel kind of cross-departmental or cross-sectoral structure in the community that looked like what we are trying to do in the government side, that really had brought people around a common table, and each region, each community area, to prioritize and work together for the kids, that it would be hard even if government did all those things. In other words, the government absent of the community action is really limited.

The Council of Coalitions. Healthy Child was instrumental in setting-up in the Council of Coalitions comprised of representatives of the regional coalitions October 2002 (HCM, 2003). While the Council is not considered as a formal Healthy Child structure in *The Act*, it creates an additional forum in support of the coalitions to ensure the effective sharing of information and the identification of promising practices implemented across the province. The Council also provides an informal vehicle for members of the coalitions to play a bottom-up advisory role which influenced the broad cross-departmental policy strategy. Accordingly, it is important to note here that a few representatives of the Council are also involved on the Provincial Healthy Child Advisory Committee which became active as a follow-up to the proclamation of *The Act* in December 2007; more precisely, each rural and urban Manitoba region had one representative from the Francophone coalition (HCM, 2016). This more formal link between the coalitions and

the Advisory Committee acts as a conduit to allow the coalitions to have a more formalized means of influencing the provincial policy orientation.

According to Cottes (2011), when examined from an organizational perspective, the Parent-Child Coalition model has been very effective in enhancing the limited capacity the public sector has to support early childhood development.

Extension of the Parent-Child Coalition model. It appears that much of the work conducted under the Parent-Child Coalition label has led to other related initiatives implemented under the leadership of school divisions, for example *Family Centres*. An informant reported, that some initiatives related to the creation of local the Family Centres, even with very limited resources available, became successful simply due to the engagement and high motivation of local early learning champions. It is suggested that this type of local initiative caught the attention of other school principals and was progressively expanded across a certain school division. According to this interviewee, school divisions and educators became overtime very open to the idea of working with Healthy Child towards the development of local hubs welcoming parents with pre-school children.

One successful project referred to by a few informants related to the Lord Selkirk Park Child Care Centre. This specific Centre is located in a high needs area of the inner-city dealing with a variety of social issues including gang related activities, high crime rate and poverty; a social environment conducive to multiple sources of 'toxic' stress.

> An integrated early childhood program is already being piloted in Manitoba: the Lord Selkirk Park Child Care Centre. This is a facility for 47 children beginning in infancy. The community where these children live is known for a high crime rate. Most families are on social assistance and most are Aboriginal. The Centre's program

> was developed in consultation with, and is funded by, Healthy Child Manitoba, to meet the early education needs of children living in poverty. (Hughes, 2013a, p. 31)

The programming offered at this inner-city location was developed with members of the community in consultation with Healthy Child Manitoba to proactively respond to the needs of families living in poverty. The Centre provides a safe and healthy space with higher than average adult-children ratio to ensure that children receive the level of attention they need. The programming offered at the Centre includes the Abecedarian[7] approach. An informant spoke very highly about the perceived value of this initiative: "They refer to the child care center as the heart of their community."

To better respond to the needs of this Centre, Healthy Child was responsive to the desires expressed by some influential members of the community and adapted the delivery method of the home visitor program to better respond to a set of unique circumstances. An informant highlighted specifically how Healthy Child partnered with the local community to better respond to the unique needs and characteristics of this community as opposed to using a conventional 'cookie cutter' approach:

> Another example I can give you is the women who lead the family resource centers in the inner-city came to us a few years ago and said, "Look, we have a way of dealing with -- working with families in our community where they trust us and they come to us in a way that we don't think they're ever going to come to some of the programs that you guys fund or deliver." And specifically they were talking about the *Families First* Home Visiting

[7] The Abecedarian approach is described as follow by Healthy Child Manitoba (2016a, p. 17): The Abecedarian Approach is a combination of teaching and learning enrichment strategies, for use in early childhood education settings, that is comprised of four key elements: 1) learning games, 2) conversational reading, 3) language priority, and 4) enriched care giving. The model emphasizes low educator-child ratios and incorporates learning into day-to-day adult-child interactions that are tailored to the needs of each child. Activities focus on social, emotional, and cognitive areas of development, but give particular emphasis to language.

> program which when we can get into the door with families, it's very effective. And we've got really good research results about decreasing CFS apprehensions and decreasing childhood injury and all of that. But lots of families decline the voluntary opportunity to have a home visitor or visit them once a month or once a week. But these family resource centers said, "If you give us those resources, we'll reach families you could never reach." And so now we have a pilot project in Point Douglas where we've added some additional home visitors, they're imbedded in those organizations, Ma Mawi and Wubang and they all start doing home visiting in the next couple of weeks.

The following excerpt from the report published by the *Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair* also captures well the spirit under which this collaborative project took place: “To be successful, the delivery of integrated services delivered by this type of centre, acting as a hub in a certain community, requires ‘a network of partnerships of entities both inside and outside government’” (Hughes, 2013a, p. 32).

For some school divisions, it was suggested that the work around Family Centres was already underway even prior to some of the more direct interventions undertaken by Healthy Child to promote this idea. This would suggest that Healthy Child was not always leading what was perhaps considered an innovative approach designed to bring the families closer to the school community, but rather was perhaps more attentive and responsive to positive trends already taking place in the field. Here as well Healthy Child acted as a policy facilitator guided by the best practices being implemented.

The Internal Policy Actors Located Outside of the Healthy Child Manitoba Inner Circle

The interdepartmental work resulting from the Committee of Cabinet or the Committee of Deputy Ministers, with the guidance of the Office, may result in the need to implement a number of follow-up actions. This requires effective communication and collaboration through

the interaction of departmental bureaucrats, namely the staff form the HCMO and the staff from the Department of Education, two important components of the policy network being studied. This section examines how this cross-sectoral collaboration was taking place during the period of time corresponding to this research[8].

When considering specifically the role of the Department of Education in relation to the Healthy Child policy strategy, three areas were primarily called to interact with other policy actors: the School Programs Division (SPD), the Bureau de l'éducation française Division (BEF) as well as the Aboriginal Education Directorate (AED).

Under the School Programs Division, there are two sectors that were linked to the work of Healthy Child: the Early Childhood Education Unit (ECDU), created in 2011, and the Student Services Branch. ECDU is a small unit of the Department of Education that worked in collaboration with Healthy Child on initiatives related to early childhood development as well as on other related cross-cutting projects such as the implementation of the Early Development Instrument in the school system. The Early Childhood Education unit was created in response to an evolving landscape where the traditional boundaries between the pre-school and the Kindergarten to Grade 12 sectors were becoming increasingly blurred. Accordingly, the mandate of the Unit was "to increase the connection between early childhood education and the formal Kindergarten to Grade 12 connection" (Manitoba Education and Training, n.d., para.6). The Student Services Branch intersects with the mandate of Healthy Child due to its involvement with students with special needs and mental health-related issues. A number of informants identified the development of protocol documents used to guide the transition of students with

[8] A number of organizational changes were implemented by the Department of Education and Training in Spring 2016. These changes are not being considered in this section of the dissertation.

special needs as a significant task. The collaboration on this work will later be examined in greater detail.

The Instruction, Curriculum and Assessment Branch (ICAB), another Branch of the School Programs Division perhaps less directly involved in joint projects with Healthy Child, is instrumental in sharing student assessment data sets used for a number of research projects often conducted in conjunction with the Manitoba Centre for Health Policy. It is important to note that the assistant deputy minister responsible for the School Programs Division (SPD) attends regularly the meetings of the Committee of Deputy Ministers. In this capacity, the SPD assistant deputy minister could be considered as the official link between the formal Healthy Child structures; the Committee of Cabinet, the Committee of Deputy Ministers, the senior staff from the HCMO; and the Department of Education's formal bureaucracy.

From a curriculum perspective, the Bureau de l'éducation française[9] (BEF) Division is the main point of contact with the HCMO given that the departmental lead[10] responsibilities related to all curriculum matters related the Physical Education/Health Education are attributed to this Division. For this reason, the BEF has a close working relationship which extended beyond Francophone programs and students with Healthy Child when working on activities related, for example, to the *Healthy Schools Initiative* and when working with diverse educational partners on the development of the *Youth Health Survey.*

---

[9] It should be noted here that the staff from the Bureau de l'éducation française Division was not considered for inclusion in this study to avoid the potential for a conflict of interest related to the proximity of this Division with the investigator responsible for this research.

[10] *Lead responsibilities* infers that the Bureau de l'éducation française Division (BEF) was the main contact area in the Department of Education responsible for enacting any activities related to the discipline of Physical Education and Health Education. The *lead responsibilities* related to curriculum areas are generally shared by the School Programs Division and by the BEF.

Another sector of the Department of Education needing to be considered when examining how the role of the Healthy Child is intersecting with the Department of Education is the Aboriginal Education Directorate. While the data collection conducted for the purpose of this research has highlighted some relationships between Healthy Child and the Directorate, it was noted that this relationship did not appear to be formalized and clearly articulated. The same thing applies to external indigenous stakeholders as indicated by the following comment made by an internal policy actor: "Well, this is from discussions I've had or various meetings… and I don't know if I could say [the policy strategy] is not understood but I never hear them relate to Healthy Child Manitoba or the strategy for that matter."

In addition the Student Achievement Support Unit, a sector of the Department of Education created in 2014 as a follow-up of the publication of the results of the pan-Canadian Assessment Program (PCAP) has had limited direct interactions with the HCMO.

All the areas of the Department of Education referred to above also have a close working relationship with a number of external stakeholder organizations. For example, the Student Services Branch works in close partnership with the Student Services Administrators of Manitoba (SSAAM). The Early Childhood Education Unit has, a similar close working relationship with the Manitoba Child Care Association (MCCA).

SSAAM was used primarily as a sounding board by Healthy Child, largely within the context of technical documents, such as the protocols, and was not necessarily seen as powerful as other advocacy groups such as the Manitoba Association of School Superintendents (MASS) or the Manitoba School Boards Association (MSBA). It is important to note here that SSAAM is technically a subset of MASS. SSAAM is a group that plays primarily a consultative role with Healthy Child as indicated by an external policy actor:

> Yes, we have always been asked to be part of the consultation processes in the development of documents and then we have also given feedback like once the documents are developed then someone generally comes back to the executive table and presents the information to the group and then we have an opportunity for a second round of input so is not only the person that we had as a representative but then the entire executive gets a chance to take a look at it again. So yes, we have very good connections.

The collaborative work taking place on protocol documents is examined here in greater details.

Development of Protocol Documents

It was reported that the staff from the Department of Education, worked collaboratively with Healthy Child on a number of protocol documents. As this area of work was alluded to by a number of interviewees, especially by internal policy actors as well as other informants having a unique interest in the area of students with special needs, this will be used as an example to illustrate how the cross-sectoral collaboration between Healthy Child and the Department of Education takes place. The development of these documents represents largely a technical task that requires the establishment of a cross-sectoral shared understanding.

The protocol documents are designed to address the transition needs of children. As suggested by an external policy informant, these policy documents are basically designed to draw a map to explain, from a systemic cross-sectoral perspective, how diverse partners are expected to work together to plan and implement a student transition process.

For example, one specific protocol document focuses on children with exceptional learning needs or with disabilities transitioning into schools; another one addresses the transition needs of children with disabilities from school into public life; one other protocol document

focuses on children with profound emotional and behavioural problems with wraparound[11] needs. The development of these types of policy documents requires the participation of staff from the Department of Education but also from a number of other departments, for example the Departments of Justice and of Family Services will also often be engaged in these meetings. Healthy Child is, in principle responsible for leading this work even though it is somewhat outside their core activities. While the staff from the Office leads this work, they are not necessarily experts in the areas being considered. For this reason, the expertise required to do this work will often come from the members of the development committee tasked to develop these documents. This expertise will therefore come from the representatives from the partner departments invited to work on this project.

As illustrated by an observation made by an internal policy actor, this type of complex and collaborative policy work came with a number of challenges:

> From what I have heard, the protocol development is led by Healthy Child, it's not always a smooth process, there are some challenges with various aspects of it. [...]I am not sure that it is always well-planned. I am not sure that it is not without its pitfalls. And I think it could certainly be improved.

The challenges related to this type of internal work required extensive collaboration and communication. These challenges will be further examined and discussed in the following chapter.

---

[11] 'Wraparound' is defined by Healthy Child Manitoba (2013c) as "an integrated, team based process for many systems to come together with children and youth and their caregiver(s) to create a highly individualized plan that includes the coordination of existing services and the development of new/non-traditional supports to address complex emotional and behavioural challenges" (p. 26).

The Manitoba Centre for Health Policy

The Manitoba Centre for Health Policy (MCHP), referred to later in this chapter as *the Centre*, is a research unit located within the Department of Community Health Sciences at the Rady Faculty of Health Sciences University of Manitoba (Chartier et al., 2016, p. i) and is considered an important component of the policy network being studied. The mandate of the Centre is to "provide accurate and timely information to health care decision-makers, analysts and providers, so they offer services which are effective and efficient in maintaining and improving the health of Manitobans" (MCHP, 2011, p. i). This organisation has a privileged and valued working relationship with the Government of Manitoba and more specifically with Healthy Child Manitoba. For this reason, MCHP is considered as part of the group of outsiders benefitting from an *inside track*. MCHP occupies an important place in the network because of the importance Healthy Child gives to the use of research evidence for informed decision-making. In other words, the partnership set between Healthy Child and the Centre brings to light in concrete terms the research-policy interface. While supporting the work led by the Committee of Cabinet, the Centre extends HCMO's limited internal research and evaluation capacity and brings a high level of external research sources and scientific credibility to the work conducted under the policy strategy. Here is how an interviewee located within the inner circle described this relationship:

> It's a very important collaboration [...] they do research in certain things that Healthy Child Committee of Cabinet can't or wouldn't, and the Manitoba Centre for Health Policy has tremendous resources and tremendous expertise and know-how [...]. So, I think it's a very, very important collaboration. We talk a lot about there being a better interface between research and policy, well there you see it.

The Manitoba Government, through the leadership of the Department of Health, enters into a contractual agreement with MCHP which leads to a five-year contractual agreement between the University of Manitoba and the Manitoba Government. The purpose of this contractual agreement is to commission five major projects to be conducted annually, each one leading to five distinct research publications also referred to as deliverables (MCHP, 2011). Since 2005, one of the five annual deliverables is identified by the Healthy Child Committee of Cabinet (HCM, n.d. b). Of course, the conversation around which deliverable should be targeted, is guided by the staff from the Office and by the deputy ministers. This arrangement with Healthy Child and the Centre was considered a 'game changer' by an inner circle informant.

> The real breakthrough came when at the Healthy Child minister's table we raised the idea that of the five deliverables that Manitoba get [...] that one of them would be determined by the Healthy Child Committee of Cabinet. So Health was paying for them all, but given the relationship between the work we were doing and the health of children, they were fine with that. So every year, we have a conversation with the deputies. We have a conversation with the ministers about what's the pressing research need that we have that we would like to see the Center take on.

The partnership between the Centre and Healthy Child is based on a number of conditions that create a win-win relationship and produces a number of unintended longer term outcomes as illustrated by the following observation made by an inner-circle policy actor:

> [...] It's telling us tons of stuff around some of our programs and some of our highest needs and really interesting education results that they're linking to things like social housing [...]. So it provided I think a platform for them to then raise additional money. And we have had staff, of Healthy Child go over to become fulltime staff at the Center

too, so there's just a ton of crosspollination.

The Centre is effective at adapting its research process and content to the Manitoba context through the use of its comprehensive population database. This gives the Centre the ability to consider and address a number of typical research challenges, often related to political, structural and technical barriers, through the use of diverse methodologies and approaches including a variety of tools, such as public presentations or staff secondments from and to other organizations (Brownell, Kozyrskyj, Fuchs, & Santos, 2011). According to an internal policy actor, the trusting and respectful quality relationships developed between the team of researchers at the Centre and the Department of Education has been critical to the success of the partnership (Roos, Freemantle, Farthing, & Carr, 2011).

From a knowledge translation perspective, the Centre provides significant technical support to Healthy Child who then conveys important information and messages to other stakeholders including those from the education sector. For example, multiple presentations were conducted by the Centre, as a follow-up to a study *Health Inequities in Manitoba: Is the Socioeconomic Gap Widening or Narrowing Over Time?* (Martens et al., 2010) focusing on health inequities and on the educational outcomes of Manitoba students, specifically targeting the education system, including school trustees, superintendents and staff from the Department of Education. The outcomes of this 2010 study had an influence on a number of policy decisions and on the distribution of resources (Roos et al., 2011).

The publication of this 2010 paper had other far reaching policy implications. For example, according to Roos et al. (2011), the Business Council of Manitoba adopted a social policy agenda as a follow-up to the publication of this study. More precisely, the CEO of this organisation became co-chair of the Winnipeg Poverty Reduction Council.

> Jim Carr, CEO of the Business Council of Manitoba, described how seeing the statistics relating educational achievement to socio-economic status led the Business Council to a social policy agenda. Understanding the evidence on school outcomes motivated Carr to accept the responsibility of becoming co-chair of the Winnipeg Poverty Reduction Council. (Roos et al., p. 87)

Similarly, the following statement made by the deputy minister of the Department of Education, as a result of a research report published by the Centre shows how the evidence produced resulted in a shift in thinking with respect to the gap existing between student populations when examined in light of the socio-economic status:

> Gerald Farthing, deputy minister of Manitoba Education, said that when government representatives saw the evidence on how far behind disadvantaged children were, they were startled. Although those in the ministry knew there was a relationship between low income and educational achievement, they were surprised by the strength of the relationship in their own community. Their first reaction was, "It can't be this bad," but they also understood the quality of the research. (Roos et al., p. 87)

In 1999, the Centre received a significant grant from the Canadian Foundation of Innovation (CFI)–*A Data Infrastructure for Improving Health and Human Capital* (MCHP, 2001) that allowed the institution to start working on a data repository known as the *Manitoba Population Research Data Repository* that became, over the years a powerful research tool for both the Manitoba Government and more specifically for Healthy Child. This research funding, matched by other sources of funding, was renewed in 2010 which permitted the expansion of the database. The repository includes several data files including some directly related to Healthy Child programming and education including: the Early Development Instrument (EDI), Early

Literacy Intervention Programs, *Baby First* screen, *Family First* screen, *Healthy Baby* community support program, *Healthy Baby* prenatal benefit, In Sight Mentoring Program (IFASD), Enrolments–marks and assessments, and Reading Recovery (Repository, n.d.).

The repository is described as follow:

> The Population Health Research Data Repository is a comprehensive collection of administrative, registry, survey, and other databases primarily comprised of residents of Manitoba. It has been developed to describe and explain patterns of healthcare and profiles of health and illness, and, more recently, to facilitate intersectoral research in areas such as healthcare, education, and social services. (MCHP, 2016, p. 5)

One of the co-founder of the Manitoba Centre for Health Policy, Dr. Noralou Roos, one of the informants interviewed for this study, explained how beneficial and important it was, for the repository, to include data beyond the conventional and more limited health sector and more specifically related to educational outcomes:

> We were just working with health data but we recognized that it would be very advantageous, particularly when you study children [...], because children are basically healthy, to have access to measures of other types of outcomes for children, and educational outcomes are particularly important. We started talking with the Ministry of Education to see if it would be possible to access their data on educational achievements. [...] Since poverty is a big problem, we started talking with Family Services. Fraser Mustard, the individual I mentioned, was on the Manitoba Centre board and he was very interested in this attempt to put together data from the different ministries. The province developed the Healthy Child Committee of Cabinet which involved ministers from several of the different ministries. So we were involved at least in part and the Manitoba

> Centre always invited deputy ministers from the ministries that are relevant to the data that we hold... to be on the advisory board so that was another place that we would have conversations.

This research tool is considered as "a revolutionary concept that helped transform research using data routinely collected by multiple ministries, the repository continues to lead to important findings in health policy and prevention" (MCHP, 2011, p. iii). A complex anonymization process is used internally by the Department of Heath to share the data with the Centre as a scrambled identifier. This ensures that MCHP has access to anonymous individual-level linkable data.

Contextual Examples for Examining the Interactions Taking Place within the Network

The following section of this chapter examines the interactions taking place between the policy actors engaged in the Healthy Child policy network. To illustrate these interactions, three contexts are examined. The first context relates to the influential role Healthy Child has played in informing the education community of the critical importance of early childhood development. The second one focuses on a different facet of Healthy Child and shows how internal policy actors were invited to respond to the advocacy activities conducted by a number of significant stakeholder organizations, namely the Manitoba Association of School Superintendents. Finally, the last context presented examines how local community organizations can extend, complement and support the aspirations of the Healthy Child policy strategy.

Context 1: Early Childhood Development

Several respondents referred to the leading, supporting, and coordinating role Healthy Child has played in the past to strengthen and enhance the importance of early childhood development and education in the province of Manitoba. According to one of the ministers interviewed, progress has been achieved in the area of early childhood education through the leadership of Healthy Child but also because some of the actions conducted by community champions.

While the *Manitoba Early Learning and Child Care Office* works primarily under the legislative framework provided by *The Community Child Care Standards Act,* this Office is still today located in the Department of Family Services. Healthy Child helped establish various connections across sectors within government but also outside of government to promote the importance of early childhood development beyond the narrower context of *child care service delivery*. It was suggested that Healthy Child has supported and extended the policy role played by the Department of Family Services with respect to early learning and pre-school education. As mentioned earlier, the activities conducted by Healthy Child in this area have evolved over time and even began prior to the implementation of the policy strategy in year 2000 under the leadership of the Children and Youth Secretariat. The work conducted by both the Secretariat and Healthy Child to promote the importance of development of children's early years, from pre-natal to age five, provides a relevant context to examine how the policy actors involved in the network interacted together and with one another to achieve common goals through negotiation, advocacy and collaborative work taking place across sectors.

The focus on early childhood development began under the Children and Youth Secretariat with the implementation of what is commonly known as the 'flagship' programs that had proven to be effective through a program evaluation process. These include programs, such

as *Families First* screening a Home Visiting Program, implemented in 1999 under the name *BabyFirst* and *Early Start*, an early childhood intervention initially designed to support children attending child care facilities. These two programs were later integrated and became known as *Families First*. The *Healthy Baby* (prenatal benefit and community support implemented in 2001) was also available at that time.

Following the election of the NDP in 1999, Healthy Child has over the years promoted the importance of the early years in terms of human development by expanding awareness around the research on epigenetics[12] and more broadly on the 'science' behind early childhood development. This informational and educational work was primarily conducted through a series of public events, forums and conferences. While the education system may not necessarily always have been the primary target audience of these public events, educational stakeholders progressively became aware and better informed of the new emphasis being placed on the early years. The perception of the education system related to early childhood education has changed progressively. Both the pre-school and K to12 school sectors came to realize that it was in their mutual best interest to collaborate with one another. Healthy Child was one of the influential catalysts responsible for this outcome.

It is indeed suggested that Healthy Child Manitoba played a significant role in establishing a bridge between the early childhood sector and what is formally known as the regular K to 12 education system. This is especially relevant given that the education system, traditionally defined as having a finite K to 12 focus, was initially very resistant to consider any potential linkages with the pre-school sector. This hesitation was simply based on the fact that the early learning and child care services were considered as pre-school interventions and were

[12] Epigenetics is defined by Mustard (2010) as "the molecular and cellular process that governs the function of genes" (p. 1).

therefore considered as being located outside of the scope and legislated mandate of the education system. There is no doubt that this relationship was a challenging one to manage as the education stakeholders, more precisely school boards as well as senior administrators, initially responded with great resistance to the opportunity of working more closely and collaboratively with the early learning and child care sector as illustrated by the following observation made by the former MSBA executive director:

> I know when I first started with the school boards' association, even at my provincial executive table, I had pushback from trustees saying "Why are we doing this? This is not our legal mandate... Why are we involved in this?"

Similarly, an internal policy actor shared the following observation heard in response to a presentation delivered by Healthy Child staff to superintendents, addressing the importance of early childhood development, in the early days of Healthy Child: "That was very nice dear, but our responsibility starts when children hit age five, so we're really not sure why you're telling us any of this?" These types of initial perceptions describe the context in which Healthy Child worked to disseminate the most recent research evidence on children development and to meaningfully engage the education sector to play an active role in this area. One interviewee made the following observation to describe a certain perception around the hesitation initially expressed by the education system:

> At some point in the next decade I am sure we're going to have early childhood education and education in some kind of serious relationship as opposed to, you know first it was I would say intolerance and then tolerance and then maybe collaboration. So I think those are important but those are process changes.

The same interviewee proposed that many years later, a strong partnership now exists

with school boards as well as with superintendents and that a major shift in thinking has taken place over the years.

One strategy used by Healthy Child to raise the profile and to create a legitimate setting for early childhood education was to highlight the central and critical importance of early childhood development in the informational and promotional material developed by the organisation. More specifically, the initial promotional material developed by Healthy Child presented an illustration shaped as a 'puzzle' to illustrate how several factors have an impact on the development of children fit together; each piece of the puzzle representing a sector of intervention. *Manitoba child care* was presented as the centre piece of this puzzle. It was reported that this puzzle illustration became the public image of what Healthy Child was attempting to achieve. The Manitoba Child Care Association, as indicated by the following comment made by its executive director was thrilled with the positioning of child care at the centre of this puzzle illustration which highlighted what was perceived as the critical importance of early childhood development and high quality child care services and.

> They have a puzzle and so it was actually developed under Tim Sale when he was a minister. He had identified the child care at the centre which was really exiting to us because child care has always been sort of off in our own orbit, not really seen as part of education, not really recognized for playing a role in early learning. [...] It was just exciting for us that he and the department recognized that child care was important not just for families, communities, the economy but also played a role in... , early learning, in early child development.

Based on the information collected from the informants, Healthy Child, in collaboration with others, through a long-term consensus building process was successful in building this bridge and in modifying the attitudes of a number of policy actors.

> We saw the association and its membership do a 180° turn on this one over a decade. And so that was really, really critical. I can't credit it all to what the association [MSBA] did. I mean, some was just the science and the moving parts out there, whatever... But if I think about where school boards are now and where the school system is now with regard to early learning and child care versus where they were in 2000 when I started, it's light years.

As suggested by this informant, the attitude and openness of the school system to collaborate and to integrate, at least to some extent, the early childhood sector within its area of responsibility has changed significantly over the years. The outcome of this collaboration between the two sectors becomes obvious when the co-location of child care facilities within the school environment is considered; an approach that seems to now be well engrained in school culture. The role played by Healthy Child Manitoba in changing the perceptions of the school system with respect to this domain of intervention deserves to be noted. The following examines how various policy actors have interacted and worked together to create this shift.

The Educaring Committee. Numerous policy actors have had an influence on the setting of the early childhood education policy agenda. One influential group to consider is the *Educaring Committee* to which several informants have referred to. While the status of this committee is not totally clear, one interviewee described it as a subcommittee of the Healthy Child Manitoba Advisory Committee.

In the late 1990's, the Manitoba School Boards Association (MSBA) had a committee responsible for considering a number of issues related to early childhood development. This committee was described as being fairly informal and fluid. The committee was initially chaired by Strini Reddy, a well known educator in the community, who went on to be the chair of the initial Early Childhood Development Healthy Child Committee which later became the Healthy Child Advisory Committee. It was suggested that *Educaring* was basically the outcome of the natural evolution of the initial Manitoba School Boards Association (MSBA) committee, known at the time as the Manitoba Association of School Trustees (MAST). In 1998, MSBA and the Manitoba Child Care Association (MCCA) began to work collaboratively to focus more precisely on the pre-school/K to 12 intersection. This led to the provincial conference *Educaring* held in 2000. The word *Educaring* was intentionally chosen to convey the message that the education system and the child care sector were developing a closer relationship. The following slogan was used to promote the *Educaring* concept: *'*Good education cares and good care educates.*'*

> We came up with some principles for working together including the 3C's of *Educaring*: communication, collaboration and consistency. We came up with some ideas for working together between child care and schools and it was a good event and so, we probably had about 100 people maybe more from all over Manitoba that came to that event.

As a follow-up to the conference, a document was published. This publication was intended to be used as a catalyst and as a first step to encourage and support a dialogue between the two sectors to identify new opportunities for collaboration. On a longer term basis, it was suggested that with progressive implementation of the Healthy Child policy strategy and the creation of the Healthy Child Early Childhood Development Committee, *Educaring* became

perceived as less relevant, at least from the perspective of the child care sector. The committee therefore temporarily ceased its activities.

Later, however, following the proclamation of *The Healthy Child Manitoba Act* in 2007, an invitation to reinstate this committee was made by the Committee of Cabinet to respond to the need to continue to focus on a number of tensions and challenges that kept resurfacing with respect to the pre-school/school intersection. *Educaring* was also re-instated in response to a perception that the focus on early childhood education, under *The Act* and the Advisory Committee defined more broadly under *The Act*, was becoming less predominant. One interviewee also suggested that the idea of reinstating the *Educaring Committee* may also have come about as a result of the implementation of the *Early Learning and Child Care in Schools Policy* implemented in 2005 which led to an increased number of child care centres being located within the schools and also as a response to the creation of the Early Childhood Unit by the Department of Education and Training in 2011.

The work of Healthy Child has succeeded in impacting a number of early childhood-related policies including, for example, building requirements for new schools. Today, current provincial policies, require that spaces be set aside to accommodate early learning and child care facilities. Many more school divisions now welcome the offering of early learning programming and child care services even if it creates some jurisdictional challenges.

Advocacy MSBA, MASS and MCCA. Ministers rely, at least to some extent, on the expertise and advice of practitioners from the field to develop an understanding and appreciation of the issues requiring attention. Both the Manitoba School Boards Association (MSBA) and the Manitoba Child Care Association (MCCA) have been effective at informing the deputy ministers and ministers on the challenges that were faced by practitioners in the field and at helping

policymakers to develop awareness on the needs and concerns needing to be addressed. This illustrates how these two organizations, along with MASS and MCHP benefited from having built an *inside track* relationship with both the Cabinet Committee and the Committee of Deputy Ministers.

In order to concretely illustrate to what extent the attitudes of educational stakeholders evolved over time, a concrete example is provided here to show how supportive some organizations became. As part of the 2005 pre-budget consultations conducted by the Government of Canada, the former Manitoba Association of School Trustees (MAST, 2005), presented a *brief* to the committee leading this consultation. Through this process, MAST formally acknowledged its broader and indirect educational mandate related to the well-being of children of all ages. Accordingly, MAST included in its brief the following clear statement in support of early childhood learning and care: "MAST continues to work closely with government agencies and the child care sector to support better linkages and enhanced collaboration between pre-school and school panels" (Manitoba Association of School Trustees, 2005, p. 1). In the same document, MAST referred to early childhood learning as one critical area of intervention having the potential to have a positive impact of child poverty.

On the other hand, MASS published two papers highlighting the importance and the benefits of early childhood development. In its first paper the superintendents' association also clearly communicated its support and appreciation of the importance of the early years: "This greater understanding of the importance of the preschool years has led to an increasing integration of programs and services for preschoolers with programs and services for school-age children" (MASS, 2007, p. 2). With this position paper, MASS shared publicly its strong support for early childhood education and recognized the long-term benefits and impact of high quality

early learning opportunities for children. Consistent with its advocacy mandate, in a second paper published in 2015, MASS reiterated its support for early childhood education but also highlighted a perceived gap and lack of equity across the province with respect to availability of early learning programming opportunities and of services (MASS, 2015). This concerns was most probably raised in response to two provincial policy papers published by Healthy Child under the name *Starting Early, Starting Strong* (HCM, 2015b). The development process related to these policy documents is examined here.

Starting Early, Starting Strong policy (2013-2015). Based on the consensus progressively being built around early childhood development, increased pressure was put on the government to bring more clarity around roles, responsibilities and mandate. Indeed, for a number of years, the stakeholder organizations sitting on the Advisory Committee as well as *Educaring Committee* have proposed that an Early Childhood Development (ECD) coordinated approach was required and for this reason, a broad provincial strategy needed to be developed to improve service delivery and coordination of activities across sectors to maximize their impact to avoid potential duplication of efforts. The Manitoba School Boards Association (MSBA) and the Manitoba Child Care Association (MCCA), through *Educaring*, were the predominant voices advocating for such a better coordinated approach. This message was brought forward to the Committee of Cabinet by the chair of the Advisory Committee. The five following recommendations were put forward by the Advisory Committee:

> (i) Strengthen universal access to quality early learning opportunities; (ii) Raise the level of public understanding on the value of ECD; (iii) Address jurisdictional barriers and the social determinants of health; (iv) Support intersectoral collaboration and integrated services. (HCM, 2013, p. 2)

Following a number of discussions that took place at the Committee of Cabinet, the HCMO was directed to develop an operational plan in support of the development of a provincial strategy on early childhood development. Minister Kevin Chief, newly appointed, became the public face of this initiative and directly participated in several public meetings and dialogues hosted in a number of communities across the province. Diverse stakeholders, experts, parents as well as members of the public were invited to provide input in this provincial dialogue which led to the development and publication, in 2013, of the policy framework on early childhood development referred to as *Starting Early, Starting Strong* (HCM, 2013b). This preliminary policy document highlighted some broad contextual information on the science of brain development and identified a number of principles and values to be used to guide the implementation of a coordinated approach in support of early childhood development. The document presented a set of four strategic priority areas (HCM, 2013). This consultative work was anchored within the spirit of the Healthy Child Manitoba cross-sectoral policy strategy as indicated by the following statement; a message that was consistently emphasized: "A 'working together' philosophy underpins our approach and the success of our continued efforts depends on the co-operation, collaboration, and contribution of all Manitobans. Together we can do it. We are a province that puts children first" (HCM, 2013, p. 9).

To publicly launch the policy framework, a provincial summit was co-hosted in November 2013 by United Way of Winnipeg, through the Winnipeg Poverty Reduction Council, and Healthy Child Committee of Cabinet. The purpose of this event was to examine how the needs of the most vulnerable members of society, the children, can be responded to in order to improve outcomes, and also to be used as a relevant context for the launching of the policy strategy. The event, largely orchestrated by the HCMO, brought together a number of high

profile speakers as well as well as a number of invited participants representing various groups and organisations including business leaders, representatives from the indigenous communities, researchers, practitioners to consider both challenges and opportunities alluded to in the 2013 policy framework launched during this event.

This publication of the initial policy framework was then followed by a number of public consultation meetings that led, in 2015, to the publication of a five-year more detailed policy strategy known as the *Starting Early, Starting Strong* describing a number of actions and commitments to be undertaken by the government under each of the priority areas. It was suggested that the fairly lengthy consultative process related to the publication of the 2013 and 2015 documents was affected by a Cabinet shuffle. While Minister Chief was initially very involved in the consultative process, the final policy document was published under the leadership of Minister Melanie Wight.

Healthy Child has had a significant impact on creating a paradigm shift with regards to the place that early childhood development should occupy in public policies, it is not suggested here that these successes can solely be attributed to the policy strategy. It is however quite clear that the province of Manitoba, through Healthy Child policy, as in many other Canadian jurisdictions, responded to a national and international policy trend largely based on the advancement of the research on the critical importance of early childhood development. For example, the National Children's Agenda set in 1997 by the Government of Canada sent throughout the country a message highlighting the beginning of a new emphasis in this area.

The Early Development Instrument. The incremental implementation by Healthy Child of The Early Development Instrument (EDI), also represents a clear policy response to the importance of the early childhood policy agenda. EDI is a research and data collection

assessment tool used internationally to determine the level of development of children, or level of *school readiness* when they enter the school system which is now implemented throughout the province in all thirty- seven (37) school divisions since year 2005-2006 (HCM, 2016c). The EDI results are presented in a variety of formats corresponding to the school, the school division, the community and the province. These reports are designed to facilitate evidence-based decision making at various levels of the system.

The Early Childhood Development Initiative (ECDI). The Department of Education, Citizenship and Youth introduced in 2001 a new grant labelled the Early Childhood Development Initiative (ECDI) to help support the implementation of new initiatives supporting preschoolers to help them be better prepared when entering the Kindergarten. Later, in 2011, the department of Education created the Early Childhood Unit, partially as a response to those advocating for expanding the mandate of this government sector to also include early learning and care. The new ECDI funding was consistent with many of the approaches promoted by Healthy Child to encouraged the participation of parents and communities to respond to local needs and priorities. This funding was used, for example, to support Family Centres located in schools.

Healthy Child played a significant role in setting some appropriate and pertinent conditions for creating a provincial consensus, across sectors, on the importance of early childhood development, one of their initial policy strategies. This was achieved very much through knowledge translation activities designed to create more awareness around early childhood development and early interventions. It is through the organisation of diverse events, including a number of provincial forums and meetings involving the participation of a number of high profile speakers that Healthy Child initiated a conversation that went beyond the traditional

boundaries of the child care sector and of the education system. Healthy Child being located somewhat outside of these two sectors, acted as a mediator by creating the required conditions for better alignment. It is also important to note here that Healthy Child was also responding to a national trend which was also focusing on the value and importance of the early years.

While initially resistant, the school systems as well as the early childhood sector have progressively shown more openness to work collaboratively using more seamless approaches. The Department of Education implemented a number of responsive initiatives and provided additional funding to the school system under the Early Childhood Development Initiative (ECDI) as well as with the creation in 2011 of the Early Childhood Unit even if the mandate of the Department was still officially defined as K to 12. The progressive implementation of the Early Development Instrument is also a concrete indication of the growing interest, not only of the government but also of the educational stakeholders to recognize the importance of the effect of the conditions on young children prior to entering the school system.

From an advocacy perspective, MSBA and MCCA used the *Educaring Committee*, at different times and with different emphasis, as a tool to plan and to advocate for the establishment of a stronger partnership between the two sectors. It also appears that *Educaring* had a significant influence on setting the government agenda that led to the development of the Healthy Child *Starting Early, Starting Strong* which was based on the priorities initially identified by the Healthy Child Advisory Committee.

Context 2: Mental Health–Healthy Child's Response to Policy Advocacy

The relatively recent renewed focus on mental health provides a relevant context to illustrate how the members of the network interacted with one another to influence the policymaking process. As illustrated below by an external policy actor, the issue of mental health is one that requires the concerted attention of multiple sectors as the impact of this issue appears to become more prevalent in all spheres of society including in schools:

> When you started to peel that back, you realize that everybody was involved with mental health and mental wellness so it's not just a WRHA [Winnipeg Regional Health Authority] thing, it's not just for doctors. In education we deal with it. [...] The early childhood educators deal with that, the community members deal with that and when you recognize that one in four deals with that have someone in their family with mental illness then you recognize that needed to be something that was embraced by everyone.

Mental health and the education system. The findings of a recent study conducted by the Manitoba Centre for Health Policy examining the mental health of Manitoba's children, indicate that the needs of students are high and that they are increasing over time (Chartier, et al., 2016). The researchers conducting this study, posit that not adequately responding to the needs of children affected by mental health problems and not focusing sufficiently on prevention have a long-term impact on outcomes in a variety of sectors, including education, health, social services and justice (Chartier, et al., p. xxviii). Accordingly, this research further recommends that working cross-departmentally is the most promising policy approach to yield the best possible outcomes for children and families and to reduce costs for the public sector. This suggests that for the education community and others, paying attention to this prevalent and growing problem in a coordinated fashion remains relevant and is advisable.

From an education perspective, the issue of mental health is not a new one. For a number of years, educational stakeholders have expressed concerns about the increasing number of students dealing with mental health problems and consequently the increased pressure put on the school system to address the needs of children in this area. While in principle, from a government perspective, health related issues fall primarily under the responsibility of the Department of Health, there is a perception shared by the education community that the health sector relies fairly extensively on the school system to be responsive to these health issues when they relate to school age children. One respondent, for example, suggested that there is a certain level of frustration and growing dissatisfaction with the very limited level of services provided by the Department of Health in this area:

> Well for a long time everyone would say when you talk in education about mental health [...], the school system would do so much and then after that they'd say "No, that's mental illness and that's not our job" and everyone would say "Not our job" and there just weren't enough resources.

Indeed, some respondents expressed a number of concerns with respect to the fact that the Department of Health appears to be well positioned to offer mental health services to children from birth to 5 years of age and to youth older than 18 but seems to be over-relying on the school system to address mental health issues impacting school-age children. In other words, there is a perception that mental health issues for these children, by default, need to be considered as a school responsibility. As suggested by one interviewee, this creates a gap between two different systems, in the quality of support provided and a misleading expectation suggesting that the school system has the capacity to handle such a pressure. In response to this perceived expectation, the school system feels ill prepared and ill equipped to handle the mental health

needs of students as implied by the following comment made by an external policy actor: “With all due respect to schools and the expertise and the goodwill that’s in our educators, they are not health care... mental health experts or professionals.” This once again calls for greater and more substantive cross-designed policy interventions as there is still a strong belief that there is a long standing lack of sufficient and substantive joint and well articulated actions undertaken to respond to the increased challenges schools are facing in this sector.

While acknowledging a certain level of responsibility, especially in the areas of prevention and of wellness, educators tend to claim that they simply do not have the expertise neither the resources to act effectively on the mental health needs of children, especially when the problems needing to be addressed relate to mental illnesses, have a certain level of complexity and require medical interventions from a psychiatrist: “There is the feeling that there needs to be more access to health services and what we felt for a number of years is that Education by itself has taken the issue as far as they can.” Another point raised by several interviewees relates to the perceived high level of complexity of the health system by the education stakeholders who are called to interact more directly with this sector. This complexity creates tension as well as misunderstandings between the two systems as illustrated with the following observation made by one participant.

> My impression is that we are a number of systems that are pointing fingers at each other.[...] So then I point the finger to Health and I say they have a different mandate that we do and we kind of agree to disagree and we have some kids and families that are floundering. And then Health says to me again “this is a voluntary service” but Education says “well not for us because kids are at our doorstep Monday morning and education is not a voluntary service so we get the kids regardless”, right? And when we say “we need

> help, we need help." So those are the conversations that are happening between me and the health authority. Not a very positive, moving forward, kind of dialogue.

Advocacy led by the Manitoba Association of School Superintendents. The Manitoba Association of School Superintendents (MASS) has been listening to the concerns raised by educators through its membership and has played a central role in the renewal of the mental health governmental agenda. One of the first goals of this organisation was to raise the level of awareness of government. Accordingly, one initial action undertaken by MASS was to develop a position paper on mental health. This advocacy approach is consistent with MASS' traditional *modus operandi* to pressure government to act on new areas requiring attention and to ensure that the government is following-up on certain actions where previous commitments were made. The position statement paper *Mental Health Framework for Students* (MASS, 2012), became MASS' advocacy platform asking primarily for the better delivery and coordination of services in support of mental health. This document was distributed and used and endorsed widely across the education system.

> The French community endorsed it and had it translated into French so that they could use it in their communities. And so I believe it was widely used in the community and accepted by many partners as well. [...]. So we presented to COSL [Council on School Leadership] or we presented it to the superintendent's group as a whole to trustee groups [...]. And I believe after the position paper and after a number of conversation because we asked all the superintendents to take that paper and to talk to their boards with it, you know, and have a discussion to take it out to their communities and so on. And I personally believed that that made a difference in shifting the landscape.

The paper called for a collective effort and specifically identified and targeted the Committee of Cabinet as one of the key strategic sectors needing to be lobbied in favour of supplementary resources as illustrated by the following statement: "This will require the combined efforts of all ministries of the Healthy Child Committee of Cabinet, with the support of school divisions and all agencies that work with children and youth in our province" (MASS, 2015, p. 1). With the publication of this paper, MASS was successful at mobilizing the attention of other education partner organizations and at creating a synergy and momentum. On that note, the position paper was formally adopted by other partner organisations including both MSBA and MAPC. The early childhood sector was also very supportive of the renewed attention on the mental health agenda. One member of the Advisory Committee reported the following: "We all identified children's mental health as presenting issues for our organizations and so as a group we were able to agree on what pressing problems are."

This collective support calling for a strong and well defined policy agenda created the right conditions for lobbying government, through the Healthy Child Committee of Cabinet. The MASS paper, largely written with the input of the Student Services Administrators Association of Manitoba (SSAAM), strategically included some research evidence and data produced by Healthy Child. The data included in the paper highlighted the significance and the scope of the challenges related to mental health and illnesses. Data from the Manitoba Youth Health Survey administered in 2009, with the support of both the Department of Education and of Healthy Child Manitoba and the participation of other partner organizations, were also used to support the argumentation of the paper requesting better coordination and supplementary resources.

As a follow-up to the publication of its paper, MASS first met with the Healthy Child Committee of Cabinet in 2012 (Manitoba, 2016). The impact of this meeting, described as a

pivotal moment by an informant, was significant in terms of the influence it had on a number of decisions made by the government to invest increase resources in this area:

> Some years ago now, representatives from MASS, of the major education players, came at their request to speak to Healthy Child Committee of Cabinet about mental health as a top priority for the school system and the need for a strategy, the need for universal, selective, and intensive investments from prevention to treatment, not just for school-age, but from prenatal to adulthood that was cross-departmental. That was a pivotal moment in really providing a drive and energy to something that was already on the list for ministers as a priority that ended up as–only a few years later actually leading into a multi-year strategy that was actually announced back in May of this year.

The purpose of this meeting was to inform the ministers about the nature and the scope of the problems faced by the school system and to request that the government pay more attention to the increased pressure put on the school system as a result of the significant prevalence of children with mental health issues. According to one participant, the publication of the MASS paper, the meeting with the Cabinet ministers as well as other follow-up meetings with the Winnipeg Regional Health Authorities (WRHA) created some significant synergies:

> At that particular time I don't know, the stars must have just all aligned because all of a sudden everything started opening up. [...] I believe that through the writing of that paper and presenting it to Healthy Child we were able to get Manitoba thinking about the mental health of children. [...] We had the position paper at the right time at the right place. And you know where the stars aligned; it was already a national conversation in mental health. [...]I know there were position papers about our aboriginal community and mental health and approaches and so on. So this just happened to come at a time where it

> said “Look, let’s all work together on this” and if we are all working together we have to work from the same philosophical framework in order to make a difference.

The Healthy Child Committee of Cabinet represented a forum where this issue was raised effectively especially while considering the interdepartmental nature of mental health challenges being discussed in the education community. As suggested by one informant interviewed, MASS’ strategic intervention was effective: “They [MASS] came to the table and made use of it and it resulted in, you know, the roll out of the beginnings of what I'm hoping will have the opportunity to grow into something significant.”

It is in fact easy to see how the Departments of Education, Health, Family Services and Justice were directly concerned by the context of this conversation. According to a respondent: “[i]t provided a forum for that organization to come and bringing an issue that required multi-departments to address.” A senior departmental official added:

> Mental health, the whole mental health strategy in which there’s a part for education, I think it’d be very hard for us to be playing the role and doing what we can do to help address mental health issues among children and youth, very hard for us to be doing that if we weren’t part of Healthy Child Committee Cabinet.

One interviewee succinctly described how effective the Healthy Child decision-making process was simply because “all the right decision-making players were at the same table.”

> The day that the education, stakeholders came to talk about mental health when they left the room, four or five ministers just said, “This has to be our next priority and we have to start our political work right now building support with our colleagues for this. We have to clear the path. You guys have to go do the work. You have to involve the community.”.

It is unclear who exactly from MASS first requested a meeting with the Committee of Cabinet to discuss the issue of mental health. It was however suggested that the request would potentially have been made by the then executive director of this organization to the chair of the Committee of Deputy Ministers. Another respondent suggested that the meeting with the Committee of Cabinet may have come as a result of an initial meeting with MASS representatives and the staff from the HCMO, as this is often the approach taken by external stakeholders to obtain such a meeting. It is not the only possible approach since organizations will, under different circumstances, put pressure directly on one or several ministers to open the door to either the Committee of Deputy Ministers or to the Committee of Cabinet. Having delegations presenting to either the Committee of Cabinet or the Committee of Deputy Ministers is considered a regular approach for stakeholders to reach the high level structures of the policy strategy. One interviewee described how Healthy Child has the capacity of creating synergy around multifaceted issues requiring attention and to create legitimacy for collectively moving forward on a certain issue requiring attention.

> From that directly stemmed some work on an adolescent mental health strategy and what I found is that because there is now a direction from the Healthy Child table and multiple departments were saying we've got to work on this, that we are able then to get everybody around the table, the other departments, and to actually trying to figure something out together where as by ourselves we would not have been able to get the same attention.

One respondent from the Healthy Child secretariat suggested that the work initially conducted by MASS was very influential as it progressively became a blueprint for the Manitoba Government to design a policy response to a well orchestrated advocacy intervention. Here is how one respondent described the policy response proposed by the government: “We moved

forward on it and we've got now all of these multi-million dollar kinds of promises over the next 10 years to move forward. It is a phenomenal example."

Another outcome of the MASS lobbying intervention, was the creation of the Oversight Committee on Child and Youth Mental Health (OCCYMH) to support and guide the implementation of the governmental response (Manitoba, 2016). The education system, predominantly through MASS was invited to play a central leadership role on this committee. The committee was co-chaired by the Executive Director of the Manitoba Association of School Superintendents (MASS), the former CEO of the Manitoba Adolescent Treatment Centre (MATC) and the Associate Secretary to the Healthy Child Committee of Cabinet (Manitoba, 2016).

While the Minister of Health announced in 2011 a provincial strategic plan in support of mental health, the advocacy activities conducted by MASS led to a follow-up governmental announcement in 2015 putting forward 2 million dollars in new funding in support of the first year of what was described as a whole-of-government strategy in support of child and youth mental health a strategy apparently fully supported by the oversight committee referred to above (Manitoba, 2016).

It was suggested that the actions undertaken by MASS led to a number of policy decisions made by the government and very much represented how Healthy Child provides an effective policy mechanism that can support and favor the development of policies that are responsive to the needs that are articulated by organisations located outside of the government:

> [...] It was really the unison and the chorus of consensus from the health system, from schools, from child care, from Child and Family Services, from families, from youth themselves, all saying this is something we've got to do something about, which is why it

was easier than it might have been in this era of pressured resources for government to– relatively quickly, assemble and commit to a 10-year strategy.

World café on mental health. In response to the concerns raised by the education stakeholders and others and in response to an increasing awareness in society around mental health, Healthy Child initiated an expanded and broad province-wide consultation on this issue in 2015. The consultation strategy was designed as a series of *World Café* type conversations. One interviewee described how this activity was to take place in a variety of provincial communities: *"*HCM will be facilitating conversation cafés in order to pull together information across sectors. They will be able to look at the data from a more holistic level, especially at the connecting points between the systems." While this broad consultation was initiated to achieve a number of intended outcomes, there are good reasons to believe that the narrower conversation initiated within the field of education, largely through MASS' leadership, had an effect on the decision later made by the Manitoba Government to launch this broad provincial conversation on mental health using the World Café format and process.

The concerns expressed by the educators regarding the increased pressure put on schools to address mental health issues seem to be corroborated by research; the mental health needs of students are becoming a predominant area of concern. The Manitoba Association of School Superintendents, one stakeholder organization benefitting from an *inside track* to Healthy Child, has been listening to educators and to its members and took upon itself to bring this matter to the forefront. Consistent with its advocacy mandate, MASS developed a position paper highlighting a number of the challenges the school system is facing in this area. The document prepared became by default the framework used to lobby government for increased resources. As mental health falls under the category of complex and multifaceted problems often requiring a

multipronged response, the Healthy Child Committee of Cabinet represented the appropriate avenue to allow MASS to reach promptly a number of ministers with related responsibilities. The actions undertaken by this organisation have, at least to some extent, been successful since they had a significant level of influence on the decision made by the government, through the minister responsible for Healthy Child, to announce in 2015 new sources of funding to be made available to the school system in support of mental health and the implementation of a new Child and Youth Mental Health Strategy. The actions undertaken by MASS also had a significant impact on creating consensus across education stakeholders to treat mental health as an education priority and on the establishing the new Oversight Committee for Child and Youth Mental Health responsible for guiding the implementation of a number of actions. This newly created committee is co-chaired by Healthy Child Manitoba and the Department of Health. As the prevalence of mental health issues is not limited to the field of education, it is suggested that the advocacy efforts conducted by MASS also had some level of influence on the decision made by Healthy Child in 2015 to conduct a province wide consultation, with a mandate extending beyond the school system, using a World Café format, to take stock on the prevalence of this issue.

Context 3: Community School Investigators–A Supportive Bottom-Up Initiative

The *Community School Investigators* (CSI) initiative, largely initiated by a group of well informed activists, is used here to illustrate how Healthy Child supported a specific project taking place outside of the formal K to 12 education system to address the effect of poverty on student learning. This project was designed to address the impact of the summer break on learning for children living in low socioeconomic circumstances. This initiative, shows how Healthy Child paid attention to outside organizations, more specifically in this case, the Social Planning Council, and supported a bottom-up approach to address a problem requiring attention. The interactions amongst these organisations probably took place, at least partially, because of a number of personal connections and relationships as opposed to formal linkages and structures. For example, in the case of CSI, the chair of the Healthy Child Manitoba Advisory Committee, was also an active member of the Social Planning Council.

The main issue being examined under the CSI initiative is commonly referred to as the 'summer learning loss.' Interest around this issue, in Winnipeg, came up as a consequence of the publication in 2004 of a research report published by the Manitoba Centre for Health Policy (Brownell, 2004). The proponents of the notion of summer learning loss suggest that children with low socio-economic status (SES) fall behind academically during the summer period due to the limited intellectual stimulation they are generally exposed to during the summer months The 2004 MCHP report focused predominantly on the educational outcomes of Manitoba students while highlighting significant discrepancies in graduation rates of students depending geographic locations in Winnipeg. The release of this report also apparently coincided with a conference held in Manitoba, during this period of time, by the Social Planning Council focusing on poverty and education. It was as a follow-up to these activities that a decision was made by

some influential members of the Council and a few representatives of education community, to approach policymakers to seek financial resources in support of a pilot project designed to address the issue of summer learning loss. It is within this context that the project came to be known as the Community Schools Investigators (CSI) which initially involved two low SES Winnipeg inner-city schools. Most of the children participating in the summer program lived in impoverished environments and low-income households.

On a broad basis, the program was designed to provide educational activities to children in the morning and recreational outings in the afternoon. The programming was generally delivered by university students from the Faculties of Education, a component considered pertinent when considering partnership and community involvement. This partnership was described as a concrete illustration of the work conducted on the ground with the participation of multiple community actors:

> You see, when I said before we need to [...] create the village that take care of the child. It involves all of us... It involves our university students, it involves all the people who work with these children and learn about this early in their careers not later on.

This initiative began with very limited resources as indicated by an influential member of the inner circle: "CSI started out when most people thought it was almost impossible to do because we did not have any money."

The success of bottom-up community-based initiatives is often dependent on the commitment and dedication of community champions who are tireless and persistent with their advocacy interventions but also willing to take concrete actions to address an issue requiring attention. The following observation made by an external policy informant exemplifies these types of actions:

> When the programs are desperately needed, we have to make every effort to try to get them started and that's what happened with CSI [...] We wanted to propose something concrete that would demonstrate to people that some things can be done.

The Social Planning Council initially played the role of the governing body for the project. The long-term sustained role played by Healthy Child was described as follows: "Healthy Child became involved on a regular basis as advisors, including their consultants, evaluation team, providing funding towards the project."

Other community organizations were also important actors in this project including the Winnipeg School Division and more recently the Boys and Girls Club, now the agency responsible for the delivery of the program since this organisation has the appropriate mandate and working framework to house this initiative on a longer term basis. While multiple partners, agencies and funders were engaged in the project, Healthy Child was identified as a significant partner:

> Healthy Child Manitoba, has been a real champion of CSI... a great supporter and in intangible ways because they were quick to recognize when we started talking to government about this... they were very quick to recognize how this fit so well and this whole notion of looking at the Healthy Child Manitoba approach. And so they were and still are very supportive of CSI and I am thankful for that.

The initiative successfully brought together a number of partners and created the required synergy to make the project work.

The CSI initiative also illustrates how members of the community and the school community work collaboratively along with the government to address local issues and concerns:

> The schools themselves now value CSI greatly because they know what [...] impact it has on the children's lives. [...] [The schools] are public places which should be utilized. And so we are doing that. And we are using education students who are getting great experience. [...] I know now that the community is behind us with this summer program. We have a small group of business people who hold a fundraiser for us every year.

As described above, the CSI program was not directly initiated by Healthy Child and should not therefore be identified strictly as a Healthy Child initiative. The organisation did however play an important supportive role when bringing to the attention to the government an opportunity to concretely support an intervention targeting children living in poverty. In this case, Healthy Child was responsive to a project initiated locally where members of the community were proposing solutions to local challenges related to poverty and student learning. For the CSI program, Healthy Child does not directly engage in the programming being delivered but rather facilitates and supports, from the outside, the delivery of programming. This illustrates how Healthy Child is agile and responsive when responding to various types of grassroots requests.

While some of the activities conducted by Healthy Child shows how the policy strategy strategically relies on bottom-up initiatives that promote both flexibility and local autonomy, Healthy Child is also well positioned to help formalize the relationships that are often created locally on a fairly loose and informal way. It was suggested that often these informal relationships and linkages, based on the good will of certain individuals and ad-hoc arrangements, tend to disappear when individuals change their career path or for example retire. While ensuring continuity around these types of informal arrangements and projects initiated from the ground-up can be challenging, Healthy Child appears to have been effective at

solidifying these relationships. This would apply here when considering how CSI was progressively transferred to the Boys and Girls Club, an organization having the infrastructure required to manage this type of longer term initiative.

Summary

This chapter provided a description of the Healthy Child network and introduced the notion of the network inner circle which occupies a privileged and influential role when considering the operation of the overall policy strategy. The members of the inner-circle are tightly coupled and benefit from strong and well-established relationships, which according to Mandell and Keast (2008) are an essential condition for network stability. Some outside organizations, notably MASS, MSBA and MCCA, largely through their advocacy activities have successfully established an *inside track* allowing them to connect efficiently with the two high level committees.

The policy network was described largely in light of the formal structures of the policy strategy as defined in *The Healthy Child Manitoba Act*. Depending on the nature of the policy issue being considered, both internal and external stakeholders interact with and through some or several of these structures namely: the Committee of Cabinet, the Committee of Deputy Ministers, the HCMO, the Provincial Healthy Child Advisory Committee and the Parent-Child Coalitions. While the policy strategy is designed to predominantly favour horizontal collaboration, the interactions amongst all internal policy actors also take place broadly within a fairly conventional vertical hierarchy. Indeed, the policy orientation is largely set horizontally at a high level by both the Committee of Cabinet and the Committee of Deputy Ministers with the guidance of the HCMO staff. The relationship existing between the vertical and horizontal dimensions of the policy strategy will further be examined in the following chapter. One key

responsibility of the three entities referred to above is to identify a small number of ambitious priorities to be considered and consequently set a path for the work to be completed. The identification of a small number of cross-cutting priorities requires intense conversation and negotiations where moving from a departmental perspective to a cross-sectoral mode of operation can, at times, be challenging. Decisions made at a high level are generally operationalized either by the Healthy Child Office or at lower levels in the vertical structure.

In principle, the policy strategy has a strong focus on the community. A consultative committee known as the Early Childhood Development Advisory Committee was created at the early stage of the policy strategy and primarily focused its attention on early childhood development. The Provincial Healthy Child Manitoba Advisory Committee (PHCMAC), formalized through legislation in 2007 was given a wider mandate and represents the formal policy mechanism to gather and to take into account the input of a wide representation of community organizations. While the first chair of this committee benefited from a close working relationship with the Committee of Cabinet, the quality of this tight working relationship did not appear to be maintained following the arrival of a new chair in 2012.

The Parent-Child Coalitions represent the community-based organisations responsible for addressing cross-sectorally a number of local priorities. The twenty-six existing coalitions are funded annually by Healthy Child Manitoba. While Healthy-Child has set a number of criteria to be met by the coalition as a condition for fund, these local organizations have a fairly loosely defined mandate with limited accountability measures. They consequently have a considerably high level of autonomy in determining how local priorities and areas of needs will be addressed. The concept of Parent-Child Coalitions evolved over time and was very much influenced through the work conducted initially by a few local community champions under the Children

and Youth Secretariat. In that sense the concept was significantly influenced through a bottom-up process. The coalition model presents a concrete and interesting facet of the implementation and enactment of the policy strategy. This is particularly interesting since the model replicates the cross-sectoral policy strategy at the community level. Also noteworthy, the Parent-Child Coalition is the component of the Healthy Child Policy strategy that best aligns with the *governance* school of thought discussed in Chapter Two. While the coalitions are modestly funded by the Province, the benefit from a high level of autonomy and largely managed outside of a traditional hierarchical top-down environment.

When the topics being examined internally by the 'inner-circle, relates to education and requires follow-up actions, collaborative work involving the staff from the Office and from the Department of Education will, in some cases, follow depending on the nature of the project being contemplated. Depending on the type of initiative, a number of interactions between the staff from the HCMO and from various areas within the Department of Education also take place. It was however noted that the working relationship between Healthy Child and the Aboriginal Education Directorate did not appear to be very strong, clearly articulated and tightly coupled.

The development of protocol documents was used as an example to illustrate how internal policy actors from both Healthy Child and the Department of Education work collaboratively, along with external policy actors, to develop these policy documents. Other initiatives conducted by Healthy Child and impacting on the education system have been implemented with limited collaboration of the Department of Education. This would apply, for example, to the PAX Good Behavior Game. When considering cross-sectoral collaboration, the possibility of having a government sector other that education 'pushing' a certain initiative was raised as an area of concern. While there is value in having partner departments playing the role

of 'critical friend,' having sufficient well-informed expertise to guide the decision-making process is important.

Given the strong focus of the strategy on evidence-based policy decisions, the partnership with the Manitoba Centre for Health Policy is considered as an important component of the network. As with many other components of the policy network, this relationship has evolved over time and created a number of win-win opportunities for both partners. Along with MASS, MSBA and MCCA, MCHP has developed a unique *influential* relationship with Healthy Child considered as an *inside track* to the policy strategy.

Finally, three contextual examples were used as three different policy contexts illustrating concretely how Healthy Child, through its formal structures, interacted with other policy actors. In the context of early childhood education, Healthy Child provided leadership and acted as a catalyst to implement a paradigm shift while creating different perspective on the importance and value of early childhood development and. With regards, to the pressing issue of mental health, Healthy Child activated a number of policy interventions in response to the advocacy actions undertaken primarily by MASS but also with the support of other organizations. Finally the *Community School Investigators* initiative was used as a context to demonstrate how the policy strategy can be leveraged to support the implementation of policy solutions developed locally. These three contexts were used to show how the policy strategy is used differently to achieve certain goals through collaboration, through advocacy and through bottom-up actions undertaken by community organisations.

The purpose of this chapter was primarily to provide a description of the interactions taking place within the policy network predominantly led by the government. The following chapter examines how the policy network is being perceived by the policy actors within it. This

is done through a more critical analysis of the policy networks largely based on the perceptions of the informants consulted in this study. This critical analysis provides further insights as to where the network is currently located on its development trajectory in light of the Mandell and Keast (2008) model.

CHAPTER SIX

PERCEPTIONS AND UNDERSTANDINGS OF THE HEALTHY CHILD MANITOBA POLICY STRATEGY BY EDUCATIONAL POLICY ACTORS IN TERMS OF CHALLENGES AND BENEFITS.

Introduction

The purpose of this section of the thesis relates to the third research question stated in Chapter One. It examines how the Healthy Child Manitoba strategy was being perceived by a number of educational policy actors, both internal and external to the government. This chapter pays specific attention to the perceived benefits and challenges of the policy strategy and is organized around five broad statements referred to as *constats.* The French word '*constat'* was chosen as it captures the idea of a significant finding drawn from the predominant perceptions shared by the participants as part of the interview process. The *constats* represent the 'big and significant ideas' that were articulated by the participants. In some cases they represent a fairly strong consensus; in other cases they reflect divergent views and perceptions. As this chapter refers to both benefits and challenges, it constitutes a more 'critical' analysis of the policy strategy. This analysis is used to further examine where the network being studied is located in its developmental trajectory using the Mandell and Keast (2008) conceptual model but, more importantly, to make a contribution to the scholarly literature on horizontal policymaking and on policy networks.

While the research participants were initially told that they were not expected to complete any formal preparation prior to the interview, there are good reasons to believe that, based on the type of information and observations they shared, several of them consulted the Healthy Child web site prior to the interview simply to reacquaint themselves with the overall intent of the policy strategy and its structural elements. Likewise, several participants came to the interview

with some supporting documentation related to their previous interaction with Healthy Child giving further evidence that some of them did in fact prepare prior to the interview.

All the interviewees had some level of interaction with one or several elements or structures of the policy strategy. The participants who were best able to articulate their understanding of the intent of the policy strategy, and their perceptions regarding the successes and challenges of the policy,were those who had a more direct relationship with it and/or were members of Healthy Child inner circle. As indicated in the previous chapter, the inner circle includes the Committee of Ministers, the Committee of Deputy Ministers, the senior staff from the Healthy Child Manitoba Office (HCMO) and the chair of the Advisory Committee. When considering the inner circle as a whole, the staff from the HCMO certainly demonstrated the deepest understanding and appreciation of the strategy as they were all long-term public servants who played a significant role in the implementation of the strategy. It is important to note that due to the regular shuffles of responsibilities given to ministers, this long-term engagement with the policy strategy does not necessarily apply to them. Cabinet shuffles and rotations of the chair of the Committee of Cabinet represent both a challenge and an opportunity in the sense that they affect continuity. However, regular changes in political leadership also have the benefit of bringing new ideas and perspectives. For elected officials, the responses provided to the interview questions were consequently broader in nature and less focused on detailed operational matters. The responses provided by other members of the inner circle were informed by their deeper understanding and appreciation of the policy strategy. The members of this selected group were all well positioned to provide insightful accounts of their working experience under the policy strategy, from both a broad and strategic perspective as well as from an operational perspective.

Most policy actors located outside of the inner circle who were interviewed played a more indirect role with the implementation of the strategy and for this reason shared a different perspective of the strategy. It was found that they had varying degrees of ease in articulating what the intent of the strategy was. Their perspective related more directly to their concrete experience with some of the projects conducted in collaboration with Healthy Child and the Department of Education. Their understanding and appreciation of the policy strategy appeared to depend substantially on the level of engagement of certain organizations in advocacy activities. While the policy network is quite tightly driven by the inner-circle, the other policy actors also occupy an important place in the broad Healthy Child policy framework and their influence on the implementation of the strategy deserves attention. It was therefore relevant to examine how the perceptions were expressed and articulated by the three broad categories of actors: the members of the inner circle, the internal policy actors located outside of this core group, and those located outside of government. As noted before, when considering the actors located outside of the inner circle the Manitoba Association of School superintendents (MASS), the Manitoba School Boards Association (MSBA), as the Manitoba Child Care Association (MCCA) as well as the Manitoba Centre for Health Policy (MCHP) have a uniquely influential relationship with Healthy Child considered as an *inside track* to the policy strategy.

The following five *constats* were identified as a result of the data analysis conducted. It is important to note that while these statements are being presented as distinct elements, they are not necessarily mutually exclusive. Some overlaps across the *constats* are therefore to be expected.

The benefits of the cross-sectoral policy strategy are examined primarily under *constats* 1 and 2. The other *constats* highlight difficulties and challenges predominantly related to the

operationalization of the policy strategy. The *constats* are presented in the order listed in the following table.

Table 11

List of Constats with Corresponding Descriptors

Constats	Identifiers	Descriptors
Constat 1	An Innovative and Beneficial Policy Approach	The policy strategy is valued and perceived as beneficial by the members of the policy network
Constat 2	A Closer Relationship between the Early Childhood Education sector and the K to 12 Education System	The interactions taking place in the policy network have led to the establishment of a closer relationship between the early childhood education sector and the formal K to 12 education system
Constat 3	Government-Centric vs. Community Centric Perspectives	The members of the network have divergent and at times opposing views on the 'community engagement dimensions' of the policy strategy
Constat 4	Systemic and Operational Challenges	The policy network is facing a number of operational challenges often related to the horizontal/vertical relationship
Constat 5	The Healthy Child/Department of Education Intersection	Healthy Child and the Department of Education intervene in a shared but undefined 'policy space'

Constat 1: An Innovative and Beneficial Policy Approach

The policy strategy is valued and perceived as beneficial by the members of the policy network.

A number of aspects of the Healthy Child policy were perceived as being innovative and beneficial from an educational policymaking standpoint. Both the policy actors located within and outside of the inner circle identified several benefits and innovations.

The Structures and Interdepartmental Focus

When asked to identify the perceived strengths of the policy strategy, the participants identified a variety of elements. The interdepartmental nature of the policy strategy was widely considered as its most innovative component. Having a broad policy strategy with an influential and high profile Committee of Cabinet dedicated to the complex issues related to the well-being of children was described as being forward looking and as having the potential to develop more effective policy solutions. An internal policy actor was vehement about this notion: "I would say the minister's table I think is hugely successful. We have a policy table at the most senior level that is constantly paying attention to kids." According to another informant, the Manitoba approach was setting a high standard for others. "In other jurisdictions, it's always held up as a sort of ... standard ... the gold standard of interjurisdictional... intersectoral work in government." The simple fact that a number of ministers from distinct government departments were intentionally engaged in deep conversations creates opportunities for effective action. It was suggested that the Committee of Cabinet table creates a focused and open forum where issues can be discussed and addressed in a coordinated fashion as opposed to having one minister lobby another minister behind closed doors. While, it was suggested by Peters (1998), that using a Committee of Cabinet to horizontally manage certain initiatives is not uncommon, the permanent formal status given to the cross-sectoral committee in Manitoba is notable.

The same thing can be said about the Committee of Deputy Ministers and the staff from

the HCMO who are directly engaged in this collaborative work. These two central structures of the policy strategy were viewed as being well suited for establishing connections across sectors and allowing for greater convergence in the setting of priorities. It was suggested that the types and quality of the linkages being made at the joint table could not be leveraged if the Healthy Child table did not exist. The strategy therefore was seen as having the potential to create consensus and synergy across sectors. The fact that, in principle, the activities undertaken under the Healthy Child umbrella were informed by high level cross-sectoral conversations was considered a pertinent framework to achieve better outcomes, better coordination and avoid duplication of efforts. Having such an operational framework is a requirement for successful horizontal policymaking (Peach, 2004).

Efficiency was also highlighted as a benefit. One respondent from the inner circle suggested that Healthy Child had a way of making things happen more quickly and more efficiently, when dealing with a problem that impacts on several sectors:

> So [the Healthy Child staff] is able to connect things and help us share that information and make things even stronger and help us to build a strategy around something where in the past it would've been just a bunch of individual things that are not even connected in any way.

It was suggested, for example, that the relatively recent decisions made by the Province to pay more attention to mental health and to consider this area as a new priority illustrated how Healthy Child was well positioned to respond promptly to lobby efforts by external organizations through the cross-departmental mechanisms of the Committee of Cabinet and the Committee of Deputy Ministers. These two committees were seen as being sufficiently agile and able to respond rapidly to emergent and unforeseen problems. While Peters (1998) cautioned that using

such centralized committees can lead to the proliferation of too many committees impacting on the workload of both ministers and deputy ministers, this was not an issue raised by the informants. It was suggested, that the HCMO may have acted as a successful buffer and therefore avoided this problem, when coordinating the work being conducted across departments.

Furthermore, an informant from the inner circle suggested that the Healthy Child Committee of Cabinet as well as the Committee of Deputy Ministers created a feedback mechanism that benefited both the broad cross-sectoral strategy and the work conducted in departments. On the one hand, the conversations taking place at these two tables helped inform the work conducted at the departmental level and on the other hand, the work conducted within each individual department also inform the cross-departmental thinking taking place in the two Healthy Child coordinating committees:

> I think there is a positive feedback loop, if you like, within the system of things, where getting cross-departmental support, let's say for a new policy or for new resources, is a great benefit to individual or line departments, in that [...] the most pressing policy issues that we are dealing with now are very hard to tackle on your own, no matter how government organizes itself within departments, almost all of the important things require some cross-sectoral collaboration, if not all.

While there were a number of challenges related to communication (examined in greater details under *Constat* 4), the cross-sectoral conversation taking place at the two high level tables was perceived as positive. Some participants suggested that it was refreshing to see senior elected and non-elected officials discuss a variety of issues beyond the traditional boundaries of their sector.

> It is really good to see deputy ministers, across jurisdictions, hear about the challenges and not to just think about their own department. Right, I think that has been the benefit [...].There is a conversation and I would say generally [...] an attitude of collaboration. [...] You're not seeing ministers or deputies go "well I'm sorry that's your problem it's not mine."

As stated earlier, the HCMO, as an organisation, was very effective at promoting the fact that Manitoba was the only province in Canada having a legislated Committee of Cabinet ministers dedicated to the well-being of children. This unique legislated status was seen by many as a strength as it conferred a high level of legitimacy, in turn creating an element of stability for the policy strategy. For that reason, several respondents indicated that Healthy Child represented an innovative structure and that Manitoba was a leader in Canada. *The Act* was also seen as an important tool to clarify roles, responsibilities and accountability in an environment engaging multiple actors through the participation of several departments and ministers. Given the cross-departmental nature of the policy strategy, it was important to know who is fundamentally responsible for it. The legislation brought the required clarity when stating that "The minister responsible for this Act is to be the chair of the Healthy Child Committee of Cabinet" (Manitoba, 2007, p. 4).

A Conduit for Policy Advocacy

Several outsider non-governmental respondents referred to their advocacy activities and expectations regarding Healthy Child and commented on how this organizational policy structure can be used effectively and strategically to influence policy decision making beyond the mandate conventionally attributed to the Department of Education.

This exemplifies how the policy mechanism plays an *interest intermediation* function. Both the Committee of Deputy Ministers and the Committee of Cabinet did, at times, indeed

entertain proposals coming from outside agencies when seeking a coordinated intervention or response requiring the participation of multiple departments. This applies, for example, to the Manitoba Association of School Superintendents (MASS) and the three other organizations benefiting from an *inside track* to the 'centre' of the policy strategy: MSBA, MCCA and MCHP. This is also exemplified by the Manitoba Centre for Health Policy which has, in some cases, approached a minister or a deputy minister to request that an item be placed on the agenda of one of the two committees.

Sometimes this type of arrangement was made in close collaboration with the staff of the HCMO. On other occasions, the Office recommended that a certain group be invited to a meeting. There were therefore multiple approaches that were used by external organizations to engage in steering policy and advocating for specific issues. An external policy actor described how Healthy Child is perceived as a relevant mechanism for bringing issues to the attention of the government:

> One of the groups I went to very early on, was Healthy Child Manitoba because they're very interested in relating to projects which will be good for kids and which work across different sectors and Healthy Child was very helpful right from the beginning about connecting me with people that I needed to talk to ... providing some resources, providing some sort of enthusiasm, suggesting other people we should talk to.

It is suggested that the two areas of focus of Healthy Child that have had the greatest impact in the field of education was the work done in early childhood education, more specifically around the pre-school/K to 12 intersection, and more recently, the setting of a new provincial agenda focusing on mental health. Having the Committee of Cabinet as well as the Committee of Deputy Ministers was perceived as a critical factor that led to advancement in

these two key areas. These two committees were considered by some respondents as very effective for mobilizing policy actions and for allowing stakeholder organizations such as MASS, MSBA and MCCA to advocate for policy changes.

Mental health was also identified as a new area of focus where Healthy Child became, for members of the broad community and most specifically educational stakeholders, an effective government conduit to influence decision-making with respect to an emerging issue:

> If you talk more recently to people, partly because of its prominence right now, the Child and Youth Mental Health agenda is prominent, and there is a reason why those stood as top [...] priorities for many years, not just because they matter so much for so many departments, not because of just the cost-benefits, but because of the community part of that, confirming that these are things that really matter, that they really need that multi-departmental support.

Early childhood education and mental health, were therefore highlighted as two strong areas of focus where the Healthy Child mechanism and structures are considered particularly effective. Both external and internal actors have indicated that when challenges identified by stakeholders are difficult to address, internally, without a coordinated and cross-sectoral response, Healthy Child provided a platform through which they are able to address these issues: "That's a very challenging kind of thing so I think just having that place where MASS can present their concerns about mental health and put it to all of them. [...] I think that's a huge thing that there is that formal structure."

The following comment made by another external policy actor illustrates how the Healthy Child structure was responsive to the advocacy pressures exerted on the government by stakeholder organizations: "The mental health strategy, I would say [...] it was the outside

pushing them. I also think that you know with early years that it was outside groups that were putting pressure on them to do more things."

Broad Focus on Prevention and Early Intervention

The Healthy Child policy strategy was perceived as promoting the long-term value of prevention and the critical importance and benefits of early interventions. Accordingly, this long-term vision was seen as a positive shift in government thinking which is traditionally considered by some as being too often centred on short-term political gains. Prioritizing upstream policy activities that focus on the prevention of problems, as opposed to downstream policy decisions designed to reactively respond to deeply rooted problems, was described as extremely valuable. For example, the Healthy Child programming is designed to alleviate the long-term implications of poverty and cost pressures on the health care system and other social programs. Several respondents described this as being at the heart of the mission of Healthy Child. The same thing would apply to the perceived value of providing high quality early childhood education programming.

For some, the Committee of Cabinet was indeed a direct consequence of the need for government to make strategic investments early on in the life of individuals to prevent having to deal with complex issues and dysfunctions that occur in adulthood when these interventions are not available. On that note, one informant made the following related observation: "If we focus on the early years and invest in the early years, [...] it's like compound interest that the more you invest in the early years and the earlier that cumulatively has a significant impact over the years."

The intent of the policy to take action before problems arise was seen as the unconventional result of a paradigm shift. The following observation made by an informant illustrated how the policy strategy was perceived as being designed to be strategic and to yield long-term benefits.

> And when we are talking about young kids, you're touching on everything. You're touching on, you know health, poverty. [...] If you are positively impacting kids at an early age, they will be healthier, more successful adolescents and adults [and] community members [...].

Focusing on prevention is difficult for elected officials when they are asked to look at competing priorities and to choose how to spend political capital. They are traditionally inclined to seek short-term benefits as illustrated by the comments made by one of the participants: "I think that the outcomes are more effective and have better sustainability as a result of that frontend work, but I think the front-end probably feels a lot more cumbersome and complex to people." Healthy Child was seen as promoting a policy approach that counterbalances the appetite for short-term political gains linked to the election cycle and the need to invest now in early intervention and prevention: it is a fine balancing act.

Focus on Research and Evaluation

The fact that the policy approach is solidly anchored on the use of research evidence, evaluation and measurable outcomes was perceived by many as a very sound model and as an area of strength for guiding the decision making process. Hence, before implementing any initiative, as indicated earlier, Healthy Child tends to conduct a significant amount of research to determine what evidence is available to justify the value of implementing a particular initiative. On that note, the broad Healthy Child focus on research and on evidence-based policymaking was described as an area of strength and of innovation as illustrated by an internal policy actor. "I would say that the research part of it has been to me the real breakthrough in how we think about these issues and our ability to make public policy that meets that research is the real challenge." Because of its research expertise as well as research partnerships, namely the

Manitoba Centre for Health Policy, the HCMO was seen as well positioned to support the work conducted locally by school divisions and to help support the development of a working culture that valued evidence-based decision making. This was exemplified, for example, with the implementation of the Early Development Instrument.

It was suggested by an external policy actor that the importance attributed to the use of research evidence to inform policy decisions, represented somewhat of a novel idea for many; an aspect of Healthy Child which, according to this interviewee, was not necessarily well understood and sufficiently appreciated by the education community.

An informant went as far as suggesting that for some, using research evidence even represented a threat for those who were uncomfortable with the outcome of an evaluation showing that the implementation of a certain activity does not yield the desired results. On that note, Hattie (2008) cautions that the gains do not always represent a good use of the resources required to produce the intended result. Hattie (2008) rather suggests that almost any intervention will have some sort of positive impact but often relatively small.

There is a perceived political risk in evaluating the impact or lack of impact of a program especially when the results obtained are not showing that the activities being considered are not producing the intended results. An elected official provided the following observation on this issue:

> Well, I mean, it is a risk but it's a risk that we, [...] Government have chosen to take, right? We don't want to be afraid of information; we don't want to be afraid of finding out what we need to do better. We want to do better. We are really a whole bunch of people who want to do better all the time. We may not always succeed at that, but that is really what our goal is. So, if you shut yourself off, from the truth and the research it is to me

the worst of politics when that happens.

Expertise

Many respondents praised the quality of the senior staff working at the HCMO who were perceived as strong, highly competent and influential leader in the field. It was suggested by some respondents that not only was the organization strong at the top but was also, perhaps more importantly, it was effective at mobilizing community champions who also played an influential role. The senior staff from the Office was perceived by several internal and external policy actors as playing a critical role in moving forward the strategy, while at the same time being respectful of the work already taking place in the education system. It was suggested that the head of the HCMO assembled an exceptional, highly qualified team. A team described as professional and able to work with community organizations and able to build strong and supportive working relationships across sectors.

> Children were not visible till they were in kindergarten. [...] [name of HCMO staff]; [...] was on top of all these facts, he knew what he was talking about, and I think he had an enormous influence on helping people to see that our children are our children from the day they are born.

It was suggested that Manitoba, through Healthy Child, had over time developed its own internal elite capacity equivalent to other well regarded influential researchers in the field of early childhood development such as Dr. Fraser Mustard and Dr. Clyde Hertzman. However, a number of informants lamented the fact that the staff composition of the Office did not reflect a wide enough cross-sectoral expertise. Some respondents indicated, for example, that Healthy Child would benefit from hiring educators with a strong school-based expertise and indigenous staff who understand the subtleties related to cultural differences .

HCMO's ability to work with other sectors was highlighted primarily by the members of the inner circle. They particularly underscored its strong focus on evidence-based policymaking and its well articulated relationships with a number of external agencies such as the Manitoba Centre for Health Policy, the regional health authorities and other partner agencies.

Parent-Child Coalitions

While several respondents outside of the inner circle as well as other external actors had a fairly limited awareness of the role played by the Parent-Child Coalitions, the concept was perceived by some as a great way of empowering local communities who traditionally have a very limited ability to implement local initiatives intended to address local priorities:

> [...] we have council meetings with them. [...] The energy in that room is amazing. And the optimism -- and some of them have been on it for 14 years. And they just can see at their own level that they've built relationships that weren't there before, that they can pick up a phone and solve a problem in a way they couldn't before. [...]Now the public health nurse knows who's running the child care center and can say, "I have a problem with this family and I need help now," [...] There's been a synergy that happened there that is just sort of local magic.

The Parent-Child Coalitions, were by design loosely defined, with limited accountability constraints, to allow for local decision-making. This loosely defined structure was seen as having the benefit of letting local communities determine their own priorities and orientation. This approach was perceived by some as inviting and welcoming especially for members of the community who were not attending on behalf of a formal organisation and who, at times, felt intimidated or left out of these types of community organizations:

> No, I think that's a good thing because I think if you want community members to be involved, you don't want to create or build barriers. And having something that is more formal in structure may give people the idea that "oh I'm not sure if I should be involved, maybe I'm not good enough to be involved in this." And you know, it can be anyone [...] the person offering a *Rock and Read* session to someone who is running a daycare centre, someone who is running a community resource centre... those are the people we want at the table because that is the essence of the community, right?

The Parent-Child Coalition model was perceived as a more intimate and manageable forum for discussion. The flexible approach was in some cases perceived as a very effective way of breaking the traditional barriers existing across sectors. The following observation was made by one of the respondent when reminiscing on the role he/she played years ago on a coalition.

> I've loved it, yeah. Because [...] it was the only group or Committee that I've ever been on where they said jurisdiction doesn't matter. They said, we'll put the needs of kids first, we've got this pot of money, we're accepting proposals. Jurisdiction doesn't matter we're gonna support what works. [...] We had way more dialogue at Parent-Child Coalition than we do at the Advisory Committee. It's so big.

Amongst the activities organized by the Parent-Child Coalitions, the organisation of local community forums was identified as one of the most effective approaches to raise local interest and community engagement:

> [...] I think the idea that grassroots organizations can be involved is really helpful because again it's about what does this really look like when it gets to the community level. And what is the capacity building that we are doing with the partners at the

community level. So I think it is a real advantage to have those Parent-Child Coalitions in existence.

It was suggested, however, that the loosely defined structure initially given to the coalition had the advantage of providing a more informal and grassroots focus to the group, but it also required a lot of guidance and support to make it work efficiently.

Even if the Parent-Child Coalition model was effective in enhancing the capacity of the public-sector to support early childhood development, Cottes (2011) suggests that this by itself is not sufficient to conclude that coalitions are successful at attempting to achieve the best possible outcomes for all children in Manitoba. Cottes (2011), further suggests that while it is premature to reach such a conclusion, the data collected by Healthy Child through the regular coalition reporting requirements combined with the annual Early Development Instrument (EDI) data collection, should provide over time, quality information which will allow Healthy Child to measure, at least to some extent, the impact of this dimension of the policy strategy.

Protocol Documents

One aspect of the work conducted by Healthy Child that was valued by some of the respondents and that appeared to have an important impact on the school system, relates to the development of protocol documents. The purpose of these policy documents was described as primarily delineating how a variety of partners should collaborate when planning the transitioning of a child with unique needs from one sector to another. This applied when a school was planning the transition of a student with special needs from an early learning centre to Kindergarten or from the completion of high school to the world of work. One respondent made the following statement to describe the function of the protocol document: “This is what we need to do and this is what the province is giving us permission to do. [...] We have to get our act

together.” The importance of this work was primarily highlighted by the policy actors working in the student services area. The development of the protocol documents, contrary to other Healthy Child related initiatives involving the education sector, was considered as a process that really benefited from the well articulated cross-sectoral collaboration of internal policy actors at various levels of the hierarchy.

One respondent, when referring to the transition process of children with special needs, explained how often the different systems are breaking down at the local level and therefore created all kinds of system-related challenges. This was illustrated with the use of an example describing a perceived lack of communication between the pre-school and the school sectors when a transition plan was needed for children with special needs and also when considering the application process for funding for these students. The protocols themselves were generally perceived as important tools to address these concerns and to bring together the necessary actors. However, the understanding and awareness of the protocols seemed to vary across sectors. This would indicate that Healthy Child could potentially play a stronger role in educating the agencies involved in the cross-sectoral planning process:

> We talked about the protocols about the kids in care. And on the one hand there were people saying there was the protocol, it's really good, it helps drive the good things to happen with how the CFS kids are dealt with in the public school system. But then there were other people saying a lot of the authorities don't know about the protocol or are not following the protocols or it's not being effective.

While the details around the operationalisation of the Healthy Child policy strategy were not always necessarily well understood by all the policy actors and not always perceived as efficient, the respondents expressed appreciation for what the strategy was attempting to achieve

through its broad cross-sectoral framework. In other words, the policy strategy represents a step in the right direction.

Constat 2: A Closer Relationship between the Early Childhood Education Sector and the K to 12 Education System

The interactions taking place in the policy network have led to the establishment of a closer relationship between the early childhood education sector and the formal K to 12 education system.

When considering *learning* along the trajectory beginning with early childhood development, it becomes clear that the goal of supporting student learning needs to be framed beyond the traditional role attributed to schools. Public policies in Canada for school age children are generally well delineated through the Department of Education in each Canadian jurisdiction. However, in the past, there was no entry point, from a public policy perspective, to formally consider pre-school learning in relationship with the formal K to 12 education system. This was perceived as a gap that has been, at least partially, addressed by the Healthy Child policy initiative.

Raising the Profile of Early Childhood Development

Healthy Child was perceived as a governmental advocate for children, especially from a preschool perspective. As the initial focus of Healthy Child concentrated mostly on early childhood development, it was without surprise, that several respondents primarily linked the mandate of Health Child to the narrower perspective of early childhood development as opposed to the *actual* mandate which included pre-natal to youth as described below by an internal policy actor:

> As you know, the policy emphasis in all that time was really on the early years, so I know we definitely became identified with that emphasis and it likely led to some people feeling or believing that that was the scope of the age range for the mandate, but if you

> look back at the history of specific initiatives, there's always been school-age and [...]– initiatives for youth in the policy mix.

The role played by Healthy Child in the early learning sector was recognized by all respondents. Several of them, for example, described how the policy strategy was successful at raising the profile of early childhood development with the contribution of several influential researchers, most specifically with the involvement of experts in the field such as Dr. Fraser Mustard, Dr. Clyde Hertzman, Dr. Dan Offord and others. It is through an effective research dissemination process that Healthy Child helped create meaningful synergies across sectors and successfully brought early learning onto the policy agenda as suggested by an informant from the inner circle.

> We were working together and possibly even riding [...] a wave of understanding in [the] revolution that–Fraser Mustard and others who helped Manitoba along the way facilitated–If I think back to before this ever occurred and what existed and didn't exist, I mean it's something for the province to be proud of.

Through a well orchestrated process, Healthy Child brought to the forefront the science and the research supporting early intervention, early prevention and early childhood development and more broadly highlighted the critical importance of the early years in the life trajectory. For the Manitoba Child Care Association (MCCA), these interventions were seen as being very exciting. It was suggested that through these initiatives, child care services were finally being publicly recognized as an important public service, not only for the families but also for the benefit of the larger society.

From a Narrow Focus to the Wider Focus of Equity

As a consequence of a number of activities conducted by Healthy Child and others, the

attitude towards the child care and early learning sectors in Manitoba evolved significantly. While the Children and Youth Secretariat created the required foundation for the early learning agenda, it was mainly under the leadership of the NDP Government that the focus on early learning flourished. It was mentioned, for example, that child care services were initially considered to be a solution in response to the needs and aspirations of women wanting to join the workforce as opposed to a potential solution for raising equity in society and on a longer term basis, preventing social problems and gaps.

While securing quality child care services to balance both work and family responsibilities remains today an important function of the early learning sector, the importance of providing high quality child care is now considered to be much more than this basic practical notion. For example, a number of informants suggested that providing high quality child care to young mothers living in poverty can make a significant difference in the often chaotic life of the child and of the mother, and consequently improve the learning success of these children when entering the school system. The actions conducted by Healthy Child and others in the area of early childhood education, were seen as intended to have a long-term impact and helpful in moving the policy discourse on early learning and development towards a broader notion of equity and better long-term learning opportunities and outcomes for all children.

Effective Building of a Bridge between Two Sectors

There was agreement that Healthy Child played a significant leadership role in bringing the early childhood education sector and the formal K to 12 education system closer together. It was reported that early childhood education was indeed initially treated with a great deal of caution not to say resistance by the education system. For example many school administrators initially felt threatened by the idea of linking the early years to the school system, often for

practical reasons. Simply considering the sharing of spaces in schools to accommodate an early learning centre was indeed initially perceived as a threat. Today, it is largely considered as a benefit. Attitudes have changed over time as the critical importance of the early years progressively became better understood. Raising the awareness of key stakeholders around the need to build strong relationships at the local level between child care workers, primary school teachers, school principals and child care centre directors is seen as a required condition to enhance learning outcomes for all children.

Improvement in this area was achieved because of the tenacious work conducted by education and child care leaders. It is through the collaboration of all these sectors, within a network environment including the involvement of Healthy Child and of the Department of Education that progress was made over time. As a result of this cross-sectoral collaboration, the importance of early childhood education was now more widely accepted, and there appeared to be an emerging consensus in the education community of the importance of early interventions taking place prior to school entry. The following statement from the former executive director of the Manitoba School Boards Association found in a Healthy Child publication shows the level of openness achieved:

> Success at school begins long before school entry. Superintendents, trustees and principals have embraced this knowledge and are opening the doors of their schools to parents, grandparents and preschoolers to set the stage for a positive school experience for every child. (HCM, 2013, p. 7)

The recent Manitoba Commission on Early Learning and Child Care (Flanagan & Beach, 2016), also confirmed the positive initial impact Healthy Child had in creating a closer working

relationship between the two sectors by stating that schools boards are open to taking further responsibility in the area of child care, especially for school age children:

> For the most part there was a keen interest in ELCC [Early Learning and Child Care] in general, and strong support for school boards to play a greater role in school age child care, including assuming responsibility for the management and delivery of school age programs within their schools. There was also significant support from a range of stakeholders from the child care community for the responsibility for school age child care to transition to school boards. (Flanagan & Beach, 2016, p. 23)

It was clear, from the responses provided by the participants and from other sources of information that, through its leadership, Healthy Child played an important role in promoting the importance of early childhood development and made great strides towards the establishment of a closer relationship between the K to 12 sector and the pre-school sector but there were still a number of challenges that need to be addressed.

Governance-Related Challenges

While significant successes were achieved under the Healthy Child leadership, there were still a number of issues, largely related to mandate, roles and responsibilities that participants identified as requiring attention and that could benefit from sustained coordinated work by the Healthy Child network. Some participants, for example strongly, believed that further work was required to create a more seamless collaboration and partnership across these two sectors. The fact that each sector had its own governance system remained an area of concern for many. On that note, there was still a perceived sense of confusion and lack of clarity around roles and responsibilities, a reverberating area of concern when considering horizontal policy approaches, and the need to build closer relationships across sectors. While Healthy Child has made significant efforts to ensure a better coordination of activities in the areas of early childhood

development, especially through the development of its *Starting Early, Starting Strong* policy strategy (HCM 2013; 2015), the Early Learning and Child Care Commission (Flanagan & Beach, 2016) raised some concerns on the lack of clarity around how the diverse players, including Healthy Child, should be working together:

> Although early learning and child care (ELCC) is a component of Healthy Child Manitoba's integrated approach, there appears to be a "disconnect" between ELCC and this integrated work. There appears to be a lack of coordinated planning between Healthy Child Manitoba's Parent Child Coalitions, School Divisions, Aboriginal Head Start programs, and ELCC programs with regard to start-up of new spaces, programs, etc. (Flanagan & Beach, 2016, p. 12)

Furthermore, some outstanding issues around the notions of leadership and governance remained unresolved and required attention if early learning and quality child care services were to be considered as shared priorities.

> There is some support for better integration of ELCC and Education, but there is a perception that no one is in charge of defining/leading the process or facilitating discussions between schools and child care programs. There is not a clear vision as to what such integration would involve in terms of scope, areas of responsibility and oversight, or funding. Some have expressed concerns that ELCC will be overshadowed by the needs and priorities of public schools. There is strong support for ELCC within some school divisions, but varying opinions on roles and responsibilities. (Flanagan & Beach, 2016, p. 12)

These challenges highlight how working collaboratively across sectors requires leadership and trust building. This may represent a new opportunity for Healthy Child, mainly

through the work of the two high level cross-sectoral committees to make the required political decision to provide a clear direction around mandate and roles and responsibilities.

The Business Community and the Philanthropic Sectors

In its efforts to raise the profile of early childhood education, Healthy Child called upon non-conventional sectors of society to also play a role in publicly supporting early childhood development, namely the business community and the philanthropic sector. Healthy Child has indeed pursued the involvement of these two external sectors for the betterment of early childhood development opportunities.

With its broad 'network builder' mandate and its capacity to work with various partners, Healthy Child was perceived as well positioned to expand the number of actors interested in working towards a common goal. Because of the need for greater financial investments in early childhood education and child care services, the business community was seen as one sector needing to play a more predominant role especially when considering the responsibility and interest of this sector for creating social value under its corporate citizenship and social responsibility agenda. Healthy Child has attempted with some success to influence and to engage the business community toward a greater participation in this social enterprise as suggested by an informant:

> When you hear Minister Chief speak whether he's talking about jobs in the economy or whatever, he talks about the importance [of] investing in kids at [an] early age, right? I think, even the Business Council Manitoba. You hear them talking about making Manitoba better, they talk about the early years and the importance of early childhood development. I think that's one of the big successes changing the dialogue there.

The idea behind the participation of the business sector is that it benefits in a variety of ways from the investments that are being made in the delivery of high quality child care services.

Some, however, questioned to what extent the business community had genuinely attempted to address the need for quality early childhood education services beyond introducing the concept in its public discourse. While the business sector acknowledged the importance of early childhood development, some external actors perceived their engagement as being somewhat lacking in action as suggested by an external informant:

> I think there are some big players [the business sector] missing where they support in principle but they are not actively engaged in what needs to be done. You know, "yes we want a great education system, yes we want all kids to have a chance and yes we know that it's important to support this" but then when it comes to putting their money on the table, they're not there.

Healthy Child connected with the philanthropic sector to expand the support provided to early childhood development. It established a number of successful partnerships with external philanthropic organizations, namely the McConnell Foundation and the United Way. This illustrates how the policy strategy can be effective in bringing a number of partners together to work towards a common goal.

While initially considered within a narrow and practical focus, there is now agreement that early childhood development deserves a high level of attention when considering learning and equity from a *birth to career* trajectory. Healthy Child played an important intermediary role in creating new synergies between the early learning and the formal education system and has facilitated the delivery of quality serviced. As discussed above, Healthy Child was called to play a leadership role in determining how a number of governance issues still require clarification.

While Healthy Child was quite effective at building a closer relationship between the K to 12 sector and the early learning sector, other social actors, namely the business and the philanthropic communities were called to consider early childhood education as a shared social responsibility and to play a more active role in supporting the expansion of the delivery of quality services. This represents an interesting opportunity for Healthy Child to play a more active role in facilitating dialogue between these other social sectors.

Constat 3: Government-Centric vs. Community-Centric Perspectives

The members of the network have divergent and at times opposing views on the 'community engagement dimensions' of the policy strategy.

A range of perceptions was shared with regards to the governance scope of the policy strategy. On the one hand, the policy strategy was perceived as being very much led from the top and perceived as having a dominant and robust vertical 'chain of command' led by the Committee of Cabinet. On the other hand, the extent to which the policy genuinely values and benefits from strong community engagement was an area of debate.

It was clear, however, that the important decisions, especially those involving substantial financial resources were being made within the government apparatus, primarily at the Committee of Cabinet table based on the advice of the Committee of Deputy Ministers prior to the final approval by the Treasury Board and the government Cabinet. While the policy approach was designed to primarily favor horizontal work across departments, it was managed in a conventional vertical and hierarchical manner. This certainly represents a paradox when considering its strong horizontal nature and its corollary collaboration mantra.

Lack of Clarity around the Notion of Community Engagement

While *The Healthy Child Manitoba Act*, defines fairly specifically the notion of 'community partner' as a "community organization or other body that delivers a government-funded program or service for children or their families" (Manitoba, 2007, p. 1), the perceptions shared by a number of informants, primarily located in government but also outside of the inner-circle, suggested that the policy strategy had primarily a government-centric focus that did not consistently appear to value community engagement. For these policy actors the meaning of community partners was unclear. This perceived lack of clarity also related to the meaning given

to the notion of community engagement and to what level of policy influence outsiders can have. A number of interviewees indeed had difficulties commenting on this particular topic and providing any concrete examples to illustrate how the policy strategy favours and encourages the participation of external stakeholders through community engagement. In other words, they were unsure as to how the term *community* was to be interpreted and how this relationship with external stakeholders was to take place in concrete terms. For these reasons, some participants were wondering to what extent the government was genuinely interested in providing meaningful opportunities for input from community partners to influence or to inform the development and implementation of a policy strategy or if the reference to community participation was more or less simple 'government rhetoric.'

Others informants however articulated an appreciation and understanding of the notion of community. From the perspective of the inner-circle informants, the term community needed to be interpreted quite broadly as it basically referred to all the partners engaged in the Healthy Child network including the provincial governmental departments, other levels of government including the federal and municipal levels, para-public agencies such as the health authorities, school divisions, educational stakeholders, the non-for-profit sector and others. Within this context, the policy approach provided an invitation to all external stakeholders to work along with the government, in partnership, to address and solve problems identified by local communities. This also related to the Parent-Child Coalitions, designed to work cross-sectorally, at the community level, to address locally identified priorities.

Accordingly, the strategy was perceived by the Healthy Child inner circle as an open invitation to all stakeholders and community organizations, having a vested interest in the well-being of children. This invitation therefore created opportunities to outsiders to raise issues with

government and to guide and influence the policymaking process from both development and implementation perspectives. This connection with the community was considered by the inner circle as a foundational element of the policy strategy.

There is a certain level of confusion here that requires attention. On the one hand, the internal policy actors located outside of the inner-circle indicated that they have a limited understanding, awareness and appreciation of the community engagement of the policy strategy. On the other hand, the members of the inner-circle suggested that community engagement was central to the long-term vision of the policy strategy. Could this indicate that Healthy Child had focused predominantly on community engagement and perhaps inadvertently neglected to adequately engage the staff located in the partner departments? Did this group of individuals feel that they had a voice?

These questions will be further examined below. It is important to underscore here that it is not uncommon nor surprising to note that stakeholders have divergent needs and interests see things differently.

Government-Centric and Top-Down Perspectives

As described above, two somewhat contradictory and distinct perspectives were alluded to by the informants. The policy approach was considered by some as government-centric with limited references and connections to any elements related to the engagement of external community partners and stakeholders as illustrated by the following comment made by a governmental actor located outside of the inner-circle: “My understanding is that the strategy is to bring together stakeholders across government, so across departmental people, to align work, to collaborate on work, to do work that is focused on improving outcomes for children and youth.” Similarly, for other internal policy actors located outside of the inner-circle, the policy

approach was very much perceived as being directed from the top. “And certainly my experience with them would be more the top-down governmental perspective as opposed to the community perspective.” Similar observations were made by external policy actors indicating that there was a strong direction imposed from and controlled by the government and consequently stakeholders and educational partners were expected to buy-in. Accordingly, the HCMO was perceived more as a top-down agency responsible for providing policy direction to partner departments as well as to local organizations. For example, the following comment was made by one participant when relating to the implementation of the PAX Good Behavior Game even if this program was considered to be voluntary:

> It felt to me top-down. They had an idea and here it is and take advantage of it. But it was more than take advantage of it, it was “Why aren’t you doing it?” and so I think some people felt pressured to do it.

Bottom-Up Perspective

Right from its inception, the Healthy Child Manitoba Policy Strategy was designed to have a collaborative and consultative focus. Informants from the inner circle suggested that the origin of the Healthy Child policy strategy itself was certainly informed by a bottom-up open process. For example, it was suggested that the foundational orientation set to guide the work of the former Children and Youth Secretariat was the outcome of a broad base consultative process involving a variety of stakeholders located outside of the government. This extensive consultative process was used to identify a number of priority actions based on the needs identified by the members of various community organizations as suggested by an inner circle policy actor:

> I think if you talk to the principal actors over that time period for those original core commitments, which continue today. [...] Those were then considered flagship programs, were very much, sort of, bottom-up ones in that they emerged from frontline or community partners as pressing issues. The roots of those started actually, as pilot projects for some [...] under the CYS, which was generated by the community round tables that [members of the initial team] at that time had facilitated, as "What are the pressing issues?"

The initial consultative process referred to above was compared to the work conducted later under the Children and Youth Secretariat that led to the implementation of the Parent-Child Coalitions. When considering the Parent-Child Coalition model, there was evidence that Healthy Chid was initially influenced and guided by some of the programs and initiatives developed at the local level. A number of them were in fact initiated when the Children and Youth Secretariat was still active. These initiatives later benefited from additional support provided by Healthy Child which validated the grassroots approach and then gained credibility in an era where early childhood interventions were not highly regarded or considered a priority. Accordingly, it was suggested that Healthy Child, right from the beginning, was influenced by some precursor and innovative initiatives taking place in a few school divisions. Activities later undertaken by Healthy Child, were guided to some extent by the promising practices already taking place in these locations. Others went as far as suggesting that Healthy Child validated the innovative approaches implemented in their local communities.

The horizontal policy strategy appeared to be seen, especially by those from the inner circle as acting as a bridge between the community and the government and therefore as providing opportunities for a bottom-up policy influence. Such a policy influence implies an

important but also relatively limited role. This is a matter of *degree*. Community engagement is valued but this perspective is far from implying *community-control*.

One respondent indicated that this closer relationship with the community, by design, created a flatter, more horizontal and less hierarchical way of doing business. It was proposed that the quality of these relationships across actors became a critical element in ensuring the effectiveness and impact of any initiatives being implemented especially within a context of scarce resources.

The work conducted by the Parent-Child Coalitions certainly illustrates this perception. From a different perspective, the partnership set with the Manitoba Centre for Health policy can also be used as a relevant context to show how Healthy Child was opened to the idea of working with other community partners.

Ensuring a strong presence of Healthy Child in the field, working beyond the internal partner departments and reaching out to external partner organizations and community organizations was described as a fundamental element of the policy strategy, primarily from the perspective expressed by the respondents from the HCMO and the chair of the Advisory Committee. Given the aspiration of working in collaboration with diverse areas from the community, the staff from the HCMO emphasized the importance of ensuring a presence on the ground and within the partner departments as conveyed by the following observation made by a staff member of the Office:

> So just in the day-to-day work, whatever the portfolio is of the staff, that's a big part of it, [...] to be out of the office as much as you are in the office, as much working with partner departments in government as you are working with the partners in the community outside of the provincial Government.

Other interviewees went further with the notion of community and emphasized the importance of reaching families, as well as other members of the network to collectively address the needs of children. In that sense Healthy Child helped to create synergies across sectors, not only within government but also at the community level:

> Healthy Child Manitoba was intended to work as best they could with families and with communities to provide the best possible supports and programs to try to ensure the healthy development of children and youth in Manitoba. And they were hoping that the best efforts would be made to include as wide a range of people and organizations who could play a very important role in the strengthening the... what we might call the Healthy Child network, I guess. Because the whole idea was that the responsibility for children belongs to all of us. You know the old saying: "it takes a village to raise a child" but my thoughts about that are... we need to create the village that is capable of raising a child. And that's what Healthy Child Manitoba was intended to do is trying to create that village, trying to create a collection of supports and services which are seamless but are able to take care of the needs of families and their children.

This more holistic approach supported by the policy strategy also suggested that both members of the community and the government had a role to play, and also that in some cases, the local community was seen as better positioned to identify the specific solutions required locally. This counterbalanced to some extent the government-centric view referred to earlier suggesting that some issues belong to government and it is therefore primarily the responsibility of government to address them:

> [...] it's driven by the community and the government in this instance has been smart enough to let the community develop an initiative, drive an initiative and play its role rather than thinking that the government has to drive everything.

Advisory Committee

One of the mechanisms available to Healthy Child for seeking community input and engagement is the Advisory Committee. Various perspectives were shared about the purpose and perceived effectiveness of the Healthy Child Advisory Committee. For example, an inner circle informant valued the possibility of influencing the decisions made by the Committee of Cabinet:

> I also believe that when government is involved in doing something, it has to do it with the collaboration and input of the community so I really liked the idea of the Healthy Child Advisory Committee because it then meant that the different sectors of society were at the table [...] providing advice and direction to the Healthy Child Committee of Cabinet.

For some, it provided a common space for several stakeholders to share their views on a variety of topics related to the well-being of children. Some respondents indeed felt that this forum allowed participants to come to the table with practical knowledge of what was taking place on the ground, for example in the area of early childhood education. In this forum, the conversations taking place at the table were described as providing an avenue for identifying potential solutions for the issues and challenges being encountered at the community level but also within the organizations represented at the table. Another interviewee suggested that the Committee provided a space for stakeholder organizations to share information but also to hear about challenges and successes. Other participants highlighted how the strategy was designed not only to promote cross-departmental work strictly from a narrow governmental point of view but also to, perhaps more importantly, value the input and engagement of stakeholders in the

community as well as of the public at large.

> I think that the way I saw it was [...] their role and their mandate was to engage people, at all levels of the community and in all sectors, to act and reflect on how we can make our province a place where the best is going to be done for our youngest members, for babies and children.

For others, the Advisory Committee was perceived as having a limited capacity for influencing the decision-making process. One respondent, for example, made the following observation when considering the relatively minimal influence this committee really had on impacting the setting-up of a coherent policy direction "We've been able, collectively, to have some influence in shaping policy and programs but at the last meeting I attended [...] there was still a level of frustration that we're not always connecting the dots." Others felt that the conversations held at that table were predominantly unidirectional and focused largely on the sharing of information thus limiting the impact and the level of influence of the members of the advisory body. For these reasons, this committee did not succeed in establishing or nurturing collaborative work across sectors. In that sense, the committee was not perceived as accomplishing the goal of providing meaningful opportunities to external stakeholders and to the community for providing genuine input to the Healthy Child agenda-setting process and for initiating collaborative action. Other respondents, also more critical of the work conducted by the Advisory Committee, reinforced this message when suggesting that the approach used by that table focused predominantly on *telling* rather than examining or collaborating on issues: "I sometimes feel frustrated that it's more of an information session that we attend to learn, rather than contribute." A few respondents expressed some frustration with respect to the limited role the members of the Parent-Child Coalitions played on the committee: "I think they wanted a

bigger purpose than just sitting in and meeting and hearing others talk about what they're doing."

The new chair appointed to the Committee in 2012 was aware of those concerns and proactively made an attempt to change the perceptions as indicated below:

> One of the things we tried to do over the last three years is to reverse that a little bit so it was at least 50-50 information sharing going both ways. So having bear pits where people could say, here are the issues that are important to me. [...]. And then, based on what people think is important to them to push that up and then to use that to shape the next meeting.

While the second chair of the Advisory Committee mentioned that the representation of First Nations at the table was not quite adequate, he also suggested that the committee was too large and therefore there were serious limitations regarding its capacity to allow for meaningful dialogue.

Depending on where the informants are located in the policy network, two divergent perceptions were being shared. On the one hand, some believed that the community, defined broadly, had opportunities to influence the policymaking process; a perspective primarily shared by policy actors from the inner circle. On the other hand, other internal actors saw an absence of awareness of the role to be played by the community. This may suggest that by favouring community engagement, the Healthy Child apparatus did not adequately make the staff from the Department of Education aware of the public engagement component of the policy strategy and more importantly did not meaningfully engage the Department in activities favouring committee engagement. For this reason, several internal actors inferred that the policy strategy was primarily perceived as being government-centric.

The Advisory Committee was therefore qualified with diverging opinions. For members of the inner-circle, the committee represented an effective pathway for external stakeholders to influence on the broad policy directions. For some, the committee supported the sharing of information on best practices. For other informants, the committee was perceived as being too large and as being predominantly used to favor the unidirectional distribution of information as opposed to encouraging constructive and influential dialogues.

These contradictory perceptions correspond, at least partially, to a number of challenges related to communication, engagement and buy-in that will be further discussed under *Constat* 4. The diverging positions examined here regarding the community engagement component of the policy strategy are suggesting that there is a lack of cohesiveness across the network that is negatively impacting its capacity to efficiently mobilize the actions of all policy actors. When considering the stages of the development of a network based on the Mandell and Keast (2008) model the perceived lack of cohesiveness between the inner circle and the other elements of the network located outside of the inner circle as well as the divergent opinions shared regarding the value and effectiveness of the Advisory Committee represent two barriers that are detrimental to the advancement of the network. Furthermore, the Healthy Child machinery seems to represent a system where power and decision-making remains located primarily within central government while at the same time acknowledging and valuing *community engagement*.

Constat 4: Systemic and Operational Challenges

The policy network is facing a number of operational challenges often related to the horizontal/vertical relationship.

There was agreement that the Healthy Child Manitoba Policy Strategy represented an approach that, in principle, was enabling, practical and responsive especially when dealing with complex issues that cross traditional departmental boundaries. However, creating collaborative and effective working relationships with multiple partners is a difficult task. The policy strategy faces numerous challenges when attempting to achieve this ambitious goal. A number of them are examined here.

Horizontal Collaboration and Communication

Contrary to what one might think, it cannot be assumed that the horizontal collaboration and conversations taking place at the highest levels of the hierarchy, both at the ministerial and deputy ministerial levels, automatically percolate down at all levels in all the individual partner departments. The need to replicate the horizontal collaboration and communication taking place at the top to the various outer-circle internal stakeholders represents one of the most significant challenges Healthy Child is facing.

While some informants made an attempt to minimize the implication of this problem: “I think that’s just a human reality as opposed to a chronic problem”, for others it is an issue that requires more concerted attention. These challenges were alluded to by a number of internal policy actors as illustrated by the following observation made by a well informed interviewee from the inner circle:

> This is the pinnacle question. We have the Healthy Child Deputy Ministers Committee [...] as well as you know so tons of collaboration at that level. And then I think it starts to disperse and water down the further you go out into departments.

A similar perception regarding the horizontal policy strategy being better operationalized in the upper levels was also shared by some external policy actors. For example, one informant shared the following thought: "In a lot of [...] government-based groups, [...] at the top level everybody gets it. [...] But as you keep coming down you know, closer to the grassroots, I would say not so much." This type of observation was to be expected given that the horizontal nature of the policy structure is perceived as clearly delineated within the inner-circle environment and most notably at the level of the two committee tables as well as through the support and guidance provided by the HCMO. However, the cross-sectoral structures are not considered as well-defined in the lower levels. The horizontal collaboration is therefore seen as largely left by default to the discretion of those located in those lower levels. This implies that the cross-sectoral work tends to be conducted on an ad-hoc basis as opposed to being intentionally designed.

While the inner-circle actors are directly engaged in the conversations taking place at the two high level committee tables, the communication required to implement follow-up activities does not always take place in a very effective manner. There may be an assumption made by the decision makers at the top, that all those involved in the follow-up actions will understand and appreciate the contextual rationale that led to the making of certain decisions. Communicating this rich and contextual information to lower levels in the hierarchy with a sufficient level of detail represents a difficult task to achieve when communication structures are left open-ended. Because the communication around this contextual information is often lacking, the direction

provided was occasionally perceived as a top-down directive as suggested by an internal policy informant:

> It's hard to get that message down to the consultants who have to work on the project and who may or may not know the why they are doing this project [...] [they] may feel that [...], someone's making demands outside of their organization.

This suggests that because of a lack of alignment between vertical and horizontal communications, the rationale behind the actions undertaken under the Healthy Child umbrella was not sufficiently clear and therefore not perceived as transparent and as collaborative by some of government respondents located outside of the inner circle. There is indeed a break in the vertical hierarchical communication line where some staff, at times, feels left-out, disengaged and misinformed. Juxtaposing the horizontal aspiration of the strategy with the need to operate vertically in an environment having a well established hierarchical structure represents a constant challenge. For example, the decision to implement the Pax Good Behavior Game was probably made at the top and implemented by the Office without sufficient consultation and involvement of the Department of Education and of educational stakeholders. This could explain why the voluntary implementation was conducted with some difficulties.

Maintaining a collaborative approach to operationalize a decision made horizontally at a high level is challenging. This begs the following question. How far down in the hierarchy does the *horizontality* need to be maintained? Do all decisions made at the Cabinet table need to be enacted through the participation of multiple actors, potentially from several partner departments? Can the required follow-up actions be implemented simply through the work of the secretariat without the participation of partner departments or perhaps by only one department,

namely the Department of Education? As suggested by Hopkins et al. (2001), it is assumed here that a variety of approaches are possible but none is without risk.

Accordingly, it was suggested that many decisions made at the Cabinet Committee table could benefit from being informed by content experts located elsewhere in the hierarchy, in other words with the input of 'staff in the ranks' who at times appeared to feel disenfranchised with respect to the decisions being made. While staff from the partner departments were occasionally invited to attend the meetings of the Committee of Deputy Ministers, this way of doing business, predominantly executed on an ad hoc basis at the discretion of deputies that did not guarantee that the vertical communication was taking place as effectively as it should.

As a consequence of the perceived disconnect and the lack of alignment between the horizontal and vertical dimensions at play, the staff in the Department of Education is, at times required to address a number of competing and sometimes conflicting priorities. Each individual partner department involved with Healthy Child has its own departmental plan to implement and series of results to achieve under the leadership of one deputy minister and minister. There was however a perception that, in some cases, unforeseen directions received from the HCMO can force a certain department to reassess its operational plan and priorities and deviate from it to accommodate the new mandated by either the Committee of Deputy Ministers or the Committee of Cabinet ministers. The decision-making process related to the implementation of certain new initiatives and the perceived lack of communication processes related to these activities represent an area of concern that relate the distribution of power in the government apparatus. For example, one respondent specifically questioned the level of authority Healthy Child has on other departments with respect to the directions that are being provided: "Does Healthy Child have some kind of authority to make people do things?" Can the staff from HCMO, as a follow-

up to a decision made at the deputy ministers' table, provide a direction to staff located in the Department of Education? A perceived lack of clarity around the vertical reporting structure of the strategy was described as a source of tension by a respondent.

> It gets tense in those situations because you have staff who are being told by someone outside of their branch what their priorities are going to be and sometimes without a knowledge of all of the expectations. [...] It looks like Healthy Child [...] makes the decisions and you had to figure out how to fit into that.

To illustrate how this power relationship was taking place, a hypothetical follow-up conversation involving a representative from the Office and a staff member from the Department of Education was used by an informant to describe the issue: 'The deputy ministers today had a conversation on X and made the following decision. For this reason, you are directed to do Y and to stop doing Z.' Under this type of circumstances, who has the final say? Does a decision taken at the deputy ministerial level necessarily need to be approved at the ministerial table to come into effect? Does this depend on the complexity, the scope and the sensitivity of the issue being examined? How is the decision formally communicated vertically in the hierarchy and horizontally across the departments involved? How widely is this decision spread in the government system? These challenges relate back to the critical importance of communication, collaboration, collective ownership and consultation with other actors located elsewhere in the hierarchy.

The very issue of consultation was often examined in light of the relationship existing between internal and external policy actors or stakeholders. When considering a horizontal and cross-sectoral strategy such as Healthy Child, the idea of having sufficient internal consultation to expand the cross-sectoral buy-in and engagement represents an important issue. Some

respondents suggested that interdepartmental dialogues that build a shared understanding of the central issues requiring attention were not adequately facilitated and should be formally considered, coordinated and structured to also build a collective sense of ownership (Hopkins et al., 2001). With respect to this very issue, an interviewee asserted that collaboration and the goal of building a collaborative culture is not something that can simply be imposed or wished for. It is rather an outcome that needs to be supported, encouraged, nurtured and cultivated:

> You know what, [collaboration], it's there if you have good respectful relationships with other people. But my experience, I've said this often, you can't mandate intersectoral cooperation. You can say it... I mean the practical work of building a relationship between two departments is not based on someone saying "you guys must go all work together." Someone has to take the lead on kind of helping people [...] figure out the rocky parts.

Here as well, finding the right balance between the need to consult through an inclusive process and the need to make decisions efficiently in a timely manner represents a difficult goal to achieve. As suggested by Hopkins et al. (2001) and Mandell and Keast (2008), working collaboratively typically requires more time especially in the early stages of a joint project where a shared understanding around the issue being examined needs to be co-constructed. Some have proposed that even if on a short-term basis, collaborative horizontal work may require more time, on a long-term basis, the benefits have the potential of far surpassing what could have been achieved by one department alone.

These types of challenges closely relate to the need to improve communication within the network. Broadly speaking, Healthy Child was created to address the very specific issue of effective communication across sectors. Internal communication and consultation, across sectors

is challenging for a very simple reason: time is limited and people are busy. The issue of time limitations cannot be taken lightly. When the expectations regarding cross-sectoral communication and consultation are too extensive, they may be perceived as being cumbersome and not sufficiently efficient. Collaborating horizontally therefore implies a number of trade-offs often related to time management. Even with the best intentions, the communication channels cannot always be transparent, linear, inclusive and sequential simply because of the complexity of the issues being considered and the rapidity with which these issues often need to be acted upon. They tend rather to be somewhat tortuous and fluid. For example, it can indeed be difficult for the staff from the HCMO to efficiently align the work of multiple players. Occasionally, the Office simply cannot wait until all the players are available before initiating a certain activity or conversations with either external or internal stakeholders. This is especially true when the Office is acting under pressure when responding to a direction is provided by the Committee of Cabinet.

An informant indicated that there were in fact situations where Healthy Child moved forward and had conversations with partners outside government without first necessarily having informed other colleagues internally who should have been aware of the new initiative being discussed. This, as suggested by a respondent, can be problematic and frustrating especially when a certain department perceives that they have the ownership of the policy issue being discussed:

> The other thing that sometimes is difficult is when Healthy Child is lead on something, that is in a particular department's area of expertise or area of responsibility, and they are proceeding... they may go out and have consultations with stakeholders, they may have conversations about how to proceed, and no one from that department is there.

To address the need for balance between vertical and horizontal communication, it may be tempting to consider creating additional committees to ensure that these communication processes take place more systematically. It is important to note however that based on other reviews of horizontal approaches, there are some risks involved when establishing too many formal structures, especially early in the early stages of development of a new initiative (Hopkins et al., 2001). Some would therefore argue that there is merit in maintaining a certain level of flexibility and discretion as opposed to too many formal structures which can also increase inefficiencies as well as confusion and potential duplication of efforts. Once again, finding the appropriate balance is more an art than a science.

Communication with External Stakeholders

The notion of communication with external stakeholders also requires attention. Education stakeholders traditionally tend to communicate with staff from the Department of Education when they have questions simply because they have a well established and more direct relationship with this department. It will happen occasionally that external stakeholders will contact someone in the Department of Education about a certain project initiated by Healthy Child and the response from the departmental representative will be something like: 'I am not aware of this so you will need to talk to someone at Healthy Child Manitoba Office.' Under those circumstances, it is tempting for an outsider to ask the following question: "are these people talking to one another?"

For some participants, the perceived lack of communication depended largely on the lack of involvement of departmental staff in the coordination of the work being conducted by the HCMO. Some informants suggested, for example, that the Office should play a better 'dispatching' role to avoid missteps and misunderstandings:

> I think the thing that strikes me that [...]... gets in the way of doing the kinds of things that we need to do is... the people in that office need to be more the facilitators of something than the drivers of it... and by that I mean... most government departments have their priorities [...]... people in government are not sitting around and going "I don't have any work to do." How do you facilitate that and not by saying by the way the ministers all met or the deputies met and now your priority is "fill in the blank... you need to give me three people to work on this"... or that kind of thing.

In order to address the issue of communication with schools, it was later agreed that as a general rule, the communications distributed by Healthy Child to schools would be sent on behalf of the two areas. This implied that the two sectors would be aware of the intent of the communication and that any issues related to the communication being considered would be addressed prior to the letter being sent.

With respect to the sharing of policy responsibilities, from an education system perspective, receiving policy direction from diverse areas of government can be confusing. A few informants from the school system raised a number of questions about this. Who is responsible for providing direction to the school system? Who is the education system accountable to from a governmental perspective? The following type of questions were considered important from a school administration perspective: Are school administrators responsible for acting on the direction provided by the school division senior administration as well as the school boards? Are they responsible for responding to directions received from the Department of Education and also from other Departments, for example Family Services and Healthy Child Manitoba? Several respondents suggested that there was sometimes real confusion as to who was really 'in charge.' These types of concerns are to be expected when policy

approaches become more horizontal and involve multiple players. Occasionally, it appears that the strength of the horizontal approach also inadvertently becomes its weakness. Interestingly enough, some participants have indicated that they strongly supported the notion of horizontal collaboration but at the same time seemed to decry the lack of clear reporting structures that are more predominant and better defined under traditional vertical and traditional hierarchical structures. On a related note, one interviewee made the following observation on the notion of cross collaboration:

> There has to be boundaries, I mean you can't be everywhere all over the place, you know, all the time. You need to have priorities. [...] I think it's harder to see the opportunities and harder to take advantage of the opportunities that are there when you're not focused, when you're not trying to be in too many places at the same time.

This exemplifies how working horizontally, as suggested by Savoie (2008) tends to muddy how accountability requirements are interpreted, not only within government but also for external organizations that are primarily publicly funded. This of course includes school divisions.

Duplication of Efforts

The possibility of duplicating efforts represents an area of concern in horizontal working environments. This often relates primarily to the corollary communication gaps. One respondent indicated that in order to reduce or eliminate the risk of duplication, communication amongst staff and across sectors was of critical importance:

> If people are talking to each other on a regular basis, sharing what they're doing, working together on things that they should be working together on, then the likelihood of duplication is really small, and the likelihood of complementary work is really high,

> complementary work being done and mutually reinforced work being done, is really high. If there's not very much communication then the likelihood of duplication is high. What I have done is I've encouraged the people in our department, [name of individual] in particular, but others just to make sure you keep the communication up, make sure you know what others are doing in the area, in an area that concerns you, and make sure that you let others know what you're doing and because you know to maximize or optimize the opportunities to coordinate and minimize the likelihood of duplications.

The notion of collaboration was also described by one participant as a required condition when wanting to address issues with a certain level of complexity even when considering the risk of duplication. But to make a difference the individuals wanting to collaborate have to do this with an open mind.

> My thinking is that collaboration always produces more in terms of what we gain. Duplication only happens if you still stick to your original definition of what your mandates were. If people are so, you know, used to working in such a cut and dry way, chances that they are really collaborating are not great. [...] But there's always room for re-examining what we do and how we do it. In this day and age, if people don't see the value of a coming together and helping each other out and that your resources will go a longer way if you do that then, I think they are missing the boat.

Other respondents indicated that there was probably some level of duplication of activities taking place but that this did not necessarily result in a significant waste of resources and time. It was even suggested that this could potentially have a stabilizing effect on an organisation. Accordingly, some level of duplication is to be expected. One respondent even

proposed that some level of overlap can be beneficial as it can create an increased level of security.

The Strong Persistence of Silos

The respondents were asked if they thought that Healthy Child was effective at breaking the silos or if to the contrary, perhaps Healthy Child, especially through the work conducted by the Office, itself had become over time another silo in the government. One policy actor located outside of the government suggested that Healthy Child's goal of breaking barriers across sectors had only partially been achieved and that the silo perspective is still strongly engrained in the organizational structure and working culture of government: "I think there is still the perception out there in the field that notwithstanding the umbrella structure, the departments are still very siloed within it." This concern was also raised in light of the evolution of the role played by the HCMO which, according to some informants, was progressively being perceived as a distinct and well defined government sector. Accordingly, the Office was seen by some informants as acting just like any other governmental standalone area and more in isolation from the other partners engaged in the strategy. This seemed to imply that Healthy Child was over time becoming less effective at leveraging the potential power of the collaborative and horizontal policy approach. In other words, the collective impetus of the policy strategy is not always visible and mobilized.

Some have questioned the ability Healthy Child Manitoba had to create the required synergies and buy-in across sectors that are required to achieve this goal. Indeed, some respondents indicated that some missteps had in the past undermined the perceived capacity of Healthy Child to break the silo barrier and that communication and collaboration across departments as well as with external stakeholders appeared to remain a significant roadblock. As mentioned earlier, the decision to implement the PAX Good Behavior Program, for example,

may have suggested that Healthy Child did, at times, acted as a silo. The fact that the HCMO was located within a certain department may also have inadvertently conveyed a message of isolation and may have suggested that the Office had a closer relationship with this department; for example, the Department of Children and Youth Opportunities when this research was being conducted.

When asked if Healthy Child was in fact being perceived as 'another government silo' many respondents qualified their responses first by indicating that breaking the traditional barriers across sectors was in itself an ambitious task. While there was an acknowledgment that progress was made, there was still some level of frustration being expressed. "We have not broken them down nearly as much as we'd like to. So has progress been made? Yeah. Has it gone far enough? No. Has it gone fast enough? Not to satisfy some of us." Some informants referred to a persisting disconnect between Healthy Child and Education despite all the efforts that are being made to break the traditional barriers. Other participants did not necessarily agree with the idea that Healthy Child had become another silo but indicated that they understood and appreciated why this perception potentially existed. For example, it was suggested that Healthy Child may not have spent sufficient time seeking to understand the mandate and the operations of other systems, including the education system. Some informants suggested that school divisions and more broadly the education system, had their own unique properties, characteristics and ways of operating which deserved attention.

It was noted that it was not uncommon for some sectors to develop territorial behavior and to become very protective of certain areas of responsibilities as opposed to taking a collaborative and cross-sectoral perspective. Here is how an informant described the issue: "In any bureaucracy, it didn't matter what it is, any bureaucracy has a sense of territory. This is my

territory. This is your territory. Don't poach on my territory." For this reason, there is always a risk that power issues will potentially dominate a well intended collaborative intention. This 'turf protection' type of behavior is considered a persistent barrier in the efforts made by Healthy Child Manitoba to break 'silo' thinking.

The need to find the right balance between departmental specialisation, sometimes considered a silo, and collaboration across sectors represents an enduring challenge and an area of constant debate. Finding the right equilibrium between the perceived effectiveness of a *departmentalized* or *specialized* lens and the need to examine an issue cross-sectorally from a broader perspective seems to be very difficult. Some argued however that the benefit of working collaboratively tends to surpass, on a longer term basis the benefit of specialization as alluded to by an informant: "Sometimes working in silos is easier, some things are better achieved as a stand alone, but in the long run, working together can create synergies that would not be realized otherwise."

Leadership

Because of the horizontal and collaborative nature of the policy strategy, some external actors indicated that it is not always easy to determine who is leading. Is it the chair of the Committee of Cabinet or of the chair of the Committee of Deputy Ministers or is it the CEO of the HCMO? One interviewee suggested that this perceived lack of clarity around leadership has the potential of creating a certain level of confusion inside and outside of government. This relates to a concern raised by Hopkins et al. (2001) regarding the possible lack of clarity regarding roles and responsibilities when working horizontally. With respect to the notions of responsibility and accountability, even if *The Act* identifies the chair of the Committee of Cabinet as being responsible for the Healthy Child legislated status, an informant raised the

following question: “If everybody is involved, is anybody responsible? [...] In other words, is there a risk of diffusion of responsibility?”

It is sometimes difficult to know, from the perspective of external policy actors, at what door they should be knocking. Should the minister responsible for a certain issue be first contacted or should the first contact be the Healthy Child Committee of Cabinet? Another external policy actor made a similar observation regarding this lack of clarity: “I don't know who is responsible, so when no one is really responsible then... if everyone is responsible then no one is responsible and so it is confusing but I am sure there is overlap and confusion.”

The notion of leadership, from a project management perspective also requires attention. The internal public policy actors located outside HCMO have raised a number of concerns related to the work being conducted under the strategy with respect to the operationalization of the internal policymaking process. The first one related to a perceived confusion or lack of clarity around who is responsible for playing the lead role on the projects and initiatives undertaken. Often, by design, projects initiated under the Healthy Child strategy are intersectoral in nature and therefore require the participation of multiple actors. For this reason, any project working team needs to have a sufficiently broad representation to ensure that all pertinent key sectors having a stake in the topic being addressed are represented on the team. The need to identify a ‘project lead,’ also often relate to the selection of departmental content experts from the domain being examined. All project planning activities related to an initiative should also be vetted through the various sectors involved. While one would assume that a project undertaken under the Healthy Child’s umbrella would normally be led by a staff member from the HCMO, this did not always appear to be the case. For example, it was suggested that on a certain working committee, if the content expert is from education, there was a high probability that by default

this person would end up being responsible for leading the project often in collaboration with a staff from the Office who would play a supporting role as opposed to a leading role.

In some cases the direction regarding lead responsibility may come from the top depending on a number of factors and circumstances. For example, it was suggested that when the conversations on the Early Development Instrument (EDI) took place in the early stages of the Healthy Child strategy, given that the Department of Education was so involved in the discussion related to school division amalgamations, the then Minister of Education, Drew Caldwell, recommended that Healthy Child take the lead role in the implementation of this activity, even if the data collection process was specifically targeting schools and most specifically kindergarten classes. These arrangements required some negotiation between the various sectors involved and the outcome of this negotiation may vary on a case by case basis. These negotiations can at times be tense especially when they require sensitive discussions on tasks and responsibilities, project timelines, communication plans as well as on how the costs related to the project will be shared by Healthy Child and the departments involved.

Several emergent issues have been raised by the informants indicating that conducting horizontal work effectively represented a difficult task requiring a fine balance between the need to build a collaborative culture and the need for well defined communication mechanisms. As suggested by many, orchestrating the effective operationalization of horizontal work does not come with a pre-determined set of rules.

The fact that Healthy Child is facing the types of challenges described above should not be perceived as being alarming. This rather, should be somewhat expected since, as suggested by Hopkins et al. (2001), working efficiently horizontally, in many ways, represents more an art than a science. There is no doubt, that horizontal work implies a number of trade-offs related to

time management and the need to create buy-in and shared understanding as well as risks related to potential confusion, lack of clarity around roles and responsibilities and duplication of efforts. There are good reasons to believe that all these factors should be taken into account when determining if the issues at stake should either be addressed through horizontal, vertical or through the use of hybrid approaches.

Several of the issues examined in this section once again highlight the existing lack of cohesiveness across the network. These observations, primarily related to the internal operation of the network, indicate that significant efforts are still required to build stronger relationships amongst the actors of the network towards trust building to achieve a more seamless and less fragmented collaborative approach. In other words, cross-sectoral collaboration is not considered as a regular way of doing business. This implies that some type of work-related culture shift is required to allow the network to reach the *routinization* stage of development (Mandell and Keast, 2008).

Constat 5: The Healthy Child/Department of Education Intersection

Healthy Child and the Department of Education intervene in a shared but undefined 'policy space.'

When intervening on behalf of school-age children, Healthy Child shares a 'policy space' with the Department of Education and therefore attempts to support, extend and to complement the departmental policy role. The policy intersection resulting of the actions undertaken by these two entities was examined in light of the three following questions: (i) how should the two entities best work together? (ii) what should be the role of the HCMO and (iii) where should the focus on intervention be located; in or out-of-schools?

The Policy Intersection

If the long-term goal of the policy strategy is to ensure that all children achieve their full potential, how should Healthy Child best work cross-sectorally with the Department of Education to create the best possible synergies and alignment and avoid any potential duplication of efforts? Should Healthy Child work primarily through the Department of Education or independently of the Department as it appears to often be the case?

The first part of this discussion provides an opportunity to unpack the notion of collaboration taking place between Healthy Child and the Department of Education particularly in light of their interventions taking place in the school system. Collaborating cross-sectorally can broadly take place in two different ways. A first possible approach is to 'collaborate separately.' This would imply that those interested in working jointly would agree to work in a co-ordinated fashion. Accordingly the work conducted by one area supports the activities and orientations ideally set jointly by the partners involved. Based on this perspective, each entity stays within its own 'box' but hopefully, the work conducted within each 'box' is well aligned

and coordinated with the other 'box.' This appears to have been the approach used by Healthy Child with the implementation of school-based programs.

While potentially effective, the approach described above, 'collaborating separately' is different from a more comprehensive and ambitious 'collaborative framework' where people work across departmental boundaries. This type of approach is based on a well established collaborative framework and implies that the joint collaboration is maintained throughout the policy process described by Howlett et al. (2009)[13] from agenda-setting and policy formulation to policy implementation and evaluation. The latter approach has a higher level of complexity primarily because it involves trade-offs, often related to time management, as well as the sharing of power and authority and raises questions of expertise, leadership and accountability. The two approaches discussed above are considered valuable and relevant, but each one of them has its strengths and pitfalls. Determining when, how and which of these two approaches, or hybrid versions of these two approaches should be used requires sustained communication and trust and should be determined through a transparent negotiation process set by the partners involved.

In light of this conversation related to how Healthy Child and the Department of Education work jointly on educational policies, the role of the HCMO needs to be considered.

Healthy Child Manitoba Office

The role of the HCMO, described by one interviewee as the *critical inside engine* of the policy strategy has evolved over time. There was however a variety of perspectives around the role and function this office has played in the past and should be playing in the future when working collaboratively with partner departments, namely, the Department of Education. This

[13] As mentioned in the introduction section of the dissertation, the term *policymaking* is interpreted broadly as the non-linear, interrelated and complex series of processes generally related to agenda setting, policy formulation, decision-making, policy implementation and policy evaluation (Howlett, Ramesh & Perl, 2009).

raised a number of questions as to how collaboration should take place, who should be leading the initiative and where should the ownership of the program being developed be located. This section examines how joint policy work with a focus on education should take place.

There is a long standing ambivalent perception related to the ownership and program delivery function of the Office. Initially, Healthy Child was primarily conceptualized as a governmental agency that would, in collaboration with others, incubate new policy solutions as opposed to own programs. As suggested by an informant, the Office was initially not to invest a lot of time and resources in the management of programs: "So I think that was an important decision, we're not going to be a program holder, we might initiate but we're not going to hold programs."

The ownership of programs has indeed been an area of struggle and tension that was linked directly to the fundamental mission and role of the horizontal policy strategy, even in the early days of the Children and Youth Secretariat,.

Some have suggested that Healthy Child, in collaboration with its partners, should mainly focus its attention and resources on the testing of new and innovative ideas to be incubated during a finite and pre-defined period of time, and when proven effective, these incubated programs would at one point be devolved to partner departments who would then become responsible for the long-term implementation and management of the program in question. From that point on, Healthy Child would play a role in assisting with the implementation in a collaborative manner and would bring back to the two high level committees any issues arising from the implementation being conducted. One interviewee provided a good example to illustrate how a program initially owned by Healthy Child, notably the program currently known as *Families First*, was progressively devolved, at least from a delivery perspective, to another

sector, in this case, the Regional Health Authorities. This example showed how Healthy Child and its partners were strategic in how responsibilities were shared and managed over time as explained by an informant from the inner circle:

> But I think the classic example would be that when *Families First* started out which was called *Babies First* originally, the Children Youth Secretariat [...] was very much driving it; how it's going to be delivered [...]. And then once it found its legs, then it was handed over to the Regional Health Authorities.

Families First was therefore first 'incubated' and over time, largely devolved to the Regional Heath Authorities as Healthy Child now only controls the financial aspect of this program. Based on this example, some have argued that Healthy Child should primarily be conceived as an organisation responsible for incubating innovative ideas and policy solutions.

> At least my initial understanding of Healthy Child Manitoba was they would be a place where they would begin a project and pilot a project. And then if that project appeared to be successful it would go to the Department that would be most appropriate to take responsibility.

One respondent described very succinctly the perceived role and mandate of the secretariat (HCMO) with regards to this notion of 'incubation.'

> The primary goal of the Healthy Child Office is obviously to support the Healthy Child Committee of Cabinet, but also to develop cross-cutting approaches to address complex issues that don't belong to any one department and to incubate those solutions, see if they're going to have traction and then roll them out to whatever delivery mechanism makes the most sense and there are a number of examples that we can talk about around that. So we don't deliver a lot of programming.

The inner circle policy actors often made the point that while the notion of 'incubating ideas' was initially part of the vision of the policy strategy of this organization, this focus evolved over time and was perhaps neglected as the organisation became more involved in the implementation and management of programs that remain, still today, one of the prevalent functions of the Office. For some policy actors located outside of the HCMO, the role of this agency was perceived as having evolved more towards a program delivery function as opposed to an incubator function as suggested by the following comment made by a participant: "They're doing lots of things not so much an incubator of programs it would seem. You know, they have taken ownership of a lot of programs."

Beyond the idea of program ownership and incubation, some respondents emphasized more specifically the coordinating role the office played to achieve better policy alignment and reduce the potential duplication of efforts: "It's kind of the glue that keeps the policy together." One interviewee used this analogy to explain the mandate of Healthy Child in light of the role it was perceived to be playing in facilitating collaboration across governmental departments and other stakeholders. This role was described as focusing on the creation of connections across the partner departments involved in the strategy by breaking the barriers that typically exist in the government. Based on this perspective, Healthy Child should act primarily as a facilitator, an enabler and would operate from what was referred to as "the balcony" to orchestrate the interactions taking place in the network, facilitate opportunities for deeper collaboration, and a more effective articulation across systems.

Within the spirit of incubating ideas, it was suggested that Healthy Child's main role should be one of a convener; an organisation which provides research and support and acts as a facilitator, that brings together multiple partners interested in working together towards the

resolution of social problems. Accordingly, addressing these cross-cutting problems would become a shared responsibility across sectors, including public, non-public and not for profit sectors as opposed to the sole responsibility of government.

Others thought that the role of the secretariat should be located somewhere in the middle and suggested that HCMO should play a hybrid role–being a convener, an incubator, as well as a program developer and holder: “I think we've accepted the fact that we will always be something of a hybrid. And the ministers aren't bothered by it at all, so it's more about how much of a distinction we want to make.” Depending on context and priorities, the emphasis on one of these three orientations could be more predominant.

An inner circle informant, when reflecting on the role played by Healthy Child in the implementation of programming in schools, suggested that perhaps Healthy Child should only bring information on promising programs to the attention of school divisions and to the Department of Education and not get directly involved in the piloting or the implementation of these programs. Such an approach would potentially allow Healthy Child to focus its limited capacity on initiatives targeting primarily activities outside the realm of schools. It was suggested that this could potentially reduce the risk of duplication of effort and maximize the use of resources available.

There is consensus around the idea that there is room for both, the Department of Education and Healthy Child, to intervene from a program and policy perspective. It is important however that the work being conducted by the two areas be well coordinated and/or designed jointly in order to avoid duplication of efforts and perhaps more importantly, conflicting policy orientations. A constant dialogue between the two organizations to create buy-in and clarify roles becomes critical.

In-School vs. Out-of-School Interventions

Some program activities implemented by Healthy Child take place outside of the school system while others are directly targeting schools. For example, the Roots of Empathy program, the implementation of the Early Development Instrument (EDI), the PAX Good Behavior Game, and others are implemented directly in tShe school system. Other interventions and programs were designed to intervene on factors located outside of the formal education system. This includes diverse activities related to pre-school learning and parental support including the Parent-Child Coalitions. Given the policy mandate of the Department of Education and knowing that many factors influencing children's learning are located outside the realm of schools, should Healthy Child rather focus mainly on these other factors?

The informants were asked to determine if the work of Healthy Child should predominantly be targeting the *surrounding* of the school system through, for example, community programming, after school programming or parent support initiatives, as opposed to directly attempting to influence the activities taking place in schools. Most respondents have indicated that there was sufficient 'policy space' or 'room for intervention' available to allow both sectors, Healthy Child and the Department of Education, to intervene collaboratively within the school system when it is relevant to do so. Based on this perspective, it made sense to have both sectors develop programs and policies collaboratively to be implemented in schools and have Healthy Child also intervening on factors located outside of the school system. Similarly, an internal policy actor indicated that, at the end of the day, it does not really matter from a school perspective, if a certain intervention or program was delivered or implemented by Healthy Child or by the Department of Education or even by another partner department. What really

matters is that the intervention being implemented is educationally sound and responsive to a real need.

An interviewee supporting the view that Healthy Child should be intervening within the school system eloquently suggested that the dynamic relationship existing between the school and the community needs to be interpreted holistically and as part of a same ecosystem. This holistic relationship would therefore need to be reflected in the policy interventions undertaken by the government. In this context, the Healthy Child strategy is considered pivotal in building stronger connections between the community and the school as highlighted by an inner circle policy informant:

> I think if the Healthy Child Committee of Cabinet and Healthy Child Manitoba are true to their mandate, they have to look at everybody. And I am a very strong advocate of schools not being an isolated part of a community but rather an integral part of a community. [...] Therefore all of us have to work with the schools and the schools have to work with all of us. So it's a mutual responsibility on both our parts to see where common efforts can be brought together to try and help out children to grow and develop and assist families in raising those children. So the schools will be the first people to tell you that what happens outside the school impacts on what goes on inside of the schools. Knowing that fact, it would then be foolish of us to think that we're working in isolation within a school building.

There was recognition that the mandate of Healthy Child needs to address the factors located inside and outside of the school system in a holistic perspective. The holistic nature of child development and the need for the school system to be responsive to a variety of factors impacting on the well-being of children was indeed underscored by several informants.

There were no black and white responses to the question of determining when and how Healthy Child should be intervening. One internal policy actor suggested that this issue must also be examined from a practical and pragmatic perspective and in light of the limited resources available to implement new programs. The need for Healthy Child to focus either on programming impacting schools directly or on activities having an effect outside of the school setting needs to be examined carefully to also avoid duplication of efforts but more importantly to create the best possible *out-of-school* conditions to achieve better outcomes for all children. That being said, it appears that this issue should not be considered as an *either/or* proposition as illustrated by the following observation made by an informant:

> I don't think that you can draw that line that easily. There is so much overlap so no I don't think that [Healthy Child] should only focus on activities taking place outside of schools. But I think that it would be beneficial, especially in this time of limited resources for Healthy Child to identify particular priority areas and whether that, going back to their roots of really sticking with the early childhood. [...] I think that there is danger of them being spread too thinly and perhaps it is a good time to rethink and focus a little bit more).

This type of comment suggested an ambivalence regarding what should be the primary focus of Healthy Child when considering its role within an education context. On the one hand, this respondent seemed to indicate that there is a role that needs to be played by the organisation that would directly affect the school system. On the other hand, the same respondent seemed to suggest that given the limited financial and human resources, Healthy Child may be ineffective if it undertakes too many activities and therefore not being sufficiently effective.

Others believed strongly that Healthy Child must continue to directly support the school

system. Doing otherwise would not recognize the critical importance of the role schools play in support of child development and of stronger communities as illustrated by the following comment made my an internal policy actor:

> I would say that it would be a mistake not to have some of level of participation within schools themselves. After all, [the schools] ought to be the locus, the center of a lot our energy and our efforts, both for educational outcomes but for healthy people outcomes as well, stable families, stable communities, stronger neighborhoods.

The same respondent advocated for a balanced approach where both interventions within the school system and outside of the school system are being considered. This would suggest that there is a need for a strong working relationship between Healthy Child and the Department of Education.

The policy actors engaged in the Healthy Child strategy need to determine how to best work together to accomplish each task, project or initiative. While there were no crystal clear answers to this question, this determination in itself requires communication and trust. There wasstrong agreement that the role of the HCMO is central to the implementation strategy. The role of the Office remains however an area of debate when considering if it should primarily play the role of a facilitator, an enabler, a convener, an incubator and/or a program owner. The Office may be called upon to play a variety of roles and it would need to remain agile and responsive to a variety of circumstances. For this reason, it was suggested that it may be best for the organisation to remain a hybrid entity. When asked if Healthy Child should focus primarily on *in-school* as opposed to *out-of-schools* interventions, there appeared to be consensus around the idea that there is room for both, the Department of Education and Health Child, to intervene from a program and policy perspective. It is important that the work being conducted by the two areas

be well coordinated in order to avoid duplication of efforts and conflicting policy orientations. A constant dialogue on planning between the two sectors becomes critical.

Summary

The purpose of this chapter was to examine how the Healthy Child Manitoba strategy was being perceived in terms of challenges and benefits, by a number of educational policy actors, internal and external to the government. To examine these perceptions succinctly, five *constats* were identified to summarize and categorize the pertinent main ideas shared by the informants. While each statement conveys a unique and broad concept, the *constats* also, to some extent, overlap with one another and for this reason should not be considered as mutually exclusive.

The findings suggest that the policy strategy was broadly perceived as being beneficial for a variety of reasons. The capacity of the policy strategy to extend and enhance the policy work traditionally conducted by the Department of Education was acknowledged and valued. Most notably the following elements were described by the informants as the most beneficial aspects of the policy strategy: (i) the structures as well as the cross-sectoral mandate; (ii) the capacity to support and to respond to advocacy activities conducted by external organizations; (iii) the focus on prevention, early intervention, research and evaluation; (iv) the staff expertise; (v) the Parent-Child Coalition model; as well as (vi) the protocol documents developed in collaboration with partner organizations. While still facing a number of challenges relating to governance and to the need of to reach out more effectively to other stakeholders, namely the business and the philanthropic sectors, the policy strategy was perceived as being very effective in bridging the gap between the pre-school sector and the K to 12 education system.

The policy strategy was however also seen as facing certain challenges. A number of diverging perceptions were expressed by the informants regarding the focus of the strategy on

community engagement. Some informants described the community engagement component of the policy as being foundational to the strategy while others have a limited awareness of this dimension of the policy strategy. It was suggested that these diverging opinions relate predominantly to a number of operational challenges and communication. Other challenges examined included the risk of duplication of efforts, the strong persistence of silos as well as a number of ambiguities around the notion of leadership. Finally, the intersection existing between the work conducted by Healthy Child and the Department of Education was discussed. The concept of 'policy space' was used to examine how the two entities can best intervene collaboratively to have the best possible impact on student outcomes.

Mandell and Keast (2008) suggest that the building of relationships leading to trust represents a significant factor impacting on the development of a network. They further suggest that, especially in its early stages of development, the network may resemble a fragmented social system. In many ways, there are a significant number of issues that indicate that the Healthy Child network remains a relatively fragmented social system. When considering the systemic and operational challenges Healthy Child is facing, there are good reasons to believe that the network has not yet reached an optimal level of maturity. Challenges related to internal and external communication, to leadership, to a perceived strong persistence of 'silo thinking,' to the risk of duplication of efforts represent a number of factors suggesting that the network is seeking a higher level of cohesion. While Healthy Child is strongly anchored in the governmental apparatus with a set of well defined structures, the behavior of the members of the network indicate that a work-related cultural shift is required to help the network attain a higher level of stability. This cultural shift needs to be intentional and purposefully designed to address the operational challenges the network is facing. This could be achieved, at least partially, through

the provision of professional learning opportunities for the actors engaged in the network and through a sustained supportive process designed to nurture the development of the intended collaborative approach.

CHAPTER SEVEN

SUMMARY AND DISCUSSION

Introduction

The purpose of this last chapter is primarily to summarize the results of the study. In order to provide a relevant and useful context for this summary, the statement of the problem and the research methodology used to conduct this study are revisited as well as the findings related to the central research question which is informed by three more specific sub-questions. The summary section is followed by a discussion on the broad meaning of this research. Finally, the chapter examines the implications of this research on theory, practice and future research.

Review of the Statement of the Problem

The statement of the problem pertinent to this research was framed around two distinct but interrelated dimensions; the first one relating to an education policy problem and the second one related to the corollary public administration response.

The notion of children's well-being, when considered within an educational context needs to extend beyond the traditional role conferred to the formal K to 12 education system. Accordingly, the Healthy Child policy strategy, with its broad cross-sectoral, ecological and holistic approach, takes into account a number of factors located inside and outside of the school's traditional boundaries. This approach merits attention, especially because many predictors of student academic success are indeed located outside of the scope of intervention of the school system. It was proposed that the Healthy Child policy strategy is particularly well positioned to have an influence on those other factors.

From a public administration perspective, providing equitable learning opportunities for all children falls under the category of policy problems that are complex, multifaceted and intertwined. Conventional, government-centric and linear policy responses are no longer

sufficient to respond to social and educational problems. Rittel and Weber (1973) have introduced the notion of 'wicked' problems to allude to highly complex problems that exhibit a unique set of properties. Such problems are better addressed through horizontal collaborative processes involving the participation of multiple actors in the form of 'networks' who are invited to interact and collaborate with one another and with governmental institutions to find potential solutions. Government institutions have to adapt their structures to become more agile and collaborative when considering complex problems.

It is within this context that the Healthy Child Manitoba strategy was examined in this study. While the policy strategy is not purposefully designed as an antipoverty or as a poverty reduction strategy, it was argued that poverty, from a macro level perspective represents the most fundamental wicked problem the strategy needs to address. It is therefore important for anyone interested in providing equitable life opportunities to all children to examine student learning beyond the scope of the school system. It was suggested that, from a Manitoba government perspective, the Healthy Child Manitoba strategy is, at least partially, a policy response to dynamic and complex problems such as poverty.

The *Healthy Child Manitoba Policy Strategy* was used as a case study to uncover how horizontal policy development is being perceived by internal and external policy actors engaged in the Healthy Child policy network through the lens of the education system.

The central research question to be answered by the study was the following:

How has the Healthy Child Manitoba Policy Strategy evolved over time as an intersectoral policy strategy and what are the benefits and challenges perceived by key policy actors as it relates to the field of education.

More specifically, in order to answer this broad question, the research was designed to specifically address the three following sub-research questions:

1. *What were the origins of the Healthy Child Manitoba Policy Strategy, how has this policy approach evolved over time and how has it related to the field of education?*
2. *Who are the public and non-public policy actors involved in the Healthy Child Manitoba Policy Strategy, what role do they play and how do they interact with one another?*
3. *How is the Healthy Child Manitoba Policy Strategy being perceived and understood by educational policy actors in the field of education in terms of challenges and benefits?*

Review of the Methodology

The qualitative research conducted took the shape of a case study examining the policy approach. The data collection was conducted through both a document analysis as well as a number of semi-structured interviews taking place in various sites with diverse individuals. The informants were primarily selected because of their relatively direct involvement with the Healthy Child policy strategy, and because of the role they play within the education system in both, the context of government and the context of the field of education. Several sets of questionnaires were developed to better take into account the relatively unique context to the informant. Many elements, however, were common in all questionnaires. For example, some of the questions used for the members of the Healthy Child Manitoba Office (HCMO) had a narrower focus to explore the more specific role these actors played within the Healthy Child organization. All the interviews were digitally recorded and transcribed. The transcripts were read and analysed several times by the researcher. The NVivo™ software was used to organize and analyze the data collected and to identify a number of key nodes. Additional data came from the documentation review conducted in parallel to the interviews during the research project.

Summary of the Findings

The central research question to be answered by the study was the following: *How has Healthy Child Manitoba Policy Strategy evolved over time as an intersectoral policy strategy and what are the benefits and challenges perceived by key policy actors as it relates to the field of education.* To facilitate the data collection and analysis the central research question was framed around three more specific questions. The findings related to each one of these sub-questions were examined in Chapters Four, Five and Six respectively of the dissertation. The following section provides a summary of these findings.

Research Sub-Question 1

This section considers the most significant findings related to the first research sub-question, "*What were the origins of the Healthy Child Manitoba Policy Strategy, how has this policy approach evolved over time and how has it related to the field of education?*"

Healthy Child Manitoba came about as the result of a number of non-partisan actions, activities and events. This policy response was, at least partially, influenced by the education system, though the publication of a position paper in 1991 by the provincial education stakeholder organisations, lamenting a lack of resources regarding the perceived ever-expanding mandate of public schools and the need for a better cross-sectoral coordination of policy activities and delivery of services.

From the beginning, the policy strategy set by the Filmon Government in 1992 and 1993 was solidly anchored on the perspective of social determinants of health which was further expanded as a follow-up to the publication of the Postl Report in 1995. The publication of this report was considered a pivotal event in terms of the influence it had in the design of the initial structure given to the Children and Youth Secretariat (CYS). This report indeed created a paradigm shift and had a significant impact on the government agenda. More importantly, it is

argued that the notion of social determinants of health emphasized in this report continues today to be highly relevant, and continues to have a significant influence on the broad orientation of the policy strategy. A culmination of events, including the release of the policy document *Plan Manitoba- A Vision for the Future* and the Postl Report, both in 1995, greatly influenced the design of the *ChildrenFirst* policy direction later implemented under the Filmon Government largely through the work of the Children and Youth Secretariat created in 1994, the precursor organisation to the Healthy Child Manitoba strategy . While Healthy Child policy was formally established in year 2000 soon after the election of a new NDP Government, the origin of the policy strategy was significantly influenced by the policy orientation set by the previous government and through the work conducted by the Children and Youth Secretariat. The excitement, enthusiasm and momentum created early on with the release of the Postl Report, compounded with the arrival of the newly elected NDP Government, as well as the selection of a passionate minister as leader for the Healthy Child strategy created the optimal conditions for launching the policy approach under the new branded name, *Healthy Child*.

This progressive evolution shows that the Healthy Child Manitoba strategy did not come about suddenly due to a certain event, crisis or single factor. The policy strategy was rather the result of a series of non-partisan policy decisions and instruments centered around the need to better coordinate activities across sectors more effectively to respond to the social issues impacting on the well-being of children. Both the Minister of Health under the Filmon Government, Don Orchard, and Tim Sale, the Minister of Family Services and Minister first responsible for Healthy Child, were considered as champions in the long-term implementation of the policy strategy as it is known today. From a community perspective, Strini Reddy, the first chair of the Advisory Committee, also certainly falls into this category. It is, however, unclear at

this point in time who are the 'moral champions' behind the policy strategy. When considering horizontal collaboration, leadership and passion are even more important than structure. Several types of structures could potentially work but not without strong leadership.

While designed with a spirit of continuity, the creation of the Healthy Child Committee of Cabinet in year 2000 dedicated to the well-being of children also represented a significant shift from the approach initially taken by the previous Government which was relying, at the time, on the *Committee of Human Services of Cabinet*, which had a much broader social mandate. Guiding the work of the Children and Youth Secretariat was indeed only one area of focus for this committee. The Secretariat was, at the time of its inception, a relatively small entity largely dependent on the staff and resources provided by partner departments. Indeed, the staff working at the Office was predominantly seconded form the partner departments. Over time the *Healthy Child Manitoba Policy Strategy* became much more formally structured through the progressive expansion of the HCMO and with the attribution of a distinct budget as well as the entrenchment of the policy strategy into provincial legislation in 2007.

Based on the evidence collected in this research, it is argued that the proclamation of *The Act* represented an action designed to clearly state the interest of government and to protect the policy strategy on a longer term basis. The Healthy Child legislation also had the benefit of formalizing the governance structures used in support of the enactment of the strategy. *The Act* was also used as an important mechanism to formalize the accountability requirements of the horizontal policy strategy; an element requiring special attention when using horizontal policy approaches (Börzel & Lauréate; Fitzpartrick, 2000; Peach, 2004; Peters,1998, Rounce & Beaudry, 2002; Savoie ,2003; Salamon, 2002).

In summary, it was through a relatively slow, progressive and largely consensual process that *Healthy Child Manitoba Policy Strategy* came about through the leadership of a few highly motivated political and community leaders who acted as champions. The entrenchment of the policy strategy in the legislation in 2007, represented a significant milestone resulting in an increased level of 'policy maturity.'

Research Sub-Question 2

The following section considers the most significant findings related to the second research sub-question, "*Who are the public and non-public policy actors involved in the Healthy Child Manitoba Policy Strategy, what role do they play and how do they interact with one another*?"

The Committee of Cabinet was used as the mechanism to translate the broad political positioning, on behalf of the government, into policy decisions and actions. Early on, this committee comprised of several Cabinet ministers was tasked with setting an agenda in support of the well-being of children. Setting the priorities for the committee represented an important but also delicate task that required trust, tact and negotiation. The Committee of Deputy Ministers acted as the interface between the political arm of the government and the civil service. The decisions made by this committee are strategic and informed by the political agenda set by the government, by the advice generated by the bureaucracy, and the needs and aspirations of key stakeholders expressed through their advocacy activities. The committee of ministers and of deputy ministers was not, however, necessarily a group of content experts. The content expertise was rather provided and coordinated by the HCMO along with other partner departments. One of the main responsibilities of the HCMO, in collaboration with others, was to find and to generate the best research evidence possible to inform policy decisions. On that note, Healthy Child has a unique and valued partnership arrangement with the Manitoba Centre for Health Policy.

The HCMO was, and is, also informed of emerging needs by both internal policy actors and external stakeholders, often through advocacy activities. External stakeholders have opportunities to interact with both the Committee of Cabinet and the Committee of Deputy Ministers whenever they are conducting these activities.

The staff within each one of the partner departments involved in the strategy is responsible for co-producing the pertinent deliverables, in collaboration with others, in response to the directions largely provided by the Committee of Deputy Ministers. The deliverables can take a variety of forms including policy decisions, documents and programs. The HCMO plays a significant role in coordinating the work being conducted within the civil service. This work is at times coordinated collaboratively with the Department of Education. This type of joint work requires extensive communication and collaboration, a goal that is not necessarily easy to achieve.

From a community perspective, the Parent-Child Coalitions replicate at the local level, at least to some extent, the Healthy Child cross-sectoral approach used within government. While the coalitions were initially very loosely defined by the government, over time more precise guidelines were set by Healthy Child to provide a relatively higher level of structure and also to provide criteria to be used for accountability purposes. The success of the Parent-Child Coalitions varies from one community to others as it is often largely dependent on the local leadership and on the level of engagement of the individuals involved in the work of the coalitions. As suggested by Cottes (2011), the Parent-Child Coalitions in Manitoba have faced a number of challenges and have matured at different speeds. For a variety of reasons, some of them became very effective early on when they were created, while others have been struggling due to leadership, limited capacity and limited success with the mobilization community

engagement. The work conducted on the ground by the coalitions is designed to have a more direct impact at the community level, something that cannot be easily achieved through the implementation of more conventional top-down policy approaches. The mandate of the coalitions therefore can be seen as an extension, or as a lever used by the government to maximize the impact, at the community level, of the policy interventions implemented by the province, and as a reliance on the ability of the local community to design the activities and actions that will best respond to local needs and priorities.

The Healthy Child Manitoba Advisory Committee represents the formal conduit that enables government to seek the input of community members and established organizational partners regarding the priorities set under the provincial policy strategy. The conversations taking place during the meeting of the Advisory Committee are often considered unidirectional and for this reason not very conducive to a constructive debate to inform the policymaking process. The mere size of the committee with its broad representation is considered to be a barrier.

The work conducted by Healthy Child is also influenced by the advocacy activities of a number of external partners. The two most influential education-related groups in the network are the Manitoba Association of School Superintendents (MASS) and the Manitoba School Boards Association (MSBA). When considering education more broadly, beyond the more conventional K to 12 spectrum, the Manitoba Child Care Association (MCCA) can be added to this group, although its level of influence was more limited largely due to its more limited advocacy capacity and the scope of their work.

While the dialogue focusing on the need to create a closer relationship between the early years and the K to 12 sector began with some level of tension and resistance, these three

organisations played a significant role in changing the perception around this relationship and became over time, strong allies for the government. They therefore helped raise the profile of early childhood education and more broadly the importance of early childhood development. These interventions implemented over time resulted in a progressive integration a new early childhood perspective within the K to 12 education system. Not only have these organisations been allies in helping the government implement a number of initiatives in this area but they have been strong advocates for demanding that the government act concretely and constructively through the provision of additional resources. Perhaps more importantly, they played a significant role in changing the attitudes and perceptions of a number of actors who were initially very resistant to the idea of softening the boundaries existing between the early childhood education sector and of the K to 12 system. While these three organisations are represented on the Healthy Child Advisory Committee, they have primarily benefitted from more direct political interactions with both ministers and deputy ministers. The impact of this more direct advocacy has been much more effective and appreciated in the decision making process than the interactions taking place through the Advisory Committee table.

MASS has been particularly effective at using the Healthy Child Manitoba apparatus to raise the awareness of government of the increasing needs in the area of mental health. Through its concerted lobbying actions and publication of positions papers MASS has strategically obtained the support of other partner organisations to advocate for additional support from the government in this area. The actions undertaken by MASS have shown how a well articulated lobbying strategy can be effective in influencing the government decision making process and action. For example, the MASS advocacy pressures have led to the creation of the cross-sectoral Oversight Committee for Child and Youth Mental Health. Pressures coming from the outside can

also strategically be used by internal policy actors, including those of the Healthy Child Office, to promote policy priority regarding needs that may initially not have been received either by the deputies or the ministers with a high level of enthusiasm. The fact that in recent years, from 2011 to 2015, the deputy minister of the Department of Education was the chair of the Committee of Deputy Ministers, has probably been instrumental in helping MASS convey its messages to the government. In that sense, the department having the role of chair of the Committee of Cabinet is more apt to find ways to leverage the influence of this organization.

The Students Services Administrators Association of Manitoba (SSAAM), a subset of MASS, has largely played a supporting role for Healthy Child. For example, they reviewed the draft policy documents such as the protocol documents. Overall, this organisation has been supporting the work conducted under the policy strategy but has also used the Healthy Child apparatus to convey its concerns and perspectives on the most pressing needs noted in the field. The development of protocol documents addressing the collaboration required in the system to facilitate the transition of students with special needs represents a concrete area where SSAAM was consulted as experts in the field.

Depending on the nature of the projects undertaken by Healthy Child, the staff from the Office collaborates to a certain extent with the staff from the Department of Education. The intensity of this collaboration varies based on a number of factors. While the Healthy Child policy strategy was initially designed to pay attention to vulnerable children, the apparently limited articulated collaboration taking place between the indigenous sector of the Department of Education and the Aboriginal Education Directorate, is a gap that requires attention.

In summary, the interactions taking place within the policy network are largely framed around the organizational structures set under *The Healthy Child Manitoba Act* and, more

particularly, within the mandate conferred to each individual component of the strategy. This government-centric arrangement creates opportunities that support the engagement of external stakeholders, primarily through the Advisory Committee and the Parent-Child Coalitions. The mandate of the coalitions is relatively loosely defined, and therefore provides them with a significant level of autonomy. One important feature of the Healthy Child governance model is that it provides an effective policy conduit allowing external organizations to achieve, in certain cases, their advocacy ambitions. The activities taking place within the network have been particularly effective in raising the profile of early childhood education and in bringing mental health back on to the governmental agenda.

Research Sub-Question 3

The following section considers the most significant findings related to the third research sub-question, "*How is the Healthy Child Manitoba Policy Strategy being perceived and understood by educational policy actors in the field of education in terms of challenges and benefits?"*

The findings related to the perceptions articulated by the research participants were organized around five central themes identified as *constats* to essentially capture the most significant findings in the predominant perceptions shared by the informants. These central themes, relating to the perceived benefits and challenges of the policy strategy are examined here globally.

The research participants located inside and outside of the Healthy Child Manitoba inner circle are generally supportive of the broad ambitions set by the policy strategy. The following elements of the policy strategy were particularly appreciated and valued by the stakeholders interviewed: its governance structures as well as interdepartmental focus; the capacity it provides to external stakeholders to raise concerns having a cross-sectoral scope and the ability

provided to the government to respond to these concerns effectively; the strong focus on prevention and early intervention; its evidence-based approach to policymaking supported by research and evaluation practices including the close working relationship with the Manitoba Centre for Health Policy; the staff expertise of Office senior staff; the Parent-Child Coalitions as well as the concrete efforts made under the strategy to improve collaboration in the education system notably through the development of protocol documents. With respect to the Parent-Child Coalitions, the alignment of the cross-sectoral community-based structure and the mandate of the broader Healthy Child policy strategy is particularly interesting and valued but also has its share of challenges.

While it could be argued that Healthy Child provided limited opportunities for bottom-up policy influence, some stakeholders organizations, namely MASS, MSBA and MCCA have used the Healthy Child structures as a conduit to influence policymaking in two key areas: early childhood development and mental health. On that note, it was recognized that the programs and activities Healthy Child has undertaken since its inceptions have had a positive impact in the field of education, most specifically with respect to early childhood development and more recently in the area of mental health.

There was a broad consensus indicating that the interactions taking place across sectors in the network, often taking place under the Healthy Child umbrella, have led the establishment of a closer relationship between the early childhood education sector and the formal K to 12 education system. While some significant progress has been made, a number of issues related to governance and related to the contribution of other sectors of society, namely the business and philanthropic sectors, still require attention. As the education sector represents a significant dimension of the Healthy Child policy network, some would argue that the policy strategy has

not sufficiently moved beyond ‘silo thinking’ and for this reason has not successfully maximized the potential of the school system to support and promote early childhood education.

Diverging views were expressed by the informants regarding the scope of the policy strategy. In general, the policy strategy was perceived as being predominantly government-centric by several government informants located outside of the inner-circle. For these respondents, the community focus of the policy strategy was unclear and not well understood. Other informants, namely those from the inner circle, highlighted how the open policy approach was responsive to community partners and to community engagement. They therefore suggested that the policy strategy had a strong bottom-up emphasis.

Two elements of the formal policy strategy structure were designed to engage more directly the members of the community: the Healthy Child Advisory Committee and the Parent-Child Coalitions. While these two structures also have a strong cross-sectoral focus, the level of awareness around their role and mandate was perceived as limited by the governmental policy actors located outside of the inner-circle. With respect to the Advisory Committee, some informants suggested that it created meaningful opportunities for sharing ideas and best practices. Others however believed it did not appear to consistently creating an effective forum to facilitate constructive policy dialogue having the potential to influence the policy direction. As mentioned earlier, the size of the committee itself represented a significant barrier that may require attention. In fact, the current size and format of the committee may not be conducive to the provision of an effective forum favoring a sustained dialogue. It was suggested that the diverging opinions expressed by the informants were potentially the result of a number of challenges related to communication.

Based on the observations collected from the informants, there is no doubt that the Healthy Child network is facing a number of operational challenges. The capacity of the members of the network to collaborate and to communicate in a policy environment having both horizontal and vertical dimensions is a challenge that requires constant attention. This has highlighted, for example, how horizontal collaboration is well established at the top but not well defined at lower levels of the hierarchy. The perceived lack of alignment of both horizontal and vertical communication creates misunderstandings, frustration and lack of clarity around power distribution in the network. These challenges indicate that there is a need to support the development of a more collaborative culture to address the issue of internal communication. The absence of a collaborative culture has a number of repercussions on other areas, including communication with external stakeholders, duplication of efforts, persistence of 'silo' thinking and a perceived lack of clarity regarding roles, responsibilities and leadership.

Finally, it was suggested that both Healthy Child and the Department of Education share a 'policy space' that would benefit from being better defined to help clarify how the two entities should be collaborating, under certain circumstances, to achieve common goals. Examining more closely this collaborative relationship would be an invitation for the HCMO to better define its role with respect the development of policies having an effect inside and outside of the school system. Should Healthy Child focus predominantly on the incubation of programs and limit its ownership of programs or should it rather focus on a different type of role? Healthy Child is still indeed attempting to determine if it should be predominantly play the role of incubator, convener and coordinator to primarily maximize the benefits of a collaborative system that appears to be struggling to reach its full potential.

Different views were expressed regarding the shared responsibilities the Department of Education and Healthy Child have with respect to the development and implementation of policies and programs that have a direct implications on the school system. However, overall there appears to be agreement that both sectors can intervene with schools whenever there are sound educational reasons to do so. Coordination and communication across the two sectors were perceived as requirements for the success of a coherent implementation plan. Some have suggested that perhaps Healthy Child should rather limit its scope of intervention with the school system and simply bring to the attention of the Department of Education promising practices that could potentially be implemented in schools through the leadership of this department. No matter what direction is selected, it was also mentioned that this issue needs to be examined from a blunt and pragmatic perspective due to the limited resources available. To avoid any lack of alignment and any potential duplication of efforts, having Healthy Child focus primarily on initiatives that seek to address factors located outside of the schools, such as *Families First, Healthy Baby* as well as the promotion of early childhood development was considered an effective approach.

In summary, the research participants were invited to describe their perceptions of the Healthy Child policy strategy. The evidence collected for the purpose of this research sub question has highlighted the role and high level of engagement of a number of internal policy actors considered as the ‘inner-circle’ component of the policy network. Accordingly, some interesting differences in perceptions were noted between the members of the inner circle and the other policy actors located elsewhere in the policy network. While a variety of the participants have highlighted certain challenges related to the operationalization of the policy strategy, there

is general agreement that the policy strategy creates a number of advantages and opportunities that remain relevant in today's context.

Discussion

The analysis of the *Healthy Child Manitoba Policy Strategy* has demonstrated that the policy actions implemented under the umbrella of this broad enterprise are enacted in a complex network environment through the interaction of multiple actors. The success of the network is therefore dependent on the individual capacity of each organization to take action, but more importantly dependent on the collective impact the network is having on the goal targeted: ensuring the well-being of children. But what insights do the findings of this study provide with regards to the state of development of the network and its capacity to achieve this aspiration? This question will first be examined in light of an analytical model proposed by Mandell and Keast (2008) who are proposing that networks typically evolve through a number of stages. Guided by the work of Sydow (2004), Mandell and Keast (2008) have proposed that a collaborative network typically has a life cycle that goes through the four following stages of development: network formation; struggle for network stability, network routinization and network extension. These stages of development do not necessarily take place in a linear fashion. They rather benefit from being interpreted loosely as their progression overtime is fluid.

The purpose of this first part of the discussion section is therefore to locate the Healthy Child network along this fluid development continuum based on the findings of this study. Determining the effectiveness of the policy strategy should be based on the outcomes produced related to the well-being of children. This relates to the purpose of section 15(1) of *The Healthy Child Manitoba Act*, indicating that the HCMO must produce a report, at least once every five years, on the status of Manitoba's Children (Manitoba, 2007). Examining the strategy's capacity

for producing positive outcomes related to the well-being of children was not the intent of this study. For the purpose of this discussion, it is suggested that, as highlighted in the previous chapters, the strategy has produced a number of 'intermediary' tangible outcomes. These intermediary outcomes include for example, an increased level of awareness of diverse stakeholders regarding the critical importance of early childhood development; the establishment of a closer relationship between the K to 12 education system and the child care sector; the production of research-based reports; the establishment of policies related for example to the construction of child care facilities in the school environment, the production of protocol documents supporting the transition of students with special needs, the establishments of strategic partnerships with a variety of organizations such as the United Way, the Boys and Girls Club, the Manitoba Centre for Health Policy, and several others.

The Stages of Development of the Network

In a network environment, the long-term evolution of the collaborative work being conducted begins, according to Mandell and Keast (2008), with the building of relationships that will later lead to trust as part of the *network formation* process. Similar observations are made by a number of scholars when considering horizontal policymaking within a governmental environment (Hopkins et al., 2001; Peach, 2004; Savoie, 2008). Furthermore, a network, in its early stage can, according to Sydow (2004), be perceived as resembling a fragmented social system. This indicates that if the intent is to bring a number of actors together to work horizontally, there is a need to spend sufficient time at building and nurturing the relationships between the individuals called to work collaboratively. This relates to a comment made by an informant considered earlier, indicating that 'imposing collaboration' without allowing sufficient time and without sufficient nurturing support simply does not work. From that perspective, it

appears the Healthy Child network is still at an early stage of development due to a perceived disconnect in some areas of the network. Mandell and Keast (2008) suggest, that structural changes can be made to correct such a perceived problem, however, as suggested by Peters (1998), adjusting the structure tends to be the easy part. Shifting the internal work culture as well as the behavior of the members of the network is a much more ambitious goal. These structural changes and cultural shifts to address the perceived disconnect referred to above have yet to be implemented.

When considering the first stage of development, *network formation* Mandell and Keast (2008), suggest that the use of three norms, identified by van Raaij (2006), are useful in determining the level of participation taking place within the network: *network legitimacy*; *network climate* and *network self-activating capacity*.

It is suggested that the creation of the Children and Youth Secretariat was the first step used to give a certain level of legitimacy to the network including the initial appointment of a director responsible for this new entity. Right at this early stage, a number of distinct departments were coming together to address of a certain cross-sectoral issues in collaboration with external stakeholders. Legitimacy was further increased, when a decision was made by the NDP Government to establish the Committee of Cabinet and the Committee of Deputy Ministers which were fully committed to the well-being of children to lead the strategy. A subsequent substantial level of legitimacy was given to the network when the status of the policy strategy was formally embedded in the provincial legislation in 2007 through the passing of *The Act.*

According to Mandell and Keast (2008) achieving a high level of legitimacy is requirement to reach *network stability*. From that perspective, it is argued that Healthy Child has reached this expectation. Mandell and Keast (2008) also suggest that a high level of legitimacy is

further achieved when close ties are established with external stakeholders. From a *network stability* perspective, it can generally be stated that the quality of the relationships between Healthy Child and educational stakeholders has been variable over time. The Manitoba Association of School Superintendents (MASS), for example, has certainly played an important role around the mental health agenda. While the strategy has been responsive to the advocacy pressures of external stakeholders such as in the case of mental health, in other circumstances the relationship was not as strong. This would apply for example, to the perceived lack of consultation and engagement of educational stakeholders when a decision was made to implement the Pax Good Behavior Game.

The *network climate* norm implies that the members engaged in collaborative work benefit from this cross-sectoral participation but, more importantly, indicates that the collective benefits obtained through the network arrangement are greater than those obtained individually. In the context of Healthy Child, because the level of horizontal collaboration is primarily concentrated within the inner circle, it is unclear to what extent the members of the network are fully committed to working collaboratively to achieve common goals. There appears to be a gap in the middle specifically located within the Department of Education. While a level of collaborative work is taking place at a high level in the governmental hierarchy and across members of the community through the Parent-Child Coalitions, , for example, this horizontal collaboration is enacted with difficulty at the middle, within the Department of Education.

The *self-activating capacity* norm suggests that the members of the collective group are making a consistent effort to sustain the network. In the case of the Healthy Child, the operational leadership very much comes from the top through the work of the Office. While it is clear that the relationship between the Office and the two high level committees is well

articulated and strong, it is also clear that the overall strategy seems to neglect, as mentioned earlier the strength of the network component located in the middle, at the level of the Department of Education. It is also unclear to what extent the strategy is effective at creating a shared responsibility and cohesiveness across the network. The ambivalence expressed by the informants regarding the relative value of the Advisory Committee, a mechanism initially conceived to cultivate buy-in across sectors, indicates that this mechanism is not as effective as it could be in maintaining the enthusiasm and engagement of external stakeholders.

It is suggested by van Raaij (2006) that *self-activating capacity* is achieved when key players from a certain sector accept the network as being a part of the overall environment. When considering the K to 12 education system, the informants have indicated that the level of awareness of the policy strategy was quite variable in the education community. Educational leaders, especially those engaged in advocacy activities were well aware of it but from a broader perspective it was suggested that many educators knew very little about Healthy Child. From this perspective, it appears that the network is still seeking stability.

When considering the *network stability* stage of development Mandell and Keast (2008) also examine the relationship existing between the network and the government. In the case of Healthy Child this relationship is evidently very strong given that the network is very much a *government led* initiative where the HCMO plays the role of the Network Administrative Organization (NAO). The effective operations taking place within the inner-circle are well engrained in the government culture and for this reason are considered as falling into the *routinization* phase. When compared with the others factors examined here, this may once again underscore a *government-centric* view of the network.

Mandell and Keast (2008) propose that the members of the network require training opportunities to learn how to work effectively when collaborating across sectors. These training opportunities can relate, for example, to the notion of leadership when considered in a cross-departmental collaborative environment. Training activities, when coordinated and offered cross-sectorally, also become opportunities for the participants to build relationships. While some informants have mentioned that some facilitated sessions were initially provided by the staff from the Healthy Child Office with the purpose of facilitating cross-sectoral work, it does not appear that any sustained and coordinated process was ever implemented to achieve such a goal.

To describe *network routinization* Mandell and Keast (2008) highlight how the norms and requirements discussed above simply become the regular way of doing business. It that sense, the network becomes entrenched in the *modus operandi* of the actors engaged in it; not an easy goal to achieve when considering the number of stakeholders engaged in the Healthy Child network. Even if Mandell and Keast, (2008) suggest that three to five years are normally required to reach the *routinization* stage, it is argued here that this ambition has yet to be achieved by the Healthy Child network. It is also expected that the time required to achieve such a goal will depend on various factors including the inherent size of the network and the scope of its mandate. For example, the stage of development examined here could be used to study a smaller network such as a Parent-Child Coalition. When compared to this type of small and local entity the scope of the Healthy Child network is exponentially more complex. It is important to be reminded that in the context of this study the Healthy Child network was examined only from the perspective of education. The complexity would be significantly compounded if all other components of the network, including the other partner departments, were also considered.

Network extension, according to Mandell and Keast (2008) represents the stage where the network is fully viable and fully operational. Interestingly enough, they also suggest that it is at that stage that the network will often start to break down and come to an end. It is suggested here that the Healthy Child network has reached neither the third and fourth stages proposed by the model.

The following table presents a broad illustration of the current positioning of the Healthy Child network and presents a summary of the observations made above. The purpose of the table is to *chart* the level of maturity of the Health Child policy network. It is worth noting that the strongest elements of the network correspond to its legitimacy and to the government-centric focus of the strategy. This reinforces the idea that the network is perhaps stronger 'in theory' as opposed to 'in practice.' This supports the notion that policies, in education as in any other sector, tend to be easier to design than to enact. It is clear from this analysis that the Healthy Child network is not currently leveraging the full collective potential of its partners to yield a 'collaborative advantage.'

Table 12

Description of the Stages of Development of the Healthy Child Manitoba Network

	Network Stages of Development			
	Network Formation	Network Stability	Network Routinization	Network Extension
List of criteria				
Building of strong relationships across the network.	Healthy Child Network is struggling with the building of strong relationships across the network The internal working culture in the Department of Education, outside of the inner-circle, requires particular attention			
Network legitimacy	The Healthy Child Network legitimacy has evolved over time The creation of the Children and Youth Secretariat, the hiring of a CEO for the Secretariat and later the creation of a Committee of Cabinet and Committee of Deputy Ministers dedicated to the well-being of children represented significant intermediary milestones The quality and intensity of the relationships with external stakeholders are variable Further work is required to achieve network stability	The relationship with the scientific community (MCHP) is strong The passing of *The Healthy Child Manitoba Act* in 2007 provided a high level of legitimacy to the network		
Network climate	Horizontal collaboration is primarily located within the inner-circle. This concentration of the collaboration at one level of the network limits the capacity of the network to leverage the collective impact of the network The lack of structured and coordinated horizontal collaboration outside of the inner-circle is perceived as a barrier requiring attention	The Parent-Child Coalition is perceived as a relevant model in favor of cross-sectoral collaboration at the community level		
Network self-activating capacity	Unclear sense of shared and collective responsibility across the network towards a shared vision			

	Lack of cohesiveness between the inner circle and the other elements of the network located outside of the inner circle The Advisory Committee is not fully successful at creating a sense of cohesiveness across the network			
Position of the network in the environment. (Links to stability)	The level of awareness of educators with respect to the network is variable. Not yet achieved network stability			
Relationship with the government (Links to stability)		Strong linkage with the government. Healthy Child is clearly a government- led network The work of the network is largely coordinated by the Office that acts as the *Network Administrative Organization* for the network. The work of the inner-circle is well engrained in the regular governmental operational work		
Training opportunities for effective cross-sectoral collaboration	Very limited			

Considering the impact of the Healthy Child policy strategy strictly from an outcome perspective may be tempting. However, concrete improvements to address complex social problems are more likely to be achieved over a long period of time, and also are less likely to be attributed to the specific effect of a particular intervention (Barraket, Mason, & Friel, 2015). There is therefore limited evaluative evidence that can be used to illustrate that without a doubt the policy strategy, as a whole, is having a significant positive impact. While the analysis conducted above regarding the stages of development of the network shows that the overall quality of the interactions taking place within the network need to be improved, the strategy has achieved a number of relative successes.

Indeed, the findings of this study suggest that the *Healthy Child Manitoba Policy Strategy* is perceived by the policy actors interviewed as having a number of attributes that do support and extend the policy capacity of the Department of Education which uses more conventional policy practices, primarily targeting the *in-school* environment. While Healthy Child intervenes, in some cases, directly within the school system, the policy strategy also favors the development of policies that have a positive upstream effect on the school system which indeed extend and support the more limited mandate of the Department of Education. The informants interviewed for this research have highlighted a number of elements of the policy strategy that are considered beneficial and that have the potential of positively influencing the education system. Among others the three following elements deserve special attention in the context of this discussion: (i) the cross-sectoral nature of the policy strategy; (ii) the evidence-based approach to policymaking; and (iii) the focus on prevention and early intervention.

The Cross-Sectoral Nature of the Policy Strategy

The cross-sectoral foundation of the policy strategy enacted through the participation of a number of elected officials sitting on the Committee of Cabinet with the support of the work of the highest level of the civil service, the Committee of Deputy Ministers, is considered relevant and one of the strongest features of the policy strategy. This approach formalizes collaboration at multiple levels and, most importantly, at the highest level of the hierarchy. Accordingly, the relatively high profile given to the policy approach has a number of implications on how the civil service uses significant resources to focus on the well-being of children. Creating such a mechanism to specifically address children's well-being is considered remarkable in itself. The value of the Committee of Cabinet is not limited to the fact that a group of ministers are coming together to address cross-cutting issues but rather that from the top, through both vertical and horizontal communication, an organic and systemic process and apparatus is designed and implemented, with some level of success, to impact on the well-being of children. Similarly, Cottes (2011) posits that Healthy Child was instrumental, with its horizontal and vertical dimensions, in modernizing policies, programs and services designed to achieve the best possible outcomes for children. Furthermore, in a recent study conducted in Winnipeg, Brothers (2017) also highlighted the critical importance of intersectoral collaboration beyond the mandate of school divisions. While acknowledging that these public institutions are well positioned to mediate the pervasive effect of poverty, they cannot respond to this broad and complex social challenge on their own.

The status of the Committee of Cabinet responsible for setting governmental direction is interpreted as a strong value statement from government to address what could be considered as a 'moral imperative' to support the most vulnerable segment of society (Fullan, 2011) . In that

sense, the public commitment made by the Manitoba Government's policy strategy is perceived as robust, legitimate and genuine especially given that it evolved largely outside of the politicized partisan process. This political support from the top is seen as an essential condition to support and extend the policy role conducted by each of the individual partner departments including education.

The Evidence-Based Approach to Policymaking

The strong emphasis on evidence-based policymaking and on evaluation is also perceived as a beneficial thread of the policy strategy. This is considered particularly important given that the Department of Education currently only has a limited capacity to support the evaluation of the policies it implements. While the evaluation activities conducted by Healthy Child have not necessarily been designed to directly support the education system, Healthy Child is perceived has having the potential of extending the limited departmental capacity in this area. For example, there is limited evidence available to suggest that in the past the activities conducted by the Department of Education have had a positive impact on student learning. The Department has not in the recent past invested substantial resources to measure to what extent the provincial curriculum has had a positive impact or systematically measured the impact or effectiveness of the professional learning support they have provided to teachers. The same thing can be said, for example, with the relatively recent implementation of other provincial policies such as the implementation of a provincial report card. Has the implementation of this new policy had any impact on teacher practice? Do parents feel better informed? Did the policy decision made in 2011 to reduce class size from Kindergarten to grade 12 have any implications on student learning? The answers to these evaluation questions are unknown. In that sense Healthy Child's with its strong evidence-based focus is seen as an organisation that could potentially extend its

support to the work conducted by the Department of Education, in the area of program and policy evaluation. This would, of course, require the identification of mutually agreed upon priorities as well as a well articulated strategy.

The work accomplished through the EDI data collection to determine the degree of preparedness of children when they formally enter the school system, can be used as an example to illustrate how the research capacity of Healthy Child is currently, albeit in a modest form, supporting the work of the Department of Education. This upstream data collection provides relevant information to guide the decisions made by schools on student placements and on suitable targeted early interventions. This data gathering process allows both Healthy Child and school divisions to identify the students who are considered at risk of not successfully completing their schooling at the point of entry in the school system. There is indeed, for example, a strong association between children's school readiness measured by the EDI and the results of the grade 3 provincial assessments which suggests that school developmental trajectories are established early in the life of children (Brownell et al., 2012; HCM, 2012). Addressing the factors which impact on the level of readiness children have when entering schools goes beyond the capacity of the school system. This underscores how Healthy Child is well positioned to address those factors. As suggested by Brownell et al, 2012, "Determining 'what works' for improving educational outcomes for Manitoba children could ultimately contribute to improving population health an reducing inequities" (p. 235). Achieving this goal requires a high level collaboration between Healthy Child and the Education system.

While these activities conducted by Healthy Child are relevant, they do not specifically address the core activities of the Department in determining how effective some of its policies are with respect to student learning. Indeed, it is worth noting that the evaluation work conducted

under the policy strategy has somewhat been *Healthy Child Centric*. In the past, the evaluation activities conducted under the policy strategy have largely focused on the formal evaluation of programs directly under the responsibility of the HCMO. On that note, there is no evidence indicating that the program evaluation conducted by Healthy Child ever considered including initiatives conducted by the partner departments. Program evaluations have focused primarily on Healthy Child specific programs. Healthy Child has, of course, a limited capacity to support the Department of Education and the other partner departments in terms of policy evaluation.

The research partnership Healthy Child has established over the years with the Manitoba Centre for Health Policy (MCHP) represents a valued offshoot element of the policy strategy, especially when considering the technical research capacity and expertise the Centre brings to the table. This relationship has the potential over time of better supporting and validating the policy work being conducted in education. With its strong relationship with Healthy Child, the Centre plays an active role in guiding and informing the policymaking process. Healthy Child has found in the Manitoba Centre for Health Policy a partner that can be trusted and relied upon.

The examples provided above highlight the critical importance of the coordinated strategic discussions that should take place through Healthy Child, on the evaluation needs of other departments, more specifically the Department of Education. This illustrates how the effectiveness of the coordination role played by the HCMO, represents a condition for success.

While evidence-based policymaking represents a promising direction for setting the best conditions to improve both student learning and equity, this by itself is not sufficient. The act of *educating* is a human experience that is simply too complex to be examined solely by narrowly defined objectives. The education enterprise is indeed relatively subjective and largely experiential in nature. For these reasons, relying exclusively on rational, intellectual and

positivistic measures to guide the decision-making process may create an erroneous sense of certainty. This once again shows how the decision making process also requires holistic and more intuitive approaches .

The Focus on Prevention and Early Intervention

In a paper designed to show the importance of investing resources towards young children, namely those living in disadvantaged environments, James Heckman, American economist and Nobel laureate and his colleague Dimitriy Masterov (Heckman & Masterov, 2007) made the following observation: "Conventional school-based policies start too late to effectively remedy early deficits, although they can do some good. The best way to improve the schools is to improve the early environments of the children sent to them", (p. 472). This statement directly relates the locus of the research question when considering how the work conducted by Healthy Child is complementing and extending the mandate of schools and, more broadly, of the education system. Moreover, in a recent publication, Phillips et al. (2007) suggest that despite the fact that the current evidence showing the enduring positive effect of pre-kindergarten programming, there is also evidence showing that high quality pre-school initiatives have an impact on school readiness. More precisely in a consensus statement, the scholars who have contributed to this publication posit that this type of early intervention is particularly beneficial for children living in low-income circumstances as well as dual language learners. Similarly, in a report examining the educational needs of indigenous students in Canada and more precisely in Manitoba, the Organization for Economic Co-operation and Development identified early learning as a priority for accelerating change and stated that it represented "the single most powerful lever for achieving a step change in a generation" (OECD, 2017, p. 13).

The responses provided by the informants regarding the benefit for Healthy Child to intervene directly within the school system as opposed to concentrating on factors located outside of the system was somewhat nuanced. Whatever actions Healthy Child implements in support of the school system are valued. This applies for example, as mentioned earlier, to the EDI data collection where the policy intervention comes as a support that extends the limited capacity the Department of Education has in the area of research. However, one of the most significant and valued aspects of the Healthy Child strategy is its focus on prevention and on early intervention. Both these two areas are perceived as being strategically and critically important for bringing forward more equitable opportunities for all children and perhaps more importantly, to those living in disadvantaged situations. Both prevention and early intervention are considered to be areas of action that Healthy Child needs to keep at the forefront of its mission. Providing quality early childhood learning opportunities in a nurturing environment is seen as a proactive and effective measure to ensure that children enter the formal school system healthy and ready to learn. The work that Healthy Child has conducted to promote the importance and value of effective early interventions is seen as an upstream policy approach that has the potential to reduce the need for costly downstream responses requiring remedial actions often involving interventions from other sectors including health, social services and justice. Beyond the specific area of early childhood education, all the early intervention programs taking place outside of the school environment, namely *Families First*, *Healthy Baby* are also considered as initiatives that support families and improve children's school readiness therefore supporting the work of schools.

Implications for Theory, for Practice and for Future Research

Implications for Theory

The research on 'policy networks' is extensive and divergent and the literature on this topic, especially when considering governance networks, does not yet have a high level of maturity. This case study makes an additional but unique scholarly contribution to this area of research by linking the notion of policy networks with horizontal policy approaches. Accordingly, for the purpose of this research, the interactions taking place amongst the actors linked to the Healthy Child policy strategy were conceptualized as evolving within a network environment emerging largely from a government led enterprise initiated from the top.

The Healthy Child policy network is not formally set with a well defined and formal membership. Rather, the Healthy Child network emerges conceptually from the interactions of the policy actors working jointly on shared issues, hoping to find solutions to social problems but also often with the goal of obtaining more resources. The Healthy Child strategy creates a space, an environment, a network where both public and non-public policy actors interact to guide and influence the policy decisions for the betterment of children well-being.

The policy network conceptual model selected for this study was used primarily as a tool, and as a heuristic, to describe the policymaking process. Accordingly, the theoretical framework was not necessarily assuming that there was a direct relationship between the nature and the structure of the policy network and its capacity to produce outcomes, for example, in terms of policy variations (Rhodes, 1992; Börzel, 1998). The limitation attributed to the notion of 'network' with respect to the 'network-outcomes relationship' is similar to the position expressed by Savoie (2008) regarding the impact of horizontal policymaking approaches on social outcomes. Indeed, Savoie posits that a theory suggesting that a causal relationship exists between

horizontal policymaking and outcomes has yet to be defined. Others, however, contest the idea suggesting that the structure of a network does not have a predictable effect on the outcomes it produces (Howlett, 2002). Similarly, when specifically considering governance networks, Sørensen and Torfing (2005) state that not only do they have a significant impact on the production of policy outputs and outcomes but also on the policymaking process.

This research was not attempting to resolve this debate. It was rather conceived as a case study describing and analyzing how a government led policy strategy was effective in bringing together a number of actors to address certain complex problems through negotiations, deliberations and through a cross-sectoral approach designed to create collaborative advantage (Huxham & Vangen, 2005). When examining the roles and interactions taking place in the network, as well as the perceptions of the policy actors engaged in the network, the findings of the study have shown that working horizontally has been beneficial in a number of areas but has also demonstrated that achieving the goal of creating a collaborative advantage through such an approach is not an easy task. It is argued that the use of the policy network conceptual model was useful and relevant to both describe and analyse policy approaches having a strong horizontal focus.

Moreover, the analysis conducted by Börzel (1998) examining two different and important schools of thoughts, interest intermediation and governance, was considered relevant for this research as it brought together a variety of notions that have evolved over time within a dualistic and parallel framework articulated around two related but quite different views on how governmental institutions, external stakeholders and the civil society are called to work collaboratively in areas where they have shared interests and needs. While in the context of the Healthy Child policy network, interest intermediation was determined to be better suited to

describe and analyze the strategy, it is relevant to examine how the notion of governance network also relates to Healthy Child.

Policymaking is about setting a direction and creating certain conditions that are perceived as necessary to address societal problems. In other words, it is about identifying problems and identifying potential solutions to address them (Howlett et al., 2009). The main tension existing between the interest intermediation and governance perspectives relates to the extent to which the democratically elected government is willing to share the policymaking power and policy space with other members of civil society. Under the interest intermediation perspective, the government largely controls the agenda and determines to what extent external stakeholders will be invited to influence the agenda-setting process. The extent to which the government will solicit the input of external actors depends on a number of factors including the intensity of their advocacy activities. The space given to external policy actors is also dependent on the willingness and genuine interest of the government to learn from them. The degree of involvement of the outside stakeholders in the policymaking process varies from the simple sharing of information by the government to other types of consultation processes designed to seek ideas and input to best inform the policy decision-making process. This implies that, under certain circumstances, the government is genuinely interested in hearing diverging and often potentially conflicting ideas.

As suggested above, distinguishing between interest intermediation and governance largely lies on the willingness of the government to share the policymaking power and 'policy space' with other non elected members of society. For some, the notion of power distribution is risky and may even lead to the hollowing out of the state and of the democracy. For others, sharing power outside of the government creates the opportunity to examine societal issues from

a different angle predominantly outside of the *political arena*. This implies that the government may not always be in the best position to respond effectively to emerging complex problems. The intent here is, therefore, for the government to determine to what extent the burden and responsibilities to address various issues should be shared with others as opposed to be primarily considered through a centralized approach.

In the case of Healthy Child, the government remains largely the power source behind the actions undertaken particularly through the high profile Committee of Cabinet. The strategy is also supported by the role played by the HCMO, considered as the *Network Administrative Organization* largely responsible for the *metagovernance* of the network; an approach considered more stable when led by bureaucrats as opposed to elected officials (Doberstein, 2013). Despite the fact that the horizontal approach is primarily engineered by the government, it is also relying on other policy participants through a variety of mechanisms discussed in this research.

It is suggested that some components of the Healthy Child network are indeed best analyzed under the governance perspective. Interestingly enough, the Healthy Child structure that best illustrates the properties of a governance network evolving outside of the vertical and hierarchical governmental structure, albeit on a small scale, is the Parent-Child Coalition. The Parent-Child Coalition model reflects this perspective as it shows how the government can rely on local communities to best respond to their most pressing needs in terms of early childhood development by giving some responsibilities to the organisation thereby relying on an external agency to deliver services and to provide certain supports.

In that sense, it is proposed that a subset of a broad policy network can exhibit properties that are unique and distinct from other components of the broader network. This relatively smaller unit of the network can be considered as a *sub-network*; and can be examined through the

lens of the governance network perspective for a variety of reasons. The individuals, as well as the organisations represented on the coalition, agree on a number of actions to be implemented locally. In principle, all the members of the coalition are invited to develop a relationship of interdependence with one another. This notion of *interdependence* is critically important. The success of one group involved in the work of the coalition is therefore dependent on the other groups. Moreover, the success or output of the governance network, in this case, the Parent-Child Coalition, is designed to be dependent and greater than the sum of the contributions made by the representatives sitting at the table. In theory, all the members of the coalition are equally valued members. Accordingly, hierarchical power-related differences between the members of the coalitions do not come into play in the decision-making process taking place at that table.

It was noted earlier in this study that, while broadly successful, the effectiveness of the coalition is often dependent on the level of engagement of the person responsible for leading the the group and on the ability to manage effectively the activities of the coalition. The governance model used for the coalition therefore requires attention as suggested by Torfing (2008) when referring to the notion of *metagovernance* which relates to the mechanisms responsible for regulating the operations of the network. The leadership strength and capacity of the coalition is very important and seems to represent a critical factor for success. Accordingly, many coalitions have decided to use some of the financial support provided by Healthy Child to hire a lead coordinator. The coordinator represents the mechanism the coalition considered useful to *metagovern* its function. Another challenge that has been noted as part of this research is that some voices, especially those of the organizations that have more resources, tend at times to dominate. Ensuring that all members involved in such a governance network have a relatively *equal* level of influence does represent a challenge that requires attention.

That being said, the Parent-Child Coalition model, while not without problems, illustrates how giving some level of autonomy and legitimacy to organisations can be effective. Healthy Child, and more widely Manitoba governments should explore how sharing policy opportunities with others could support the goal of improving learning and more broadly the well-being of children.

There are, however, a number of concerns relating to governance networks that require attention. Who should be invited to join such a group and what should be the dominating voices in such a network? What opportunities are given to the member of the civil society at large society in such a context to raise any concerns about the decisions made and the actions undertaken by a certain network of group of outsiders, when the proposed solutions are seen as being problematic. When dealing with a government, approximately every four years, the public has the opportunity to express its concerns as part of the democratic election process. How is this type of accountability applicable to the governance networks? These questions are important areas of debate in the academic arena. It is suggested that, by keeping a formal relationship between the government and an external relatively autonomous organisation such as the coalition, a democratic anchorage is maintained and provides adequate democratic legitimacy (Sørensen & Torfing, 2005).

It is argued that this research extends the current existing scholarly literature addressing policy networks by illustrating that the notion of networks cannot always simply be examined under interest intermediation .vs. governance dichotomy as suggested by Torfing and Sørensen (2017) when stating that policy networks can exhibit properties of both theoretical dimensions. In that sense, the Healthy Child network can be considered a *hybrid network* as it exhibits properties influenced, on the one hand, by a strong vertical and hierarchical structure and chain

of command and, on the other hand by a set of horizontal relationships involving partner departments engaged in the policy strategy and a number of external stakeholders also invited to play a role within the network. While the network governance model suggests that the interactions taking place amongst the actors engaged in such a network are not to be influenced and controlled by hierarchical power relationships, it is argued here that hierarchy cannot be totally evacuated from a collaborative environment. It is even argued that some level of hierarchy is beneficial to the network especially when government is a central participant. At the end of the day the elected government is fundamentally accountable for the successes and pitfalls of the work being conducted collectively. Finding the right balance between the vertical and the horizontal within the government machinery remains a difficult task to achieve. This is especially true given that the whole budgetary process and governmental accountability framework tends to largely operate vertically. Therefore, any attempt to work horizontally in a network environment has a tendency to revert itself back to a vertical model. Perhaps there is a need to reflect on what elements of the vertical and horizontal policy approaches could be better integrated. The model could therefore end-up taking on the shape of a hybrid network located somewhere on the interest intermediation/governance continuum.

Implication for Practice

Having a broad policy strategy acting in tandem with the more conventional policymaking process conducted by the Department of Education in itself makes sense and is relevant. This is critically important if there is to be a fundamental agreement on the ethical social purpose of providing equitable opportunities to all children. Unfortunately, it is well known that all children do not flourish within the same social environments and for this very reason will not achieve the same educational and health outcomes. While some children grow-up

in nurturing and comfortable households, others, early in their life, are experiencing toxic stress in the form of neglect, violence, substance use and abuse, mental illness and poverty. While the school system acts in some ways as the 'social hub' responsible, at least to some extent, for *educating* the children, the school cannot accomplish this mandate without considering other external factors.

The future of the Healthy Child policy strategy, through its network arrangement, is not at stake here or being questioned. The question being asked is rather how could this arrangement become more effective in affecting the factors that have such a profound and enduring impact on student learning.

If there is agreement on the fact stated in the introductory section of this dissertation stating that all the activities conducted in schools, representing all school variables, only account for 12 to 20% of the variation in student achievement across schools (Seashore Louis et al., 2010), there is a need to move beyond the conventional policy work specifically designed to affect in-school factors targeting primarily traditional elements such as curriculum content, class size and composition, assessment practices, quality of instruction, teacher preparation and instructional leadership. While these elements have a certain level of influence that cannot be neglected, broadly speaking, they seem to have a relatively small impact on student learning as illustrated by several meta-analysis conducted by Hattie (2008; 2012) and Hattie and Yates (2014). They are, however, perhaps easier to tackle. This brings this discussion back to the critical role a cross-sectoral policy approach such as Healthy Child can have to affect those other factors that are not typically addressed under the policy work conducted by the Department of Education. To have a meaningful and significant impact on student learning, there is a need to implement concerted and coordinated actions to impact both in-school and out-of-school factors.

From a very practical perspective, this may call for a significant shift as to how financial resources are being used and as for which policy actions are being implemented to improve equity in student learning. It is suggested here that there is a need to examine carefully how public resources are currently being used to impact these factors. For example, should some of the financial resources currently used by the Department of Education be re-directed to address out-of-school factors and be used through a cross-sectoral and ecological lens with a focus on early intervention and prevention? It is proposed that the solution for improving student learning may not predominantly be located within the confines of the school system and, from a policy perspective, within the traditionally defined scope of the mandate of the Department of Education.

Healthy Child Manitoba has the privilege of focusing on both early interventions and, perhaps more fundamentally, on prevention. The positioning of this policy strategy has the advantage of intervening primarily before the problems are so engrained and rooted to the point that they become almost irreversible. This focus on early intervention and on prevention is critically important, but also needs to be examined from a realistic political lens where the need to produce short-term gains becomes more critical than producing long-term benefits. This tension will be examined here in the context of early childhood education; a significant lever to improve student outcomes.

The evidence related to the return on investment regarding the delivery of high quality early childhood education programming is quite strong (Heckman & Masterov, 2007; Rolnick & Grunewald, 2003). This return on investment needs to be examined in light of the governmental operations often guided by the pre-determined election cycles, where accordingly, the decision-making process tends to be politically influenced and motivated. This tension often creates a

noticeable clash between elected officials and the civil service that needs to be alluded to here. More precisely, this clash is also often the direct result of the gap existing between what is considered ‘urgent’ by the governmental institutions, as opposed to what is considered ‘important’ in terms of political control and political gains. Democratically elected governments tend to focus on urgent issues requiring immediate attention and yielding short-term benefits. Unfortunately, the mandate of Healthy Child Manitoba falls largely under the policy agenda considered ‘important’ as opposed to ‘urgent.’ The same observation applies to the issue of poverty. The Healthy Child strategy primarily has long-term goals. For this reason, consequential pay offs do not always align well with short-term election cycles. The segment of the population with the most pressing needs in this area is also, perhaps, conveniently for politicians, not one with the greatest political clout and the strongest ability to advocate for their needs. As indicated by one informant “kids don’t vote.” Of course, when elected officials have to address a number of competing priorities, ‘important’ issues can easily be set aside. When considering wicked problems, there is a tension or a clash between the need for the government to consider immediate action and short-term goals and the fact that there are no definitive short-term solutions to these types of multifaceted problems.

A number of influential high profile reports deserving attention have relatively recently been published by various institutions; all calling for concrete actions to nurture children and to protect them against a number of issues largely resulting from the issue of poverty. It is suggested here that these reports should inform the future priority actions ratified by the Healthy Child Committee of Cabinet to create a ‘moving forward’ roadmap.

The first one relates to the Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair and to the report *The Legacy of Phoenix Sinclair: Achieving the*

best for all our children (Hugues, 2013a; 2013b) referred to earlier in this dissertation. This report highlights, values and confirms the validity and pertinence of some of the most fundamental orientations influencing the work conducted by Healthy Child including the critical importance of prevention, of building local capacity and of early childhood interventions.

A second report deserving attention was published in 2015 by the Manitoba Centre for Health Policy which specifically focussed on the educational outcomes of children in care: *The Educational Outcomes of Children in Care in Manitoba* (Brownell et al., 2015). This report commissioned jointly by the Department of Health and by the Healthy Child Committee of Cabinet came to the conclusion that this vulnerable segment of Manitoba children, over represented by an indigenous cohort, has less success in school than those who have not lived under these circumstances. In response to the MCHP research, the Manitoba Task Force on Educational Outcomes of Children in Care presented, in 2016, a number of recommendations to both the Minister of Education and the Minister of Family Services. The Task Force highlighted clearly how collaborative and cross-sectoral work is required to address several of the issues. It is worth noting, however, that while this report acknowledged the contribution made by Healthy Child through the implementation of preventative programs, such as the *Families First* Home Visiting Program, very little attention was given to the coordinating role Healthy Child was, at least in principle, well positioned to lead.

The Office of the Auditor General, Manitoba also published a report presenting an audit of the actions undertaken by the Department of Education to improve the education of K to 12 aboriginal students: *Improving Educational Outcomes for Kindergarten to Grade 12 Aboriginal Students* (Office of the Auditor General, Manitoba, 2016). As part of this work, the Auditor General lamented the current situation and highlighted in particular the low graduation rate of

indigenous students. The audit underscored the importance of numerous factors located outside of the purview of the education system largely associated with poverty that are having a negative impact on student learning. Interestingly enough, this report highlights how the Department of Education "needed to provide more leadership in guiding and coordinating the efforts of its partner departments and the school divisions in achieving Action Plan goals" (p. 1) without specifically alluding to the role of Healthy Child Manitoba. Similarly, while the report specifically targeted the Department of Education, it is somewhat surprising that the mandate of Healthy Child was not made more predominant in this document, especially because of the supporting role it provides to other departments. This, perhaps, highlights how the understanding of the scope of the mandate of the policy strategy is not always well understood within the government, and how the relationship between Healthy Child and the Department of Education, including the Aboriginal Education Directorate, is not sufficiently developed.

Finally, as a follow-up to a broad consultation conducted in 2015 throughout the country, the Truth and Reconciliation Commission published a report presenting ninety-four (94) 'calls to action' targeting a number of sectors including but not limited to child welfare, education, language and culture, health, and justice (Truth and Reconciliation Commission, 2015). Of particular interest here, under the education section, the 'call to action' number seven (7) refers specifically to the need to address the educational gap existing between Aboriginal and non-Aboriginal Canadians. Call number nine (9) refers to the need to for the federal government to compare educational and income attainments of Aboriginal and non-Aboriginal people.

There is an obvious convergence across the findings and recommendations emerging from all these reports indicating that focused and coordinated actions are required to address the unique needs of vulnerable families and children who are living in poverty. The challenge and

expectations set by these reports are immense. While identifying short-term and simplistic responses to these questions is always tempting, one of the most effective approaches to address the issue of poverty, as stated in the Hughes report, is to prioritize early interventions: "early intervention offers the most effective means of protecting vulnerable children" (Hughes, 2013b, p. 481).

These important sources of information clearly highlight the pervasive impact of poverty, predominantly present within the indigenous communities, and highlight the need for concerted and coordinated efforts to address these issues. Moreover, they set the stage for the planning of the collaborative work Healthy Child is perfectly positioned to lead and coordinate in the years to come.

But, as demonstrated through the perceptions of the informants who have participated in this study, collaboration across sectors is easier said than done. For this reason Healthy Child would benefit from re-examining its internal processes as well as how the policy strategy creates opportunities for the meaningful engagement of both internal and external policy actors including members of the community.

The challenges set by the various reports examined above are too great to be resolved by even the best-intentioned government. The governments alone cannot address the multidimensional intricacies of wicked problems. Then, therefore needs to re-examine how they want to associate themselves with the actions undertaken by others in order to work in synergy with policy actors, including the non-for profit sector. The governments therefore needs to reconfirm the role it wants to play in a networked environment, and accordingly how the *Healthy Child Manitoba Policy Strategy*, should be positioned within such an interactive and complex framework.

Implications for Future Research

The findings of this case study have highlighted a number of strengths and challenges related to the implementation of the *Healthy Child Manitoba Policy Strategy*, and how it complemented and extended the policy work traditionally conducted by the Department of Education. The areas of strengths and challenges were identified based on the perceptions shared by the policy actors interviewed.

The following is a list of suggestions that could potentially be used for further refining and deepening of the collective understanding of horizontal policymaking approaches.

1. This research only took into consideration one partner department formally engaged in the *Healthy Child Manitoba Policy Strategy*. It would be relevant to study how internal actors located in other partner departments perceive the policy strategy from their own perspective as well as from the perspective of the main external stakeholders interacting with these other departments. This would have the benefit of providing additional information on the perceptions of the relevance of the cross-sectoral policy strategy.
2. A comparability study could be undertaken to examine the perceived effectiveness, in terms of benefits and challenges of the 'loosely defined' governance model used for the Parent-Child Coalitions.
3. Similarly, a comparability study focussing on other horizontal policymaking strategies used elsewhere in Canada could be undertaken to elucidate their strengths and challenges when compared to the *Healthy Child Manitoba Policy Strategy*.
4. While considered outside of the scope of this case study, as a follow-up to the election of the Progressive Conservative Party in 2016, the Manitoba Government considerably reduced the number of Cabinet ministers, therefore reduced the number of departments. It

would be relevant to examine how this reduction in the number of departments and the resulting considerable expansion of the mandate of the newly reconfigured departments, including the Department of Education and Training, will redefine the balance between vertical hierarchy and horizontal collaboration. In other words, do structural changes such as expanding the mandate of a department necessarily yield more effective horizontal collaboration?

5. Furthermore, as a result of the reconfiguration of the government departmental structure referred to above, the Healthy Child Manitoba Office is now located within the newly defined Department of Education and Training. More precisely, the Office is positioned in a new division of the department labeled *Healthy Child Manitoba Office and K-12 Education Division.* While in the recent past, the deputy minister of the Children and Youth Opportunities, a relatively small department, was also playing the role of Chief Executive Officer for the Healthy Child Manitoba Office and Secretary to the Committee of Cabinet, these functions have in 2016 been transferred to the deputy minister of Education and Training with significantly expanded areas of responsibility. Indeed, this reconfigured mega-department is now responsible for the following areas: post-secondary education and workforce development, immigration and economic opportunities, K to 12 education and, finally, Healthy Child Manitoba. It would be relevant to examine what the implication of this significant organizational change will have on the policy strategy. What will be the impact of the closer proximity between K to 12 education sector and Healthy Child? How will this affect the capacity of Healthy Child to enhance and extend the policy work conducted by the Department of Education, and more widely, of the education system. The impact of this change on other partner departments could also be

examined. Will an expected increased focus on education create an unbalanced level of support for the other partner departments? Within this new context, should the role of the Healthy Child Manitoba office change? Finally, it would be interesting to examine if the reconfiguration of the Department of Education will have any impact on the legislative framework supporting the current policy? In other words, will the current structure survive?[14]

6. When considering how the issue of poverty is currently handled within the government, would it be timely to make poverty more explicit and more prominent in the mandate of the *Healthy Child Manitoba Policy Strategy* policy strategy?
7. The notion *social determinants of health* is a central dimension of the evolution of the *Healthy Child Manitoba Policy Strategy* and of the work first conducted by the Children and Youth Secretariat. Should the notion of social determinants of health be more explicitly extended to the idea of *social determinants of educational outcomes* to create a stronger alignment between Healthy Child and the Department of Education and Training and also create a potentially higher level of engagement and interest in the education system?
8. External stakeholders play a significant role in the existing policy network. What should be the optimum space provided to civic engagement in the *Healthy Child Manitoba Policy Strategy*? To what extent is the government willing to redefine and share its

[14] In October 2017 the Province of Manitoba released a number of reports produced by KPMG (2017) in the context of a fiscal performance review. In one of the reports, the consulting firm recommends that the Province review a number of distinct offices and secretariats including the Healthy Child Manitoba Office. The intent of the recommendation was to determine if these types of structures are still warranted, and if they could potentially be integrated within existing divisions and functions.

governance role, and power of influence, with members of the civil society when considering issues such as poverty?

9. The non-government/not for-profit organizations are, at times, well positioned to address social problems surrounding the school system that have an impact on student engagement and on student learning. To what extent should the government rely on the non-profit sectors to help create better synergies between the school systems and community organisations to address the external factors having an influence on student learning?
10. When considering the income-education-health relationship or gradient, what should be the most appropriate policy mix for the *Healthy Child Manitoba Policy Strategy* and its partner departments to reach a higher level of equity in society? Should the strategy prioritize targeted, universal and/or proportionally universal interventions?

Concluding Statement

This research constitutes a case study examining how horizontal policy approaches are particularly well suited to address multifaceted and complex policy problems also know in the literature as wicked problems; problems that never fully get resolved. How can governance systems respond to such a moving target? How can well engrained governance systems which tend to resist change become more agile and responsive to complex issues? Creating the best possible conditions to provide equitable opportunities for all children to achieve the best possible learning outcomes falls under this category of complex policy problems. This wicked social challenge far surpasses the role and capacity of the formal education system. The need to create holistic and well articulated synergies across sectors in support of student learning is fundamental to the achievement of this goal.

Is Healthy Child making a difference on that front? If one assumes that Healthy Child Manitoba is in fact dealing with a wicked problem, or even perhaps with multiple wicked problems, one should not be surprised to learn that the policy strategy may not yet have achieved the outcomes it was initially intended to deliver and may not yet have attained the level of maturity it requires to do so. While Healthy Child was initially perceived as a unique and policy approach in Canada, with respect to its child centered focus, the relevance of the strategy is now being questioned by some. Indeed, one informant bluntly asked the question: *"*We came out I think in the forefront in the beginning with this but then it was kind of the–Okay, so what? [...] What difference did it make." On that note, some are suggesting that Healthy Child has become over time a 'do everything' type of organisation and that it now needs to re-think its focus. Others suggested that the policy strategy has achieved some successes in some pocket areas, but that the success is not as widely distributed as it could be.

The findings of this study suggest that the *Healthy Child Manitoba Policy Strategy* is perceived as playing a positive role in improving and extending the effectiveness of the more conventional development and implementation of educational policies designed to benefit children's learning and well-being. This effect is primarily attributed to the main function of the policy strategy which targets a number of factors located both upstream and often outside of the formal education system. Healthy Child achieves this goal through its primary focus on early interventions and prevention. In addition, with its focus on evidence-based policymaking and evaluation capacity and thrust, Healthy Child brings to the forefront other tools, processes and practices that could be used more extensively to determine more directly, the potential of the policy decisions being considered prior to their implementation, and the effectiveness and impact they have as a follow-up to a rigorous implementation process. There are, however, reasons to

believe that the capacity the policy strategy has to address multifaceted wicked policy problems is not leveraged to its full potential due to a number of difficulties associated to the complexity of implementing effective collaborative approaches across sectors within the policy network.

In any large bureaucracy, silos can be considered a necessary evil but they are not typically conducive to innovation and change, especially when considered in the context of a policy environment having a higher level of complexity. Accordingly, they can be considered operationally effective when promoting status-quo as opposed to new and creative solutions and innovations. This represents a real dilemma simply because silos, when considered as effective at primarily maintaining status-quo approaches and compliancy, can also become too engrained, comfortable and efficient when predominantly seeking stability. Silos favor fragmentation and compartmentalization of responsibilities over collaboration and communication. Indeed, the 'silo effect' largely takes place when sectors do not adequately collaborate together. If the goal is rather to be innovative and to create change, establishing a culture of collaboration becomes a *sine qua non* condition of success when wanting to create a concrete and measurable 'collaborative advantage,' to address effectively problems and challenges having a high level of complexity.

Healthy Child Manitoba is a policy strategy designed to break this 'silo effect.' One of the risks inherent to a strategy favoring cross-sectoral collaboration is that of creating duplicative efforts, too many ineffective levels of collaboration as well as inefficient internal processes often linked to a lack of communication that are not yielding positive advantages or gains. These various additional layers can create inefficiencies and may not be optimizing the efficient use of the resources available. Moreover, when moving away from silos, fragmentation and specialisation, as the number of individuals involved in the network increases, there is often *de*

facto a higher risk of confusion, diffusion of responsibilities and issues regarding communication. Once again finding the right balance between specialisation and collaboration, as articulated several times in this dissertation, relates perhaps more to an art than a science.

When considering these challenges, from a pragmatic and concrete perspective, it is suggested that in a best case scenario both processes, specialisation and collaboration, need to take place in the form of a well orchestrated dance. There are times where collaboration is required and there are times where specialisation is more adequate and efficient. It is through the establishment of the right combination of these two dimensions that the best results can be achieved.

In principle, there is agreement that Healthy Child was designed as a strategy which values collaboration across various sectors based on a number of perhaps, tacit shared values. Partner departments and external stakeholders are engaged at various levels and through various mechanisms. However, due to the individual mandate of each member of the network and the unique set of pressing issues needing to be addressed, departments as well as external organizations often remain primarily committed to their own mandates. While the network partners are ethically involved, their capacity to commit and to make meaningful contributions is often limited by their ability to devote time and energy towards the joint strategy.

The Healthy Child policy strategy benefits from being examined in light of two distinct but interdependent perspectives. The first one relating more specifically to the *how* internal policy actors interact with one another when attempting to build a more horizontal and collaborative environment. The second one, relating predominantly to *how* the government interacts with external stakeholders and engages with them to leverage the influence they can have on the policymaking process and through the sharing of the 'policy space.' This, with the

intent of sharing the decision-making process but, perhaps more importantly, the decision-making power, and the identification of collaboratively-defined solutions leads to the production of what Bourgon (2011) would call ‘public value.’

The issue of poverty represents most certainly the predominant barrier impacting on the possibility for all children to access equitable educational opportunities; an issue that cannot be addressed effectively, in isolation, by the education system. As indicated earlier, the challenges and expectations set by a number of recently published converging reports are immense and largely calling for a coordinated response primarily in support of the indigenous population. These reports set a pathway for Healthy Child to move forward and to enter into a new phase of development and of intervention. The Healthy Child Manitoba policy network, continues to be strategically well positioned to orchestrate and mobilize the required synergies to respond to a number of *calls for action*. This creates an exciting opportunity for Healthy Child to determine how it needs to move forward, to redefine itself and to reaffirm its mandate in order to act, as effectively as possible, as a catalyst for the creation of an ambitious endeavour of ‘collaborative and collective imagination.’

References

Aberbach, J. D., & Rockman, B. A. (2002). Conducting and coding elite interviews. *Political Science & Politics*, *35*(4), 673-676.

Australian Public Service Commission. (2007*). Tackling wicked problems: A public policy perspective*. Canberra, AU: Australian Government. Retrieved from http://www.apsc.gov.au/__data/assets/pdf_file/0005/6386/wickedproblems.pdf

Barraket, J., Mason, C., & Friel, S. (2015). *Evidence review: Social innovation for health equity promotion.* Victoria, AU: Australian National University.

Bennett, A., & Elman, C. (2006). Qualitative research: Recent developments in case study methods. *Annual Review of Political Science, 9*, 455-476.

Benson, J. K. (1982). A framework for policy analysis. In D.L. Rogers et al. (Eds.), *Interorganizational coordination: Theory, research, and implementation* (pp. 137-176). Ames, IA: Iowa State University Press.

Berg, B. L. (2001). *Qualitative research methods for the social sciences.* Needham Heights, MA: Allyn and Bacon.

Blackman, T., Greene, A., Hunter, D.J., McKee, L., Elliott, E., Harrington, B., Marks, L., & Williams, G. (2006). Performance assessment and wicked problems: The case of health inequalities. *Public Policy and Administration*, *21*(2), 66-80.

Blanco, I., Lowndes, V., & Pratchett, L. (2011). Policy networks towards greater conceptual clarity. *Political Studies Review, 9*, 297-308.

Blanco, I. (2015). Between democratic network governance and neoliberalism: A regime-theoretical analysis of collaboration in Barcelona. *Cities*, *44*, 123-130.

Bode, I. (2006). Co-governance within networks and the non-profit–for-profit divide. *Public management review, 8*(4), 551-566.

Bogason, P., & Toonen, T. A. J. (1998). Introduction: Networks in public administration. *Public Administration, 76*, 205-227.

Bogdan, R.C., & Biklen, S.K. (2007). *Qualitative research for education: An introduction to theories and methods.* Boston, MA: Pearson.

Borgatti, S.P., & Foster, P. C. (2003). The network paradigm in organizational research: A review and typology. *Journal of Management, 29*(6), 991-1013.

Börzel, T. A. (1998). Organizing Babylon: On the different conceptions of policy networks. *Public Administration, 76*, 253-273.

Börzel, T. A., & Heard-Lauréote, K. (2009). Networks in EU multilevel governance: Concepts and contributions. *Journal of Public Policy, 2*, 135-151.

Bostrom, H. (2010). "Closing the Gap" in Manitoba. In P.G. Thomas and C. Brown (Eds.), *Manitoba politics and government: Issues, institutions, traditions* (pp. 358-371). Winnipeg, MB: University of Manitoba Press.

Bourgon, J. (2008). The future of public service: A search for a new balance. *The Australian Journal of Public Administration, 67*(4), 390-404.

Bourgon, J. (2011). *A new synthesis of public administration: Serving in the 21st Century.* Kingston, ON: School of Policy Studies, McGill-Queen's University Press.

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*(2), 27-40.

Brothers, D. (2017). *Complex poverty and urban school systems: Critically informed perspectives on the superintendency* (Doctoral Dissertation).

Retrieved from https://mspace.lib.umanitoba.ca/xmlui/bitstream/handle/1993/32006/brothers%20duane.pdf?sequence=3&isAllowed=y

Brown, K., & Keast. R. (2003). Citizen-government engagement: Community connection through network arrangement. *Asian Journal of Public Administration, 25*(1), 107-131.

Brownell, M., Roos, N., Fransoo, R., Guèvremont, A., MacWilliam, L., Derksen, S., Dick, N.,… Sirski, M. (2004). *How do educational outcomes vary with socioeconomic status?: Key findings from the Manitoba Child Health Atlas*. Winnipeg, MB: Manitoba Centre for Health Policy. Retrieved from http://mchp-appserv.cpe.umanitoba.ca/reference/ch.atlas.pdf

Brownell, M., Kozyrskyj, A., Fuchs, D., & Santos, R. (2011). Using administrative data to study child health [Special Issue]. *Health Care Policy: Health Services, Management and Policy Research, 6,* 91-93. Retrieved from: https://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departmental_units/mchp/media/Healthcare_Policy_vol6_MCHP.pdf

Brownell, M., Chartier, M., Santos, R., Ekuma O., Au, W., Sarkar, J., MacWilliam, L.,… Guenette, W. (2012). *How are Manitoba's children doing?* Winnipeg, MB: Manitoba Centre for Health Policy. Retrieved from http://mchp-appserv.cpe.umanitoba.ca/reference/mb_kids_report_WEB.pdf

Brownell, M., Chartier, M., Au, W., MacWilliam, L., Schultz, J., Guenette, W., & Valdivia, J. (2015). *The educational outcomes of children in care in Manitoba.* Winnipeg, MB: Manitoba Centre for Health Policy. Retrieved from http://mchp-appserv.cpe.umanitoba.ca/reference/CIC_report_web.pdf

Chartier, M., Brownell, M., MacWilliam, L., Valdivia, J., Nie, Y., Ekuma, O., Burchill, C.,… Kulbaba, C. (2016). *The Mental Health of Manitoba's Children*. Manitoba, Canada: Manitoba Centre for Health Policy. Retrieved from http://mchp-appserv.cpe.umanitoba.ca/reference/MHKids_web_report.pdf

Children and Youth Secretariat. (1996). *First year report*. Winnipeg, MB: Author.

Children and Youth Secretariat (1997). *Strategy considerations for developing services for children and youth*. Winnipeg, MB: Author.

Children and Youth Secretariat. (1998). *Annual report 1997-1998*. Winnipeg, MB: Author.

Children and Youth Secretariat. (1999a). *Annual report 1998-1999*. Winnipeg, MB: Author.

Children and Youth Secretariat. (1999b). *Manitoba children and youth: Status report.* Winnipeg, MB: Author.

Children and Youth Secretariat. (2000). *Annual report 1999-2000*. Winnipeg, MB: Author.

Chomiak, D. (1995, October 18). "Children and Youth Secretariat." Legislative Assembly of Manitoba. First Session, 36th Legislature. Debates and proceedings (Hansard). Retrieved from https://www.gov.mb.ca/legislature/hansard/36th_1st/hansardpdf/50.pdf

Considine, M. (2005). *Partnerships and collaborative advantage: some reflections on new forms of network governance.* Centre for Public Policy. Retrieved from: http://web.archive.org/web/20051217064117/http://www.public-policy.unimelb.edu.au/conference06/Considine_Background_Paper.pdf

Cottes, J. (2011). Parent child coalitions: Innovative public-sector management and early childhood development in Manitoba. *Canadian Public Administration, 54*(3), 377-398.

Creswell, J.W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. California: Sage Publications, Inc.

Dakowska, D. (2009). Networks of foundations as norm entrepreneurs: Between politics and policies in EU decision-making. *Journal of Public Policy*, *29*(2), 201-221.

Davies, J.S. (2012). Network governance theory: A Gramscian critique. *Environment and planning, 44*, 2687-2794

Doberstein, C.(2013) Metagovernance of local governance networks in Canada: In pursuit of legitimacy and accountability. *Canadian Public Administration, 56*(4), 584-609.

Doberstein, C. (2014). *Governing by networks: The policy implications of civil society participation in decision making.* (Doctoral Dissertation). Retrieved from https://tspace.library.utoronto.ca/bitstream/1807/68394/1/Doberstein_Carey_201411_PhD_thesis.pdf

Dowding, K. (1995). Model or metaphor? A critical review of policy network approach. *Political Studies, 43*(1), 136-158.

Dredge, D. (2006). Networks, conflict and collaborative communities. *Journal of Sustainable Tourism, 14*(6), 2006.

Dye, T. R., (2002). *Understanding public policy*. New Jersey: Prentice Hall.

Edelenbos, J., & Klijn, E.H. (2005). Managing stakeholder involvement in decision making: A comparative analysis of six interactive processes in the Netherlands. *Journal of Public Administration Research and Theory, 16*(3), 417-446.

Eising, R. (2008). Clientelism, committees, pluralism and protest in the European Union: Matching patterns? *West European Politics, 31*(6), 1166-1187.

Evans, G.W., Eckenrode, J., & Marcynyszyn, L.A. (2010). Chaos and the macrosetting: The role of poverty and socioeconomic status. In G. W. Evans and T. D. Wachs (Eds), Chaos *and its influence on children's development* (pp. 97-112). Washington, DC: American Psychological Association.

Fisher, F. (2006). Participatory governance as deliberative empowerment: The cultural politics of discursive space. *American Review of Public Administration*, *36*(1), 19-40.

Fitzpatrick, T. (2000). Horizontal management: Trends in governance and accountability. Treasury Board of Canada, Secretariat for CCMD's Action-Research Roundtable on the Management of Horizontal Issues 2000. Retrieved from: http://publications.gc.ca/collections/Collection/SC94-112-2000E.pdf

Flanagan, K., Beach, J. (2016). *Manitoba Early Learning and Child Care Commission: Final Report*. Charlottetown, PEI: Kathleen Flanagan and Associates. Retrieved from https://www.gov.mb.ca/fs/childcare/childcare_news/pubs/final_report.

Forget, E. L. (2011). The town with no poverty: The health effects of a guaranteed annual income field experiment. *Canadian Public Policy*, *37*(3), 283-305.

Fransoo, R., Ward, T., Wilson, E., Brownell, M., & Roos, N. (2005) The whole truth: Socioeconomic status and educational outcomes. *Education Canada*, *45*(3), 6-10.

Fullan, M. (2011). *The moral imperative realized*. Thousand Oaks, CA.: Corwin Press; Toronto: Ontario Principals Council.

Fuller, C., Geddes, M. (2008). Urban governance under neoliberalism: New labour and the restructuring of the state, *Antipode*, *40*(2), 252-282.

Flyvbjerg, B. (2006). Five misunderstandings about case study research. *Qualitative Inquiry, 12*(2), 219-245.Gerrard, J. (2007, October 29). "Bill 3–The Healthy Child Manitoba Act."

Legislative Assembly of Manitoba. *Debates and Proceedings (Hansard)*. 1st Session, 39th Legislature.

Retrieved from

http://www.gov.mb.ca/legislature/hansard/39th_1st/hansardpdf/27.pdf#page=20\

Glesnee, C. & Peshkin, A. (1992). *Becoming qualitative researchers: An introduction.* White Plains, NY: Longman.

Glouberman, S., & Zimmerman, B. (2002). *Complicated and complex systems: What would successful reform of medicare looks like.* Discussion paper no. 8. Commission on the Future of Health Care in Canada. Retrieved from

http://c.ymcdn.com/sites/www.plexusinstitute.org/resource/collection/6528ED29-9907-4BC7-8D00-8DC907679FED/ComplicatedAndComplexSystems-ZimmermanReport_Medicare_reform.pdf

Gordon, D., Bidordinova, A., Hayden, A., Kern, K., Macdonald, D., & Scheiner, S. (2010). *Federalism and multi-level governance nor federalism or multi-level governance: A framework for thinking about climate governance in federated systems.* Paper presented at the annual meeting of the Canadian Political Science Association. Concordia University, Montreal. Retrieved from

http://www.cpsa-acsp.ca/papers-2010/Gordon-etal.pdf

Government of Hong Kong, Efficiency Unit (2009). *Joined-up government.* Retrieved from

http://www.eu.gov.hk/english/publication/pub_bp/files/joined_up_government.pdf

Grace, J. (2005). Cabinet structure and executive style in Manitoba. In L. Bernier, K. Brownsey & M. Howlett (Eds.), *Executive styles in Canada* (pp. 171-183). Toronto, ON: University of Toronto Press.

Guion, L.A., Flowers, L., Diehl, D.C., & McDonald, D. (2011). *Using qualitative research in planning and evaluating extension programs* (Document No . FCS6010). Retrieved from http://edis.ifas.ufl.edu/pdffiles/FY/FY39200.pdf

Gustafson-Wright, E., Gardiner, S., Putcha, V. (2015). *The potential and limitations of impact bonds: Lessons from the first five years experience worldwide*. Washington: United States: The Brookings Institution. Retrieved from https://www.brookings.edu/wp-content/uploads/2016/07/Impact-Bondsweb.pdf

Hattie, J. (2008). Visible learning: A synthesis relating to achievement. New York: Routledge.

Hattie, J. (2012). Visible learning for teachers: Maximizing impact on learning. New York: Routledge.

Hattie, J., & Yates, G.C. R. (2014). Visible learning and the Science of how we learn. New York: Routledge.

Head, B. (2008). Assessing network-based collaborations. *Public Management Review*, *10*(6), 733-749.

Head, B., & Alford, J. (2013). Wicked problems: The implications for public management. *Administration & Society*, *20*(10), 1-29.

Healthy Child Manitoba. (2001). *Annual report 2000-2001*.

Healthy Child Manitoba. (2002). *Annual report 2001-2002*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2001_02.pdf

Healthy Child Manitoba. (2003). *Annual report 2002-2003*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2002_03.pdf

Healthy Child Manitoba. (2004). *Annual report 2003-2004*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2003_04.pdf

Healthy Child Manitoba. (2005). *Annual report 2004-2005*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2004_05.pdf

Healthy Child Manitoba. (2006). *Annual report 2005-2006*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2005_06.pdf

Healthy Child Manitoba. (2007). *Annual report 2006-2007*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2006_07.pdf

Healthy Child Manitoba. (2008). *Annual report 2007-2008*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2007_08.pdf

Healthy Child Manitoba. (2009). *Annual report 2008-2009*. Retrieved fromhttps://www.gov.mb.ca/healthychild/about/annual_report_2008_09.pdf

Healthy Child Manitoba. (2010). *Annual report 2009-2010*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2009_10.pdf

Healthy Child Manitoba. (2011). *Annual report 2010-2011*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2010_11.pdf

Healthy Child Manitoba. (2012a). *Annual report 2011-2012*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2011_12.pdf

Healthy Child Manitoba. (2012b). *Healthy Child Manitoba: 2012 report on Manitoba's children and youth.* Winnipeg, MB: Retrieved from *http://www.gov.mb.ca/healthychild/publications/hcm_2012report.pdf*

Healthy Child Manitoba. (2013a). *Annual report 2012-201*. Retrieved from https://www.gov.mb.ca/healthychild/about/annual_report_2012_13.pdf

Healthy Child Manitoba. (2013b). *Starting early, starting strong: Manitoba's early childhood development framework.* Retrieved from: http://www.gov.mb.ca/cyo/pdfs/sess_ECD_framework.pdf

Healthy Child Manitoba. (2013c). *Wraparound protocol for children and youth with severe to profound emotional and behavioral disorders.* Retrieved from http://www.gov.mb.ca/healthychild/publications/protocol_ebd_wraparound.pdf

Healthy Child Manitoba. (2014). *Annual report 2013-2014*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2013_14.pdf

Healthy Child Manitoba. (2015a). *Annual report 2014-2015*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2014_15.pdf

Healthy Child Manitoba. (2015b). Starting early, starting strong: Manitoba's five year plan for early childhood development. Retrieved from: http://www.gov.mb.ca/healthychild/ecd/ecd_sess5yr.pdf

Healthy Child Manitoba. (2016a). *Annual report 2015-2016*. Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2015_16.pdf

Healthy Child Manitoba. (2016b). *Parent child coalitions: program and funding guide.* Retrieved from: http://www.gov.mb.ca/healthychild/parentchild/pcc_programfunding.pdf

Healthy Child Manitoba. (2016c). *The early development instrument (EDI) report 2014-2015: Manitoba provincial report.* Retrieved from http://www.gov.mb.ca/healthychild/edi/edi_1415/2014_15_edi_provincial_report.pdf

Healthy Child Manitoba. (n.d. a). *Healthy Child Manitoba*. Retrieved from https://www.gov.mb.ca/healthychild/

Healthy Child Manitoba. (n.d. b). *Population-based research*. Retrieved from http://www.gov.mb.ca/healthychild/pdre/pop_based.html

Heckman, J.J., & Masterov, D.V. (2007). The productivity argument for investing in young children. *Review of Agricultural Economics, 20*(3), 446-493.

Henley, D., & Young, J. (2001). School reform in Manitoba: Progressive possibilities. In J. Portelli & R. P. Solomon (Eds.), *The erosion of democracy in education (pp. 279-328)*. Calgary, AB: Detselig.

Henning, C. H.C.A (2009). Networks of power in the CAP system of the EU-15 and EU-27. *Journal of Public Policy. 29*(2), 153-177.

Hopkins, M., Couture, C. & Moore, E. (2001). *Moving from the heroic to the everyday: Lessons learned from leading horizontal projects*. Ottawa, ON: Canadian Centre for Management Development. Retrieved from http://publications.gc.ca/collections/Collection/SC94-81-2001E.pdf

Howlett, M. (2002). Do networks matter? Linking policy network structure to policy outcomes: Evidence from four Canadian policy sectors 1990-2000. *Canadian Journal of Political Science, 35*(2), 235-267).

Howlett, M., & Ramesh, M. (1995). *Studying public policy: Policy cycles & policy subsystems.* Ontario: Oxford University Press.

Howlett, M., Ramesh, M. & Perl (2009). *Studying public policy: Policy cycles & policy subsystems*. New York: Oxford University Press.

Hughes, T. (2013a). *The legacy of Phoenix Sinclair: Achieving the best for all our children.* Vol.1. Winnipeg, MB: Commission of Inquiry into the Circumstances Surrounding the

Death of Phoenix Sinclair. Retrieved from http://www.phoenixsinclairinquiry.ca/rulings/ps_volume1.pdf

Hughes, T. (2013b). *The legacy of Phoenix Sinclair: Achieving the best for all our children.* Vol.2. Winnipeg, MB: Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair. Retrieved from http://www.phoenixsinclairinquiry.ca/rulings/ps_volume2.pdf

Huppé, G. A., Creech, H., & Knoblauch, D. (2012). *The frontiers of networked governance.* Winnipeg, MB: International Institute for Sustainable Development. Retrieved from: http://www.iisd.org/sites/default/files/pdf/2012/frontiers_networked_gov.pdf

Huxham, C. & Vangen, S. (2005). *Managing to collaborate: The theory and practice of collaborative advantage.* NY, USA: Routledge.

Jordan, G. (1990). Sub-governments, policy communities and networks. *Journal of Theoretical Politics, 2*(3), 319-338.

Keast, R., Mandell, M.P. Brown, K. & Woolcock. G. (2004). Network structures: Working differently and changing expectations. *Public Administration, 64*(3), 363-371.

Keevers, L., Treleaven, L. & Sykes, C. (2008). Partnership and participation: Contradictions and tensions in the social policy space. *Australian Journal of Social Issues, 43*(3), 459-477.

Kenis, P. & Schneider, V. (1991). Policy networks and policy analysis: Scrutinizing a new analytical toolbox. In B. Marin & R. Mayntz (Eds.), *Policy networks: Empirical evidence and theoretical considerations* (pp. 25-59). Colorado, USA: Westview Press.

Kickbush, I., & Buckett, K. (2010). *Implementing health in all policies: Adelaide 2010.* Adelaide, AU: Department of Government of South Australia.

Retrieve from http://www.who.int/sdhconference/resources/implementinghiapadel-sahealth-100622.pdf

Kickert, W. J., Klijn, E. H., & Koppenjan, J. F. M. (1997). Introduction: A management perspective on policy networks. In W.J. Kickert, E.H. Klijn, & J.F.M. Koppenjan (Eds.), *Managing complex networks: strategies for the public sector* (pp. 1-13). California: Sage.

Klijn, E. H. (2008). Governance and governance networks in Europe. *Public Management Review, 10*(4), 505-525.

Klijn, E.A., & Edelenbos, J. (2008). Meta-governance as network management. In E. Sørensen & J. Torfing (Eds.), *Theories of democratic network governance* (pp. 199-214). London: Palgrave Macmillan.

Klijn, E.H., & Koppenjan, J. (2006). Institutional design: changing institutional features of networks. *Public Management Review, 8*(1), 141-160.

Kooiman, J. (2003). *Governing as governance*. London: Sage.

Koppenjan, J., & Klijn, E.H. (2004). *Managing uncertainties in networks.* London: Routledge.

KPMG (2017). *Manitoba fiscal performance review: Business case: rationalization from reorganisation*. Retrieved from http://www.gov.mb.ca/asset_library/en/proactive/fpr-phase-2-2.pdf

Lichtman, M. (2006). *Qualitative research in education: A user's guide.* Thousand Oaks, CA: Sage publications, Inc.

Lindquist, E. A. (2011). *Grappling with complex policy challenges: Exploring the potential of visualization for analysis, advising and engagement.* Discussion Paper. University of Victoria, Canada. Retrieved from

https://crawford.anu.edu.au/public_policy_community/research/visualisation/Visualisation_roundtable_2_Discussion_Paper.pdf

Lindquist, E. A. (2012). Horizontal management in Canada ten years later. *Optimum Online*, *42*(3), 1-12.

Loxley, J. (2010). *Public service private profit: The political economy of public-private partnerships in Canada*. Winnipeg, MB: Fernwood Publishing.

Mahoney, J., & Goertz, G. (2006). A tale of two cultures: Contrasting quantitative and qualitative research. *Political Analysis*, *14*(3), 227-249.

Mandell, M. P., & Keast, R. (2008). Evaluating the effectiveness of interorganizational relations through networks, *Public Management Review*, *10*(6), 715-731.

Manitoba. (2007). *Speaking notes for Kerri Irvin Ross, Minister of Healthy Living and Minister responsible for Healthy Child Manitoba and Chair of the Healthy Child Committee of Cabinet on the proclamation of The Healthy Child Manitoba Act.* Archives of the healthy Child Manitoba Office.

Manitoba. *The Healthy Child Manitoba Act*, C.C.S.M. c. H37 (2007). Retrieved from http://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=h37

Manitoba (2010). *Families First program helps create secure, nurturing homes for children: Report.* [News release]. Retrieved from http://news.gov.mb.ca/news/index.html?archive=2010-06-01&item=8860Manitoba. (2012). *All aboard: Manitoba's poverty reduction and social inclusion strategy.* Manitoba, Canada: Author. Retrieved from http://www.gov.mb.ca/allaboard/pubs/strategy_paper.pdf

Manitoba (2013). *Early childhood development (ECD) innovation fund.* [News release]. Retrieved from http://news.gov.mb.ca/news/index.html?archive=2013-11-01&item=19632

Manitoba (2016). *Proactive disclosure: Freedom of information and protection of privacy act– Education and Training*. Retrieved from http://gov.mb.ca/government/proactive_disclosure.html

Manitoba Association of School Superintendents. (2007). *Early childhood education and care: A position statement*. Retrieved from: http://mass.mb.ca/wp-content/uploads/2015/01/EarlyChildhoodEducationandCare-2007Final.pdf

Manitoba Association of School Superintendents. (2012). *Mental health framework for students: A position statement.* Retrieved from: http://mass.mb.ca/wp-content/uploads/2015/01/mental_health_framework.pdf

Manitoba Association of School Superintendents. (2015). *Early childhood education and care: A position statement.* Retrieved from: http://mass.mb.ca/wp-content/uploads/2016/02/Early-Childhood-Education-and-Care-Position-Paper-2015.pdf

Manitoba Association of School Trustees (MAST), Manitoba Teachers' Society (MTS), The Manitoba Association of School Superintendents (MASS), and the Association of School Business Officials (MASBO). (1991). *Re-Examining the delivery of services to children: A Joint presentation to the government of Manitoba.* Winnipeg, MB: Authors.

Manitoba Association of School Trustees. (2005). *Brief to the 2005 federal pre-budget consultations.* (Obtained from MSBA). Unpublished document.

Manitoba Centre for Health Policy (2001). *Annual report 2000/2001*. Retrieved from https://www.umanitoba.ca/faculties/health_sciences/medicine/units/chs/departmental_units/mchp/media_room/media/2000_01.pdf

Manitoba Centre for Health Policy (2011). *Annual report 2010/11*. Retrieved from http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departmental_units/mchp/media_room/media/MCHP_2010-11_Annual_Report_WEB.pdf

Manitoba Centre for Health Policy (2016). *Annual report 2015/16.* Retrieved from http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departmental_units/mchp/media/Annual_Report_2015_16.pdf

Manitoba Children and Youth Opportunities. (2015). *Supplementary information for legislative review*. Winnipeg, MB. Author.

Manitoba Education and Advanced Learning. (2015). *Annual report 2014-2015*. Retrieved from http://www.edu.gov.mb.ca/ar_edu_1415/report.pdf

Manitoba Education and Training. (n.d.). In *Early childhood education.* Retrieved from http://www.edu.gov.mb.ca/k12/childhood/

Manitoba Health (1992). *Quality Health for Manitobans–The action plan: A strategy to assure the future of Manitoba's health services system.* Winnipeg, MB: Author.

Manitoba Health (1993). *Framework for a vision of healthy child development in Manitoba.* Winnipeg, MB: Author.

Manitoba Progressive Conservatives (1995). Gary Filmon's plan Manitoba: A vision for the Future. Winnipeg, MB: Author.

Marmot, M. (2011). Highlights from an Australian interview with Sir Michael Marmot and his recent Canadian presentation to health economists. *The Epidemiology Monitor*. Retrieved from http://epimonitor.net/Michael_Marmot_Interview.htm

Marsh, D. (1998) The development of the policy network approach. In D. Marsh (ed.) *Comparing Policy Networks* (pp. 3–17). Buckingham: Open University Press.

Marsh , D. & Rhodes, R.A.W. (1992). *Policy networks in British government.* Oxford: Clarendon.

Marsh, D., & Smith, M. (2000). Understanding policy networks: Towards a dialectic approach. *Political Studies, 48*, 4-21.

Martens, P.J., Brownell, M., Au, W., MacWilliam, L., Prior, H., Schultz, J., Guenette, W., … Serwonka, K. (2010). *Health inequities in Manitoba: Is the socioeconomic gap widening or narrowing over time?* Winnipeg, MB: Manitoba Centre for Health Policy. Retrieved from *http://mchp-appserv.cpe.umanitoba.ca/reference/Health_Ineq_final_WEB.pdf*

McGuire, M. (2003). *Is it really so strange? A critical look at the "etwork management is different from hierarchical management": Perspective*. Paper presented at Seventh National *Public Management Research Association Conference*, Washington, USA . Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.465.6361&rep=rep1&type=pdf

McGuire, M., & Agranoff, R. (2007). *Answering the big questions, asking the bigger questions: Expanding the public network management empirical research agenda*. Presentation at the 9th Public management research conference. Arizona, USA. Retrieved from

https://www.researchgate.net/publication/228985078_Answering_the_big_questions_asking_the_bigger_questions_Expanding_the_public_network_management_empirical_research_agenda

Meier, K.J., & O'toole, J. (2001). Managerial strategies and behavior in networks': A model with evidence from U.S. public education. *Journal of Public Administration Research Theory, 11*(3), 271-294.

Mustard, J. F., (2007, October 17). "Bill 3–The Healthy Child Manitoba Act." Legislative Assembly of Manitoba. *The Standing Committee on Social and Economic Development (Hansard).* 1st Session, 39th Legislature. https://www.gov.mb.ca/legislature/hansard/39th_1st/hansardpdf/sed1.pdf

Mustard, J,F. (2010). Early brain development and human development. *Encyclopedia of Early Childhood Development.* ON, Canada: Council for Early Child Development. Retrieved from http://www.child-encyclopedia.com/sites/default/files/textes-experts/en/669/early-brain-development-and-human-development.pdf

OECD (2016). *Social impact bonds: State of play & lessons learnt.* Paris, France: Author. Retrieved from https://www.brookings.edu/wp-content/uploads/2016/07/Impact-Bondsweb.pdf

OECD (2017). *Promising practices in supporting success for indigenous students.* Paris, France: Author. Retrieved from http://voced.edu.au/content/ngv%3A77385

Office of the Auditor General of Canada (2005). *Report of the Auditor General of Canada of the House of Commons. Chapter 4: Managing Horizontal Initiatives* (Report No. FAI-

2005/2-4E). Canada: Minister of Public Works and Government Services Canada. Retrieved from http://www.oag-bvg.gc.ca/internet/docs/20051104ce.pdf

Office of the Auditor General Manitoba. (2016). *Improving educational outcomes for Kindergarten to Grade 12 aboriginal students*. Retrieved from http://www.oag.mb.ca/wp-content/uploads/2016/01/AB_ED_K_to_12_OAG_2016_WEB.pdf

O'Toole, L. J. (1997). Treating networks seriously: Practical and research-based agenda in public administration. *Public Administration Review. 57*(1), 45-52.

Pahl-Wostl, C. (2009). A conceptual framework for analysing adaptive capacity and multi-level learning processes in resource governance regimes. *Global Environmental Change, 19,* 354-365.

Pal, L.A. (2010). *Beyond policy analysis: Public issue management in turbulent times*. Canada: Nelson.

Patton, M.Q. (2002). *Qualitative research & evaluation methods.* Sage Publications. Thousand Oaks, CA: Sage Publications, Inc.

Peach, I. (2004). *Managing complexity: The lessons of horizontal policy-making in the provinces.* Public lecture at the Saskatchewan Institute of Public policy. Retrieved from http://www.publications.gov.sk.ca/details.cfm?p=11971

Peters, G. (1998). *Managing horizontal government: The politics of coordination* (Research Paper No. 21). Retrieved from http://publications.gc.ca/collections/Collection/SC94-61-21-1998E.pdf

Phillips, D.A., Lipsey, M.W., Dodge, K.A., Kaskins, R., Bassok, D., Burchinal, … Weiland, C. (2007). *The current state of scientific knowledge on pre-kindergarten effects.* Durham, NC: Brooking Institution and the Duke Center for Child and Family Policy. Retrieved from https://childandfamilypolicy.duke.edu/wp-content/uploads/2017/04/PreKStudy_FINAL_ForWeb.pdf

Pollitt, C. (2003). Joined-up government: A survey. *Political Studies Review 1*(1), 34-39.

Postl, B. M., Boulanger M., Isaac, E., & the Child Health Strategy Committee (1995). *The Health of Manitoba's children.* Winnipeg, MB: Manitoba Health.

Préfontaine, L., Ricard, L., Sicotte, H., Turcotte, D., & Dawes, S.S. (2000). *New models of collaboration for public service delivery: Worldwide trends* (Working Paper). Retrieved from http://www.ctg.albany.edu/publications/reports/new_models_wp/new_models_wp.pdf

Provan, K.G., & Kenis, P. (2007). Modes of network governance: Structure management and effectiveness. *Journal of Public Administration Research and Theory, 18*(2), 229-252

Reddy, S. (2007, October 17). "Bill 3–The Healthy Child Manitoba Act." Legislative Assembly of Manitoba. *The Standing Committee on Social and Economic Development (Hansard).* 1st Session, 39th Legislature. https://www.gov.mb.ca/legislature/hansard/39th_1st/hansardpdf/sed1.pdf

Repository. (n.d.). In *Manitoba population research data repository data list.* Retrieved from http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departmental_units/mchp/resources/repository/datalist.html

Rhodes, R. A. W. (1997). *Understanding governance: Policy networks, governance, reflexivity and accountability.* Philadelphia, PA: Open University Press.

Rhodes, R. A. W. (2006). Policy networks analysis. In M. Moran, M. Rein, & R. E. Goodin (Eds.), *The Oxford handbook of public policy* (pp. 425-447). Oxford: Oxford University Press.

Rhodes, R. A. W. (2007). Understanding governance: Ten years on. *Organization Studies, 28*(8), 1243-1264.

Rittel , H. W. J., & Webber, M.M. (1973). Dilemmas in a general theory of planning. *Policy Science, 4*, 155-169.

Roberts, N. (2000). Wicked problems and network approaches to resolution. *International Public Management Network, 1*(1), 1-19.

Rolnick, A., & Grunewald, R. (2003). Early childhood development: Economic development with a high public return. Minnesota: Federal Reserve Bank of Minneapolis. (fedgazette) Retrieved from https://www.minneapolisfed.org/publications/fedgazette/early-childhood-development-economic-development-with-a-high-public-return

Roos, N.P., Freemantle, J., Farthing., & Carr, J. (2011). Taking it to the streets: Figuring out and communicating what's really important in children's health and well-being research [Special Issue]. *Health Care Policy: Health Services, Management and Policy Research, 6*, 86-87. Retrieved from https://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departmental_units/mchp/media/Healthcare_Policy_vol6_MCHP.pdf

Rounce, A.D., Beaudry, N. (2002). *Using horizontal tools to work across boundaries: Lessons learned and signposts for success.* Ottawa, ON: Canadian Centre for Management Development. Retrieved from http://publications.gc.ca/Collection/SC94-90-2002E.pdf

Salamon, L.M. (2002). The tools approach and the new governance: Conclusion and implications. In L.M. Salamon (Ed.), *The tools of government: A guide to the new governance* (pp. 600-610). Oxford, USA: Oxford University Press.

Savoie, D.J. (2003). *Breaking the bargain: Public servants, ministers, and parliament*. Toronto, ON: University of Toronto Press.

Savoie, D.J. (2008). *Horizontal management of official languages: Report submitted to the Office of the Commissioner of Official Languages*. Ottawa, ON: Office of the Commissioner of Official Languages. Retrieved from http://www.ocol-clo.gc.ca/en/pages/horizontal-management-official-languages

Seashore Louis, K., Leithwood, K., Wahlstrom, K., & Anderson, S. (2010). *Investigating the links to improve student learning: final report of research findings.* Minnesota: University of Minnesota. Retrieved from http://www.wallacefoundation.org/knowledge-center/school-leadership/key-research/Documents/Investigating-the-Links-to-Improved-Student-Learning.pdf

Shonkoff, J.P. (2010). Building a new biodevelopmental framework to guide future of early childhood policy. *Child Development, 81*(1), 357-367.

Silver, J. (2014). *Poverty*. Winnipeg, MB: Fernwood.

Skogstad, G. (2008). Policy networks and policy communities: conceptualizing state-societal relationships in the policy process. In L. White et al., (Ed.) *The Comparative Turn in Canadian Political Science* (pp. 205-220). Vancouver: UBC Press.

Sørensen , E. & Torfing, J. (2005). The democratic anchorage of governance networks, *Scandinavian Political Studies, 28*(3), 195-218.

Sørensen , E. & Torfing, J. (2008a). Introduction. In E. Sørensen & J. Torfing (Eds.), *Theories of democratic network governance* (pp. 169-182). London: Palgrave Macmillan.

Sørensen , E. & Torfing, J. (2008b). Theoretical approaches to metagovernance. In E. Sørensen & J. Torfing (Eds.), *Theories of democratic network governance* (pp. 1-21). London: Palgrave Macmillan.

St-Pierre, L., Hamel, G., Lapointe, G., McQueen, D., & Wismar, M. (2013). *Governance tools and framework for health in all policies.* Québec, Canada: National Collaborating Centre for Health Public Policy (2013). Retrieved from http://rvz.net/uploads/docs/Achtergrondstudie_-_Governance_tools_and_framework.pdf

Stapleton, J. J. (1975). *The politics of educational innovations: A case study of the credit systems in Ontario (*Unpublished doctoral dissertation). University of Toronto, Toronto, ON.

State Services Authority (2007). *Joined-up government: A review of national and international experiences* (Working Paper No.1). Victoria, AU: State Government of Victoria State Services. Retrieved from http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan036731.pdf

Stewart, J. L. (2007*). Children affected by war: A bioecological investigation into their psychosocial and educational needs.* (Doctoral Dissertation). Retrieved from http://mspace.lib.umanitoba.ca/handle/1993/21225

Sydow, J. (2004). Network development by means of network evaluation? Explorative insights from a case in the financial services industry. *Human Relations, 57*(2), 201-220.

Swyngedouw, E. (2006). Governance innovation and the citizen: The Janus face of governance-beyond-the-state. *Urban Studies, 42*(11), 1991-2006.

Torfing, J. (2007). Introduction: Democratic network governance. In M. Marcussen & J. Torfing (Eds.), *Democratic network governance in Europe* (pp. 1-21). Basingstoke: Palgrave Macmillan.

Torfing, J., & Sørensen, E. (June 2017). Governance networks, metagovernance and democracy. Retrieved from https://www.youtube.com/watch?v=ObZDW1nC7PU

Truth and Reconciliation Commission of Canada (2015). *Truth and reconciliation commission of Canada: Calls to action.* Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

van Raaij, P. A. (2007). Norms network members use: An alternative perspective for indicating network success or failure. *International Public Management Journal, 9*(3), 249-270.

Van Waarden, F. (1992). Dimensions and types of policy networks. *European Journal of Political Research, 21*, 29-52.

Voets, J., Van Dooreen, W., & De Rynck, F. (2008). A framework for assessing the performance of policy networks. *Public Management Review, 10*(6), 773-790.

Wachniak, D. (2007, October 17). "Bill 3–The Healthy Child Manitoba Act." Legislative Assembly of Manitoba. *The Standing Committee on Social and Economic Development (Hansard)*. 1st Session, 39th Legislature. https://www.gov.mb.ca/legislature/hansard/39th_1st/hansardpdf/sed1.pdf

Ward, T. (2007, October 17). "Bill 3–The Healthy Child Manitoba Act." Legislative Assembly of Manitoba. *The Standing Committee on Social and Economic Development (Hansard)*.1st Session, 39th Legislature. https://www.gov.mb.ca/legislature/hansard/39th_1st/hansardpdf/sed1.pdf

Willms, D.J. (2003). *Ten hypotheses about socioeconomic gradients and community differences in children's development: Final eport* (Report SP-560-01-03E). Quebec, QC: Human Resources Development Canada Publications Centre. Retrieved from: http://files.eric.ed.gov/fulltext/ED505297.pdf

World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Final report of the Commission on social determinants of health.
Retrieved from
https://www.pha.org.nz/resources/Documents/WHO%202008%20Closing%20the%20Gap%20in%20a%20generation.pdf

Wright, M. (1988). Policy community, policy networks and comparative industrial policies. *Political Studies, 36*, 593-612.

Appendix A

List of Acronyms used in the Dissertation

AED: Aboriginal Education Directorate

BEF: Bureau de l'éducation française

CEO: Chief Executive Officer

CSI: Community school investigators

EAL: Education and Advanced Learning

ECD: Early Childhood Development

ECDU: Early Childhood Education Unit

ENREB: Education and Nursing Research Ethics Board

FAS: Fetal Alcohol Syndrome

FASD: Fetal Alcohol Spectrum Disorder (FASD)

FIPPA: The Freedom of Information and Protection of Privacy Act

ECDU: Early Childhood Development Unit

HCM: Healthy Child Manitoba

HCMO: Healthy Child Manitoba Office

HSCC: Human Services Committee of Cabinet

ICAB: Instruction, Curriculum and Assessment Branch

MAPC: Manitoba Association of Parent Councils

MASBO: Manitoba Association of School Business Officials

MASS: Manitoba Association of School Superintendents

MAST: Manitoba Association of School Trustees

MATC: Manitoba Adolescent Treatment Centre

MCCA: Manitoba Child Care Association

MCHP: Manitoba Centre for Health Policy

MSBA: Manitoba School Boards Association

MTS: Manitoba Teachers' Society

NAO: Network Administrative Organization

NDP: New Democratic Party

OCCYMH: Oversight Committee on Child and Youth Mental Health

PCAP: Pan-Canadian Assessment Program

PC: Progressive Conservative

PHCMAC: Provincial Healthy Child Manitoba Advisory Committee

PHIA: The Personal Health Information Act

RHA: Regional Health Authorities

SPD: School Programs Division

SILR: Supplementary Information for Legislative Review

SSAAM: Student Services Administrators Association of Manitoba

WHO: World Health Organization

Appendix B

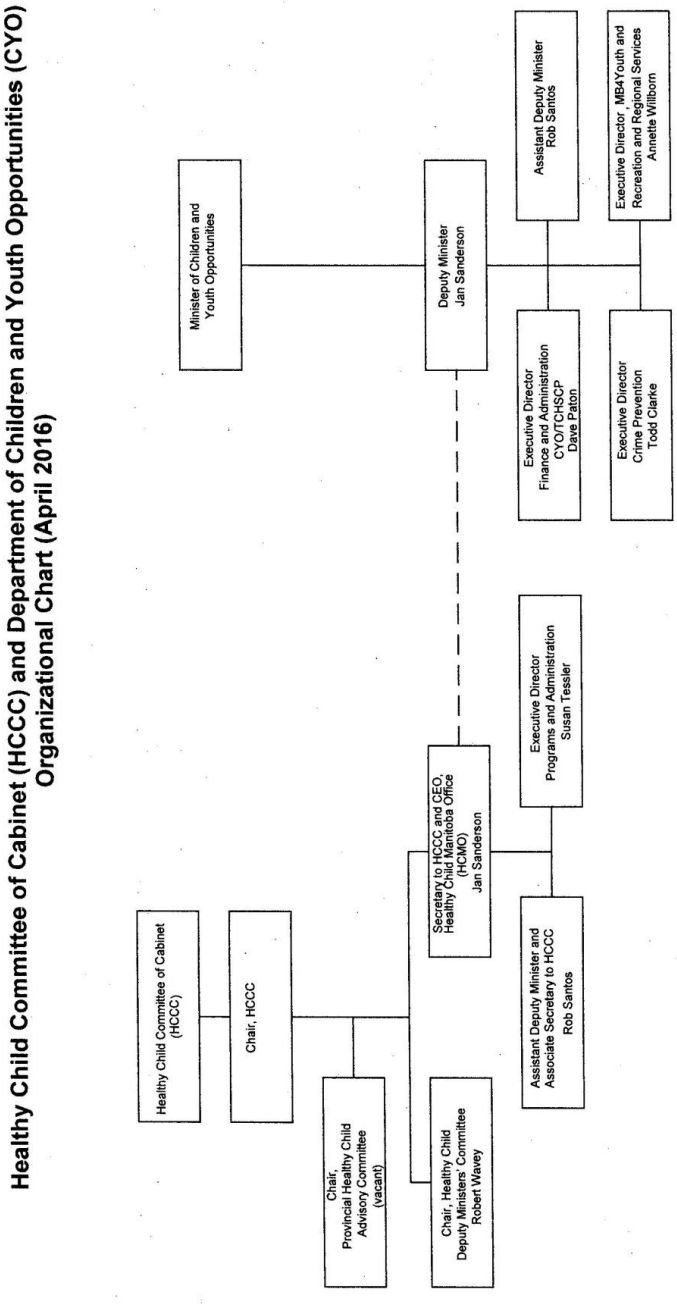
Healthy Child Manitoba Office–Organization Chart (HCM, 2015a)

Source:
Healthy Child Manitoba, (2015). *Annual report 2014-2015.* Retrieved from http://www.gov.mb.ca/healthychild/about/annual_report_2014_15.pdf

* It should be noted that, when the interviews for the research were conducted, James Allum was the Minister of Education and Advanced Learning.

Appendix C

Healthy Child Committee of Cabinet (HCCC) and Department of Children and Youth Opportunities (CY) Organizational Chart (April 2016)
Source: Transition Briefing Note, 2016)



Appendix D

Name the Manitoba Department Responsible for K to 12 Education from 1989 to 2016
and
List of Ministers Responsible for this Department
(Source: Manitoba Legislative Library, June 2017)

Department Name	**Minister**	**Start Date**	**End Date**
Education and Training	Derkach, Len	Apr. 21, 1989	Jan. 14, 1992
Education and Training	Vodrey, Rosemary	Jan. 14, 1992	Sept. 10, 1993
Education and Training	Manness, Clayton	Sept. 10, 1993	May 9, 1995
Education and Training	McIntosh, Linda G.	May 9, 1995	Feb. 5, 1999
Education and Training	McCrae, James C.	Feb. 5, 1999	Oct. 5, 1999
Education and Training	Caldwell, Drew	Oct. 5, 1999	Jan. 17, 2001
Education, Training and Youth	Caldwell, Drew	Jan. 17, 2001	Sept. 25, 2002
Education and Youth	Lemieux, Ron	Sept. 25, 2002	Nov. 4, 2003
Education, Citizenship and Youth	Bjornson, Peter	Nov. 4, 2003	Nov. 3, 2009
Education	Allan, Nancy	Nov. 3, 2009	Oct. 18, 2013
Education and Advanced Learnig	Alum, James	Oct. 18, 2013	Nov. 3, 2014
Education and Advanced Learnig	Bjornson, Peter	Nov. 3, 2014	April 29, 2015
Education and Advanced Learnig	Alum, James	April 29, 2015	May 3, 2016
Education and Training	Wishart, Ian	May 3, 2016	

Appendix E

Comparability Analysis of Several Definitions of the Concept of 'Network'

Source	Definition 'network'	Relationships Interactions/Interdependencies	Governance	Non-hierarchical	Resources	Common policy solutions	Problem solving	Informal and formal links	Public and private actors	Negotiation and bargaining	Complexity	Rules and norms	Stability
Marsh and Rhodes 1992, p. 13) based on the definition provided by Benson (1982, p. 148)	"A cluster or complex of organizations connected to each other by resource dependencies and distinguished from other clusters or complexes by breaks in the structure of resource dependencies."	X			X								
Wright (1988, p. 606)	"A policy network is a complex set of organisations connected to each other by resource dependencies and distinguished from other complexes by breaks in the structure of resource dependencies. [...] The members of a network may be drawn from one policy community or several. A policy network describes the general properties of the processes by which some of the members of one or more policy communities interact in a structure of dependent relationships."	X			X						X		
Kenis and Schneider (1991, p. 36)	"Webs of relatively stable and ongoing relationships which	X			X	X							

	mobilize and pool dispersed resources so that collective (or parallel) action can be orchestrated towards the solution of a common policy."												
Kenis and Schneider (1991, p. 41)	"Policy networks should be conceived as specific structural arrangements in policy making. Policy networks are new forms of political governance which reflect a changed relationship between state and society. Their emergence is a result of the dominance of organized actors in policy making, the overcrowded participation, the fragmentation of the state, the blurring of boundaries between the public and the private, etc. Policy networks typically deal with policy problems which involve complex political, economic and technical task and resource interdependencies and therefore presuppose a significant amount of expertise and other specialized and dispersed policy resources. Policy networks are mechanisms of political resource mobilization in situations where the capacity for decision making, program formulation and implementation is widely distributed or dispersed among private and public actors. A policy	X	X		X		X		X		X		X

	network is described by its actors, their linkages and by its boundary. It includes a relatively stable set of mainly public and private corporate actors. The linkages between the actors serve as communication channels and for the exchange of information, expertise, trust and other policy resources. The boundary of a given policy network is not primarily determined by formal institutions but results from a process of mutual recognition dependent on functional relevance and structural embeddedness."												
Van Waarden, (1992, p. 31)	"Networks are a form of proto-organization, or 'loosely coupled' organization. They are an intermediate form between (a single) contract ('market') and formal organizations - and some could develop into such formal organizations. Networks differ from organizations by degree of formalization of relations and by type of coordination. Networks do not necessarily have a power centre, and hence coordination is not by hierarchic authority (or, in more enlightened form hierarchic consultation) but by horizontal bargaining."	X		X				X		X			
O'Toole (1997, p. 45),	"Networks are structures of interdependence	X		X			X		X				

	involving multiple organizations of part thereof, where one unit is not merely the formal subordinate of the others in some larger hierarchical arrangement."												
Börzel (1998, p. 254)	"A policy network, as a set of relatively stable relationships which are of non-hierarchical and interdependent nature linking a variety of actors, who share common interests with regard to a policy and who exchange resources to pursue these shared interests acknowledging that co-operation is the best way to achieve common goals." (presented as a lowest common denominator)	X		X	X				X				
Börzel (1998, p. 260)	Networks "are characterized by predominantly informal interactions between public and private actors with distinctive, but interdependent interests, who strive to solve problems of collective action on a central, non-hierarchical level."	X		X			X						
Börzel (1998, p. 260)	"Networks then are conceptualized as informal institutions – not formally organized, reciprocal (non-hierarchical), relative permanent relations and forms of interactions between actors who strive to realize common gains. Networks are based on agreed rules for the production of a	X		X	X			X	X		X	X	

	common outcome. They reduce costs of information and transaction and create mutual trust among the actors diminishing uncertainty and thus the risk of defection. Because of these functions, networks serve as an ideal institutional framework for horizontal self-co-ordination between public and private actors, on which policy-making is relying in an increasingly complex, dynamic and diversified environment where hierarchical co-ordination is rendered dysfunctional. Public and private actors form networks to exchange their resources on which they are mutually dependent for the realization of common gains (policies)."												
Meier and O'Toole (2001, p. 272-273)	"Pattern of two or more units, in which not all the major components are encompassed within a single hierarchical array. Actors in networks often inhabit bureaucratic units, but these units (or parts of units) are in turn connected with other units outside the lines of formal authority. While some programs are explicitly mandated to operate via complex networked institutional arrangements, other forms of networked action often emerge	X		X				X	X	X	X		

	through voluntary, negotiated, self-organizing actions of participants. In the era of the so-called *hollow state*, increasingly large slices of public action are structured through complex multiparty relations, often involving contract ties and intergovernmental links. Network nodes can consist of units that span agencies, governments, and sectors—including public-private arrays."												
McGuire (2003) cited in McGuire and Agranoff (2007, p. 1-2)	"A structure involving multiple nodes—agencies and organizations—with multiple linkages. [...] A public management network includes agencies involved in a public policy making and/or "Administrative structure through which public goods and services may be planned, designed, produced, and delivered (and any or all of the activities). Such network structures can be formal or informal, and they are typically intersectoral, intergovernmental, and based functionally in a specific policy or policy area. That is, officials from government organizations and agencies at federal, state, and local levels operate in structures of exchange and production with representatives from	X						X	X				

	profit making and not for profit organizations."												
Sørensen and Torfing (2005, p. 197)	• "a relatively stable horizontal articulation of interdependent, but operationally autonomous actors; • who interact through negotiations that involve bargaining, deliberation and intense power struggles; • which take place within a relatively institutionalized framework of contingently articulated rules, norms, knowledge and social imaginaries • that is self-regulating within limits set by external agencies and which contribute to the production of public purpose in the broad sense of visions, ideas, plans and regulations."	X				X				X		X	X
Rhodes (2007, p. 1244)	"Policy networks are sets of formal institutional and informal linkages between governmental and other actors structured around shared if endlessly negotiated beliefs and interests in public policy making and implementation."	X				X		X	X	X			
Torfing (2007, p. 5)	"A relatively stable, horizontal articulation of interdependent, but operationally	X	X	X	X	X			X	X			X

	autonomous actors who interact through negotiations that take place within a relatively institutionalized community which is self-regulating, within limits set by external agencies and contributes to the production of public purpose. Governance networks bring together public and private actors who are mutually dependent on each other resources and capacities, but who operate independently in the sense that they cannot be commanded to think or act in a certain way by the other actors in the network."												
Provan and Kenis (2007, p. 231)	"Groups of three or more legally autonomous organizations that work together to achieve not only their own goals but also a collective goal. Such networks may be self-initiated, by network members themselves, or may be mandated or contracted, as is often the case in the public sector". On the other hand, Provan and Kenis (2007) argue that the role of management is critical to ensure the effectiveness of the network especially in light to the tension expected to be found within any means of governance."	X	X					X	X				
Voets et al. (2008, p. 777)	"Policy networks, "commonly refer to set(s) of horizontal	X		X	X					X			

	relationships with a certain level of stability/endurance and of structuring, between multiple actors that are relatively autonomous and faced with resource dependency, involving processes of resource exchange through bargaining and negotiation, to achieve public purpose (see Voets 2008 for an overview)."												
Doberstein (2014, p. 9)	Governance networks consist of government and civil society actors in institutionalized relationships of policy planning and decisions making, and may serve as sites of deliberative problem solving and exchange among diverse policy actors.	X	X				X		X				

Appendix F

Confidentiality Form for Transcribers

Title of Research Project: An analysis of a horizontal public policy approach: A case study of the Healthy Child Manitoba strategy

Principal Investigator of the Research Project: Jean-Vianney Auclair

I, the undersigned, understand that I will be transcribing and reading transcriptions of confidential interviews. Research participants who participated in this project on good faith have revealed the information in the recorded interviews with the understanding that their interviews would remain strictly confidential.

I understand that I have a responsibility to honour this confidentiality agreement. I hereby agree not to share any information in the audio recordings with anyone except the principal investigators of this project.

Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

_____

Name of Transcriber (printed)

_____ _____

Transcriber (signature) Date

Appendix G

List of Research Participants Interviewed

(Presented in alphabetical order)

1. James Allum, Minister of Education and Advanced Learning
2. Joanna Blais, Director of the Program and Student Services Branch, School Programs Division, Education and Advanced Learning
3. Karen Botting, Former director of Student Services in the former St. Boniface School Division (retired) and community activist
4. Leanne Boyd, Healthy Child Manitoba Office, Director of Policy Development and Research and Evaluation, Children and Youth Opportunities
5. Heather Demetrioff, Director of Education and Communication Services, Manitoba School Boards Association
6. Wenda Dickens, Coordinator of the Early Childhood Education Unit, School Programs Division, Education and Advanced Learning
7. Carolyn Duhamel, Former executive director of the Manitoba School Boards Association (retired)
8. Lesley Eblie-Trudel, Student Services Administrators' Association of Manitoba, Assistant Superintendent Sunrise School Division
9. Gerald Farthing, Former chair of the Healthy Child Deputy Minister's Committee, Deputy Minister, Education and Advanced Learning
10. Naomi Kruse, Executive Director Manitoba Association of Parents Council
11. Aileen Najduch, Assistant Deputy Minister, School Programs Division, Education and Advanced Learning

12. Strini Reddy, Former Chair of the Healthy Child Manitoba Advisory Committee and Community Activist
13. Helen Robinson-Settee, Director of the Aboriginal Directorate, Education and Advanced Learning
14. Noralou Roos, Manitoba Centre for Health Policy, Founding Director and Senior Research Scientist
15. Tim Sale, First Cabinet minister responsible for Healthy Child Manitoba
16. Jan Sanderson, Secretary to Healthy Child Committee of Cabinet, Chief Executive Officer, Healthy Child Manitoba Office, and Deputy Minister of Children and Youth Opportunities
17. Rob Santos, Healthy Child Manitoba Office, Children and Youth Opportunities, Associate Secretary to Healthy Child Committee of Cabinet and Executive Director of Science and Policy
18. Roy Seidler, , Executive Director, Manitoba Association of Business Officials
19. Joseph Warbanski, Policy Analyst, The Manitoba Teachers' Society
20. Trish Ward, Former early years coordinator in the River East Transcona School Division (retired)
21. Pat Wege, Executive Director, Manitoba Child Care Association
22. Melanie Wight, Minister of Children and Youth Opportunities, Chair Healthy Child Committee of Cabinet, Minister responsible for *The Healthy Child Manitoba Act*
23. Edie Wilde, Manitoba Association of School Superintendents, Former assistant superintendent in the Seven Oaks School Division (retired)
24. James Wilson, Former Chair of the Healthy Child Manitoba Advisory Committee

Appendix H

Interview Guides

(Presented in alphabetical order)

James Allum, Minister of Education and Advanced Learning

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

The Healthy Child Manitoba Committee of Cabinet was created in year 2000 by the Doer Government. What, according to you were the main factors leading to this decision of creating a horizontal committee of ministers dedicated to the well-being of children? How has this idea evolved over time? Were a number of different options considered in terms of cross-sectoral collaboration?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Do you have any reasons to believe that the role of Healthy Child Manitoba is well understood by all the departmental partners involved?

Do you have any reasons to believe that Healthy Child Manitoba is making a difference in communities?

Do you agree with the following statement? “In Manitoba, poverty is the most fundamental issue affecting the well-being of children.” Why?

What makes you think that Healthy Child Manitoba is an approach that is effective and relevant today?

To what extent do you believe Healthy Child Manitoba provides opportunities for members of the community to find their own solutions to local problems? Does Healthy Child Manitoba allow for bottom-up policymaking as opposed to top-down decisions?

The departmental structure of government is often described as “silos.” How would you respond if someone was to suggest that Healthy Child Manitoba is progressively becoming another “silo?”

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Joanna Blais, Director of the Program and Student Services Branch, School Programs Division, Education and Advanced Learning

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

Could you please describe your role within the department?

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How do your responsibilities intersect with the work Healthy Child Manitoba is doing?

How is your work informed by the work conducted by Healthy Child Manitoba and how is the work conducted in your area informing the work of Healthy Child Manitoba?

Can you identify any policies generated in your area that were supported by evidence provided by Healthy Child Manitoba?

Can you identify any program and policy work you have conducted in collaboration with Healthy Child Manitoba? How would you describe your interaction with HCM within this context?

Is Healthy Child Manitoba a strategy that is effective and relevant to students with special needs?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

Did the student services sector have an influence on the creation of Healthy Child Manitoba?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Can you identify one program or policy activity you are responsible for that you think has positively influenced by Healthy Child Manitoba? What made the difference?

Do you have any reasons to believe that Healthy Child Manitoba is making a difference in communities?

Do you agree with the following statement? “In Manitoba, poverty is the most fundamental issue affecting the well-being of children.” Why?

One of the purposes of cross-sectoral collaboration is to reduce duplication of efforts. Do you think Healthy Child Manitoba is achieving this goal?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Karen Botting, Former director of Student Services in the former St. Boniface School Division and community activist

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

Could you please describe your role within the department?

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How do your responsibilities intersect with the work Healthy Child Manitoba is doing?

How is your work informed by the work conducted by Healthy Child Manitoba and how is the work conducted in your area informing the work of Healthy Child Manitoba?

Can you identify any policies generated in your area that were supported by evidence provided by Healthy Child Manitoba?

Can you identify any program and policy work you have conducted in collaboration with Healthy Child Manitoba? How would you describe your interaction with HCM within this context?

Is Healthy Child Manitoba a strategy that is effective and relevant to students with special needs?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

Did the student services sector have an influence on the creation of Healthy Child Manitoba?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Can you identify one program or policy activity you are responsible for that you think has positively influenced by Healthy Child Manitoba? What made the difference?

Do you have any reasons to believe that Healthy Child Manitoba is making a difference in communities?

Do you agree with the following statement? “In Manitoba, poverty is the most fundamental issue affecting the well-being of children.” Why?

One of the purposes of cross-sectoral collaboration is to reduce duplication of efforts. Do you think Healthy Child Manitoba is achieving this goal?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Leanne Boyd, Healthy Child Manitoba Office, Director of Policy Development and Research and Evaluation, Children and Youth Opportunities

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

Could you please describe your role within the HCMO?

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

Could you talk a little bit about the role in the former Children and Youth Secretariat. Would you agree that this organisation was the precursor entity of Healthy Child Manitoba?

The Healthy Child Manitoba Committee of Cabinet was created in year 2000 by the Doer Government. What, according to you were the main factors leading to this decision of creating a horizontal committee of ministers dedicated to the well-being of children? How has this idea evolved over time? Were a number of different options considered in terms of cross-sectoral collaboration?

How did government determine which departments should be a member of the cross-sectoral committee? Some choices were obvious–others perhaps less. Can you comment?

Do you have any reasons to believe that the role of Healthy Child Manitoba is well understood by all the departmental partners involved?

One of the purposes of cross-sectoral collaboration is to reduce duplication of efforts. Do you think Healthy Child Manitoba is achieving this goal?

The departmental structure of government is often described as "silos." How would you respond if someone was to suggest that Healthy Child Manitoba is progressively becoming another "silo?"

While Healthy Child Manitoba has a broad mandate involving multiple departments, to what extent would you say that education has been a predominant area of focus for Healthy Child Manitoba?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?
How does Healthy Child Manitoba collaborate directly with educational partners? How would you describe the working relationship between Healthy Child Manitoba and Educational Stakeholders?

Can you identify any Healthy Child Manitoba strategies that have strongly benefited from the engagement of external partners in the field of education?

To what extent does Healthy Child Manitoba represent an innovative and valuable model for improving and extending the effectiveness of the more conventional development and implementation of educational policies?

What do you think has been the most signification contribution of Healthy Child Manitoba to the field of education?

Do you agree with the following statement? "In Manitoba, poverty is the most fundamental issue affecting the well-being of children." Why?

Based on your answer to the previous question, do you think poverty should be the main area of focus of Healthy Child Manitoba?

The Healthy Child Manitoba Act refers specifically to the parent-child coalitions in the context of community development. Can you think about any other Healthy Child Manitoba strategies that have a strong focus on community development?

To what extent do you believe Healthy Child Manitoba provides opportunities for members of the community to find their own solutions to local problems? Does Healthy Child Manitoba allow for bottom-up policymaking as opposed to top-down decisions?

What makes you think that Healthy Child Manitoba is an approach that is effective and relevant today?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Heather Demetrioff, Director of Education and Communication Services, Manitoba School Boards Association

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How has your organisation interacted with Healthy Child Manitoba?

Do you believe your organisation has had any influence on the work conducted by Healthy Child Manitoba?

Do you believe the role and mandate of Healthy Child Manitoba is well understood by the education community?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

What do you think has been the most signification contribution of Healthy Child Manitoba to the field of education? Do you have any reason to believe that HCM is making a difference in education?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Wenda Dickens, Coordinator of the Early Childhood Education Unit, School Programs Division, Education and Advanced Learning

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

Could you please describe your role within the department?

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How do your responsibilities intersect with the work Healthy Child Manitoba is doing?

How is your work informed by the work conducted by Healthy Child Manitoba and how is the work conducted in your area informing the work of Healthy Child Manitoba?

Can you identify any policies generated in your area that were supported by evidence provided by Healthy Child Manitoba?

Can you identify any program and policy work you have conducted in collaboration with Healthy Child Manitoba? How would you describe your interaction with HCM within this context?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Healthy Child Manitoba has done a lot of work with Parent coalitions. What do you think have been the benefits and challenges of this work?

Can you identify one program or policy activity you are responsible for that you think has positively influenced by Healthy Child Manitoba? What made the difference?

Do you have any reasons to believe that Healthy Child Manitoba is making a difference in communities?

Do you agree with the following statement? “In Manitoba, poverty is the most fundamental issue affecting the well-being of children.” Why?

Based on your answer to the previous question, do you think poverty should be the main area of focus of Healthy Child Manitoba?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Carolyn Duhamel, Former executive director of the Manitoba School Boards Association (retired)

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

Do you agree with the following statement? "In Manitoba, poverty is the most fundamental issue affecting the well-being of children." Why?

Based on your answer to the previous question, do you think poverty should be the main area of focus of Healthy Child Manitoba?

Please describe how as a member of the community, you have been interacting with government with regards to the Healthy Child Manitoba strategy?

As a member of the community, do you believe you had any influence on the design of the Healthy Child Manitoba strategy?

Do you believe the Healthy Child Manitoba strategy is important for Manitobans? Why?

Do you think that the stakeholders have genuine opportunities to influence the Healthy Child Manitoba agenda?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Lesley Eblie-Trudel, Student Services Administrators' Association of Manitoba, Assistant Superintendent Sunrise School Division

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How has your organisation interacted with Healthy Child Manitoba?

Do you believe your organisation has had any influence on the work conducted by Healthy Child Manitoba?

Do you believe the role and mandate of Healthy Child Manitoba is well understood by the education community?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

What do you think has been the most signification contribution of Healthy Child Manitoba to the field of education? Do you have any reason to believe that HCM is making a difference in education?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Do you agree with the following statement? "In Manitoba, poverty is the most fundamental issue affecting the well-being of children." Why?

Based on your answer to the previous question, do you think poverty should be the main area of focus of Healthy Child Manitoba?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Gerald Farthing, Former chair of the Healthy Child Deputy Minister's Committee,
Deputy Minister, Education and Advanced Learning

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

Could you describe the role of the chair of Healthy Child Manitoba Committee of Deputy Ministers?

How do your responsibilities as deputy minister intersect with the work Healthy Child Manitoba is doing?

The Healthy Child Manitoba Committee of Cabinet was created in year 2000 by the Doer Government. What, according to you were the main factors leading to this decision of creating a horizontal committee of ministers dedicated to the well-being of children? How has this idea evolved over time? Were a number of different options considered in terms of cross-sectoral collaboration?

How does Healthy Child Manitoba collaborate directly with educational partners?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

Do you think the mandate of this organization is well understood in your department? What about from the perspective of outside stakeholders especially educational stakeholders?

How do you think Healthy Child Manitoba has exerted a certain level of influence in education?
While Healthy Child Manitoba has a broad mandate involving multiple departments, to what extent would you say that education has been a predominant area of focus for Healthy Child Manitoba?

To what extent does Healthy Child Manitoba represent an innovative and valuable model for improving and extending the effectiveness of the more conventional development and implementation of educational policies?

To what extent do you believe Healthy Child Manitoba provides opportunities for members of the community to find their own solutions to local problems? Does Healthy Child Manitoba allow for bottom-up policymaking as opposed to top-down decisions?

Does the cross-departmental exchange of information at ministerial and deputy minister levels translate to the other levels of the public service?

One of the purposes of cross-sectoral collaboration is to reduce duplication of efforts. Do you think Healthy Child Manitoba is achieving this goal?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Do you agree with the following statement? "In Manitoba, poverty is the most fundamental issue affecting the well-being of children." Why?

What makes you think that Healthy Child Manitoba is an approach that is effective and relevant today?

Healthy Child Manitoba, from a research and knowledge exchange perspectives, differ from or perhaps complement the mandate of the Manitoba Centre for Health policy? Can you talk a little bit about the unique relationship?

The departmental structure of government is often described as “silos.” How would you respond if someone was to suggest that Healthy Child Manitoba is progressively becoming another “silo”?

How do you see the future of Healthy Child Manitoba? Opportunities and challenges?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Naomi Kruse, Executive Director Manitoba Association of Parents Council

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How has your organisation interacted with Healthy Child Manitoba?

Do you believe your organisation has had any influence on the work conducted by Healthy Child Manitoba?

Do you believe the role and mandate of Healthy Child Manitoba is well understood by the education community?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

What do you think has been the most signification contribution of Healthy Child Manitoba to the field of education? Do you have any reason to believe that HCM is making a difference in education?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Aileen Najduch, Assistant Deputy Minister, School Programs Division, Education and Advanced Learning

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

Could you please describe your role within the department?

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How do your responsibilities intersect with the work Healthy Child Manitoba is doing?

How is your work informed by the work conducted by Healthy Child Manitoba and how is the work conducted in your area informing the work of Healthy Child Manitoba?

Can you identify any policies generated in your area that were supported by evidence provided by Healthy Child Manitoba?

Can you identify any program and policy work you have conducted in collaboration with Healthy Child Manitoba? How would you describe your interaction with HCM within this context?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Can you identify one program or policy activity you are responsible for that you think has positively influenced by Healthy Child Manitoba? What made the difference?

How would you describe the working relationship between Healthy Child Manitoba and Educational Stakeholders?

Do you think the mandate of this organization is well understood in your department? What about from the perspective of outside stakeholders?

Do you have any reasons to believe that Healthy Child Manitoba is making a difference in communities?

Do you agree with the following statement? “In Manitoba, poverty is the most fundamental issue affecting the well-being of children.” Why?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Strini Reddy, Former Chair of the Healthy Child Manitoba Advisory Committee and Community Activist

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

The Healthy Child Manitoba Committee of Cabinet was created in year 2000 by the Doer Government. What, according to you were the main factors leading to this decision of creating a horizontal committee of ministers dedicated to the well-being of children? How has this idea evolved over time? Were a number of different options considered in terms of cross-sectoral collaboration?

Do you agree with the following statement? "In Manitoba, poverty is the most fundamental issue affecting the well-being of children." Why?

Based on your answer to the previous question, do you think poverty should be the main area of focus of Healthy Child Manitoba?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

As the former chair of the Healthy Child Manitoba Advisory Committee, do you think sufficient and adequate opportunities are provided to you to have a real influence on the decisions that are being made?

How do you think Healthy Child Manitoba is making a difference in the communities?

One of the roles of the Advisory Committee is to advise the Committee of Cabinet on different matters related to the well-being of children. In your role as chair of the committee, what have been the main issues raised with the Committee of Cabinet?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

Do you think the Committee of Cabinet has sufficiently been responsive to the issues raised?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me.

Helen Robinson-Settee, Director of the Aboriginal Directorate, Education and Advanced Learning

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

Could you please describe your role within the department?

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How do your responsibilities intersect with the work Healthy Child Manitoba is doing?

How is your work informed by the work conducted by Healthy Child Manitoba and how is the work conducted in your area informing the work of Healthy Child Manitoba?

Can you identify any policies generated in your area that were supported by evidence provided by Healthy Child Manitoba?

Can you identify any program and policy work you have conducted in collaboration with Healthy Child Manitoba? How would you describe your interaction with HCM within this context?

One of your key initiatives relates to Community schools with a focus on out-of-school factors that have an influence on school success. What has been the role of Healthy Child Manitoba in this initiative?

Can you identify one program or policy activity you are responsible for that you think has positively influenced by Healthy Child Manitoba? What made the difference?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Do you have any reasons to believe that Healthy Child Manitoba is making a difference in communities?

To what extent does Healthy Child Manitoba represent an innovative and valuable model for improving and extending the effectiveness of the more conventional development and implementation of educational policies?

Do you agree with the following statement? “In Manitoba, poverty is the most fundamental issue affecting the well-being of children.” Why?

Based on your answer to the previous question, do you think poverty should be the main area of focus of Healthy Child Manitoba?

One of the purposes of cross-sectoral collaboration is to reduce duplication of efforts. Do you think Healthy Child Manitoba is achieving this goal?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Noralou Roos, Manitoba Centre for Health Policy, Founding Director and Senior Research Scientist

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

Healthy Child Manitoba seems to have a fairly close working relationship with your organisation. How has this relationship evolved overtime?

How would you describe the nature and qualities of this partnership?

Do the responsibilities of Healthy Child Manitoba and of the MCHP overlap or complement one another?

The work of Healthy Child Manitoba is informed from a variety of perspectives due to the number of ministers involved. What according to you is the common denominator for these various perspectives?

This research examines Healthy Child Manitoba in the context of Education? Can you provide an example that would illustrate either the impact for Healthy Child Manitoba in education or perhaps an area of influence?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Tim Sale, First Cabinet minister responsible for Healthy Child Manitoba

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

Could you please describe your role when HCM was created in early 2000?

The Healthy Child Manitoba Committee of Cabinet was created in year 2000 by the Doer Government. What, according to you were the main factors leading to this decision of creating a horizontal committee of ministers dedicated to the well-being of children? How has this idea evolved over time? Were a number of different options considered in terms of cross-sectoral collaboration?

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

Unless I am mistaken, I believe you were the first chair of the Committee of Cabinet. Could you describe your role at the inception of the new committee?

How did government determine which departments should be a member of the cross-sectoral committee? Some choices were obvious–others perhaps less. Can you comment?

Government is required to address numerous complex issues. Why was the issue of the well-being of children addressed through such a unique structure (Committee of Cabinet)?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Do you have any reasons to believe that Healthy Child Manitoba is making a difference in communities?

Do you agree with the following statement? “In Manitoba, poverty is the most fundamental issue affecting the well-being of children.” Why?

What makes you think that Healthy Child Manitoba is an approach that is effective and relevant today?

To what extent do you believe Healthy Child Manitoba provides opportunities for members of the community to find their own solutions to local problems? Does Healthy Child Manitoba allow for bottom-up policymaking as opposed to top-down decisions?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

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

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

Could you please describe your role as Head of HCMO?

The Healthy Child Manitoba Committee of Cabinet was created in year 2000 by the Doer Government. What, according to you were the main factors leading to this decision of creating a horizontal committee of ministers dedicated to the well-being of children? How has this idea evolved over time? Were a number of different options considered in terms of cross-sectoral collaboration?

One of the purposes of cross-sectoral collaboration is to reduce duplication of efforts. Do you think Healthy Child Manitoba is achieving this goal?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

The Committee of Cabinet is multi-sectoral. Beyond the personalities of each minister, does one sector seem to obtain more attention than others? Where does education fit in this broad context? Do other domains tend to dominate the agenda (aboriginal issues, health)?

I found the following quote from you in a document published in 2006 by the Health Council of Canada "I've never been involved in something where decision-making is as efficient and effective as it is as a result of having this Cabinet committee," says Jan Sanderson, executive director of Healthy Child Manitoba. "It works because everyone 'gets it.' Could you please expand on this topic?

Do you have any reasons to believe that the role of Healthy Child Manitoba is well understood by all the departmental partners involved?

To what extent is the Healthy Child Manitoba Office, according to you, responsible for leading the 'horizontal approach in the public service across the departments involved? Does the cross-departmental exchange of information at ministerial and deputy minister levels translate to the other levels of the public service?

The departmental structure of government is often described as "silos." How would you respond if someone was to suggest that Healthy Child Manitoba is progressively becoming another "silo?"

Do you agree with the following statement? "In Manitoba, poverty is the most fundamental issue affecting the well-being of children." Why?

What makes you think that Healthy Child Manitoba is an approach that is effective and relevant today?

Healthy Child Manitoba, from a research and knowledge exchange perspectives, differ from or perhaps complement the mandate of the Manitoba Centre for Health policy? Can you talk a little bit about the unique relationship?

To what extent do you believe Healthy Child Manitoba provides opportunities for members of the community to find their own solutions to local problems? Does Healthy Child Manitoba allow for bottom-up policy-making as opposed to top-down decisions?

The Healthy Child Manitoba Act refers specifically to the parent-child coalitions in the context of community development. Can you think about any other Healthy Child Manitoba strategies that have a strong focus on community development?

The Healthy Child Manitoba legislation was proclaimed in 2007. Have any particular elements of the legislation been contentious during the development process?

Healthy Child Manitoba is responsible for a number of programs and policies. Why are the parent coalitions specifically identified in the legislation?

Has the Healthy Child Manitoba Office developed any performance measures and/or some type of evaluation framework for the broad strategy? How is the implementation of the Healthy Child Manitoba strategy being monitored?

How do you see the relationship with Healthy Child Manitoba and the private sector?

What type of planning process is currently being used by Healthy Child Manitoba to identify priority actions? To what extent is this planning process dependent of political pressures and conflicting agendas?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?

What do you think has been the most signification contribution of Healthy Child Manitoba to the field of education?

To what extent does Healthy Child Manitoba represent an innovative and valuable model for improving and extending the effectiveness of the more conventional development and implementation of educational policies? What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

How do you see the future of Healthy Child Manitoba? If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Rob Santos, Healthy Child Manitoba Office, Children and Youth Opportunities, Associate Secretary to Healthy Child Committee of Cabinet and Executive Director of Science and Policy

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

Could you please describe your role within the HCMO?

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

Could you talk a little bit about the role in the former Children and Youth Secretariat. Would you agree that this organisation was the precursor entity of Healthy Child Manitoba?

The Healthy Child Manitoba Committee of Cabinet was created in year 2000 by the Doer Government. What, according to you were the main factors leading to this decision of creating a horizontal committee of ministers dedicated to the well-being of children? How has this idea evolved over time? Were a number of different options considered in terms of cross-sectoral collaboration?

How did government determine which departments should be a member of the cross-sectoral committee? Some choices were obvious–others perhaps less. Can you comment?

Do you have any reasons to believe that the role of Healthy Child Manitoba is well understood by all the departmental partners involved?

One of the purposes of cross-sectoral collaboration is to reduce duplication of efforts. Do you think Healthy Child Manitoba is achieving this goal?

The departmental structure of government is often described as "silos." How would you respond if someone was to suggest that Healthy Child Manitoba is progressively becoming another "silo?"

While Healthy Child Manitoba has a broad mandate involving multiple departments, to what extent would you say that education has been a predominant area of focus for Healthy Child Manitoba?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?
How does Healthy Child Manitoba collaborate directly with educational partners? How would you describe the working relationship between Healthy Child Manitoba and Educational Stakeholders?

Can you identify any Healthy Child Manitoba strategies that have strongly benefited from the engagement of external partners in the field of education?

To what extent does Healthy Child Manitoba represent an innovative and valuable model for improving and extending the effectiveness of the more conventional development and implementation of educational policies?

What do you think has been the most signification contribution of Healthy Child Manitoba to the field of education?

Do you agree with the following statement? "In Manitoba, poverty is the most fundamental issue affecting the well-being of children." Why?

Based on your answer to the previous question, do you think poverty should be the main area of focus of Healthy Child Manitoba?

The Healthy Child Manitoba Act refers specifically to the parent-child coalitions in the context of community development. Can you think about any other Healthy Child Manitoba strategies that have a strong focus on community development?

To what extent do you believe Healthy Child Manitoba provides opportunities for members of the community to find their own solutions to local problems? Does Healthy Child Manitoba allow for bottom-up policy-making as opposed to top-down decisions?

What makes you think that Healthy Child Manitoba is an approach that is effective and relevant today?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Roy Seidler, , Executive Director, Manitoba Association of Business Officials

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How has your organisation interacted with Healthy Child Manitoba?

Do you believe your organisation has had any influence on the work conducted by Healthy Child Manitoba?

Do you believe the role and mandate of Healthy Child Manitoba is well understood by the education community?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

What do you think has been the most signification contribution of Healthy Child Manitoba to the field of education? Do you have any reason to believe that HCM is making a difference in education?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Joseph Warbanski, Policy Analyst, The Manitoba Teachers' Society

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How has your organisation interacted with Healthy Child Manitoba?

Do you believe your organisation has had any influence on the work conducted by Healthy Child Manitoba?

Do you believe the role and mandate of Healthy Child Manitoba is well understood by the education community?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

What do you think has been the most signification contribution of Healthy Child Manitoba to the field of education? Do you have any reason to believe that HCM is making a difference in education?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Trish Ward, Former early years coordinator in the River East Transcona School Division (retired)

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How would you describe your role in the parent coalition?

How has the coalition made a difference in your community?

What type of support was provided by Healthy Child Manitoba?

How did you interact with Healthy Child Manitoba?

What have been the successes and challenges of your coalitions?

How easy or difficult has it been to engage the community in the coalitions?

Do you find that sometime communities, as opposed to government, are better positioned to find their own solutions? How do you see the connexion community-government?

With the parent-coalition initiative, do you think Healthy Child Manitoba has been effective at increasing dialogue and at providing a voice to parents and recognizing the needs of communities?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

How would you describe the relationship between the parent coalitions and the school communities?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Pat Wege, Executive Director, Manitoba Child Care Association

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How has your organisation interacted with Healthy Child Manitoba?

How do your responsibilities intersect with the work Healthy Child Manitoba is doing?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

Do you agree with the following statement? "In Manitoba, poverty is the most fundamental issue affecting the well-being of children." Why?

Based on your answer to the previous question, do you think poverty should be the main area of focus of Healthy Child Manitoba?

Do you believe your organisation has had any influence on the work conducted by Healthy Child Manitoba?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Healthy Child Manitoba has done a lot of work with Parent coalitions. What do you think have been the benefits and challenges of this work?

How do you think Healthy Child Manitoba is making a difference in the communities?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Melanie Wight, Minister of Children and Youth Opportunities, Chair Healthy Child Committee of Cabinet, Minister responsible for *The Healthy Child Manitoba Act*

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

The Healthy Child Manitoba Committee of Cabinet was created in year 2000 by the Doer Government. What, according to you were the main factors leading to this decision of creating a horizontal committee of ministers dedicated to the well-being of children? How has this idea evolved over time? Were a number of different options considered in terms of cross-sectoral collaboration?

How do you think the Healthy Child Manitoba strategy is generally perceived and understood by educational stakeholders?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

Do you have any reasons to believe that the role of Healthy Child Manitoba is well understood by all the departmental partners involved?

Do you have any reasons to believe that Healthy Child Manitoba is making a difference in communities?

Do you agree with the following statement? “In Manitoba, poverty is the most fundamental issue affecting the well-being of children.” Why?

What makes you think that Healthy Child Manitoba is an approach that is effective and relevant today?

To what extent do you believe Healthy Child Manitoba provides opportunities for members of the community to find their own solutions to local problems? Does Healthy Child Manitoba allow for bottom-up policy-making as opposed to top-down decisions?

The departmental structure of government is often described as “silos.” How would you respond if someone was to suggest that Healthy Child Manitoba is progressively becoming another “silo”?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Edie Wilde, Manitoba Association of School Superintendents, Former assistant superintendent in the Seven Oaks School Division (retired)

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

How has your organisation interacted with Healthy Child Manitoba?

Do you believe your organisation has had any influence on the work conducted by Healthy Child Manitoba?

Do you believe the role and mandate of Healthy Child Manitoba is well understood by the education community?

To what extent do you believe Healthy Child Manitoba is playing a useful role in bridging the pre-school sector with the K to 12 sector of the formal education system?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

What do you think has been the most signification contribution of Healthy Child Manitoba to the field of education? Do you have any reason to believe that HCM is making a difference in education?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

James Wilson, Former Chair of the Healthy Child Manitoba Advisory Committee

I am examining how the cross-departmental strategy Healthy Child Manitoba is being perceived by policy actors, located inside but also outside of the government, who have an interest in education. The selected questions are purposefully open-ended so there is no right and wrong answers.

You are invited to respond to the best of your knowledge and to ensure that you are personally comfortable with the information being shared.

How in your own words would you describe the role and mandate of Healthy Child Manitoba?

The Healthy Child Manitoba Committee of Cabinet was created in year 2000 by the Doer Government. What, according to you were the main factors leading to this decision of creating a horizontal committee of ministers dedicated to the well-being of children? How has this idea evolved over time? Were a number of different options considered in terms of cross-sectoral collaboration?

Do you agree with the following statement? "In Manitoba, poverty is the most fundamental issue affecting the well-being of children." Why?

Based on your answer to the previous question, do you think poverty should be the main area of focus of Healthy Child Manitoba?

What according to you are the greatest successes and the greatest challenges of Healthy Child Manitoba?

As the former chair of the Healthy Child Manitoba Advisory Committee, do you think sufficient and adequate opportunities are provided to you to have a real influence on the decisions that are being made?

How do you think Healthy Child Manitoba is making a difference in the communities?

One of the roles of the Advisory Committee is to advise the Committee of Cabinet on different matters related to the well-being of children. In your role as chair of the committee, what have been the main issues raised with the Committee of Cabinet?

How do you see the intersection of the role played by Healthy Child Manitoba and the role played by the Department of Education? Do you see a risk of duplication or rather opportunities for complementarities? How does one area support the other?

Do you think the Committee of Cabinet has sufficiently been responsive to the issues raised?

If there is anything you could change regarding the Healthy Child Manitoba approach (beyond having access to more resources), what would this be?

Do you have any documentation, linked to any specific points raised during the interview, you would be willing to share with me?

Appendix I

Summary of Key Themes Based on the Response provided by an Informant

(The numbering corresponds to a specific line of the interview transcript.)

Mandate 0 to 18 - best interests of children succeed - need to address silos and government (14)

Key elements: departments need to take the time to connect, share information, collaborate (25)

Serious missteps - may work and better in theory than in practice (27)

Potential confusion (40)

Locked doors - real communication challenges (43)

Quote – missteps (46)

Impact in Ontario on child care when implementing full-time K (57)

Presentation to HCCC (65)

Integration of child care sector within education (65)

Child care silo and education silo still exist (69)

Limitation of Parent-Child Coalitions (99)

Confusion versus education and child care (102)

Impact of changing players (106)

Similarly as HCM - Parent-Child Coalitions struggle (103)

Quote - multiple elements linked to poverty -importance of front-end investments (119)

Critical importance of cross departmental collaboration (127)

Umbrella structure has limitations (129)

Educaring Committee (131) – (138) composition

Historical MSBA early childhood committee prior to HCM (146)

Quote Educaring (153)

Need to re-create Educaring (156)

Request by minister to re-create Educaring (163)

Influence of MSBA (179)

Seamlessness for kids (182)

Working together network (184)

Introduction of early childhood education in schools - slow process (186)

Not a school mandate (189)

Major change over a decade (180)

Quote - acceptance of early childhood education in K to 12 (193)

HCM had an impact (200)

Fraser Mustard science (200)

Rationale for meeting with HCCC (217)

Creating a 0 to 18 ministry (219)

Quote - benefit of integrating preschool in kid to 12 - improve communication and collaboration (226)

Creating a preschool-school mandate (236)

HCM - successful to some extent at breaking barriers (242)

Advisory committee- sharing of practical knowledge (252)

Quote - Advisory Committee - some influence (254)

Quote - still silos (262)

Quote - progress yes but not far enough (268)

Positive impact of the roots of empathy and of the seeds of empathy - school activities (282)

Working with the whole child (292)

School focus on academic structure (294)

Quote direction to schools – EAL and HCM - potential for confusion (313)

Argumentation for one ministry preschool and k to 12 - facilitating communication (319)

Confusion (321)

Understanding of HCM – superintendents, school principals (mostly elementary), trustees to some extent - lots of changes after each election (329)

Continuity from Conservative party (350)

Extending the role of kid to 12 education include early childhood education (376)

Benefits of merging the two sectors (376)

Merging of kid to 12 and post secondary education-wrong choice (392)

Impact of early childhood education - support for MTS (394)

Communication is critical (416)

Rationale for healthy child Manitoba and cross sector activities (416)

Quote - mental health service – problems

Quote - challenges linking health and education (428)

Link with a demand of the Manitoba Centre for Health Policy - knowledge dissemination (455)

Use of research - political implications (462)

HCM needs to be bold (465)

Quote - kids do not vote - limited impact on policy (469)

Quote - a lack of policy alignment and coherence (473) - e.g. seniors tax credit

Politics - policy versus politics (494)

Three sectors: the child care sector, the preschool sector, and the education sector (503)

Limited interest from the business and municipalities sectors (513) - lip service

Network - three key players - the education community, the child care community, and to some extent the health sector (522)

Some missing players (523)

Appendix J

List of Nodes

(Presented in alphabetical order)

1. Act
2. Advisory Committee
3. After school-outside of schools
4. Bottom-up policymaking
5. Budget
6. Challenges and weaknesses
7. Changes in future
8. Collaboration
    - Business
9. Communication
10. Community Bottom-up
11. Confusion
12. Cross-sectoral approach
    - In-government perspective
13. Deputy ministers
14. Duplication of efforts
15. Early childhood education
16. EDI
17. Educaring
18. High profile outside influence
19. Historical development – Pre-HCM – Transition and conceptualisation
    - History Parent-Child coalition
20. Innovation
21. Link pre-K and K to 12
22. Manitoba Centre for Health Policy
23. Mental health
24. Ministers
25. Network
26. Ownership vs incubators
27. Parent-Child Coalitions
28. PAX
29. Policy contradictions
30. Poverty
31. Program evaluation – research – evidence
32. Program implementation

33. Protocols
34. Reorganisation pre-K vs. K to 12
35. Silos
36. Stakeholder influence
37. Strengths, benefits and successes
38. Top-down policymaking
39. Wicked problems

Appendix K
Informed Consent Letter Used for Individual Participants

UNIVERSITY OF MANITOBA

Faculty of Education
Department of Educational Administration, Foundations and Psychology

230 Education Building
University of Manitoba
Winnipeg, Manitoba
Canada R3T 2N2

Telephone (204) 474-9018
Fax (204) 474-7550

Date:

Name and address of individual

Dear _____,

I am writing to you as a PhD Candidate in the Cohort for Educational Administration in the Faculty of Education at the University of Manitoba under the supervision of an advisory committee comprised of Mr. Paul Vogt, Dr. Raymond Hébert, Dr. John Wiens, and Dr. Jon Young. I am conducting a doctoral research study focusing on policymaking in the field of education. The proposed title of the study is *An analysis of a horizontal public policy approach: A case study of the Healthy Child Manitoba strategy*. You have been identified by me, the principal investigator, as a significant stakeholder in this area who could make a valued contribution to this study. Your assistance in support of this research project would be greatly appreciated. I would therefore wish to conduct an interview with you which I expect would last approximately 45 to 75 minutes.

If you kindly accept to participate in this study, please note that the interview will be recorded and that a corresponding written transcript will be prepared for your review and approval. An opportunity would therefore be provided for you to make adjustments to the transcript if deemed appropriate and necessary.

It should be noted that your name and position, as a respondent, would be included in an appendix in the final dissertation. If, as a researcher, I decide to include in the final dissertation any direct quotes or cite any parts of the transcript relating to your interview, your approval will be required. In such a case, you would be identified by your name and position. Under these circumstances, you would be contacted by me to confirm that you are comfortable with the proposed text to be inserted in the manuscript which would be provided to you with sufficient contextual information to allow you to make an informed decision. It should also be noted that elements from your interview may be used without explicitly attributing the comment or observation to you. In those cases, broad labeling such as ‘a respondent’, an ‘informed

participant', a 'government official' or an 'informed observer' would be used to protect your identity.

Please note that, for information purposes, the list of questions would be sent to you prior to the interview taking place. It is my expectation, as a researcher, that no formal preparation time would be required of you, prior to the interview.

As a follow-up to your participation in this project, you will receive a summary copy of the dissertation. Whether or not you choose to participate, please contact me using the following email address auclairj@myumanitoba.ca no later than September 18, 2015. I you accept to participate, I will promptly send you a Letter of Informed Consent for you to read carefully, sign, and return in a pre-addressed stamped envelope or electronically by e-mail. I hope to begin this study very soon. Should you have any questions or comments regarding this study, feel free to contact me using the contact information outlined below. It should be noted that, as a participant, you will have the option to withdraw from the research project at any time. Such a withdrawal would not be referred to in the final research report. To withdraw from the research, a participant would simply need to inform the researcher of his or her wish to withdraw from the study either verbally in person or by telephone or in writing with a letter or an e-mail. In the case of a withdrawal, the participant will have the possibility of asking that all the data provided to the point of withdrawal be either destroyed or kept by the researcher for the purpose of the study.

This research has been approved by the Education and Nursing Research Ethics Board of the University of Manitoba under Research Ethics Protocol (#E2015:072). If you have any concerns or comments about this project, you may contact me or Dr. Young or the Human Ethics Coordinator (HEC) at 204-474-7122 or margaret.bowman@ad.umanitoba.ca.

Your participation in this study would be highly appreciated.

Sincerely,

Signature of Principal Investigator	*Signature of Research Supervisor*
Principal Investigator: Jean-Vianney Auclair PhD Candidate University of Manitoba XXX XXX Email: auclairj@myumanitoba.ca Home: XXX-XXX-XXXX Work: XXX-XXX-XXXX	Dr. Jon Young, Professor Acting Head of the Department of Educational Administration, Foundations & Psychology Faculty of Education University of Manitoba Winnipeg, MB R3T 2N2 Email: XXX Tel: XXX-XXX-XXXX

Appendix L

Informed Consent Letter Used for Organizations

UNIVERSITY OF MANITOBA

Faculty of Education
Department of Educational Administration, Foundations and Psychology

230 Education Building
University of Manitoba
Winnipeg, Manitoba
Canada R3T 2N2

Telephone (204) 474-9018
Fax (204) 474-7550

Date:

Name and mailing address of the Executive Director of the targeted organisation

Dear _____,

I am writing to you as a PhD Candidate in the Cohort for Educational Administration in the Faculty of Education at the University of Manitoba under the supervision of an advisory committee comprised of Mr. Paul Vogt, Dr. Raymond Hébert, Dr. John Wiens, and Dr. Jon Young. I am conducting a doctoral research study focusing on policymaking in the field of education. The proposed title of the study is *An analysis of a horizontal public policy approach: A case study of the Healthy Child Manitoba strategy*. Your organisation has been identified by me, the principal investigator, as a significant stakeholder in this area who could make a valued contribution to this study. Your assistance in support of this research project would be greatly appreciated. I would therefore wish to conduct an interview with you or with an interested and well informed member of your organisation. It is expected that the interview would last approximately 45 to 75 minutes.

If your organisation kindly accepts to participate in the study, please note that the interview with the selected participant will be recorded and that a corresponding written transcript will be prepared for the review and approval of the person being interviewed. An opportunity will therefore be provided to the respondent to make adjustments to the transcript if deemed appropriate and necessary.

It should be noted that the name of the organization and the participant's name and position will be included in an appendix in the final dissertation. However, the views expressed by the participant will not directly be attributed without his or her approval. If, as a researcher, I decide to include in the final dissertation any direct quotes or cite any parts of the transcript relating to the interview, the approval of the respondent will be required. In such a case, the respondent would be identified by his or her name and position. Under these circumstances, the respondent would be contacted by me to confirm that he or she is comfortable with the proposed text to be inserted in the manuscript. The proposed text would be provided with sufficient contextual information to allow the respondent to make an informed decision. It should also be noted that

elements from the interview may be used without identification of the respondent. In those cases, broad labeling such as 'a respondent', an 'informed participant', a 'government official' or an 'informed observer' would be used to protect the identity of the respondents.

Please note that, for information purposes, the list of questions would be sent to the respondent prior to the interview taking place. It is my expectation, as a researcher, that no formal preparation time would be required prior to the interview.

As a follow-up to your participation in this project, the respondent will receive a summary copy of the dissertation. Please indicate whether or not your organisation will participate in this study by communicating with me directly at auclairj@myumanitoba.ca no later than September 18, 2015. If your organisation accepts to participate, I will promptly send you an Informed Consent Form to be read carefully by the selected participant, sign, and return in a pre-addressed stamped envelope or electronically by e-mail. I hope to begin this study very soon. Should you have any questions or comments regarding this proposed study, feel free to contact me using the contact information outlined below. It should be noted that, as a participant, you will have the option to withdraw from the research project at any time. Such a withdrawal would not be referred in the final research report. To withdraw from the research, a participant would simply need to inform the researcher of his or her wish to withdraw from the study either verbally (in person or by telephone) or in writing (by letter or e-mail). In the case of a withdrawal, the participant will have the possibility of asking that all the data provided prior to their withdrawal be either destroyed or kept by the researcher for the purpose of the study.

This research has been approved by the Education and Nursing Research Ethics Board of the University of Manitoba under Research Ethics Protocol (#E2015:072). If you have any concerns or comments about this project, you may contact me or Dr. Young or the Human Ethics Coordinator (HEC) at 204-474-7122 or margaret.bowman@ad.umanitoba.ca . Your participation in this study would be highly appreciated.

Sincerely,

Signature of Principal Investigator	*Signature of Research Supervisor*
Principal Investigator: Jean-Vianney Auclair PhD Candidate University of Manitoba XXX XXX Email: XXX Home: XXX-XXX-XXXX Work: XXX-XXX-XXXX	Dr. Jon Young, Professor Acting Head of the Department of Educational Administration, Foundations & Psychology Faculty of Education University of Manitoba Winnipeg, MB R3T 2N2 Email: XXX Tel: XXX-XXX-XXXX

Appendix M

Informed Consent Form

UNIVERSITY OF MANITOBA

Faculty of Education
Department of Educational Administration, Foundations and Psychology

230 Education Building
University of Manitoba
Winnipeg, Manitoba
Canada

Study Title: An analysis of a horizontal public policy approach: A case study of the Healthy Child Manitoba strategy

Principle Investigator and contact information:
Jean-Vianney Auclair
University of Manitoba
Email: XXX
Tel: XXX-XXX-XXXX

Research Supervisor:
Dr. Jon Young, Professor
Acting Head of the Department of Educational Administration,
Foundations & Psychology
Faculty of Education
University of Manitoba
Winnipeg, MB
R3T 2N2
Email: XXX
Tel: XXX-XXX-XXXX

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of the Research:

The central question being examined by this study is to determine to what extent and under what circumstances the Healthy Child Manitoba cross-sectoral strategy represents an innovative and valuable model for improving and extending the effectiveness of the more conventional development and implementation of educational policies.

Research procedures - semi-structured interviews:

The data collection for this research will mainly be done through semi-structured interviews. It is expected that the interview conducted by the researcher will last between 45 to 75 minutes. The time and place of the interviews will be determined based on the participants' availability. The researcher will make every possible effort to accommodate the schedule of the respondents and to make their participation in this research as pleasant an experience as possible. The list of questions to be used for the interview will be provided ahead of time for information purposes. The participants will not be required to do any special preparation prior to the interview. The interview will be recorded using an audio digital recorder and will be transcribed. All corresponding written transcripts will be prepared for review and approval by the participants. Written transcripts will be sent either electronically or in paper format to the participants. Participants will be able to provide feedback and may suggest changes in one of these two formats. When responding electronically, respondents will be invited to highlight their proposed changes. The respondents preferring to use a hard copy will be invited to write their proposed changes directly on the paper copy. The researcher will propose a reasonable timeline for responding and will include a note indicating that if no changes are required by a certain date, the researcher will assume that the transcript is acceptable as submitted to the respondent. It is expected that the review of the transcript by the respondent will take approximately 30 minutes.

The researcher may contact the respondents for a follow-up interview if deemed necessary. Please check the appropriate box below to indicate your willingness and interest in participating in a follow-up interview if required by the researcher.

□ I accept to participate in a follow-up interview if necessary.
□ I do not accept to participate in any type of follow-up interview.

Confidentiality:

It should be noted that the name and positions of the respondents involved in the study will be included in an appendix in the final dissertation. However, the views expressed by the participants will not directly be attributed without approval from the respondent. If the researcher decides to include in the final dissertation any direct quotes or citations from the transcript relating to a respondent's interview, the respondent's approval will be required. In such a case, the respondent would be identified by his or her name and position. The respondent would then be contacted by the researcher to confirm approval of the proposed text to be inserted in the manuscript. It should also be noted that elements from the transcripts may be used in the final dissertation without attributing the comment or observation to an identified respondent. In this case, broad labeling, such as 'a respondent', an 'informed participant', a 'government official' or an 'informed observer' would be used to protect the identity of the respondents.

When quotations are used without appropriation, special precautions will be taken to ensure that the risks related to the identification of a respondent are reduced as much as possible. Precautions such as removing some elements of a quotation and replacing them with information presented in brackets may be used to protect an institution's or a respondent's identity in a situation that could potentially be embarrassing. For example, if a respondent referred to the 'University of Manitoba' in a very negative sense, the researcher could replace this reference with [a postsecondary institution in

Manitoba].

All field notes, recordings and transcripts will be kept in a password protected computer. All confidential printed copies of documents (eg. interview transcripts, signed consent forms, etc.) will be kept in a locked filing cabinet in the personal residence of the researcher. All corresponding electronic files and hard copies will be deleted three years after the graduation date (anticipated date of graduation – Fall 2017). All electronic files will be deleted. No back-up files will be kept. All printed copies will be shredded and recycled.

It should be noted that participants will have the option to withdraw from the research project at any time. Such a withdrawal would not be referred to in the final research report. A participant wishing to withdraw from the research should inform the researcher either verbally (in person or by telephone) or in writing (by letter or e-mail). In the case of a withdrawal, the participant will have the option of asking that all the data provided prior to their withdrawal be either destroyed or kept by the researcher for the purpose of the study. It should also be noted that the participant may refrain from providing an answer to any question he or she prefers to omit.

Feedback about the study:

The researcher will be pleased to provide each participant with a final summary report highlighting the findings of the study following the expected graduation date of the researcher (Fall 2017). The results of this research may be shared with specific sectors of the provincial government and may also be disseminated in academic and/or professional journals and/or conferences.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Education and Nursing Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's signature _____ Date _____

Appendix N

ENREB Certificate–Initial Approval–August 31, 2015

UNIVERSITY OF MANITOBA | Research Ethics and Compliance
Office of the Vice-President (Research and International)

Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-7122
Fax +204-269-7173

APPROVAL CERTIFICATE

August 31, 2015

TO: **Jean-Vianney Auclair** (Advisor J. Young)
Principal Investigator

FROM: **Thomas Falkenberg, Chair**
Education/Nursing Research Ethics Board (ENREB)

Re: **Protocol #E2015:072**
"An analysis of a horizontal public policy approach: A case study of the Healthy Child Manitoba strategy"

Please be advised that your above-referenced protocol has received human ethics approval by the **Education/Nursing Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement (2). **This approval is valid for one year only**.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- **If you have funds pending human ethics approval, please mail/e-mail/fax (261-0325) a copy of this Approval (identifying the related UM Project Number) to the Research Grants Officer in ORS in order to initiate fund setup. (How to find your UM Project Number: http://umanitoba.ca/research/ors/mrt-faq.html#pr0)**

- **if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.**

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/orec/ethics/human_ethics_REB_forms_guidelines.html) **in order to be in compliance with Tri-Council Guidelines.**

Appendix O

ENREB Renewal Certificate–August 2, 2016

UNIVERSITY OF MANITOBA | Research Ethics and Compliance
Office of the Vice-President (Research and International)

Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-7122
Fax +204-269-7173

RENEWAL APPROVAL

August 2, 2016

TO: **Jean-Vianney Auclair** **(Advisor: Jon Young)**
Principal Investigator

FROM: **Zana Lutfiyya, Chair**
Education/Nursing Research Ethics Board (ENREB)

Re: **Protocol #E2015:072 (HS18717)**
"An analysis of a horizontal public policy approach: A case study of the Healthy Child Manitoba strategy"

Please be advised that your above-referenced protocol has received approval for renewal by the Education/Nursing Research Ethics Board. **This approval is valid for one year and will expire on August 30, 2017.**

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Coordinator in advance of implementation of such changes.

Appendix P

List of Committee of Cabinet Chairs and Committee of Deputy Minister Chairs with Name of the Corresponding Departments

Healthy Child Manitoba 2000-2014

	Chair– Healthy Child Committee of Cabinet	**Department**	**Chair– Healthy Child Deputy Ministers' Committee**	**Department**
2000-2001	Tim Sale	Minister of Family Services and Housing	Tannis Mindell	Deputy Minister of Family Services and Housing
2001-2002	Tim Sale	Minister of Family Services and Housing	Tannis Mindell	Deputy Minister of Family Services and Housing
2002-2003	Tim Sale	Minister of Energy, Science and Technology	Tannis Mindell	Deputy Minister of Family Services and Housing
2003-2004	Jim Rondeau	Minister of Healthy Living	Debra Woodgate	Deputy Minister of Family Services and Housing
2004-2005	Theresa Oswald	Minister of Healthy Living	Milton Sussman	Deputy Minister of Family Services and Housing
2005-2006	Theresa Oswald	Minister of Healthy Living	Milton Sussman	Deputy Minister of Family Services and Housing
2006-2007	Kerri Irvin-Ross	Minister responsible of Healthy Living	Martin Billinkoff	Deputy Minister of Family Services and Housing
2007-2008	Kerri Irvin-Ross	Minister of Healthy Living	Martin Billinkoff	Deputy Minister of Family Services and Housing
2008-2009	Kerri Irvin-Ross	Minister responsible for Healthy Living	Martin Billinkoff	Deputy Minister of Family Services and Housing
2009-2010	Jim Rondeau	Minister of Healthy Living, Youth and Seniors	Jeff Schnoor	Deputy Minister of Justice
2010-2011	Jim Rondeau	Minister of Healthy Living, Youth and Seniors	Jeff Schnoor	Deputy Minister of Justice

2011-2012	Kevin Chief	Minister of Children and Youth Opportunities	Gerald Farthing	Deputy Minister of Education
2012-2013	Kevin Chief	Minister of Children and Youth Opportunities	Gerald Farthing	Deputy Minister of Education
2013-2014	Kevin Chief	Minister of Children and Youth Opportunities	Gerald Farthing	Deputy Minister of Education and Advanced Learning
2014-2015	Melanie Wight	Minister of Children and Youth Opportunities	Gerald Farthing	Deputy Minister of Education and Advanced Learning
2015-2016	Melanie Wight	Minister of Children and Youth Opportunities	Robert Wavey	Deputy Minister of Aboriginal and Northern Affairs

Appendix Q
Evolution of the Children and Youth Secretariat (CYS)/Healthy Child Manitoba (HCM) Programming
Based on CYS-HCM Annual Reports (1998-2006)

Program/ Activities	CYS 98-99	CYS 99-00 (Sale)	HCM 00-01 (Sale)	HCM 01-02 (Sale)	02-03 (Sale)	03-04 (Rondeau)	04-05 (Oswald)	05-06 (Oswald)
BabyFirst Community-Based intervention supporting families with children up to age three.	Continuation of the implementation started in 1997-1998.	Continuation of the implementation started in 1997-1998.	Implementation continues	Implementation continues	Implementation continues	Implementation continues	Integration of these two programs – The new integrated program is referred to as **Families First** (December 2004) Funding is provided by HCM to RHAs	Complete the integration of the two programs and implement – funded by HCM and delivered by RHAs.
Early Start Community-Based early childhood intervention for children ages two to five.	Continuation of the implementation started in 1997-1998.	Continuation of the implementation started in 1997-1998.	Implementation continues	Implementation continues	Implementation continues Pilot program exploring the potential integration of BabyFirst and Early Start.	Implementation continues		
FAS (Fetal Alcohol Syndrome) – Stop FAS program/InSight Mentoring program for women at risk of having a child with FASD.	Continuation of the implementation started in 1997-1998.	Continuation of the implementation started in 1997-1998.	Implementation continues	Implementation continues	Implementation continues Now refers to FASD (disorder)	Implementation continues	Implementation continues	Implementation continues
Side by Side/Parent-Child Coalition Bring together parents, early childhood educators, health care professionals and community members to collaborate towards the well-being of children.	Continuation of the implementation started in 1997-1998.(Side by Side).		Implementation of the Parent-Child Centred coalitions in eleven regions including two cultural organizations and one family resource centre)	Implementation of the Parent-Child Centred coalitions 26 coalitions including one francophone (led by/ FPCP) A first *Provincial Evaluation Forum for Manitoba's Parent Child Centred Coalitions* was held in December 2001. Networking activity held in March 2002.	National Child Day gathering held The council of coalition inaugural meeting (October 2002) – discussion of the evaluation framework Met again in February 2003 The francophone coalition is led by FPCP/DSFM	National Child Day – (Nov. 20) Release of the report Investing in Early Childhood Education: 2002 Progress Report to Manitobans. Spring 2003 – Distribution of a survey to parent-child coalitions	Discussion on the results of parent-Child coalitions and Parent-Child Programs survey – November 2004 Second ECD report released in summer 2004é	Annual provincial forum is being held (around national child day) Focus on evaluation information and on EDI results.
Healthy Baby Program designed to assist pregnant women with financial assistance, social support, and nutrition and health education.			Planning for Healthy Baby • Manitoba Prenatal Benefit • Community support – home visitors	Implementation of Healthy Baby • Manitoba Prenatal Benefit • Community support – home visitors	Implementation continues	Implementation continues	Implementation continues	Implementation continues Introduction of the Healthy Baby Milk Program – by attending Healthy Baby Community Support program, women received milk coupons.
Triple P – Positive Parenting Program Training initiative for parents.								Begins implementation
Seeds of Empathy Extension of ROE. The program is designed to reduce physical aggression and bullying.								
HCM Advisory Committee								HCMO liaises with the Provincial Early Childhood Development Advisory Committee.
Early Childhood Development (ECD)					Summit on Early Childhood Education held on November 20, 2002 (National Child Day)	Release of the report on the Summit held the year before	HCM is directed by TB to coordinate an Early Childhood Development-centred estimates process Release of the second EDD Manitoba report in summer 2004. Incremental funding is provided to the Francophone coalition in support of the further development of the 'hub' model.	Cross-departmental inventory of EDD programs and expenditures was completed. A report was provided to TB in 2005-2006. This process was to be continued in 06-07. Continues to fund the hub model as well as *Les centres de la petite enfance et de la famille*. Manitoba's third ECD report was

								released in summer 2005.
Roots of Empathy Program designed to increase pro-social behavior and to reduce aggression and bullying.				Begin pilot program in Seine River SD	Six additional schools school divisions implemented ROE (FLBSD, FFSD, DSFM, LRSD, WSD, LSSD)		Implemented in 51 schools in 9 school divisions.	Implemented in 69 schools in 16 school divisions. Preliminary evaluation results were released.
Early Development Instrument (EDI)	Winnipeg school division is selected as a pilot site (not led by HCM)			Cabinet approved the phased-in implementation of the EDI	Voluntary implementation in SD (24 SD participated)	Voluntary implementation in SD (28 SD participated)	Voluntary implementation in SD (31 SD participated)	Implementation in all school divisions.
COACH							24-hour wraparound program targeting 5 to 11 year old children in the WSD with extreme behavioural, emotional, social and academic issues.	Implementation continues
Healthy Schools Manitoba's Comprehensive school health initiative to promote the health of school communities.			Implementation of nurses in schools		Healthy Schools – approval of an action plan in 2001	New framework approved in February 2003	The department of Healthy Living is now identified as the lead department for this initiative Provincial campaign focusing on mental health promotion.	Provincial campaign focusing on active living.
Community School Investigators (CSI) Summer learning enrichment program.								Support provided to Community School Investigators
Legislation								
Healthy Buddies Peer mentoring initiative that pairs younger students with older students,								
Life Skills Training (LST) Prevention program targeting social and psychological factors.								
Communities that Care Initiative that combines strategic consultation, technical assistance, and training to help communities to promote positive development of youth.								
Signs of suicide (SOS) School-based prevention program to raise awareness of suicide and related issues.								
Towards Flourishing Project Program designed to promote the mental well-being of parents and children through a mental health promotion strategy within Manitoba's Families First Home Visiting Program.								
Abecederian approach to early learning Program incorporating learning into day-to-day adult-child interaction that are tailored to the needs of each child.								
PAX – The good behavior game Program designed to enhance self-regulation and socio-emotional learning and to reduce suicidal thoughts and attempts.								
Youth Health Survey								

Survey administered in Manitoba schools.								
Provincial report	Publication of the first Children and Youth Status Report							
Mental Health								

This table focuses primarily on programs and activities conducted by CYS and HCM and does not focus on research-related activities conducted by HCM. Also, the table does not emphasize the activities that have been conducted by HCM targeting adolescents more specifically.

Appendix R
Evolution of the Children and Youth Secretariat (CYS)/Healthy Child Manitoba (HCM) Programming
Based on CYS-HCM Annual Reports (2007-2015)

Program/ Activities	06-07 (Irvin-Ross)	07-08 (Irvin-Ross) Proclamation of the HCM Act	08-09 Irvin-Ross)	09-10 More detailed and focused on research (Rondeau)	10-11 (Rondeau)	11-12 (Chief)	12-13 (Chief)	13-14 (Chief)	14-15 (Wight)
BabyFirst Community-Based intervention supporting families with children up to age three. Early Start Community-Based early childhood intervention for children ages two to five.	Implementation continues	Implementation continues	Implementation continues	Implementation continues Evaluation report to be released in summer 2010.	Positive evaluation results received from the MCHP.	Implementation continues	Implementation continues	Implementation continues	Implementation continues
FAS (Fetal Alcohol Syndrome) – Stop FAS program/InSight Mentoring program for women at risk of having a child with FASD.	Implementation continues	The Province announces a new provincial coordinated strategy. Implementation of Stop FASD continues	Continued implementation of the coordinated approach Implementation of Stop FASD continues and was expanded in three additional sites.	Stop FASD is replaced with *InSight Mentoring Program*	Implementation of *InSight Mentoring Program* continues Implementation of CHOICES.	Implementation of *InSight Mentoring Program* continues MCHP was commissioned to conduct a study on the long-term outcomes of the program, Implementation of CHOICES continues.	Implementation of *InSight Mentoring Program* continues Implementation of CHOICES continues.	Implementation of *InSight Mentoring Program* continues Implementation of CHOICES continues.	Implementation of *InSight Mentoring Program* continues MCHP results to be available in fall/winter 2015.
Side by Side/Parent-Child Coalition Bring together parents, early childhood educators, health care professionals and community members to collaborate towards the well-being of children.	Annual provincial forum is being held (around national child day) Focus on evaluation information and on EDI results.			Council of coalitions Annual Provincial forum for Parent-Child Coalition (First pan-Canadian conference on population based measurement of children's development for communities	Celebration of the 10th anniversary of the HCM strategy – National Child Day in November.	National Child day (normally on November 20th). At the request of the PCC, the forums were held on a regional basis. Mental Health Summit held in February 15-16, 2012.	National Child Day Forum: *Coming back to the Drum: A Shared Journey*- Focus on Aboriginal peoples and cultures.		National Child Day Forum 2015 – Embracing Diversity, Nurturing Roots. The Manitoba ParentZone web site is transferred to from Family Services HCM.
Healthy Baby Program designed to assist pregnant women with financial assistance, social support, and nutrition and health education.	Implementation continues	Implementation continues	Implementation continues	Implementation continues	Positive evaluation results received from the MCHP. (Report released in November 2010)	Implementation continues	Implementation continues	Implementation continues	Implementation continues Enhancement through the collaboration with the Partners for Inner-City Integrated Prenatal Care (PIIPC).
Triple P – Positive Parenting Program Training initiative for parents.	Implementation continues – phased-in approach focussing – initial focus on children under the age of six based on need and local capacity.	Implementation continues – expansion in the Winnipeg area.	Implementation continues – including the expansion in the Winnipeg area.	Implementation continues – In February 2010, the first Triple P training was offered in French. Launch of a new Manitoba web site. Pilot project of the Equity – Focused Health Impact Assessment to measure the impact of a potential expansion of the program to teenagers (12-16)	Implementation continues – Planning Alternative Tomorrows with Hope (PATH) – used as a planning tool. Increased promotion of Triple P. Initial report released on the implementation of Triple P. Pilot project of the Equity – Focused Health Impact Assessment – Phase 1 completed and Phase e in progress.	Implementation continues – Pilot project of the Equity – Focused Health Impact The two research phases were completed.	Implementation continues –	Implementation continues	Implementation continues Partnership with HCMO and University College of the North (UCN) – Students in the ECE program are trained in Triple P. Triple P training offered by Manitoba Justice Staff in correctional facilities.
Seeds of Empathy Extension of ROE. The program is designed to reduce physical aggression and bullying.				Launch of the program in partnership with MFNERC. Training began in child care facilities, nursery schools and Head Start programs.	Implementation continues	Implementation continues	Implementation continues	Implementation continues	Implementation continues

HCM Advisory Committee	HCMO liaises with the Provincial Early Childhood Development Advisory Committee.	HCMO liaises with the Provincial Early Childhood Development Advisory Committee.	HCMO liaises with the Provincial Early Childhood Development Advisory Committee.	First reference to the HCM Advisory Committee in the HCM annual reports. Committee chaired by Strini Reddy.	Committee chaired by Strini Reddy.	Committee chaired by Strini Reddy.	Committee chaired by James Wilson.	Committee chaired by James Wilson.	Committee chaired by James Wilson. The committee continued to focus attention on creating recommendations for the development of a ECD strategy (including the development of a ECD hub at the IRCOM Isabel site)
Early Childhood Development (ECD)	Cross-departmental inventory of EDD programs and expenditures was completed – process continued						Let the Children Play: 2012 Early Childhood Development Forums	Dialogue Starting Early / Starting Strong – five month province-wide consultation Co-hosting of the first ECD summit ECD innovation fund - $500,000 provided by the J. W. McConnel Foundation. Collaboration with Winnipeg Boldness Project. Intersectoral Aboriginal Alignment (ISAA) Memorandum of Collaboration	Release of the Starting Early, Staring Strong five-year action plan. Launch of the Boldness Project.
Roots of Empathy Program designed to increase pro-social behavior and to reduce aggression and bullying.	Implemented in 18 school divisions.	Implemented in 18 school divisions.	Implemented in 18 school divisions.	Implemented in 18 school divisions.	Implemented in 18 school divisions.	Implemented in 18 school divisions.	Implemented in 18 school divisions.	Celebration of the 10 years of the offering of the Program	
Early Development Instrument (EDI)	Implementation in all school divisions	Implementation in all school divisions	Implementation in all school divisions	Implementation in all school divisions	Expansion to First Nations Schools.	Continues implementation.	Continues implementation.	Continues implementation.	Continues implementation.
COACH	Implementation continues.	Implementation continues	Implementation continues	Implementation continues	Implementation continues	Implementation continues Expansion announced in May 2011.	Implementation continues	Implementation continues	Implementation continues HCM began the offering of high fidelity wraparound planning .training
Healthy Schools Manitoba's Comprehensive school health initiative to promote the health of school communities.	Provincial campaign focusing on mental wellness.	Provincial campaign focusing on healthy eating.	Provincial campaign focusing on environmental health.	Provincial campaign focusing on physical activity (fall 2009) and healthy eating (spring 2010)	Provincial campaign focusing on mental health promotion (fall 2010) and injury prevention (spring 2010)	Linked to categorical grant review process. Provincial campaign focusing on healthy relationships (fall 2011) and healthy green environments (spring 2011)	Provincial campaign focusing on healthy eating(fall 2012) and mental health promotion (spring 2012)		No specific references to school campaigns.
Community School Investigators (CSI) Summer learning enrichment program.					Funding provided to CSI through the Boys and Girls Club.	Funding provided to CSI through the Boys and Girls Club.	Funding provided to CSI through the Boys and Girls Club.	Funding provided to CSI through the Boys and Girls Club.	Funding provided to CSI through the Boys and Girls Club.
Legislation		Proclamation of the HCM Act							
Healthy Buddies Peer mentoring initiative that pairs younger students with older students,				Beginning of a new pilot project in 20 schools focusing on peer mentoring.	Pilot program continues		Program implemented in 10 elementary schools		HCMO staff co-authored a publication in a peer-reviewed journal.
Life Skills Training (LST) Prevention program targeting social and psychological factors.				Beginning of a new pilot project focusing on social and psychological factors related to risk behaviors. 30 grade three classrooms participated.	Pilot program continues.	Continuation of phase 2 of the pilot process. Program was delivered in 32 schools – grades 4-5.	Continuation of phase 2 of the pilot process.		
Communities that Care Initiative that combines strategic consultation, technical assistance, and				New pilot project (under the *Changes for Children Initiative)* – Partnership involving HCMO, Family	Pilot program continues 4 sites: Elmwood Swan River Sagkeeng First Nation	Pilot program continues in the same communities.	Pilot program continues in the same communities.	Pilot program continues in the same communities.	Pilot program continues in the same communities.

training to help communities to promote positive development of youth.				Services and the WRHA – planning tool to prevent adolescent behavior problems.	Shamattawa First Nation				
Signs of suicide (SOS) School-based prevention program to raise awareness of suicide and related issues.				Beginning of a new pilot project focusing on suicide prevention. 13 schools were involved in the pilot project.					
Towards Flourishing Project Program designed to promote the mental well-being of parents and children through a mental health promotion strategy within Manitoba's Families First Home Visiting Program.					Partnership demonstration project HCMO – WRHA – U of M designed to promote the well-being of parents and children through a new mental heath promotion strategy. Four-year project funded by PHAC. Pilot project in three Winnipeg community areas. Flows from results of the Families First program.	The project continues.	The project continues	The project continues	The project continues Preliminary results of an evaluation project to be available in fall 2015.
Abecederian approach to early learning Program incorporating learning into day-to-day adult-child interaction that are tailored to the needs of each child.						The program is launched in The Lord Selkirk Park. The program is based on low educator-child ratios	Program implementation continues with evaluation data expected in February 2013	Completion of the second year of implementation.	Completion of the third year of implementation. Partnership project with RRC to develop a pilot training program.
PAX – The good behavior game Program designed to enhance self-regulation and socio-emotional learning and to reduce suicidal thoughts and attempts.						Pilot initiated in Seine River School Division		Approximately 200 schools participated in the evaluation process at grade one.	Continue province-wide pilot and evaluation including longer-term impact in grades 3 and 5.
Youth Health Survey Survey administered in Manitoba schools.				Implementation of the Youth Health Survey, **in 2008-2009**, with Partners in Planning for Healthy Living (grade 6 to grade 12).			Implementation of the Youth Health Survey with Partners in Planning for Healthy Living (grade 7 to grade 12).		
Provincial report							Publication of the HCM 2012 Report on Children and Youth.		
Mental Health								Oversight Committee for Child and Youth Mental Health (OCCYMH) in response to community interventions (MASS) Development of a provincial framework and action plan in support of mental health in response to the recommendations of MASS and other educational partners. Development of a mental health provincial strategy	This work continues.

This table focuses primarily on programs and activities conducted by CYS and HCM and does not focus on research-related activities conducted by HCM. Also, the table does not emphasize the activities that have been conducted by HCM targeting adolescents more specifically.

In 2010-11, HCMO received several research awards – this illustrates how the research mandate of HCM seems to be expanding.

Appendix S

List of the Members of the Provincial Healthy Child Advisory Committee as of February 2016

(Manitoba, 2016)

Acting Chair/Vice Chair: Manitoba Child Care Association (Pat Wege)

Big Brothers Big Sisters-Morden/Winkler (Michael Penner)

Canadian Mental Health Association-Manitoba/Winnipeg (Marion Cooper)

Coalition of Youth Serving Agencies (Ron Brown)

Community Action Programs for Children (Sharon Taylor)

Council of School Leaders (Stephen Jaddock)

First Nations of Northern MB Child and Family Services Authority (Mary Werba)

General Child and Family Services Authority (Patti Cox)

Manitoba Adolescent Treatment Centre (Marg Synsyhyn)

Manitoba Association of Parent Councils (Judith Cameron)

Manitoba Association of School Superintendents (Roza Gray)

Manitoba Centre for Health Policy (Dr. Mariette Chartier)

Manitoba Clinic (Dr. David Connor)

Manitoba First Nations Education Resource Centre (Sheila Murdock)

Manitoba School Boards Association (Josh Watt)

Office of the Children's Advocate (Corey La Berge)

Red River College-Department of Community Services (Janet Jamieson)

Southern First Nations Network of Care (Jolene Cameron)

Student Services Administrators' Association of Manitoba (Michelle Marriott)

PHCAC members representing Manitoba's Parent-Child Coalitions:

Assiniboine North Parent-Child Coalition (Antoinette Gravel-Ouellette)

Brandon Healthy Families Team (Veronica Adams)

Churchill Parent-Child Coalition (Echo Finlay)

Fédération des parents du Manitoba (Chantal Tackaberry)

Nor-Man Regional Parent-Child Coalition (Renne Kastrukoff)

River East Transcona Parent-Child Coalition (Kim Campbell)

Ex-officio PHCAC members:

Manitoba Aboriginal and Northern Affairs (Kim McPherson)

Manitoba Children and Youth Opportunities (Todd Clarke)

Manitoba Education and Advanced Learning (Wenda Dickens)

Manitoba Family Services (Marg Ferniuk, Bobbie Pompana, Jennifer Rattray)

Manitoba Health, Healthy Living and Seniors (Claire Betker, Debbie Nelson)

Public Health Agency of Canada (Kimberley Resch)

Winnipeg Regional Health Authority (Darlene Girard)

PHCAC staff from HCMO: Shelley Jonasson, Rob Santos, Jan Sanderson