Toward Common Ground Wellbeing Framework June 2016

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Table of Contents

Overview 3
- **Purpose** 3
- **Approach** 3
- **Pathways: Definitions & Outcomes** 3

Wellbeing Framework Part 1: Common Language & Understanding 6
- **Common Language and Understanding Phase I: Identifying domains, concepts & bird's eye view indicators** 6
- **Common Language and Understanding Phase II: Maintaining, updating, & deepening what we know** 19

Wellbeing Framework Part 2: Understanding Interventions & Impact 22

Wellbeing Framework Part 3: Implementation 24

Conclusion 26

Appendix A: Definitions 27

Appendix B: Collaborative Systems Change Efforts 29

Overview

Purpose

The purpose of this framework is to act as a common language tool and lens for stakeholders of social and health wellbeing in Guelph and Wellington to:

- understand needs, gaps, strengths;
- take strategic action; and
- measure impact.

Approach

This framework is built on the belief that the impact of our individual efforts can be deepened if we are deliberate about working together. Centralizing our individual and organizational knowledge will deepen our collective knowledge. Deepening our collective knowledge will strength the ability of stakeholders of social and health wellbeing to take individual and collective action that is strategic; reflects local community needs; and builds on community strengths and momentum.

At the same time, we need to commit to evidence-based decision-making. Evidence includes academic and local research, best and promising practices, and the knowledge, experience and expertise of stakeholders and people with lived experience.

Finally, a commitment to work together requires a willingness to be flexible, iinnovative, learn from one another, and test and experiment new ideas and actions that have the potential to improve the collective wellbeing of the people who live in Guelph and Wellington.

Pathways: Definitions & Outcomes

This framework supports the implementation of Toward Common Ground's (TCG) pathways. Pathways are the mechanisms that are used to affect change. TCG has identified five pathways. The first two pathways are the launching points and foundation for the other pathways.

Pathways	Definitions
Create a bird's eye view	Through common language, centralize and create a high-level view of information and data about collective social and health needs, gaps, strengths and responses in Guelph & Wellington.
Connect the dots and contextualizes	Conduct quantitative and qualitative research and engage stakeholders to deepen, distinguish and refine what we know about strengths, gaps and needs. Connect and contextualize the data and information that is gathered by situating it in local, provincial or national contexts.
Transfer and mobilize knowledge	Share information and data about social and health needs, gaps, strengths and responses in an ongoing and accessible manner as a resource for human service stakeholders to make informed and strategic decisions about how best to support and meet the needs of people who live in our community.
Build Collective Capacity	Build organizational and collective capacity as needed in, or requested by, the local human services sector
Champion and support strategic action	Champion or support new and existing initiatives to take strategic action in response to social and health needs in our community to maximize collective impact.

Through the implementation of our pathways, alongside our framework Toward Common Ground works toward the following intermediate outcomes:

Intermediate Outcomes
Expand our individual and collective knowledge about the wellbeing of people who live in our community
Inform a consistent and comprehensive understanding of the strengths, gaps and needs of our community across priority populations and issues
Provide clarity about how and where we intervene to affect change
Identify mutually reinforcing efforts and opportunities for alignment, synergy and/or to break down barriers
Identify opportunities to work together to address complex challenges
Leverage community strengths and knowledge
Strengthen our collective ability to affect meaningful impact on people's lives
Guide strategic action taken by TCG and other stakeholders of social and health wellbeing in Guelph & Wellington
Inform resource allocation
Align resource allocation with evidence-based needs

The collective **vision** for Toward Common Ground partners is:

Everyone in Guelph & Wellington is happy, healthy and thriving

This vision has been identified as a collective long-term outcome, with the understanding that it may be defined and realized differently across individuals, organizations and communities.

The following long-term outcomes have been identified as critical to realizing our vision:

Long-term Outcomes
Barriers (including systemic barriers) to the social determinants of health have been removed
Individuals have the knowledge, capacity and agency to create the life they want for themselves
Communities are places where people feel supported, connected and like they belong
Organizations are supported to make evidence-based decisions about planning and services and to measure the impact of their efforts
Organizations have access to supports and learning opportunities that build the capabilities and skills to provide the best support and services possible for people that they serve
Service systems work together, are accessible, meet people's needs and leave people better off

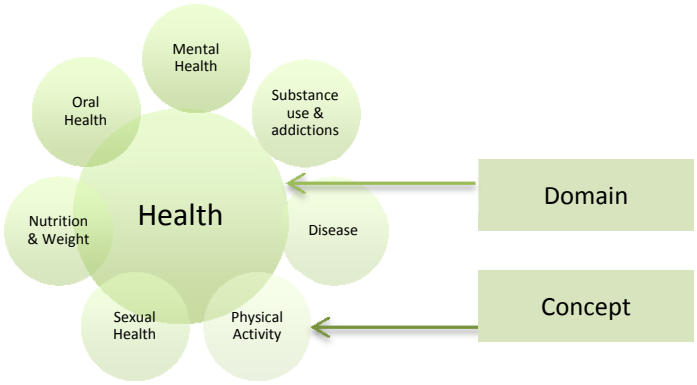
Wellbeing Framework Part 1: Common Language & Understanding

In order to create a bird's eye view and connect the dots across and contextualize social and health strengths, gaps and needs, wellbeing language will be aligned in two ways:

1. Agree on common language by identifying:

- Domains*: Quality of Life Categories[i]

- Concepts*: Specific aspects of quality of life under each domain area



See appendix A for definitions of key terms (marked with *) used in this document

Common Language and Understanding Phase I: Identifying domains, concepts & bird's eye view indicators

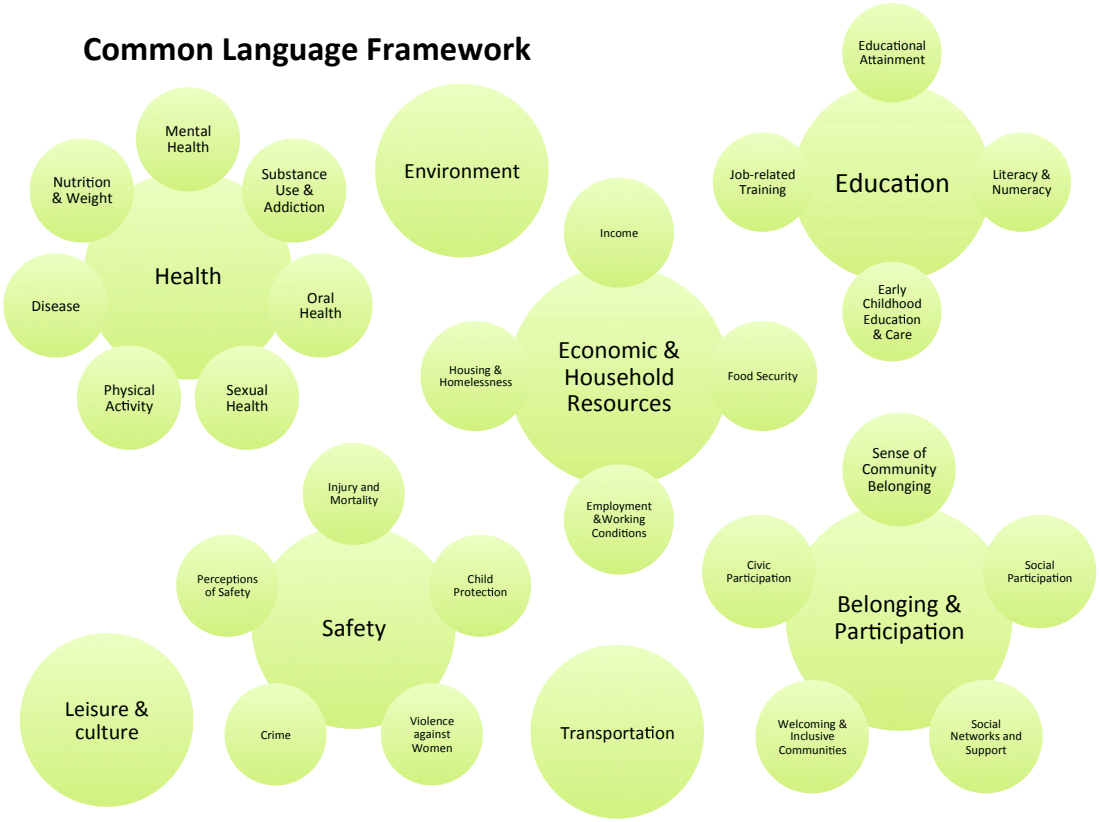
Toward Common Ground uses an adapted version of the Canadian Index of Wellbeing's definition of wellbeing:

> Wellbeing is the presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to: access to economic and household resources, robust health, a sustainable environment, an educated populace, a sense of belonging and participation, a safe home and community, high level of civic participation and access to and participation in leisure and culture[ii]

This understanding of wellbeing was shaped by and assisted to identify the following nine domains and corresponding concepts, as the basis for our common language.

The next section outlines the domains, concepts and population-level indicators and measures that were identified as *Phase I* of developing a common language and understanding to support our bird's eye view of social and health wellbeing in Guelph and Wellington.

Whenever possible, the choice of domains, concepts and indicators follows the precedent set by the Wellington Dufferin Guelph Reports Card on the Wellbeing of Children (RC) and it's sub-committee, the *Core Indicators Advisory Committee* (CIAC). When the precedent of the RC and CIAC could not be followed, decisions were guided by the CIW, alongside input from our stakeholders, content experts* and the academic literature.



DOMAIN 1: Economic & Household Resources

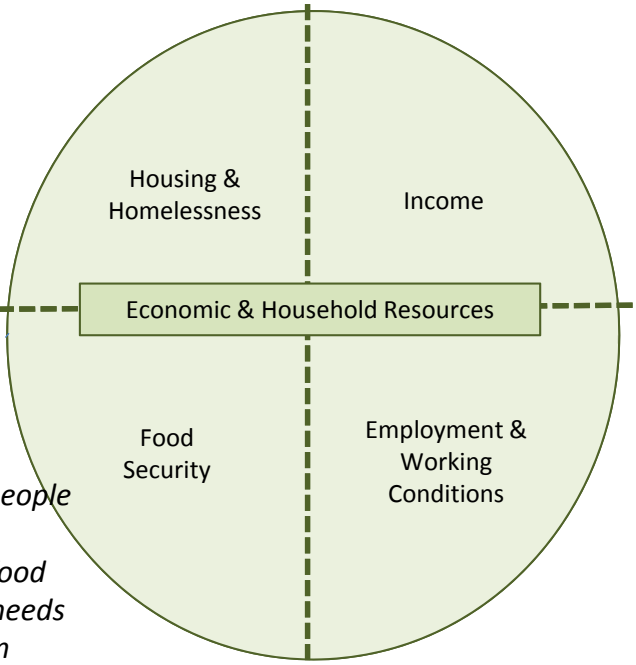
Economic & Household Resources encompasses four social determinants of health (income, housing, food and employment) that are essential requirements for people to survive and thrive.

Housing refers to the places that households live, on a continuum from homelessness to home ownership. All housing should affordable, in good repair and provide enough space for residents

Homelessness includes *1) Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation; 2) Emergency Sheltered; 3) Provisionally Accommodated; 4) At Risk of Homelessness*[1]

Income refers to *money received through work, government sources, pension sources, investments and other regular cash income*[2]

Income inequality is *the extent to which income is distributed unevenly in a group of people*[3]



Food security is when *all people at all time have access to sufficient, safe, nutritious food which meets their dietary needs and food preferences for an active and healthy lifestyle.* [4]

Employed are persons *having a job or business , whereas the unemployed are without paid work, are available for work, and are actively seeking work. Together the unemployed and the employed constitute the labour force*. [6]

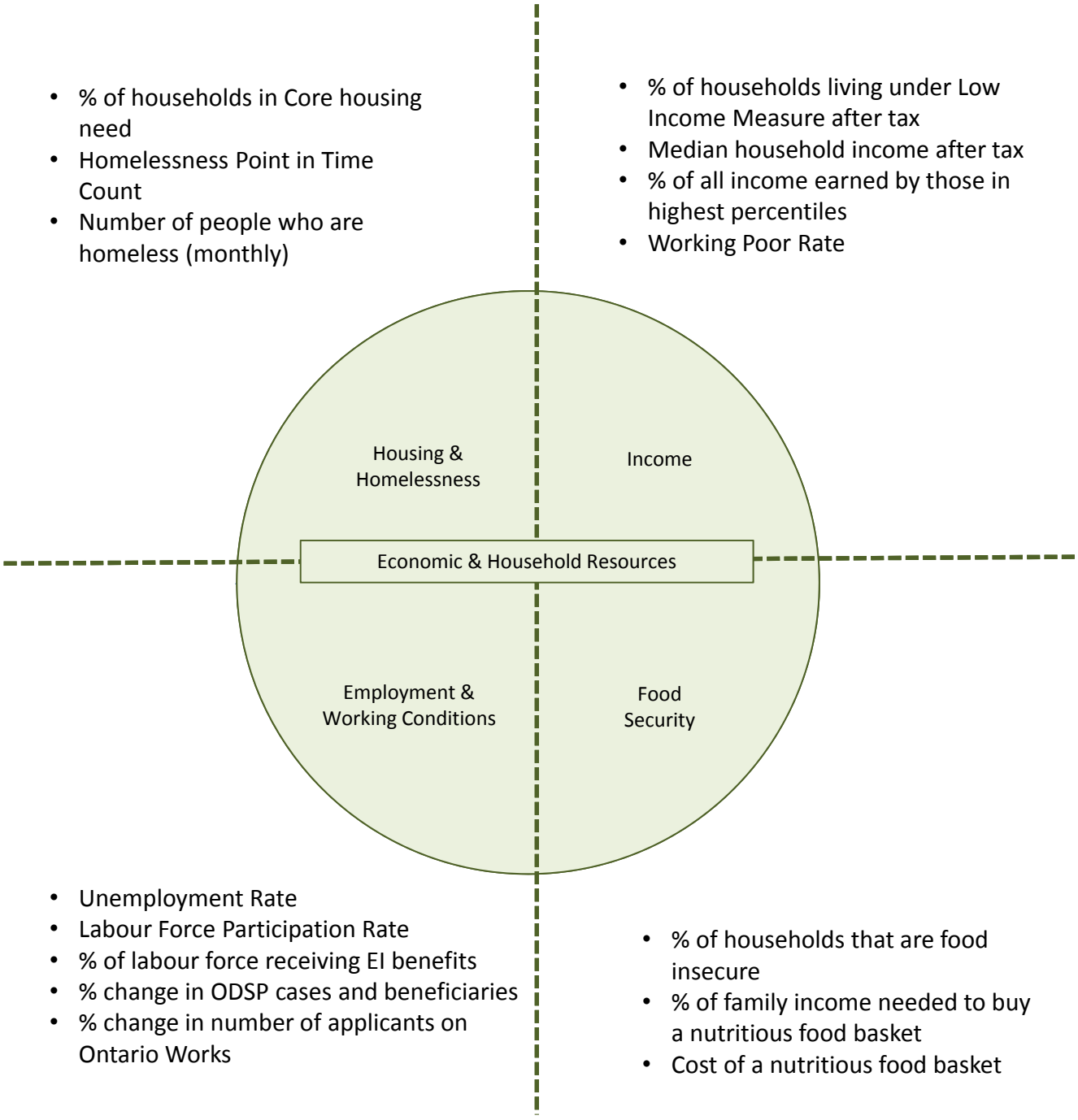
Food insecurity is a social determinant of health that is defined as i*nadequate or insecure access to food because of financial constraints* - or limited access. [5]

Working Conditions include: *working time (hours of work, rest periods, and work schedules), remuneration, as well as the physical conditions and mental demands that exist in a work place.* [7]

Economic & Household Resources
Population-level Indicators

- % of households in Core housing need
- Homelessness Point in Time Count
- Number of people who are homeless (monthly)

- % of households living under Low Income Measure after tax
- Median household income after tax
- % of all income earned by those in highest percentiles
- Working Poor Rate



- Unemployment Rate
- Labour Force Participation Rate
- % of labour force receiving EI benefits
- % change in ODSP cases and beneficiaries
- % change in number of applicants on Ontario Works

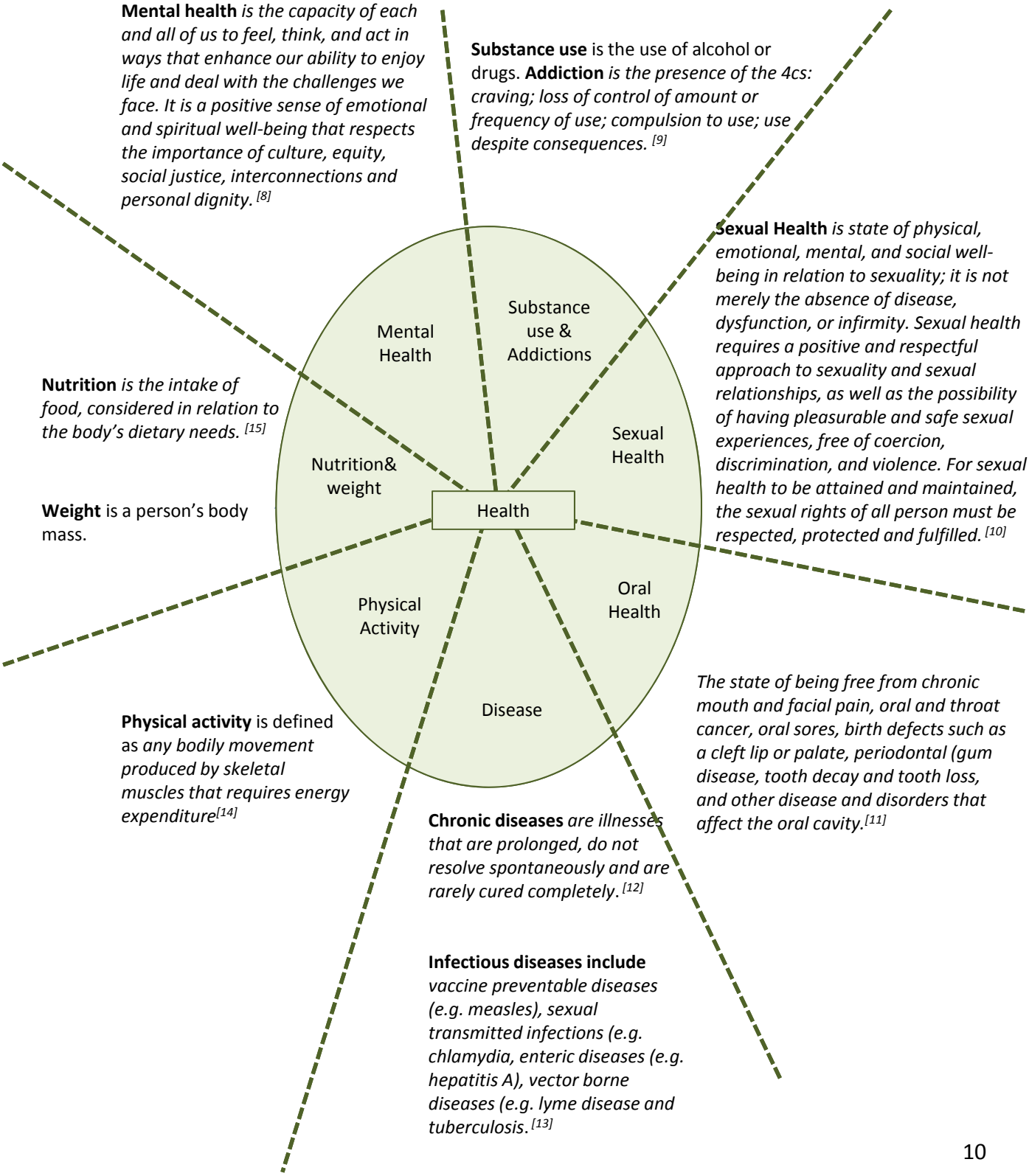
- % of households that are food insecure
- % of family income needed to buy a nutritious food basket
- Cost of a nutritious food basket

Domain 2: Health

Health is holistic. The World Health Organization describes health as: *a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.*

Mental health *is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.* [8]

Substance use is the use of alcohol or drugs. **Addiction** *is the presence of the 4cs: craving; loss of control of amount or frequency of use; compulsion to use; use despite consequences.* [9]



Sexual Health *is state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all person must be respected, protected and fulfilled.* [10]

Nutrition *is the intake of food, considered in relation to the body's dietary needs.* [15]

Weight is a person's body mass.

The state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as a cleft lip or palate, periodontal (gum disease, tooth decay and tooth loss, and other disease and disorders that affect the oral cavity.[11]

Physical activity is defined as *any bodily movement produced by skeletal muscles that requires energy expenditure*[14]

Chronic diseases *are illnesses that are prolonged, do not resolve spontaneously and are rarely cured completely.* [12]

Infectious diseases include *vaccine preventable diseases (e.g. measles), sexual transmitted infections (e.g. chlamydia, enteric diseases (e.g. hepatitis A), vector borne diseases (e.g. lyme disease and tuberculosis.* [13]

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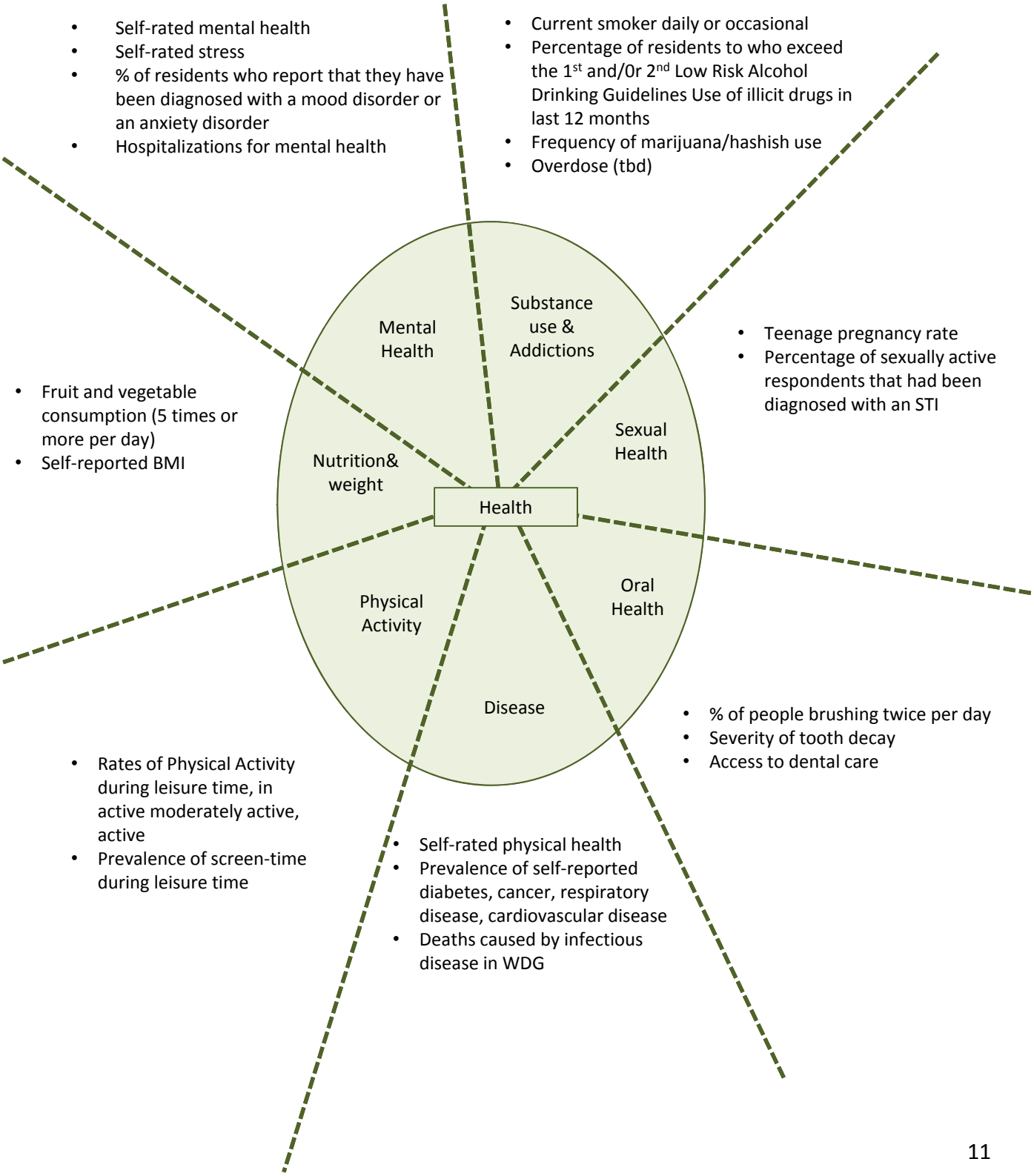


- Self-rated mental health
- Self-rated stress
- % of residents who report that they have been diagnosed with a mood disorder or an anxiety disorder
- Hospitalizations for mental health

- Current smoker daily or occasional
- Percentage of residents to who exceed the 1st and/0r 2nd Low Risk Alcohol Drinking Guidelines Use of illicit drugs in last 12 months
- Frequency of marijuana/hashish use
- Overdose (tbd)

- Teenage pregnancy rate
- Percentage of sexually active respondents that had been diagnosed with an STI

- Fruit and vegetable consumption (5 times or more per day)
- Self-reported BMI

- % of people brushing twice per day
- Severity of tooth decay
- Access to dental care

- Rates of Physical Activity during leisure time, in active moderately active, active
- Prevalence of screen-time during leisure time

- Self-rated physical health
- Prevalence of self-reported diabetes, cancer, respiratory disease, cardiovascular disease
- Deaths caused by infectious disease in WDG

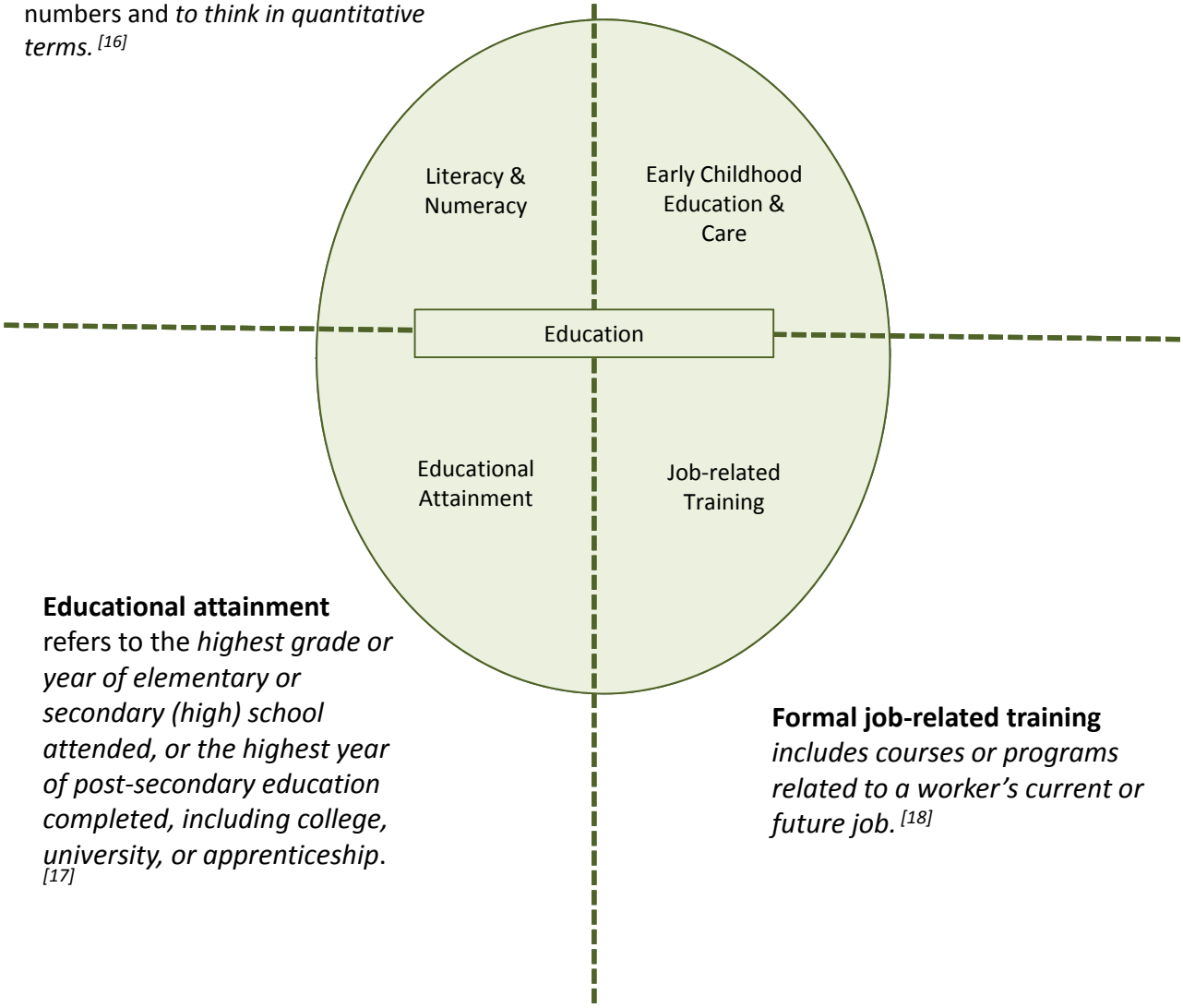
Domain 3: Education

Education is defined as access to formal, informal and non-formal learning opportunities through environments, experiences and institutions that support the acquisition of knowledge, information and skills at all ages and in all contexts, including family and community settings, in study, work, leisure and creative endeavours.

Literacy *is more than knowing how to read and write. It includes reading, writing, numeracy and the ability to use and understand documents.*[16]

Numeracy is a person's ability to use numbers and *to think in quantitative terms.* [16]

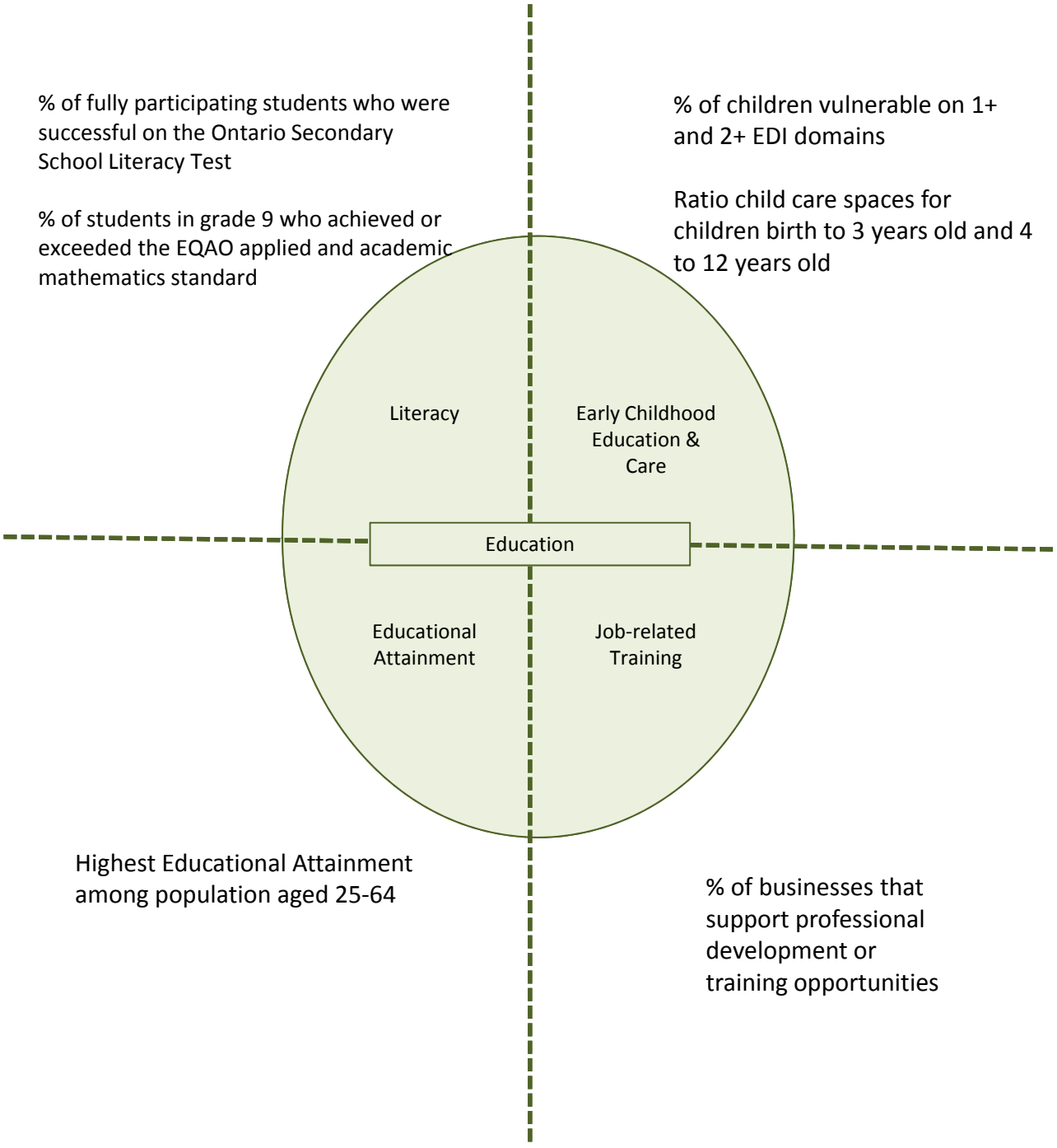
Early Childhood Education & Care refers to the environments and experiences of children in their first years of life.



Educational attainment refers to the *highest grade or year of elementary or secondary (high) school attended, or the highest year of post-secondary education completed, including college, university, or apprenticeship*. [17]

Formal job-related training *includes courses or programs related to a worker's current or future job.* [18]

Education
Population-level Indicators



Domain 4: Safety

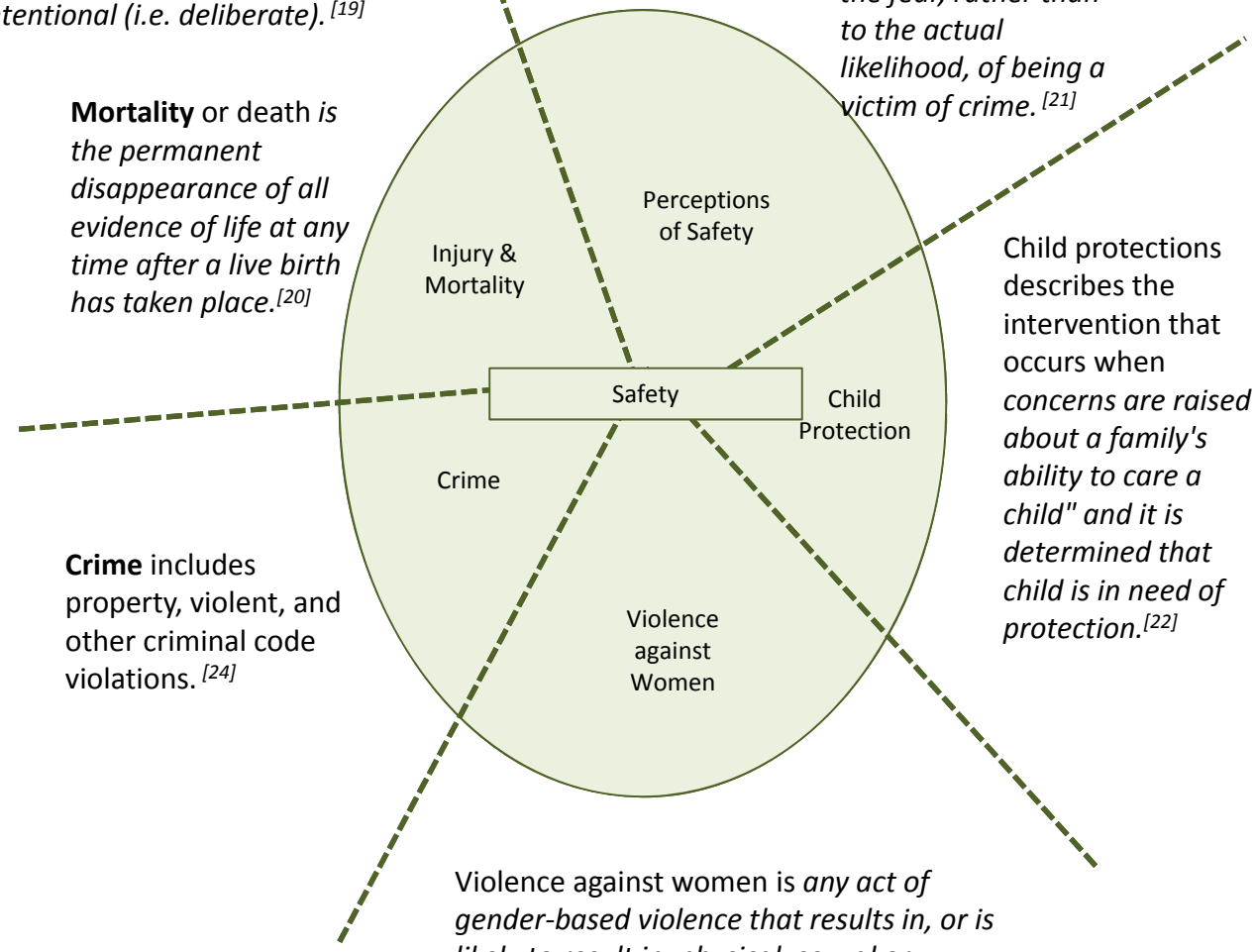
Safety includes 5 aspects of physical and emotional safety.

Injuries occur *when a person sustained harm or damage to their body. Injuries can be categorized as unintentional (i.e. accidental) and intentional (i.e. deliberate).* [19]

Perception of safety *is generally used a way to measure fear of crime.* [21]

Fear of crime *refers to the fear, rather than to the actual likelihood, of being a victim of crime.* [21]

Mortality or death *is the permanent disappearance of all evidence of life at any time after a live birth has taken place.*[20]



Child protections describes the intervention that occurs when *concerns are raised about a family's ability to care a child" and it is determined that child is in need of protection.*[22]

Crime includes property, violent, and other criminal code violations. [24]

Violence against women is *any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.* [23]

Domain 4: Safety

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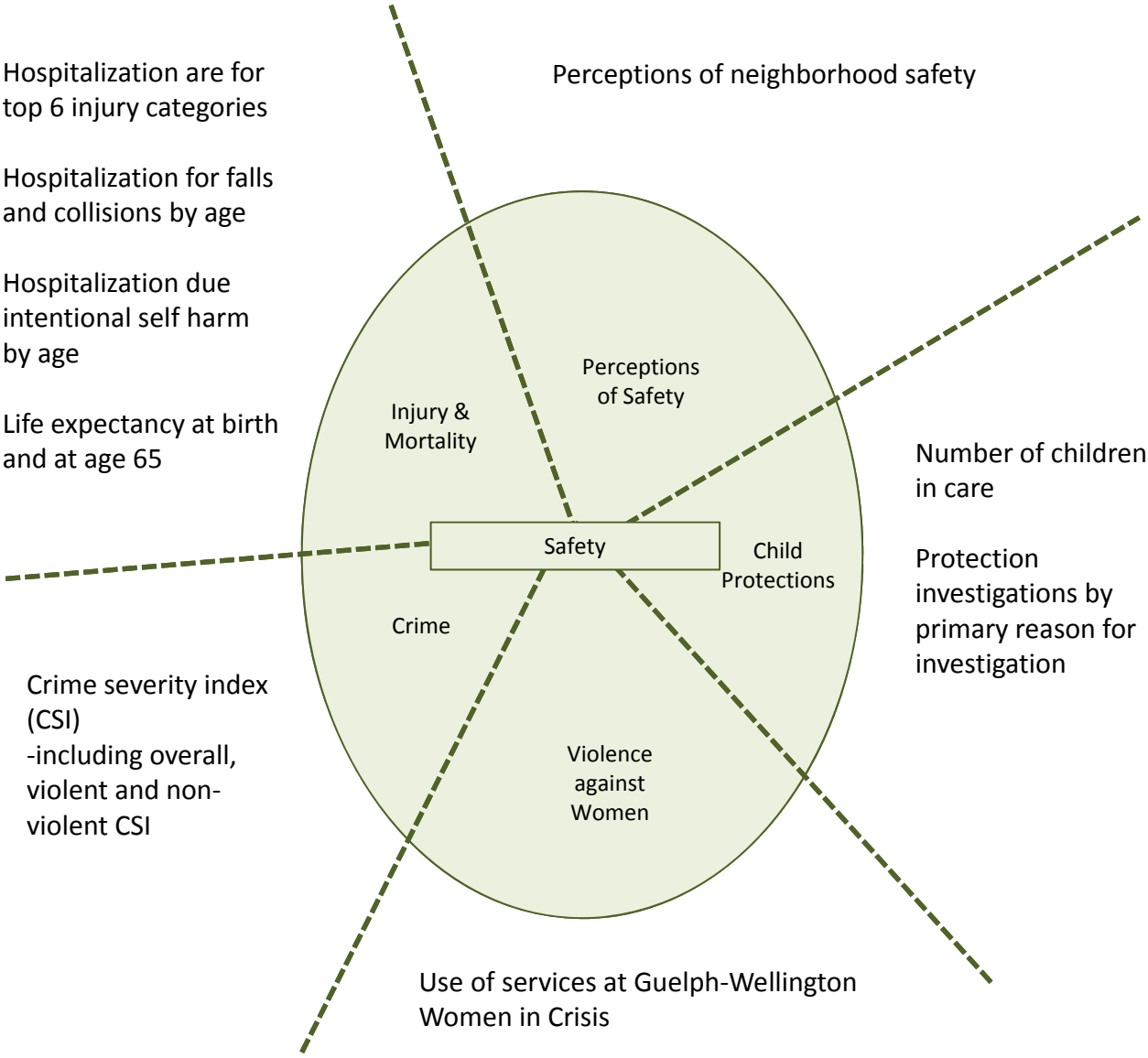
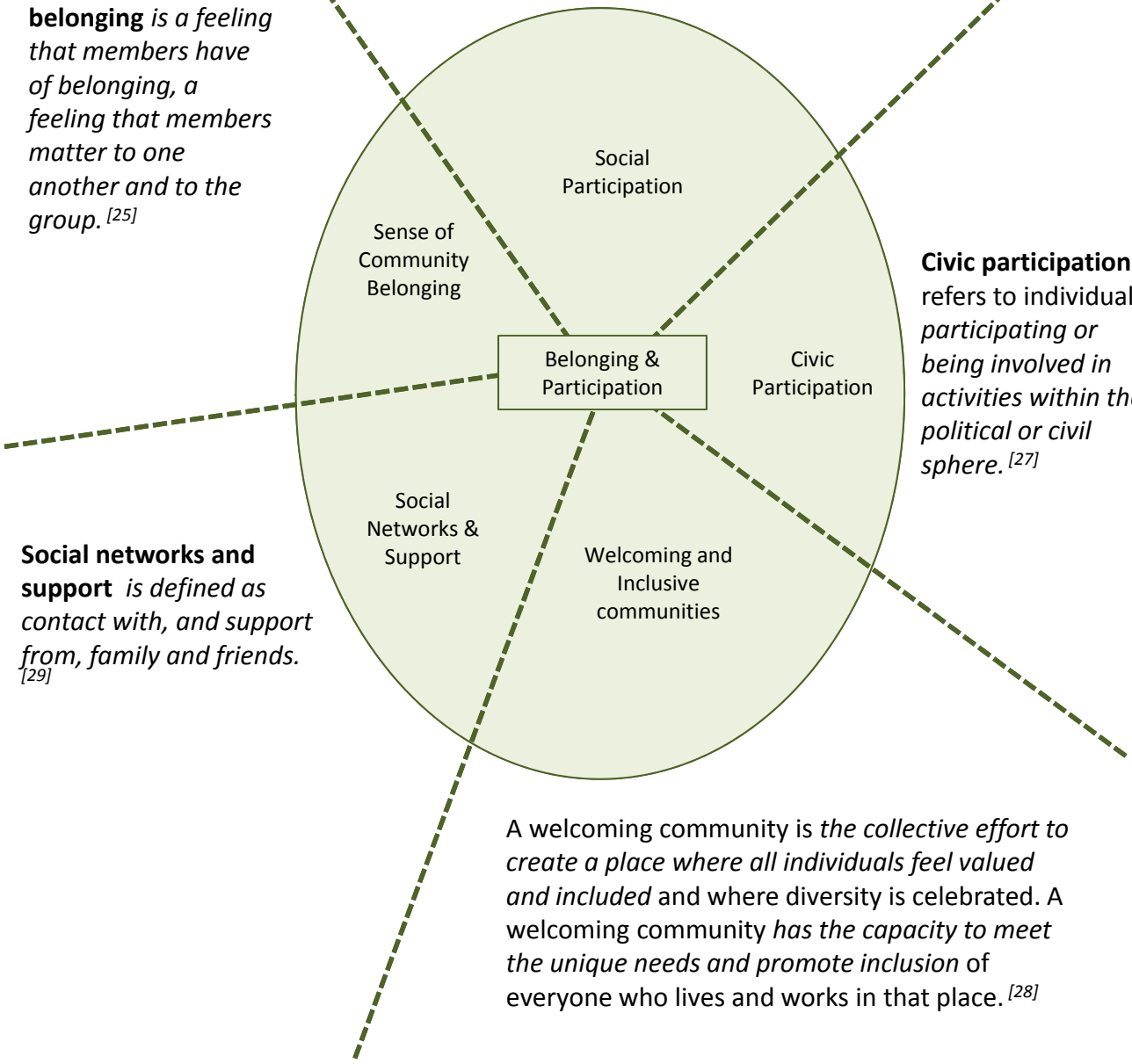


Domain 5: Belonging & Participation

Belonging and participation includes 5 interrelated concepts that support and promote social wellness and reciprocity at both the individual and community level. The concepts in this domain are not mutually exclusive.

Social participation is when a person takes part in activities that allow them to spend time and connect with others.[26]

Sense of Community belonging *is a feeling that members have of belonging, a feeling that members matter to one another and to the group.* [25]



Civic participation refers to individuals *participating or being involved in activities within the political or civil sphere.* [27]

Social networks and support *is defined as contact with, and support from, family and friends.* [29]

A welcoming community is *the collective effort to create a place where all individuals feel valued and included* and where diversity is celebrated. A welcoming community *has the capacity to meet the unique needs and promote inclusion* of everyone who lives and works in that place. [28]

Domain 5: Belonging & Participation

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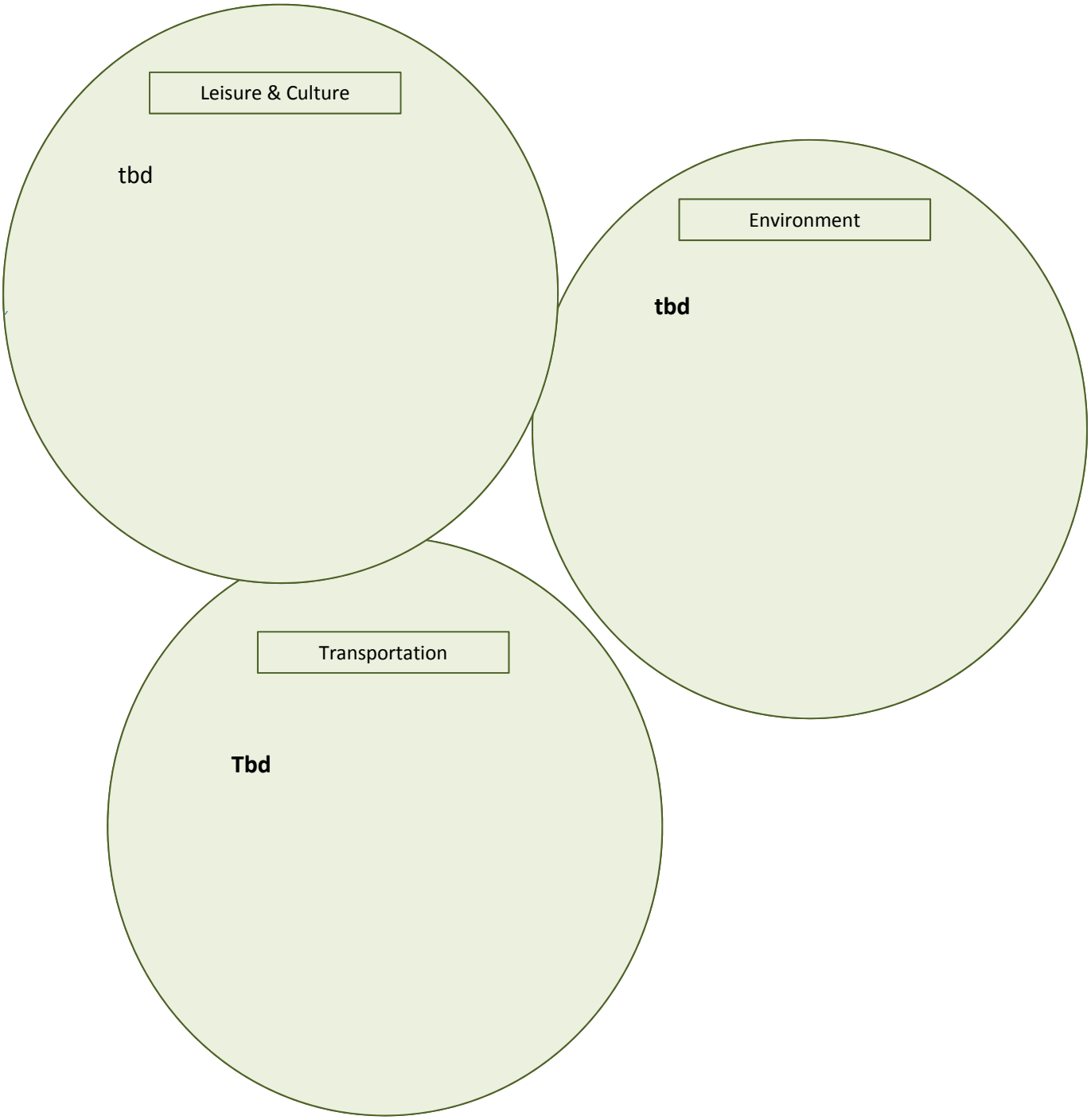
Domain 6, 7 & 8 : Culture & Leisure; Transportation; and Environment

The Leisure and Culture, Environment and Transportation are still under development.



Common Language and Understanding Phase II: Maintaining, updating, & deepening what we know

The domains and concepts identified in *Phase I* provide us with the common language to broadly identify and understand the social and health strengths, gaps and needs in our community. The second phase of creating a common language and understanding is to maintain, update and deepen what we know.

Data Dashboard

The development of a data dashboard is a critical first step to create the infrastructure to maintain and update what we know about social and health wellbeing in Guelph & Wellington. The domains, concepts and indicators identified in *phase I* will be used to organize and populate the dashboard.

Sub-Populations

It is important and often critical to understand the needs or circumstances of distinct populations when gathering population-level data. Connecting the dots between and contextualizing the various aspects of wellbeing at a local level provides a more detailed and nuanced understanding of social and health wellbeing to support strategic and focused action in response to needs and gaps.

What is required to move forward

Stakeholders of social and health wellbeing (who will use the information to support service and system planning and resource allocation), academic literature and the priority populations that exist within the Community Data Program will inform the identification of sub-populations.

Geographies

Toward Common Ground is an initiative that is operating in Guelph and Wellington County. Within the City of Guelph and the County of Wellington, there are sub-geographies that, similar to priority populations, will have a unique set of needs or circumstances.

What is required to move forward

It is essential to make data and information available at lower levels of geography to inform strategic action. When lower level geographies are required to better understand a need, gap or strength, TCG will use the same geographies as those identified and used by the *Wellington Dufferin Guelph Reports Card on the Wellbeing of Children.*

Deeping & expanding our knowledge about domains & concepts

The identification of domains and concepts, as well as the identification of indicators provides a bird's eye view of social and health wellbeing in Guelph and Wellington. Moving forward, more information will be needed about specific domains and concepts to deepen our understanding and local knowledge and to further inform strategic action.

What is required to move forward

Data and research gaps and needs should be informed by stakeholders who use local data and information to guide planning and action. Research experts should use their technical knowledge about research methods and available data and information to conduct research that produces reliable and valid results. Research results should be communicated in an accessible manner and used to support and inform action taken in response to local social and health needs.

Maintaining a bird's eye view of who is doing what

Alongside a more comprehensive understanding of our community's strengths gaps and needs comes a bird's eye view of who is doing what. In *Phase I*, information has been gathered about collaborative system-change initiatives (see appendix B & C for more context) to get a picture of the actions, outcomes and types of interventions that we are collectively working on to improve social and health wellbeing in our community.

What is required to move forward

In *Phase II*, the information gathered in *Phase I* will be used to inform strategic action. Decisions must be made about whether more or other "who is doing what" information is needed.

Wellbeing Framework Part 2: Understanding Interventions & Impact

The common language and understanding that is supported by this framework is critical to *create a bird's eye view* and *connect the dots* of local strengths, gaps and needs; it is also an important precursor to be able to *transfer and mobilize knowledge* in an accessible and effective way. The second part of the framework supports TCG's last two pathways: *build collective capacity* and *champion or support strategic action*. This part of the framework presents a lens to understand how and where stakeholders intervene to affect change and the corresponding impact they hope to see and measure.

This visual below is meant to support Toward Common Ground and its stakeholders to be deliberate about how, why and where they take strategic action and measure corresponding impact as they work together toward a collective vision for the community. The lens draws on the Social Determinants of Health, Ecological Systems Theory and Ekonomos' Capacity to Participate/Conditions for Participation; it is based on three assumptions:

- Stakeholders of social and health wellbeing are working together through different pathways to create the individual and collective conditions for participation and/or to enhance access to the social determinants of health

- Stakeholders of social and health wellbeing are working toward a collective vision, even though they may articulate their individual visions differently

- Contact with the human service system usually becomes more intense the closer people are to surviving and the farther away they are from thriving

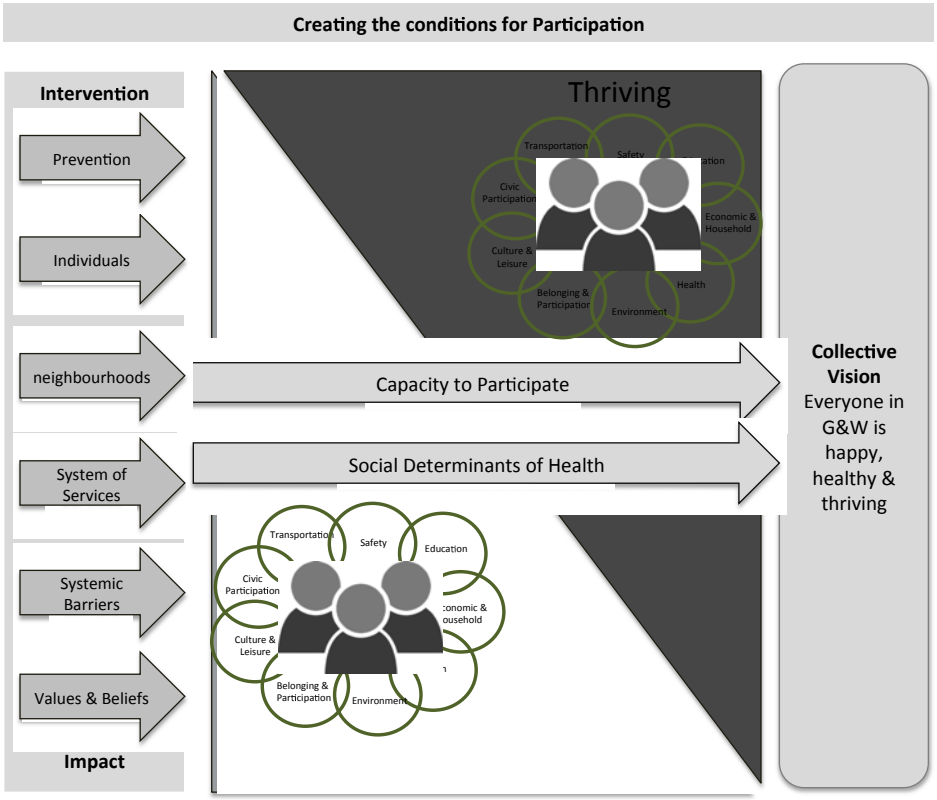
With these assumptions in mind, the degree to which people are surviving and thriving in our community is understood by tracking population-level indicators under nine domains, with a current focus on six. Regardless of where stakeholders intervene and which social issue or priority population they focus on, together we are creating the conditions for participation by supporting people's access to the social determinants of health and increasing their capacity to participate fully in their lives.

In general, Toward Common Ground supports ***collective*** initiatives or interventions that work on "systems". That is, TCG supports systemic change and/or the system of services that support social and health wellbeing in Guelph and Wellington. In some cases, there may be a focus on the community's overarching value and beliefs. In all cases,

meaningful change at any level should lead to meaningful impact in the lives of people who live in our community.

Alongside local data and information, this lens is used as a tool to map and deepen our understanding of collaborative system-change initiatives in Guelph and Wellington to inform how and where we intervene to take collective strategic action.

TCG Lens to understand & map needs, strengths, interventions & impact



This visual draws on the following sources: Ecological Systems Theory; Ekonomos' Conditions for Participation and Capacity to Participate based on the Sustainable Livelihoods Framework; Social Determinants of Health

Wellbeing Framework Part 3: Implementation

Bird's Eye View, Connect the Dots and Transfer & Mobilize Knowledge

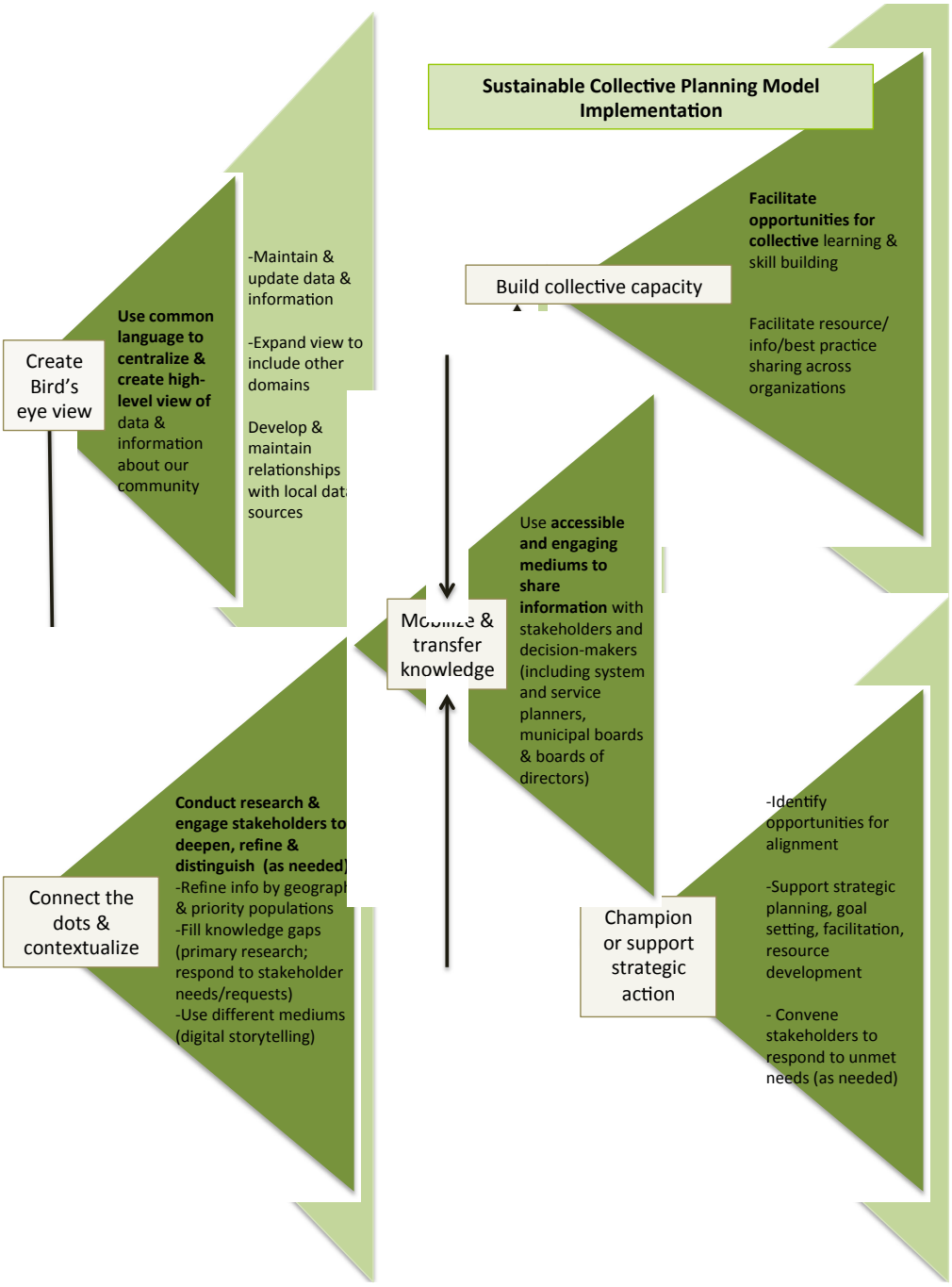
The information that is organized and understood through this framework needs to be current and reliable. This will require a commitment to update data and information, as it becomes available and to fill data gaps when they are identified. The information must also be shared through accessible and ongoing communication.

Build Collective Capacity and Champion & Support Strategic Action

What matters most is what is done with the data and information that is gathered. Toward Common Ground partners are tasked with deciding which strategic actions are feasible and will make the most difference in the lives of people who live in Guelph & Wellington County.

TCG has identified *build collective capacity* and *champion and support strategic action* as two critical pathways. A commitment to *build collective capacity* seizes the opportunities for social and health service providers and organizations to collectively build or leverage existing skills, knowledge and expertise.

Champion and support strategic action is a commitment to seize opportunities to work together to be more effective and efficient in our efforts to affect meaningful change. This is where the most important decisions need to be made. Below is a visual that presents the connections between each pathway as well as the types of actions that TCG will take on moving forward.


Sustainable Collective Planning Model Implementation
Create Bird's eye view
Use common language to centralize & create high-level view of data & information about our community
-Maintain & update data & information
-Expand view to include other domains
Develop & maintain relationships with local data sources
Build collective capacity
Facilitate opportunities for collective learning & skill building
Facilitate resource/ info/best practice sharing across organizations
Mobilize & transfer knowledge
Use accessible and engaging mediums to share information with stakeholders and decision-makers (including system and service planners, municipal boards & boards of directors)
Connect the dots & contextualize
Conduct research & engage stakeholders to deepen, refine & distinguish (as needed)
-Refine info by geograph & priority populations
-Fill knowledge gaps (primary research; respond to stakeholder needs/requests)
-Use different mediums (digital storytelling)
Champion or support strategic action
-Identify opportunities for alignment
-Support strategic planning, goal setting, facilitation, resource development
- Convene stakeholders to respond to unmet needs (as needed)

Conclusion

The Toward Common Ground model has been created with a long-term vision that requires a commitment to implement its five pathways in an ongoing and iterative manner. Creating a bird's eye view of strengths, gaps and needs is only as useful as that information is current and reliable and more importantly used to inform strategic action that makes a meaningful difference in the lives of people who live in Guelph and Wellington.

Practically, this means maintaining and updating the data dashboard and deepening what we know by priority populations, geographies and within specific domains and concepts. Resources will be needed to support ongoing gathering, analysis and interpretation of quantitative and qualitative data and information about wellbeing in Guelph & Wellington.

For all of this to be useful, a renewed commitment to evidence-based planning and action is needed, alongside a commitment to the possibility of working together differently and to making decisions about programs, services and resources that reflect a collective community vision for everyone in Guelph and Wellington to be happy, healthy and thriving.

Appendix A: Definitions

NOTE: Add * to terms included in document and defined here.

Term	Definition
Change effort	Refers to any individual, organization, group of organizations or collaborative initiative that is taking action with the goal to affect meaningful change that will make a different in the lives of people who live in Guelph and Wellington.
Collaboration	Collaboration usually involves the following: • a shared, collectively-defined vision and responsibility for achieving outcomes • equal distribution of leadership among members who maintain their own identities • organizational independence outside of the collaboration.
Community Wellbeing	The presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to: economic and material wellbeing, robust health, a sustainable environment, an educated populace, a sense of belonging, a safe home and community, high levels of democratic participation, and access to and participation in leisure and culture. Adapted from Canadian Index of Wellbeing[iii]
Concepts	Specific aspects of quality of life under each domain area
Conceptual Framework	Language and concepts through which to support a shared understanding of wellbeing.
Content Experts	Local representatives identified as experts on specific issue or topic areas due to their knowledge and/or experience with areas.
Domains	Quality of Life Categories[iv]
Strategic Language	Language used to describe direction, priorities and focus of an initiative.
Structural Language	Language used to describe the committees, action and working groups of an initiative
System-level work or change	Actions that aims to affect or change two systems: 1. **Government** or **policy system:** This system can underpin or impact any one or group of wellbeing concepts 2. **System of local service and supports:** This is the system of services that supports social and health wellbeing with a focus on one or a group of wellbeing concepts or one or a group of priority populations. In general, collaborations work to affect change in one of three aspects of the service system: a. Fill a gap

b. Improve access
c. Determine or improve effectiveness

Appendix B: Collaborative Systems Change Efforts

Often local collaborative initiatives identify that they are working on systems-level change. To ensure stakeholders are using common language and that we are clear about where we are intervening and where we are measuring impact, further distinctions are important. In the first year of the Toward Common Ground project, it became clear that when project partners talk about "system-level" work or systems change*, they were usually referring work that aims to affect change on two systems:

1. **Government** or **policy system:** This system can underpin or impact any one of the wellbeing domains or concepts.

2. **System of local service and supports:** This is the system of services that supports social and health wellbeing with a focus on one or a group of wellbeing concepts or one or a group of priority populations. In general, collaborations work to affect change in one of three aspects of the service system:
    a. Fill a gap: When there is not a program to support people with X need, stakeholders work collectively to fill this gap
    b. Improve access: The services people need are available, but they are barriers to access such as lack of transportation or knowledge of service, complex intake process etc. Stakeholders create and implement a plan to address the issue.
    c. Determine or improve effectiveness: Stakeholders work together to understand the effectiveness or impact of a given service or system of services.

System-level impacts are also sometimes talked about through a collective impact lens, that is:

3. **A number of individual services and programs are consolidated into one group that becomes its own system or microsystem:** This is when the impacts of a number of individual services or programs (often, as shown through program measures or indicators) are rolled up or lumped under one umbrella so that together they become a *system* of services. Impact in the *system* is understood not by looking at the individual services but by looking at all the services as a whole.

Pathways to system-change can include shifting behaviour, values or beliefs.

Defining "Change Efforts"

In the context of Toward Common Ground, change effort refers to any individual, organization, institution or collaborative initiative that is taking action with the goal to affect meaningful change that will make a different in the lives of people who live in Guelph and Wellington.

Collaborative Change Efforts

Change efforts are considered "collaborative" when a group of people comes to together to make change.

Collaboration* usually involves the following:

- a shared, collectively-defined vision and responsibility for achieving outcomes
- equal distribution of leadership among members who maintain their own identities
- organizational independence outside of the collaboration.

In Guelph and Wellington, there are a number of collaborations that would be considered *comprehensive community initiatives* (or CCIs). CCIs work:

- comprehensively across geographical, social, and economic areas
- across individual and systemic levels to build community and to address complex community issues[v].

CCI are also sometimes referred to as multi-sectoral collaborative efforts.

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