**Wellbeing Orientation Learning Collaborative Overview and Guidelines**

**The Wellbeing Learning Collaborative (Wellbeing Collaborative)** is a partnership between the Full Frame Initiative (FFI), the MA Department of Public Health (DPH) and a small group of sexual and domestic violence (SDV) providers interested in focusing their work to support the wellbeing of program participants. This pilot partnership is part of a state-wide effort to improve systems on many levels for people experiencing sexual and domestic violence and struggling with poverty, violence, trauma and other obstacles. The goal is to help providers shift the focus from problems and crisis response to a strengths-based orientation around wellbeing in order to increase equity.

Wellbeing for this learning collaborative is defined as: *having enough assets in and the ability to minimize tradeoffs between social connectedness, safety, stability, mastery and meaningful access to relevant resources (the Five Domains of Wellbeing1) so that we can weather challenges, retain hope and have adequate physical, mental and emotional health.*

# Purpose and Goals

* Develop providers’ ability to shift their focus from problems and increasing safety to participants’ strengths and increasing their access to wellbeing.
* Increase understanding and recognition of the motivators of participants’ behaviors and decisions.
* Equip providers to recognize, anticipate and minimize tradeoffs in their own programs and in other systems.
* Create a vibrant learning collaborative of a group of innovative and creative SDV providers and key allies to build relationships and share practices and lessons learned.
* Increase the SDV field’s understanding of how to increase access to wellbeing across diverse settings, geography, populations and service models.

# Ethos and Values

The Wellbeing Collaborative is a community. Every organizational member and individual representative brings a unique combination of skills, a high level of investment and enthusiasm and the desire to learn, teach, share knowledge and support others. All members will develop new skills and learn and grow, which inevitably means taking risks and making mistakes along the way. This requires patience, courage and trust to learn from mistakes and develop advanced skills over time.

# Geography

Wellbeing Collaborative member organizations work in diverse regions and communities across Massachusetts.

1 More information on FFI’s Five Domains of Wellbeing approach and framework, including definitions and fact sheets, is available at: <http://fullframeinitiative.org/resources/about-the-full-frame-approach-and-five-domains/#5dw>

# Population Served

Member organizations provide direct services to people and families that have experienced sexual and domestic violence. Focusing on wellbeing requires prioritizing working with people who face multiple and significant challenges to health and wellbeing, many of whom experience barriers to mainstream services and resources.

# Organizational Criteria

1. Members provide direct services to individuals, families and communities and work to improve the systems that affect them.
2. Members recognize that poverty, trauma and violence are the result of multiple forms of oppression and discrimination, inter-generational barriers to resources and opportunities, and lack of privilege, rather than due to poor character, personal decisions or bad luck.
3. Members are eager to learn and deepen their own content knowledge of wellbeing, specifically the Five Domains of Wellbeing, and want to minimize the tradeoffs within their own programs that reinforce inequity.
4. Members support each other to deepen their capacity to orient around wellbeing and the Five Domains of Wellbeing. They offer ideas and solutions, ask questions and constructively challenge each other to understand and apply advanced knowledge.

# Program Approach

Members work with a relational approach and bring this approach to the collaborative. This means prioritizing relationships as authentic, reciprocal and productive, where all parties are teachers and learners; supporting people to achieve self-defined wellbeing and related goals, not just problem- solving or crisis response; and supporting people over the time period necessary, even if that means serving fewer people over longer periods of time.

A relational approach recognizes that the power imbalances that exist in all relationships should not be exploited or encouraged. Rather, those with more power acknowledge and are transparent about the power imbalances, and intentionally work to minimize these imbalances and to support people to increase their personal power, authority and autonomy outside of the program parameters.

# Participation Criteria and Commitment

1. Designate two (2) staff members to participate in the Wellbeing Collaborative. One must be a director or program manager, and one must provide services directly to program participants. Smaller organizations (with few staff) may have one (1) staff member participate if necessary.
2. Participate in the Wellbeing Collaborative for 18 months.
3. Make time for and attend:
	* Quarterly in-person full-day meetings. Meetings may rotate among locations across the state to enhance access;
	* Quarterly virtual (phone or video) meetings (typically 2 hours); and
	* Additional activities on a monthly basis (approximately 4-6 hours per month), such as site visits, tool and forms revision and creation, and more.
4. Have at least one staff representative at every meeting or engagement, unless an alternative has been agreed upon with FFI and DPH in advance. Participation in the collaborative is voluntary but requires continuity.
5. Co-create with FFI a learning and capacity building agenda to:
	* Increase members’ capacity to support a wellbeing orientation in organizational culture, policy and practice; and
	* Support colleagues in their own organizations who are not active participants in the collaborative to orient their work around wellbeing.
6. Work closely with FFI to design and coordinate ongoing capacity building opportunities for the collaborative.
7. Provide ongoing, meaningful feedback to FFI and DPH on the experience and efficacy of the collaborative and related capacity building, including feasible ways to improve where needed.