WELLBEING

BLUEPRINT

September 2021 · Version 5.5

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Welcome! We're so glad you're here.

The Wellbeing Blueprint is not a fixed document. We're introducing it in June 2020 with the intent of shaping it further over time. The more people and groups participate, the stronger it will be. To explore the most recent version of the Blueprint, please visit wellbeingblueprint.org.

We encourage you to explore, take action, connect with others, and join us in making this vision a reality.

I .How is the Wellbeing Blueprint arranged?

The Wellbeing Blueprint is arranged around six principles:

1. Start with what matters to people: wellbeing.
2. Push against harms bein g concentrated in communities already facing the greatest adversity.
3. Build on, instead of undermining, social connections and social capital in communities.
4. Build financial security.
5. Span boundaries.
6. Set our default to sustaining transformation beyond the pandemic.

Each principle is followed by a brief discussion and recommendations, many of which have sub-recommendations as well.

Recommendations are of two types: very specific concrete policy changes; and specific, different thinking to apply, or different factors to consider in making decisions and creating policies.

Recommendations and sub-recommendations have illustrative examples; these are being built out over time. Some recommendations are accompanied by tools or playbooks.

The hierarchy on the left-hand panel of your screen will allow you to navigate through these.

If you are particularly interested in a specific recommendation, please be in touch.

- We may put together a cohort of similarly interested leaders from systems and communities around the country to work together on a specific change project.
- We may have tools or playbooks to support your taking this on your own.
- We may be able to link you with others doing the work already, or who are interested in connecting, whether or not there's a cohort.

II. Centering on Community

Systems need to change. Systems won't change— they can't change— without centering on community.

Centering on community means starting with the following question: What matters to you?

If, for a community, the answer is, for example, "No matter what, we can't accumulate savings. We're pushed back by every system, at every turn," then that's the starting point for engaging with the Blueprint. Whether you are a juvenile justice system, a hospital, superintendent of the local schools, or Commissioner of Elder Affairs, the structures of your system probably have some bearing on this issue. Working with community to address those issues is a core element of centering on community.

In summer 2020, we'll be working with community leaders to create a playbook for systems leaders to engage with communities in this way, and for communities to hold their power and voice in this process.

If you would like to be part of shaping this agenda, please email cohort@wellbeingblueprint.org.

III. Where do I start in the meantime?

There's no one way to engage with the Wellbeing Blueprint. The Blueprint isn't a recipe. No community will interpret and carry out its elements in the same way. There is value in starting at any point in it.

Entry points include:

The principles: The recommendations and sub-recommendations in the blueprint are not meant to be all-inclusive. In strategically considering the principles, you may uncover additional points of misalignment in a system or in your community that you want to address. Go for it, and let us know— because your experience will help everyone.

A tool to get you started can be found here:

Wellbeing Blueprint Discussion Guide

The recommendations and sub-recommendations: A specific recommendation or sub- recommendation may align with a "pain point" for you — something specific you have wanted to take on or need to take on quickly.

- If you are interested in taking action on a specific recommendation, go for it or contact us to discuss it more. You will make everyone's work stronger if you let us know how it goes.
- If you'd like to work with others, consider joining an action cohort— a time-limited group of leaders from different sectors and geographies committed to taking action on the same recommendation. The Wellbeing Blueprint will support these efforts.
- If you don't know where to start, consider working with others to take a pulse check and identify either a recommendation or a principle to focus on. Here's a pulse check tool to get you started:

Wellbeing Blueprint Pulse Check Tool

Community pain points: If you lead a system and have been grappling with a current or long-standing community demand that has felt insurmountable, or that you just don't agree with, consider using this tool to investigate different paths forward. This is not a replacement for centering on community, but may help you move through a stuck place. No matter what, we ask that you stretch. This moment calls on all of us to act decisively, yet we also must act in ways that are new and potentially less comfortable.

IV. How do I make it stronger?

- Submit an example.
- Email us to join a cohort of people across geographies and communities and fields working on a specific recommendation or around a specific topic.
- Let us know what's missing, and engage with us to fix it.
- Bring others into the discussion.

A message for those of us within systems

COVID-19 is laying bare the legacy of structural racism and social inequities that many of our systems are built on and that have left communities of color and those already economically marginalized far more vulnerable to the coronavirus and its economic fallout. The nation is also grappling, explicitly and across lines of race and class for perhaps the first time in a generation, with the reality of pervasive violence against Black people by police.

We know that policing and healthcare are not unique. As challenging as navigating the crisis is, this moment is the closest we are going to get in our lifetime to actually being able to rebuild our systems from the ground up. To only re-imagine each system individually — child welfare, housing, justice reform, hunger and more — misses the way in which we live our lives and the opportunity to create a far more fair, impactful and seamless way forward. As public sector, nonprofit and community leaders, we share a commitment to using this moment to drive changes that will move our country and communities towards equity, wellbeing and justice.

For too long, we have insisted that people caught up in systems are the ones who need to change. Today, we call on our fellow systems leaders to focus the change where it belongs: on the systems themselves, so that systems operate with fairness, accountability on all sides and support in the right places.

Our country needs an issue-agnostic, people-first framework centering on what every person needs to thrive, relentless in its pursuit of equity and embrace of opportunity. Across our public health, service, housing, education and safety systems, we must institutionalize responses that build on an anti-racist, human framework that spans fields and disciplines. The recommendations that follow do exactly this. They are rooted in our shared beliefs that:

1. We are all hardwired for wellbeing — the set of needs and experiences essential in combination and balance to weather challenges and have health and hope;
2. Our contexts provide us vastly different access to wellbeing based on our race, gender, orientation, religion, wealth and other factors; and
3. Differential structural access to wellbeing reinforces poverty, trauma, chronic illness and oppression.

The recommendations therefore skew toward long-term structural change, recognizing that we need to change the rules to better align with people's needs, strengths and the reality of the moment. This is fundamentally about healing past and current harms, and preventing new ones. They change how we do our work, but generally do not require new programs, staffing or long-term appropriations. While immediate bridge funding is absolutely needed to shore up millions of families facing dire economic circumstances, food insecurity and more, the changes laid out largely require deploying existing staff and funds differently.

Across sectors we are already making changes that are meaningful and aligned with what we call for here. We are seeing a wellbeing orientation in action, and we are committed to ensuring the gains we make now become durably embedded to define a new normal beyond the pandemic. This call to action builds on demonstrations already occurring across the country. In combination, they provide a path forward that is both deeply innovative and also tested.

This works if we work together. No one of us has the power to make all these changes. By co-signing this call for transformation, we are signaling our shared commitment to boldly doing our part and constructively challenging our fields and neighbors to join us in this transformation.

WELLBEING
BLUEPRINT >>>>>

PRINCIPLE 1

Start with what matters to people: wellbeing

1. START WITH WHAT MATTERS TO PEOPLE: WELLBEING

People need to be connected to others and to be helpful. We all need to feel we belong and are safe. We need to experience some predictability to life, that we have some influence over what's happening around us, and to experience purpose and growth. We need to meet our needs for food, shelter and other basics without shame or danger in ways that are relevant to our situations. We need to know that small steps forward aren't going to cause everything to come crashing down or cost us what was working in other parts of our life.

We need to be able to hold onto, and build on, what matters to us. In combination and balance, these needs and experiences comprise our wellbeing.

COVID-19 brought home how universal our drive for wellbeing is. COVID-19 and the nation's attention to police violence have also brought widespread attention to the ways that our systems and communities are structured to provide access to wellbeing for some, and undermine access for others, based on race, ethnicity, gender, sexual orientation, identity, religion, national origin and more. The result is that the same actions — whether applying for a job, feeding a family, seeking healthcare or going to school — by two individuals of, for example, different races, have vastly different outcomes. Sometimes these play out quickly, sometimes over a lifetime. But the differences between systems that enable some, and that hold others back, is real. And because wellbeing is the needs and experiences essential in combination and balance to weather challenges and have health and hope, these are effectively structural limitations on resiliency and health.

So, while COVID-19 has threatened every aspect of millions of people's wellbeing, access to wellbeing was already starkly attenuated in communities of color and for those facing poverty and adversity; the pandemic is adding to the chronic crises.

We must structure our communities and systems to align with, tap into and amplify the human drive for wellbeing. Making access to wellbeing more equitable is vital to preventing many of the harms our systems are set up to address.

1.1 Be public about our historical roots and commitment to equity and wellbeing.

Racism is in the root-stock of all of our systems — from healthcare to housing, child welfare to adult corrections, finance to transportation, and more. Too often, we see the fallout of inequity in other systems and in communities, but don't confront its roots in our own systems. Those of us in medicine, for example, who work to address social determinants of health in communities also must, and are, addressing the racism embedded in our own field. Confronting this history is vital to healing and charting a new path forward in all fields and communities.

1.1.1 Make history and commitments available on the web; co-create a report card with the community.

Post this history and our commitments to change on agency, community, organizational and company websites, and co-create a report card with the community on progress towards commitments.

1.1.2 Engage staff to shift this history.

Ensure staff understand that their work is to shift this history, and that they feel part of the work done to date.

1.1.3 Collect and use disaggregated data.

Collect and use data, disaggregated with high specificity, to identify where inequities are held in place in our systems. Take action to address these changes structurally, not only in practice.

1.1.4 Eliminate biased decision-making data sets.

Evaluate validated tools and algorithm-based decision-making tools to determine if they are built on biased data sets. While structured decision making and algorithm-based decision making have been shown to be powerful tools in reducing individual bias (i.e., to decrease subjectivity in deciding who should be detained or released to the community, which children should be placed in emergency foster care, etc.), if the underlying tool is based on data that itself reflects bias, the result can be a more consistent application of biased decision making. When better tools are not available, communities and systems should work to counteract systemic bias by putting alternate or additional decision points in place.

A TOOLKIT FOR CENTERING RACIAL EQUITY THROUGHOUT DATA INTEGRATION

To learn about, view and download a copy of the Toolkit for Centering Racial Equity Throughout Data Integration from Actionable Intelligence for Social Policy, please visit the Annie E. Casy Foundation here.

1.2 Use restorative and transformative practices.

Changing policy and structures is vital but insufficient. Repairing communities harmed by systemic racism and structural inequities requires processes that we validate this hurt, make repair, shift power and accountability, and transform culture.

1.2.1 Fund ongoing restorative and transformational work.

Fund and carry out ongoing restorative and transformational work between systems and communities.

1.2.2 Default to restorative and transformational practices.

Shift control and coercion responses to restorative and transformative practices. Substance use, mental health concerns, domestic violence and other manifestations of reduced access to wellbeing are on the increase. Quarantine, job loss, stress and uncertainty can create toxic stress and may fuel episodic antisocial behavior among people who, under other circumstances, were doing okay. People need to be held accountable for behavior in ways that support change and work for the community, without creating collateral harms.

1.2.3 Recognize why people may avoid telling the truth to the system.

Examine barriers to people telling the truth, and be clear up front about what will happen with information people provide. Ensure that people are informed of limitations to confidentiality when they provide information in order to empower them to make informed decisions about what they share and how they share it (e.g., who is a mandated reporter; does immigration have access to information shared, etc.); carefully consider statutory and regulatory allowances for information sharing.

1.2.4 Use person-centered language in policy and practice.

Labeling people by their issue triggers cognitive "othering," reinforces the silos of our system and confuses the person with the issue identified. Eliminate labels, even person-first ones (e.g., youth who have committed crimes), that reinforce the very identity everyone seeks to move beyond, particularly because these labels are applied disproportionately to people of color and reinforce false narratives that behaviors are concentrated in certain communities. For example, use "youth" instead of "juvenile offenders," "kids" instead of "patients."

1.3 Center power for community decisions in the community.

Power lies in who frames an issue, which involves naming the problem, identifying assets and solutions and setting goals. Community framing is profoundly different from defining problems and goals for people and communities and asking them for feedback on the intervention being considered. Communities that are predominantly white and more affluent expect to have significant input and control about local decisions influencing their communities, but this power has been shifted out of communities that are less wealthy and less white and given explicitly or tacitly to public systems. Shifting power back is essential.

Centering community in decision-making processes is different from traditional community engagement processes that may "check the box" but rarely produce transformative results.

For more on what it looks like to center community, download the resource below co- authored by the panelists from our December 2020 event "Centering Community: Shifting Power and Relationships."

Centering Community Resource

1.3.1 Recognize and support people's right and ability to vote.

Recognize and support people's right and ability to vote without shame or undue hardship as an access point to wellbeing and that systemic disenfranchisement is a threat to anti- poverty and anti-racist work at the personal, community and policy levels.

1.3.2 Make informal community assets visible.

When asset mapping, include informal community assets (i.e., not just services) and rely on local knowledge to identify and label these. In reality, there are community solutions for many problems that exist; they can and should be applied and honored. Too often, when these community solutions grow from communities of color and/or groups that have been marginalized, these solutions are instead surveilled and punished inequitably. When mapping challenges, recognize communities that are heavily surveilled are over-represented in systems; do not confuse systemic involvement (e.g., arrest records) with underlying rates of behavior or crime.

1.3.3 Relentlessly seek diverse and inclusive engagement in planning processes.

Engage the diversity of a community in planning processes, including those who have been removed from the community via incarceration or detention.

1.3.4 Change structures before adding programs.

When a need is identified, first look for structural drivers of the problem that could and should be addressed, rather than immediately adding programs, case management and individual supports aimed at ameliorating the harms of a harmful structure.

1.3.5 Contract with local experts for community services.

If contracting for services in the community, seek out local expertise and orientation. Expect and pay for nonprofits to first identify community-driven solutions they can amplify and build on, rather than inserting an imported program. Provide extra points when scoring applications for organizations based in the community in question with management (not just front-line workers) racially and historically proximate to those they will be working with.

1.4 Change structures that force unsustainable tradeoffs.

Too often, services and treatments focus on narrow or short-term progress but jeopardize a person's or community's essential wellbeing assets (e.g., connectedness and belonging, purpose and influence, safety and predictability, access to resources). If these tradeoffs are too great, the change itself is unsustainable. This has been well documented in economic terms as the "cliff effect;" the same dynamic is true for wellbeing overall. Thinking through the tradeoffs of change and listening seriously to them (versus imposing a "provider" or "system" expectation of what is sustainable) is essential to helping people take steps forward, but should not be primarily or solely limited to individual interactions and practices.

Want to learn a little more about the importance of tradeoffs? Check out this short video.

1.4.1 Adjust existing and potential policies to address tradeoffs.

Evaluate existing and potential policies for the likelihood of unsustainable tradeoffs and adjust as needed. If the tradeoffs forced by a policy are significantly greater than the value received or created overall for either the beneficiary or the people carrying them out, the likelihood they will have the desired impact long-term is low.

PLAYBOOK AND TOOLS: POLICY-LEVEL TRADEOFFS ANALYSIS

View and download the Policy-level Tradeoffs Analysis Playbook.
Policy-level Tradeoffs Analysis Playbook

View and download the Policy Analysis Tool developed in partnership with the Full Frame Initiative.
Policy Analysis Tool

1.4.2 Pay for performance that optimizes wellbeing.

Pay for performance that optimizes wellbeing, not just one outcome. While services and supports can and should certainly focus their efforts, durable change requires that change be relevant to the person making the change and not come with unsustainable tradeoffs. Pay-for-performance and pay-for-success contracts or bonds in human services, or value- based contracting in healthcare, are several examples of where this (i.e., starting with people's goals and optimizing wellbeing, not one outcome) should be applied.

1.4.3 Create policies with clear mechanisms for alternative responses.

Even if a policy does not appear to create unsustainable tradeoffs generally, include concrete mechanisms in policies for exemptions/alternatives for the subset of cases where tradeoffs may be unsustainable.

EXAMPLE: ST. LOUIS COUNTY FAMILY COURT

The juvenile division of the St. Louis County Family Court is increasingly structuring in attention to tradeoffs in their work. The court has adopted a case classification matrix to increase equity and appropriately reduce the use of detention in the court. Within this, judges still have flexibility to address individualities. Recommendations to the judges for treatment and sanctions are made with consideration of tradeoffs of compliance with required actions. At this point, it is optional if judges consider this information. A benchcard is included below that illustrates this concept. Cases handled without judicial involvement ("informal") also consider tradeoffs for youth and families in creating treatment plans.

St. Louis County Family Court/FFI Benchcard

1.4.4 Align staff policies to address tradeoffs.

Recognize everyone is balancing tradeoffs, and policies for employees may need to be adjusted as well.

1.5 Structure procurements for wellbeing.

Procurements for human services, educational, public health and public safety contracts that center on wellbeing shift service models from defining people primarily by the issue(s) they are facing (e.g., patient-centered, survivor-centered) to services that recognize people are more than that issue, while still recognizing and building on field expertise. Wellbeing-oriented procurements are rooted in equity and power-sharing.

1.5.1 Develop core procurement elements that use equity and wellbeing as a framework.

Secretariats and departments develop core procurement elements that use equity and wellbeing as an interoperable framework, tailored for different fields.

1.6 Adjust benefits and expectations in recognition of the trauma we are all experiencing.

Adjust benefits and expectations in recognition that people need support to cope and mitigate the trauma we are all experiencing, albeit some more deeply than others. Those who provide services experience trauma and stress, too, both from the work and from larger events in our communities and society. The workforce and their clients/patients/program participants/community members are grappling with the same national context and events. Systems can impede access to wellbeing for the workforce as well as for those who are participants in the system.

1.6.1 Respond with the context of people's decisions and choices in mind.

Resist reflexive traditional responses that punish decisions and choices, such as taking additional personal or sick time to address illness, or grieve the trauma of COVID-19 or policing violence in the BIPOC community. Recognize that policies that punish not taking an action (e.g., housing, a job, etc.) but that do not allow for consideration of tradeoffs (see 1.4) may disproportionately harm those already facing adversity (e.g., cutting off benefits for a person who is immunocompromised and so doesn't take the first job available, which is as a cashier in a busy grocery store).

1.6.2 Encourage staff to use the information and resources they share with constituents.

Encourage staff to make use of the information and resources they are sharing with constituents. For example, those providing and those using services all may need help getting coronavirus relief funds sorted out, access to food pantries, or masks; family members of staff working in hard-hit communities may also have lost their jobs and they may have family members doubled up with them or needing financial support; they may be experiencing more violence or addiction in their homes; they may need mental health or crisis counseling.

1.6.3 Examine emergency policies to ensure they don't replicate the harms they are meant to address.

Examine changes in hastily-made, emergency policy to ensure the policies or their implementation don't replicate the individual or community traumas people are trying to address. For example, domestic violence programs need to be particularly vigilant not to further control shelter residents' movements in the name of safety, as that may re-trigger the trauma that brought them to the shelter.

PRINCIPLE 2

Push against harms being concentrated in communities already facing the greatest adversity

2. Push against harms being concentrated in communities already facing the greatest adversity.

We didn't all come into this crisis on a level footing. Structural racism and historical trauma are foundational to many of the systems we lead. Ensuring that our responses now and moving forward are built on an anti-racist, equity and wellbeing-orientated platform is vital to ensuring that our responses shrink, rather than widen, racial and economic disparities. The goal should be to reduce inequities. To achieve this goal, we must prevent political, regulatory and systemic division of the "newly hurting" from the "long-term hurting" which may deepen racial and class divides. See also Principle 3 as the regulation of social networks in communities already facing adversity is a primary mechanism for concentrating harms.

2.1 When deciding where to bring resources, start with the least capitalized communities.

Communities that have been most impacted by COVID-19 are those that have historically been most impacted by systemic racism and disinvestment. These communities' access to wellbeing, which is essential for weathering challenges, was also the most structurally limited coming into this crisis.

2.1.1 Start with what communities need to thrive, not just what individuals need.

Start with what communities need to be strong, not just what individuals need. The latter tends to lead to more programs, instead of changed conditions. Invest in universal broadband, schools, clean water, parks, road repair and expanding libraries and civic centers.

2.1.2 Leverages and supplement what's working in communities.

Too often, when assets in community aren't sufficient to address a challenge, we create programs or interventions that undermine what's working in an attempt to address the gaps. Instead of replacing informal resources and supports with wrap-around programs and congregate care, supplement informal community resources and supports outside of formal services, always with an eye towards minimizing the tradeoffs of change.

2.2 Address bias in expectations.

Don't expect people who have been system-involved to magically make more progress than those who need help for the first time, and don't expect people who have been system- involved for a long period to do worse.

2.2.1 Remove criminal history as an automatically disqualifying event.

Do not use criminal history as an automatically disqualifying event for housing, jobs, benefits, foster care placement and more, as people of color are disproportionately represented in the criminal justice and child welfare systems. While it still can be considered, the systemic racism that has led to people of color being disproportionately represented in the criminal justice system for crimes that are not perpetrated disproportionately by people of color means that we must be particularly vigilant not to amplify systemic barriers to housing, employment, basic needs and social supports that stem from mass incarceration.

2.2.2 Set aside funds to offer higher security deposits to landlords.

Set aside funds to offer higher security deposits to landlords to promote access to housing for previously incarcerated people, people with poor credit, and other blunt "screening out" criteria used by landlords. Track outcomes to inform policy.

2.3 Support and create space for the nascent businesses that come out of this crisis.

Periods of economic turbulence are historically also periods of innovation. People are figuring out ways to make money and help their neighbors. These may be the small businesses that will employ people during and after the crisis.

2.3.1 Create inclusive innovation incubators.

Create inclusive innovation incubators, specifically targeting communities that have not had access to the infrastructure that makes early-stage entrepreneurism viable. These could be financed by state agencies administering WIOA funding offering waivers to local workforce regions.

2.3.2 Adjust regulations that limit new business creation.

Analyze the application of regulations to limit new business creation to ensure that entrepreneurism is not criminalized in communities of color if the same activity would be celebrated, or not actively surveilled, in affluent white communities (e.g., home cooking and delivery). Reduce/eliminate fines that would be levied under normal circumstances.

2.3.3 Examine licensing requirements.

Examine licensing requirements to see where they can be suspended, changed, made accessible online or fast-tracked, including, wherever possible, the elimination of "no criminal record" requirements for licensing and government contracting.

2.4 Track workarounds and adjust policy to reduce the need for workarounds.

Despite widespread agreement that fragmentation, conflicting mandates, systemic racism and structural barriers are causes of harm in systems, most data collection focuses on the people trying to navigate adversity (e.g., how many people got housing), rather than also tracking the structural barriers they overcame or didn't (e.g., how many people had mistakes on their credit reports that couldn't be fixed before their vouchers expired). This means that structural barriers are identified primarily through separate research and/or through community activism by those facing these barriers. This not only reinforces cognitive bias that people, not systems, are broken, but also overlooks low-hanging fruit for identifying where structural change could reduce the need for case management and workarounds.

2.4.1 Collect data on barriers and workarounds in Management Information Systems.

Collect this information in Management Information Systems (MIS) and compensate contractors for additional time needed to gather it. Consider also tracking tradeoffs (see 1.4) that lead people to drop out of programs, not take benefits or undermine durable change.

2.4.2 Use data on barriers and workarounds to inform ongoing systemic transformation.

Policy makers should request, review and apply findings in ongoing systemic transformation efforts.

2.5 Use the different access to people's homes to help, not to surveil.

As video calls replace office visits and school, we are entering people's spaces without being prepared for the implications. Workers may see or interpret things they wouldn't normally be privy to, but now feel compelled to act on, particularly when conversations and classes are held in the middle of household activities, rather than in a private room.

2.5.1 Provide guidance to guard against implicit bias when "entering" people's homes remotely.

Provide additional guidance to mandated reporters such as teachers to guard against implicit bias as they find themselves increasingly "entering" people's homes remotely. It is vital that mandated reporters who do not usually do home visits understand that poverty is not neglect, that background conversations out of context can be confusing, and that the use of a background app (e.g., a picture of a beach) during a video call does not mean a person is hiding something illicit. It may be helpful to also support people at risk of experiencing violence (e.g., kids and adults in households with a resident who has a history of violence) with safe words that can be used with teachers and others if they need help, and provide guidance to teachers, case managers and others for how to react.

2.6 Separate out sanctions from treatment and help, and adjust both.

Systems that put conditions on people (e.g., community release requirements) need to own the responsibility to adjust expectations, rather than expecting individuals to advocate case-by-case, or creating ambiguity around expectations when many requirements clearly cannot be met.

EXAMPLE: ST. LOUIS COUNTY FAMILY COURT

The St. Louis County Family Court distinguishes between sanctions (e.g., fees, fines, penalties) and treatment (e.g., therapy, addressing issues preventing a youth from attending school regularly, helping family get utilities turned on). While sanctions are still part of the disposition process, more energy is put into case planning with a youth and their family around treatment issues and adjusting that plan as needed based on progress and external factors. This is believed to help reduce a compliance mindset. Rather than putting the onus on youth and families to ask for adjustments to plans to accommodate the realities of COVID-19, the court took on that responsibility.

2.6.1 Vacate or reduce sanctions.

Vacate or reduce sanctions (e.g., fines, community service, etc.) or, if not possible, pause until the end of the formal public health crisis, and then double the time allowed for completion. Waive fees and fines for people in households facing lost or uncertain income. Focus instead on incentivizing community-oriented behaviors.

2.6.2 Allow people to make community restitution by supporting their families and neighbors.

Allow people to fulfill expectations for community restitution by supporting their families and neighbors, knowing many would have done these things anyway (e.g., overseeing their children's schooling, sewing masks, shopping for elderly or immunocompromised neighbors).

2.6.3 Adjust treatment expectations in consultation with the individual.

Adjust treatment expectations in consultation with the individual and based on what is available given that drug treatment, domestic violence services, mental health, medical care and other services that people need more than before are in increasingly short supply in communities. Recognize that community strengthening can be valuable in healing. Revisit what is feasible frequently and regularly (e.g., every 30 days) because the larger context is so turbulent and will change through at least next summer. Be especially careful of disrupting what's working — daily or weekly patterns that may provide a sense of stability, social connections and purpose are even more important during times of crisis.

TOOL: ADJUSTING CASE PLANS IN RESPONSE TO THE PANDEMIC

Click here to view and download 'Adjusting Case Plans in Response to the Pandemic: A Guide and Self-Assessment Tool'

2.7 Make access meaningful.

Access is only meaningful when it doesn't come with significant hardship, danger or shame. Too often, our approaches disregard people's lived realities. Not showing up for appointments can be taken as a sign someone doesn't take their housing or their child's health seriously; not taking medication can be seen as non-compliance or child neglect. But someone may not get paid time off to take a half day off (transportation, waiting, etc.) for a 15-minute appointment; a highly literate parent newly immigrated to the US may not understand basic instructions in English and be mis-seen as stupid. These are cognitive barriers by service providers that can and must be remediated.

2.7.1 Improve access to and use of tech to reduce barriers.

Leverage tech to reduce barriers and make sure those facing the most barriers have access to tech, such as reimbursing providers for telehealth and providing cell phone minutes so that people can engage in telehealth, virtual court appointments, online learning and more. Because there is less travel and time required for these appointments, attendance may increase, another indication that structural barriers, not individual characteristics often influence "compliance" and completion.

2.7.2 Ensure that professional, credentialed translation and interpretation services are available.

Ensure that translation and interpretation services are professional, credentialed and broadly available. Translation services are as essential for good health and wellbeing for non-English speakers' outcomes, as is medicine, housing, clinical care and other services. Ad-hoc interpreters (e.g. bilingual staff who aren't trained and credentialed as professional interpreters, family members of the service recipient, etc.) and apps are grossly inadequate and may jeopardize safety, health and outcomes. While federal legislation requires translation in many settings, this requirement is routinely shirked, concentrating harms in communities that can least afford them.

EXAMPLE: FOUND IN TRANSLATION

Found in Translation creates economic mobility opportunities and addresses racial, ethnic and linguistic disparities in healthcare by training low-income bilingual women to be professional medical interpreters and connecting them to jobs that demand their skills. This creates pathways to a living wage for immigrant women, leveraging their multilingualism as a marketable skill, and enables LEP (Limited English Proficient) patients to access vital healthcare services. While federal and state laws mandate hospitals, as well as other health and human services providers, provide professional interpreter services, compliance rates are far lower than optimal. Found in Translation lowers barriers to compliance by offering affordable interpreting and translation services in 30+ languages.

Field(s): interpreting & translation, language access, language justice, healthcare access, health equity, job training, workforce development, economic mobility, immigrants and refugees, women

Build social connections

Principle 3

3. Build on, instead of undermining, social connections and social capital in communities.

Our drive for social connectedness is innate, essential and universal. We count on others, need others to count on us and need to belong. But in economically distressed communities, particularly communities of color, social connectedness is often highly regulated or even criminalized. The result can be unnecessary creation of programs to do what social networks would otherwise do, and the hamstringing of community potential and health.

3.1 Remove obstacles to family members helping family members.

3.1.1 Allow family members in public housing to take in family members in times of crisis.

Allow what constitutes "family" for public housing to mirror what is true of families generally, such as multiple generations and extended family living together and family members taking in family members during times of transition and stress. Allow doubling-up in public and subsidized housing. People may be able and willing to take in family members who can no longer afford their own housing, who are recently released from prison or who are home from school. This takes pressure off shelters and can also help families pay the rent. However, limits on who counts as family for a lease, rigidity about visitors, association restrictions from courts and other restrictions placed on familial support limit social-network oriented solutions.

3.1.2 Keep families close.

Comply with, and expand, policies to incarcerate people close to their families, if people must be incarcerated. Provide extra subsidies for families who foster larger sibling groups. Act on policy requiring a preference for kinship foster care for children and youth.

3.1.3 Expand models and approaches that reimburse family members for caregiving.

Expand models and approaches that reimburse family members for caregiving as an alternative to congregate or non-kin care. People work very hard to keep family members out of congregate care such as nursing homes. This reflects in part the insufficiency of the congregate care we offer in this country, but perhaps more importantly, the desire of family members to care for each other. Making it economically feasible for people to provide care (which may also require other changes, such as 3.1.1) also allows people in need of care — whether children, adults or older adults — to stay connected to community.

3.2 Enable social networks.

The United States' hyper-individualistic culture, and the persistent myth of the self-made individual, have allowed for policies and structures that explicitly undercut social networks that are vital for individuals and communities to move out of poverty and be resilient in the face of crisis. Overly individualized responses often undercut social networks and/ or do not account for the importance social networks play in wellbeing, including but not limited to health and economic viability. Identifying where structural barriers to social networks exist is as important as practice/programmatic work that enhances social networks.

3.2.1 Make it possible for people to gather.

Invest in public parks and well-lit streets and use data disaggregation to make sure crowd enforcement is not being applied predominantly in communities of color.

3.2.2 Apply intergenerational and social- network oriented approaches in policy.

Apply intergenerational and social-network oriented approaches in policy as well as in practice and programs. Policy to address a specific issue (e.g., educational attainment for children) must reflect that these issues occur in the context of families that have needs that must be addressed, and assets that can be leveraged. Family policy must recognize that non-custodial parents and extended family play a vital role in many children's lives across the income spectrum, including low-income children. Furthermore, there is an emphasis on funding programs to teach individuals to take or not take actions, rather than on more effective policies and campaigns that encourage and enable social networks to support their members (e.g., a public health approach to shaken baby syndrome encourages neighbors to step in when they hear a baby crying incessantly to give parents a break). The impulses that systems often try to program out of people facing adversity are not unique to that context, but the ability to access social support or paid support (e.g., a babysitter) is far more attenuated in stressed communities.

3.2.3 Encourage multi-family economic strengthening and resiliency efforts.

Encourage multi-family economic strengthening and resiliency efforts. For example, networks that become economically stronger are more resilient than individuals who are far economically stronger than their networks.

3.3 Enable expansion and leverage of community networks.

Beyond individuals' social networks, community networks are vital partners in change.

3.3.1 Partner with community to support change driven by community.

Constituents have assets, knowledge and strengths individually and collectively that systems don't have and that need to be built on collaboratively.

3.3.2 Reduce false divides between community-strengthening activities and services.

Reduce false divides between community-strengthening activities and services, and engage people as vital contributors to their ecosystems. Community-strengthening activities, such as participatory action research, participatory budgeting, youth and resident advisory boards, parent associations and more all not only support strong community, they also provide vehicles for people to meet neighbors and expand social networks. In contrast, traditional services focus far less on the resiliency for individuals created by expanding social networks.

3.4 Leverage community expertise in making bureaucracy work for people.

People with lived experience not only bring unique perspective and knowledge; they are also credible messengers in community. Historical bias against, and suspicion of, people in poverty leads to judgment of skills that are viewed differently outside the context of poverty. For example, people who are poor are considered manipulative when they "work the system." People who are wealthy are considered savvy when they do the same thing. It's the same behavior: people figuring out how to get what they need for themselves and their families at minimal cost, without breaking the law.

3.4.1 Hire people who know how to navigate the system.

Hire people who know how to navigate the system (e.g., fight eviction, get mental health treatment, get insurance to cover treatment) to create resources or provide mentoring for those new to unemployment, food pantries, etc. Blunt and biased regulatory/policy barriers to hiring people with lived experience within systems should be reduced, but this recommendation goes beyond lived experience of overcoming a challenge to focus specifically on those whose expertise lies in navigating structural challenges to progress.

3.4.2 Look for expertise first in communities most affected.

Look for expertise first in communities most affected, and provide structural support for people to leverage these skills within systems (e.g., assistance with licensing, contracting, etc.). The gap may be in access to the legitimizing systems, not in the skills themselves.

Build financial security

4. BUILD FINANCIAL SECURITY.

Prior to the pandemic, almost half of American families couldn't come up with $400 to cover an emergency expense without taking on more debt. This is almost assuredly increasing as the economy stumbles. Public policy historically blocked people of color from many of the most important avenues for wealth accumulation, such as homeownership and post-secondary education, and families of color are particularly likely to continue to face the structural remnants of these policies. The impact of the pandemic — deaths, the need to continue working, not having access to adequate sick or personal time, the inability to work from home — are therefore also concentrated in communities of color and those already facing economic hardship. Economic recovery must address immediate financial security and also address the persistent racial wealth gap.

4.1 Backstop loss.

COVID-19 disability and deaths are concentrated in communities and families with little wealth or savings, who are also disproportionately people of color, particularly people who are Black or Native American. COVID-19's economic impact in these households is particularly acute because of the structures that have prevented wealth accumulation and reduced access to medical care.

4.1.1 Provide specific, low-barrier help with the financial and human costs of COVID-19.

For example, the cost of funeral arrangements; grief counseling that recognizes the role of race, access, and poverty in who has been disproportionately impacted; cleaning and disinfecting supplies.

4.1.2 Provide a COVID-19 benefit.

Provide a COVID-19 benefit for people who were required to work during shutdown and who are now disabled due to COVID-19, and a death/survivor benefit for those who were required to work and who died of COVID-19.

4.1.3 Enact/extend a moratorium on evictions, foreclosures and utility shut-offs.

Enact/extend a moratorium on evictions and foreclosures, and on utility shut-offs, including broadband.

4.2 Ensure access to basic nutritional and economic supports.

The suddenness and severity of the pandemic's impact on our economy, combined with the economic fragility of many families and communities and the ongoing challenges families face in navigating shuttered workplaces, closed schools and camps, and more, necessitates increasing benefit levels to meet the reality of the moment. We must also, carefully and explicitly, reduce the tradeoffs built into public benefit eligibility and structures. People's situations are changing frequently, so it is necessary to bolster the human services infrastructure to rapidly respond to people's changing needs, through not only the public health crisis, but the economic fallout as well. Key mechanisms that are already in place and should be built upon include: unemployment benefits, SNAP, EITC, WIC, Section 8 housing vouchers, child care. At the same time, people's needs for these supports may in part be lessened by attention to other recommendations in this Blueprint.

4.2.1 Reduce friction points for people accessing benefits.

In addition to allowing online applications, increase multi-linguistic telephone support so that those who lack internet access can apply by phone; expand hours for phone service. Cross-train employees to reduce the divisions between, for example, unemployment insurance and job-training benefits that add stress and frustration for those trying to navigate the systems.

4.2.2 Suspend benefit cutoffs for at least six months after the end of the public health emergency.

4.3 Don't fund staffed anti-poverty programs when what's needed are direct payments.

Don't automatically fund staffed programs that help people survive being poor, when what people need is money to be less poor. Inaccurate narratives about people in poverty continue to be reinforced by policy that reflects and reinforces widely-held assumptions that people are in poverty because they cannot manage money. In reality, most people living in poverty know how to stretch a dollar, but are not given enough choice in how to do so.

4.3.1 Relax restrictions on publicly issued flex funds.

Relax restrictions on publicly issued flex funds so they can be used to fix cars or to go directly to people, not only to third parties like landlords.

4.3.2 Expand child care.

Expand child care options, subsidies and tax breaks to reflect the true cost of and need for care; allow for the value of a child care voucher to be taken as a financial benefit by a parent who is not working and is taking care of their child at home, creating space in child- care centers which must reduce their student to staff ratio for social distancing.

4.4 Address the wealth gap.

Inequality is perpetuated by policies that undermine families' ability to accumulate wealth and savings and that shut families, particularly families of color, out of asset-building activities, such as homeownership.

4.4.1 Address the benefits cliff.

Address the benefits cliff: significantly increase the asset limits to qualify for safety-net support and phase out benefits more slowly.

4.4.2 Invest in baby bonds and children's savings accounts.
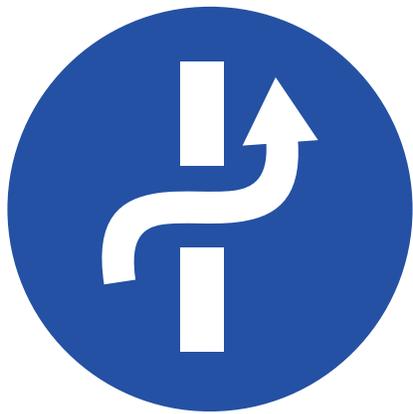
PRINCIPLE 5
Span Boundaries

5. Span boundaries.

The boundaries that require spanning are not simply between fields (e.g., housing and medicine); they are between sectors. The mental models that lock people into "client/patient/survivor/offender" or other service-focused definitions also lock problematic structures in place. Explicitly spanning not just fields, but also sectors is essential to long- term economic recovery and greater equity.

5.1 Tap people's humanity.

Mental models that conflate people with issues they're facing limit everyone's ability to support and leverage community assets and people's talents.

5.1.1 Include arts and culture in community assessment, design and change processes.

Include arts and culture in community assessment, design and change processes. Arts and artistic expression make us human, but are often treated as "extra" in lower-income communities (even though artists are in every community). The arts heal, distract, connect, amplify and more. Traditional community processes that center on creating written reports and action plans often leave out whole dimensions of the human experience and community members who will be instrumental in driving and supporting that change.

5.1.2 Build partnerships to increase access to careers in the arts and related industries.

Build public/private partnerships to increase access to careers in the arts, entertainment, and other industries. Many industries, such as film, are not simply for those with the artistic talent — there are jobs ranging from design to construction to catering to accounting and more.

EXAMPLE: BRIDGE BUILDER ARTS

Film is a career path not only for actors, but also for cinematographers, techies, carpenters, bookkeepers, caterers, designers, hair and makeup, and more. Bridgebuilder Cinematic Arts was founded and run by award-winning artists who themselves are building a new pipeline for an industry in need of talent and equitable inclusion. Bridgebuilder works with youth who are combating societal issues by creating an alternative to traditional jobs found through vocational training. Bridgebuilder believes the non-traditional approach gives youth better agency over their lives while providing a platform for youth to become the narrators of their own lives.

5.1.3 Allow for joy and levity.

Allow for joy and levity. People can be in crisis and still laugh — it doesn't mean they're not taking it seriously.

5.2 Advocate.

For too long, systems have worked to coordinate services and supports, instead of system leaders using their position and access to illuminate how the policies of one system create deep barriers in other systems. We cannot be successful if the price of short-term success in one program or system is deeper poverty or challenges for a family. System leaders must push for change within and across systems. At the same time, recognizing that the problems in our systems as experienced by communities that interact with them are also often experienced by the staff within the institution or system.

5.2.1 Conduct and be open to cross-system, cross-field advocacy.

Advocate for structural shifts across systems, and be open to advocacy from other systems and other fields to lead to better outcomes. For example, systems like courts and child welfare advocating for a moratorium on utility shut-offs and foreclosures may backstop crises that lead people into court, child welfare systems and more.

5.2.2 Redeploy frontline staff to serve as navigators and advocates.

Shift expectations (and job descriptions) of front-line workers from supportive monitors or case managers to resource navigators or advocates. The greatest value staff may provide is on the edges of their jobs (e.g., the best way to help a youth stay on track may be to help the youth's parents keep their housing through advocacy with the housing authority). Staff also need to have avenues for advocating for structural and cultural change within the institution.

5.2.3 Reduce the divide between services and advocacy.

The false divide that dictates that people are either changing themselves or changing their communities blocks people's voice and blocks access to people's ability to influence their environment and those around them — an essential element for wellbeing. Focus groups and support groups that identify what's working or not in services, and support people in making change in their own lives, can be supplemented or partially replaced by advocacy efforts that focus on changing structures around them.

5.2.4 Fund and allow for non-partisan, non- electoral advocacy as part of direct services.

Fund and allow for non-partisan, non-electoral advocacy as part of direct services.

5.3 Expressly engage across sectors and with community leaders to make the transformation.

For too long, systems have at best worked to coordinate services and supports, instead of using their position and access to illuminate how the policies of one system creates deep barriers in other systems. We cannot be successful if the price of short-term success in one program or system is deeper poverty or challenges for a family. Systems leaders must push for change within their own systems and across systems. At the same time, recognizing that the problems in our systems as experienced by communities that interact with them are also often experienced by the staff within the institution or system.

5.3.1 Use funding across systems to address structural barriers.

Use funding across systems to address structural barriers, such as health care dollars to support new affordable housing.

5.3.2 Convene multiple industries to workforce development funding.

Convene and support same and similar skill set industries/companies to co-invest training and development dollars to pool toward necessary training of incumbent staff. Convene industry leaders in related/complementary sectors to take action together in recruitment and deployment of talent (job seekers) in times of both expansion and in times of layoff to work together across companies to strategically deploy employees.
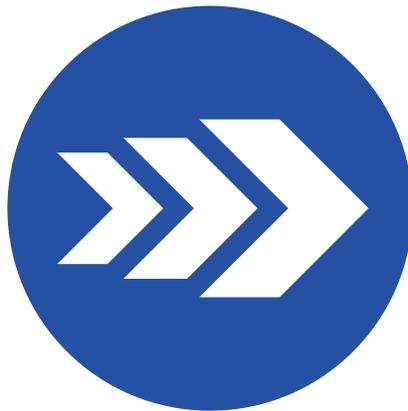
PRINCIPLE 6

Set our default to sustaining transformation beyond the pandemic.

6. Set our default to sustaining transformation beyond the pandemic.

While some changes will need to be reversed, altered or further refined, defaulting to sustaining wellbeing-oriented systems forces important accountability and reflection. Even when the pandemic is past, this expansive thinking is vital to fully appreciate the landscape before people, and ensure that we are all moving towards a fair shot at wellbeing.

Keep pushing, partner unexpectedly, build movement, keep learning and stay curious.

Acknowledgments

This Work Relies on Community

Though the staff of the Full Frame Initiative is the primary author of the Wellbeing Blueprint, this work could not have been produced without the drafting, editing, questioning, poking and prodding of a community of formal and informal advisors and colleagues.

We offer our thanks especially to this shortlist of early contributors and members of the founding "kitchen cabinet," knowing that the countless contributions of many others throughout the development of the Blueprint have made it what it is today. We've included affiliation here for identification purposes only.

To Cite This Work

We hope this work helps you take the next steps toward building a country where everyone has a fair shot at wellbeing. We suggest the following citation for the work:

Fels Smyth, K. et al. (2020). (pdf) The Wellbeing Blueprint (v 5.5). Greenfield, MA: The Full Frame Initiative.

Tools Referenced in the Blueprint

A Toolkit for Centering Racial Equity Within Data Integration from Actionable Intelligence for Social Policy

The Policy-level Tradeoffs Analysis Playbook developed in partnership with the Full Frame Initiative
- The accompanying Tradeoffs Analysis Tool for Rules and Policies

Adjusting Case Plans in Response to the Pandemic: A Guide and Self-Assessment developed in partnership with the Full Frame Initiative