IMPLEMENTATION
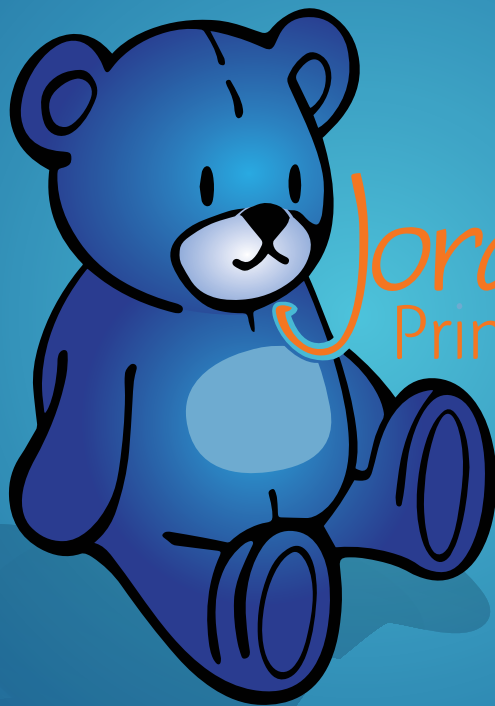## TOOLKIT

MODULE I

*Community Teams
& Interagency
Collaboration*

Jordan's Principle

CHILD
FIRST
INITIATIVE

Foreword by Pinaymootang First Nation

Jordan's Principle is a child first principle intended to ensure that First Nations children do not experience denials, delays, or disruptions of public services ordinarily available to other children due to jurisdictional disputes. These Program Standards and Guidelines were developed in response to the concerns that have been raised for over a decade with respect to the current realities for families of special needs children in Manitoba. Up until the recent Canadian Human Rights Tribunal ruling, First Nations families in Manitoba were limited to two options to meet the basic needs of the children:

    (a)   Move off-reserve, away from family and community supports, to access services; and/or

    (b)   Place their child within the care of a CFS agency.

These have been and remain the only two options to access equitable services for First Nations children on-reserve, despite collaborative efforts to implement a case conferencing resolution process for resolving jurisdictional disputes.

It is intended that these Program Standards and Guidelines will build on previous work of significant programs such as the "Children with Lifelong Complex Medical Needs Program" implemented by Awasis Agency, the Process Evaluation conducted by the Assembly of Manitoba Chiefs and Nanaandawewigamig, and the Family Evaluation and Research Project completed in collaboration with McGill University for the Niniijaanis Nide Program.

These processes involved inviting parents and family members, including extended family, along with the health and education professionals, to engage with the child in the decisions that affect them. These approaches have demonstrated the positive outcomes and highlight the family's leadership capabilities to make decisions in the best interests of their child(ren) when properly engaged, prepared, and informed. Decisions made by the families have demonstrated a much higher level of success for their children because the child remains connected to their family, community, and culture.

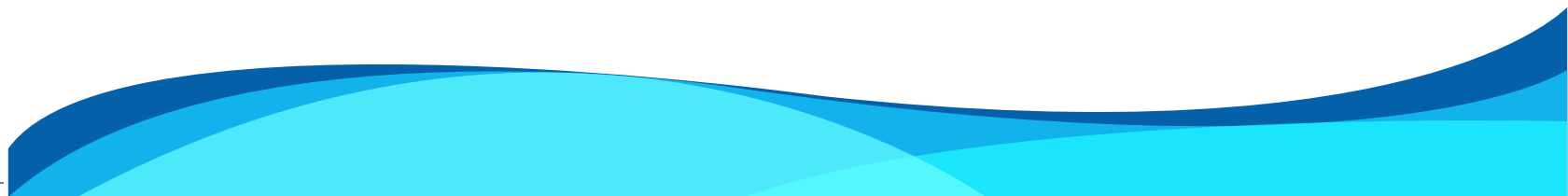Furthermore, family empowerment approaches result in:

- Higher levels of participation

- Higher levels of follow through on care plans

- High levels of child and family satisfaction

- Reduction of stress on the family/parents

- Strong family ownership of decisions, plans, and long-term care management for their child.

On behalf of the Pinaymootang First Nation JP Advisory Committee, thank you for giving us the opportunity to share our community's program as a best practice to learn from and build upon.

                      Miigwetch, Ekosani, Mahsi Cho, Wopida, Thank You,

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1   Jordan's Principle – Child First Initiative

First Nation children have always faced unique challenges in accessing health and social services that are ordinarily available to other children in Canada. Children's access to services have been determined on the basis of their First Nations status or status eligibility, as well as their residence on or off reserve.

Jordan's Principle is an essential mechanism for ensuring the human, constitutional, and treaty rights of First Nations children. The Principle is named in honor of Jordan River Anderson, a child from Norway House Cree Nation, Manitoba. Jordan was a child with complex medical needs. Because he required services available off reserve, his family signed over their rights to Child and Family Services. At the age of two, Jordan's doctors found him ready to move to a medically approved foster home. Instead, Jordan spent the next remaining two years of his life in hospital, while Provincial and Federal Governments fought over who should pay for Jordan's care outside of the hospital, despite having a capable family ready to provide for his care needs.

Based on the recent historic decision made by the Canadian Human Rights Tribunal, the Government of Canada has received the directive to take immediate measures to end this discrimination for the implementation of the full meaning and scope of Jordan's Principle. Specifically to:

> (1)   Include all First Nations children, not just those with multiple disabilities;
>
> (2)   Include all needs: health, education, social, and cultural;

In addition, the Truth and Reconciliation Commission of Canada Call to Action for "all levels of government to fully implement Jordan's Principle" in order to redress the legacy of residential schools and advance the process of Canadian reconciliation with the Indigenous people.

The spirit of Jordan's Principle is to ensure that jurisdictional disputes (who pays for what) do not prevent First Nations children living on reserve from accessing services, treatment, and equipment usually available to other Canadian children in nearby non-First Nations communities. All First Nations children are entitled to the same rights and services as any other Canadian child, regardless of their place of residence and level of needs to achieve a comparable quality of life.

1.1   Purpose of JP- CFI

The purpose of Jordan's Principle Community-based Initiatives are to develop community programs that will provide quality services, supports and resources at the community level to achieve the desired wholistic outcomes for children and their families. In order to do this, First Nations must lead the work with all stakeholders (First Nations and Inuit Health Branch, INAC, Province of Manitoba, Regional Heath Authorities, CFS agencies, and other regional and specialized organizations) to provide support, address gaps in service, avoid jurisdictional disputes and improve needed care; while keeping children home.

1.2 Objectives of the Jordan's Principle – Child First Initiatives

The impact of having a child with complex physical, mental and emotional health needs in the family is a combination of positive and negative consequences: a combination of joy (at achievements however limited) and sorrow (from missed opportunities and distress experienced). Many parents and siblings demonstrate tremendous resilience and develop a range of effective coping strategies which helps them to respond to the challenges they encounter.

The impact on the family spans all physical, emotional, mental, and spiritual domains of well-being, and therefore to be effective, focused interventions by professionals must be present. The interventions must empower parents so that they remain in control of their life and that of their child. In seeking to support families it is important to respond to the key areas of parental need that have been identified;

- The need for increased certainty;

- The need for information;

- The need to acquire knowledge and develop skills in caring for their child;

- The need for coordinated services;

- The need for respite care.

The objective of any community program is to engage families and the community in working together to improve health services. By working together with our stakeholders, we can build a better system that is truly in the best interests of our children, honouring the basic human rights and indigenous identity.

This Program Guidelines serves as a mechanism to assist First Nations in designing an intervention/prevention program to support families to meet their child's needs in the child's natural setting. It draws on best practices that derive from breath of life theory (Blackstock, 2011) and family-centered care. The support provided to the child/family is based on an initial needs assessment conducted collaboratively by the child development workers, case manager and family. Goals are established for the child and/or family through interagency collaboration, and progress toward achieving those goals is monitored.

The proposed objectives for a Community-based Jordan's Principle Program include:

- Increase access to best practices and support for children with health, educational, social, and cultural needs that cannot be met through existing community services;

- Ensuring Healthy and Supported Family Units to assist children in attaining the highest quality of life possible within their natural setting;

- Utilize best practices that improve the child's functioning and self-determination in activities of daily living;

- Adopting culturally-appropriate standards to ensure the safest and highest quality of care, support, treatment, and engagement for children, families, and service providers.

Introduction to the Implementation Toolkit

This Implementation Toolkit was designed to support First Nations communities in developing implementing, and evaluating their own Jordan's Principle – Child First Initiative. It was also designed to provide Program Standards and Guidelines for those community service providers that will be responsible for planning, implementing, and evaluating their activities. The Program Standards and Guidelines are intended to ensure all First Nations children in all communities have:

> ➢ Access to the same level of services, supports, and resources;

> ➢ Based on the needs of the children, families, and communities;

> ➢ Reflective of the culture, language, and way of life of their people.

The Development of the Program Standards and Guidelines

This toolkit was developed by First Nations professionals with input from key stakeholders in the health, education, family services, and social development sectors. The guidelines have been developed from the existing program protocols for Niniijaanis Nide - My Child My Heart Program designed and implemented in Pinaymootang First Nation. The standards have been informed by the Jordan's Principle Collaborative Advisory Committee and through engagement with key service providers from December 2016 to March 2017.

This is a "living document" meaning that the program standards and guidelines will change, evolve, and improve over time as our First Nations communities develop, implement, and evaluate their community programs.

Limitations

These Program Standards and Guidelines are the first of its kind. Through ongoing evaluation, monitoring, and data analysis, First Nations communities can assess the overall impacts of programs on the quality of life for children and their families. It will continuously be updated to serve the best interests of the children and reflect the culture and experiences of our First Nations communities.

Who should use this Toolkit?

An interagency approach is an important factor in planning, implementing, and evaluating community programs. These guidelines have been developed for First Nations in Manitoba in hopes that every community will establish a collaborative or interagency team to fully uphold and implement Jordan's Principle in a wholistic and culturally-grounded approach.

Roles and responsibilities of each service sector will be defined and determined by the First Nation. The relevance of each module may vary depending on the roles and responsibilities that each service sector has in relation to the program.

How to use the Toolkit:

This Implementation Toolkit is made up of five modules to support the design, implementation, and evaluation of First Nations |P-CFI Programs:

Module I: **Community Teams and Interagency Collaboration**

Module 2:   **Program Development**

Module 3:   **Work Plan Development and Performance Indicators**

Module 4:   **Program Evaluation and Monitoring**

Module 5:   **Information Governance and Data Collection**

Each module is organized to provide you with Program Standards, Program Guidelines, and Tools/Templates to assist you in designing your strategies for community-based implementation.

What you will find in each module:

1   **Review of the previous module so that you can build on your completed work**

2   **Overview of the module – what it is about, what you can expect to achieve**

3   **List of Program Standards – these will be identified throughout the module to remind you where you can design your program to meet the standards**

4   **Program Guidelines – step-by-step instructions on how to complete each module of planning, designing, implementing, and evaluating**

5   **Tools and Templates – to assist you in your work and program design.**

Overview of Module 1

Improving the quality of life and the education of children with disabilities and their families requires the collective knowledge, skills, experience and expertise of all family members and professionals. It requires that the community and all service systems work together to achieve the goals of the child and the family.

Presently, most services on-reserve are crisis-oriented based on changing needs. Services are generally delivered through numerous separate agencies. Due to different authorities and protocols, these programs can be rigid and distinct with each having their own;

- Mandates that reflect a particular focus
- Sources of funding
- Guidelines, eligibility criteria
- Accountability requirements
- Rules governing expenditure of funds.

Due to the wide range of responsibilities and dissimilarities, some agencies don't view themselves as allies and unfortunately in some cases, view programs as competing for community-based funding.

First Nations have indicated that sufficient funds are not available to provide the necessary prevention, support and treatment services to make a lasting difference in all areas of well-being and across all sectors. This is why Jordan's Principle-Child First Initiative needs to be a coordinated approach with many players working together in the best interests of the children.

What is it about?

Module 1 is about establishing a Community Team and Interagency Collaboration. A Community Team is made up of key stakeholders in the community with a strong role and/or responsibilities to fully implement Jordan's Principle-Child First Initiative at the community level.

Interagency Collaboration is a mutually beneficial and defined relationship entered into by two or more individuals, programs/agencies/organizations to achieve common goals. Includes a commitment to:

- A definition of mutual relationships and goals;
- A jointly developed structure and shared responsibility;
- Mutual authority and accountability for success;
- Sharing of resources and success.

These agencies and organizations can be key stakeholders external to the community.

What can you expect to achieve?

- Easy access to a wide array of prevention, treatment and support services – no matter who provides those services;
- Techniques to ensure that appropriate services are received and are adjusted to meet the changing needs of children and families;

- A focus on whole family;

- Families are empowered within an atmosphere of mutual respect

- Continuity in delivery of services and support, with trust-building relationships between workers and family members; and

- Emphasis on improved outcomes for children and families based on realistic but high expectations for achievement.

Will Interagency Collaboration Work for my Community?

To determine whether interagency collaboration is the "solution" to the lack of flexible, comprehensive and effective services in your community, ask:

1.) Is the result we want to achieve beyond our agency/program ability to achieve on our own? (Do I need help? Financial, human resources, technical, administrative, specialized services outside of our scope)

2.) Are there other agencies/programs that desire similar results with whom my agency/program can coordinate to better achieve the results I want (Are there others who can help that want the same outcomes?)

3.) Will this collaboration also help other agencies/programs achieve the results they want? (Will they want to help?)

4.) Can I afford to spend the time required to develop a collaborative relationship with those organizations (Is it worth the effort? Will it benefit the best interests of our children and families?)

5.) Is my organization, from top to bottom, ready to make the needed changes in operations in order to collaborate with others? (Can we make use of the help when it is provided? If not, what do we need to do so that we can?)

"MODULE 1 is about establishing a Community Team and Interagency Collaboration."

Two Manitoba First Nations have adopted key values that are fundamental to the implementation of existing Jordan's Principle – Child First Initiatives. The values include, but are not limited to the following:

1. **Collaboration and Communication** - Partnership and collaboration across all disciplines and agencies is essential.

2. **Needs-based Care** - Professional supports must be coordinated and responsive to the needs of the child;

3. **Family Connection** – First Nations children are best cared for at home and within families;

4. **Wholistic Approach** - The wholistic needs of children and families have to be met as well as their special needs;

5. **Engaged & Empowered Family Unit** - Parents are connected to their children better than anyone else and must be treated respectfully by professionals as equal partners given the expertise they have in the care of their child;

6. **Reflective of the community's culture, language, and way of life** - Care and support must meet the highest standard of safety and quality possible, for the child and family reflective of the language and cultural beliefs, values, traditions, and practices.

Culture is the foundation to providing services that will meet the needs of the child and their family. There is not "one" culture because culture is determined by the land and language of the people. Culture is the facilitator of spiritual expression. The child's spirit and their family want to live life to the fullest. A connection to spirit is essential and primary to wellbeing and health. Cultural interventions are therefore essential to wellness. Cultural interventions are thus defined by each community to address wellness.

These values have informed the Program Guidelines and Standards to ensure that program design, implementation, and evaluation supports the following key components:

- **Effective coordination of quality services**
- **Providing wholistic services that are safe, responsive to need, and culturally appropriate**
- **Building a confident and competent community-based team**
- **Quality improvement and achieving positive outcomes for children and families**
- **Effective and efficient information management and data governance**

Module I is focused on the effective coordination of quality services by utilizing a:

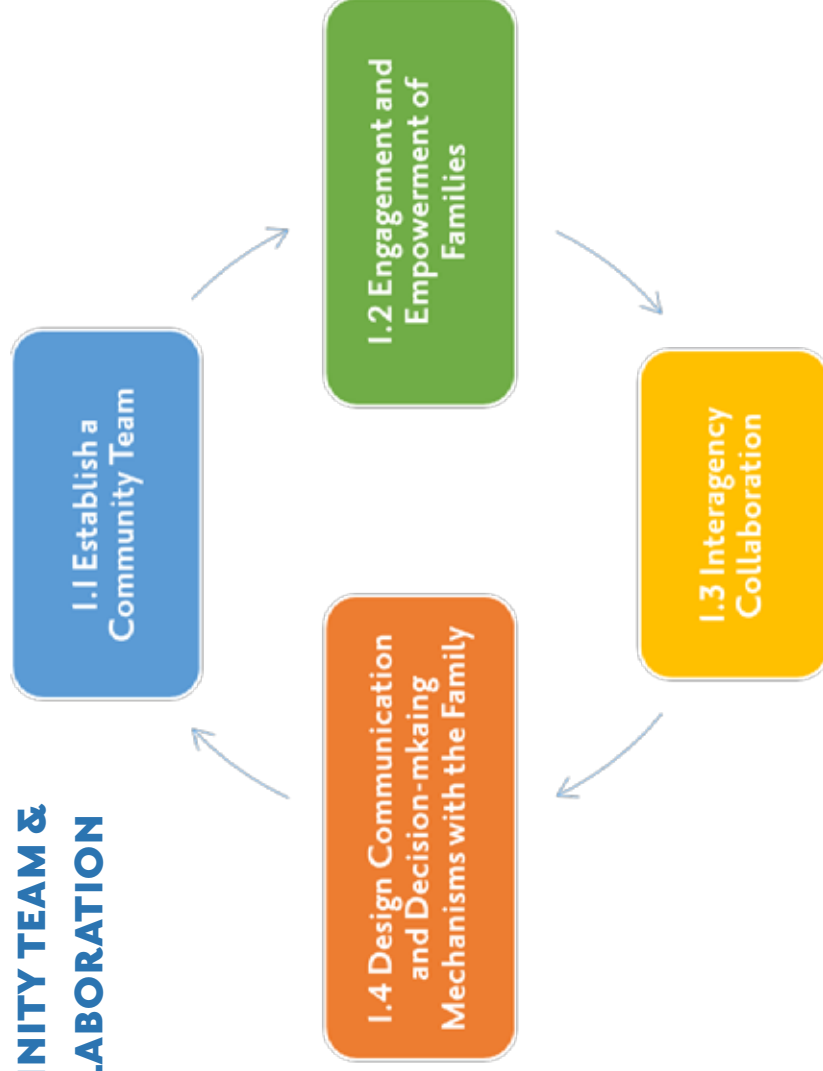**Community Team and Interagency Collaboration**

Module 1 Target Outcomes:

1. **Services are designed collaboratively to meet the wholistic and special needs of children and their family.**

2. **Services are provided within a collaborative team environment.**

3. **Sustainable funding is available to every First Nation to provide safe, responsive, and culturally-appropriate services for children and their families based on their wholistic needs.**

Program Standards

1.1   A Community Team is established within the community to lead collaborative networking and partnerships.

1.2   Information is collected from children, families, partners, service providers, and community members to inform the design of services and supports.

1.3   Service goals and objectives are developed with active involvement from children (where possible) and their family.

1.4   Services are reviewed quarterly and annually to determine appropriateness and responsiveness to needs, with active participation from the child and the family.

1.5   Strong collaborative partnerships are created and maintained with other services, programs, service providers, and organizations to meet the needs of the children and their family.

1.6   Information on all services, supports, and resources are provided to the child and their family, partner organizations, and the community

1.7   Any barriers that may prevent children from accessing services or limit service providers and referring organizations from accessing services are identified and immediately removed.

1.8   A collaborative approach is used to deliver services.

1.9   The Community Team works in collaboration with the family, with empowerment of parents as a key focus.

1.10   Resources required to address gaps and achieve positive outcomes for children and families are identified and communicated to the First Nation and government decision-makers in a timely manner.

MODULE 1 – COMMUNITY TEAM & INTERAGENCY COLLABORATION

- 1.1 Establish a Community Team
- 1.2 Engagement and Empowerment of Families
- 1.3 Interagency Collaboration
- 1.4 Design Communication and Decision-mkaing Mechanisms with the Family

1.1 - ESTABLISH A COMMUNITY TEAM	1.2 - ENGAGEMENT AND EMPOWERMENT OF FAMILIES	1.3 - INTERAGENCY COLLABORATION	1.4 - DESIGN COMMUNICATION AND DECISION-MAKING MECHANISMS WITH THE FAMILY
1. Identify and confirm key representatives of the Team. 2. Define the Terms of Reference. 3. Design the Management Structure	1. Identify Case Manager 2. Family Needs Identified 3. Build Trust with the Family	1. Develop Interagency Protocols 2. Design and implement a Sustainability Plan	1. Include parents and families in all decision-making 2. Coordinate regular meetings as determined with the family 3. Uphold the Best Interests of the child and family

Program Guidelines

1.1	ESTABLISH A COMMUNITY TEAM
Step 1	**Identify and confirm key representatives of Community Team** Under the JP-CFI, a collaborative approach is used to deliver services, therefore it is important to have a community-based group is established with representation from Health, Education, Social Development, and Family Service sectors, as well as, a Parent representative, Cultural/Spiritual advisors and/or Elders, Grandmothers, Knowledge Keepers. The community-based group must include representatives from the leadership, decision makers, and service providers. The following service providers (not exhaustive) are engaged in some capacity:

Health	Education
▪ Nurse	▪ Speech and Language Therapist
▪ Physician	▪ Occupational Therapist
▪ Health Care Aide	▪ Physical Therapist
▪ Child Development Worker	▪ Resource Teacher
▪ Psychologist	▪ Counselor
▪ Child Psychologist	▪ Education Assistant
▪ Mental Health Therapist	▪ Manitoba First Nations Education Resource Centre
▪ FNIHB	▪ Teacher
▪ Manitoba Health	▪ Cultural Resource
▪ Specialized Services for Children and Youth (SSCY)	▪ Principal
▪ Traditional Healer	
▪ Health director	

Social Development/Supports	Family Services/Support
▪ Housing Advisor	▪ Family Enhancement Workers
▪ Income Assistance	▪ Social Workers
▪ Special Education	▪ Support Groups
▪ Home Care/Homemaker	▪ Employment & Training
▪ Social Development Director	▪ CFS Director
	▪ Parent representative

| Step 2 | **Define Process and Terms of Reference**

The terms of reference for the community team established includes designing a monitoring and evaluation framework and to ensure program monitoring and evaluation is conducted.

1. Identify the need for establishing an interagency process.

    ☙ Improved service delivery

    ☙ lessen the burden of multiple referrals on a child/family |

Step 2	

> ❧ minimize in appropriate referrals, clarify target groups

> ❧ minimize overlap and duplication with agencies/services and programs

2. Gain support from Senior Directors of each agency/program as well as community leadership to demonstrate commitment and new policy and or case management directives.

3. Identify the issues to be covered and resolved by this collaboration.

> ❧ Client eligibility

> ❧ Management of waiting lists and potential for prioritizing clients with higher and or immediate needs

> ❧ Information sharing

> ❧ Confidentiality

> ❧ Allocation of resources

> ❧ Maintaining specific agency responsibilities

> ❧ Determining case management responsibilities for children and families with multiple and complex needs

> ❧ Processes for the exchange of information between programs and agencies

5. Consider the barriers that may arise.

> ❧ Siloed funding, creates siloed approaches

> ❧ Duplication of services, intake and referral processes

6. Arrange an initial meeting

> ❧ Determine which agency will take the administrative lead with respect to agency/program invitations, securing meeting space, keeping record of discussion/decision, updating membership contact information, agenda development.

7. Develop the Terms of Reference that will guide the interagency process.

> ❧ Determine what different parties want to achieve from the collaboration

> ❧ Develop strategies for achieving desired outcomes

8. Develop and document the interagency collaboration and case management approaches.

Step 3

Design the Management Structure

The purpose of a Management Structure:

> ❧ Identify and define the strategic outcomes linked to the organizations mandate and core functions;

> ❧ Provide a logical organization of the programs, activities, service delivery being delivered in support of the organizations strategic outcomes;

> ❧ Reflect the way the organizations is managed to achieve results with the resources allocated;

> ❧ Illustrate the various decision-making mechanisms and accountabilities that exist within the organization to manage the Program and activities towards the achievement of results;

> ❧ Link each level and element of Program delivery to planned and actual information on resources and results; and

> ❧ Provide a performance measurement strategy to enable the organization to adjust program design and spending to better achieve results.

Proposed Program management structure consists of the following:

1. Chief and Council
2. Community Team – be sure to include Elder or Spiritual Advisor and Parent representative

1.1	ESTABLISH A COMMUNITY TEAM

Step 3

3. Health Director or Education Director or Other (Identify)
4. Case Manager
5. JP Program Staff

<u>Roles & Responsibilities:</u>

Chief and Council

- Leadership must be knowledgeable in regards to the resources required to support Children and Families accessing JP-CFI programs and services, as they are responsible for communicating and negotiating needs with the Provincial and Federal governmental departments.
- Leadership can initiate formal linkages with external service providers; ex: MFNERC, RHA's, RCC
- On-going involvement with Interagency Collaboration will demonstrate to community members and relevant agencies and programs there is leadership commitment to support activities and efforts resulting from a coordinated process.

Health

- The community health director and staff need to coordinate the sharing and scheduling of external service providers
- Responsible for the purchasing of services and relevant equipment
- Coordination of services between community members and external service providers (RHA's, clinics, PT, OT, SLT etc,.)
- Enhance communication of JPCFI, intake and referral processes
- Act as the single window intake and point of contact with regards to assessments and introduction to the case management and interagency approach.

Child and Family Services

- The local child and family service agency will be responsible for coordinating the sharing and scheduling of care by external service providers for children in the program who are also under the guardianship of the agency.
- Responsible for the purchasing of services and relevant equipment for children in the program who are also under the guardianship of the agency.
- Coordination of services between community members and external service providers (RHA's, clinics, PT, OT, SLT etc,.) for children in the program who are also under the guardianship of the agency.
- Enhance communication of JPCFI, intake and referral processes by actively participating in the program design, implementation, and evaluation

Education

- Track special educational needs of students requiring special educational assistants
- Tracking the number of students requiring external service provision (SLT, OT, PT, Sign Language)
- Track modified equipment required to support wholistic opportunities for participation of students with complex medical needs (modified desks, wheel chair accessibility, accommodating play structures, modified learning materials)

Social Development/Services

- Supporting parents and families as the wait for specific services such as respite or cultural support services.
- Cost-sharing important services and/or supports (i.e., equipment, supplies) that are not explicitly funded under one program.
- Supporting families in dealing with social determinants of health (housing, income support, employment and training, etc…)

Cultural Preservation

- Ensuring children and families have opportunities to participate in cultural activities.
- Supporting the spiritual wellness and cultural identity of the child and family

1.1	ESTABLISH A COMMUNITY TEAM
Step 3	• Under the Jordan's Principle Community-based Initiative, the participation of an Elder is important. Elders and Spiritual Advisors could be invited to participate on Community Teams. • Parents will be supported to invite their Elder or respected person to participate in the planning and decision making for their child. **Parent Representatives** May share parent and family experiences and perspectives on: • Information needs for parent and family learning about and understanding children's disabilities. This includes how information sharing happens between agencies, such as assessment results and recommendations amongst professionals who provide services for children. • How to communicate respectfully and effectively with parents and families, including easy-to-understand language and approaches to explaining complex matters. • Equipment and devices needs to enhance children's developmental skills and everyday activities. • Positive approaches toward children's disabilities and ideas about possibilities for children. • Communication and education of children's strengths and weaknesses through explaining what children are good at and things they find harder to do, and how these require everyone to work together on the areas of difficulty for children as well as to develop their strengths. • Help to connect with other families who have children with disabilities. • Help to identify responsive and effective organizations in the province that are dedicated to helping children with disabilities. • Help to identify parent and family self-care needs.

1.2	ENGAGEMENT AND EMPOWERMENT OF FAMILIES
Step 1	**Identify Case Manager** **Case Manager Role** • Listen to and understand needs of whole family • Establish relationships with children and families that allow them to meet these needs • Develop and implement strategies that empower families to make appropriate decisions leading to self sufficiency • Know the resources available within the community to meet special needs • Communicate with other service providers who can provide resources to family • Establish teamwork with other workers when children and families need services from several organizations at once • Build community relationships and connections with organizations and individuals who can help support children and families **To be successful, case managers must:** • Receive training so they can respond to a wide variety of child and family needs • Have access to professional advice and support on new issues as they arise, including training in assuming non-educational roles • Have job expectations which recognize the time it takes to communicate and coordinate with families and children and with other workers in the community (systems) • Be treated with professional respect and reward for using discretion • Have job expectations which recognize the time it takes to identify and involve community organizations and individuals in supporting children and families

1.2	ENGAGEMENT AND EMPOWERMENT OF FAMILIES

Step 2 — **Family needs are identified**

The collaborative partnership group or advisory committee will continual adapt to be responsive to the diverse needs of families within the community, incorporating cultural and spiritual protocols.

Parent and Family Role may include:

- Become educated and informed about disabilities and services to help strengthen the family's care capacity and to ensure children do not have to leave the community for services supports.

- Work with other family members to ensure everyone is involved in the decision-making process, thus empowering the family unit.

- Network with other parents and families of children with disabilities and the broader community to promote awareness and education on the issues and challenges faced by children with special needs and their families.

- Encourage parents and families of children with disabilities to encourage, in turn, their children/ child relative to become an effective self-advocate and develop good relationships.

To be successful, parents and families can utilize the _Niniijaanis Nide Program – My Child, My Heart Parent Toolkit_ (Appendix B) to learn in detail about:

- o What disability means

- o What to do when the child has been diagnosed with a disability

- o What they can do to support the child with a disability after diagnosis

- o How to encourage the child to become an effective advocate

- o How to encourage the child to develop good relationships

- o Activities that can be done with the child to promote development

- o How to advocate for the child and maintain a good relationship with service providers

Step 3 — **Build Trust with the Family**

The community-based team or advisory committee works in collaboration with the family, with empowerment of parents as a key focus.

Strategies for Engaging Families and Communities

- If services are to be more flexible, comprehensive and effective, workers at the frontline – (ex:) teachers, social workers, health practitioners and community service workers must be supported in their work with children and their families.

- This support may require a redefinition of job responsibilities, restructuring of organizational support for these workers, and retraining to assume these new responsibilities.

- From the perspective of children and families, successful interagency collaboration should mean that their needs are identified and met in a manner that involves a partnership with the family.

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1.3	INTER-AGENCY COLLABORATION WITHIN AND EXTERNAL TO THE COMMUNITY

Step 1	**Develop Interagency Protocols**
	
	Protocols for involvement with the JP-CFI community program will be designed with and agreed to by the partners. Program partners will be provided with training on cultural protocols, information on the child's condition will be provided when necessary.
	
	<u>Collaborative Partners</u>
	
	Regional Organizations
	
	    ‽ Manitoba First Nation Education Resource Centre (Appendix A)
	    ‽ Tribal Councils
	    ‽ Assembly of Manitoba Chiefs
	    ‽ Southern Chiefs Organization
	    ‽ Manitoba Keewatinowi Okimakanak
	    ‽ Nanaandawewigamig
	
	Provincial Services
	
	    ‽ Regional Health Authorities
	    ‽ Rehabilitation Centre for Children
	
	Federal Departments
	
	    ‽ First Nations Inuit Health Branch (Home & Community Care, Non-Insured Health Benefits, Early Child Development Programs)
	    ‽ Indigenous and Northern Affairs Canada (Special Education Services)
	
	Note - the Focal Point process that was developed by Provincial and Federal departments in response to Jordan's Principle in Manitoba should remain consistent to allow for communities to have a seamless connection to required resourcing and services controlled by each department.
	
	Not-for-Profit Agencies
	
	    ‽ Society for Manitobans with Disabilities
	    ‽ St Amant Centre

1.3	INTER-AGENCY COLLABORATION WITHIN AND EXTERNAL TO THE COMMUNITY
Step 2	**Design and implement a Sustainability Plan** The collaborative team prepares a standard briefing that outlines the resources required within each of the sectors to effectively meet the needs of the children and families in the community. Information and statistics are made available to the community leadership (Chief & Council, Health Advisory Boards, and/or Health Directors) to engage in further negotiations with federal and provincial government representatives to ensure adequate resources are secured to maintain an equitable level of service for the First Nations' families. Information is provided by the team members to accurately determine the cost of the services, supplies, and needs of the child and their family. Barriers are clearly defined, the PJ team will meet to develop a solution to remove the barrier within one week.

1.4	COMMUNICATION AND DECISION MAKING PROCESSES WITH THE FAMILY
Step 1	**Include parents and families in all decision-making** Parents and families are engaged in decision making and understand how care is provided. Family includes the child's grandparents, aunts, uncles, their partners, friends, advocates, guardians, and other representatives. Family is supported to be the voice for their child and family throughout the process.
Step 2	**Coordinate regular meetings with the family as determined with the family** Regular engagement with children, parents, and community service providers (internal and external) to inform services, with identified of gaps and solutions to address. Information is provided that outlines all services, supports, and resources available at the community level; how to access; who to contact; clearly defined benefits for the child and family. Additional information regarding other services available to the child and their family is provided. The information collected will be used to inform the development of a care plan for the child and their family.
Step 3	**Uphold the Best and Expressed Interests of the Child and Family** The community-based team will work with interdisciplinary partners external to the community and facilitate engagement on a regular basis to design, develop, enhance, implement, and evaluate services provided to children and their families. The goals and objectives developed by the family will be shared with the partners

Tools and Templates
Appendix A – Terms of Reference Template

JP-CFI COMMUNITY TEAM

Draft Terms of Reference

Mandate

Reporting to the [Chief and Council/First Nations Membership/Elders Council], the Community Team [Name] will address the gaps in services for First Nations Children with and their Families to meet the wholistic outcomes below, to the greatest extent possible:

- Physical Development
- Communicative Development
- Cognitive Development
- Social and Emotional Development
- Healthy and Supported Family Unit
- Spiritual Development and Cultural Identity
- Self-Determination

Objective

To develop an Action Plan to:

- Establish a formal agreement among community organizations to design, implement, monitor, and evaluate their First Nation service delivery model for Jordan's Principle – Child First Initiative;

- Implement the single delivery service model based on First Nations control and management; and

- Secure long term resources to carry out the Action Plan.

Guiding Principles

1. The well-being and self-reliance of our First Nations children and families must be comparable to other Manitobans

2. Supports and services for our children and families must be offered in an environment where values, traditions, languages and cultures are acknowledged, recognized, and respected.

Roles & Responsibilities:

The members of the Community Team will:

- *Examine and understand issues affecting our children and families with special needs or needs not being met at home/community;*

- *Act as an environment to exchange of ideas and encourage innovative solutions to address existing barriers;*

- *Provide insight into community programs that have the potential to support our children and families to exercise their rights and fully participate in their communities; and*

- *Work with our children and their families to facilitate the integration of issues for those with disabilities in all programs delivered to First Nations.*

Community Partners: [list all]

Organization

- *Name of Representative*

Team Lead:

The [organization/agency] will serve as the Team Lead of the Community Team, and will be responsible for:

- Call, facilitate and host team meetings

- Determine agenda items in advance of all meetings with the input of all community partners

- Provide updates to the [Chief and Council/First Nations Membership/Elders Council]

Administrative Office:

The office of the JP-CFI Program will be located at_____, under the supervision of_____

Contact Info:

Note: Full Version is provided electronically on USB

Niniijaanis Nide Program (My Child, My Heart)

TOOLKIT

TABLE OF CONTENTS:

Acknowledgements

Developed by

Pinaymootang First Nation