

IMPLEMENTATION TOOLKIT

MODULE 2

*Program
Development*



Jordan's
Principle

**CHILD
FIRST
INITIATIVE**

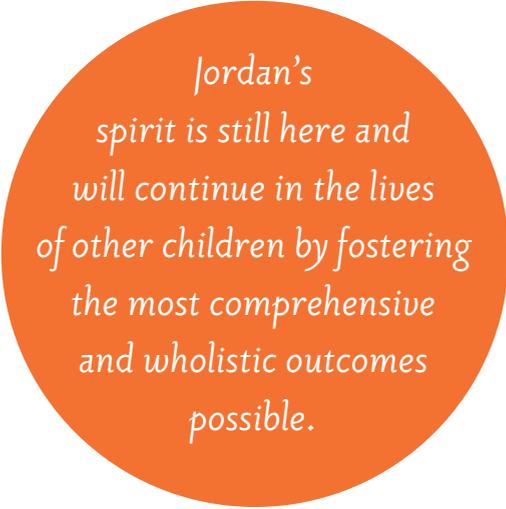
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INTRODUCTION

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. 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. Jordan's spirit was fully there even his body didn't work the way we wish for all children. Jordan's spirit is still here and will continue in the lives of other children by fostering the most comprehensive and wholistic outcomes possible.

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 Health 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.



Jordan's spirit is still here and will continue in the lives of other children by fostering the most comprehensive and wholistic outcomes possible.

Jordan's Principles Child-First Initiative will offer wholistic services to meet the physical, communicative, social, emotional, cognitive, cultural, and spiritual needs for First Nations children and families. The proposed programs will target children who require services to meet their wholistic needs including special needs.

Eligibility Criteria

The eligibility criteria will be based more heavily on need. This will allow service providers to prioritize the children according to the knowledge of the child's and family's level of need for service and support.

All children for the program should meet the following conditions:

- ☞ Up to 21 years of age if enrolled in school
- ☞ Are residents of your community
- ☞ Meet family and community readiness standards
- ☞ Can access the required supports and services within their home community
- ☞ Are medically stable as determined by the child's pediatrician or physician
- ☞ Can live safely with their families with appropriate supports

What you will find in each module:

- 🌀 **Review of the previous module so that you can build on your completed work**
- 🌀 **Overview of the module – what it is about, what you can expect to achieve**
- 🌀 **Program Guidelines – step-by-step instructions on how to complete each module of planning, designing, implementing, and evaluating**
- 🌀 **Program Standards – these have been provided to assist you in the design of your program to meet the standards.**
- 🌀 **Tools and Templates – to assist you in your work and program design.**

Review of Module I

In Module I, you would have worked with the resource service organizations in your community to establish a Community Team, likely made up of representatives from:

- Health (Nursing Station)
- Education (Schools)
- Day Cares
- Aboriginal Health Start
- Community Programs
- Chief & Council
- Child and Family Services
- Extended Family
- Elders or Spiritual Advisors
- Parents

In addition, you would have identified external agencies and service providers outside of the community that you need to work with in order to fulfill your JP-CFI goals and objectives. You may have prioritized inter-agency collaboration with the following medical and social service systems:

- 🌀 Regional Health Authorities
- 🌀 Disability Support Organizations
- 🌀 Specialists
- 🌀 Hospitals
- 🌀 Physicians
- 🌀 Manitoba First Nations Education Resource Centre
- 🌀 Rehabilitation Centre for Children
- 🌀 Cultural Teaching/Healing Lodges
- 🌀 Youth Programs
- 🌀 Camps for children and families

Overview of Module 2

In Module 2, your Community Team will develop the program protocols and processes to support a service delivery model that responds to the needs of your children and families with consistent and quality mechanisms for decision-making and planning.

This Module has been designed around the Circle of Care for the Child utilizing wholistic outcomes that First Nations wish to achieve for all children and their families.

Comprehensive wholistic outcomes are outcomes that develop and nourish the mind, body, and spirit.

What is it about?

Each family has a unique history therefore each family has different needs. The JP-CFI Program is intended to respond to the diverse needs of each child and their family. The Program Guidelines outlined in this Module are intended to serve as a framework for flexible service delivery that will respond to unique experiences of each child and their family.

This framework is based on the following guidelines:

- (1) Adopt a wholistic approach that encompasses the social, emotional, spiritual and cultural well-being of children and the family unit as a whole.
- (2) Develop strategies to support the wholistic needs in a manner that culture, language, and ways of life of the First Nation.
- (3) Give consideration to issues of intergenerational trauma, grief and loss and possible impact on family functioning and relationships (including ability to work effectively with government departments and services due to past experiences).
- (4) Provide learning opportunities to enhance the cultural knowledge of staff in working with the First Nations families.

What can you expect to achieve?

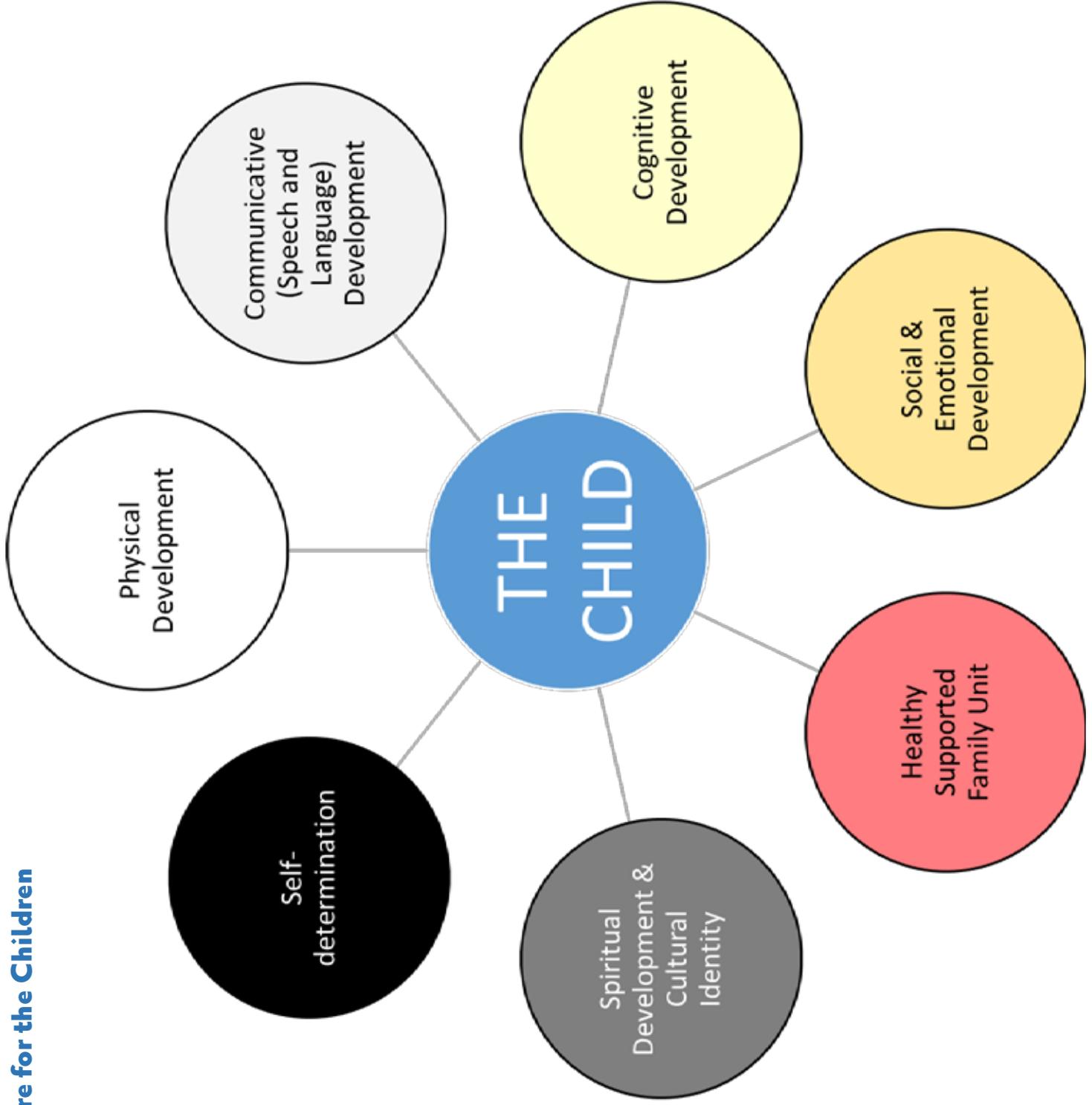
Community-based teams will work together to define or refine a process that will result in better outcomes for children and families.

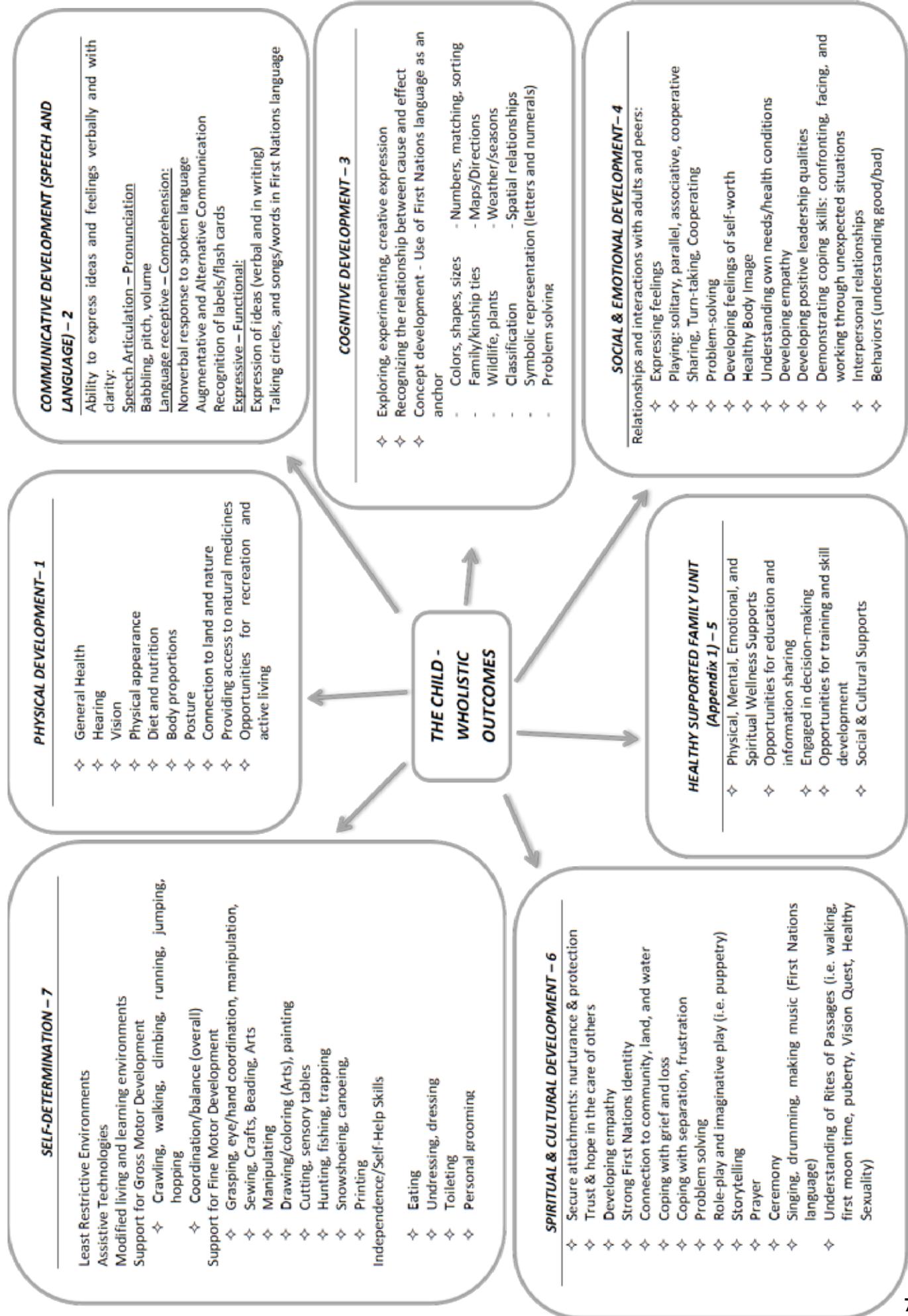
The Community Team will formulate program goals to ensure that the child receives fundamental services that will result in an improved quality of life based on the following seven goal domains (see Graph – Circle of Care for the Child on Page 7):

- 1) Physical Development
- 2) Communicative Development
- 3) Cognitive Development
- 4) Social and Emotional Development
- 5) Healthy and Supported Family Unit
- 6) Spiritual Development and Cultural Identity
- 7) Self-Determination

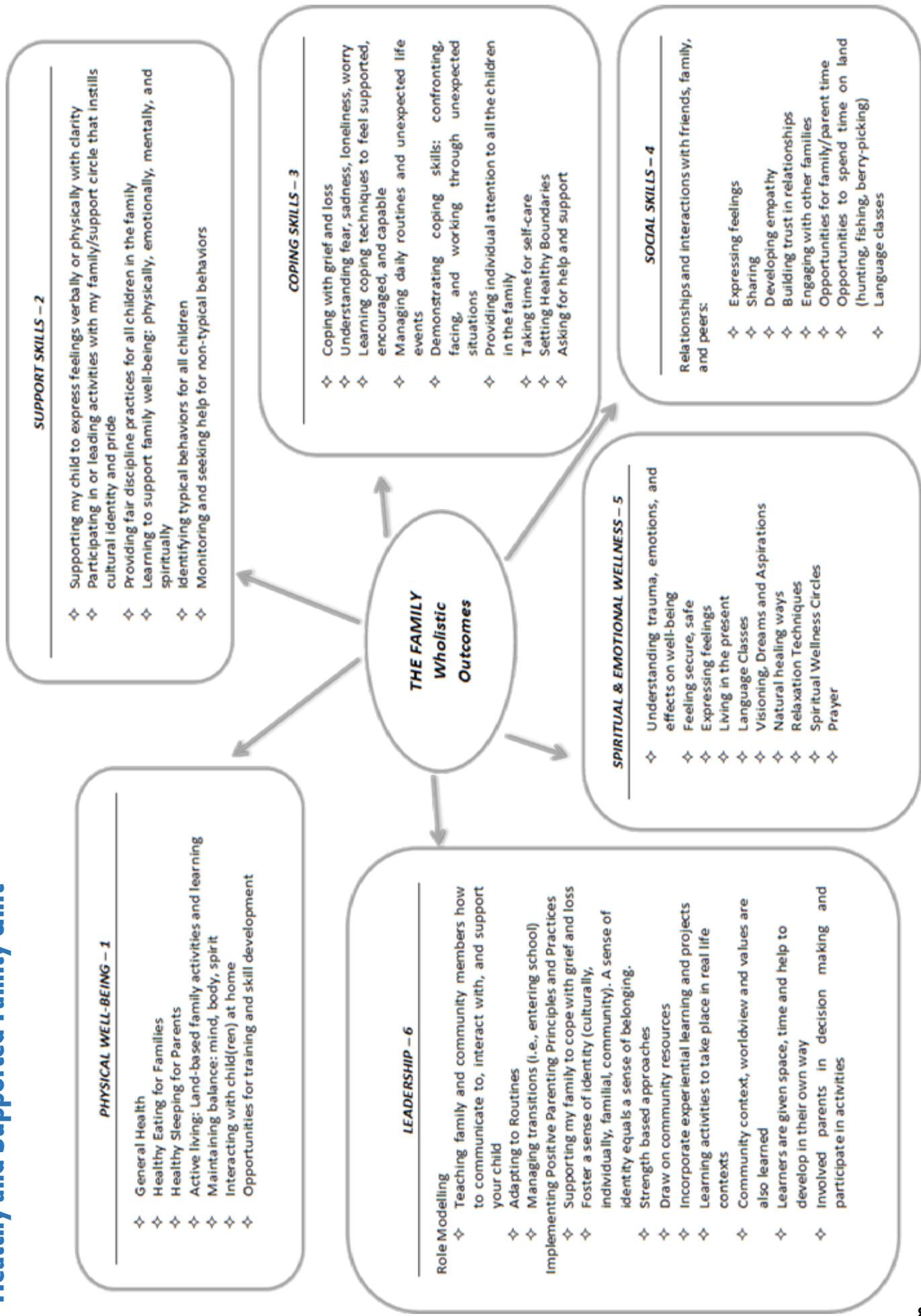
Baseline data will be established and treatment plans will be developed in consultation with the family.

Circle of Care for the Children

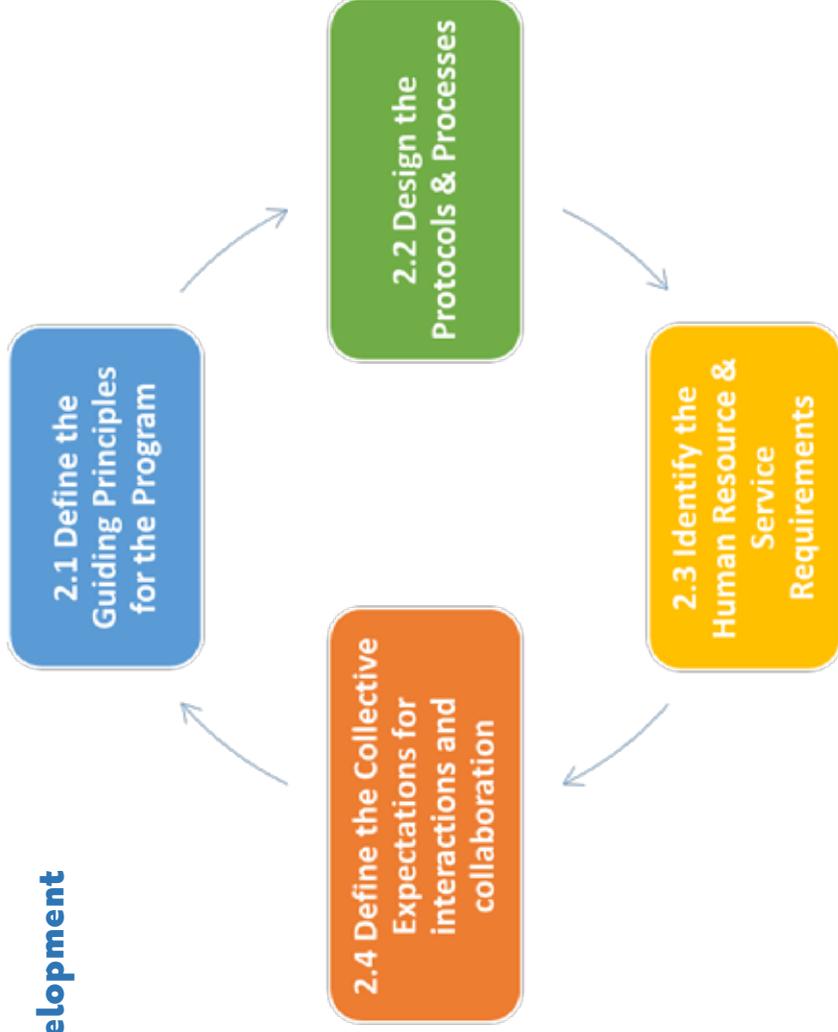




Healthy and Supported Family Unit



Module 2 – Program Development



2.1 DEFINE THE GUIDING PRINCIPLES FOR THE PROGRAM	2.2 DESIGN THE PROTOCOLS & PROCESSES	2.3 IDENTIFY THE HUMAN RESOURCE & SERVICE REQUIREMENTS	2.4 DEFINE THE COLLECTIVE EXPECTATIONS FOR INTERACTIONS AND COLLABORATION
1. Determine the principles that will ensure the program: <ul style="list-style-type: none"> • meets the wholistic needs of the child and family; • engages families in developing shared goals; • empowers families; • promotes collaboration. 	1. Determine and design Needs Assessment processes. 2. Determine and design Referral Process for each fundamental service. 3. Define Case Management roles and responsibilities. 4. Determine how Case Plans will reflect Guiding Principles.	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

First Nations beliefs are that “children are a gift from the Creator”. Communities and stakeholders have the moral and legal obligation and responsibility to care for all First Nations children. Children have a right to feel protected, to be connected to family and to community. They have a right to health, safety and well-being and to be respected when decisions about life are being made on their behalf.

First Nations have the fundamental resources, the capability, and the natural laws to protect their children. The way communities and stakeholders work with children, families, and the community must be informed by Indigenous and Human Rights as well as the cultural values and family principles upheld within the communities.

First Nations cultures, languages, historical experiences, and general education shape the set of values and principles that First Nations may adopt within their community practices. These values and principles are also shaped by regional, political, and legal systems.

The Jordan’s Principle- Child First Initiative (JP-CFI) must be framed around First Nations values and principles to ensure two major practices:

- (1) Upholding the best interests of the child; and
- (2) Adopting family-centered decision making.

First Nations Values and Principles

The following core values and principles provide guidance for the implementation of Community-based Jordan’s Principle Initiatives.

The Best Interests of the Child Values

The best interests of a child must always be paramount when making a decision, or taking an action. When determining whether a decision or action is in the child’s best interests, there are First Nations values that must always be considered:

Value 1 - The human, legal, cultural, and Treaty rights of First Nations children are protected.

Value 2 - Children have the widest possible family circle around them.

Value 3 - Children are protected from harm.

Value 4 - The child’s development needs are promoted taking into account their age, stage of development, gender, and wholistic needs.

Value 5 - The child’s cultural and spiritual identity and development is protected and promoted.

Family Centered Decision Making Principles

Jordan’s Principle is a collective decision-making process that requires transparency and open communication. The child and family must be at the center of this process to fully meet the wholistic needs of the child.

First Nation families have a pivotal role in the care and protection of their child(ren). Children are best cared for at home, within families and in community. Parents know their child 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. Therefore, the child and family must be at the center of the decision-making process.

The following First Nations principles must guide all decision-making process, within and external to the community program:

Principle 1 – A child’s connection to family and community is critical to their well-being and wherever possible, must be promoted and maintained.

Principle 2 - Parents and/or family members must be treated as partners in all planning and decision-making regarding their child and/or their child’s needs.

Principle 3 –Jordan’s Principle implementation must be a transparent process with all information necessary for planning for the child’s safety, stability and development being shared with the family circle.

Example of Program Guiding Principles:

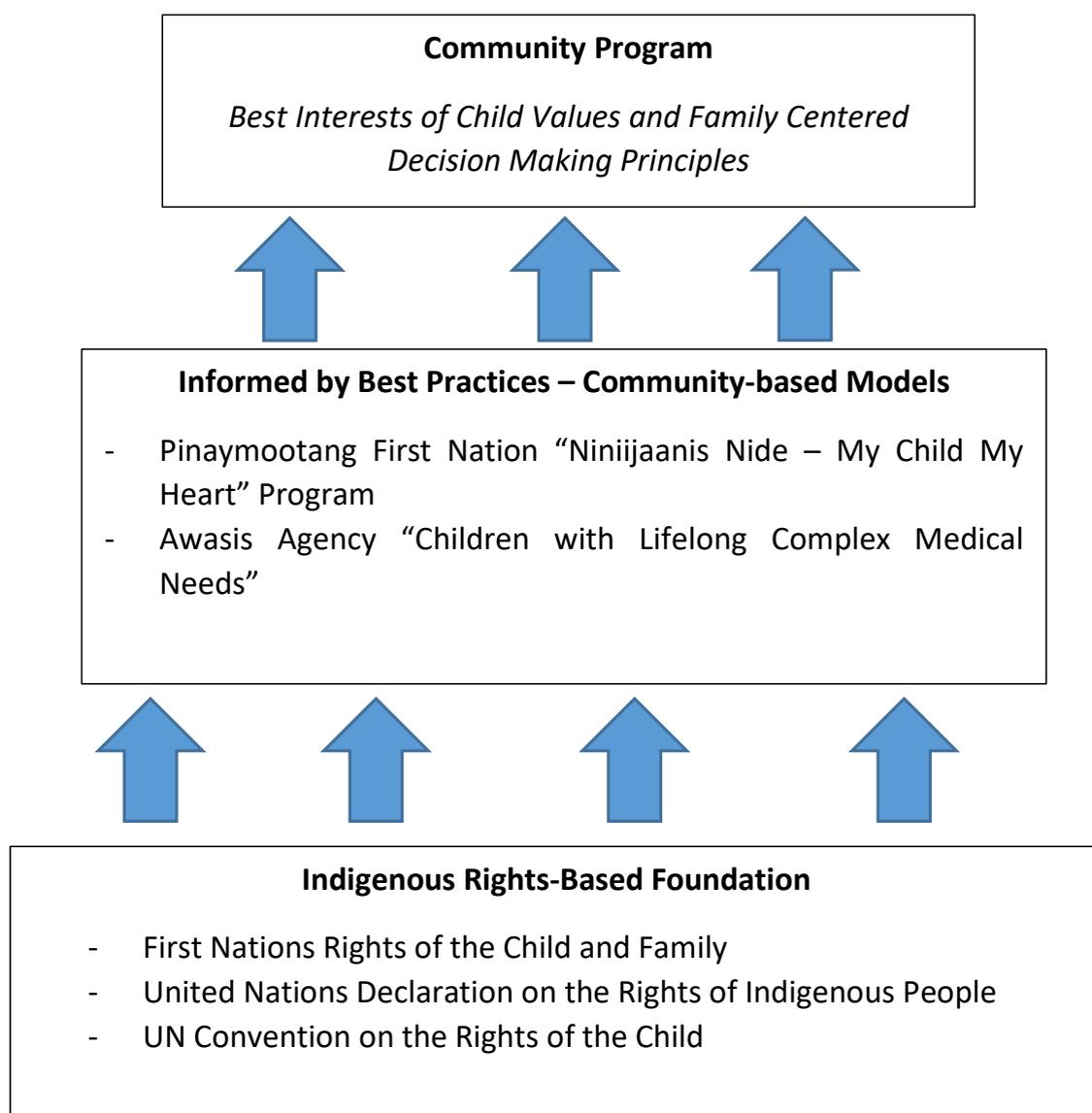
Our First Nations have adopted six key values that are fundamental to the implementation of Jordan’s Principle and integrated into the Practice Standards. The values are:

1. **Family Connection** – *First Nations children are best cared for at home and within families;*
2. **Wholistic Approach** - *The wholistic needs of children and families have to be met as well as their special needs;*
3. **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;*
4. **Needs-based Care** - *Professional supports must be coordinated and responsive to the needs of the child;*
5. **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.*
6. **Collaboration and Communication** - *Partnership and collaboration across all disciplines and agencies is essential.*

Program Guidelines

2.1 Developing Guiding Principles for JP-CFI Community Programs	
Step 1	Engage Community Team As a community team, you could start by answering the following questions as a team: <ol style="list-style-type: none">(1) How do we effectively meet the wholistic needs of the child and family?(2) How will families be actively engaged in developing shared goals?(3) How will stakeholders work together to produce the best outcomes for the child?(4) How will the program empower families and protect the rights of the child?
Step 2	Define First Nation's key values to underpin services for children. Keeping in mind the layers of principles (see below) to inform First Nations-designed initiatives, the following are proposed values and guiding principles to capture what we know: <ol style="list-style-type: none">1. <i>Best Interest of the Child serve as the foundation of all programming, practices, and decision making.</i>2. <i>Decision-making is family-centered based on respect, kindness, and honesty.</i>3. <i>The child's views and wishes, if they can be reasonably ascertained, are given equal importance as is appropriate in the circumstances.</i>4. <i>Programs utilize a strength-based approach to build confidence, focus on solutions, and engage the family in providing a safe environment for their child.</i>5. <i>The ordinary needs of children and families have to be met as well as their special needs.</i>6. <i>Culture is respected and integrated into the all elements of the program including a safe environment to engage in discussions of culture and supports family traditions.</i>7. <i>Professional supports must be coordinated and responsive to the needs of individual children and families.</i>8. <i>Risks to the child's life need to be managed in ways that provide safety and a good quality of life to the child and family;</i>9. <i>Partnership working across disciplines and agencies is essential.</i>10. <i>First Nations families and communities have the shared right and responsibility for the upbringing, training, education and well-being of their children.</i>

There is a layering of principles to help inform community values and principles that will guide how each First Nation will implement their JP-CFI Community Program to the fullest extent in working with children and families.



Best Practices – Community Based Models

Community-based models such as the “Children with Lifelong Complex Medical Needs” project delivered through Awasis Agency and “Niniijaanis Nide – My Child My Heart” delivered through Pinaymootang First Nation have provided examples of best practice models.

These models reflect the Best Interests of the Child Values and Family Centered Decision Making Principles. Each model articulates four processes that enable good practice, these being:

- (1) Relationship building
- (2) Engagement
- (3) Partnership
- (4) Empowerment

Relationship Building

Programs that build good relationships with children, their families, community resources and other external services, enables more informed assessments leading to quality care plans. This is a good practice that will enable communities to effectively meet the wholistic needs of the children and families. The strongest determinant of positive outcomes in practice with families is the quality of the relationship between the service providers and the family members. In addition, the maintenance of culture is central to the healthy development of First Nations children. Connection to cultural activities and use of traditional languages are important strengths to draw upon in terms of relationship building.

Engagement

Engagement of families is the next step of relationship building. It ensures that the family is actively involved in the development of shared goals. This would include asking families what they see as solutions and then responding in practical ways to their needs. This type of engagement allows everyone to be part of the process of making sense of the current concerns and relevant history, and remain engaged in planning the way forward.

Partnership

Partnership with the child, family, community and other services produces the best outcomes for children. Working in the best interests of the child requires an inter-agency collaborative approach, a high degree of coordination between programs and services and ongoing clarification of roles and communication processes.

Empowerment

The aim of a community-based program is to empower the family to protect their child from harm, protect their rights, promote their development, and meet their wholistic needs. Good practice should also aim to empower the children to find their voice and express themselves in a safe environment.

Indigenous Rights-based Foundation

The Values and Principles for Jordan's Principle Community-based Initiatives must have regard to the broader declarations of First Nations/Indigenous Rights and Responsibilities when making any decision or taking any action for children and families. It is important for communities to have a thorough knowledge and understanding of these Rights.

First Nations Rights of the Child and Family¹

Developing the way forward requires the meaningful involvement of parents, families and communities. First Nations Leadership in Manitoba have identified a top priority to strengthen families, children, and communities by rebuilding strong family structures rooted in First Nations natural laws, principles, and natural support systems.

They have collectively declared a commitment to uphold the First Nations' rights and responsibilities for our children's safety, health, and well-being. This includes a duty to establish community-designed systems that focus on empowerment of families, communities, and nations by:

- (a) Ensuring full access to all physical, emotional, mental, and spiritual supports that will restore healthy parenting ways, respectful relationships, and compassionate communication; and
- (b) Ensuring each of our communities have access to the fundamental resources including Grandmothers, Elders, land, natural medicines, and traditional ways to support healing and uphold the First Nations Rights of the Child, Parent, Family, and Extended Family to ensure:
 - 🌀 Languages
 - Anishinaabeg
 - Denesuline
 - Ininiwak
 - Anishiniwak, and
 - Dakota
 - 🌀 Identity
 - 🌀 Name
 - 🌀 Clan
 - 🌀 Family
 - 🌀 Community
 - 🌀 Cultural ceremonial ways
 - 🌀 Purpose in Life
 - 🌀 Ancestral Land
 - 🌀 Ancestral Waters
 - 🌀 Way of Life
 - 🌀 Education
 - 🌀 Protection within and outside of their Nation

¹Assembly of Manitoba (2015), Leadership Declaration on Child and Family Matters

United Nations Declaration on the Rights of Indigenous People

The UNDRIP is important because it has influenced a worldwide shift where countries and governments have asserted a will to protect the rights, culture, language, dignity, and well-being of First Nations people. Prime Minister Justin Trudeau made a political commitment in December 2015 to work with First Nations towards reconciliation and implementation of the UNDRIP in Canada. This is important in ensuring that our First Nation children have accessible, adequately funded, cultural specific, collaborative models to support the desired outcomes for our children through the JP-CFI. The following UNDRIP articles (but not limited to) describe Indigenous rights and government actions that will protect the rights of indigenous families and communities consistent with the Convention on the Rights of the Child:

Article 14

2. Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination.

Article 22

1. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.

2. States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

Article 24

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

In addition, articles within the **Convention on the Rights of the Child** state that:

Article 18

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

2. States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

3. Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

The UNDRIP is important because it has influenced a worldwide shift where countries and governments have asserted a will to protect the rights, culture, language, dignity, and well-being of First Nations people.

Once the Guiding Principles for your program are established, you will have a foundation to inform the development of your program protocols and processes including:

- ☞ Needs Assessment
- ☞ Case Referral
- ☞ Case Management
- ☞ Care Plans

In Module I, you would have worked with the resource service organizations in your community to establish a Community Team, likely made up of representatives from:

- Health (Nursing Station)
- Education (Schools)
- Day Cares
- Aboriginal Health Start
- Community Programs
- Chief & Council
- Child and Family Services
- Extended Family
- Elders or Spiritual Advisors

In addition to this, you would have identified the interagency partners that you need to work with in order to meet the needs of your families. Additional resources may be identified as you develop your program protocols and processes.

Needs-based Approach

JP-CFI Community Programs will be developed by utilizing a Needs-based Approach. This means that your Community Team will work together to design services that respond to the needs (wholistic outcomes) of the children in the program by utilizing the Circle of Care for the Child.

2.2 Design the Program Protocols & Processes

Step 1 Determine and design Needs Assessment processes.

In order to identify needs, you can utilize Assessment Tools. Assessments can be completed in the following areas:

- a) About My Child (**Appendix A**)
- b) Family Quality of Life (**Appendix B**)
- c) Intake Assessment (**Appendix C**)
- d) Parenting Stress Index (**Appendix D**)
- e) Social Support Index (**Appendix E**)

Community Teams may also choose to develop their own assessment tools or modify existing resources that have been developed by similar programs with a similar focus (i.e., Best Interests of the Child, Indigenous Rights based approach, etc...).

In addition, Community Teams will have to determine how they will interpret the assessment outcomes and establish a standard for how they will respond to the needs identified. (**Note:** the next section provides proposed Program Standards that Community Teams may select for their program and/or modify their own standards).

Step 2 Determine and design Referral Process for each fundamental service.

The source of referrals can happen in several manners, including the following main sources:

- (1) Community Service Providers (MH, Nurses, AHS, BFI/BHC, HCC...)
- (2) Physicians – through Health Centre, hospitals, etc...
- (3) Corollary Service Providers (MFNERC, RHA, RCC, etc...)
- (4) Self-Referrals (families living in community or planning to return)

The Community Team will design their own Referral Form Template (**Appendix F**) to manage all referrals to/from the program.

The Community Team will also develop a Program Policy that outlines how referrals will be monitored and followed up along with who will be responsible for these actions and communicating the status of each referral to the Community Team.

Step 3 Define Case Management roles and responsibilities.

Strong Case Management services are required to meet the comprehensive wholistic outcomes for each child. Case Management involves identifying strategies for:

- Providing family support;
- Daily care for the child;
- Educational programming; and
- Recreational and cultural activities.

The Case Manager cannot coordinate all strategies for all children so it is expected that the Community Team will review each case and work together to ensure that all roles and responsibilities are covered by at least one service provider in the community - see Checklist for Community Teams (**Appendix G**).

2.2 Design the Program Protocols & Processes

Step 4 Determine how Case Plans will reflect Guiding Principles.

By now you will have a good idea of what parents want for their children and what can be provided through the Community Program. The Community Team can utilize the Goal Attainment Scaling (**Appendix H**) to identify the formally agreed upon goals.

Baseline data will be collected using objective measures, and a treatment plan will be developed in consultation with the family. Treatment plans typically comprise 1 to 3 measurable objectives that are formally agreed upon by parents/caregivers and the developmental service worker. This will set the benchmarks for goal attainment scaling.

There are two components to program implementation, basic care and support and goal-oriented work. The first is put in place as these children and families have ongoing needs that require a certain level of basic care and support that will never go away. The second is comprised of 'bursts of activity' that are focused on achievement of specific goals.

To the extent that is possible, parents/caregivers are involved in program implementation, learning strategies associated to achieving the objectives. This ensures continuity between school and home and maximizes opportunities for growth in the child's and family's natural setting

The Program Staff will work with the child, family and others to ensure that objectives are generalized across different people (e.g. family members, school staff, community partners), across different settings (e.g., school, community) and/or using different materials. The developmental service worker will continue to support and coach parents/caregivers and will train any secondary caregivers. Services will be provided in different environments (e.g. home, school, or community) using natural instructions/directives.

An evaluation and support component should also be included to provide maintenance and support to parents/caregivers. It could involve both face-to-face sessions and telephone support.

2.3 Identify the Human Resource & Service Requirements

Step 1 Identify the teams required to ensure coordinated services.

The **Community Team** led by the JP-CFI Case Manager (as all communities will receive funding to support at least one Case Manager position). The Community Team will:

- Complete intakes for 100% of children referred to the program;
- Ensure a comprehensive and coordinated case plan is developed with the child and their family;
- Ensure the care plan is developed, maintained up-to date, implemented, and monitored for each child and their family; and
- Create and maintain positive working relationships with community resources, Chief and Council, services provider, and Tribal Council Service Coordinators.

In addition, the Community Team may want to formulate additional teams made up of local community services and external agencies, including but not limited to:

An **Education Resource Team** to plan and coordinate education plans for children and provide promotion workshops for families in the community, as well as:

- Establish parent support groups or parent councils in the community, based on needs and culture of the community.
- Ensure appropriate training is provided for family members so that they may provide the necessary support to their child(ren).
- Ensure cultural awareness and leadership training is provided to all service providers and supports that will provide health, rehabilitation, and/or supportive care for children and their families in the program.
- Ensure all training developed and delivered through the JP CFI community program is evaluated.

A **Rehabilitation Therapy Team** to plan and coordinate rehabilitation services to all children in the program, including:

- Conducting family assessments, specialized counselling, and support services to all families in the program.
- Conducting needs assessments of child's rehabilitation needs;
- Planning interventions to support the child's self-determination outcomes (fine motor, gross motor/mobility, communication, and daily living)
- Prescribing appropriate equipment and special aids for children as deemed necessary to meet their wholistic needs defined within the program model.
- Ensure that rehabilitation care and therapy plans are in place, with monitoring and enhancement plans that builds on strengths and progress.

An **Administrative Support Team** to ensure that adequate policies and procedures are in place to support the effective coordination of JP CFI in the community including financial, administrative, and operational management; and:

- Ensure that regular reporting is carried out and that a program database is maintained.
- Complete annual evaluations with leadership briefings based on outcomes.

2.3 Identify the Human Resource & Service Requirements

Step 2 Identify the services that will meet the needs.

Each team will utilize the Assessment outcomes and Guiding Principles to identify the fundamental services that are required to meet the needs of each child and their family.

Services and supports may include, but are not limited to, the following:

- Respite - Respite is a break from the very unique demands of caring for a child with disabilities. It is available to parents who need a short-term break, and can be provided in or outside the child's home.
- Therapy - Therapies that may be available include occupational therapy, physiotherapy, speech and language therapy and audiology.
- Child Development Services – community program staff work with parents to identify their child's strengths and goals. Staff teach parents and caregivers ways to help the child develop and learn new skills.
- Autism Services - community-based and external program to teach parents and caregivers autism intervention methods that are personalized and flexible. Identify Autism specialists to work closely with child-development staff to deliver the services.

Applied Behaviour Analysis (ABA): Programming based on the principles of ABA is available for children diagnosed with autism spectrum disorder through the Province of Manitoba and St. Amant Centre. Programs are personalized and use behavioural strategies to teach skills across a number of areas.

- Behavioural Services - assess a child's challenging behaviours, and, together with the family, develop a plan that addresses the child's needs.
- Summer Skills Programming
- After-school Care for Adolescents
- Supplies, Equipment and Home/Vehicle Modifications - supplies, equipment and home or van modifications at a basic level.
- Transportation - transportation to and from their child's medical appointments and other specialized services.
- Mental Wellness Supports – support groups, traditional healing, ceremonies, spiritual and cultural activities/gatherings, coping skills, leadership skills, communication skills, language classes, singing/dancing, healing with arts and crafts.

2.3 Identify the Human Resource & Service Requirements

Step 3

Identify responsibilities for:

- **Community awareness**
- **Assessments, Referrals, Screening, Intakes**
- **Service Delivery**
- **Family Support**

The Community Team may want to equitably distribute the Roles and Responsibilities for key program components, as no ONE community program can effectively provide all the services and supports required to implement Jordan's Principle.

It is important to take the time to determine which agency/organization will be responsible for specific components of program implementation. (This will be done more specifically in Module 3 – Work Plan Development)

Community Awareness – informing community members about the program, the benefits to the child and family, and how to access services; and informing families about the services and supports providing, creating awareness and understanding on the conditions that children and families are coping with.

Assessments, Referrals, Screening, Intakes – once the processes are defined, key service providers in the community will be identified as the main point of contact for each process. This information could be captured in a one page flow chart for information sharing.

Service Delivery – services must be categorized on the two levels – community-based and external. Clear roles and responsibilities must be defined for what will be coordinated and implementation through your JP-CFI Community Program. This distribution of responsibilities should be discussed and determined cooperatively with the external stakeholders.

Family Support – if all members of the Community Team play a role in offering Family Supports, then your program will have the greatest chances of successfully meeting the wholistic outcomes for the child.

2.4 Define the Collective Expectations for interactions and collaboration

Step 1 Determine and design inter-agency collaboration processes.

Once the Roles & responsibilities have been defined, the Community Team can establish collective expectations for:

- Communications
- Ongoing Care Planning
- Cost-sharing of training, workshops, family support activities; and
- Evaluation and program monitoring.

It is important to identify these collective expectations so that the Program Work Plan reflects a truly collaborative process with strong communication and collaboration mechanisms. For example, a typical standard for communications is quarterly in-person meetings and bi-weekly care plan reviews.

Step 2 Select the Program Standards that will be supported by the Community Team and Partners

The Program Standards in the next section provide specific program standards, guidelines, and resources that can help inform the development of tools and mechanisms to support the program.

- Case Referral
- Case Management
- Care Plans

The Program Development Standards are based on foundational values in providing wholistic services that are grounded in Culture, Safety, and Responsive to Need.

It is important to work together as a Community Team to select the Program Standards as no ONE program can effectively implement a standard, it requires a community approach based on cooperation, communication, and coordination.

Step 3 Define interactions to maintain continuity of care

It is important to design processes that will support continuity of care and discharge planning (even from one service provider to another).

At this time, your Community Team should have a clear picture of the Referral Processes, therefore discharge planning or transfer of service protocols can be developed based on the system of referrals.

The protocols should identify how you will maintain continuity of care within and external to the community, with involvement from the main sources:

- (1) Community Service Providers (MH, Nurses, AHS, BFI/BHC, HCC...)
- (2) Physicians – through Health Centre, hospitals, etc...
- (3) Corollary Service Providers (MFNERC, RHA, RCC, etc...)

Program Standards

Selecting your Program Standards

What is a Program Standard? A program standard is a recommended best practice in the specific area of program delivery, designed to provide direction for service providers in their day-to-day coordination and implementation of their program's services and supports.

- 🌀 Jordan's Principle – Child First Initiative Program Standards are implemented to accomplish the following:
- 🌀 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

The Program Development Standards are based on foundational Values in providing Wholistic Services that are grounded in Culture, Safety, and Responsive to Need:

1. **Love (Equality & Dignity)** – First Nations carry out actions in love. Children are to be loved, they are sacred gifts from Creator. To provide service out of love is to ensure equality and dignity for our children.
2. **Respect (Accessible & Quality Services)** – First Nations have been given the right and responsibility to respect all life. To show respect is to give the best for the benefit of all life. To provide uphold respect in providing services to our children, we ensure the highest quality and accessibility.
3. **Courage (Child Empowering & Family-Centered)** – First Nations seek the courage to have the mental and moral strength to do what is right. It takes courage to advocate for the self-determination of our children and their families. It is courageous to put parents and family members in a position of leadership when it comes to providing care for their children.
4. **Honesty (Sharing of Information, Data, Resources)** – First Nations value the relationships and partnerships that can assist in meeting the wholistic needs of our children. In order to work together effectively, partners must be willing to share information for the benefit of all. Honest partnerships and collaborations require the sharing of resources, data, and information.
5. **Wisdom (Communication & Engagement)** – First Nations recognize that everyone has an important gift. Children, family members, service providers and decision-makers all play an important role in designing and delivering services and supports for our children. Their knowledge and experience can inform a comprehensive and effective community program. To share wisdom, requires meaningful engagement and strong communication.

6. **Humility (Best Interests of the Child)** – It takes a community to raise a child. First Nations believe that children must be at the centre of the circle. This means to carry out actions that put the best interests of the children before individual interests. To serve with humility is to support the child’s needs without compromise.
7. **Truth (Culturally-rooted & Nationhood)** – Truth lies in Spiritual Wellness. Living in truth is living in the heart, connected to Creator. To be spiritually connected is to be grounded in the culture, language, and ways of life of the Nation of which you belong. This means to deliver services and provide supports to the children and families that reflect their Nationhood (identity, beliefs, values, history, teachings, roles and responsibilities).

*First Nations carry out actions in love.
Children are to be loved, they are
sacred gifts from Creator. To provide
service out of love is to ensure equality
and dignity for our children.*

Love (Equality & Dignity)

Program Standard	Program Guideline	Meets Wholistic Needs:
<p>2.1 Each child's physical, mental, emotional, and spiritual well-being is assessed and documented using a holistic approach, in partnership with the parents and collaborative team.</p>	<ul style="list-style-type: none"> - Development of culturally appropriate assessment tools provided in the Program Guidelines. If assessments are required that do not fit within the Program Guidelines, the collaborative team will consult an expert in that sector to identify the most appropriate and effective assessment tool to utilize; as well as who should administer and analyze the assessment. The collaborative team will review the tool to ensure it is culturally appropriate and that it will provide accurate and reliable assessment results for the child. 	<ul style="list-style-type: none"> ✓ Serves all Needs
<p>2.2 The Community Program has an "Accessibility for All" protocol as a universal design standard for all building projects/structures.</p>	<ul style="list-style-type: none"> - The Community Team develops a protocol that ensures all infrastructure upgrades, playgrounds, equipment, and buildings have been modified to a specific standard that will meet the needs of all children in the community, including: <ul style="list-style-type: none"> ▪ Bathrooms ▪ Recreation centres ▪ Play structures ▪ Parks - The Community Team promotes this standard across all sectors in the community working towards full adoption of this standard in the community. 	<ul style="list-style-type: none"> ✓ Physical Development ✓ Self-determination
<p>2.3 The Community Program provides community-based screening for hearing and vision.</p>	<ul style="list-style-type: none"> - The Community Program has established partnerships with the Rehabilitation Centre for Children and Manitoba First Nations Education Resource Centre to train community workers to conduct community-based screening. 	<ul style="list-style-type: none"> ✓ Communicative Development

Love (Equality & Dignity)

Program Standard	Program Guideline	Meets Wholistic Needs:
<p>2.4 The Community Program provides assessments for hearing and vision every 6-months through (at least one):</p> <ul style="list-style-type: none"> - Schools - Daycares - Aboriginal Head Start Programs - Prenatal Programs 	<ul style="list-style-type: none"> - JP-CFI Staff and School Staff are trained to complete assessments for hearing and vision at the community level. - The guidelines include a standard for the referral process to Audiologist for follow-up within 30 days 	<ul style="list-style-type: none"> ✓ Communicative Development
<p>2.5 The Community Program has a community-based program component to support children diagnosed on the spectrum of Autism.</p>	<ul style="list-style-type: none"> - Collaborate with St. Amant, Society for Manitobans with Disabilities, and Child Development Centre to design, deliver, and evaluate a community-based program component. https://stamant.ca/programs/autism-services/ 	<ul style="list-style-type: none"> ✓ Communicative Development ✓ Cognitive Development ✓ Self-determination
<p>2.6 The Community Program has a lending program to trade, trial, and lend learning and living technologies that will improve quality of life for children.</p>	<ul style="list-style-type: none"> - Collaborative partnerships with other communities and agencies to provide: <ul style="list-style-type: none"> ▪ Least Restrictive Technologies ▪ Assistive technologies ▪ Modified living and learning environments 	<ul style="list-style-type: none"> ✓ Self-determination ✓ Communicative Development ✓ Cognitive Development
<p>2.7 The Community Program follows a cooperative process to ensure that the Individual Education Plans (IEPs) for children are aligned with the needs identified through the Circle of Care for the Child.</p>	<ul style="list-style-type: none"> - The Community Program via Case Managers conduct a standard process for all school-aged children in the program to ensure that the IEPs are aligned with the needs identified by the assessments, intakes, and referrals made through the program. - The Case Manager and Teacher meet on a mutually agreeable basis to review and modify IEPs accordingly. 	<ul style="list-style-type: none"> ✓ Cognitive Development ✓ Social and Emotional Development ✓ Self-determination

Love (Equality & Dignity)

Program Standard	Program Guideline	Meets Wholistic Needs:
<p>2.8 The Community Program has a specific policy for dressing, toileting, and grooming that upholds the dignity of the child.</p>	<ul style="list-style-type: none"> - The protocol outlines who will provide this support, under what conditions, and how the child will feel empowered. - The protocol would have different levels of support based on the needs and independence of the child. 	<ul style="list-style-type: none"> ✓ Self-determination
<p>2.9 The community program has established a Safe Schools policy and protocol to ensure a safe and welcoming environment for all children.</p>	<ul style="list-style-type: none"> - Development of an organizational policy that is adopted and practiced by all service organizations. Source: Safe Schools Manitoba http://www.safeschoolsmanitoba.ca/documents/TEMPLAT_E_CreatingSafe_Caring%20Schools.pdf 	<ul style="list-style-type: none"> ✓ Social and Emotional Development ✓ Self-determination
<p>2.10 The Community Program has an Inclusion Policy that promotes Well-being and Confidence in all children.</p>	<ul style="list-style-type: none"> - Development of an inter-agency Inclusion Policy for Children that will outline all considerations and accommodations for children with all types of disabilities and provide programs such as: <ul style="list-style-type: none"> ▪ Fitness Programs (Therapeutic Toys) ▪ Special Olympics ▪ Summer Programs (to help school-aged children maintain their skills during summer months) ▪ Land-based Programs and cultural activities that support what children have learned through school year. <p>Source: Equity & Inclusive Education in Ontario Schools http://www.edu.gov.on.ca/eng/policyfunding/inclusiveguide.pdf</p>	<ul style="list-style-type: none"> ✓ Physical Development ✓ Social & Emotional Development ✓ Spiritual & Cultural Development
	<ul style="list-style-type: none"> - Offers trade classes and workshops in the education setting to be inclusive for all children such as: <ul style="list-style-type: none"> ▪ Home Economics ▪ Carpentry 	

Love (Equality & Dignity)

Program Standard	Program Guideline	Meets Wholistic Needs:
<p>2.11 The Community Program has a Transition Protocol to support youth as the transition into adulthood.</p>	<ul style="list-style-type: none"> ▪ Specialized Sports ▪ Special Olympics (special events at Treaty Days for children and adults with disabilities) <p>- Includes Reading Recovery and Sensory Rooms</p> <p>- Development of an inter-agency Transition Protocol that will provide:</p> <ul style="list-style-type: none"> ▪ Self-management Skills ▪ Life Skills ▪ Information Sessions on Adult Resources ▪ Workshops on accessing services (transportation, referrals, escorts, documentation, etc..) <p>Source: Alberta Children & Youth Initiative http://www.erlc.ca/documents/final_copy_-_transition_planning_protocol_for_youth_with_di_2014-10-06.pdf</p>	<ul style="list-style-type: none"> ✓ Self-determination ✓ Social & Emotional Development
<p>2.12 The Community Program offers American Sign Language (ASL) training a minimum of once per year on a schedule that accommodates all families and service providers requiring these skills.</p>	<p>- Conduct an annual needs assessment to determine who requires ASL training.</p> <p>- Deliver a minimum of one training session per year to accommodate the maximum number of participants (i.e., after-hours, weekends, telehealth), utilizing all available resources:</p> <ul style="list-style-type: none"> ▪ Manitoba First Nations Education Resource Centre ▪ Society for Manitobans with Disabilities 	<ul style="list-style-type: none"> ✓ Communication Development ✓ Healthy and Supported Family Unit

Respect (Accessible & Quality)

Program Standard	Implementation Guideline	Meets Wholistic Needs:
<p>2.13 The Community Program has adopted a funding program to adequately distribute funds for special needs services at the community level.</p>	<ul style="list-style-type: none"> - Development of an interagency funding program to support children with special needs at the community-level with the same level of supports provided for special needs children off-reserve. Source: http://www.edu.mb.ca/k12/finance/schfund/funding_17-18.pdf 	<ul style="list-style-type: none"> ✓ Physical Development ✓ Communicative Development ✓ Self-determination
<p>2.14 The Community Program has established protocols to contact external service providers for follow-up services subsequent to a diagnosis, within an established timeframe.</p>	<ul style="list-style-type: none"> - Example: All babies are screened at birth. Babies diagnosed with hearing loss receive follow-up within 30 days. Referrals are made to the appropriate service providers so that the child and family are provided with a treatment/training plan within 6-8 weeks, such as: <ul style="list-style-type: none"> ▪ Audiologist ▪ Manitoba First Nations Education Resource Centre (school-age) ▪ Society for Manitobans with Disabilities 	<ul style="list-style-type: none"> ✓ Physical Development ✓ Communication Development ✓ Cognitive Development
<p>2.15 The Community Program makes Role Models available in the community to support children that utilize alternative communication methods.</p>	<ul style="list-style-type: none"> - The Program provides training for teachers, caregivers, Education Assistants, and Child Development Workers in American Sign Language (ASL). - The Program provides space and Information technology support (i.e. Telehealth or Skype) to create opportunities for children to connect with deaf peers and other signers. 	<ul style="list-style-type: none"> ✓ Physical Development ✓ Communication Development ✓ Cognitive Development ✓ Self-determination

Respect (Accessible & Quality)

2.16 The Community Program includes a Mental Wellness component that compliments (does not duplicate) existing mental wellness services and supports provided through First Nations Inuit Health Branch and Manitoba Health

- The mental wellness component is designed to support holistic planning so that the program can meet the social, emotional, cultural, and spiritual development needs of the child and their family.

- The mental wellness component may include:

- Community point-of-contact
- Defined referral process to:
 - Manitoba Adolescent Treatment Centre
 - Psychologists (via telehealth as well)
- Identified mental wellness supports with contact list

- The mental wellness component should include community awareness activities to support mental wellness promotion in daycares , schools, Aboriginal Health Start, Maternal Child Health programs, prenatal programs. Existing resources include:

- Everyone Matters Manitoba
www.everyonemattersmanitoba.ca

- Roots of Empathy
<http://www.gov.mb.ca/healthychild/roe/index.html>

✓ Social & Emotional Development
 ✓ Cultural & Spiritual Development

Courage (Child Empowering & Family-Centered)

Program Standard	Implementation Guideline	Meets Wholistic Needs:
<p>2.17 Care plans are developed in partnership with the child and family based on a comprehensive wholistic assessment.</p>	<ul style="list-style-type: none"> - Goals and wholistic outcomes of the child’s care and services are identified with the child, parents, family, and/or guardians. - A comprehensive and individualized care plan is developed and documented in partnership with the parents and family. 	<p>✓ Healthy & Supported Family Unit</p>
<p>2.18 The Community Program includes a Parent Support Group protocol as an essential element of program delivery.</p>	<ul style="list-style-type: none"> - The Community Team (and agencies they represent) provide space, facilitators, and mental wellness supports to host Parent Support Groups on a regular schedule. - The Community Team engages with parents to identify what type and extent of supports that are required and what schedule would be accommodate parents in the program 	<p>✓ Healthy & Supported Family Unit</p>
<p>2.19 The Community Program includes a Parent Child Coalition protocol as an essential element of program delivery.</p>	<ul style="list-style-type: none"> - The Community Team engages with parents to identify parent child activities they wish to see and what schedule would best accommodate children and parents in the program. - Manitoba Parent Child Coalitions <ul style="list-style-type: none"> o http://www.mbparentchild.com/ 	<p>✓ Healthy & Supported Family Unit</p>
<p>2.20 The community partners adopt one consistent policy to provide family oriented care.</p>	<ul style="list-style-type: none"> - Service organizations practice family accommodation, i.e. scheduling appointments/meeting/training for children and parents at the same time (including other family members and siblings where possible). 	<p>✓ Healthy & Supported Family Unit</p>

Courage (Child Empowering & Family-Centered)

<p>2.21 The Community Program has a Communication Plan that requires close collaboration with the Strengthening Families - Maternal Child Health Program and Healthy Child Manitoba</p>	<ul style="list-style-type: none"> - Staff can incorporate components of SF-MCH within the JP-CFI initiative, where SF-MCH programs aren't implemented. - The Community Program can request workshops and family activities from the programs as a regular activities that support: <ul style="list-style-type: none"> o Healthy attachment o Nurture the bond between parents & newborns - Positive Parenting Program <ul style="list-style-type: none"> o http://www.manitobatriplep.ca/ 	<ul style="list-style-type: none"> ✓ Healthy & Supported Family Unit ✓ Social & Emotional Development
<p>2.22 The Community Program maintains up-to-date training certification for all JP-CFI staff and other support staff that serve the families in the program.</p>	<ul style="list-style-type: none"> - The Community Program delivers specific training directly or in collaboration with other community organizations and/or external agencies. Standard training requirements include: <ul style="list-style-type: none"> o Personal Health Information Act (PHIA) o Applied Suicide Intervention Skills Training (ASIST) o Grief and Loss Training o American Sign Language o Literacy Recovery o Care Planning o Assessments 	<ul style="list-style-type: none"> ✓ Healthy & Supported Family Unit

Honesty (Sharing of Information, Data, Resources)

Program Standard	Implementation Guideline	Meets Wholistic Needs:
<p>2.23 The Community Program provides a First Nations specific Resource Guide on Children with Disabilities.</p>	<ul style="list-style-type: none"> - Access existing resources and modify to reflect the culture, language, and ways of life of the First Nation. Sources: <ul style="list-style-type: none"> ▪ Rehabilitation Centre for Children ▪ Children’s Advocate ▪ Province of Manitoba - Development of a standard data tracking mechanism that meets the data collection needs of all organizations (health, social, education, family services, cultural programs) 	<ul style="list-style-type: none"> ✓ Healthy & Supported Family Unit ✓ Spiritual & Cultural Development
<p>2.24 The Community Program utilizes a data tracking mechanism compatible with ESDRT to inform effective case management and ongoing support after the age of 18 years.</p>	<ul style="list-style-type: none"> - The Monitoring and Evaluation Plan identifies and informs ways to eliminate and/or reduce disparities and gaps in services for all First Nations children. - The M & E Plan (Module 4) includes: <ul style="list-style-type: none"> ○ Monitoring of wait times; ○ Service care to ensure best interests of the child and family-centered; ○ Evaluation of local services; ○ Evaluation of specialized training for family supports; and ○ Service training of local staff and resources. 	<ul style="list-style-type: none"> ✓ Serves All Needs
<p>2.25 The Community Program has an Monitoring and Evaluation Component to support ongoing Quality Improvement.</p>	<ul style="list-style-type: none"> - The Monitoring and Evaluation Plan identifies and informs ways to eliminate and/or reduce disparities and gaps in services for all First Nations children. - The M & E Plan (Module 4) includes: <ul style="list-style-type: none"> ○ Monitoring of wait times; ○ Service care to ensure best interests of the child and family-centered; ○ Evaluation of local services; ○ Evaluation of specialized training for family supports; and ○ Service training of local staff and resources. 	<ul style="list-style-type: none"> - Serves All Needs

Wisdom (Communication & Engagement)

Program Standard	Implementation Guideline	Meets Wholistic Needs:
<p>2.26 The Community Program facilitates inter-agency collaboration to implement a community awareness initiative that includes child and youth-friendly workshops to support health social and emotional development outcomes.</p>	<ul style="list-style-type: none"> - Work with the Guidance Counsellors, Social Workers, and community workers trained in Mental Health First Aid to offer the following educational materials and workshops: <ul style="list-style-type: none"> ▪ Anti-bullying ▪ Gang Awareness ▪ Suicide Prevention ▪ Crime Prevention ▪ Peer Pressure ▪ Decision-making ▪ Healthy Body Image ▪ Safe Touch ▪ Relationships & Healthy Sexuality 	<ul style="list-style-type: none"> ✓ Social & Emotional Development ✓ Self-determination
<p>2.27 The Community Program works to engage families by establishing a Parent Committee to:</p> <ul style="list-style-type: none"> • Receive information • Provide input into programs • Identify volunteer opportunities • Discuss the learning environments for their children 	<ul style="list-style-type: none"> - Engage Elders, Grandmothers, and Knowledge Keepers to assist in delivering the teachings and to provide cultural support to participants. - Development of a Parent Committee, open to all parents, to communicate with all service agencies; to jointly design ways to get parents involved in the education, care, and support of their child(ren), such as Student-led conferences and Parental engagement rights <p>Sources:</p> <ul style="list-style-type: none"> ▪ YES Program ▪ Families in School Together ▪ Positive Behavior in School <p>https://www.pbis.org/</p>	<ul style="list-style-type: none"> ✓ Healthy & Supported Family Unit

Wisdom (Communication & Engagement)

<p>2.28 The Community Program utilizes a consistent referral system across all service sectors.</p>	<p>- Referral processes are designed cooperatively with:</p> <ul style="list-style-type: none"> ▪ Parents ▪ Program Staff ▪ Daycare Staff ▪ Aboriginal Head Start Staff ▪ Education Staff ▪ Health Centre Nursing Station Staff ▪ Social Program Staff ▪ Home & Community Care Programs 	<p>✓ Serves All Needs</p>
<p>2.29 The Community Program has a Community Awareness Plan geared at informing parents and promoting their JP-CFI community initiative.</p>	<p>- The Community Team works together to develop a brochure or handbook for families that can be distributed through all sectors (health, social, education, and family services) that provides information on the following:</p> <ul style="list-style-type: none"> ○ What the program is, where it is located, how to contact. ○ Program purpose and benefits for child and family. ○ Identifies the community partners and how to access services and support ○ Contact information for all staff and community partners. ○ List of other resources available to families. 	<p>✓ Serves All Needs</p>
<p>2.30 The Community Program maintains an inventory and maintenance schedule for all modified living and learning environments established by with the community.</p>	<p>- The Community Team designs an inventory template to be used by all partners to ensure effective management and maintenance of modified living and learning environments. The process may include:</p> <ul style="list-style-type: none"> ○ Environmental scan of what exists ○ Database to monitor ○ Schedule for maintenance and regular inspections for repair and replacement ○ Forecasting of costs and long-term planning 	<p>✓ Physical Development ✓ Cognitive Development ✓ Self-determination</p>

Humility (Best Interests of the Child)

Program Standard

Implementation Guideline

Meets Wholistic Needs:

2.31 The Community Program has goals and objectives to establish Healthy and Supported Family Units.

- Development of Indigenous Positive Parenting Principles and Programs as a standard training for all parents/caregivers involved with the Community Program.

Sources:

- Working with Elders, Knowledge Keepers, and Grandmothers to design a new program with culturally relevant teaching materials.
- Building on existing programs/training:
 - Nobody's Perfect <http://www.nobodysperfect.ca>
 - Aboriginal Head Start
 - http://www.hc-sc.gc.ca/fnihah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/develop/2003_ahs-papa-ref-guide-eng.pdf
 - <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/ahsuni-papairun/pdf/ahsuni-papairun-eng.pdf>

✓ Healthy & Supported Family Unit

2.32 The Community Program has a Vulnerability policy that ensures identification and safety of all children in the program.

- Utilization of identification bracelets for non-verbal children to connect them with caregivers.
- Step-by-step protocols is a child is lost or missing.

✓ Serves All Needs

2.33 The Community Program incorporates a strong component of cultural activities that nurture the Spirit of the Child.

- The Community Team work together to ensure that all community based programs include cultural activities and teachings:

- Pow Wow dancing
- Drumming

✓ Serves All Needs

Humility (Best Interests of the Child)

- Language activities
- Arts & Crafts
- Land-based workshops
- Work with local Elders, Grandmothers and Knowledge Keepers as well as Aboriginal Head Start and the Cultural Specialists at Manitoba First Nation Education Resource Centre

Truth (Culturally-rooted & Nationhood)

Program Standard	Implementation Guideline	Meets Wholistic Needs:
<p>2.13 The Community Program provides workshop and education sessions on Indigenous and Human Rights of the Child and Family for all family members and community-based service providers.</p>	<ul style="list-style-type: none"> - Development of First Nations workshops - Access existing educational and teaching resources on Nationhood, Treaty & Inherent Rights, and Human Rights: <p>Sources:</p> <ul style="list-style-type: none"> ▪ Manitoba First Nations Education Resource Centre ▪ Treaty Relations Commission of Manitoba ▪ Assembly of Manitoba Chiefs ▪ Tribal Councils ▪ Universities 	<ul style="list-style-type: none"> ✓ Healthy & Supported Family Unit ✓ Spiritual & Cultural Development
<p>2.14 The Community Program provides access to First Nations healing ways and natural medicines with a safe and inviting space for consultations with Elders, Grandmothers, and Knowledge Keepers.</p>	<ul style="list-style-type: none"> - The Community Program establishes a cultural contact list of Elders, Grandmothers, Knowledge Keepers in the community (or from other territories) to engage in providing natural medicines, healing activities, ceremonies, and doctoring as requested by the families. - The Community Team coordinate regular meetings with the cultural contacts to design the cultural elements of the program. 	<ul style="list-style-type: none"> ✓ Healthy & Supported Family Unit ✓ Spiritual & Cultural Development ✓ Self-determination
<p>2.15 The Community Program works directly with Manitoba First Nations Education Resource Centre and St. Amant to design cognitive development tools based on First Nations culture, language, and ways of life.</p>	<ul style="list-style-type: none"> - Coordinate meetings and if necessary contract the appropriate experts to design cognitive development tools for the children in the program. <p>Other resources include:</p> <ul style="list-style-type: none"> ▪ Indigenous Inclusion Directorate ▪ Frontier Literacy & Numeracy ▪ http://www.frontiercollege.ca/About-Us/Resources ▪ Government of Ontario ▪ http://edu.gov.on.ca/eng/aboriginal/5AAssessmentPractices.pdf 	<ul style="list-style-type: none"> ✓ Cognitive Development ✓ Self-determination

Truth (Culturally-rooted & Nationhood)

<p>2.16 The Community Program has established policies and practices to incorporate the First Nations language into all aspects of service delivery for children, supports for the family unit, community engagement, and family activities.</p>	<ul style="list-style-type: none"> - Development of Language Protocols for Service Delivery adopted by all organizations with community events such as Language Festivals for service providers, children, and families to share how they have revitalized language in the school, home, and community program. Sources: <ul style="list-style-type: none"> ▪ British Columbia: http://www.fnesc.ca/wp/wp-content/uploads/2016/04/614108-FNESC-LANGUAGE-BUILDING-CURRICULUM-BOOK-290316-B-F-with-Cover.pdf ▪ Seven Oaks School Division ▪ Manitoba First Nations Education Resource Centre ▪ Aboriginal Languages of Manitoba 	<ul style="list-style-type: none"> ✓ Healthy & Supported Family Unit ✓ Spiritual & Cultural Development
<p>2.17 The Community Program has outdoor classrooms to connect children and families to the land, water, and spirit.</p>	<ul style="list-style-type: none"> - Training and teaching components are done through traditional land-based activities: <ul style="list-style-type: none"> ▪ Fishing, trap setting ▪ Berry picking ▪ Medicine harvesting ▪ Nature Hikes ▪ Cook outs 	<ul style="list-style-type: none"> ✓ Serves All Needs
<p>2.18 The Community Program has a Health and Safety Policy for all outdoor classrooms and events</p>	<ul style="list-style-type: none"> - The Community Team develops a joint policy that will be utilized for the JP-CFI Program (as well as the daycare, school, and other child/youth programs/agencies) to ensure safety protocols around: <ul style="list-style-type: none"> ▪ Bodies of water ▪ Open fires ▪ Use of harvesting gear (fishing rods, hooks, shovels, garden tools, etc..) - The joint policy would include training all staff to use the policy in daily activities, curriculums, and leisure. 	<ul style="list-style-type: none"> ✓ Serves All Needs

Truth (Culturally-rooted & Nationhood)

<p>2.19 The Community Program provides Language Programs or courses for all JP-CFI Staff, community service providers, and parents involved in the project.</p>	<ul style="list-style-type: none"> - Coordinate a daily immersion music program for children and families to promote the language. - Hire a local instructor to offer classes twice a week on a schedule that is most accommodating for staff and parents (i.e., lunch hour or weekends) - Integrate language into the weekly church services. - Host regular ceremonies that incorporate language activities for all JP-CFI Staff, community service providers, and parents involved in the project . 	<ul style="list-style-type: none"> ✓ Cultural & Spiritual Development ✓ Self-determination ✓ Healthy & Supported Family Unit
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Tools and Templates

Note – All electronic versions of templates are provided on USB - Toolkit

Appendix A – About My Child

1

(FIRST NATION) PROGRAM

ABOUT MY CHILD		
Our Concerns about Our Child's Function		
Please fill in every row by checking either "yes" or "no" on each line.		
Compared to other children of the same age, I am concerned about my child's:		If YES, does this impact on their ability to participate in everyday activities?
1. Ability to move around at home, school and community.	<input type="checkbox"/> Yes	<input type="checkbox"/> Not at all
	<input type="checkbox"/> No (go to next question)	<input type="checkbox"/> Somewhat
2. Ability to use their hands and arms to do the things they want to do.	<input type="checkbox"/> Yes	<input type="checkbox"/> A lot
	<input type="checkbox"/> No (go to next question)	<input type="checkbox"/> Not at all
Mood: My child is often...		
3. Irritable and Cranky.	<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat
	<input type="checkbox"/> No (go to next question)	<input type="checkbox"/> A lot
4. Anxious and Worried.	<input type="checkbox"/> Yes	<input type="checkbox"/> Not at all
	<input type="checkbox"/> No (go to next question)	<input type="checkbox"/> Somewhat
5. Sad and Moody.	<input type="checkbox"/> Yes	<input type="checkbox"/> A lot
	<input type="checkbox"/> No (go to next question)	<input type="checkbox"/> Not at all
Behaviour: My child is often...		
6. Aggressive toward others.	<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat
	<input type="checkbox"/> No (go to next question)	<input type="checkbox"/> A lot
7. Overactive and too "busy".	<input type="checkbox"/> Yes	<input type="checkbox"/> Not at all
	<input type="checkbox"/> No (go to next question)	<input type="checkbox"/> Somewhat
8. Too quiet and shy.	<input type="checkbox"/> Yes	<input type="checkbox"/> A lot
	<input type="checkbox"/> No (go to next question)	<input type="checkbox"/> Not at all

[Program Name]

Appendix B – Family Quality of Life

FAMILY QUALITY OF LIFE					
HOW SATISFIED AM I THAT.....	Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
1) My family enjoys spending time together.					
2) My family members help the children learn to be independent.					
3) My family has the support we need to relieve stress.					
4) My family members have friends or others who provide support.					
5) My family members help the children with schoolwork and activities.					
6) My family members have transportation to get to the places they need to be.					
7) My family members talk openly with each other.					
8) My family members teach the children how to get along with others.					
9) My family members have some time to pursue our own interests.					
10) Our family solves problems together.					
11) My family members support each other to accomplish goals.					
12) My family members show that they love and care for each other.					
13) My family has outside help available to us to take care of the special needs of all family members.					
14) Adults in our family teach the children to make good decisions.					
15) My family gets medical care when needed.					
16) My family has a way to take care of our expenses.					
17) Adults in my family know other people in the children's lives (friends, teachers, etc.)					
18) My family is able to handle life's ups and downs.					
19) Adults in my family have time to take care of the individual needs of every child.					

~ 3 ~

Appendix C – Intake Assessment

PERSONAL INFORMATION

Child’s Full Name (include other names): _____

Date of Birth: _____ Age: _____ Male Female

Child’s First Nation Registration #: _____

MB Health: _____ PHIN: _____

Street Address: _____ Mailing Address: _____

Home Phone: _____ Other Phone: _____

Parents/Guardian’s Name (s): _____

Address (es): _____

Daytime Phone #: _____

Email: _____

Siblings: Yes No
Names: _____ Age: _____
_____ Age: _____
_____ Age: _____

Pets: Yes No

Languages spoken at home: English Ojibway Other _____

Reason for Referral:

- Interested in participating in the “Program Name”
- Interested in workshops for family
- Seeking help evaluating the child’s needs
- Seeking help with prioritizing and planning interventions
- Other: _____

EDUCATIONAL SETTING

- Daycare Preschool Early Years School _____
 Middle Years School _____ Senior Years/Collegiate _____
School Name: _____ Band Operated
Grade Level: _____ Provincial School

Check (√) the one that best describes the child's academic level:

- Regular:** Academic expectations are the same as for peers, workload may be lightened, progress is evaluated the same as peers.
 Adapted: Academic expectations are similar as for peers, adaptations have been made for pace, content or volume of workload.
 Significantly Adapted: Student is included in classroom activities where possible. Academic expectations are significantly adapted or individualized.
 Individualized: The student's program consists of highly individualized objectives.

Check (√) the one that best describes the child's educational setting:

- The child spends most of his/her day in a typical classroom.
 The child spends a portion of his/her day in a typical classroom.
 The child spends most of his/her day in an individualized setting e.g. resource room.
 The child participates in specialized classroom or program.
 The child is home schooled.

HEALTH AND PHYSICAL STATUS

Medical Diagnosis and related conditions:

Date of Diagnosis: _____

Physician: _____

Clinic/Agency: _____

Medications:

Special health requirements:

Allergies:

1. Describe the child's hearing status. Check (√) all that apply.

- Typical, no concerns. Concerns, may need assessment or reassessment.
 Partial loss. Functionally deaf. Prescribed with hearing aids in one or both ears.
 Currently wears hearing aid (s). Does not currently wear hearing aid (s)

Additional Comments:

Date of most recent evaluation: _____

Assessed by: _____

2. Describe the child's current visual status. Check (√) all that apply.

- Typical, no concerns. Concerns, may need assessment or reassessment.
 Requires glasses/lenses to improve visual acuity.
 Currently wears eyewear. Does not currently wear eyewear.

Additional Comments:

Date of most recent evaluation: _____

Assessed by: _____

3. Describe the child's methods of mobility. Check (√) all that apply.

- Walks Unassisted Assisted (Walker With Partner Cane/Crutches)
 Uses manual wheelchair Unassisted Assisted
 Uses power wheelchair Unassisted Assisted

4. Describe the child's head control. Check (√) all that apply.

- Child has typical head positioning and movement.
 Child will turn head reflexively. Child's head control is weak and droopy.
 Child uses head supports or seating equipment to improve positioning.

Additional Comments:

5. Describe the child's upper limb function. Check (√) all that apply.

- Right handed. Left handed. Hand dominance not yet determined.
 Can extend and reach typically, has good control over hands, can point and pick up things.
 Child has limitations to what he/she can do and where he/she can reach with control.
 Upper limb functioning is improving with seating/positioning equipment.

The child's dominant arm/hand is: Weak & Shaky Slow & Stiff Imprecise.

Describe: _____

Additional Comments:

6. Describe the child's fine motor skills. Check (√) all that apply.

- Good fine motor skills.
- Adaptation of materials required for independent use.
- Guidance needed to use adapted materials; limited coordination of fine motor skills.
- Some active assistance needed to use materials; emerging fine motor skills.
- Incapable of most fine motor activities.

Date of most recent evaluation: _____

Occupational Therapy Report

Assessed by: _____

7. Current and proposed service plans for child.

Please check (√) the appropriate box(es) and identify which of the following community and external service providers are currently involved or have previously been involved with the child/family in relation to the presenting issue.

Health Canada – First Nations and Inuit Health Branch	Contact Name & Phone #:
<input type="checkbox"/> Aboriginal Diabetes Initiative	_____
<input type="checkbox"/> Aboriginal Head Start On Reserve	_____
<input type="checkbox"/> Brighter Futures	_____
<input type="checkbox"/> Building Healthy Communities	_____
<input type="checkbox"/> Canada Prenatal Nutrition Program	_____
<input type="checkbox"/> Fetal Alcohol Spectrum Disorder	_____
<input type="checkbox"/> Home & Community Care	_____
<input type="checkbox"/> Non Insured Health Benefits	_____
<input type="checkbox"/> Nursing Station	_____
<input type="checkbox"/> Health Authority	_____
<input type="checkbox"/> Health Director	_____
<input type="checkbox"/> Health Centre	_____
<input type="checkbox"/> Other (please specify)	_____

Aboriginal Affairs and Northern Development Canada	Contact Name & Phone #:
<input type="checkbox"/> First Nations Child and Family Services on and off reserve (please specify with Agency)	_____
<input type="checkbox"/> Income Assistance	_____
<input type="checkbox"/> Assisted Living	_____
<input type="checkbox"/> Hi-Cost Special Education	_____
<input type="checkbox"/> Other (please specify)	_____

Provincial Services	Contact Name & Phone #:
<input type="checkbox"/> Rehabilitation Centre for Children	_____
<input type="checkbox"/> Office of the Children’s Advocate	_____
<input type="checkbox"/> Children’s DisABILITY Services (please specify region)	_____
<input type="checkbox"/> Society for Manitobans with Disabilities	_____
<input type="checkbox"/> Regional Health Authority (please specify)	_____
<input type="checkbox"/> HSC Children’s Hospital	_____
<input type="checkbox"/> Child Development Clinic	_____
<input type="checkbox"/> St. Amant Inc.	_____
<input type="checkbox"/> Child and Family Services Agency/Region (specify which agency or region)	_____
<input type="checkbox"/> Provincial Outreach Therapy Program for Children (POTC)	_____
<input type="checkbox"/> School (please specify)	_____
<input type="checkbox"/> School Division (please specify)	_____
<input type="checkbox"/> Other (please specify)	_____

Please provide details on the barriers experienced to access the required services:

Please provide additional documents or relevant information the family or guardian would like to share:

Please explain how this issue has affected family members or guardian:

Appendix D – Parenting Stress Index

PARENTING STRESS INDEX					
Parenting is hard work! Raising a child with a health or development problem can add extra stress to parents' lives. The next several questions explore this issue.					
<p>Instructions: Decide how you feel about the following statements and place an ✓ in correct box. <i>This evaluation will take approximately 10-15 minutes to complete, items are scored using a 5-point scale. (1-Strongly Agree, 2-Agree, 3-Not Sure, 4-Disagree, 5-Strongly Disagree)</i></p>					
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1) I often have the feeling that I cannot handle things very well.	SA	A	NS	D	SD
2) I find myself giving up more of my life to meet my children's needs than I ever expected.	SA	A	NS	D	SD
3) I feel trapped by my responsibilities as a parent.	SA	A	NS	D	SD
4) Since having this child, I have been unable to do new and different things.	SA	A	NS	D	SD
5) Since having this child, I feel that I am almost never able to do things that I like to do.	SA	A	NS	D	SD
6) I am unhappy with the last purchase of clothing I made for myself.	SA	A	NS	D	SD
7) There are quite a few things that bother me about my life.	SA	A	NS	D	SD
8) Having a child has caused more problems than I expected in my relationship with my spouse (male or female friends).	SA	A	NS	D	SD
9) I feel alone and without friends.	SA	A	NS	D	SD
10) When I go to party, I usually expect not to enjoy myself.	SA	A	NS	D	SD
11) I am not as interested in people as I used to be.	SA	A	NS	D	SD
12) I don't enjoy things as I used to.	SA	A	NS	D	SD
13) My child rarely does things for me that make me feel good.	SA	A	NS	D	SD
14) Sometimes I feel that my child does not love me and does not want to be close to me.	SA	A	NS	D	SD
15) My child smile at me much less than I expected.	SA	A	NS	D	SD
16) When I do things for my child, I get the feeling that my efforts are not appreciated very much.	SA	A	NS	D	SD
17) When playing, my child doesn't often giggle or laugh.	SA	A	NS	D	SD
18) My child doesn't seem to learn as quickly as most children.					

Appendix E – Social Support Index

(FIRST NATION) PROGRAM					
FAMILY SOCIAL SUPPORT INDEX					
	STRONGLY DISAGREE	STRONGLY AGREE	NOT SURE	DISAGREE	AGREE
Please indicate how much you agree with each of the following statements about your community and family					
1. If I had an emergency, even people I do not know in this community would be willing to help					
2. I feel good about myself when I sacrifice and give time and energy to members of my family					
3. The things I do for members of my family and they do for me make me feel part of this very important group					
4. People here know they can get help from the community if they are in trouble					
5. I have friends who let me know when they value who I am and what I can do					
6. People can depend on each other in this community					
7. Members of my family seldom listen to my problems or concerns; usually I feel criticized					
8. My friends in this community are part of my everyday activities					
9. There are times when family members do things that make other members unhappy					
10. I need to be very careful how much I do for my friends because they take advantage of me					
11. Living in this community gives me a secure feeling					
12. The members of my family make an effort to show their love and affection for me					
13. There is a feeling in this community that people should not get too friendly with each other					
14. This is not a very good community to bring children up in					
15. I feel secure that I am as important to my friends as they are to me					
16. I have some very close friends outside the family who I know really care for me and love me					
17. Member(s) of my family do not seem to understand me; I feel take for granted					

Appendix F – Program Referral Form Template

**Jordan's Principle – Child First Initiative
(First Nation) Program – Referral Form**

Date of referral: (d/m/yr)	Referral Source: (Name and/ or title) (Contact Info)
-----------------------------------	---

Child's Name: _____ **Male:** ___ **Female** ___

D.O.B: _____

MB Health #: _____

PHIN#: _____

Parent/Guardian is aware of Referral

Parent/Guardian's Name: _____

Address: _____

Band#: _____

Phone#: (Home) _____
(Work) _____

Client's Family Doctor (if known): _____

Diagnosis/Date (if known): _____

Reason for referral:

Please Indicate with a Check Mark ✓

Service Requested	
Respite Services	
Speech Language Therapy	
Occupational Therapy	
Physiotherapy	
Audiology/hearing	
Psychology/Mental Health Therapy	
Other	

Additional/Comments:

List of Medication: _____

<u>JP-CFI Use Only</u>		
Date referral received: _____	Date fax received: _____	Date of initial contact: _____
Date faxed back to referral source: _____		
Date of intake: _____	Referrals: _____	

Checklist for Community Team Roles & Responsibilities

- Assign a Case Manager and/or key service provider for the family
- Establish positive rapport with the child and their family
- Assess child's and family's need utilizing the Circle of Care for the Child Model
- Assess the services, resources, and supports necessary to meet the child's and family's needs
- Develop a working relationship with the family to:
 - Increase family's knowledge and understanding of child's condition, symptoms, and/or development
 - Increase family's awareness of all potential services, resources, and supports (intervention options)
- Develop long and short term goals for the child
- Identify education, training, and support needs for the parents/family members
- Build a support network around the child and family with extended family and community supports.
- Identify the key service providers in the community that will work together for the family, ensuring that the working relationship includes all resources
- Match the needs and wholistic outcomes identified for the child

Appendix H – Goal Attainment Scaling

GOAL ATTAINMENT SCALING			
WORKER:			
CLIENT:			
DOB:			
GOAL:			
TIME FRAME (to be achieved within)			
CATEGORY:			
	BASELINE:	ACHIEVED:	
Describes all of the following outcomes:			
Least favourable outcome (-2):		<input type="checkbox"/> Yes	<input type="checkbox"/> Much better
		<input type="checkbox"/> No	<input type="checkbox"/> A little better
		<input type="checkbox"/>	<input type="checkbox"/> As expected
Less than expected outcome (-1):		<input type="checkbox"/> Yes	<input type="checkbox"/> Much better
		<input type="checkbox"/> No	<input type="checkbox"/> A little better
		<input type="checkbox"/>	<input type="checkbox"/> As expected
Expected outcome (0):		<input type="checkbox"/> Yes	<input type="checkbox"/> Much better
		<input type="checkbox"/> No	<input type="checkbox"/> A little better
		<input type="checkbox"/>	<input type="checkbox"/> As expected
More than expected outcome (+1):		<input type="checkbox"/> Yes	<input type="checkbox"/> Much better
		<input type="checkbox"/> No	<input type="checkbox"/> A little better
		<input type="checkbox"/>	<input type="checkbox"/> As expected
Most favourable outcome (+2):		<input type="checkbox"/> Yes	<input type="checkbox"/> Much better
		<input type="checkbox"/> No	<input type="checkbox"/> A little better
		<input type="checkbox"/>	<input type="checkbox"/> As expected
ACTIVITIES TO ACHIEVE GOAL:	PARTIES INVOLVED:	START DATE:	END DATE:

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Nanaandawewigamig

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Society for Manitobans with Disabilities

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Southern Chiefs Organization

Southern First Nations Network of Care

Developed by



Pinaymootang First Nation