



**Office of the Provincial Advisor for
Aboriginal Infant Development Programs**

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April 2005

Welcome to the first edition of the Aboriginal Infant Development Policy and Procedure Manual.

We are happy for all the input we received during the final editing. This will be a living document allowing for changes as AIDP continues to move toward standardizing programs to be the best we can be, in providing home visiting and family support for Aboriginal children in B.C.

As this is the first edition, we anticipate and encourage continued input of this living draft manual for the next year. We look forward to making it as user friendly as possible. Over time, we hope you will tell us how we can improve this manual and make all the forms that are still in development as appropriate as possible for our programs and the families we provide services to.

We would also encourage AIDP staff to provide us with information from your Elder's and their stories and teachings for parenting and raising healthy children.

This AIDP Policy and Procedure Manual is intended to recognize our cultures and values and to honour our children, but also be a companion to the Provincial IDP Policy and Procedure Manual. We encourage AIDP to continue to use the Provincial IDP manual for valuable guidance and best practice standards. We also encourage Provincial IDP staff to use our manual when working with Aboriginal families.

Throughout this manual, we strived to be inclusive of programs and services whether they are located on reserve or off reserve, or whether they are located in urban, rural or remote areas of the province.

This manual is intended to encompass the diversity of BC's Aboriginal Families; Métis, Inuit, status and non status Aboriginal people, with whom AIDP work.

Please feel free to contact us at anytime with questions, comments or suggestions to improve our AIDP manual. An evaluation form is provided for your guidance and input.

Diana Elliott
Provincial Advisor - AIDP

<p style="text-align: center;">ABORIGINAL INFANT DEVELOPMENT PROGRAM POLICY AND PROCEDURES MANUAL FIRST ADDITION – APRIL 2005</p>
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Feedback Form

Please feel free to share your comments about this AIDP Manual. While we endeavoured to be inclusive of all AIDP in the development of this manual, we recognize that we did not have the opportunity to connect with everyone.

We hope you will review it, use it, and tell us what works and what doesn't. We will be happy to hear all comments and take your guidance and advice to improve on this first addition.

1. How can this AIDP Manual be improved? (lay out, flow, forms, etc.)

2. What information would be helpful that is missing?

3. What did you learn from this AIDP Manual?

4. Is there anything in this manual that doesn't feel appropriate?

We want this AIDP Manual as culturally relevant and inclusive as possible from a community based, community driven perspective. We hope you continue to honour your children in the way your community does it best. As stated in the beginning of this manual, we hope only to bring best practice standards to AIDP while acknowledging community richness for your own cultures, beliefs, teachings and values.

We raise our hands to all of you who work with our children and families and look forward to supporting your work with the guidance you give us in improving this manual.

Please return this feedback form to the Office of the Provincial Advisor for Aboriginal Infant Development Programs

**ABORIGINAL INFANT
DEVELOPMENT
PROGRAM**

OF

BRITISH COLUMBIA



“Cherishing each and every Gift”

**POLICY AND
PROCEDURES MANUAL**

April 2005

The Office of the Provincial Advisor for Aboriginal Infant Development Programs

Provides consultation, support, resources, and leadership for new and established programs both on- and off-reserve;

Raises awareness of the importance of healthy infant development and the significance of health promotion and early intervention in the important early years of life;

Is guided by the Provincial Aboriginal Infant Development Advisory Committee; and

Provides presentations and training workshops on issues related to AIDP.

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FORWARD FROM DIANA ELLIOTT: PROVINCIAL ADVISOR

“Knowledge” – What one knows. The body of facts accumulated over time. A range of information or understanding. (Collins Gem - English Dictionary – Canadian Edition)

Welcome to this first edition of the Aboriginal Infant Development Program (AIDP) Policy and Procedure Manual. In this manual we wish to honour the knowledge that has accumulated in each Aboriginal community over time. We realize that each community has their own local, indigenous, traditional knowledge and teachings. Knowledge is learned from generation to generation and will transform or evolve over time with new experiences. Knowledge is achieved by continued learning, teaching, observation, trial and error and willingness. It is the community that will organize the AIDP programs to meet their own needs to support children and families to achieve or improve their quality of life and lifelong potential. Local knowledge is what we hope each AIDP program will strive for in using this manual as a tool or guideline of accumulated knowledge from our Elder’s, AIDP workers and consultants, IDP colleagues, professionals and resources and the young children and families that we work with in our communities.

Yesterday, we passed on our knowledge from our ancestors and Elder’s through storytelling, songs, ceremonies and through a holistic approach to life long learning. Teaching didn’t stop as we became adults; there was always learning and passing on of knowledge and teaching to be done. Today, we have new knowledge, science and research that are based on what we have learned over time. Our goal with this AIDP policy and procedure manual is to take the best of yesterday and today and honour our local and traditional knowledge.

Knowledge also has to be somewhat diverse and most helpful when it has a foundation from which there is a beginning. From this we can aspire to hire levels of knowledge which will be adaptable, flexible and help create efficiency and sustainability for services and programs for our children, families and communities.

Recognition of community knowledge is integral in the sustainability of this new manual. We cannot have today’s modern knowledge without recognizing and honouring our historical knowledge. Elder’s today even have new knowledge. Some of their personal knowledge comes with sadness and loss from their own childhoods in residential schools, the creation of the Indian Act, banishment of cultural beliefs and systems, WW II. Their new knowledge comes with hope for future generations to have a life without their sadness and loss, have a renewed celebration of our culture and heritage, reclaiming our languages and traditions for happy, healthy children.

The knowledge that there is support for our children and grandchildren and those to come, brightens the eyes of our Elder’s and gives them hope for a better future for our children.

Recognition of local knowledge and traditions will be the basis for continued development of this manual.

ACKNOWLEDGEMENTS...

This Aboriginal Infant Development Program (AIDP) manual was developed with a lot of support. The support came in many forms.

- ◆ A special thank you to Elder Mary Thomas who is a wonderful champion for all our children and is our PAIDAC Elder.
- ◆ We thank AIDP programs and staff for sharing their forms and policies and helping us with the vision of what our manual needs to be.
- ◆ We thank Dr. Dana Brynelson – Provincial Advisor for Infant Development Programs of B.C., the IDP regional advisors and IDP consultants for their many years of “knowledge” that has been accumulated in the 2005 revised IDP Policy and Procedure Manual and generously offered to us as a model for this manual
- ◆ We thank AIDP/IDP staff who gave us time at their spring in-service to brainstorm and gather valuable input.
- ◆ We thank Marc (Tatanasci) Lalonde for his previous years of service and program development of the Nuu Chah Nulth AIDP program and also contributing information in this manual, and with others, seeing the need for an Aboriginal IDP Advisor.
- ◆ We thank Cowichan Tribes AIDP program and staff for their 12 years of program experiences and knowledge.
- ◆ We thank the Provincial Aboriginal Infant Development Advisory Committee (PAIDAC) for their guidance and input.
- ◆ Thank you Monique Gray Smith and Little Drum Consulting for putting everything to paper for us and Vicki Mulligan and Shelly Littlechild for new eyes during the editing process.
- ◆ Thank you B.C. Aboriginal Child Care Society (Host Agency) for your support and valuable resources.
- ◆ Thank you to the Ministry and Family Development for funding this collaborative achievement for AIDP.
- ◆ A special thank you to all our grandparent’s and Elder’s for your guidance, advise and for keeping our traditional culture and traditions alive.

ACKNOWLEDGEMENTS FROM MONIQUE GRAY SMITH

I would like to publicly thank and acknowledge each of you whom contribute to the wellness, growth and resiliency of our children and families. Throughout the writing of this manual, I have been moved and inspired by your commitment, your dedication, and of course, your heart! Thank you for all you do.

I would also like to thank Diana Elliott and the Office of the Aboriginal Infant Development Programs of BC for inviting Little Drum Consulting to work on this project. I admire the passion in which Diana Elliott and Shelly Littlechild have for their work, for our children and our families!

Thank you to the Elders who shared their wisdom and stories with us! A special thank you to Elder Mary Thomas for inviting me into her home, sharing her stories and teachings, and for helping build the foundation of this manual.

A special thank you to my family, whose cooperation, understanding and laughter made it possible for me to write this manual. And especially to my infant twins; each page of this manual is written with you in my heart and mind.

It is my hope that the first addition of this manual is of assistance to each of you, your programs and the children and families you serve.

May you always be guided and taken care of in your work!

In Spirit,

Monique Gray Smith
Project Manager & Proprietor
Little Drum Consulting



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CHAPTER ONE

AIDP INFORMATION



“Cherishing each and every Gift”

Aboriginal Infant Development Programs of British Columbia

Mission Statement

Every child is a unique gift from the Creator. The Mission of the Aboriginal Infant Development Programs is to honour this gift by supporting the development of Aboriginal children within the context of the family, community, and culture and by offering access to culturally-appropriate early intervention and prevention support programs.

Vision

All Aboriginal children born in British Columbia will be born healthy and free from preventable disabilities or delays. We envision our children being raised in loving and safe homes, within healthy, supportive, caring communities who practice cultural, meaningful values and beliefs. We also envision healthy and strong communities where the necessity of intervention programs is reduced and everyone is treated like a gift from our Creator.

Program Philosophy

Every child is a unique gift from the Creator.



“In our traditional teachings, children and youth are “gifts” given to us by the Creator to welcome, love, nurture and protect.” Mohawk Elder

Aboriginal Infant Development Program History

Dr. Dana Brynson, Provincial Advisor for Infant Development Programs of BC, the Ministry of Children & Family Development, a committee of Aboriginal Infant Development Program representatives and other Aboriginal and Métis agencies recognized the need for Aboriginal leadership in delivering culturally-sensitive early intervention support programs. In 2002, the Office of the Provincial Advisor for AIDP was established to provide this leadership, facilitate program sharing and coordination for existing Aboriginal Infant Development Programs that started as early as the 1980s and for new or developing programs. As well, the AIDP office would support the Provincial Infant Development Programs that offer services to Aboriginal children and their families.

There are presently 30 AIDP programs; 15 on-reserve programs, 9 urban and 6 agencies offering AIDP services as part of their family centred, home visiting programming for Aboriginal children and families. There are also a number of provincial programs that hold contracts with Aboriginal communities to offer IDP services.

See resource chapter for list of AIDP programs and partnering agencies



Office of the Provincial Advisor for AIDP

The Office of the Provincial Advisor for Aboriginal Infant Development Programs (AIDP) is the key point of contact and for support for AIDP and Provincial Infant Development Programs working with Aboriginal children, families and communities. The office is also a valuable resource for Aboriginal communities interested in learning about AIDP and possibly establishing their own programs.

Seven Objectives

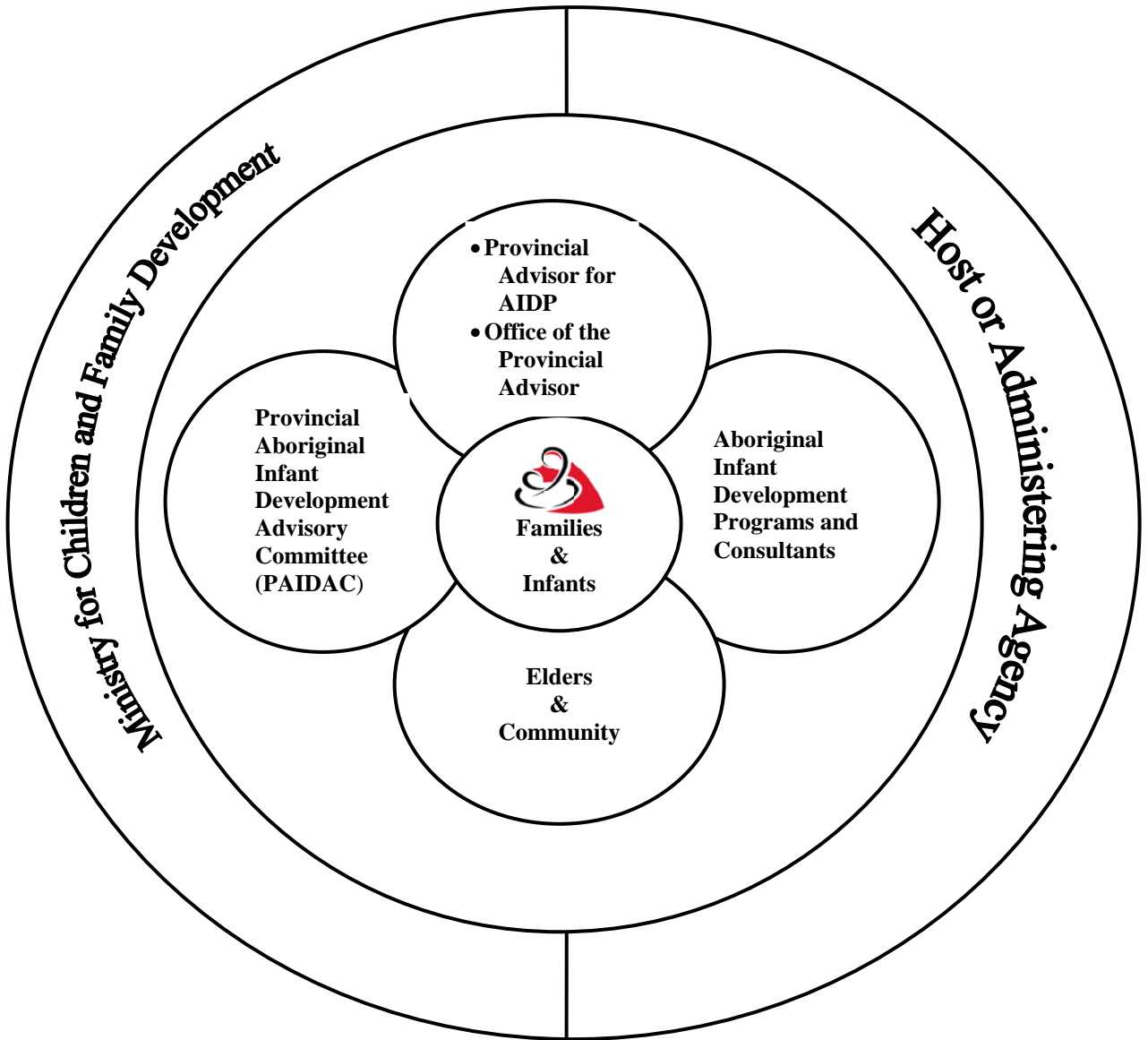
Office of the Provincial Advisor for Aboriginal Infant Development Programs

1. To facilitate the development of Aboriginal Infant Development Programs by providing expert support and leadership.
2. To develop and deliver tools and training to support culturally appropriate practice by AIDP or IDP staff working with Aboriginal children and families.
3. To promote improved access to AIDP services by families and caregivers of Aboriginal children with developmental delays or at risk for developing special needs.
4. To raise awareness of the need for early identification and support for Aboriginal children with developmental delays or at risk for developing special needs.
5. To participate in promoting and strengthening the capacity of Aboriginal communities to deliver family support, early intervention and early childhood development programs.
6. To contribute to collaborative relationships among the partners involved in the delivery of infant development services to Aboriginal children and families.
7. To participate in improving collaboration and integration among all provincial and Aboriginal services promoting healthy early childhood development.



Flow Chart

Office of the Provincial Advisor for Aboriginal Infant Development Programs



Provincial Aboriginal Infant Development Advisory Committee

Mandate

The Provincial Aboriginal Infant Development Advisory Committee (PAIDAC) provides the Provincial Advisor for Aboriginal Infant Development Programs with overall advice and support in determining priorities and goals for Aboriginal Infant Development Programs in British Columbia.

The PAIDAC also assumes the following responsibilities:

- It identifies and helps to recruit new committee members and recommends them to the AIDP office, host agency, and Ministry of Children & Family Development.
- It recommends changes and improvements to the PAIDAC Terms of Reference.
- It provides solutions, advice, and direction to the Provincial Advisor for AIDP.
- It supports the development of a framework to guide the Office of the Provincial Advisor and ensure quality AIDP.
- It operates in a collegial way when bringing provincial issues and concerns to the attention of the Provincial Advisor for AIDP.
- It recommends terms of reference for AIDP, program reviews, policies, standards, evaluation, and training.
- It recommends culturally-appropriate strategies, tools, and outcome measurements.
- It identifies and recommends Aboriginal Infant Development budget priorities and goals.
- It liaises with other provincial, regional, and local authorities to raise awareness of current issues and trends in relation to AIDP and service delivery needs.
- It advocates on behalf of AIDP staff and champions their work.
- It helps raise awareness and advocates for Aboriginal children and families.

Aboriginal Infant Development Program Information

Aboriginal Infant Development Program Benefits

AIDP is an important investment for the future of our communities. Helping our children to become healthy, contributing community members is as important as our treaty negotiations and economic development. We need healthy children to grow and carry on our traditions, manage our communities, take care of our land, and ensure a bright future.

Investing in our children is community development at its best. AIDP provides a range of services for children and families. It is primarily a home-based program that supports families to give their children the best start in life. AIDP builds on an existing foundation of services and programs.

Aboriginal Infant Development Program Services

Programs are culturally sensitive and offer support for Aboriginal families and infants who are at risk or have developmental delays. Programs are voluntary, family-centred, and provide services for children from birth to 3 or birth to 5, depending on the program and community. Programs may support families by providing home visits, group programs or educational programs. Developmental screening and assessments are provided and individual activity plans that support each child's healthy development are agreed on with the children's families. Whether the families' needs are best met in group programs, educational programs, or home visits, services are always offered in a partnership approach to suit families' individual circumstances.

Programs strive to address the unique needs of each community. AIDP consultants review the strengths and needs of the families with whom they work. Consultants assess the ability of their communities to meet the needs of their children and families. In some cases, programs are either provided or developed, or further referrals are provided to appropriate services. The AIDP staff may need to support the families through the referral process.

AIDP staff has been asked many times – “Are you Health or Education?” We believe we are both. We also believe we can be seen as contributing to Community Development and Economic Development as we believe that our children are our future and if we hope to prosper in the future, we have to prepare our children.

AIDP incorporates a cultural component to their service, these include, but are not limited to, the following:

- Home visiting programs
- In partnership with parents, develop activity plans to support the healthy development of their children
- Following up with parents after Pre-natal/Post-natal care programs

- Facilitating parent education sessions and groups to increase parents' knowledge of children's normal growth and developmental milestones
- Administering developmental screening and assessments
- Encouraging participation in well baby clinics, if available, or immunization clinics
- Making appropriate referrals to other agencies or professionals, as necessary
- Providing parenting support and parenting skills enhancement programs such as Mother's Morning Out groups, parent and tot playgroups, new parents groups, Nobody's Perfect parenting programs, father involvement programs, Mother Goose programs and Elders' teachings sessions
- Delivering parenting support or information in areas such as nutrition, education, safety, injury prevention, play, reading, music, and ways of enhancing early brain development
- Increasing parents' understanding of post-partum depression, Sudden Infant Death Syndrome, Shaken Baby Syndrome, sibling relationships, partner relationships, stress management, and self-care
- Support for day care and pre-school professionals
- Networking with professionals who work with Aboriginal families
- Acting as liaisons between families and other support agencies and services

Working with Parents

Aboriginal Infant Development Programs work with parents to support their children's healthy growth and development. AIDP staff set goals based on the families' strengths and the families' prior knowledge of child development. The pace for achieving the goals and completing programs must be comfortable and match the needs and level of readiness and willingness of each family.

AIDP staff recognizes the diversity of individuals and the time it may take to establish and build trusting relationships. Historically, Aboriginal families have had more negative experiences with programs. We recognize that Aboriginal families may be more distrustful when it comes to working with professionals – both Aboriginal and non-Aboriginal professionals – due to prior unsatisfactory experiences with schools, social workers, and other professionals.

AIDP staff helps families to:

- ensure their children's healthy mental, social, emotional, physical, and spiritual growth and well-being;
- improve the nutritional and health status of children under 6;
- improve parenting skills and increase their knowledge of nutrition, early learning, school readiness, and healthy family development;
- enhance their capacity to look after their children, meet their essential needs, and support their growth and development;
- support children with special needs;
- use positive cultural parenting practices and teachings; and
- strengthen their children's school readiness and preparation for lifelong learning.

High quality, positive parenting is one of the strongest contributors to the health and well-being of children, decreasing the incidence of developmental delays and behaviour problems and supporting early and lifelong learning. AIDP supports and encourages parent participation in their children's education and learning as their children's first and most important teachers.

AIDP Goals and Objectives

- Achieve effective coordination of policy and implementation among various programs, departments, agencies, and bands, in promoting healthy child development.
- Help Aboriginal families to make healthy lifestyle choices.
- Review, develop and incorporate traditional ways of the community which will demonstrate respect for individuals, families, and their community.
- Develop and use a comprehensive, family-centred, community approach to program delivery based on the philosophy of local culture and traditions.
- Emphasize and build on individual, family, and community strengths, not weaknesses.
- Help families feel invited to participate - not forced. Choice and self-determination are important values that provide encouragement and build willingness among families to become active participants in the services offered.
- Improve access and networking with specialized support services for children such as Speech Therapy, Occupational Therapy, Physiotherapy, Supported Child Development Programs, and vision and hearing testing.
- Improve access and networking with other professionals for families such as Alcohol & Drug counsellors, support groups, family support workers, and respite services.

Aboriginal Infant Development Programs will demonstrate ways in which traditional knowledge and culture can be combined with research findings in order to build children's resilience. AIDP staff support social learning from Elders and the children's family members. AIDP staff cooperates and collaborates with community members to achieve our common goal of promoting the well-being of children.



AIDP Principles

- Fully support and enhance the positive goals of families.
- Be flexible, inclusive, and accessible for all children, including children with special needs and families regardless of whether they live in urban, rural or remote communities.
- Emphasize individual and family strengths.
- Emphasize individual or family control of their lives.
- Enlist the help of family Elders. If they do not have one, find the leader of the family – someone they have identified as providing them with support.
- Fully utilize the teachings of our Elders and the strength of our traditions.
- Advocate for families until they are in a position to advocate for themselves.
- Teach or support individuals and families to advocate for themselves.
- Teach or support individuals and families to negotiate for themselves.
- Teach or support individuals and families communication skills.
- Encourage continued education or upgrading when clients have sufficient confidence and feel ready to pursue additional education.
- Follow the pace set by the children and families.
- Take the time needed to build trusting relationships with clients.
- Teach non-Aboriginal professionals how to work with individuals and families in ways that show sensitivity to their situations and their cultures.
- See each child as a unique individual, a gift from our Creator.
- Strive to make programs meet the needs of families.

AIDP Outcomes

- Reach all families and offer AIDP services for the important early years.
- Connect families to other health and social services
- Children are born healthy
- Parents know their children best and are their primary teachers
- Healthy and safe home environments
- Improve problem solving, parents become own advocates
- Parents feel invited to participate
- Improve family support systems (Extended family)
- Decrease parent stress or burnout
- Decrease the incidence of removal of children from their family and home
- Minimize duplication of services (cost sharing, share expertise, resources)
- Address community needs from a local, holistic approach
- Shared responsibility of complex social problems
- Local traditions and culture passed on to young children and families
- Consistent and continuous program and service delivery to families

CHAPTER TWO

CULTURAL PRACTICES AND PROTOCOL



“Cherishing each and every Gift”

AIDP Manual Information

The information in this chapter and throughout the manual is not specific to any particular community in British Columbia. It is intentionally general. Local differences must be taken into consideration by Aboriginal Infant Development personnel.

There are variations and differences in cultural protocol throughout our province. We ask that you please honour and respect each community's culture and protocol practises.

Whenever you are uncertain about protocol or traditions, please ask an Elder, a Chief, a Hereditary Chief, your supervisor, a local community worker, or a colleague for guidance.

This chapter is a little different from the others in this manual, in that it provides readers with opportunities to record the cultural practices and protocol from their own communities. We hope you fill in the spaces provided and use this manual as an educational component for program staff and community.

Delivering Culturally-Appropriate Programs

Developing and delivering culturally-appropriate programs is crucial to the success of Aboriginal Infant Development Programs. Children's learning is enhanced when they have opportunities to learn new skills in meaningful contexts. They respond positively to activities and programming that draw upon their own experiences and celebrate their heritages and cultures. When motivation is high, children tend to be more actively involved in learning.

Connections to and knowledge of one's culture and heritage provide a foundation for developing a healthy self-identity, positive self-esteem, a sense of belonging, affiliation, and self-worth. Children, who grow up with a strong, positive self-identity, regardless their developmental level, are children who are supported by their family and community and are connected to their culture.

It is important for Aboriginal community members and non-Aboriginal professionals to recognize the diversity of Aboriginal cultures. Each Aboriginal community is unique, with its own distinctive cultural teachings and traditions.

Use activities and materials that respect the Aboriginal culture or cultures of the community/nation or nations and the geographical location in which you are working. If you are working in an urban setting, it may be valuable to have activities and materials from a variety of nations. Traditional items, crafts, ceremonies, beliefs and values that accurately portray the cultures of the families and children with whom you are working provide the foundation for program activities.

Culture List: *Roots & Wings, Affirming Culture in Early Childhood Programs by Stacy York (1991)*

Things (cultural objects) ◊◊◊◊	Customs (how people live) ◊◊◊◊	Values (beliefs, reasons for action) ◊◊◊◊
clothing	celebrations	spirituality, religion
jewellery	holidays	role of people in world
food	marriage	role of children
furniture	how people communicate	role of environment
art	who lives in families	attitude toward time
music	age of adulthood	attitude toward money
dance	recreation	definition of achievement
language	family roles	understanding of world
games	child care	
houses	how people show affection	



List some of the elements of the culture or cultures in your location that could be incorporated into your program:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



List some of the cultural beliefs and values of families in the community in which you work:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Teachings From Our Elders

While writing this manual, we had the privilege of visiting with Elders from various Nations. Three common themes emerged:

1. The importance of giving children roots.
2. The belief that children are a gift from the Creator.
3. Child rearing is a sacred responsibility.

It was important to consult with Elders during the development of this manual as they bridge the ancestral traditions and beliefs of our people with the influences of today.

Elders are our teachers, philosophers, historians, healers, judges, and counsellors. They are the primary source of all the knowledge that has been accumulated by their families and communities for generations. They are the keepers of the spiritual ceremonies and traditional laws that have sustained Aboriginal and First Nations peoples through thousands of years. Elders are respected for their wisdom and life experience and they play a critical role in our communities as advisors to younger generations.

(See Elder Questionnaire)

Our songs used to talk to our children. Our Elders used to sit around and talk to our children. We always had respect for our new child. Parents would watch and prepare their children to be respected and loved.

Things used to be very strict for both boys and girls, not mean, just strict. Today I think some parents are mean. Things are different because we aren't strict anymore.

I'm glad we have programs to help us bring things back. Kids need chores. They need to step aside for adults. They need to visit Elders and bring them tea or coffee. We need to honour, memorialize our Elders and help them pass on what we know to our children.

83-year-old Cowichan Elder

Involving Elders in Aboriginal Infant Development Programs

The involvement of, and guidance from our Elders is invaluable and contributes to the success of Aboriginal Infant Development Programs. Creating a safe, welcoming and pressure-free environment for Elders will benefit the children and families we serve.

Involve Elders in your Aboriginal Infant Development Program

- Invite Elders to share their wisdom and expertise by becoming members of your AIDP Local Advisory Committee.
- Invite Elders to assist you to develop flash cards or other developmental or teaching tools in the traditional language of the community. If you are in an urban setting, invite Elders from a neighbouring Nation or a variety of Nations (i.e.: Coast Salish, Shuswap, Cree, Ojibway) to assist you in creating these tools.
- Have Elders visit your program as frequently as they can. Invite them to stay for lunch or for a snack. Many Elders love to hear music, share stories, or play with children.
- Invite Elders to come in and share their knowledge on specific topics, such as: the history of the community/nation, traditional ways of raising children and parenting, traditional language, the importance of self-care for caregivers or share traditional stories and songs.
- Hold monthly Grandparents'/Elders' Days, afternoon teas or potluck dinners. These events are excellent opportunities to get to know extended families and for the Aboriginal Infant Development Program to become better known in the community.
- Some Elders like to be invited in person. It is not impolite or inappropriate to phone Elders to ask if you can go to see them in order to extend the invitation and discuss what you want/need during their visits.
- Some Elders might prefer to just come and observe. Simply having them present is beneficial for the children. Some will want to become involved and do various things, but this should not be a requirement. Just sitting, watching and chatting informally are beneficial too.
- AIDP staff should ensure travel arrangements are made for the Elders to attend programs or events. It may also be helpful to communicate with family members who support the Elders to let them know of dates and times as they might be bringing the Elders. The family members should also be invited and made welcome if they wish to stay with the Elders during the programs or events.

Honouring Elders' Involvement

Most Elders appreciate being honoured with gifts and/or honoraria for sharing their wisdom and time. This is a respected tradition in all communities and nations.

Budget considerations will determine the size of the gifts and/or honoraria. Each community has its own protocol regarding gifts for Elders. Some pay honoraria, some give gifts to Elders at the time of the request, and others offer gifts at the time of the program visits.

Aside from monetary honorariums, here are a few examples of traditional items that may be given: (please include gifts that may be unique to your community/nation in the spaces provided)

- ◆ blankets
- ◆ hand-sewn purses
- ◆ tobacco
- ◆ sweet grass
- ◆ sage
- ◆ hand-carved wood plaques or silver jewellery pieces
- ◆ candles
- ◆ _____
- ◆ _____



If you do not know the protocol in the community in which you are working, please ask someone, preferably a cultural teacher, co-worker or a community member.

Language

The Aboriginal languages were given by the Creator as an integral part of life. Within our languages is embedded our unique relationship to the Creator, our attitudes, beliefs, values, and our fundamental understandings of what is true. Aboriginal languages are assets to have on our life journeys. Aboriginal languages contribute to greater pride in the history and culture of the community. They promote greater involvement and encourage the interest of parents in the education of their children, and show greater respect for Elders. Languages and cultures are intertwined. Through our languages, cultures will continue to grow and be shared from generation to generation.

Support the use of Aboriginal languages in all aspects of your program.

- Throughout your program and facility, label items in both English and the local Aboriginal language such as animals, body parts, everyday objects and activities like food and actions like bathing or sleeping or eating.
- In your library have Aboriginal songs, stories and flashcards in English and the local Aboriginal language.
- Have some of the appropriate nursery rhymes and songs, such as, Twinkle Twinkle Little Star, or Happy Birthday translated into the traditional language and written down so parents and families can sing them with their children.
- Have the English alphabet on the wall with photos that will match the letters that are culturally-relevant for the area in which you are working. For example if you are in Coast Salish territory, you could have a Salmon for the letter S; or if you are in Shuswap territory you could have a picture of Sagebrush for the letter S.
- Translate numbers from 1-10 into the traditional language and display them in the program office and as handouts for parents.
- If it is locally acceptable, record some songs to play in groups.

“I have tried very many ways over the years to teach our language to our People and more and more I have come to realize that we need to start with the little ones.”

Elder - Saik’uz Nation

(Even if you just learn Hello, Goodbye, Please and Thank you, you are respecting the community in which you work.)

Welcoming the Children

Communities and nations have a variety of ways to ensure their children know where they come from, who their families are, what clans or houses they belong to. All of this knowledge gives children a sense of belonging.

Each community and nation has its own teachings and traditional ways of welcoming children into the world. For example, some communities have welcoming ceremonies, some use traditional cleansing baths, and in some communities children are given their traditional names at birth or within the first year of life.



In your community, how are children welcomed into the world?

- _____
- _____
- _____
- _____
- _____
- _____



What are some traditional practices that occur in the first year of the child's life?

- _____
- _____
- _____
- _____
- _____

“We need to reward our young children with naming ceremonies; this is where parents get a lot of their instructions when their babies are born. Our responsibilities didn’t end after the ceremonies. Instructions keep going after the naming.”

Adams Lake Elder, quoting his 100-year-old Uncle

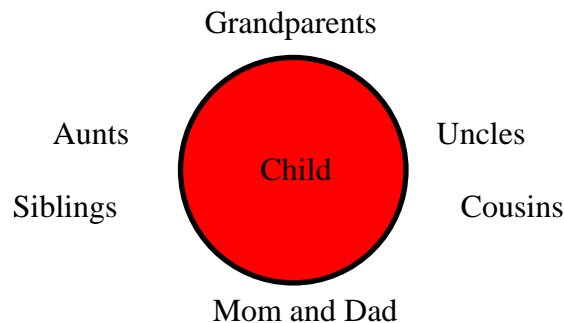
Overview of Family

The word “family” has many meanings. In most of our Nations, family is a term used to describe the family as a whole. It includes, but is not limited to, parents, children, siblings, grandparents, aunts, uncles, and cousins. If the families with whom you are working come from a Clan or House system, they may also refer to members of their clans or houses as family.

“When the young mother was a part of the family circle, she was taught at a very young early age what she needed to know as a wife and mother. She was taught that before she even became a wife. She knew her responsibilities. When she became pregnant, she was the centre of all the good things in the family circle. She was never allowed to see anything unpleasant. She was never allowed to be in a moody or sorrowful way. She was always made to be laughing. She ate the finest foods. They bathed her in different kinds of medicines. She drank medicines. Because our people had that strong belief whatever happened, to keep our family circle strong.

With a circle, there is no beginning, no ending. Within the family circle, we have the grandparents, who were the teachers, the young moms, the young dads, big brothers, big sisters, uncles and aunts, cousins. They’re all in the outside circle. And every one of them had an obligation to the little ones in the centre. Children were never growing up without somebody there all the time.”

Elder Mary Thomas, Shuswap Nation



Family-Centred Philosophy and Practice

The approaches of “Family-Centred” practice used today are based on a philosophy that is similar to the beliefs of Aboriginal People who understand “the family as a whole”. Our communities have maintained enough traditional knowledge to begin to teach our young families again. With support, Aboriginal People are finding their way back to the traditional ways of living and family practices.

Family-centred services more effectively support the development of children with developmental disabilities or delays, and children who are at risk of developing disabilities or delays because these services can:

- increase effective parenting skills;
- strengthen bonding and attachment; and
- increase parents’ ability to nurture their children’s social/emotional/cognitive/physical/spiritual development.

TRADITIONAL PARENT INVOLVEMENT (Old philosophy)	Family-Centred – New Approach (Consistent with Aboriginal Philosophy)
Child seen as independent unit	Child seen as part of family
Families seen as independent units	Families in context of community
Parents seen in child rearing role	Parents have many roles
Parent behaviour function of knowledge and attitude	Parent behaviour result of broader influences
Teacher is expert	Parent is child’s first teacher. Teachers and parents have knowledge and skills to share
Teacher focuses on child to compensate for deficits in the family	Teacher builds relationships with parents to foster child growth

Applying a Family-Centred Philosophy to Early Intervention:

- Families are treated with dignity and respect
- Practitioners are sensitive to family diversity
- Family choice and decision-making occurs at all levels
- Information is shared in a complete and unbiased manner
- Focus of intervention is determined by family
- Supports offered are provided in a flexible manner
- Broad range of supports are used
- Strengths of families are used as resources
- Relationships are characterized as partnerships
- Help-giving styles are empowering

Family-centred approaches are a blend of the best of our traditional knowledge and beliefs and contemporary knowledge from today’s experts and specialists. When AIDP staff use family-centred practices, we are honouring the teachings of our Elders and applying an approach that is a good fit with our own traditions and history.

Aboriginal Philosophy of Children with Special Needs

Traditionally, Aboriginal and First Nations peoples believed all children are special. Our Elders have taught us that it is important to treat children with special needs the same way as any other children -- with love, patience, understanding, nurturing, respect, and dignity.

AIDP staff assists children and their families to get what they need in order for the children to reach their full potential. Our knowledge, beliefs and expertise will make a positive or negative impact on families, depending on how we approach and interact with them.

Take time to educate the family. Some families do not fully understand their children's diagnoses. They may need you to describe the diagnoses in simple terms and clarify any medical terms that have been used by specialists. We view children in a holistic way. We do not just focus on their disabilities. In the medicine wheel, one part affects all the others. For example: physical affects spiritual and mental affects physical.

AIDP staff can assist parents and family members of children with special needs by:

- providing guidance on how to support their children's development in ways that best suit their children's individual needs;
- providing information about their children's uniqueness. Families may not feel comfortable asking medical personnel questions or they may view the process negatively. It is helpful to view these situations from the perspectives of the families.
- providing supports in ways that focus on the strengths of the children and their families.
- providing assistance getting medical equipment or other equipment needed to enhance their children's abilities and improve their quality of life. Offer assistance in finding funding necessary for equipment or services.
- making further appropriate referrals to specialists such as speech and language therapists, physiotherapists, doctors, or counsellors;
- advocating for them. Families may need assistance to access other support services for themselves and for their children.
- providing information about community, regional, provincial, and national programs and services available to children with special needs;
- identifying parents' needs. Often, parents need support or reassurance or respite. Find out what might help them feel more confident.
- encouraging parents to talk about their dreams for their children. It is not helpful to tell parents what is wrong with their situation. They already know.
- distinguishing between the cultures of families and their economic situations. Understand how poverty affects families. Consider their behaviours from many perspectives and take an integrated approach to understanding Aboriginal peoples.
- learning as much as possible about the cultures of the families. Learn about their beliefs and values related to disabilities and mental health issues.

Family and community support are essential to achieving the best outcomes for children with special needs.

Four Examples of Sacred Medicines

Cedar: Cedar has several uses among Aboriginal peoples of the northwest coast. It is burned for smudging ceremonies, used as floor mats to heal an area or hung at entranceways to protect a room or building. Like sage and sweet grass, cedar is used to purify the home. When it's put in the fire with tobacco, it crackles, attracting the attention of the spirits. Cedar is used in fasting and sweat lodge ceremonies as protection. The cedar branches are spread over the sweat lodge floor or placed around a faster's lodge.

Tobacco: Traditional beliefs hold that tobacco helps people communicate with the spirit world. When an offering of tobacco is made, prayers are communicated through the tobacco. A common saying is "always through tobacco" because tobacco is used as an offering for everything and in every ceremony. It is used to seek the help and advice of an Elder, Healer or Medicine Person, and to express gratitude to the spirits for their help. People following a traditional path make an offering of tobacco each day when the sun comes up.

Sage: Sage is used to release negative energy. A bundle or pot of sage is often burned to prepare people for ceremonies and teachings. It can also be used to smudge and cleanse one's spirit or one's home.

Sweet grass: Sweet grass is considered the sacred hair of Mother Earth, its sweet aroma reminiscent of her gentleness, and her love and kindness. Like sage and cedar, it is used for smudging and purification. When sweet grass is used in a healing circle it known to have a calming effect.

NOTE: These are examples. Over time, communities have adopted or adapted the use of some of these medicines as Aboriginal people relocated and learned from each other.

There may be a time when you will be asked to cleanse or bless your office or workspace for the comfort of your families or co-workers.

Don't assume you can do this, it is more appropriate to have someone who does cleansing or blessing for you or at least with you.

It will also give parents and visitors a sense of comfort when they see cedar boughs in doorways when they attend gatherings.



Prayer to Start a Group or Meeting

In many of our communities it is customary to start our gatherings, groups or meetings with a prayer and give thanks to our Creator and ancestors for strength and guidance.

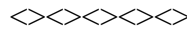
For large events or special gatherings, it is nice to ask one of the local, respected Elders, Chiefs or Hereditary Chiefs to welcome everyone to the traditional territory and bless the day or event.

For small or regular meetings, groups or gatherings it is usual to ask a group member or volunteer to say an opening prayer. If there are no volunteers, it is acceptable for the group facilitator to say a short prayer.

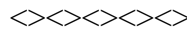
Examples:

Creator, we thank you for this day. We ask you to bless us, our families, friends, and those who need support or comfort today. Please help us to share our strengths with each other, support each other and work today to be strong and healthy.

All my relations or Amen or Thank you in the local language



Another option is for someone to lead in a silent self-prayer in a circle, joining hands and then say a verbal Amen or thank you for the group to end the silent prayer.



Many times, the group or facilitator might decide to use the Serenity Prayer. While the Serenity Prayer is significant to the A.A. 12 step program, it is also a pure and simple request for help from our Creator.

“God, grant me the serenity to accept the things I cannot change,
The courage to change the things I can,
And the wisdom to know the difference.”

Prayer is important, but people are afraid of it now because of Residential School. But it is coming back really strong. The Elders are getting strong. Nobody can heal us but ourselves. We can even pray for the ones who hurt us.

68-year-old Elder at Elders' Conference – Kamloops, July 28/04

Historical Perspective and Impact on Aboriginal Families

On the following page you will find The Umbrella of Aboriginal History in Canada This is only a brief glance of the historical events that have occurred since contact. We encourage you to take time and fill in below the historical events that have occurred in your community or nation. While the umbrella of Aboriginal History in Canada may appear to highlight loss and hope, it actually identifies the courage and strength of our People to where we are today, strong Nations, building strong communities for our children.



In your community, what are some of the most influential events that have occurred since contact?

- _____
- _____
- _____
- _____
- _____
- _____



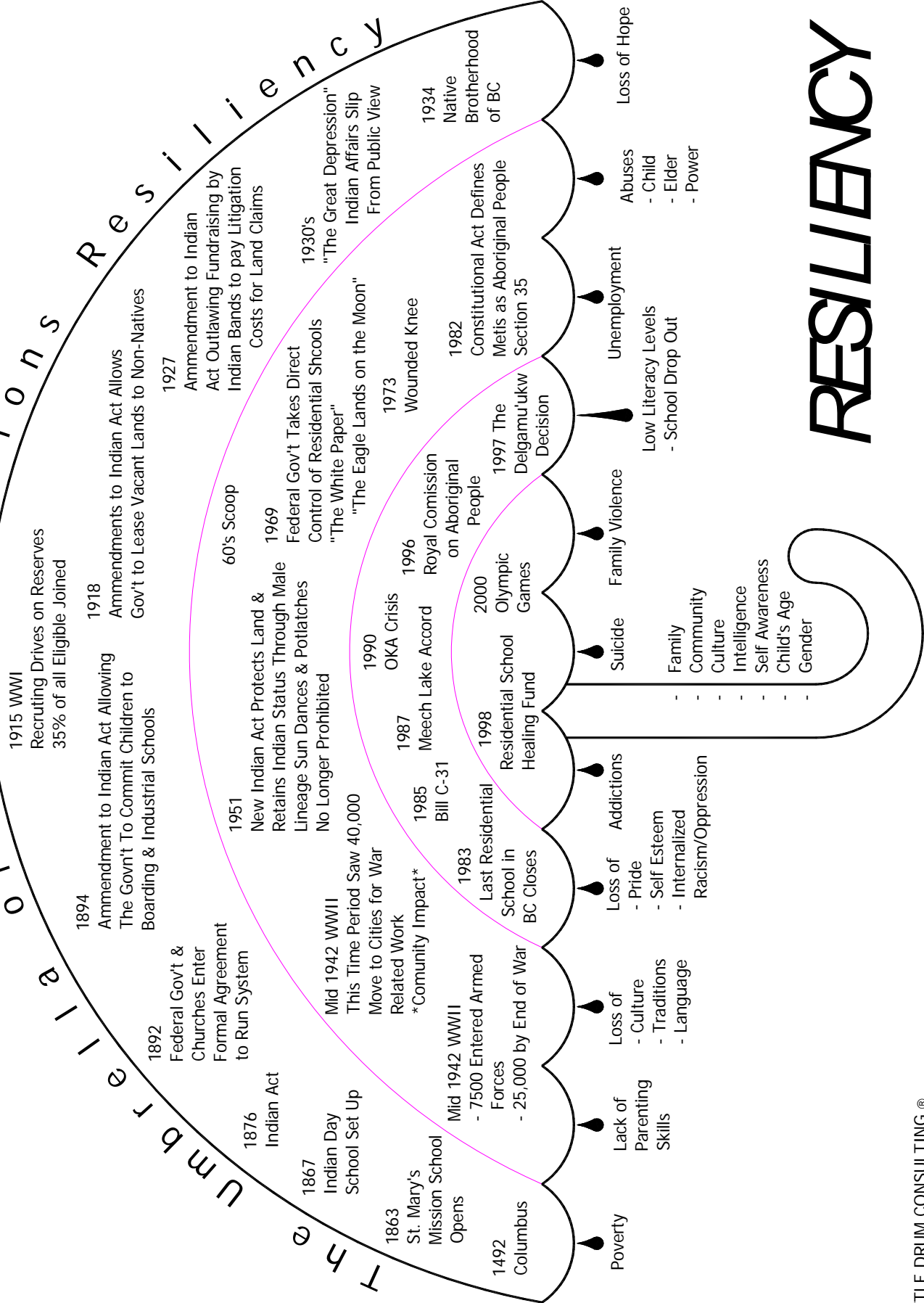
How does the history of your community and the history of all Aboriginal peoples in Canada continue to impact the children and families with whom you work?

- _____
- _____
- _____
- _____
- _____
- _____

“It is important to remember that although our history is full of pain and hurt, there is a lot of strength, courage, and wisdom as well. That must be the focus when working with our children. They must know about how strong we are as individuals, families, communities, and nations”
Elder - Alexander First Nation.

“Unless a child learns about forces which shape him; the history of his people, their values and customs, their language, he will never really know himself or his potential as a human being”
(author unknown)

THE UMBRELLA OF FIRST NATIONS RESILIENCY



RESILIENCY

CHAPTER THREE

PROGRAM SERVICE DELIVERY



“Cherishing each and every Gift”

Guiding Values and Beliefs for Working with Aboriginal Families

The following beliefs and values will strengthen Aboriginal Infant Development Programs in B.C. AIDP staff is encouraged to deliver services to Aboriginal families in ways that honour these beliefs and values. The application of these beliefs and values will lead us toward excellent practice.

The Family

1. Parents or main caregivers know their children best. AIDP staff allow parents or main caregivers to be our teachers. The family members involved with children on a daily basis may be their birth parents, grandparents, aunts, uncles, siblings, or cousins.
2. AIDP staff is aware that children's main caregivers might not be their birth parents. Children's main caregivers might be adoptive parents, grandparents, other relatives, or foster parents.
3. Families have the right to services that will assist them to live normal, healthy lives. This right applies to all Aboriginal families including Inuit and Métis families, regardless of where they live and regardless of their status.
4. The needs of families and their perceptions of needs are recognized and respected by AIDP staff.
5. Parents are the main decision-makers and advocates for their children.
6. Families are encouraged to see the importance of their role with regard to their children. AIDP staff provides families with tools to strengthen and support them.
7. Parents are provided with opportunities to assess their involvement with Aboriginal Infant Development Programs, opportunities to make policy recommendations, and to monitor the programs.



The Infants and Young Children

1. All Aboriginal infants and young children, including Inuit and Métis infants and young children, whatever their abilities or disabilities might be, need accepting, loving families.
2. All Aboriginal infants and young children have the right to access appropriate medical, educational, and social services. Their families' circumstances, economic or educational backgrounds, places of residence, and status will not be used to determine service eligibility.
3. All Aboriginal infants and young children have the right to participate in a full range of social and community opportunities. Communities will include children and families in all cultural activities and community events in order to assist children in developing a sense of belonging and prevent families from becoming socially isolated.

Aboriginal Infant Development Program Staff

1. Respect families and children and not judge their lifestyles.
2. In almost all cases, treat as confidential all information they acquire about the children and families they serve.
3. Understand their roles and responsibilities to the families they serve and understand the limits of their roles and responsibilities.
4. Strive to develop a good understanding of the culture or cultures of the communities and families with whom they work.
5. Support involvement of other professionals, make referrals to appropriate resources and provide information that will assist families.
6. Have knowledge of both typical and atypical growth and development.
7. Show caring and respect to all children and families.
8. Demonstrate professionalism.

Adapted with permission from the Vernon First Nations Friendship Centre Aboriginal Infant/Early Childhood Development Program and the Provincial Infant Development Program

Traditional Aboriginal Code of Ethics

This code includes teachings that are accepted by all First Nations.

1. Each morning upon rising, and each evening before sleeping, give thanks for the life within you and for all life, for good things the Creator has given you and others and for the opportunity to grow a little more each day.
2. Respect means "to feel or show honour or esteem for someone or something; consider the well-being of, or to treat someone or something with deference or courtesy." Showing respect is the basic law of life.
 - Treat every person, from the tiniest child to the oldest Elder with respect at all times.
 - Special respect should be given to Elders, parents, teachers, and community leaders.
 - No person should be made to feel "put down" by you.
 - Touch nothing that belongs to someone else (especially sacred objects) without permission, or an understanding between you.
 - Respect the privacy of every person. Never intrude in a person's quiet moments or personal space.
 - Never walk between or interrupt people who are conversing.
 - Speak in a soft voice, especially when you are in the presence of Elders, strangers, or others to whom special respect is due.
 - Never speak about others in a negative way.
 - Treat the earth and all her aspects as your mother.
 - Show deep respect for the beliefs and religions of others.
 - Listen with courtesy to what others say. Listen with your heart.
 - Respect the wisdom of people in council.
3. Be truthful at all times and under all conditions.
4. Always treat your guests with honour and consideration. Give your best food, your best blankets, the best part of your house and your best service to your guests.
5. The hurt of one is the hurt of all; the honour of one is the honour of all.
6. Receive strangers and outsiders with a loving heart and as members of the human family.
7. All the races and nations in the world are like the different coloured flowers of one meadow. All are beautiful as children of the Creator - they all must be respected.
8. To serve others, to be of some use to family, community, nation or the world is one of the purposes for which human beings have been created. True happiness comes only to those who dedicate their lives to the service of others.
9. Observe moderation and balance in all things.

10. Know those things that lead to your well-being and those things that lead to your destruction.
11. Listen to and follow the guidance given to your heart. Expect guidance to come in many forms, such as: in prayer, in dreams, in times of quiet solitude, and in the words and deeds of wise Elders and friends.

(Adapted from “The Sacred Tree” Reflections on Native American Spirituality – Four Worlds International Institute For Human and Community Development – J. Bopp, M. Bopp, L. Brown, P. Lane Sr.)

These are the teachings that our Elders
and Aboriginal Infant Development Programs wish to bring back to our children and families so
they are not forgotten.

It is important that all AIDP staff understand and apply the Traditional Aboriginal Ethics to their work. Combine these teachings with your program’s Code of Ethics and those of your agency personnel policy.

The behaviour of employees must be ethical, respectful, and competent at all times. Employees
are to refrain from acting in ways that are unbecoming of professionals. As professionals
working with children and families, AIDP staff are role models.



Ethical Conduct

Professional conduct: AIDP staff is accountable and responsible to their employers, to the families with whom they work, and to their communities for the quality and sensitivity of their work. They accept their social responsibility to be professional in their work with children and their families.

Personal conduct: AIDP staff respect the self-worth of the children and families with whom they work and protect their confidentiality, dignity, and rights. Employees model the behaviour of healthy adults and limit the possibility of being falsely accused of inappropriate, unprofessional behaviour. For example, program staff:

- Avoid exploiting relationships with parents, family members, supervisors, or co-workers;
- Demonstrate professional behaviour when communicating with parents, family members, or co-workers in non-program activities, including planned and unplanned encounters in the community during or after work hours;
- Become self-aware and manage personal needs, feelings, values, and limitations;
- Avoid lending or borrowing money/and or property to or from the families with whom they work so as to prevent complicating these relationships.

Confidentiality

When working with children, parents, families, and communities, confidentiality must be honoured in most cases. Confidentiality means that what is learned about parents and families on the job and information parents and family members share with AIDP staff must not be repeated. There are a few exceptions to the confidentiality obligation. These are discussed below.

Confidentiality for Families:

Aboriginal Infant Development Programs must ensure reasonable access for families to any information that is related to them and the services provided. This includes notes regarding home visits, incoming or outgoing referrals, developmental assessments and reports or letters to professionals on their behalf.

Never say or write anything that could be hurtful, seen as disrespectful or judging or anything that could upset or offend a family and harm a trusting relationship.

Families must also be assured that no one else has access to their files or information without their knowledge or consent. In programs that are co-located and share client files with other professionals such as health nurses or counsellors, the families must be made aware that all staff is committed to maintaining confidentiality.

Confidentiality Safeguards:

- *Keep all files in filing cabinets that are locked whenever they are not in use or unsupervised.*
- *Make sure that any documents identifying families are stored out of sight when meetings are held in program offices.*
- *Do not discuss personal information or the work you are doing with families in staff meetings.*
- *Obtain the consent of families before discussing them with other professionals or in case meetings.*
- *Select private locations for conversations with family members.*
- *Make sure unauthorized persons do not have access to AIDP computers, e-mail, data, or files.*
- *Do not to send confidential or personal information electronically without proper security.*
- *In small communities where everyone is related to or knows everyone, extra vigilance is needed to prevent breaches in confidentiality.*
- *Always protect the privacy of the families with whom you work.*

Confidentiality can only be breached when:

There are a few exceptions to the confidentiality obligations of professionals. The exceptions include:

- cases in which there is reason to believe that a child (a person under the age of 19 years of age) needs protection under section 13 of the *Child, Family and Community Service Act* (CFCSA)
- cases in which individuals disclose their plans to harm themselves or others;
- having written permission from parents to speak to other professionals who are involved with the family or to whom you are making a referral; and
- court orders to release documents or subpoenas to testify.

NOTE: One of the areas where there can be some confusion regarding confidentiality obligations is when information is shared in a Traditional Sharing Circle. If there is a disclosure of child abuse, or a threat of harm to anyone, this information must be reported to the appropriate authorities.

This can at times cause personal conflict for AIDP staff, as it goes against one of the guidelines of the Traditional Sharing Circle: “What is said in the circle, stays in the circle.”

However, for AIDP staff, the safety of our children and the families must take precedence.

Child Abuse: Duty to Report

Anyone who has reason to believe that a child has been or is likely to be abused or neglected or needs protection has a legal duty under section 14 of the *Child, Family and Community Service Act* to report the matter.

AIDP staff has a legal obligation to report both actual and suspected abuse and neglect.

The standard for reporting is NOT certainty or proof of abuse or neglect. Once a report is made, social workers trained in child protection will investigate to determine whether or not the children have been or are likely to be abused or neglected.

The guiding principles of the *Child, Family and Community Service Act* states that all children in the Province of B.C. are entitled to be protected from abuse, neglect, and harm or threat of harm. Section 14 of the Act states that a person who has reason to believe that a child needs protection under section 13 must promptly report the matter to a director or a person designated by a director.

It is therefore essential for Aboriginal Infant Development Programs to teach staff current policies and procedures related to child abuse that:

- reflect an understanding of the legal requirements and the reporting process
- emphasize the confidential nature of the information.

While the Act clearly defines **when protection is needed** and **the duty to report the need for protection**, each program must have internal procedures to ensure that all staff and Advisory Committee members are aware of their obligations and responsibilities to the children who are receiving services.

Ministry Guidelines

Section 13 of the *Child, Family and Community Service Act* states that a child is in need of protection in the following circumstances:

- 1) If a child has been, or is likely to be, physically harmed by the child's parent/guardian.
- 2) If the child has been, or is likely to be, sexually abused or exploited by the child's parent/guardian.
- 3) If the child has been, or is likely to be, physically harmed sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child.
- 4) If the child has been, or is likely to be, physically harmed because of neglect by the child's parent.
- 5) If the child is emotionally harmed by the parent's conduct.
- 6) If the child is deprived of necessary health care

- 7) If the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment.
- 8) If the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care.
- 9) If the child is or has been absent from the home in circumstances that endanger the child's safety or well-being.
- 10) If the child's parent is dead and adequate provision has not been made for the child's care.
- 11) If the child is abandoned and adequate provision has not been made for the child's care
- 12) If the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.

Reporting of allegations of abuse to the Ministry of Children & Family Development (MCFD) is outlined in the Act as is the confidential nature of the information.

Each Aboriginal Infant Development Program needs to determine how to report in written policies and procedures to ensure that all staff has ongoing access of this important information.

How to Report

Report to an Aboriginal Child Welfare Agency that provides child protection services, or a Child Protection Social Worker in a Ministry of Children & Family Development office. Monday to Friday, 8:30 a.m. to 4:30 p.m., call your Aboriginal Child Welfare Agency. AIDP staff can make connections with a social worker at the Child Protection Office so that when they need to make a report, they have someone they trust.

<u>Aboriginal Child Welfare Agency</u>	<u>Contact Person</u>	<u>Contact #</u>
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<u>MCFD District Office</u>	<u>Contact Person</u>	<u>Contact #</u>
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If you do not know who to call, call the 24 hour Provincial Helpline for Children.

Dial 310-1234 (no area code needed)

If a child is in immediate danger, call the police
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What to Report

The report should include:

- the reporter's name
- the child's name
- telephone number and relationship to the child
- any immediate concerns about the child's safety
- the location of the child
- the child's age
- information on the situation including all physical and behavioural indicators observed
- information about the family, parents and alleged offenders
- the nature of the child's disabilities, if any
- the name of a key support person; other child(ren) who may be affected
- information about other persons or agencies closely involved with the child and/or family
- any other relevant information concerning the child and/or family such as language and culture.

AIDP staff needs to understand that duty to report does not mean they must prove the abuse or neglect allegations.

For more information, see [The BC Handbook for Action on Child Abuse and Neglect](http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf)
www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf

This can be ordered through:

Crown Publications
 106 Ontario Street,
 Victoria, BC, V8V 1M9,
 Tel: (250) 386-4636 Fax: (250) 386-0221

When you have reported, the following will happen:

Upon receiving a report, a worker assesses the information in the report and determines the most appropriate response. The responses include:

- taking no further action
- referring a family to support services
- providing a family development response
- providing a youth service response if the child is a youth
- investigation of the child's need for protection.

Available support services such as counselling, parenting skills and training support from a child and youth worker may be provided to assist families in caring safely for their children.

A family development response may be provided in situations where an assessment indicates a child is at a low risk of harm and the family is willing to work with the ministry. A family

development response involves a time-limited, supportive approach that consists of an assessment of the family's strengths and problem areas and the provision of support services to assist the family while monitoring the child and family to ensure the child is safe.

A child protection investigation is a fact-finding process and is conducted if a child's safety or health might be in immediate danger, or a child is vulnerable to serious harm because of age or developmental level.

Steps in a child protection investigation include:

- seeing and interviewing the child, siblings, parents and any others with knowledge of the family and circumstances.
- reviewing all relevant and necessary information relating to the report
- determining whether ongoing protective services are required.

If at any time a determination is made that a child needs protection as outlined in section 13 of the CFCSA, the worker develops a plan with the family to ensure the child's safety using the least intrusive means.

This may include:

- providing voluntary services to assist the family to care safely for the child
- placing the child with immediate family members.
- placing the child with extended family members or friends through an agreement with the child's parent.
- obtaining a supervision order from the court to supervise the child in the parent's home.

If these less intrusive measures are unavailable or cannot provide adequate protection for the child, the child may be removed from the parent's care and placed in a ministry- approved resource.

This will be a difficult time for the family and they will feel anger or resentment at the AIDP staff that had to report. Be assured that you did the right thing, and in the end the child will be safe or the family will get the support that they need. In time, they might be open to continuing the AIDP services. Let the family know that you are available or they can see another staff if that is possible.



Basic Standards of Evidence-Based Practice

To date, there are no documented, evidence-based “best practice” standards for Aboriginal Infant Development Programs. Infant Development Programs in B.C. have been operating over 30 years and have accumulated experience and knowledge that informs our work. However, the research needed to document the effectiveness of AIDP work has yet to be done. Starting with the establishment of the Office of the Provincial Advisor for AIDP and this manual, the work is just beginning.

What Do We Know?

The research literature on parent education and family support programs is not yet sufficient to enable us to use it as the foundation for practice decisions. However, practitioners have gained knowledge based on their experience. Until these understandings are rigorously tested by researchers, these experience-based observations offer the best available source of guidance.

Parent Education Programs can:

- Improve children’s language
- Improve parental sensitivity to children
- Improve learning environments at home
- Result in sustained gains in children’s cognitive development

It is important to remember that there are many different types of parent education programs with different goals, different content, and different teaching methods. Each program needs to be evaluated separately. The positive outcomes produced by one program may or may not be produced by other parent education programs.

Programs that offer Family Support can lead to:

- Lasting positive effects on children
- Parents having more positive approaches to life
- Parents placing higher value on education
- Improved parent-child relationships

As with parent education programs, it is important to remember that there are many different types of family support programs with different goals, different service-delivery methods, and differently qualified personnel. Each program needs to be evaluated separately. The positive outcomes produced by one program may or may not be produced by other family support programs.

The AIDP approach to family support rests on the following beliefs:

- Children should be viewed within the context of their families.
- Families should be viewed within the context of the communities in which they live.

- Children and their families should be viewed within the context of the policies and institutions of the larger society.
- Support should be offered via partnerships with families using family-focused approaches.
- All family support and early intervention services should be delivered by culturally-competent practitioners who are sensitive, responsive, and respectful of the cultures, lifestyles, and values of the families they serve.

Adapted from: Hanson, M.J. (1995). *Atypical Infant Development* – 2nd Edition and IDP of BC - 2004

What Do We Know About Aboriginal Children and Families

For decades, our Aboriginal communities have faced difficulties and threats. Many of our cultural practices were dismantled. We were subjected to policies and exposed to substances that have been detrimental to the health of our community members. We have had to deal with issues that tested our dignity. In many communities, traditional parenting knowledge, traditional languages and basic ways of life, are on the brink of extinction, or rarely practiced. As a result, Aboriginal children and families are over-represented in reports of preventable health conditions. Today we recognize the importance of preserving and renewing Aboriginal cultural practices in our homes and communities. We recognize the importance of prevention and early intervention to ensure the healthy development of our Aboriginal children and families.

There are many families and communities who advocate and practice healthy behaviours for the sake of our children. Unfortunately, one of the consequences of our Aboriginal history is that some families are caught between two worlds and other families are living unhealthy lifestyles. Some families living in Aboriginal communities are under extreme stress, living unhealthy lifestyles and not practicing cultural traditions. There are a number of initiatives underway at the community level and throughout the province intended to increase the numbers of Aboriginal families who incorporate cultural values and beliefs into their daily lives.

Some families who live in non-aboriginal communities are disconnected from their cultures and living unhealthy lifestyles. Others living in non-aboriginal communities practice healthy behaviours and want to reconnect with their roots. These families are looking for links back to their heritage. Fortunately, many individuals, families and communities have gone through, or are going through, healing processes and are on the path to reclaiming their Aboriginal identities, values, and beliefs. Communities are providing early intervention and prevention programs to support family and community growth and development.

We are learning from the resiliency of our parents, leaders, Elders and ancestors. We are finding our way back to healthy lifestyles and healthy communities. We are relearning our traditional teachings and traditional parenting practices. These sources of knowledge point the way to raising healthy children and living in healthy families.

Reports such the *Regional Analysis of Health Statistics of Status Indians in British Columbia, 1992 – 2002*, David Martin, MD, MHSc. outline the health determinants that effect healthy growth and development and well being of children.

What do we need to do? How do we do this?

Our traditional teachings and parenting practices provide a good foundation for raising healthy children.

We need to honour the traditional cultures and teachings of our ancestors. We need to build our children's pride in their heritage. We need to teach them respect for themselves, their families and friends, the environment, and all that lives on our mother earth. We need to encourage our children to pursue education and careers. In so doing, our programs and services will renew our cultures and our own best practices of Infant Development will emerge, reflecting our rich histories and our resiliency during difficult times.

Aboriginal Infant Development Programs have been operating since 1992. While individual programs have kept annual statistics, they have never been collated or shared with each other. As we work to raise our standards, we plan to improve our services and document our progress by gathering our AIDP statistics annually.

Aboriginal Infant Development Data Collection, Evaluations, Surveys

Aboriginal Infant Development staff use surveys and questionnaires, track program participation, and collect data in order to evaluate the effectiveness of their programs, understand which services or programs are most helpful to families, and learn how services and programs might be improved. Data can also be used to prove the need for new or expanded services, and identify gaps in the services available to community members.

Needs assessments identify and quantify the demand for specific services. Some funding sources insist that requests for funding be supported by needs assessment reports. In order to document a community's need for services, data must be collected and analyzed. Surveys and questionnaires can be used to gather the information.

At the provincial level, data collected by the Office of the Provincial Advisor for AIDP creates a complete picture of all programs for Aboriginal infants and young children and their families throughout British Columbia. This enables the Provincial Advisor for AIDP to advocate on behalf of the children and their families. Having quantitative data at hand enables the Provincial Advisor to make a stronger case for improved funding for Aboriginal Infant Development Programs. Reliable, up-to-date data are needed to demonstrate the value of our services and programs.

Data Collection

Information collection is an essential part of the good management of our programs. Reliable data can be used to:

- improve our service delivery and raise standards;
- inform AIDP, communities, political leaders, and funders;
- establish priorities for program planning;
- identify community trends and needs;
- prove needs and document changes;
- determine reasonable workloads;
- develop policies and standards;
- prepare budgets;
- assist in decision-making; and
- learn from our challenges and successes.

Collecting statistics on programs and program activities will enable us to confirm and quantify:

- service relevance;
- client use and satisfaction;
- current needs and emerging trends; and
- workloads

By sharing data, we can make our combined needs more visible and we can confirm that the work we are doing and the services we are providing are important to the families in our communities.

Protecting Confidentiality

The families who use AIDP services need assurance that any information collected by AIDP staff will be treated as confidential and used only for the purposes for which it is gathered. Program participants have to know that even though personal information is gathered, their privacy is protected and, with very few exceptions, the information in their files would never be shared without their prior written consent. The exceptions to the commitment made by AIDP staff to maintain confidentiality include the legal obligation to report suspected cases of abuse and the obligation to report threats of harm. Explain to families that they have the right to see their files if they wish to.

Families should be assured that the information gathered in surveys is done so anonymously. The information provided by many respondents is combined to reveal broad pictures of the numbers, ages, gender, and family profiles of people using the Aboriginal Infant Development Programs. Identifying information such as names or addresses is never gathered in surveys or included in reports.

Inform families that their participation in any surveys is completely voluntary. Let them know that they have the right to change their minds part way through the survey or at the end of the

survey. Assure families that their involvement or lack of involvement in surveys will not impact their ability to access AIDP services. Participation in surveys is not a requirement and it does not create any advantages and choosing not to participate does not have any negative effects.

Individuals who participate in data collection should be told in advance:

- the purpose of the data collection, survey, or questionnaire;
- who will have access to the data, survey, or questionnaire;
- all information will be collected anonymously and combined;
- information included in reports or summaries will not identify any individuals or families;
- who will receive the reports or summaries;
- how participants can access the reports or summaries;
- how the completed surveys or questionnaires will be securely stored until the report or summary is completed; and
- when the completed surveys or questionnaires will be destroyed.

The Office of the Provincial Advisor for Aboriginal Infant Development Programs will follow and adhere to the guidelines set out in OCAP Principles (Ownership, Control, Access and Possession).

OCAP means that First Nations control data collection processes in their communities. First Nations own, protect and control how information is used. Access to First Nations data is important and First Nations determine, under appropriate mandates and protocols, how access can be facilitated and respected.

OCAP means the right of First Nations communities to own, control and possess information about their peoples is fundamentally tied to self-determination and to the preservation and development of their culture. OCAP allows a community or group to make decisions regarding why, how and by whom information is collected, used, and shared for research, evaluation, and planning purposes.

OCAP Principles

1. **OWNERSHIP** – refers to the relationship of First Nations to their cultural knowledge/data/information. The principles state that a community or group owns information collectively in the same way that an individual owns his/her personal information.
2. **CONTROL** – The principle of ‘control’ affirms that First Nations, their communities and representative bodies are within their rights in seeking control over all aspects of research and information management processes that impact them. First Nations control of research can include all stages of a particular research project from start to finish. The principle extends to the control of resources and review processes, the planning process, management of the information, and so on.

3. **ACCESS** – First Nations must have access to information/data about themselves and their communities, regardless of where it is currently held. The principle also refers to the right of First Nations communities and organizations to manage and make decisions regarding access to their collective information. This may be achieved, in practise, through standardized, formal protocols.
4. **POSSESSION** – While ‘ownership’ identifies the relationship between a people and their information in principle, possession or stewardship is more concrete. It refers to the physical control of data. Possession is a mechanism by which ownership can be asserted and protected.

OCAP Benefits

The application of OCAP principles promises to deliver significant benefits to governments, researchers, First Nations Peoples, and their communities. Research and information management practices also stand to benefit.

OCAP

- Helps rebuild, and may be a prerequisite, for community trust. It allows research to happen where it might not otherwise be possible.
- Improves quality and accuracy because First Nations communities will invest more effort in data collection when the information is perceived as valuable.
- Results in more democratic (participatory) research methods.
- Translates into increased participation rates.
- Encourages a more holistic (First Nations) approach to health.
- Promotes coherent First Nations analyses and perspectives and minimizes the biases and misinterpretations stemming from other cultural frameworks.
- Contributes to community empowerment, self-determination, and healing activities.
- Produces more relevant and useful results, which leads to change.
- Encourages meaningful capacity development.

Research is a tool for promoting changes that can transform people’s lives. Putting OCAP into practice enhances that potential. OCAP is part of the broader self-determination aspirations of Aboriginal Peoples. By regaining control of institutions and processes that impact them, communities build hope for a healthy future.

(From: OCAP or Self-Determination Applied to Research. A Critical Analysis of Contemporary First Nations Research and Some Options for First Nations Communities. By Brian Schnarch – First Nations Centre National Aboriginal Health Organization)

Records Management and Documentation

A file will be kept on each family. The file should include:

- referral form
- intake form
- parental consent forms for sharing of information
- any incoming or outgoing referrals
- any incoming or outgoing reports or letters
- completed screening or developmental assessments and accompanying reports
- notes from all home visits or communication with family or support professionals
- exit form

All written material must be appropriate, accurate and respectful as it may be viewed by others, including the parent(s). It is important that your files be stored in a locked and fireproof cabinet at all times. Each file will include documentation of each family's main points of interest/concern regarding their children as well as the efforts the family is making towards problem solving or goal setting. In a one year period, staff will be sure to document the information outlined below:

- 1. Developmental progress of the children.** Please use one of the Screening and Assessment tools recommended in this manual. There should also be documentation in an activity plan on the child's developmental progress and discussions of healthy development with the parent(s) and family. Files should also show how traditional languages and cultural activities were encouraged, as well as discussions of values and beliefs.
- 2. Healthy Parent-Child Interactions.** Documenting how families are being attentive, warm, sensitive, firm, and consistent with their children through home visiting narratives and notes.
- 3. A description of what the parents are doing well (empowerment).** The file should provide clear statements which describe: positive efforts; healthy parent-child interactions; and or problem solving/goal setting. This becomes a very effective means to recognise, acknowledge and build on family strengths and accomplishments.
- 4. Problem solving / Goal Setting (support and encouragement).** Clear descriptions should be provided where: a problem/goal is identified, in a clear sentence; options are discussed; a plan of action is made; and a follow-up is documented.
- 5. Clear exit information regarding status of inactive or closed files.** Clearly state why a file has closed or is inactive after 6 months or more if there has been no contact with the family.

Other reasons why a file might be closed include: family has moved, family has chosen to discontinue service or service is no longer needed, child has aged out of the program, or child has died. *Files need to remain as current as possible. There may be times when staff are away and others are covering their caseloads. It would be very stressful for everyone if, due to incomplete files, a program staff member unknowingly contacted a family whose child had died.*

6. File and Information Security. Information may only be used for the purpose for which it was intended. (Except as required by law) and may only be retained for the time required to fulfill its purpose.

Things to consider:

- Keep child/family information only as necessary to satisfy the purpose.
- Put timelines/procedures in place for retaining and destroying family information, such as closed files.
- Dispose of child/family information in a way that prevents improper or accidental access. Example: Shred child/family paper files and/or delete electronic records.
- For transitional purposes, it may be necessary to keep files longer than when they age out of Aboriginal Infant Development Programs. E.g. – Historical information may be needed as a child transitions from AIDP to Supported Child Development Programs or school or has ongoing special needs issues.

The recommendation of the Office of the Provincial Advisor is to keep files until a child reaches the age of majority of 18 years plus 7 years. In other words, files should be kept until the children reach the age of 25 years.

If you are within another agency, explore the policy regarding files and discuss with your supervisor and Local Advisor Committee to make appropriate recommendations for your program needs.

Referral to AIDP

Referrals to programs can be made by letter, fax, or phone. They come from a variety of sources:

- | | |
|--|------------------------|
| • Parents ~ Self-referral | • Head Start programs |
| • Paediatricians or family doctors | • Public health nurses |
| • Community Health Representatives (CHRs) | • Hospital nurses |
| • Other community programs (AIDP/IDP/SCDP/EIT) | |

Before an initial contact is made by AIDP staff, the family must be aware of and agree to the referral. In most cases, the referral sources will have already talked to the families about AIDP. If not, this is requested by the Aboriginal Infant Development Program supervisor prior to contacting the family. At this point the referral form is filled in. (Form include in this Manual)



Criteria for Eligibility

Aboriginal Infant Development Programs will accept children onto an active caseload and will provide regular home visits, and other specified services if the following criteria for eligibility are met:

- infant is birth to three years old (or up to 5 years of age in some programs)
- infant is delayed in one or more skill areas or infant is at risk for developmental delay
- family is in need of support or education to enhance parenting skills and capacity
- family agrees to participate
- AIDP is the most appropriate service available
- family lives within the geographic boundaries or catchment area of the program for regular home visits (exceptions may be made in certain circumstances)

Priorities for AIDP service

If referrals meet the program criteria but exceed manageable caseloads for the AIDP staff, it is recommended that local Advisory Committees establish additional factors in priorities for service. Priorities may be decided by:

- degree of developmental delay or disability;
- age of child;
- family situation;
- geographic location of the home; and
- other agency involvement

Given extraordinary circumstances relating to geography or the individual needs of a child or family, these criteria may be modified. Waiting lists may have to be established if caseloads exceed 25 families per full-time AIDP staff.

Prioritized Waitlist

Aboriginal Infant Development Programs strive to be fair, flexible, accessible, and inclusive for all Aboriginal children and families in urban, rural and remote communities. Remote and rural areas are less likely to have all necessary support resources for children and families. Accessing culturally-appropriate supports can be a difficult in all locations.

When a family or other referral source calls with a new referral, the program receiving the call may already be carrying a large caseload. It may be necessary to create a prioritized waitlist to ensure that families most in need of service receive it first.

Consider the following:

- Whether the family is transferring from another AIDP or IDP program and requires consistent support
- The significance of the child's developmental delay or disability

- The likelihood that the child's condition will deteriorate without intervention (e.g. some neurological conditions, very low birth weight, premature babies with medical complications)
- Whether the child has a medical diagnosis (e.g. Down syndrome, Spina Bifida, or Autism)
- Whether the family has a high level of concern and/or need for information regarding their child's delay
- Whether the child is showing significant delay in one or more areas
- Whether the child is at risk for delay (e.g. premature but doing well, possible prenatal exposure to drugs/alcohol, small for gestational age)

Supporting Families on Waitlists

If a waitlist is established by a program, it is strongly recommended that the AIDP staff and Local Advisory Committee develop interim support services for families until such time as regular home visits can begin.

These services may include:

- Monthly drop-in to observe, screen or assess child development
- Parent-to-parent projects or visits from Elders involved in the program
- Packages of information related to developmental milestones
- Access to books and information relating to development or disabilities
- Invitations to attend parent meetings or workshops on child development or mom/dad and tot groups
- Referrals to other agencies that may provide support
- Encouraging participation in well baby clinics

Communication Regarding Waitlists

It is recommended that a form letter be drafted which will be sent to families on a waitlist. It is recommended that a copy be sent to the referral source. This letter will include:

- Description of the Aboriginal Infant Development Program
- Explanation for delay in accepting the referral for regular home visits
- Approximate date when the family can expect to receive regular home visits
- Description of available interim supports in the community (as above)
- Address and phone number of the AIDP for parents who wish to maintain communication regarding services for their children.

Parents are notified of discharge from waitlists when they are accepted onto the caseload of an AIDP staff member.

Exceptions to Wait Lists

- A Local Advisory Committee may decide that some infants (e.g. infants with newly diagnosed disabilities) need direct service from AIDP staff, regardless of the size or their caseloads, or existing waitlists.
- It is recommended that the AIDP staff, and, if the program has one, a Case Review Committee, review existing caseloads to determine which families could receive fewer home visits or, perhaps group visits, to accommodate infants who need to be accepted regardless of caseload size.
- Families who are involved in an AIDP may move and want or need continued AIDP or IDP services. This should be communicated as soon as possible to inform the programs in their new communities. If there are waitlists, the families will be placed on them and resume AIDP or IDP services as soon as possible. (referral form included in this manual)

Initial Contacts and Initial Visits with Families

- The AIDP staff member who will make the initial visit (and continue with the family), telephones the family, introduces her/himself and describes the program, including criteria for eligibility. If the family wishes to participate, a visit is arranged.
- The initial visit ideally occurs within one week of the initial contact. During this initial visit, it will be important to begin to develop trust and rapport with the family and to share more information with them about the program.
- We encourage AIDP staff to list below the topics to be covered during the initial visit. Please keep in mind that the family may be cautious at this time and it is important not to overwhelm them.
- Ensure that all written material is at an appropriate reading level and that the materials and handouts are culturally appropriate.



Items/topics to cover in your initial visit with a family:

Parent Information Package

The Parent Information Package will be unique to each program. It might contain:

- a brochure with contact information for the Aboriginal Infant Development Program, a program overview, and a monthly calendar of program events; (if you do not have an AIDP brochure – one is available for download on the AIDP Web site www.aidp.bc.ca.)

- information on other community services and programs such as playgroups;
- information pamphlets on child development, safety, infant sleep, etc.;
- client's rights and responsibilities and complaint procedures; and
- consent for participation and various release of information forms.

AIDP Staff Caseloads

The recommended ratio for AIDP staff in BC is 25 families per full-time AIDP staff member. This number can increase if the AIDP staff member does not facilitate parenting groups or workshops on a weekly basis. Ideally, time is also reserved for preparations of home visits or developmental assessments, phone calls, reports and record-keeping, documentation to files, and other administrative responsibilities.

Discharge from Program

It is very important to have an exit procedure when a family no longer needs service, discontinues service or relocates. It is also an opportunity to allow the family to have time to discuss what they learned, what you can do to assist the family to access other services, if needed. (Form included in the Manual) This is also a nice time to give the family any pictures you might have taken of their child or give them a card, poem, or story book as a good-bye gift.

Working with Multidisciplinary Teams

Working with multidisciplinary teams, also known as Integrated Child Development Services (ICDS) is a holistic approach to meeting the needs of children and their families. It also meets the needs of budgets which are often too small to provide the range of services a child/family may need. Pooling our resources maximizes the services to our children within existing programs, and brings services to communities where they are limited or have none at all. Examples of multidisciplinary teams for ECD might be AIDP, Aboriginal Head Start Programs, Public Health Nurses, Community Health Workers, Pre-school staff, dental staff, speech therapists, and physical therapists. These professionals will sometimes be located in the same building. Other times, they will have regular team meetings to discuss current issues, plan community information sessions, and discuss which service providers can best support particular families.

Multidisciplinary teams have to adhere to the confidentiality policies, protocol for sharing of information and follow the OCAP principles for data collection, record keeping etc. This can be done respectfully with the knowledge of the families that we are working with by a consent form that lists all the services or agencies listed as participants of the multidisciplinary team. Each team member understands their roles and boundaries and responsibilities as it pertains to their work with the families needs.

Home Visits

Home visits are the main component and an invaluable part of Aboriginal Infant Development Programs because the children and parents are most relaxed there. Home visits allow program staff the privilege of entering families' private spaces. Home visits must always be done with respect and appreciation for being allowed their homes.

The frequency and duration of the visits are determined, ideally, by the needs of the children and families. This means that some families may have weekly visits and others may be visited monthly. Growing caseloads and waitlists for home visits in some communities have an impact on the duration and frequency of the home visits each family receives. It is important that families feel that they have some control over their involvement with the program and the timing of their home visits. The flexibility of service delivery is an essential element of family-centred service.

Value of Home Visits

Home-based or outreach programs are based on the following beliefs:

1. Families are best supported in their homes or communities.
2. Helping parents to help their children is more effective than directly helping the children.
3. Children benefit most if the support or help is provided "early" – before formal school begins

Home visiting is effective in witnessing and promoting positive parent-child and family interactions in their own environment, which have the greatest success in promoting healthy long-term outcomes in children and families. If families are not comfortable with home visits, visits can be done at other mutually agreed to locations. For example, the AIDP office, health clinic, friendship centre, etc. Home visiting is a safe starting place for families to gain comfort in accessing health and social services and later to participate in groups or programs and they provide a wonderful opportunity to reach families who might not be reached if we wait for them to come to us.

Home visiting is family-centred for healthy infant development, based on the child and family's needs at that time. AIDP home visiting applies a holistic approach to include the physical, mental, emotional, social and spiritual well-being children and their home environments. Home visiting is successful because it meets the needs of children and families on a one-to-one basis. Home visiting programs can be multi-faceted, adaptable and flexible.



Home visiting is community driven and family focused and includes collaboration with other health and social services through information sharing and local resources. Home visits respond to barriers that prevent families from accessing services as the home visitor travels to the family so the family doesn't have to worry about rides or buses or money for gas. Home visits and activity plans are unique to the child and family needs.

Some families are not comfortable participating in group situations or programs. Home visits provide services and connections to sources of support for families who don't have their children in day care or Head Start programs. Home visiting is another valuable way to support children and families.

Supplies For Home Visits

If children are old enough to be talking, they sometimes call the AIDP home visitor the "toy lady" or sometimes just "Aunty." This is because you usually arrive with a bag full of interesting things.

Prepare for each home visit in advance. Review the family's file to refresh your memory. In addition to preparing to discuss their activity plan, you might want to bring some or all of the following:

- age-appropriate toys, puzzles, books;
- age-appropriate screening or assessment tools;
- forms you will need for parent's signature such as consent forms for release of information and consent for use of any pictures you might take;
- pen or sharp pencil;
- note pad or book for notes;
- parent resources specific to the child, such as photocopies of information or videos;
- phone numbers and contact names of other professional or agency if you plan to make a referral;
- community or program calendar of upcoming parenting programs or play groups the family might be interested in; and
- a few toys or age-appropriate materials for any older siblings who might be in the home during your visit.

You will want to be organized so that you won't be going through your bag and distracting the child with too many toys or interesting things at once. This takes them off task and it may be difficult to get them back.

Personal Safety

Ensuring your personal safety is an essential element of home visiting work. Safety concerns will vary depending on the community, neighbourhood, family and relatives. Aboriginal Infant Development Programs require safety policies and plans for all AIDP staff. A number of different strategies may be required depending on the homes being visited, the time of month (e.g. cheque day in some communities presents more risk than other days), as well as the time of

year. For example, in isolated rural communities, it is particularly important that staff vehicles be in good running condition with tires that are appropriate for the road conditions. The best protection is the use of common sense. Take all reasonable precautions such as:

Safety During Home Visits

- Arrange your schedule to accommodate first time home visits. Make visits you are concerned about in the morning or early afternoon when you might need the most time.
- Avoid carrying a purse. Carry a minimal amount of money, your driver's license, and your keys on you or in a brief case or in a pocket in your toy bag.
- If you have to use an elevator, use an empty one, if possible. Always stand next to the control panel. If you have a problem, push all the buttons so the elevator stops on all the floors, giving you a better chance for escape. If someone who frightens you gets on the elevator, get off and wait for the next one.
- If someone unfamiliar answers the door, find out if the parent(s) you planned to visit are at home before entering.
- When you enter a home, find out who is in the house. Ask to be introduced to all of the people in the house.
- Make a mental note of the locations of the doors and windows.
- Don't take your shoes off if you think you might have to leave quickly. (*This can be a challenge culturally for many workers if they have been taught to remove shoes upon entering a home.*) Trust your judgement on this and ask the family what they would prefer you to do.
- Know where the nearest telephone is. It may be at a neighbour, nearby store or gas station. The use of a cell phone is ideal, but not always possible in all communities. Brainstorm with your supervisor or other AIDP staff ways of communicating in emergency situations.
- Do not go into a dark room, basement, or attic first. Have the parent enter first and turn on the lights. Follow the parent -- never lead, even if you have been to the home before.
- Make sure your supervisor, co-worker, or receptionist knows where you are going and when you will be returning to the office. Notify them if you are unexpectedly delayed. Instruct them to make inquiries if you do not return at the expected time.

Safety at the Office

- Make sure colleagues know your day's schedule and how to contact you at all times. Set up times to check in with the office to let them know you are okay.
- Keep your address list and client information files updated.
- If the home visit is in an unfamiliar area, ask a staff member who may know the area to share any potential risks with you.
- Get good driving instructions and, if necessary, look at a map before leaving the office.
- Immediately report to your supervisor any incidents or circumstances that make you uncomfortable. Some examples include: weapons, dogs not restrained, threatening family members or visitors to the home, illegal activity, etc.
- If possible, call the family before leaving the office to let them know you are on your way and confirm that the visit is still convenient.
- Make sure you have everything you need for the visit, and always take your cell phone with you. If there is no cell phone service in your community, carry a 2 way radio. If

you are in an urban setting, know where the public phones are. You do not need any money to call 911.

Safety in the Car

- Make sure your vehicle is in good working condition and that you always have enough gas to get through the day.
- Post a sign in your car that identifies you as an employee of the Aboriginal Infant Development Program in your community.
- Park your car where your exit cannot be blocked. Keep your car keys on your person.
- Before entering your car, check your backseat.
- Choose parking spaces that are well lit.
- Keep valuables out of sight, or don't have any in your car at all.

Dealing with Hostile/Angry Parents/Families

Parents and family members can react with anger because of difficulties they have finding help to cope with their difficult situations. They may be experiencing emotional pain, exhaustion, feeling overwhelmed, or fearful or anxious about your visit.

If a parent or family member gets angry:

- React and respond in a calm but firm manner.
- Use a lower volume of voice than the individual who is angry. This may help them calm down.
- Verbally acknowledge their anger, "It sounds like you are really angry about this." Or "I understand that you are upset."
- Reinforce the long term benefits of your help, your commitment to their child and family, and your role as one of their support people.
- Sometimes the circumstances of the moment may indicate risk. **Pay attention to your instincts.** If you feel uncomfortable, excuse yourself and leave the home immediately.
- Use extreme caution if faced with a domestic dispute, intoxicated or violent people. Leave immediately and call your supervisor.
- If you are, or feel threatened, leave immediately and call your supervisor.

PLEASE NOTE: *These suggestions are not intended to frighten AIDP staff. These safety recommendations are based on actual events and incidents that have happened to AIDP staff on the job. Although such incidents occur rarely, the precautions are in this manual as a reminder that it is necessary to always be aware of your personal safety and the safety of the families with whom you work.*



Building Relationships with Families

You will probably never have to deal with any of the dangerous circumstances discussed in the previous section. However, you should be aware of the possibility that your safety or the safety of the families with whom you work could be threatened.

Home visiting relationships that begin with respect and courtesy enable everyone to feel more comfortable with the partnership that lies ahead.

Effective home visiting is a **partnership** between the AIDP staff and parent(s)/family, **not** the expert teaching the parent(s)/family.

Some key points to forming effective relationships between parents/family and AIDP home visitors:

- Home visitors respect the homes of the families they serve.
- Treat the parents as the decision makers and experts concerning their children.
- Home visitors respect the cultural beliefs, religions, and values of the parents and families.
- Home visitors enjoy the children and sincerely enjoy being witness to their growth and development of new skills.
- Home visitors focus on and build on the strengths of the parents and families.
- Home visitors are warm, non-judgemental, and validating and the parents become comfortable sharing and asking questions.
- Home visitors actively listen to whatever the parents choose to share and ask appropriate questions to gather information.

Follow-up and Ongoing Home Visits

After each initial visit and each subsequent visit, use a home visit form. It may not be possible to take lots of notes during the visit, so as soon as you can, make complete notes at your office. It is important to make notes describing each visit. It is essential to follow up on anything you tell the families you will do. Honouring your word and your commitment is very important in building trust and rapport with families.

“Our people have had lots of experience with people saying they will do things for us and never do. So those who are working with our children and young families need to follow through on their commitments and help us all to gain trust again.”

89-year-old Chilcotin Elder

Involving Fathers

Traditionally, the father's role was one of protector and provider. However, a breakdown in Aboriginal families due to residential schools and other impacts of colonization robbed many young men of opportunities to learn the skills, knowledge and responsibilities of fatherhood. Colonization and changes in lifestyles due to the introduction of social assistance, also affected traditional male roles. With many teen-age pregnancies resulting in single mothers, young Aboriginal males need to learn how to support their partners, and how to help to raise the children they father. Ironically, many young men resent the absence of fathers in their own childhoods, yet, by not taking responsibility for their own children, they perpetuate the cycle of absent fathers. Aboriginal Infant Development Programs can play an active role in assisting men to break this cycle.

Whenever possible, involve the fathers in all aspects of the program and of their children's growth and development. This will help them acquire parenting skills, foster healthy father-child relationships, and promote effective co-parenting.



“Discipline is the most important aspect of life. We must learn how to be disciplined as fathers in order to role model for our children and grandchildren.”

Elder - Tsawout First Nation

Tips from Elders to Involve Fathers Programs and Home Visits

- Organize the home visits when both mothers and fathers can be present. This may mean evening or weekend visits with the family occasionally to accommodate the fathers.
- If the parents are not living together but have a positive co-parenting relationship, ensure both parents get copies of any written information.
- When creating activities for the parents, make sure there are activities for them to do with their children as a couple, and individually as mother and as father.
- Explore with the parents how they see their roles, how they balance responsibilities for raising their children, their values as parents, and differences and similarities they see in the roles of mothers and fathers.
- Create programs or groups for fathers. Come up with a unique name for the group. The intent is to establish a safe place for fathers to come together once a week or every two weeks or monthly to share, learn, grow, and laugh. The group would promote healthy lifestyles and encourage fathers to be positive role models. Ideas for group names: *Just for Dad* or *Dad and Me*.
- In your program or community newsletter, create a special Father's Section. This section could include traditional parenting tips, the importance of being a healthy father, games to play with children, safety tips, balancing the parenting roles, traditional discipline, sports and outdoor activities and games etc.
- Organize training, workshops and trips to conferences for the fathers on your caseload. This could be done in partnership with male staff in Alcohol & Drug Counselling or recreation staff, volunteer fathers, foster fathers, and grandfathers.



Working with Grandparents Raising Grandchildren

Traditionally, many young children were raised by their grandparents. While the parents were busy with the daily chores of living, grandparents taught the children skills, such as gathering wood, getting water, cooking, picking berries, and sewing. Grandparents often had their grandchildren learn by watching, listening, and doing. Often you will hear adults speak very fondly of being raised by their grandparents, with memories of their language, traditional foods, cultural activities, traditional games and stories. This traditional practice was disrupted by the residential school system and the “60’s Scoop” when children were removed from their families and communities.

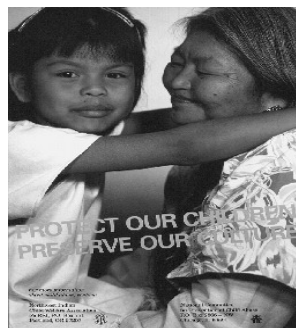
Today, those grandparents who are raising their grandchildren have the unique privilege of contributing daily to the growth, well-being, and personal development of these children. However, they may require extra support from AIDP staff and from the community in general.

Grandparents may need support from Aboriginal Infant Development Program staff

- Spend additional time with them to assist them to understand the challenges their grandchild may face. Times have changed since they had their own children.
- Assist them with transportation.
- Ensure any written information is at an appropriate literacy level and preferably in the first languages of the grandparents.

NOTE: AIDP staff may need to ask family members, co-workers or cultural workers to present the information to grandparents orally in their first languages.

- Assist by advocating for their rights and by communicating with the parent(s) of the grandchildren and/or other service providers.
- Advocate respite and home support to allow time for grandparents to address their own health and wellness issues and have self-care time.
- Support continued community involvement. For example: Advocate volunteer child minding services at Elder’s luncheons or field trips so grandparents raising grandchildren are able to participate.
- Provide opportunities for grandparents to connect with other grandparents who are caring for their grandchildren.



Tools Recommended for Aboriginal Infant Development Programs

Culturally appropriate screening and assessment tools

An assessment is the process of observing, recording and documenting the growth and development of a child in areas such as:

1. Social/Emotional development (Spiritual/Cultural is not recognized in mainstream assessments but is very important in Aboriginal communities).
2. Physical (gross motor and fine motor skills)
3. Mental (cognitive) development
4. Adaptive behaviours

Assessments identify children's needs, measure the progress of children, and inform the creation of individual activity plans for children. Assessments also provide the basis for determining what care or treatment is necessary to support children and their parents or caregivers.

Assessments identify special needs and provide information to indicate further screening or more detailed assessments by other professionals or specialists may be needed.

The assessment tools and questionnaires should be culturally appropriate. Many assessment tools put Aboriginal children, especially those living in communities where traditional culture and beliefs are taught and practised, at a disadvantage. Aboriginal children's scores on many of the published standardized tests are not accurate or reliable indicators of the children's actual stages of development.

When selecting screening or assessment tools, make sure that the information you collect on the children shows accurately what they know and what they can do.

Some of the elements missing from the standard assessment tools include the "spiritual" development of children and the cultural traditions and knowledge that influence their growth and development.



Written Reports

It is recommended that AIDP staff and IDP staff who work with Aboriginal children and families include as much history and information as possible in their written reports beyond any conclusions based on the children's scores using published assessment tools.

For example, reports should include the following:

- 1) Observations that reflect the families and their cultures holistically, inclusive of their beliefs, spirituality, and the values and traditions of their communities.

Example: Children may live by a river or ocean and not know what a lake is, but are very aware of seafood, canoes, and tides. This knowledge is a more relevant indicator of the child's cognitive development than his or her ability to name a particular body of water.

Example: Children might not recognize words in English, but they know the words in their traditional languages. Names of body parts might be taught to children in their own languages but they might not have been taught the equivalent English words.

- 2) Assessments and reports should reflect children's "potential" regardless of their performance on tasks that are part of the assessment tools.
- 3) Assessments and reports should indicate progress in children's growth and development.
- 4) Assessments and reports should address children's creativity, play, exploration, temperament, kindness, compassion, attention to tasks, etc.
- 5) Assessments and reports should empower families to do their best to provide positive, healthy environments for their children.

The Office of Aboriginal Infant Development Programs of BC currently recommends the following 3 screening and assessment tools:

Ages and Stages Questionnaire (ASQ)

The Ages and Stages Questionnaire provides a way to screen infants and young children for developmental milestones during the crucial first five years of life. Parents complete the simple, illustrated, 30-item questionnaires at designated age intervals starting at 4 months to screen children and their development in their natural environments. Each questionnaire can be completed in just 10 to 15 minutes. Each ASQ covers five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. The ASQ was developed at the University of Oregon by Diane Bricker and Jane Squires. There is also an ASQ:SE for Emotional Development.

To order the ASQ contact Brookes Publishing Co. at 1-410-337-9580 (Baltimore), Fax: 1-410-337-8539. Also see the website: www.pbrookes.com/store/books/bricker-asq

Contact the Office of the Provincial Advisor for AIDP if you have any questions or need information about training to use the ASQ. Training can be arranged for groups in your community.

Gessell Assessment Kit and Training

The Gessell Assessment is still the standard assessment used by all IDP programs in B.C. and by many Aboriginal Infant Development Programs. This assessment is administered as soon as possible after a place of comfort and trust is established with the family and every six months as necessary or until the infant leaves the program. This is the assessment that is most recognized by the medical profession and by social workers when they refer children to AIDP.

Regular training occurs at the Spring and Fall IDP in-service sessions and it is recommended that AIDP staff take the training on a regular basis while building their skills and confidence in administering the assessment and report writing. A Training Package is available through the IDP programs of BC Regional Advisors and the Provincial Advisor's offices. It includes tapes, printed resources and samples of reports. The Gessell Kit can be ordered from:

Developmental Test Materials
389 Myrtle Avenue
Albany, New York 12208

Telephone: 1-800-724-5028
Fax: 518-262-631

For more information regarding the Gessell Kit or training, contact the Office of the Provincial Advisor for AIDP or the Web site for IDP at www.idpofbc.ca for Gessell Training.

Nipissing District Developmental Screen (NDDS)

This developmental screening tool is designed to be used by health care professionals working with infants and children up to six years of age. The screen also comes with a set of activity sheets that suggest developmentally appropriate activities for children aged one and two months up to six years. The areas of development covered by the Screen Forms include vision, hearing, and communication (Note: the language items refer to the child's ability in his/her first language), gross and fine motor, cognitive, social/emotional, and self-help. The Screen Forms are not meant to be a substitute for professional advice, assessment and/or treatment from a health care and/or child care professional.

For more information: Call 705-472-0910 or Fax: 705-472-9743. See www.ndds.ca

(Information on NDDS from the Handbook of Best Practises in Aboriginal Early Childhood Programs, 2003 – BC Aboriginal Child Care Society)



General Infant/Child Safety

AIDP staff work with parents and families to make sure their homes are child-proof and safe for the ages of their children. Following are a few tips to assist parents. More information is available at www.injuryprevention.org or by calling the Regional Injury Prevention Consultant at the First Nations and Inuit Health Branch of Health Canada 1-604-666-2510.



The following information should be shared with parents through home visits, parenting programs or workshops and easy-to-read handouts:

- **Infant Car Seats** - Use **rear-facing** infant or convertible car seats in the **back seat** until babies are 1 year old **and** 20 pounds. Never place babies in the front seat of a car with a passenger side airbag. AIDP staff can check current safety standards of second hand items such as car seats, high chairs, cribs etc. to share with families. Contact your local ICBC office for information, training and resource information to share with your families or check their Web site at ICBC.com for information. Certified technicians in your area can speak to you or your parenting programs about car seats.
- **Cribs** - Make sure **cribs** have no more than 2 3/8 inches between the bars and that mattresses are firm and fit snugly within the cribs. Place cribs away from windows and drafts. Avoid placing fluffy blankets, stuffed animals, or pillows in cribs. Remove bumpers once the infants are able to stand. Discussions about sleep patterns provide opportunities to share SIDS information, discuss positioning babies and advise against having too much bedding in cribs.
- **Sleeping with babies** – People have different opinions about parents having their infants sleep with them. In some Aboriginal communities, sleeping with babies is the norm. We can still share information about positioning babies, making sure they don't get too warm, keeping their faces away from pillows or blankets etc.
- **SIDS** – Experts recommend putting babies to sleep on their backs to prevent SIDS. Studies have found that sleeping on their sides may not be as safe, especially if they can roll over onto their stomachs. Experts recommend that babies never be on waterbeds, bean bag chairs, or soft blankets that could cover their faces and cause suffocation.

- **Choking** - Never leave small objects or plastic bags within the reach of babies or young children.

NOTE: Toys that can fit through an empty toilet paper roll are too small for an infant or toddler to play with.

- **Falls** – Never leave babies alone on beds or changing tables or in high chairs even if they are strapped or belted.
- Maintain **smoke free environments** - Share smoke free information with parents and families
- Use covers on electrical outlets and latches on cabinets.
- Set the temperature of your hot water to 120 degrees F to prevent scalding burns.
- Prevent poisoning by keeping household cleaners, chemicals and medicines locked away, completely out of reach and always store them in their original containers and know your local **Poison Control Center** number in case of accident.
- Use stair gates and window guards.
- Remove mobiles from cribs and playpens once children are able to stand.
- Install smoke and carbon monoxide detectors and fire extinguishers in the house.
- Tie cords of blinds, curtains and appliances up out of reach.
- Do not carry hot liquids or food near children and do not allow children near stoves, heaters or other hot appliances, such as curling irons. When cooking, use the back burners and turn pot handles inward.
- Take a first aid course.

NOTE: Please refer to the B.C. Health guide at the Web site: www.bchealthguide.org for printable health file handouts or call their toll free number at 1-800-465-4911 for the BC Health Guide or the BC First Nations Health Handbook.

Unique Situations

Assisting families in crises

The work of AIDP staff is more difficult when the families being served are experiencing crises. Although early intervention and health promotion work can assist families before they experience crises, prevention is not always possible.

AIDP staff can assist families by making referrals, assisting them to access services, and advocating for them when needed. When working with families in crises remember the limitations of your role and do not try to take on the roles of counsellors or therapists. Keep a listing of community supports and organizations that families in crises can access for the additional support they may need.

Community Support/Organization	Contact Person	Contact Phone #

Support for Adult Family Members During a Crisis

- Acknowledge the situation of the family and arrange for visits or follow-up to continue to be supportive, but not to interfere with the process necessary for the family to deal with or overcome the crisis. We know that children copy the behaviour and coping skills of the adults in their lives.
- Assist the family in maintaining as normal a routine as possible, even though they may be going through a difficult time.
- Encourage communication. Be available for phone calls. Listen and share information about the support services you listed above.
- Expect that the family may not be able to maintain regular contact with you during this time. Ensure them that your services will remain available and ask them if you can call them to check in later.
- Encourage extended family members and friends to provide support and comfort.
- Assist the adults to help children to see police, medical staff, counsellors and others that may be involved with the family during a crisis or difficult situation, to see them as people who are helping the family and care about them.
- Assist families by providing age-appropriate information about accidents or injuries, or death, as needed. Ensure that the information is in line with the local customs by enlisting someone who is recognized as an Elder or holder of traditional information.

When Children Die or Conditions Change

It is important in the case of a child's death to honour and respect the local traditions and customs of the families and communities with whom you are working. If you are unfamiliar with the families' and communities' traditions and customs, please ask a respected Elder or community member or co-worker so that your behaviour respects local traditions.

This is a very sensitive topic, and one that is not easily talked about without triggering strong emotions. Considering that AIDP work is often with children who have potentially life-threatening conditions or are at increased risk of death due to their underlying conditions, the chances are high AIDP staff will experience the loss of children with whom they work. The deaths may be unexpected and sudden, as with SIDS, or anticipated, as in cases of children with terminal illnesses. No matter how the children die, the losses will greatly impact the parents, families, communities, AIDP staff and programs.

If the parents and families have strong support systems and connections to their cultures, it may be considered intrusive and inappropriate for AIDP staff to be involved with them during the initial period of mourning. It is appropriate to visit the family after the initial grieving time, or drop off a card or send a message of sympathy with a close family member.

One of the common traditions among many of our nations is the lighting of a Sacred Fire for the first four days and four nights after a child's death. The Sacred Fire is based on the belief that it takes four days and four nights for the spirit to pass from this world to the spirit world. During this time, community members will have various responsibilities to see the family is taken care of and that the child is prepared to pass to the spirit world. These responsibilities are often passed down through families or are given to community members who are seen to have special gifts that allow them to do these jobs.

Due to the sensitivity of your work with families, when a child on your caseload dies, it will affect you. How greatly it affects you will depend on a number of factors. It is very important, however, to acknowledge your pain and loss and work your way through it. It will be valuable for you to have support systems in place in case of such a loss.

We recommend that Aboriginal Infant Development Programs provide time and support for staff to debrief following the death of a child. Staff need a time and place to debrief or have access to employee assistance programs to ensure that their own emotional needs are met and to support their own wellness.

This need may be addressed by:

- *Encouraging staff to talk to supervisors and debrief following crises and extraordinary incidents*
- *Encouraging staff to talk to trusted counsellors or colleagues in the community*
- *Providing staff with time alone, in privacy, to mourn or work through upsetting feelings and refocus before being asked to continue with their usual work responsibilities.*

Conflict Resolution: Protocol and Steps for Resolution

In the Work Place

In a caring, cooperative workplace, human dignity is respected, professional satisfaction is promoted, and positive relationships are developed and nurtured. Based on our core values, our primary responsibility in this profession is to establish and maintain positive environments and relationships that support productive work and meet professional and family needs.

- It is strongly suggested that AIDP staff make continuous efforts to practice effective communication with all co-workers and adults involved in the program.
- When there are differences of opinion and disputes, staff are encouraged to follow the guidelines below or the procedures found in their employer's Personnel Policy Manual.
 - Initiate opportunities and attempt to resolve the differences in a timely manner. Be conscious of when is the best time to have these conversations. For example: when neither person has home visits to do or families waiting for them and when the two parties are as stress-free as possible. When we are under stress, we are often less effective in our ability to resolve conflicts.
 - If two individuals have been unsuccessful in resolving the conflict or if one person is refusing to discuss the issue, it may be necessary to ask the supervisor to assist in resolving the conflict. If the conflict is with the supervisor, employees may need to ask a neutral person from administration or host agency to assist. The goal is to work towards mutually agreed upon solutions.
 - If the conflict cannot be resolved, the individuals may need to bring in a mediator from an outside organization to professionally assist in resolving the conflict. A person with a background and training in Conflict Resolution and Mediation can help individuals resolve their differences.

Conflict with an Individual or Family

Although AIDP is family-centred and we honour the children and respect the families with whom we work, there will still be times when conflicts arise.

- Try to talk with the family as soon as possible to see if you can discuss what happened or what was said. Sometimes it is a misunderstanding or the intent was misinterpreted. The family will appreciate that you took the time to clarify any misunderstandings.
- Problem-solve with the family. Find out what needs to be done to allow services to continue in a positive atmosphere.
- If the conflict is not resolved, ask your supervisor to assist in resolving the conflict.
- Make sure that there are no misunderstandings. This will help prevent future conflicts with the family and prevent the initial conflict from escalating or leading to conflicts with others in the community.

- In some cases, for various reasons, individual AIDP staff are simply not compatible with particular families. Incompatibility should not be interpreted as a failure. No one is to blame if the fit with a family is unsatisfactory. The family has choice and another staff member may be more suitable for the family. Discuss this with the family and see if they can help you to identify a more appropriate person or agency to meet their needs.
- Let the family know that they are still welcome to contact you or access any of the parenting programs even though you might not be continuing home visits.

If the family has continuing concerns or is upset, let them know that they can contact the AIDP local advisory committee to discuss their concerns or express their opinions.



Each child is a unique individual, a gift from our creator. If we remember this, we will avoid making our programs becoming routine or making the needs of families fit the program; rather we will fit the program to fit the needs of the families.

CHAPTER FOUR

ADMINISTRATION



“Cherishing each and every Gift”

Starting an Aboriginal Infant Development Program

The costs of starting and operating a new Aboriginal Infant Development Program vary depending on a number of variables, including, for example:

- location of the community;
- size of the catchment area and associated travel costs;
- the number of staff needed;
- the qualifications of employees;
- the resources needed to set up the program;
- the resources that can be shared with other programs; and
- the number of children in the community.

It is important to plan programs that suit the needs and the capabilities of each community. It is helpful, during the planning phase, to get ideas and feedback from other communities that already have Aboriginal Infant Development Programs. Seek information from communities with similar needs, locations, and populations as your own.

The Office of the Provincial Advisor for Aboriginal Infant Development Programs can help identify comparable communities. You can reach the office by e-mail: advisor@aidp.bc.ca or shelly@aidp.bc.ca or check our Web site for more information at www.aidp.bc.ca

Use a structured process of assessing the community and families and identify existing programs, services and resources as well as the community's strengths and needs. Use the assessment results to plan strategies for meeting the needs of the families with the available resources.

Conduct a Needs Assessment or Community Survey

Communities that identify any of the following characteristics might choose to establish improved services for infants and young children and their families:

- many teen parents or young parents with less than ideal parenting capacity – possibly part of the residential school legacy;
- teachers have found many children are entering elementary school unprepared for school success;
- families and professionals have expressed concerns about the care and education of infants and young children;
- Chief and Council have identified needs among the community's children and their families;
- health professionals have expressed a need to address health issues such as poor dental hygiene, poor nutrition, frequent bouts of colds and flu, higher than normal rates of admission to hospitals, high rates of injuries among infants and young children, and self-medication of children; or
- problems have been identified as being the result of the needs of children and families being unmet.

Consider Demographics

Program planning should take into account the community's total population, numbers of families in their child-bearing years living on-reserve and off-reserve, birth rates and trends in the birth rates, numbers of children under six, and the geographical area to be served.

Consider Existing Services and Service Gaps

- Identify the services for infants and young children and their families that are already available in or near your community. Consider how accessible they are and note any barriers such as long waitlists, fees charged for services, and transportation difficulties. Consider the cultural appropriateness of existing services,
- Identify any boundary issues or on-reserve/off-reserve, eligibility issues.
- Note the extent to which existing services and service providers are culturally inclusive and sensitive.
- Explore the possibility of existing programs or offices adding an Aboriginal Infant Development Program to enhance their services to children and families.
- Explore the possibility of training community members or existing staff to become AIDP staff.

Consider What You Want the New Program To Look Like

The answers to these questions will dictate the amount and type of space the program will require.

- Will it be completely home-based?
- Will it offer parenting programs and support groups?
- Will it include a family resource centre or toy lending library?
- Will it be affiliated with a daycare, pre-school, health centre or will it stand alone?
- Will you offer any other support services such as on-site specialists, community kitchens, parent and tot kinder gym programs, CAPC, Mother Goose, etc...?



Checklist for Planning an Aboriginal Infant Development Program

Planning for a new program includes clarifying short-term and long-term visions for our communities and for our children. Envisioning the future helps planners set goals for reaching that vision.

This checklist can help communities express their vision for children and families and then use that vision as the basis for an action plan.

There are no right or wrong answers, everyone's issues are important. Invite all interested community members to express their views. Ask community members:

- ✓ What do you see as the three most important or serious issues for our children?
- ✓ What kinds of experiences, teachings or support would you like to see made available to parents of infants and young children?
- ✓ What needs to be done to make our vision become a reality?
- ✓ Who would be the best person or group to assume responsibility for developing and implementing our vision?
- ✓ When should this be done? What is a reasonable timeline?
- ✓ How should we cover the associated costs?
- ✓ Who needs to be on-side for this plan to succeed?
- ✓ What training will community members need in order to manage and deliver these services well? Where can we access that training?
- ✓ How will we make our vision a priority in the community?
- ✓ Who are the stakeholders who need to work together to support the vision to make it a reality?
- ✓ What community strengths already exist and can be built on?
- ✓ What challenges are present that will need to be overcome?

Proposal Writing

Tips for Writing Proposals

Writing proposals is a big task and it requires a lot of time and energy. It can also be an exciting activity as it is the first step in moving your vision of an Aboriginal Infant Development Program and enhanced services for children and their families toward a reality.

- When preparing to write a proposal, begin by gathering the needed information.
- Give yourself plenty of time to write and re-write.
- If you are working as a team member, use the skills and strengths of all of the team members to develop and polish your proposals. Different team members might take responsibility for different tasks such as gathering the required information, proofreading the proposals, or calling community programs to request letters of support.
- Aboriginal Infant Development Programs are community programs. It is helpful to involve community members in the planning and other work involved in launching a new program.

Preparing a Proposal to Develop a New Program

A proposal:

- states a problem or need or a circumstance to be addressed;
- offers strategies for solving the problem and asks for the resources needed to do the work;
- justifies the request for funds by demonstrating the probabilities for success, and explains how the effectiveness of the plan will be evaluated;
- answers the questions funding agencies ask; and
- meets the funder's requirements regarding length.

Regardless of the funding agency or the subject of the proposal, applications usually include the following items:

- **Cover letter:** Written on the program's letterhead stationery, the cover letter includes the date the proposal is being submitted. When submitting a funding request for a new program, use the letterhead stationery of your host agency or your First Nation. The cover letter states your request for funding and directs the reader to the attached proposal.
- **Table of contents**
- **Summary:** This is a brief description of the major objectives and procedures of the proposal condensed to fit on one page. The summary is important because it is usually what the reviewers read first to get a quick overview of your proposal.
- **Problem statement:** This is where your proposal convinces the reviewers that an Aboriginal Infant Development Program is needed and will contribute to the wellness of families in your community. In this section, be as realistic as possible in terms of personnel, time, and potential of resources needed. Describe the need for the program

and the potential impacts the program will have on the lives of children, families and your community in whole. Keep paragraphs short, and use headings or subheadings where appropriate.

- **Objectives:** Be specific in the objectives you plan to achieve as a result of having an Aboriginal Infant Development Program in your community. Be brief and to the point. Put the objectives in order of importance.
- Documentation of the need for this program in your community is a critical aspect of the proposal.
- **Procedures:** In this section, you will state how you intend to run your program. You need to convince the funding source that you know what you are doing, that the program is going to make a difference, and that it is worth supporting. Make sure your start date is realistic in light of available personnel, equipment, and facilities. Allow enough time to set your program up in a good way and hire the appropriate staff.
- **Staff information:** Indicate how many people will be needed to run your program effectively. Describe their education/experience requirements. It is helpful to indicate if you already have a community member who is trained and able to work in the proposed program.
- **In-kind contributions/ facilities available:** Specify “in-kind” contributions from your host agency or Band/Tribe. List all facilities, equipment, and administrative support that are available and relevant to the Aboriginal Infant Development Program.
- **Budget and budget narrative:** This is an estimate of the financial support necessary to run your program. Use the budget format required by the funding agency. The narrative is often used to justify and explain your budget. For example, if your community consists of 5 different reserves and AIDP personnel would need to travel among them, your travel budget will be high and it would need explaining. See following examples of budget items and a description of what to include.
- **Appendices:** Items such as letters of support, Band Council Resolutions, information about your community such as community survey results indicating a need for AIDP, and resumes, can be included as appendices.



Budget Item Explanations

- **Salaries** - These should be in accordance with the wage scales that this manual has outlined as base salaries. This will likely be the largest budget item in your proposal.
- **Benefits** - All salaries require contributions to employee benefits (i.e., Employment Insurance, WCB, medical, extended medical, retirement plan, paid holidays, and group life insurance).
- **Supplies** - Estimate these costs carefully. Include office supplies, resources, etc. If you are a new program, the dollar value for this item will be high to reflect the expenses associated with start-up. The funder may require a detailed listing of all supplies along with a price breakdown. Check the funder's guidelines carefully to find out how much detail is needed.
- **Equipment** - All equipment to be purchased must be justified. It may be valuable to get quotes to include in your proposal. E.g. phones, desks, file cabinets, computers, and printer
- **Travel** – Depending on the location of your community, this may be one of the largest cost items in your proposal. All travel costs should be calculated on the least expensive means of travel. Check the funder's guidelines carefully to find out what travel expenses are allowed and for any special requirements regarding travel.
- **Facilities and Administrative (indirect costs/overhead)** – These would include administration fees of 5 to 10 % of the whole budget and other things like insurance, security, hydro etc.
- **In-kind contributions** - In some cases, in-kind contributions or cost sharing are required by funders. Even if there is no requirement from the funder to identify in-kind contributions, it is a good idea to include them as it shows that the proposal has community support.

Avoid Having your Proposal Rejected

These shortcomings, found in many proposals, may lead to a proposal being turned down:

- Application form and other information requested by the funder is incomplete
- Length of proposal exceeds the length specified in the guidelines
- Typeface does not match the funder's minimum size requirement
- Proposal is not well organized
- Proposal lacks professional appearance
- Program guidelines, priorities, and literature have not been reviewed or spell-checked
- Objectives are incomplete
- Inadequate documentation of the significance of the program to the community
- Plans for the continuance of program are not explained
- Inadequate plans for evaluating the effectiveness of the program
- Budget does not show host agency or Band/Tribe commitment
- Budget does not total correctly
- Budget items are not explained or referred to in the budget narrative
- Resumes of potential staff are not current and/or too long

- Appendices are excessive

Funding Sources and How to Access Them

The Office of the Provincial Advisor for Aboriginal Infant Development Programs is not currently in the position to fund Aboriginal Infant Development Programs in BC. Funding for Aboriginal Infant Development Programs is usually provided by the BC Ministry of Children & Family Development for off-reserve or urban programs. Programs in urban Aboriginal communities may be supported by funds provided through the MCFD Urban Aboriginal Initiative or by regional Health Authorities.

Programs in First Nations communities may be fully or partially funded by Bands or tribal councils using funds from Health Transfer Agreements, Brighter Futures funding or the National Child Tax Benefit Reinvestment.

The following organizations *may be* sources of funding for Aboriginal Infant Development Programs:

- Vancouver Foundation - 604-688-2204
- Vancouver Coastal Health Authority - 604-736-2033
- Northern Health Authority - 250-565-2649 or 1-866-565-2999
- Vancouver Island Health Authority - 250-370-8699
- Interior Health Authority - 250-862-4200
- Ministry of Children & Family Development - Request for proposal process
www.pc.gov.bc.ca
- Success by Six - www.successbysix.bc.ca
- *2001 Canadian Directory to Foundations & Grants - available from the BC Aboriginal Child Care Society lending library: Phone 604-913-9128

For further and more up-to-date funding information
visit the AIDP Web site at www.aidp.bc.ca



Program Budgets

There are five main types of budgets that Aboriginal Infant Development Programs may need to use:

- **Start-up budget** is used for the initial set up of a new program. Often used for the costs associated with recruiting and hiring staff, purchasing office equipment, toys, furnishings, locating and renting a suitable office, etc.
- **Operating budget** is for the functioning of the program and is used for staff salaries, honoraria for Elders, benefits, rent, utilities, travel, insurance, replacement reserves, administration expenses, staff training and professional development, office supplies, professional fees, and food if it is provided in your program.
- **Capital budget** is for large purchases like buildings, renovations, a vehicle for the program, major repairs, etc.
- **Project budget** is used for short-term projects, initiatives, or programming.
- **Long-range budget** forecasting assists the program, staff, host agency and advisory committee in planning for the future. They plan how they want the program to grow and identify the financial costs to that growth and development so they know what funding will be needed and when it will be needed. Budget forecasting also gives those in leadership roles in the program time to begin fundraising and writing proposals to meet the program's long-term goals.



Example Budget - Parenting Program or Play Group

<u>Objective:</u>	Parenting Program – Play Group – Literacy Program etc.
<u>Audience/ Participants:</u>	Parent and/or children (ages of children)
<u>Work Plan:</u>	e.g. Facilitative or interactive, child care, transportation
<u>Outcome/Goals:</u>	Desired results or gifts you wish participants to take or get from participating in program or group

Budget: For one session

Facility/rental space	(in kind)
Administration: photo copying/paper/office supplies	(in kind)
Bus or van for transportation	(in kind)
Gas at \$10.00 per session	\$ 10.00
Driver (if not a staff member)	\$ 20.00
Nutrition snacks and beverages \$25.00 per session	\$ 25.00
Craft supplies	\$ 25.00
Honorariums (Elder's/guest speakers)	\$100.00
Child Care - \$10.00/hr x 2 hrs x 3 sitters	\$ 90.00

TOTAL: \$270.00 per session

Example: Once per week x 12 weeks x \$270.00 = \$3,240
 Twice per week x 12 weeks x \$540.00 = \$6,480.00

Or

April 1st to March 31st fiscal year – 52 weeks x \$270.00 = \$14,040.00

If a staff member drives the van or bus, this can be a savings that can go back into the program expenses.

Many things can be bought in bulk like craft supplies, paper plates, napkins if you have storage space.

You may want guest speakers from time to time. Planning provides opportunity for adjusting your budget to include honorariums.

Also, in planning a budget, you may want to include for special occasions, field trips, extra supplies like toys and books for prizes or give aways.

PLEASE NOTE: THIS IS A MINIMAL BUDGET, PLEASE CONSIDER YOUR NEEDS WHEN BUDGETING AND USE THIS AS INFORMATION ONLY.

Example of AIDP Annual Operating Budget

Program Name: _____
 Operating Budget, Fiscal Year 200_

Revenues

Main Funding Source
 Other sources of Funding
 Total Revenues:

Expenditures

Salaries – AIDP staff
 Benefits – AIDP staff
 Contract staff – janitors
 Casual staff - such as drivers, child care for parenting programs, cooks
 Staff recruitment
 Rent
 Insurance (liability, comprehensive)
 Telephone/Utilities
 Mileage/Travel
 Staff Training/Development
 Elder Involvement
 Office Supplies
 Program Expenses
 Food
 Child Care for program groups
 Program supplies
 Vehicle (gas, maintenance, insurance)
 Special events
 Evaluation
 Fees (legal, audit, etc)

Total Expenditures

Current Surplus (deficit)

Accumulated Surplus (debt)

Sample AIDP Budget (One Full-Time AIDP Employee)

In this example, there is one FTE AIDP staff and the host agency provides supervision, administration, and clerical services as in-kind donations to the program.

<u>Start up Costs:</u> (One time only)	Year 1	Year 2	Year 3 +++
Recruitment/Job Posting/Hiring	5000.00	0	0
Assessment tools (Gessell or ASQ or both)	1,500.00		
Toy, Book, Video and Equipment Library	15,000.00		
Office equipment (desk/computer/file cabinet)	3,500.00		
Office supplies	<u>500.00</u>		
(A) Total start up costs =	\$25,500.00	0	0
<u>Annual Program Budget:</u>			
<u>AIDP Staff:</u> (Salaries)			
a. AIDP consultant starting salary = \$37,000.00 + (benefits @ 16%) + annual increases	\$42,920.00	\$43,563.80	\$44,217.26
(B) Total Staff Salaries =	\$42,920.00	\$43,563.80	\$44,217.26
<u>Staff Training:</u>			
Workshops/conferences/seminars/upgrading – per staff	\$1,500.00	\$1,500.00	\$1,500.00
BCAIDC Association fees	<u>\$65.00</u>	<u>\$50.00</u>	<u>\$50.00</u>
(C) Total Staff Training =	\$1,565.00	\$1,550.00	\$1,550.00
<u>Annual Program Supplies:</u>			
Resources including computer software/Internet service	\$1,000.00	\$750.00	\$750.00
Resource books/videos (repair/replacement/new)	\$0	\$1,500.00	\$1,500.00
Children’s books/toys (repair/replacement/new)	\$0	\$1,000.00	\$1,000.00
Project/Craft Supplies /groups/career fairs/miscellaneous.	\$1,200.00	\$1,200.00	\$1,200.00
Food/nutritious snacks/groups/workshops	\$2,400.00	\$2,400.00	\$2,400.00

Elder Resource – Honoraria	<u>\$3,000.00</u>	<u>\$3,000.00</u>	<u>\$3,000.00</u>
(D) Total Annual Program Supplies =	\$7,600.00	\$9,850.00	\$9,850.00
<u>Office:</u>			
Phone/fax/modem/cell	\$2,000.00	\$2,000.00	\$2,000.00
Photocopying/printing	\$750.00	\$750.00	\$750.00
Other/contingency funds/special events	\$1,000.00	1,000.00	1,000.00
Office Space/Rent/Lease/Hydro (if not in-kind)	\$500.00	\$500.00	\$500.00
Staff travel – mileage @ .40/km X 250 kms/month	\$1200.00	\$1200.00	\$1200.00
Insurance (car work coverage difference)	<u>\$50.00</u>	<u>\$50.00</u>	<u>\$50.00</u>
(E) Total Office Expenses =	\$5,550.00	\$5,550.00	\$5,550.00
TOTAL YEARLY BUDGET =	\$83,135.00	\$60,513.80	\$61,167.26

Sample AIDP Budget (1.5 Full-Time AIDP Staff)

In this example, there are 1.5 FTEs including an AIDP staff, and clerical staff.

<u>Start up Costs:</u> (One time only)	Year 1	Year 2	Year 3 +++
Recruitment/Job Posting/Hiring	5000.00	0	0
Assessment tools (Gesell or ASQ or both)	1,500.00		
Toy, Book, Video and equipment Library	15,000.00		
Office equipment (desk/computer/file cabinet)	3,500.00		
Office supplies	<u>500.00</u>		
(A) Total start up costs =	\$25,500.00	0	0
<u>Annual Program Budget:</u>			
<u>AIDP Staff:</u> (Salaries)			
a. Fully qualified AIDP consultant = \$40,000.00/yr. + (benefits @ 16% + 1.5% increases years 2 and 3)	\$46,400.00	\$47,096.00	\$47,802.44
b. Clerical support or AIDP support staff = 15.00/hour X 25 hrs/wk + (benefits @ 16%) + annual increases	\$22,620.00	\$22,959.30	\$23,303.69
(B) Total Staff Salaries=	\$111,940.00	\$113,619.10	\$115,323.39
<u>Staff Training:</u>			
Workshops/conferences/seminars/upgrading – per employee	\$2,500.00	\$2,500.00	\$2,500.00
BCAIDC Association fees	<u>\$65.00</u>	<u>\$50.00</u>	<u>\$50.00</u>
(C) Total Staff Training =	\$2,565.00	\$2,550.00	\$2,550.00
<u>Annual Program Supplies:</u>			
Resources including computer software/Internet service	\$1,000.00	\$750.00	\$750.00
Resource books/videos (repair/replacement/new)	\$0	\$1,500.00	\$1,500.00
Children's books/toys (repair/replacement/new)	\$0	\$1,000.00	\$1,000.00

<u>Annual Program Supplies: (Continued)</u>			
Project/craft supplies /groups/career fairs/miscellaneous.	\$1,200.00	\$1,200.00	\$1,200.00
Food/nutritious snacks/groups/workshops	\$2,400.00	\$2,400.00	\$2,400.00
Elder Resource – Honoraria	<u>\$3,000.00</u>	<u>\$3,000.00</u>	<u>\$3,000.00</u>
(D) Total Annual Program Supplies =	\$7,600.00	\$9,850.00	\$9,850.00
<u>Office:</u>			
Phone/fax/modem/cell	\$2,000.00	\$2,000.00	\$2,000.00
Photocopying/printing	\$750.00	\$750.00	\$750.00
Other/contingency funds/special events	\$1,000.00	1,000.00	1,000.00
Office Space/Rent/Lease/Hydro (if not in-kind)	\$500.00	\$500.00	\$500.00
Staff travel – mileage @ .40/km X 250 kms/month	\$1200.00	\$1200.00	\$1200.00
Insurance (car work coverage difference)	<u>\$50.00</u>	<u>\$50.00</u>	<u>\$50.00</u>
(E) Total Office Expenses =	\$5,550.00	\$5,550.00	\$5,550.00
TOTAL YEARLY BUDGET =	\$153,155.00	\$131,569.10	\$133,273.39

PLEASE NOTE: These two sample yearly budgets are for the operation of an Aboriginal Infant Development Program only. It does not include an organization's needs such as building and contents insurance or liability. As most AIDP are in existing services or agencies, these will be covered under their insurance. If not, we recommend you consult an insurance expert to be sure the AIDP is adequately covered and budgeted for in your proposal and budget planning.

Monthly Forecasting

It is advisable to create a format that breaks your budget down into the 12 months of the year. You may note that during some months expenses will be higher than other months. For example, August may be a slow time for your program with so many professionals and families taking holidays. Referrals and home visits may be lower in August than other months.

You may also find that there are will be certain months that are a bit slower due to community and cultural activities. For example, during fishing season, canoe races or the Long House season, you may find your home visits and program group participation is decreased.



Creating Policies for Aboriginal Infant Development Programs

One of the aspects of creating a new program involves developing policies that will support the smooth operation of the program and support the staff. Policies are put in place to ensure fair and equal treatment. There are two broad types of policies:

1. **Operational policies** - Operational policies are clear statements that inform the AIDP, host agency, staff, families, and others how the program addresses certain issues.
2. **Personnel policies** - Personnel policies describe the rights and responsibilities of employers and employees.

New programs find it helpful to adopt and follow the operational and personnel policies of their host agencies or bands.

- Keep a binder containing all of your policies and make this binder available to all who may need to use it.
- Have new staff members read the policies within the first 2 weeks of employment as part of their orientation.
- Keep the staff informed of new or revised policies. Yearly, policies can be reviewed and revised, if necessary.

Who Sets Policies?

Policies are set by the entity that is ultimately responsible for an organization. For example, if a non-profit society is the entity that is administering an Aboriginal Infant Development Program, the Board of Directors of that society sets the policies. The policies contained in this Manual are recommendations to the entities that are responsible for AIDP in each community.

The AIDP Supervisor hired by the agency to deliver the AIDP service is responsible for applying the policies of the agency and AIDP on a day-to-day basis. Supervisors can recommend policy changes or additions, but their primary responsibility is to implement policies set by the agency, steering committee or host organization in relation to AIDP. The policy setting authority rests with the agencies that administer Aboriginal Infant Development Programs. To ensure best practise standards, AIDP policies are relevant to the Aboriginal Infant Development Program Policy and Procedures Manual and may also contribute to revisions of the manual on an annual basis.

If a Band or Tribe is the entity that is administering an Aboriginal Infant Development Program, the Chief and Council have the responsibility for setting policies. The Chief and Council are acting as the Board of Directors for the program and will take recommendations by the AIDP staff and the AIDP Policy and Procedures Manual.

Who Has Input?

The governing bodies (Boards of Directors or Chief and Council) of the organizations that have responsibility for the programs usually request input from:

- their Local Advisory Committees;
- the Aboriginal Infant Development Program Supervisor; and
- the Provincial Advisor for AIDP.

They may also consult this Manual for policy recommendations.

The governing bodies do not have *carte blanche* when they develop policies for Aboriginal Infant Development Programs. The policies created by governing bodies must be consistent with the requirements accompanying the funding. Local policies must be consistent with the obligations that were agreed to as part of the provision of funding to deliver AIDP. Funders have a strong influence on policies.



Aboriginal Infant Development Program Logic Model

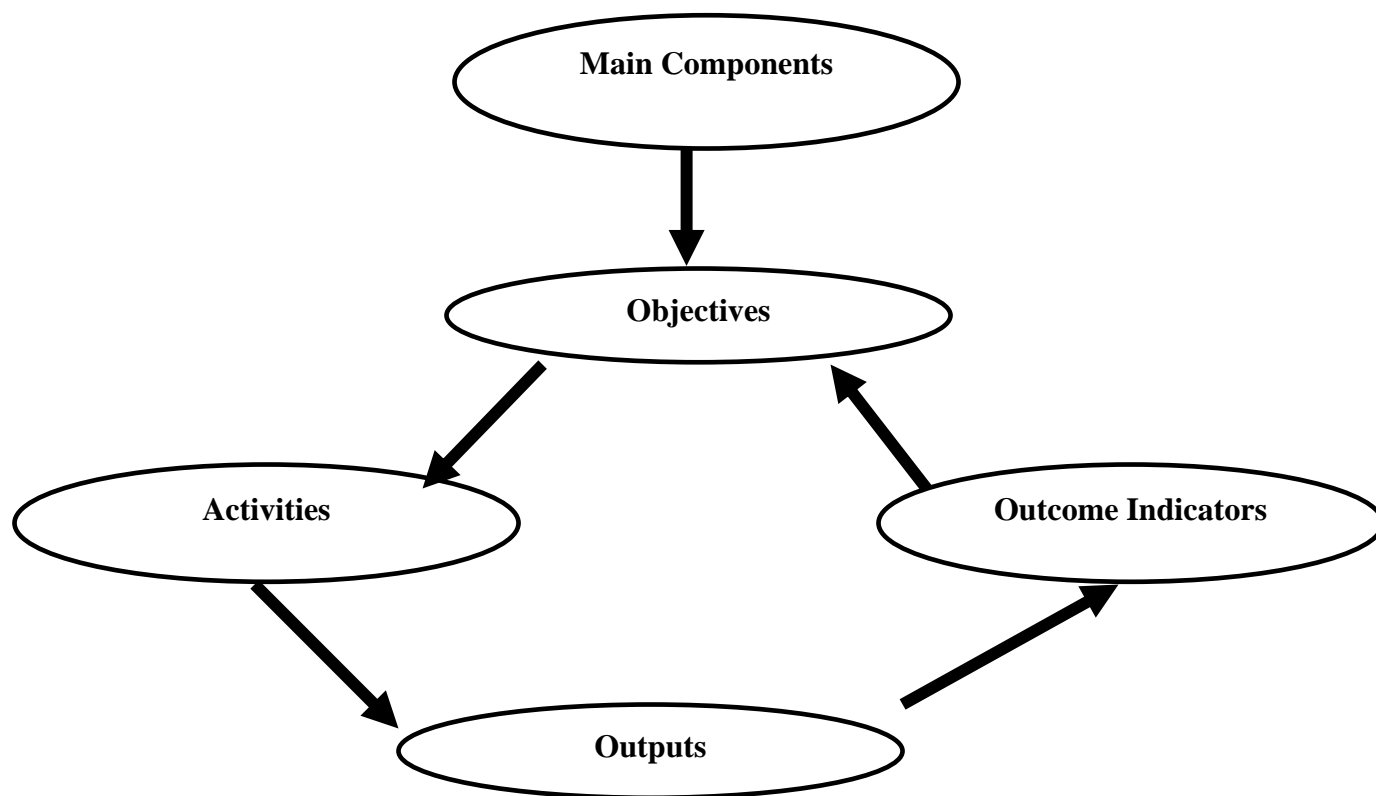
Main Components

The Logic Model for Aboriginal Infant Development Programs identifies six **Main Components**:

1. **Family and professional collaboration**: Partnerships between AIDP staff and the families they serve are an essential element of Aboriginal Infant Development Program work. AIDP staff let families direct programs, instead of the program staff deciding how they will serve families.
2. **Healthy child development**: Information on child development is shared through individual and group discussions, providing materials and by using assessments or screening tools. Families are encouraged to seek traditional information on infancy and childhood from respected family members, Elders and cultural advisors. Families are also encouraged to speak to their unborn babies, infants and young children in the languages of their nations.
3. **Positive parent-child interactions**: Aboriginal Infant Development Programs support positive parent-child interactions by providing information, role-modeling, and support for families to recognize their strengths as parents, the strengths of their children, and their strengths as families.
4. **Problem-solving skills and goal-setting**: AIDP staff assists families to identify and clarify issues and goals. They assist families to consider alternatives and weigh options. AIDP staff respect individual differences among families and their different strengths. AIDP staff understands that some families may need more support than others in decision-making.
5. **Resources and supports**: These can be formal services such as speech therapy, occupational therapy, family counselling, or educational programs. Informal supports include family members, friends, Elders, cultural advisors, and traditional healers. Although AIDP staff makes referrals to specific resources, families decide whether or not to accept the recommended referrals.
6. **Prevention and Early Intervention services**: Aboriginal Infant Development staff are encouraged to visit with expectant parents to discuss strategies for a healthy pregnancy and how substances like alcohol, drugs and tobacco are toxic to the growing baby. Workers can help expecting families identify important sources of information and support, such as baby clinics, pregnancy outreach programs, public health nurses and community health workers. In many of our communities, traditional teachings are followed by family members when women are pregnant. Please honour the traditional practices and beliefs related to pregnancy in the community in which you are working.

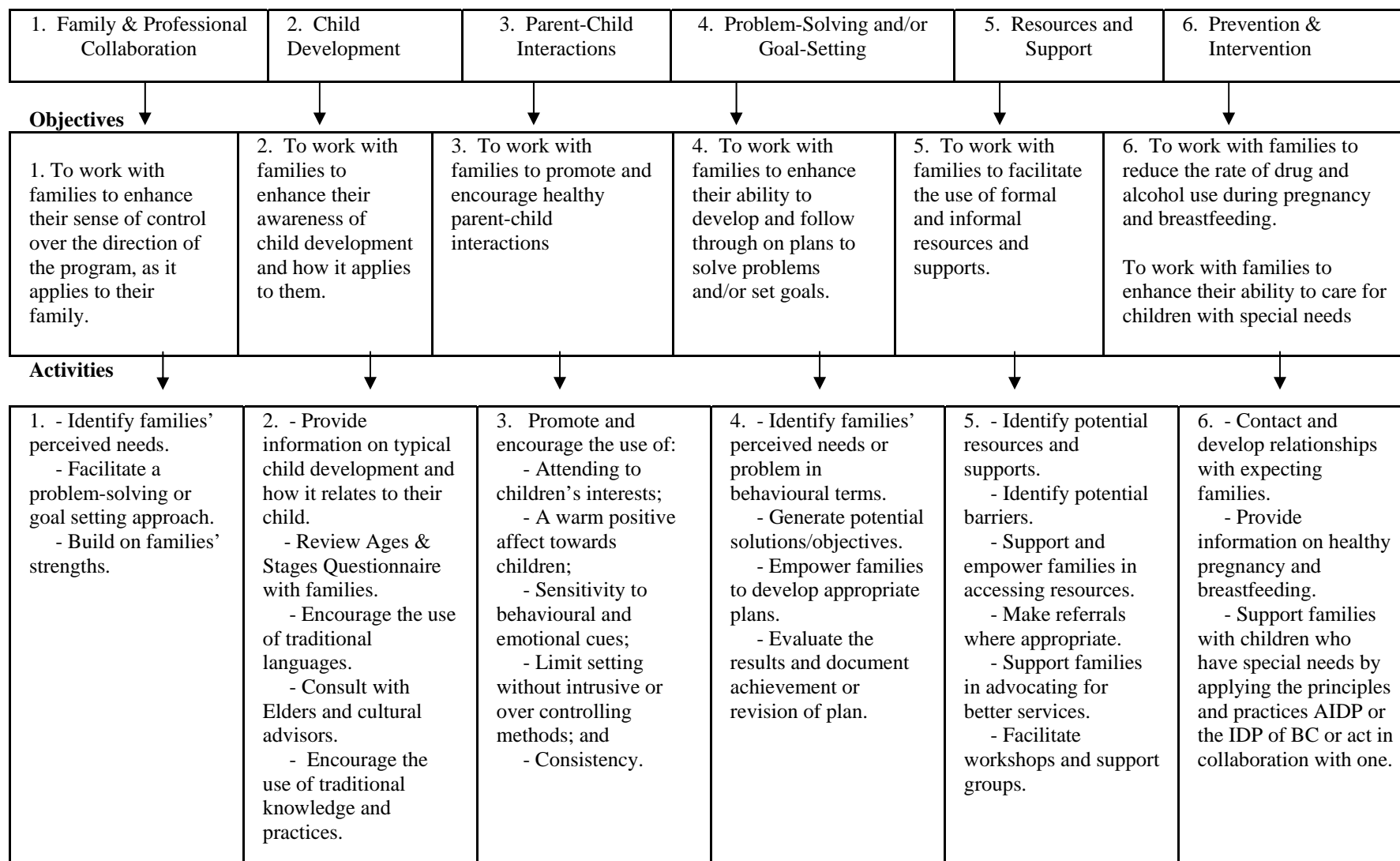
Logic Model

FLOW CHART: ABORIGINAL INFANT DEVELOPMENT PROGRAMS LOGIC MODEL



Training and discussion regarding the AIDP logic model can be discussed at regional in-services, within AIDP programs and the Office of the Provincial Advisor can be reached for questions.

Main Components of AIDP Logic Model



Outputs

1. Annual Statistics	2. Home Visit Summaries	3. Referrals to and from the program	4. Ages & Stages Questionnaires Activity Planning	5. Reports	6. Program facilitated Workshops and Support Groups
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Outcome Indicators

1. % of families who believe they are in control of the program.	2. % of families who attain or gain an increased awareness of how child development relates to their child.	3. % of families who believe they have enhanced parent-child interactions, due to participation in the program.	4. % of families who have attained or are making progress towards goals.	5. % of families accessing identified resources and supports, both formal and informal. Materials Distributed Parent Questionnaires	6. % of families who have discontinued or decreased consumption of toxic substances while pregnant or breastfeeding. - % of families who believe they are receiving the service they need to support them in caring for a child with special needs.
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Objectives

1. To work with families to enhance their sense of control over the direction of the program, as it applies to their family.	2. To work with families to enhance their awareness of child development and how it applies to them.	3. To work with families to promote and encourage healthy parent-child interactions	4. To work with families to enhance their ability to develop and follow through on a plan to solve problems and/or set goals.	5. To work with families to facilitate the use of formal and informal resources and supports.	6. To work with families to reduce the rate of drug and alcohol use during pregnancy and breastfeeding. To work with families to enhance their ability to care for a child with special needs
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Host Agency Information

The organization that signs the contract or contribution agreement with the funder assumes the legal responsibility for achieving the program outcomes under the specified conditions.

Choosing a Suitable Host Agency

Applicable to On-Reserve or Off-Reserve Agencies

Select an organization with these characteristics:

- able to provide community and Aboriginal ownership of the Aboriginal Infant Development Program;
- clean reference checks from government and other funding sources;
- no history of fraud or perception of fraud or funding mismanagement;
- effective, existing by-laws or constitution or operating protocol;
- regular, public annual reporting; and
- maintained “Good Standing” while operating for a minimum of 3 years.

If the organization is a registered charity, its constitution must permit the operation of an Aboriginal Infant Development Program. Consult a lawyer with expertise in charity law to ensure the delivery of an Aboriginal Infant Development Program is compatible with the charity’s stated purposes.

Organization Structure

Select an organization with these characteristics:

- clear mission and purpose;
- proven organizational stability;
- indications of healthy staff morale and a supportive work environment;
- competent, qualified, effective governance, management, and staff;
- existing policy manual that details the organization’s code of conduct and its approaches to confidentiality, personnel matters, hiring and firing, and conflict resolution;
- established procedures to prevent nepotism within the organization;
- detailed human resources policies including job descriptions, recruitment procedures, performance/evaluation appraisals, discipline procedures, lines of communication, supervision, training and professional development;
- volunteer, practicum student, summer student policies that allow an Aboriginal Infant Development Program to include volunteers and students; and
- use of accepted accounting practices and annual audits.

Community Development

Look for evidence that the organization has:

- existing collaborative networks and good working relationships with parent groups, other local social and health services and programs, ECD initiatives, schools, and governments;
- demonstrated involvement in community development and planning, including operating and evaluating existing programs;
- understanding of early intervention, health promotion, community development, information-processing, and the application of research to practice; and
- a history of delivering health or social services to Aboriginal children and families.

Commitment

Select an organization that is able to:

- make a long-term commitment to support an Aboriginal Infant Development Program, staff, and advisory committee;
- make a long-term commitment to work in collaboration with other Aboriginal Infant Development Programs, organizations, the Office of the Provincial Advisor for AIDP, community and families;
- make a long-term commitment to donate in-kind contributions of goods and services to the Aboriginal Infant Development Program, including training and support to staff and advisory committee, students, and volunteers and provide office space and program equipment.

Community Support

Successful programs require community support.

- Request support from local Aboriginal leaders, Elders and community members.
- Request support for the professional development of Aboriginal Infant Development Program staff, volunteers, and advisory committee members;
- Request support for programs for the children and families who will use the AIDP services.
- When requesting community support for the creation or continuation of AIDP services, point out how Aboriginal Infant Development Programs impact the health and well-being of infants, young children, and their families.



Responsibilities of AIDP Host Agencies

Accountability:

- The agency submits monthly/quarterly/financial reports to the funding agency as required and agreed to in the contract or contribution agreement.
- The agency acts in a financially responsible manner, supporting the Aboriginal Infant Development Program delivery and AIDP staff.
- The agency disburses funds for administration, program delivery, activities and employee salaries and benefits as agreed to in the contract or contribution agreement.
- The agency has an audit and financial review annually.
- The agency supports the implementation of a local AIDP Advisory Committee to support the AIDP staff, programming, family and community needs (*if the Host Agency Board cannot meet the needs of the AIDP Program in a consistent, supportive manner with understanding of AIDP and ECD*).
- The agency ensures that the AIDP Advisory Committee will be actively involved in AIDP planning, development, operating and evaluation, in support of the AIDP staff.
- The agency has a current, Personnel Manual, Policies and Procedures Manual relevant or complimentary to AIDP, Code of Conduct and AIDP Job Descriptions and/or, will use the AIDP Policy and Procedures Manual to support the AIDP staff.
- The agency ensures that the Aboriginal Infant Development Program networks with other Aboriginal Infant Development Programs and/or Provincial Infant Development Programs and the Office of the Provincial Advisor for AIDP.
- The agency ensures that the Aboriginal Infant Development Program conducts client satisfaction surveys and program evaluations and uses current best practices models of Infant Development Program service delivery.
- The agency supports AIDP staff to remain current with early childhood research and information.
- The agency supports AIDP staff participation in regional and provincial AIDP/IDP in-service training, workshops, and conferences related to IDP/ECD.
- The agency utilizes the Office of the Provincial Advisor for AIDP to support AIDP staff, access current infant development information and training and as a key point of contact for AIDP information.

Local Advisory Committees

***NOTE:** It is not entirely necessary to form a local advisory committee if a Band/Tribe or host agency has a strong, functioning committee system in place. If this is the case, the Aboriginal Infant Development Program can access an established committee that is already dealing with matters related to children and families. That established committee could become familiar with the AIDP Policy and Procedures Manual and agree to support the Aboriginal Infant Development Program and staff to deal with issues and concerns related to service delivery as part of their ongoing committee work.*

Local Advisory Committees act as liaisons among parents, program staff, and the host agency.

Responsibilities and Tasks

Advisory committees may assume these responsibilities:

- making recommendations to program staff about the Aboriginal Infant Development Program;
- collaborating on problem-solving for program issues such as, waitlists, eligibility, and types of programming;
- assisting in developing goals and objectives for the program;
- developing and implementing ways of involving parents in the program, including the orientation of new parents joining Aboriginal Infant Development Programs and social activities;
- keeping parents informed about what is happening in the program;
- developing a Parent Handbook and revising it as necessary; and
- writing agendas and minutes and forming sub-committees as needed for initiatives such as fundraising

Advisory Committee Members (suggested but not limited to:)

- Host Agency or Band/Tribe manager/supervisor/director
- Elder (possibly two, one male and one female)
- Public Health Nurse
- Social Development representative
- ECE professionals
- Community representative
- Parent Representative
- Child advocates/champions in related fields and services

Community Involvement

Community members can be involved in Aboriginal Infant Development Programs from the planning stages to the day-to-day operation of programs. Community members can:

- assist with the research for writing the proposal;
- assist with writing, organizing, and proof-reading the proposal;
- offer their wisdom, experience and expertise;
- donate equipment and toys;
- share traditions that will strengthen the program;
- participate in a committee or a sub-committee;
- help with fund-raising initiatives; and
- volunteer their time to cook meals, drive, share stories, etc.

Evaluation of an Aboriginal Infant Development Program

Evaluation of an Aboriginal Infant Development Program is a valuable means to ensure that the services being provided to children and families are the most effective and most relevant. It is advisable to do evaluations of AIDP and staff on an annual basis. Evaluations of programs assist them in maintaining their funding by producing evidence of the need for ongoing or increased funding.

Evaluations of the Aboriginal Infant Development Programs can be done in collaboration with all parties involved in the programs:

- Staff
- Host Agency
- Parents/Families
- Local Advisory Committee
- Provincial AIDP Advisor
- Community Agencies/Professionals

Annual evaluations might include:

- Parent questionnaire – (Sample is included in this manual)
- Questionnaire for community professionals
- Staff review
- Logic Model

This is a beginning for Aboriginal Infant Development Programs to work together to develop standard AIDP evaluations.

Each host agency or Band/Tribe will use their existing employee appraisal forms in their own personnel policy. If none exist, please contact the AIDP office for assistance.

Review of Policy and Procedures Manual

Policy and procedures manuals should be reviewed annually. A small working group or committee might take on this task. Please feel free to contact the Office of the Provincial Advisor for Aboriginal Infant Development Programs for input on policies and procedures as we continue to update and keep this manual current.

E-mail: advisor@aidp.bc.ca



CHAPTER FIVE

STAFF



“Cherishing each and every Gift”

Staff Training and Professional Development

The IDP training available through UBC should be supplemented at a local level with traditional teachings of Elders and leaders. Ongoing training at the Spring and Fall IDP in-service sessions is recommended as well as the 2-week Summer Institute in July at UBC. The Office of the Provincial Advisor for AIDP also offers regional workshops and opportunities for AIDP staff to meet and learn from each other.

It is recommended that Aboriginal Infant Development Programs invest in their employees by providing them with ongoing opportunities to strengthen their knowledge and acquire new skills. Training is an investment in employees and it provides benefits to the families they serve and to the community as a whole. Staff training includes a variety of professional development opportunities. For example: workshops that focus on team- building or stress-management; skill-based workshops; conferences; guest speakers; in-service programs, and formal education offered by post-secondary institutions.

Sources of staff training include:

**Infant Development Summer Institute: University of British Columbia
Faculty of Education: Office of External Programs (OEP)**

1305-2125 Main Mall

Vancouver, B.C. Canada, V6T 1Z4

Tel: (604) 822-2013 **Toll-free:** 1-888-492-1122 **Fax:** (604) 822-2015

E-mail: ocpe.educ@ubc.ca **Web:** <http://www.oep.educ.ubc.ca>

Student Service Centre: <http://students.ubc.ca>

A two week Summer Institute is held at UBC every July. The course work leads to a Diploma in Infant Development.

University of British Columbia

On-line Courses

For information about relevant on-line courses currently available, please check the Web site of the Office of Provincial Advisor for Aboriginal Infant Development Programs at www.aidp.bc.ca. To register for UBC on-line courses, contact Chris Elliott chris.elliott@ubc.ca

See the AIDP Web site for ongoing training and workshop opportunities: www.aidp.bc.ca

Traditional Education

AIDP staff recognizes that the knowledge and qualifications we receive as we attend college and university programs and the knowledge that comes from our Elders and traditional teachers, that both are of equal importance in working in our Aboriginal communities.

There are different types and sources of learning including:

- programs and courses that are accredited by colleges and universities. Students are evaluated and earn marks and credits for the courses they complete.
- workshops and conferences provide important learning opportunities too, but the learning of participants is not evaluated and credits are not earned toward diplomas or degrees.
- informal learning that takes place incidentally in the course of life. It is just as important as more structured learning. Examples include learning from our own experiences, learning by watching others, learning by reading independently, and learning from conversations with our friends, co-workers, and family members.

All of these types of learning are valuable and help to build capacity and ongoing learning in AIDP staff.

Elders, grandparents, and community leaders used to teach parents how to teach their children life skills such as cooking, hunting, fishing, working together to plan seasons, carving, sewing, and other essential survival skills.

Elders are valuable resources to AIDP staff to compliment and reinforce our formal education to give our work meaning in our own communities.

(Adapted from –Recreating the World – Four Worlds Press – 2001)

Orientation of New Staff

The orientation of new employees is necessary. All new employees need to be trained to understand their responsibilities. Even highly qualified personnel need to be introduced to the unique features of the program. The orientation of new personnel prepares them to perform their jobs well and it helps them to feel like supported and valued team members.

Following is an example of an orientation checklist that can be used when orientating new staff. Please adapt it to suit the unique features or your AIDP.

Skills and Qualifications for AIDP Positions

There are four possible positions for AIDP personnel:

1. Aboriginal Infant Development Program Support Staff
2. Aboriginal Infant Development Worker (AIDW)
3. Aboriginal Infant Development Consultant (AIDC)
4. Aboriginal Infant Development Program Supervisor

Comparable Starting Salaries, Required Skills and Qualifications

An Aboriginal Infant Development Program's ability to meet its goals will depend on the skills and knowledge of the staff. The cost for providing programs increases with the qualifications of the staff.

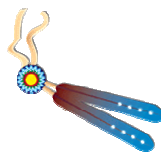
Some communities need and have the ability to create programs staffed by qualified, professionally trained staff. Other communities may have equal or greater needs, but they may only be able to afford volunteers, minimally trained staff, or paraprofessionals to visit families. An organization's expectations for service must match its ability to fund the service.

In order for programs using minimally trained staff to be successful, they must enlist qualified supervisors to mentor, coach, and support the AIDP staff.

PLEASE NOTE:

The salaries listed below are AIDP and IDP average salaries around the province. Salaries come from many different funding sources. In some programs, staff is unionized and salaries are based on collective agreements with employers. In others, salary rates are based on the qualifications of the employees, and in others, salaries reflect ability to pay based on budgets.

We hope in the very near future that salaries for Aboriginal Infant Development Program staff will match the responsibilities and demands of the jobs. Better salaries are needed to encourage people into the field, retain people, and reward people for their valuable work and continued education.



Aboriginal Infant Development Program - Support Staff

(Entry level position)

EDUCATION:

- High School Dogwood Diploma or equivalent.

PERSONAL QUALITIES:

- Able to develop positive relationships with others;
- Able to reflect on own actions and feelings and open to new ways of thinking;
- Shows a desire to increase learning;
- Knows or is willing to learn local culture and traditions; and
- Models positive, healthy lifestyle choices.

RESPONSIBILITIES:

- Pursue continuing education (post-secondary and cultural) related to the field of Infant Development;
- Participate in home visits to families with infants and young children;
- Develop and apply effective listening skills, problem-solving / goal-setting skills;
- Develop and use record-keeping and documentation skills with direction and supervision for such tasks as program attendance, the production and distribution of handouts to parents;
- Identify resources and supports locally available to infants, young children, and their families;
- Support AIDP parenting programs and groups; and
- Enter into a staff development plan with employer to address educational upgrading.

STARTING SALARIES:

In non-union settings, AIDP support staff earn between \$12.00 and \$15.00 per hour depending on their skills and qualifications. AIDP support staff may earn salary increases by completing additional education, pursuing professional development, attending work-related workshops and conferences, and as their work experience increases. They may receive cost-of-living increases if their employers have the funds available.

In unionized workplaces, salaries are set through the collective bargaining process.

Sample Job Description

ABORIGINAL INFANT DEVELOPMENT PROGRAM SUPPORT STAFF

POSITION: Work with Aboriginal Infant Development Programs and/or AIDP group facilitators.

PURPOSE: Program support staff assist colleagues and clients as required in optimizing service delivery.

AUTHORITY: Program support staff work under the supervision of the Aboriginal Infant Development Program Supervisor. Program support staff communicate directly with AIDP Workers and/or AIDP Consultants to meet specific program and group needs.

RESPONSIBILITIES:

- Support programs by working in cooperation with AIDP staff, as needed.
- Coordinate and schedule child-minding staff, as necessary, for parenting groups.
- Keep an up-to-date list of regular and “on call” child-minding staff.
- Assist with the recruitment and orientation of child-minding staff.
- Assist with the supervision and ongoing training of child-minding staff.
- Coordinate and schedule vans and drivers, as needed, for Aboriginal Infant Development Programs and groups.
- Keep an up-to-date list of all drivers, spare drivers and contact numbers.
- Assist in the preparation of snacks or refreshment trays, as needed, for programs or groups
- Communicate with group facilitators regularly regarding attendance (numbers of children), problem-solving, incident reports, etc.
- Assist with photocopying, purchasing supplies and materials, as needed.
- Call group participants to follow up on transportation requests, as needed.
- Promote local culture and language.
- Monitor and purchase coffee supplies for staff use.
- Become well-informed regarding all Aboriginal Infant Development Programs, groups, services, and sources of infant/child information requested by parents.

QUALIFICATIONS:

- Mature individual who demonstrates assertiveness and effective interpersonal communication skills and has the ability to work cooperatively with colleagues;
- Interested in and capable of successfully working with infants and toddlers;
- Able to communicate clearly with colleagues and parents;

- Makes healthy lifestyle choices and acts as a role model in the community;
- Demonstrates good time-management skills;
- Demonstrates respect for all clients;
- Willing and able to pursue ongoing education to acquire credentials in infant/child development;
- Seeks out learning opportunities in areas related to early childhood development. i.e. – safety, indoor/outdoor play activities, nutrition, dental hygiene etc.
- Protects clients' privacy and honours their right to confidentiality;
- Reports to supervisor regarding child protection cases as required to ensure the safety and well-being of children;
- Possesses or willing to obtain First Aid Certificate;
- Possesses or willing to obtain Food Safe Certificate;
- Has reliable transportation and a home phone;
- Complies with the *Criminal Records Review Act*;
- Interested in and capable of successfully completing continuing education programs in the field of IDP as a requirement for continuing employment and future career advancement.

NOTE: This sample may serve as a starting point for programs drafting job descriptions for specific positions. Please modify it to reflect the demands of the positions you are filling.

According to section 41 of the BC Human Rights Code (2004), preference may be given to applicants of Aboriginal Ancestry

Aboriginal Infant Development Worker (AIDW)

EDUCATION:

- College Certificate/Diploma or equivalent in ECE, ECD, CYC, or related field.

PERSONAL QUALITIES and Essential Knowledge

- Able to nurture positive relationships with infants/children and families;
- Able to reflect on own actions and feelings and open to new ways of thinking and learning;
- Shows a desire to increase learning;
- Applies understanding of family, social, community development;
- Applies understanding of social and health services in the community;
- Makes positive, healthy lifestyle choices; and
- Applies knowledge of local culture and traditions.

RESPONSIBILITIES:

- Monitor and support families applying the professional standards and procedures outlined in the AIDP manual;
- If trained in the use of assessment tools such as ASQ, Gessell or Nippising, administer developmental assessments with guidance and supervision;
- Develop, monitor and keep accurate documentation of activity plans for each child/family on caseload;
- Plan and facilitate programs for parents such as play groups or parenting programs; and
- Monitor group attendance.

STARTING SALARIES:

In non-union settings, the starting salary for AIDP Workers is approximately \$18.00 per hour depending on their skills and qualifications. AIDP Workers may earn salary increases by completing additional education, pursuing professional development, attending work-related workshops and conferences, and as their work experience increases. They may receive cost-of-living increases if their employers have the funds available.

In unionized workplaces, salaries are set through the collective bargaining process.

Sample Job Description

Aboriginal Infant Development Worker

POSITION: Qualified AIDW to work in a home visiting program with children and families applying principles of family-centred practice

AUTHORITY: AIDP workers plan and deliver individually appropriate services to infants, young children, and their families. They also work with other agencies and professionals.

ACCOUNTABILITY: The AIDP worker reports to the AIDP Supervisor.

QUALIFICATIONS:

- Possesses an Infant Development certificate or diploma, Summer Institute Training, CYC or FNCYC education, ECE training, or equivalent;
- Minimum of 3 years experience in IDP, AIDP, or related ECD work;
- Applicants with less than 3 years experience may be considered for positions as assistant AIDP workers;
- Mature individual who demonstrates assertiveness, effective interpersonal communication skills, and the ability to work cooperatively with colleagues;
- Able to work independently;
- Reliable and self-motivated;
- Relates well with families, co-workers, other professionals;
- Able and willing to work in partnership with other programs and resources;
- Acts as a role model and makes healthy lifestyle choices;
- Demonstrates respect for all people;
- Maintains professional standards of practice including protecting the confidentiality of families and colleagues;
- Has reliable transportation and holds a valid B.C. driver's license and willing to submit a recent driver's abstract.
- Complies with the *Criminal Records Review Act*;
- Demonstrates willingness and ability to successfully complete continuing education programs and in-service education.

Responsibilities:

- Make home visits to infants/pre-school aged children to assess their development.
- Plan with parents programs to stimulate development and monitor progress.
- Discuss with parents the normal range for their child's growth and development.
- Assist parents to develop effective parenting skills which respect local traditional values and culture.
- Be a resource on blending traditional and modern parenting.

- Be a resource person for well-baby clinics, prenatal classes, and parenting groups to discuss child development and positive parenting practices.
- Maintain liaison with other health and social service professionals.
- Make appropriate referrals for children and their families.
- Keep ongoing, accurate client records.

Additional responsibilities:

- Plan and work within a multi-disciplinary team.
- Inform families of relevant events.
- Support practicum students, work experience students, and job shadowing, as required.
- Contribute to communication resources such as newsletters, flyers, pamphlets, and calendars of events.
- Help coordinate fundraising, events for special occasions, and field trips for families.

NOTE: This sample may serve as a starting point for programs drafting job descriptions for specific positions. Please modify it to reflect the demands of the positions you are filling.

According to section 41 of the BC Human Rights Code (2004), preference may be given to applicants of Aboriginal Ancestry

Aboriginal Infant Development Consultant (AIDC)

EDUCATION

- Degree in Infant Development or related field

PERSONAL QUALITIES and Essential Knowledge

- Demonstrates expertise related to Infant Development Programs;
- Successful work experience;
- Able to be a team player and team leader; and
- Demonstrates excellent interpersonal skills with children, families, colleagues, professionals, and community members.

RESPONSIBILITIES

- Serve and maintain a caseload of infants/children and families applying the professional standards and procedures outlined in the AIDP manual and the manual for Infant Development Programs of British Columbia;
- Apply knowledge of Aboriginal history, culture, language, and community;
- Apply knowledge of local health and social programs and resources; and
- Develop networks and collaborate with community members, local agencies, and professionals.

See job description for AIDP Consultant included in this manual

STARTING SALARIES

In non-union settings, the starting salary for AIDC's is approximately \$20.00 per hour depending on their skills and qualifications. AIDC's may earn salary increases by completing additional education, pursuing professional development, attending work-related workshops and conferences, and as their work experience increases. They may receive cost-of-living increases if their employers have the funds available.

In unionized workplaces, salaries are set through the collective bargaining process.

Sample Job Description

Aboriginal Infant Development Consultant

POSITION: Qualified Aboriginal Infant Development Consultant to work in a home visiting program with Aboriginal children and families applying principles of family-centred practice.

AUTHORITY: The AIDP consultant will set individual program plans and activities for children birth to 5 years old and their families. The AIDP consultant work with related agencies and professionals, and works independently to maintain client caseload and group facilitation as required.

ACCOUNTABILITY: The AIDP consultant reports to the AIDP Supervisor

QUALIFICATIONS:

- Degree in related Early Childhood Development field (e.g. nursing, education, psychology, social science) and possess a Diploma in Infant Development or equivalent education and related experience
- Minimum of 3 years experience in IDP
- Must be a mature individual who demonstrates assertiveness, effective interpersonal communication skills, and the ability to work cooperatively with co-workers and work in partnership with other programs and resources
- Must demonstrate the ability to provide direct program delivery experiences and demonstrate working knowledge of family centred care, early intervention child development, and community-based programs.
- Must be able to work independently, be reliable and self-motivated
- Must relate well with families
- Must maintain professional standards and maintain confidentiality with respect to their families and work.
- Possess reliable transportation and hold valid B.C. driver's license and clean driving record. (Recent driver's abstract to be submitted)
- Must comply with the Criminal Records Review Act.

Responsibilities:

The successful candidate requires expertise related to:

- Infant child health
- Typical and atypical growth and development
- Strategies and appropriate interventions for supporting infant and young children with special needs or at risk of developmental delay
- Working with Aboriginal families and knowledge of cultural and socio-economic issues

- Administering developmental assessments
- Report writing
- Referrals and follow up

The successful candidate must:

- Understand and maintain current knowledge when working with infants and their families who have a developmental delay
- Demonstrate knowledge of the stages of early childhood development; Aboriginal culture, issues; and local early childhood development/support resources and services.
- Possess developed assessment skills, supportive counselling, and advocacy skills
- Possess strong time organization, oral and written communication skills and able to keep ongoing, accurate client records and monthly reports.
- Possess knowledge of group process and facilitation techniques
- Act as a role model for healthy lifestyle choices and demonstrate respect for people of all ages
- Make home visits to assess infant development and plan with parents to stimulate or enhance optimal development and monitor their progress.
- Administer developmental assessments and write reports and recommendations. Assessments may include the Gessell Assessment and the Ages and Stages Questionnaire (ASQ).
- Be a resource person to parents and blend traditional and contemporary parenting practices. Also a resource person for programs such as well baby clinics, prenatal classes, parenting groups
- Make appropriate referrals for further assessment and services
- Advocate for parents and increase community awareness of the needs of AIDP
- Have basic computer skills, including Microsoft Word, and Outlook.

Additional responsibilities:

- Plan and work within a multi-disciplinary team.
- Inform families of relevant events.
- Support practicum students, work experience students, and job shadowing, as required.
- Contribute to communication resources such as newsletters, flyers, pamphlets, and calendars of events.
- Help coordinate fundraising, events for special occasions, and field trips for families.

NOTE: This sample may serve as a starting point for programs drafting job descriptions for specific positions. Please modify it to reflect the demands of the positions you are filling.

According to section 41 of the BC Human Rights Code (2004), preference may be given to applicants of Aboriginal Ancestry.

Aboriginal Infant Development Supervisor

AIDP SUPERVISOR

EDUCATION

- Degree in Infant Development or related field
- Education in management or administration and experience in program management and staff supervision.
- Minimum 3 years of successful experience in program development, implementation, delivery, and evaluation.

PERSONAL QUALITIES and Essential Knowledge

- Able to lead teams and collaborate with other professionals;
- Demonstrates strong, supportive staff supervision skills;
- Demonstrates positive leadership and management skills;
- Applies strong communication and team-building skills; and
- Applies understanding and respect for Aboriginal culture, language, and heritage.

RESPONSIBILITIES

- Budget preparation and financial management;
- Report writing, documentation, evaluation, proposal writing and staff evaluation; and
- Administration of all aspects of the Aboriginal Infant Development Program.

STARTING SALARIES

Starting salaries for AIDP Supervisors are approximately \$25.00 per hour with increases based on experience. They may receive cost-of-living increases if their employers have the funds available. Supervisors occupy management positions they would be excluded from bargaining units in unionized workplaces.

Sample Job Description

Aboriginal Infant Development Program Supervisor

Position Summary:

This is a full-time management level position within an Aboriginal Infant Development Program.

This position includes staff supervision, program development, and home visiting for children from birth to 5 years of age who live both on-reserve and off-reserve in the program service area.

The successful candidate demonstrates confidence and skill working in the field of Infant Development or related ECD fields.

The successful candidate requires expertise related to:

- infant/child health;
- typical and atypical growth and development;
- strategies for supporting infants and young children with special needs;
- appropriate interventions for infants and young children at risk of developmental delay;
- working with families;
- administering developmental assessments and training others to administer developmental assessments;
- report writing;
- referrals and follow up; and
- staff supervision and training.

Experience working successfully with Aboriginal families and communities is essential.

Authority/Responsibilities:

The successful candidate will:

- assume responsibility for the supervision of AIDP personnel, assigning their work and performing annual AIDP staff evaluations;
- understand and use the *AIDP Policy and Procedures Manual* and the *Provincial IDP Policy and Procedures Manual*;
- set AIDP priorities based on community needs;
- manage the day-to-day operations of the Aboriginal Infant Development Program;
- ensure a positive team/work environment for AIDP staff and ensure access to ongoing training and in-service opportunities;
- prepare monthly/quarterly reports using statistics collected from AIDP staff;
- provide annual reports to the funding sources;
- submit reports, statistics to sponsoring organization, as required; and

- submit annual AIDP data to the Office of the Provincial Advisor for Aboriginal Infant Development Programs.

Accountability:

The AIDP supervisor reports to the individual within the sponsoring organization identified in the employment contract.

Qualifications:

- Bachelor's Degree with a major in Infant Development, Early Childhood Education, Early Childhood Development, First Nations Child and Youth Care, Child and Youth Care, Social Work, Nursing, or Therapy;
- experience working with children and families with complex social issues;
- minimum 3 years of successful experience working with infants and young children and their families;
- minimum 3 years of successful experience supervising staff, program development, implementation, and evaluation;
- ability to work independently and to work in a multi-disciplinary team;
- effective written and oral communication and interpersonal skills;
- models a healthy lifestyle;
- demonstrates respect for families and community members;
- demonstrates professionalism;
- maintains confidentiality unless legally obligated to report, testify under oath, or comply with a subpoena;
- applies strong leadership skills;
- understands Aboriginal history and issues in Aboriginal communities;
- capable of successfully completing continuing education programs and in-service training;
- possesses a valid B.C. Driver's License and willing to submit a recent driver's abstract;
- successful applicant's check under the *Criminal Records Review Act* must be clean.

NOTE: This sample may serve as a starting point for programs drafting job descriptions for specific positions. Please modify it to reflect the demands of the positions you are filling.

Employee Benefits

When calculating the cost of employee benefits, the sponsoring organization may apply its established personnel policies.

If the organization has been newly created or if there are no personnel policies in place, the Office of the Provincial Advisor for Aboriginal Infant Development Programs at www.aidp.bc.ca can provide guidance and information about the range of benefits paid by other programs.

Standard Benefits as set out in the Canada Labour Code include the following:

Division 4 - Annual Vacation

Annual vacation is set as per the Canada Labour Code as 4% of an employee annual salary to be paid vacation time. This works out to approximately 2 weeks of paid vacation time.

Division 5 - General Holiday

New Years Day	Labour Day
Good Friday	Thanksgiving Day
Victoria Day	Remembrance Day
Canada Day	Christmas Day
B.C. Day	Boxing Day

Division 6 – Maternity Leave, Parental Leave, Compassionate Care Leave

Maternity Leave - 206. Every employee who

- (a) has completed six consecutive months of continuous employment with an employer, and
- (b) provides her employer with a certificate of a qualified medical practitioner certifying that she is pregnant is entitled to and shall be granted a leave of absence from employment of up to seventeen weeks, which leave may begin not earlier than eleven weeks prior to the estimated date of her confinement and end not later than seventeen weeks following the actual date of her confinement.

Parental Leave: 206.1 (1) Subject to subsections (2) and (3), every employee who has completed six consecutive months of continuous employment with an employer is entitled to and shall be granted a leave of absence from employment of up to thirty-seven weeks to care for a new-born child of the employee or a child who is in the care of the employee for the purpose of adoption under the laws governing adoption in the province in which the employee resides.

- (2) The leave of absence may only be taken during the fifty-two week period beginning
 - (a) in the case of a new-born child of the employee, at the option of the employee, on the day the child is born or comes into the actual care of the employee; and
 - (b) in the case of an adoption, on the day the child comes into the actual care of the employee.

- (3) The aggregate amount of leave that may be taken by two employees under this section in respect of the same birth or adoption shall not exceed thirty-seven weeks.
- 206.2 The aggregate amount of leave that may be taken by one or two employees under sections 206 and 206.1 in respect of the same birth shall not exceed fifty-two weeks.

Compassionate Care Leave

206.3 (1) the following definitions apply in this section.

“common-law partner”, in relation to an individual, means a person who is cohabiting with the individual in a conjugal relationship, having so cohabited for a period of at least one year.

"family member", in relation to an employee, means

- (a) a spouse or common-law partner of the employee;
- (b) a child of the employee or a child of the employee's spouse or common-law partner;
- (c) a parent of the employee or a spouse or common-law partner of the parent; and
- (d) any other person who is a member of a class of persons prescribed for the purposes of this definition or the definition "family member" in subsection 23.1(1) of the Employment Insurance Act.

Division VIII - Bereavement Leave

210. (1) Every employee is entitled to and shall be granted, in the event of the death of a member of his immediate family, bereavement leave on any of his normal working days that occur during the three days immediately following the day of the death.
- (2) Every employee who has completed three consecutive months of continuous employment by an employer and is entitled to bereavement leave under subsection (1) is entitled to such leave with pay at his regular rate of wages for his normal hours of work, and such pay shall for all purposes be deemed to be wages.
- 3) The Governor in Council may make regulations
- (a) defining the expression "immediate family" for the purposes of subsection (1);
 - (b) defining the expressions "regular rate of wages" and "normal hours of work" for the purposes of subsection (2); and
 - (c) for the purposes of this Division, defining the absences from employment that shall be deemed not to have interrupted continuity of employment.

Some employers provide benefits over and above the minimum requirements such as:

- Sick time
- Moving days
- Cultural days
- Spiritual leave
- Extended medical plans that include long term disability
- Life insurance coverage
- Work use coverage for car insurance

Hiring Procedures

We recommend Aboriginal Infant Development Programs use the hiring policies of their host organizations when recruiting and hiring new employees. If there is no hiring policy in place, please feel free to contact the Office of the Provincial Advisor for Aboriginal Infant Development Programs at www.aidp.bc.ca for assistance.

When hiring AIDP staff, it is strongly recommended that employers:

- Check all references for new employees.
- Hire all new employees for a three-month probationary period with a formal performance evaluation at the end of the probationary period. If any problems are identified during the evaluation, the probationary period might be extended if the new employee is actively addressing the problems and is likely to soon master the job. If the performance evaluation is unsatisfactory, the employment may be ended.
- For on-reserve positions, qualified members of the First Nation should receive priority to ensure they have opportunities to work in their own communities.

Note: Preference may be given to applicants of Aboriginal descent as noted under the BC Human Rights Code section 41:

41 If a charitable, philanthropic, educational, fraternal, religious or social organization or corporation that is not operated for profit has as a primary purpose the promotion of the interests and welfare of an identifiable group or class of persons characterized by a physical or mental disability or by a common race, religion, age, sex, marital status, political belief, colour, ancestry or place of origin, that organization or corporation must not be considered to be contravening this Code because it is granting a preference to members of the identifiable group or class of persons.

Hiring Committee

It is recommended that Aboriginal Infant Development Programs use hiring committees. Hiring committees provide varied input and points of view and they decrease the chances of community members complaining about nepotism or unfair hiring practices. It is recommended that AIDP hiring committees include:

- Parents
- Elders
- Immediate supervisor for AIDP staff
- Representatives of the host organizations (if applicable)
- Local Advisory Committee member
- Provincial Advisor for AIDP (at discretion of the program)

For positions other than the position of AIDP supervisor, the supervisor should also be a member of the hiring committee.

The hiring committee performs the following tasks:

- Prepares a job description
- Posts the job opening
- Reviews the applications and develops a short list of the best applicants
- Interviews short-listed applicants
- Contacts references
- Recommends the successful applicant to the employer

Advertising

Job openings can be advertised in the following ways:

- Put the Job Posting in the community newsletter.
- Display the Job Posting in the Band office/Health centre/Early childhood program centres/community halls. Put the posting on bright coloured paper. Include your logo.
- Advertise in Aboriginal papers such as *Raven's Eye*, *Kahtou*, and *Windspeaker*.
- Talk to as many people as you can about the Job Posting and ask them to let others know that you are looking for a new staff member and when the closing date is for the Posting.
- Send out e-mail notices with the Job Posting attached.
Post your notice on a variety of Web sites including: Office of the Provincial Advisor for Aboriginal Infant Development Programs of BC www.aidp.bc.ca and Infant Development Programs www.idpofbc.ca

Annual Performance Appraisal of Staff

All AIDP staff should have annual performance appraisals. The appraisals must be based on their job descriptions. The appraisal provides an opportunity to acknowledge the strengths of staff members and identify areas where they can grow and focus on their gifts and talents. This is often when training needs are identified.

It is best if it is a joint effort between the AIDP staff and the supervisor, and in the case of the supervisor, between the supervisor and the person to whom he or she reports in the host agency (possibly the Executive Director or Manager).

Host agencies or Bands/Tribes use their existing employee appraisal forms in their personnel policy manuals. If none exist, please contact the Office of the Provincial Advisor for AIDP for assistance in choosing employee appraisal forms.

Health and Safety

When working with children and their families, Aboriginal Infant Development Program staff are at a higher risk of being exposed to a variety of viral and bacterial infections. It is recommended that all staff of Aboriginal Infant Development Programs receive annual flu shots and insure their immunizations for these diseases are up-to-date:

- Measles
- Polio (Poliomyelitis)
- Tetanus
- Diphtheria
- Rubella

It is advised that all AIDP staff follow the “Universal Precautions” to prevent the spread of illnesses and viruses.

What are universal precautions?

Universal precautions are sometimes called “Standard Precautions.” They are infection control guidelines designed to protect individuals from exposure to diseases spread by blood and other body fluids.

The Laboratory Centre for Disease Control, Health Canada and the U.S. Centers for Disease Control has developed the strategy of "Universal Precautions" to prevent contact with blood and other body fluids. Universal precautions stress that all individuals should be assumed to be infectious for blood-borne diseases such as HIV/AIDS and hepatitis B.

Precautions are taken with all individuals – to prevent contact with their blood or other body fluids. Examples of universal precautions include wearing disposable latex gloves when dealing with blood or other body fluids, using 100% bleach to clean up blood spills, and covering all cuts and scratches with bandages until they are fully healed.

AIDP staff must be aware at all times of the dangers of infection and use strategies for preventing the spread of blood-borne diseases. Regular, thorough cleaning and disinfecting of toys and equipment after home visits and the proper cleaning of all surfaces in playrooms, bathrooms, and kitchens can prevent the spread of infections. The Canadian Child Care Federation has published universal precautions specifically for child care settings. See www.cfc-efc.ca/docs/cccf/00025_en.htm.



Work Schedules

Work schedules should be specified in contracts or letters of offer to AIDP staff. Aboriginal Infant Development Program staff require flexible work schedules that include working some evenings and weekends. AIDP positions usually involve working 9 a.m. to 5 p.m., but many programs offer evening programs and sometimes home visits are made in the evening in order to accommodate family members and their schedules.

Because of work and school commitments, some families are away from their homes between 9 a.m. and 5 p.m. Some families prefer their visits in the early evening. Some employers ask staff to adjust their schedules to accommodate these cases, either by starting later the following day or accumulating the overtime for use as time off at a later date.

AIDP employees might work from 12:30 to 8:30 p.m. one day a week to facilitate regular evening programs that run from 6:00 to 8:00. The 12:30 to 8:30 p.m. schedule allows time for clean-up and lock-up.

Flexible work schedules are an essential requirement for AIDP staff. While policies need to comply with federal/provincial labour standards as well as the sponsoring organization's personnel policies, it is sometimes difficult to schedule regular coffee breaks and lunch breaks. The need for flexibility might also arise if it makes practical sense for an AIDP staff member to go directly to home visits or meetings before checking into the office in the morning. In these situations, it is best to establish good communication and ensure that co-workers (if applicable) are kept informed and know where their colleague is and when he or she will return to the office.

If AIDP staff members are unable to take one hour lunch breaks due to travel between home visits, flexible policies that allow them to leave work an hour early can promote self-care and minimize accumulating too much overtime.

Positive working relationships will lead to trust. Trusted employees will work better at communicating their schedules and maintaining as much consistency as possible.

Employees and supervisors can review work schedules regularly to prevent problems.

Policy for Calling in Sick

Please refer to your host organization's policy. If there is currently no policy in place, the following approach is recommended: The policy should be put in writing to avoid confusion. AIDP staff members must notify their supervisors as soon as possible if they will be absent from work due to illness. This allows the supervisors to make arrangements for other employees to cover for the individuals who are absent or, if that is not possible, the supervisors can insure the families are informed that their groups or visits have been cancelled and when they are likely to be rescheduled.

Capacity Building

Capacity building is the process by which staff, programs, host organizations, and communities develop the abilities (individually and together) to perform functions, solve problems, and achieve their goals.

AIDP programs can build capacity of their staff and their programs by organizing and providing:

- Training
- Workshops
- Conferences
- Mentoring programs

Six Steps to Developing a Capacity-building Plan

The steps below can be used to create a plan for your individual staff members or your program as a whole.

Step #1: Determine the nature of the 'gap': Where is the person (program) now and where would they like to be? Answering these questions is often easier said than done. In fact, of the six steps, this one is probably the most difficult.

Step #2: Determine the priorities and set realistic time frames. It will be important to organize the plan with the idea that some goals must be met before others can begin.

Step #3: Match the need to appropriate capacity-building techniques. For example, if a team member feels limited in his or her ability to do assessments of children, the program might decide to support the employee to attend training in the administration of one of the three assessment tools described in this Manual. Capacity building might involve identifying mentors for team members. This might be someone in your community, a colleague, or Aboriginal Infant Development consultants from other programs.

Step #4: Ensure the commitment of staff members to the capacity-building plan. Ensure the program has the financial and human resources needed to proceed. Resources may include mentors, Elders, financial support, training opportunities, etc.

Step #5: Develop a process to ensure the plan gets implemented effectively. A buddy system can encourage team members to support one another in their capacity-building plan. AIDP staff working in isolation might be able to find people in their communities who can become mentors and support them. This support is also available from the Office of the Provincial Advisor for Aboriginal Infant Development Programs.

Step #6: Seek the necessary approvals for the plan. Perhaps the plan will need to be approved by your host organization.

Mentorship

“Mentoring is about giving gifts. Gifts of confidence, encouragement and respect.”

(Elizabeth Hoyle – Trimark Investments)

Many Aboriginal communities and urban communities have started Aboriginal Infant Development Programs in recent years. During this time of Aboriginal Infant Development Program development and recruiting Aboriginal people to the field of AIDP, non-Aboriginal personnel have been hired to work in Aboriginal communities or agencies.

Mentorship is a wonderful and rewarding way for people to teach and support others who are new to a field or profession. It also supports people in their personal growth. Mentorship is a positive way to pass on skills and knowledge and it is also a way for a person to grow in his or her abilities while still having the security of guidance from someone more experienced during times of trial and error.

Mentorship is a balance of informal learning and on-the-job training. Mentorship provides motivation and inspiration while supporting personal wellness and self-care.

The recipient of mentoring feels less intimidated while adjusting to his or her new responsibilities. The mentor sees things through “new eyes” and perspectives during the ongoing learner/teacher exchange. An atmosphere of mutual respect and appreciation enhances the learning of both parties. Some mentors see mentorship as “passing of the torch” and experience personal fulfillment by teaching and supporting newcomers to their field or profession.

“It is time for me to move on, I am not here to build a dynasty, but I would be happy to leave a legacy. It is time that I train someone to take my place. I have created something that an Aboriginal person can take to another level and I can still leave my job feeling fulfilled.”

Non-Aboriginal ECD worker in a Friendship Centre



AIDP Staff Mentorship

The Mentor - is a supervisor, advisor, teacher and role model who:

- provides support, guidance and encouragement;
- has the ability to teach and give constructive and positive feedback regularly;
- establishes specific expectations and timelines for educational and/or professional achievements related to the duties, responsibilities and job descriptions of the new AIDP staff member being mentored -- sometimes called a student, protégé or trainee;
- possesses technical skills, knowledge and experience related to Infant Development.
- possesses accumulated experience in the field of Infant Development or related ECD programs, health or social services;
- has previous supervisory experience that includes orientation and employee evaluations;
- understands the philosophy of home-based, family-centred practice;
- has a community development vision;
- uses strong interpersonal skills;
- uses strong leadership skills;
- is patient;
- has good listening skills;
- learns from his or her experience as a mentor;
- accepts questions and responds constructively;
- models professional behaviours; and
- has a genuine interest in supporting the development and success of others.

“Learn how to talk, and then learn how to teach. Teach your children and they will be proud and you will be proud. What you know, pass it on.”

This message is applicable to experienced employees who assume responsibility for mentoring new employees.

The Teaching of the Elders - 1983

The AIDP Trainee – is a student with aspirations to learn and advance personally and professionally. Trainees are expected to:

- become aware of their existing and required personal and professional skills;
- understand what areas of education and skills are needed in order to meet the requirements of their jobs and assume the full range of responsibilities;
- ask questions, listen carefully, and ask for further clarification, when necessary;
- be prepared for ongoing meetings with their mentors and attempt to follow through with work or advice given;
- be willing to learn and share work experiences honestly;
- take active roles in decision-making throughout the mentoring and training period;
- have a genuine interest in entering the field of Infant Development and learning about home-based, family-centred, community-driven programs; and
- be prepared for and committed to the learning process with the goal of becoming a qualified AIDP employee and working in the field.

Principles of Mentorship:

1. A mentor is a role model.
2. The mentor will help increase the trainee's self-esteem and self-confidence.
3. Mentorship is given and received free of criticism or judgment.
4. Mentorship is based on relationships that are built on trust and honesty.
5. Mentor and trainee will treat each other with respect.
6. Mentorship will focus on the success of the trainee.
7. Mentorship is rewarding and fulfilling for the mentor.
8. Mentor and trainee will respect local cultural and traditional teachings, values and beliefs.

Work Experience/Job Shadowing

Much of the mentorship information can be used when providing work experience or job shadowing to high school students. Most of these student placements are only ½ day or one day sessions, possibly up to a week, as part of the students' CAPP (Career and Personal Planning) courses.

Using the principles of mentorship will provide youth with positive experiences while they explore Infant Development services. Seeing and participating in real work at a real worksite might inspire students when planning their post-secondary education and setting career goals. These visits increase the students' confidence and expand their knowledge of career options.

Aboriginal Infant Development Programs also benefit because the profiles of Aboriginal Infant Development and Early Childhood Development are raised among young Aboriginal students.

Promoting Staff Wellness

The wellness of AIDP staff is essential to the success of our programs. One of the best ways to promote the wellness of all staff is to create a true sense of team. This can be done by having team-building sessions, regular staff meetings, staff training, and workshops. Equally important are the values, beliefs, philosophies, and management styles of supervisors. Supervisors set the tone for their programs and their teams and set the standard for service delivery to children and families. All AIDP employees are responsible for maintaining their own wellness and doing what they can to create healthy, enjoyable, and welcoming work environments.

Working with children and their parents and families triggers memories of our own childhoods and our own parenting experiences. This may be upsetting. AIDP staff sometimes witness things that are frightening or disturbing. Whenever you feel upset, frightened, or disturbed, it is helpful to debrief with a co-worker. Share what happened. Discuss how it affected you and come up with ways of dealing with your feelings.

If there is no one on your team or in your host organization that you feel comfortable debriefing with, please feel free to contact the Office of the Provincial Advisor for Aboriginal Infant Development Programs. For current contact information check www.aidp.bc.ca

Potential Care Giving Risks for AIDP Staff

Burnout

Burnout can impact people working in any field. Stress leading to burnout builds up over time. A vacation, time off, or a temporary change of responsibilities, workload or schedule is sometimes all that is needed to prevent burnout. If you feel stressed and at risk of burnout, take steps to reduce the stress before burnout occurs.

Compassion Fatigue

- A state of tension and preoccupation with an individual or cumulative stress of families you are working with.
- Compassion Fatigue can develop quickly or over time.
- Physical, emotional, and spiritual fatigue or exhaustion takes over a person and causes a decline in their ability to do their job or feel job satisfaction.
- Morale drops and personal relationships are often affected.
- You may find yourself reacting to emotional situations differently than you normally would.
- Prevention is the key. Continually practice self-care and maintain balance in your life. There must be some aspect of your life where you receive care, rather than always giving it. Consciously put yourself in situations where you see the good in the world.

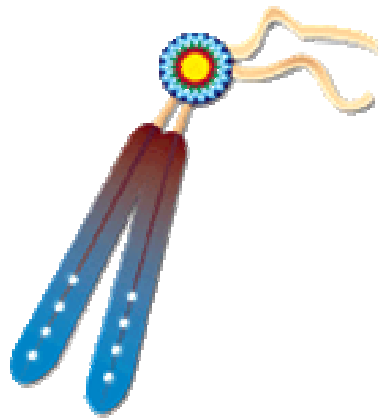
Adapted from Little Drum Consulting

Strategies for Preventing Compassion Fatigue

- Always work under supervision. If this is not currently provided in your workplace, advocate for it or create your own peer supervision network with colleagues who are doing similar work. Discussions with colleagues provide opportunities to confidentially identify work-related challenges, seek and provide advice, feedback, support, and encouragement.
- Take breaks and pause for lunch. If you are working at a computer for long tasks, get up and move around at least once an hour.
- Use your cultural practices, religious observances, and personal spirituality as sources of support and strength. For example, smudge, prayer, cleansing baths, attending worship services, etc.
- Take care of your body by eating healthy foods, exercising, getting enough sleep, and avoiding smoking, alcohol, and drugs.
- Set boundaries between home and work. Maintain friendships that do not overlap with your work-based relationships.

- Avoid isolation in your work by being involved in local or provincial/territorial organizations that can support you.
- Take holidays, preferably a minimum of two weeks in a row, and protect this holiday time like it is sacred to you as it may be one of your greatest strategies to keep healthy and prevent Compassion Fatigue.
- Take a break from working with children who are being traumatized or in the process of healing from their trauma.

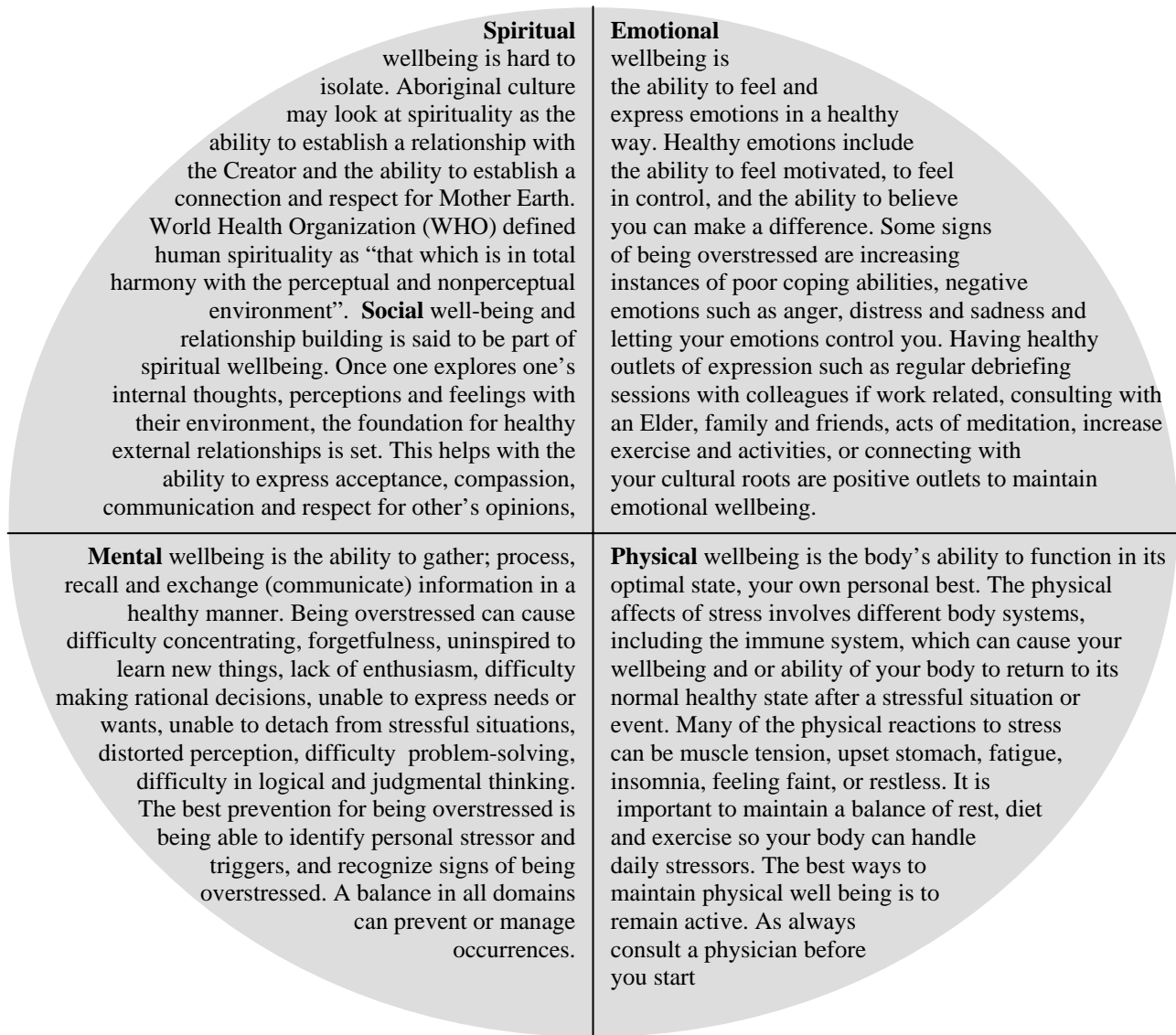
Adapted from Little Drum Consulting



Holistic Approach to Stress Management

Overall wellbeing is a holistic approach to health, between the mind and body. Overall wellness is a tightly woven relationship between the spiritual, social, emotional, mental and physical, domains. The balance between these domains are often tested, and sometimes stretched. Stress in one domain can affect another so it is important to maintain balance by recognizing your signs of stress and pay close attention to your body, mind and behaviour. Optimum health and wellness includes the ability to function in normal day to day events, dealing and reacting to stressors in a conscious state of mind.

There are several types of stress, some provide motivation or inspiration and others have negative effects on the body’s system. There is neutral stress, such as hearing of an event that may not directly involve you; or acute stress which is a short quick and intense event, and chronic stress which gradually appears and lingers for a prolonged time – chronic is the most severe type of stress that is not as easy to recover from.



CHAPTER SIX

RESOURCES



“Cherishing each and every Gift”

Planning Purchase Resources for Your Program

- Budget for all foreseeable needs.
- Allocate money in your annual budget to cover loss, repair, and replacement of resources. Build up a replacement reserve account.
- Compare quality and prices whenever possible. If you are on-reserve, deal with suppliers that will honour the tax exemption.
- Factor in delivery costs when comparing prices. Some suppliers include delivery costs in their quoted prices. Others do not. Delivery costs can be significant, particularly if you are in a remote location.
- Identify essential resources and buy them first. If your budget for new resources permits, you can buy the nice to have non-essentials with any remaining funds. What may be essential for one program may not be for another.
- Resources need to attract and keep the interest of children and help them in developing their skills. When selecting toys and equipment here are a few factors to consider:
 1. Safety
 2. Developmental considerations
 3. Local considerations
 4. Environmental considerations
 5. Ethical considerations
 6. Social impact
 7. Imagination and creativity
 8. Children's interests
 9. Play value
- Choose resources that reflect the Nation and community in which you are working. This includes books and videos that reflect the children and families with whom you work. In urban programs, select materials that reflect Aboriginal cultures throughout Canada.



Community Resources

Identifying your community resources would ideally include a balance of supports for all domains for human development: social, emotional, cognitive, physical, and spiritual resources.

Develop a community resources list and distribute copies to all staff members. Keep copies at the reception counter for distribution to families.

The following suggestions are intended as a starting point for the community resources list. Please modify it to include the resources in your community.

- Elders (may include name, contact # and the subjects on which they can provide assistance. *For example: (Elder Name) is gifted in helping expectant mothers to traditionally prepare themselves for the birth of their babies. Or (Elder Name) is excellent at helping fathers prepare for fatherhood and prepare their homes.*
- Nurse (Nursing station)
- Cultural Advisors
- Local physician or community preferred physician
- Speech/Hearing specialists
- Occupational therapists
- Physiotherapists
- Head Start Program
- Daycare Program
- HIPPI program
- Paediatricians
- Dentists
- Social service providers
- Midwives and Doulas

Toy Lending Libraries

Through play, children learn about the world around them. Play encourages the development of language and communication skills and provides opportunity for children to use their imaginations and enhance all areas of development. A child will never discover his or her potential to be a soccer player without having opportunities to kick a soccer ball. A child will never discover his or her talent as an artist without having opportunities to use crayons and paints. Providing children with a wide range of play opportunities when they are infants, toddlers, and preschoolers adds joy to their lives and enhances their readiness for school. Playing with other children provides opportunities for children to learn from one another, develop social skills, and experience the pleasure of having playmates.

Toy lending libraries provide toys, books, games, puzzles and equipment to families to help build creativity in playtime with their children. Toys and equipment should be safe, stimulating, easy to care for, sturdy and durable for keeping clean.

Toy lending libraries can be available to all families who participate in your AIDP or agency. The resources and toys available through lending libraries provide parents with access to quality toys, play equipment, books, puzzles and videos without having to purchase them. Parents can borrow and try out toys or large pieces of play equipment to find out if their children enjoy them before they make their purchasing decisions.

Toy lending libraries offer excellent resources, including books and videos for parents and caregivers of young children or other professionals who work with children and families. Some toy lending libraries also lend such equipment as car seats, high chairs, play pens, and safety gates.

Some toy lending libraries have equipment required by children with special needs such as floor mats, core strengthening or balancing equipment and stabilizing exercise equipment. These are items that a family might not need permanently but would be very useful to do certain exercises with their child at home between physiotherapy visits.

Toy lending libraries operate much the same as a public library with items available on loan for a time period.

- A membership process or sign out process will be very important to track the borrowing and lending.
- A process will also need to be in place to inventory and continually inspect toys and equipment for breakage, need of repair or disposal or track for lost pieces of puzzles etc.

Suggestions for Operation

Membership:

Many toy lending libraries charge an annual membership fee but this will be determined by the AIDP and or agency. Membership may be waived if it presents a financial hardship for families to access.

- It is recommended that any family who participates in the Aboriginal Infant Development Program have free access to the toy lending library.
- If membership is required, it is recommended you keep it to a minimum of \$5 or \$10 per year so not to deter families from accessing the toy lending library.
- For organizations, a suggested fee is \$30.00 per year. This fee would minimally assist in offsetting annual costs in providing a toy lending library to your families.

Borrowing: (Suggestions only, can be determined by the program)

- Toys, books, puzzles etc. for children can be borrowed for 1 month.
- Books, videos, resources for parents can be borrowed for 2 to 3 weeks.
- Equipment such as car seats, high chairs can be borrowed for up to 3 months with an opportunity for one 3 month extension (total 6 months). This gives a family time to budget and save for the purchase of their own but not get too dependant on the one that is borrowed. (Longer than this can be determined between the program and family)
- Play items borrowed by another professional or agency for a parenting workshop or group can be borrowed for same day or up to 3 days to allow time for return.
- Resources borrowed by another professional or agency can be borrowed for 2 to 3 weeks.

Aboriginal Infant Development Programs and toy lending libraries should cooperate for the benefit of the families they serve. For example, parents attending AIDP groups can be encouraged to visit the toy lending library to select toys and other resources before or after the group sessions to remove barriers to access regarding transportation issues.

Lost or Broken Toys:

Toy lending libraries require clear policies regarding lost or broken toys. Parents should be informed of the policies when they join the toy lending library. The toys and other resources are expensive and parents must accept responsibility for ensuring that they are not abused or lost. Each toy lending library will need to develop a policy regarding consequences for lost or broken toys and other resources. Some toy lending libraries require borrowers to pay for replacing the lost or broken resources. In some toy lending libraries, the borrowers are able to pay in monthly instalments. Other toy lending libraries allow borrowers to repay the amount owed by doing volunteer work in the toy lending library, such as disinfecting toys before they are put back on the shelves.

Suggestions for Purchasing Toys and Equipment:

- Choose stimulating toys that engage the child's senses (hearing, sight, touch, etc.).
- Make sure toys are safe (no small parts for children under three).
- Look for toys with good play value, meaning the toy can be used in different ways and be used for multiple domain activities.
- Can be used with other toys you already have for extended play opportunities. (pots and pans to add to set of dishes)
- Select toys that are durable, but not necessarily expensive.
- Include parents and children in the selection process when possible. (survey of most popular requests and most borrowed toys)
- Finally, check the local bookstore nearest you for the Canadian Toy Testing Council Report which is released each year before Christmas.
- The organization "FRP Canada" is a family resource program association. The Web site is www.frp.ca

Donations:

In many communities, donations of toys and equipment come from organizations, businesses, churches and families to Aboriginal Infant Development Programs. It is wonderful and a compliment when this sharing takes place in our communities.

It is very important that if you use the toys or donate them to families that all toys must be closely inspected and in excellent condition with no missing parts, cracks or sharp edges. Donations are well-intended but we must be confident that the toys are safe and will not injure children in any way before making them available to children. In addition to considering the safety of donated toys, AIDP personnel should consider their social impact. Many toys elicit anti-social behaviour or perpetuate sex stereotypes. Consider the messages embedded in the toys before making them available to children.

The same needs to be said for used and donated car seats high chairs, cribs etc. It is nice when we can help families find these more costly items but we must ensure that they are in excellent condition. There can be no sign of damage in the form of cracks, broken or frayed straps, missing buckles, missing latches, loose crib bars and posts. If there is any uncertainty, always err on the side of caution and do not use. A lot of old equipment and furniture does not meet current standards and should be destroyed to get it out of circulation.

- See car seat safety information at www.ICBC.com
- See www.cbc.ca/consumers/consumertips/garage_sales.html

Monetary Donations:

You might be able to enlist a church, club such as Rotary to donate funds annually to your toy lending library for replacement and repair.

Toy Library Budget:

Start up Budget: Depending on the size of your community, the numbers of potential users, storage space requirements and staffing, start up funding may range from \$5000 to \$15,000 depending on whether you establish strictly a “toy” lending library or lending other equipment as well.

Annual Toy Lending Library Costs: Include replacement and repair costs in your annual operating budget. All toy lending libraries need to replace and repair toys and other resources. It is recommended that new toy lending libraries plan for at least \$500 to \$1,500 per year for ongoing maintenance. The replacement and repair costs can be met by either charging membership fees or by doing fund-raising.

Staffing for Toy Library:

- Most Aboriginal Infant Development Programs and/or their host organizations are unable to hire staff specifically to maintain their toy lending libraries. Most often, this work is done by AIDP staff.
- If your toy lending library is only open and staffed part-time, make sure that the schedule is posted for families in local newsletters, on your bulletin board, and shared during home visits.
- For maintenance, categorize all items e.g. children's books, resource books, videos, puzzles, gross motor, furniture/equipment.
- Maintain an up-to-date catalogue (binder) containing an inventory of all of the toys and equipment (Excel software might be good for this)
- The inventory should include each item available for loan. Each item will be identified along with: date of purchase, place of purchase, price (for cost of replacement), and age-appropriateness.
- Have membership forms completed with all contact information before anything is loaned.
- Borrowing forms are filled out with the date borrowed/date of return and an acknowledgement that the item will be returned in the same condition as when borrowed. The forms are signed by borrowers and the lenders. A copy is given to the borrower and a copy is kept by the toy lending library.
- All toy lending library binders, forms etc. should be kept together in one location.
- All AIDP staff should be taught the procedures for using the toy lending library.
- Some staff time should be scheduled weekly to process returned toys and equipment.

Volunteers:

Toy lending libraries often use volunteers who come in regularly to clean and inspect returned items before they are put back on the shelf. Practicum students are also sometimes given responsibilities in toy lending libraries.



Aboriginal Infant Development Programs

Vancouver Island/Coastal Region AIDP * = affiliate or contract with other agency

AIDP PROGRAM	CONTACT NAME E-MAIL	PHONE FAX	ADDRESS
1. Southern Vancouver Island (Greater Victoria Region)	Sally McLean Sally.aidp@vnfc.ca	250-384-3211 250-384-3261	610 Johnson St. Victoria B.C. V8W 1M4
2. Cowichan Tribes – Tsewultun Health Centre	Laura Elliott laura.elliott@cowichantribes.com	250-746-6184 250-748-8815	5768 Allenby Rd. Duncan, B.C. V9L 5J1
3. Nuuchah Nulth Tribal Council IDP	Jacqueline Watts jackie@nuuchahnulth.org	250-724-5757 250-723-0463	P.O. Box 1280 Port Alberni, B.C. V9Y 7M2
4. Nuuchah Nulth Tribal Council IDP – Central Region	Jennifer Miller jmiller@nuuchahnulth.org	250-725-2396 250-725-2158	P.O. Box 279 Tofino, B.C. V0R 2Z0
5. Nuuchah Nulth Tribal Council IDP – Northern Region	Darcy Kerr dkerr@nuuchahnulth.org	250-283-2012 250-283-2122	P.O. Box 428 Gold River, B.C. V0P 1G0
6. Namgis First Nation	Charlene Harse CharleneH@namgis.bc.ca	250-974-5135 250-974-5138	P.O. Box 210 Alert Bay, B.C. V0N 1A0
7. Quatsino Indian Band	Angelika Starr qfnidp@island.net	250-949-6245 250-949-6249	305 Quattishe Rd. Coal Harbour, BC V0N 1K0
8. Gwa'Sala'Nakwaxda'xw Family Services	Agnes Paul agnes@gnand.net	250-949-8131 250-949-6811	P.O. Box 998 Port Hardy, B.C. V0N 2P0
9. Kwakiutl Indian Band	Stephanie Malbouef fridp@telus.net	250-949-9015 250-949-9028	P.O. Box 1440 Port Hardy, B.C. V0N 2P0
10. Klemtu Health Clinic	Grace Clark bilbogc@island.net	250-339-4838 250-339-0143	2180 Stadacona Dr. Comox, B.C. V9M 3P9
Laichwiltach Family Life Society	Corrina Sagmeister ecd_cr@hotmail.com	250-286-3466	441-4 th Ave Campbell River V9W 3W7

Lower Mainland/Fraser Region AIDP

1. So Sah Latch Health and Family Centre	Verna Oberg	604-985-7826 604-985-3037	422 W. Esplanade North Vancouver V7M 1A7
2. Klahoweya Aboriginal Centre	Nadine Gagne nadine_gagne@hotmail.com	604-584-2008 604-588-1850	13629 108 th Avenue Surrey, B.C. V3T 2K4
3. First Nations Urban Friendship Centre Society	Tammy Munroe tamgirlbc@yahoo.com	604-517-6120 604-517-6121	623 Agnus St. New Westminster, B.C. V3M 5Y4
4. Vancouver Aboriginal Early Childhood Support Program	Lorrinda Ititakoofi creeazn@shaw.ca	604-602-7558 604-602-7559 604-813-4169	3 rd Fl 195 Alexander St. Vancouver V6A 1N3
5. Sheway IDP* * (affiliated – serves up to 80% Aboriginal population)	Vesna Miskin vmiskin@ywcavan.org	604-216-1699 604-216-1698	533 East Hastings St. Vancouver, B.C. V6A 1P9
6. Sea to Sky IDP * * (contract with Squamish Nation)	Gabi Moeller Gabi.moeller@sscs.ca	604-894-6101 604-894-6333	P.O. Box 656 Pemberton, B.C. V0N 3G0
7. Tsleil-Waututh Nation	Marc (Tatanasci) Lalonde mlalonde@twnation.ca	604-929-0693 604-929-4714	2065 Takaya Dr. N. Vancouver V7H 2V6

Central/South East Region (Interior)

1. Ki-Low-Na Friendship Society	Shelia Riden aidp@kfc.bc.ca	250-763-4905 250-861-5514	442 Leon Avenue Kelowna, B.C. V1Y 6J3
2. Nzen'man' Child and Family Development Center Society	Michelle Antoine lyttonidp@yahoo.ca	250-455-2661 250-455-2644	P.O. Box 400 Lytton, B.C. V0K 1Z0
3. Bella Coola	Cindy Nygaard bellacoola_idp@hotmail.com	250-799-5914 250-799-5560	P.O. Box 860 Bella Coola, B.C. V0T 1C0
4. Splatstin	Teresa Jenson willowleaf@canoemail.com	250-838-6404 250-838-6429	2730 Canyon Rd. Enderby, B.C. V0E 1V3

5. First Nations Friendship Centre (Vernon)	Jessie Nyberg childhooddev@telus.net	250-542-7578 250-542-7597	2902 – 29 th Avenue Vernon, B.C. V1T 1Y7
6. Lower Similkameen Indian Band	Sandy Terbasket	250-499-2717 250-499-5415	P.O. Box 100 Keremeos, B.C. V0X 1N0
7. Lillooet* *Affiliate to Band	Glenda Newstead	250-256-1314 250-256-1332	Bag 700 Lillooet, B.C. V0K 1V0
8. Penticton Indian Band/Little Pod Preschool	Glenda McDonald Dennell Boneau	250-493-7799 250-493-4063	RR2, Site 80, Comp 19 Westhill Drive, Penticton, BC V2A 6J7

Northern Region AIDP

1. Wazdidadilh AIDP	Anita Zakresky azkresky@pgnfc.com	250-564-5941 250-564-5946	138 George St. Prince George, B.C. V2L 1P9
2. Machihtawin Dawson Creek Aboriginal Family Resources Society	Jeanette Tough dsafsrhs@telus.net	250-782-1169 250-782-2644	#4 10109 13 th St. Dawson Creek, B.C. V1G 4R4
3. Tl'azt'en Nation	Charlene Webb ericksonwebb@hotmail.com	250-648-3350 250-648-3286	P.O. Box 1899 Fort St. James, B.C. V0J 1P0
4. Fort Ware	Lyn Edwards	250-471-2302 250-471-3201	General Delivery Fort Ware, B.C. V0J 3B0
5. Mackenzie Counselling* *McLeod Lake Band	Susan Clegg mcss@cablerocket.com	250-997-6595 250-997-3903	P.O. Box 790 Mackenzie, B.C. V0J 2C0

Service Providers

These are only a few of the service providers Aboriginal Infant Development Programs are likely to use. For a complete list, please visit our Web site at www.aidp.bc.ca and click on “Links & Resources.”

Aboriginal Organizations and Services in British Columbia A Guide to Aboriginal Organizations and Services in BC 2004

Aboriginal Directorate

For a free copy of the guide email: Aboriginal.Directorate@gov.bc.ca

Electronic version of publication available at www.mcaaws.gov.bc.ca/aboriginal_dir/guide.htm

BC Aboriginal Child Care Society (ACCS)

708 – 100 Park Royal
West Vancouver, BC V7T 1A2
www.acc-society.bc.ca

Phone: 604-913-9128
Fax: 604-913-9129

BC Aboriginal Network on Disability Society (BCANDS)

1179 Kosapsun Crescent,
Victoria, BC V9A 7K7
www.bcands.bc.ca

Phone: 250-381-7303
Toll-free: 1-888-815-5511

BC Association of Aboriginal Friendship Centres

#200- 506 Fort Street
Victoria, BC V8W 1E6
www.bcaafc.com

Phone: 250-388-5522
Toll-free: 1-800-990-2432

BC Association of Speech-Language Pathologists and Audiologists (BCASLPA)

9912 Lougheed Highway
Burnaby, BC V3J 1N3
www.bcaslpa.bc.ca

Phone: 604-420-2222
Toll-free: 1-877-BCASLPA (222-7572)

BC’s Regional Health Authorities:

Provincial Health Services Authority (PHSA)

700 - 1380 Burrard Street
Vancouver, BC V6Z 2H3
www.phsa.ca

Phone: 604-675-7400
Fax: 604-708-2700

Vancouver Island Health Authorities

Director of Aboriginal Health
Tom Bradfield
Memorial Pavilion
1952 Bay Street V8R 1J8
www.viha.ca

Phone: 250-370-8965
Fax: 250-370-8200

Northern Health Authority
 300-299 Victoria Street
 Prince George, BC, V2L 5B8
www.northernhealth.ca

Phone: (250) 565-2649
 Toll-free: 1-866-565-2999
 Fax: (250) 565-2640

Vancouver Coastal Health
 10th Floor, 601 West Broadway
 Vancouver, BC V5Z 4C2
www.vch.ca

Phone: 1.866.884.0888
 or 604.875.4252

Interior Health Administrative Offices
 2180 Ethel Street
 Kelowna, BC V1Y 3A1
www.interiorhealth.ca

Phone: 250- 862-4200
 Fax: 250- 862-4201

Fraser Health Corporate Office
 300 -10334 - 152A Street
 Surrey BC V3R 7P8
www.fraserhealth.ca

Phone 1-877-935-5669
 or 604-587-4600
 Fax: 604-587-4666

Federation of Aboriginal Foster Parents (FAFP)
 3455 Kaslo Street
 Vancouver, BC V3M 3H4
www.fafp.ca

Phone 604-291-7091
 Fax: 604-291-7098

First Nations Education Steering Committee (FNESC)
 113-100 Park Royal South
 West Vancouver, BC V7T 1A2
www.fnesc.ca

Phone: 604-925-6087
 Toll free: 1-877-422-3672
 Fax: 604-925-6097

**Health Canada (CPNP/CAPC)
 British Columbia/Yukon**
 Suite 405, Winch Building
 757 West Hastings Street
 Vancouver, BC V6C 1A1
www.hc-sc.gc.ca

Tel: (604) 666-2083
 Fax: (604) 666-2258

Infant Development Program of BC
 2765 Osoyoos Crescent
 Vancouver, BC V6T 1X7
 E-mail address: infantdv@interchange.ubc.ca
www.idpofbc.ca

Phone: 604-822-4014/4015
 Fax: 604-822-9556

Métis Provincial Council of BC

1000 – 789 W. Pender Street
 Vancouver, BC
 V6C 1H2
www.mpcbc.bc.ca

Phone: 604-801-5853
 Toll free: 1-800-940-1150
 Fax: 604-801-5097

Ministry of Children and Family Development**Honourable Linda Reid, Minister of State for Child Care**

Parliament Buildings – Room 29
 Victoria, BC V8W 9E2
www.gov.bc.ca/mcf

Phone: 250-356-7662
 Fax: 250-356-8337

Provincial Paediatric Therapy Consultant

Phone: 250-748-2547
 Fax: 250-748-2548
 Email: consultant@therapybc.ca
www.therapybc.ca

Provincial Supported Child Development Programs

237 Third Street
 Courtenay, BC V9N 1E1
www.scdp.bc.ca

Phone: 250-338-4288 ext. 225
 Toll-free: 1-866-338-4881

WEBSITES:**Aboriginal Canada**

www.aboriginalcanada.gc.ca

Canadian Institute of Child Health (CICH)

www.cich.ca

Provincial Labour Codes

<http://laws.justice.gc.ca/en/L-2/index.html>

Books Available at the Provincial AIDP Office

Books and Videos

The AIDP Provincial Advisor's Office keeps an updated list of recommended books and videos for Aboriginal Infant Development Programs and regularly circulates information on new publications. Please visit the Web site at www.aidp.bc.ca or call for an updated list of resources.

Title	Author	Date	ISBN
Finding a Way In: Parents on Social Assistance Caring for Children with Disabilities	Roehrer Institute	2000	1-896989-55-1
Beyond the Limits: Mothers Caring for Children with Disabilities	Roehrer Institute	2000	1-896989-53-5
Agenda For Action: Policy Directions for Children with Disabilities and Families	Roehrer Institute	2000	1-896989-56-X
Count Us In: A Demographic Overview of Childhood and Disability in Canada	Roehrer Institute	2000	1-896989-54-3
When Kids Belong: Supporting Children with Complex Needs- At Home & In the Community	Roehrer Institute	2000	1-89-6989-57-8
Supported Child Care: Enhancing Accessibility, A Resource Manual for Communities, Child Care Settings and Child Care Providers-MC&F & HRDC	BC Ministry for Children and Families		
Interaction, Volume 13 Number 4, Winter 2000	Canadian Child Care Federation	2000	
Interaction, Volume 15 Number 1, Spring 2001	Canadian Child Care Federation	2001	
Moving In Unison Into Action: Towards a Policy Strategy for Improving Access to Disability Supports	Roehrer Institute	2002	1-896989-68-3
Northwest Coast Indians	Bartok, Mira	1996	ISBN 0-673-36257-4
The Tender Years	Berrick, Jill D. Brazelton, T.	1998	ISBN 0-19-511453-1
The Irreducible Needs of Children	Berry	2000	ISBN 0-7382-0325-4
Raven Goes Berry Picking	Cameron, Anne	1991	ISBN 1-55017-036-8
How Raven Freed the Moon	Cameron, Anne	2000	ISBN 0-920080-67-7
So Much	Cooke, Trish Craigian, Charlie	1994 1999	ISBN 1-56402-344-3 ISBN 0-88971-166-6

Salmon Boy			
Supporting & Strengthening Families	Dunst, Carl J.	1995	ISBN 0-914797-94-8
Red Parka Mary	Eyvindson, Peter Goldin, Barbara	1996	ISBN 0-921827-50-4
The Girl Who Lived With the Bears	D. Hamanaka,	1997	ISBN 0-15-200684-2
All the Colors of the Earth	Sheila	1994	ISBN 0-688-17062-5
Baby Massage	Heath, Dr. Alan	2000	ISBN 0-7894-5124-7
Bear Dream	Hobbs, Will	1997	ISBN 0-689-83536-1
Potlatch	Hoyt-Goldsmith, Diane	1997	ISBN 0-8234-1290-3
Mama, Do You Love Me?	Joose, Barbara M.	1991	ISBN 0-87701-759-X
Ghosts from the Nursery	Karr-Morse, Robin	1997	
Your Baby & Child	Leach, Penelope	2000	ISBN 0-375-70000-5
Frog Girl	Lewis, Paul O.	1997	ISBN 1-55285-193-1
Storm Boy	Lewis, Paul O.	1995	ISBN 1-55110-737-6
This Land is My Land	Littlechild, George	1993	ISBN 0-89239-119-7
Down From the Shimmering Sky	Macnair, Peter	1998	ISBN 1-55054-623-6
It Takes Two to Talk	Manolson, Ayala	1992	ISBN 0-921145-02-0
You Make the Difference	Manolson, Ayala	1995	ISBN 0-921145-06-3
The Boy Who Lived With the Seals	Martin, Rafe	1993	ISBN 0-399-22413-0
Infant Massage	McClure, Vimala	2000	ISBN 0-553-38056-7
Raven	McDermott, Gerald	1993	ISBN 0-15-265661-8
Salmon Summer	McMillan, Bruce	1998	ISBN 0-395-84544-0
How the Stars Fell Into the Sky	Oughton, Jerrie	1992	ISBN 0-395-77938-3
The Buffalo Jump	Roop, Peter	1996	ISBN 0-87358-731-6
Within Our Reach	Schorr, Lisbeth B.	1989	ISBN 0-385-24244-1
On Mother's Lap	Scott, Ann H.	1972	ISBN 0-395-62976-4
Houses of Wood	Shemie, Bonnie	1992	ISBN 0-88776-284-0
	Shonkoff, Jack P.	2000	ISBN 0-309-06988-2

From Neurons to Neighbourhoods

Our Babies, Ourselves	Small, Meredith F.	1998	ISBN 0-385-48362-7
What's the Most Beautiful Thing You Know About Horses?	Van Camp, Richard	1998	ISBN 0-89239-154-5
A Man Called Raven	Van Camp, Richard	1997	ISBN 0-89239-144-8
Robes of Power - Totem Poles on Cloth	Jensen, Doreen	1986	ISBN 0-7748-0264-2

- The Provincial Infant Development Program also has resources that can be borrowed. Visit their Web site at www.idpofbc.ca.
- The BC Aboriginal Child Care Society also has resources that can be borrowed. Visit their Web site at www.acc-society.bc.ca to see a complete list of available resources.

AIDP Forms

It is very important that all AIDP programs use the same forms or similar forms gathering the same information to document their caseloads and program information. Using the same forms similar to other programs is one of the best ways of keeping open consistent communication both with your agency/program staff and with other AIDP programs. It also makes it easier for seamless services ensuring pertinent information will not be overlooked during the transition from one consultant to another or from one program to another.

Forms are one method to help standardize the AIDP profession increasing/maintaining reliability and consistency. The caseload forms and the program forms, have program information and numbers that when gathered and cumulated, will provide the best overview of AIDP services. The Office of the Provincial Advisor for AIDP will be able to make use of this crucial information to advocate and plan for improved services and education opportunities. Note: All information gathered by the provincial AIDP office is confidential and adheres to the OCAP principals.

Some of these forms have been adapted from the Provincial IDP and some have been collected from Aboriginal IDP. If you have any forms you would like to share please forward them to be added to the following. We would recommend entering these forms onto your computer with your AIDP logo making them easily ready for any updates.

Consent Form – Sample one

I give my permission to the staff of the _____
 Aboriginal Infant Development Program to receive from and/or be sent the following persons
 or agencies, relevant information, reports, etc. about my child:

Name of Professional/Agency	Date	Parent/Caregiver Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Committee or meeting related to child and family

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expiry date of consent: _____ (Review annually)

(Make a copy for family)

Consent /Request for Specific Information - Sample One

Date _____

To: _____

Address _____

Dear _____

Child's Name _____ D.O.B. _____

was referred to the Aboriginal Infant Development Program on _____ by

I have made an initial home visit with this family. The parent(s) and I feel the Aboriginal Infant Development Program may be of benefit to the child and family. I have included the parental consent to share information and regular developmental reports with you and to obtain from you, information that will be of assistance to us in planning a program for the child and family. I would be pleased to cooperate with you in the planning and provision of services to this family.

Please send me the following information: _____

Yours Sincerely,

Aboriginal Infant Development Consultant

Parent Guardian Signature

This consent expires 90 days following date of signing

Aboriginal Infant Development Program
Policy and Procedure Manual 2005

Consent/Request for Specific Information - Sample Two

Date _____

To: _____

Address _____

Dear _____

Child's Name _____

was referred to the Aboriginal Infant Development Program on _____

by _____

I have made an initial home visit with this family. The parent(s) and I feel the Aboriginal Infant Development Program may be of benefit to the child and family. However, the family does not wish to share information at this time.

Yours Sincerely,

Aboriginal Infant Development Consultant

Parent/Guardian Signature

This consent expires 90 days following date of signing.

Referral Intake Form - Aboriginal IDP

Staff Name _____ **AIDP Child ID #** _____
Program _____ **Aboriginal/Métis Ancestry** Yes No
Intake Date _____ **ESL** Yes No

Child's Name _____ **Mother/Guardian** _____
Surname/First Name Surname/ First Name

D.O.B _____ **Age of Referral** _____ **Father/Guardian** _____
Surname/First Name

Birth Weight _____ **Family Code** _____

Gestation (weeks) _____ **Brothers/Sisters** _____ **Ages** _____

Current Weight _____

Reason Referral Code _____

Male ___ **Female** ___

Referral Source Code _____

Hospital _____

Contact _____ **Home Phone #** _____

Current Address _____ **Work Phone #** _____

Alternate Addresses _____ **Phone #** _____

Family Elder/Leader _____ **Phone #** _____

History: Age of Detection by Parent _____ **By Professional** _____

Assessment(s) _____ **By** _____ **Date** _____

Diagnosis _____ **By** _____ **Date** _____

Physician _____ **Phone #** _____

Paediatrician _____ **Phone #** _____

Therapy/Specialists _____ **Phone #** _____

Other AIDP _____ **Child ID#** _____ **Phone #** _____

Are there any services currently being seen? If yes, by whom, how often? Yes No

Who: _____ **Phone #** _____ **Frequency** _____

Do you have any information that may indicate a potential risk to a home visitor? (e.g. dogs, dangerous roads) _____

Additional Comments: _____

Accepted Yes No Waitlisted Yes No Referred Yes No Ref # _____

1st Contact Date _____ **1st Visit** _____

Parent/Guardian Signature

Aboriginal Infant Development Program Goals and Objectives

Child's Name _____ D.O.B. _____ (adjusted age) _____ Child ID # _____

Age when goals set _____ Date goals set _____ Date goals assessed _____

CODE:

- ++ Behaviour part of sequence**
- + Behaviour well established**
- + - Behaviour inconsistent**
- Behaviour not present**

SKILL AREA	GOALS	PROGRESS	COMMENTS
MOTOR			
ADAPTIVE			
LANGUAGE			
PERSONAL/SOCIAL			

Parent Signature _____

Aboriginal Infant Development Consultant _____

Letter to Referral Source – Sample One

Date _____

To: _____

Address _____

Dear _____

Child's Name _____ D.O.B. _____

Thank you for your referral of the above named child to the Aboriginal Infant Development Program. An initial home visit has been made and the family wishes to participate in the Program.

Yours Sincerely,

Aboriginal Infant Development Consultant

Letter to Referral Source – Sample Two

Date _____

To: _____

Address _____

Dear _____

Child's Name _____ D.O.B. _____

Thank you for your referral to the Aboriginal Infant Development Program. An initial home visit has been made; however, the family does not wish to participate in our program at this time. If in future the family decides to access our services, please feel free to contact us again.

Yours sincerely,

Aboriginal Infant Development Consultant

Referral Form

Family Information

Name of infant _____

D.O.B. _____

Age at referral _____

Mother's name _____

Address _____

Phone (H) _____ (W) _____

Father's name _____

Father's address (if different from mother's)

Phone (H) _____ (W) _____

Siblings name _____ Age _____

Siblings name _____ Age _____

Siblings name _____ Age _____

Diagnosis / Additional Information

Referral Information

Date of referral _____

Referral source _____

Reason for referral _____

Birth Information

Hospital _____

Birth weight _____

Gestational age _____

Agencies Involved

Foster child Yes No

Name of agency _____

Name of worker _____

Assessments	Type	By whom	Date
-------------	------	---------	------

Physicians Medical concerns

Does the family require an interpreter? Yes No Language _____

Which Aboriginal heritage is the child and family from?

Do you have any information that may indicate a potential risk to a home visitor?

Additional comments _____

Parent is informed about the AIDP and wishes to participate.

Parent has been given the Parent Information Package. This consent is reviewed annually.

AIDP Consultant Signature _____

Parent Signature _____

Request for Medical Referral to the Consultant Physiotherapist

Re: (Name of Child) _____

Date of Birth _____

Parents /Guardians _____

Address _____

Dear _____

The above named child was referred to the Aboriginal Infant Development Program on _____ by _____. Reason for referral was _____.

This child has been accepted into the Aboriginal Infant Development Program, and I will be making regular home visits. Copies of my reports to the family will be sent to you at their request.

In addition to regular home visits by me, the Aboriginal Infant Development Program provides an initial screening / assessment by a Registered Paediatric Physiotherapist. In compliance with the Physiotherapist Act, that service is available only with a physician's referral. Enclosed is a referral form which we ask you to sign and return to the office indicated on the form.

I would be pleased to work with you in the planning for services to this family. If you have any questions regarding the Aboriginal Infant Development Program, or require any additional information, please contact me at _____.

Sincerely

Aboriginal Infant Development Consultant

AIDP Medical Information

Date: _____

Name: _____ Child ID # _____

Prenatal Information: (history, gestation period, medications taken, 1st doctors visit etc.)

Birth Information:

Medical interview after birth and / or subsequent hospitalization

<u>Date</u>	<u>Reason (treatment, hospitalization, tests, etc.)</u>
_____	_____
_____	_____
_____	_____

Hearing Checkup	Vision Checkup	Developmental Checkup
<u>Date</u>	<u>Date</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information

AIDP Staff Name: _____

AIDP Staff Signature: _____

My Child and Family

Name: _____ Child ID# _____

Date: _____ Age of Child _____

Family's heritage and community _____

Number of children in family _____ Number of members in household _____

How would you describe your child's temperament? (i.e., easy going, slow to warm up)

Your Child's Strengths:

Physical:

Interactions:

a) What objects does your child like to play with and how does he/she use them?

b) How does he/she interact with people?

Communication:

a) Verbal

b) Non-verbal

c) Understanding

What do you and your child like to do together? _____

Activities I dislike doing with my child are: _____

What cultural teachings would you like your child to learn? _____

Family Routines

Meal times: _____

Types of food your child eats: _____

Problems: _____

Pleasures: _____

Sleep:

Naps: _____

Bedtime: _____

Problems: _____

Pleasures: _____

Bath Time:

Problems: _____

Pleasures: _____

Community:

Where does your child go outside the home? (i.e., shopping, car, friends)

Behaviour / Pleasure / Problems:

How do you know when your child wants attention: comfort, to be played with, food/drink, or a toy?

How do you know when your child is over-stimulated or bored, having fun or tired?

Briefly describe your understanding of your child's delay: _____

Complete the following sentences with the first thought that comes to mind:

I will make a big difference when my child can _____

Do you ever go out without your child? _____

If yes, do you have reliable babysitter? _____

If no, would you like information about a respite program? _____

Additional Information: _____

Follow Up Plans:

Date: _____ Child's Name: _____

Child's ID# _____

Filled in by: _____

IDP Consultant _____

Family Needs Survey

The following checklist includes needs that are commonly expressed by parents of young children with special needs. Mothers and fathers often have different needs so we recommend that both parents each fill in the checklist if possible. Please read each statement. If it is definitely not a need for your family indicate #1. If you are not sure whether your family wants help in this area indicate #2. If it is definitely a need for your family at this time, indicate #3. Some of the needs you have may be met through your Aboriginal Infant Development Program or through other community resources recommended by the Aboriginal Infant Development Program. Some needs may be met by your family, friends or other community contacts, such as parent groups. This list can help you and your Aboriginal Infant Development Consultant to plan and to set priorities to meet your family's needs.

1: I Don't Need Help

2: Not Sure

3: I Need Help

A. NEED FOR INFORMATION

- I need more cultural information on parenting
- I need more information about my child's condition or disability
- I need more information about my child's behaviour
- I need more information about how to teach my child
- I need more information on how to play with or talk to my child
- I need more information on services that are presently available for my child
- I need more information about services that my child might receive in the future
- I need more information about how children grow and develop

B. NEED FOR SUPPORT

- I need to have someone in my family that I can talk to more about problems.
- I need to have more friends that I can talk to.
- I need to have more opportunities to meet and talk with other parents of children with special needs.
- I need to have more time just to talk with my child's teacher or therapist.

- I would like to meet more regularly with a counsellor to talk about issues.
- I need to talk more to an Elder to discuss family issues.
- I need reading material about other parents who have a child similar to mine.
- I need to have more time for myself.

C. EXPLAINING TO OTHERS

- I need more help in how to explain my child's condition to his/her siblings.
- I need more help in explaining my child's condition to my parents or my spouse's parents.
- My spouse (mother/father) needs help in understanding and accepting our child's condition.
- I need help in knowing how to respond when friends, neighbours, or strangers ask questions about my child's condition.
- I need help in explaining my child's condition to other children.

D. COMMUNITY SERVICES

- I need help locating a doctor who understands me and my child's needs.
- I need help locating a dentist who will see my child
- I need help locating babysitters or respite care providers who are willing and able to care for my child.
- I need help locating a daycare centre or preschool for my child.

E. FINANCIAL NEEDS

- I need more help in paying for expenses such as food, housing, medical care, clothing or transportation.
- I need more help in getting special equipment for my child's needs.
- I need more help in paying for therapy, day care, or other services for my child.
- I or my spouse need more counselling or help in getting a job.

I need help paying for developmental toys that my child needs.

F. FAMILY FUNCTIONING

Our family needs help in discussing problems and reaching solutions.

Our family needs help in learning how to support each other during difficult times.

Our family needs help in deciding who will do household chores, child care, and other family tasks.

Our family needs help in deciding on and doing recreational activities.

G. COMMENTS

Adapted with permission from material prepared by Rune Simeonsson, Ph.D. and Don Bailey, Ph.D., Chapel Hill, North Carolina. (2005)

Family Service Plan

Child's Name _____ Child ID # _____ Age: _____

Diagnosis (if any) _____ Date referred: _____

Date of most recent visit: _____ Consultants: _____

Date presented: _____

Medical/ Health/ Development Past/ Current			
Parent's Concerns			
Agencies Involved	1.	2.	3.
	4.	5.	6.
	7.	8.	9.
Assessments Completed	1.	2.	3.
	4.	5.	6.
	7.	8.	9.
Assessments to be Completed	1.	2.	3.
	4.	5.	6.
Referrals Completed	1.	2.	3.
	4.	5.	6.
	7.	8.	9.

Referrals Needed	1.	2.	3.
	4.	5.	6.
	7.	8.	9.
Equipment / Resources on Loan	1.	2.	3.
	4.	5.	6.
	7.	8.	9.
Equipment / Resources Needed	1.	2.	3.
	4.	5.	6.
	7.	8.	9.
Goals / Recommendations			
Transition Plans			

I agree with this plan and give permission to my consultant to review this information with the AIDP Team.

Parent Signature: _____ Date: _____

If not Initial FSP, goals from previous FSP: met revisited progress made

Parent Checklist For Home Visit

Parent's Name _____ Child's Name _____

Date _____ File # _____

Conduct as an interview process

Yes

No

- | | | |
|---|--------------------------|--------------------------|
| 1. Would you like to know more about child development? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. feeding | <input type="checkbox"/> | <input type="checkbox"/> |
| b. sleep patterns | <input type="checkbox"/> | <input type="checkbox"/> |
| c. toilet training | <input type="checkbox"/> | <input type="checkbox"/> |
| d. motor activities | <input type="checkbox"/> | <input type="checkbox"/> |
| e. language / speech | <input type="checkbox"/> | <input type="checkbox"/> |
| f. social skills | <input type="checkbox"/> | <input type="checkbox"/> |
| g. play | <input type="checkbox"/> | <input type="checkbox"/> |
| h. temperament | <input type="checkbox"/> | <input type="checkbox"/> |
| i. other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
|
 | | |
| 2. Would you like to meet other parents who have a child with similar needs? | <input type="checkbox"/> | <input type="checkbox"/> |
|
 | | |
| 3. Would you like to know more about your child's delay, problem or disability? | <input type="checkbox"/> | <input type="checkbox"/> |
|
 | | |
| 4. Would you like to know more about culturally appropriate parenting skills? | <input type="checkbox"/> | <input type="checkbox"/> |
|
 | | |
| 5. Would you like more information on other services or community resources? | <input type="checkbox"/> | <input type="checkbox"/> |
|
 | | |
| 6. Your immediate needs are: _____ | | |
|
_____ | | |

Closing Letter Sent to Referral Source

Date _____

Address _____

Child's Name _____ D.O.B. _____

Dear _____

This is to inform you that _____ file has been closed with the Aboriginal Infant Development Program.

(Briefly explain reasons for file closure. Use the discharge information form)

Thank you for your continued involvement with the Aboriginal Infant Development Program.

Yours sincerely,

_____ Consultant

_____ Aboriginal Infant Development Program

AIDP New Staff Orientation Checklist

Name: _____

Orientation Date(s): _____

Office: Please initial each topic after orientation

- tour of office, introduction to all staff....._____
- location of fire exits, fire extinguishers, floor plans_____
- electric breaker box (location of emergency flashlights, candles)....._____
- first aid supplies, earthquake kit, contents, and medical information..._____
- library and/or resource centre_____
- cleaning supplies and storage room_____
- phones, fax machine, computers, e-mail, and their use_____
- garbage procedures, recycling procedures_____
- staff and emergency phone numbers_____
- use and location of keys, including emergency keys (signing of
use of keys if part of program policy)....._____
- smoking areas, smoking policy_____
- scent/perfume policy_____
- file cabinets, contents and uses_____
- office supplies, manuals, resource materials, information....._____
- petty cash, how to record, when to use_____
- office opening and closing procedures_____

Host Agency Policies and Procedures

- philosophy and mandate_____
- personnel policies, procedures & practices (confidentiality, ethics)_____
- abuse protocol, definitions of abuse and examples....._____
- health, safety and wellness procedures and practices_____
- fire/earthquake drills (monthly), smoke alarms (checked weekly),
fire extinguishers (checked monthly)....._____
- emergency procedures, evacuation plan, roles/responsibility of staff .._____
- critical incident forms and criteria for when and how to use....._____
- vehicle usage, insurance, and mileage forms_____

AIDP Policies and Procedures

- AIDP Manual 2005 and IDP Manual Revised - 2004_____
- referrals and admissions policy and procedures, discharge procedures _____
- communication book, boards_____
- universal precautions, location of gloves, cleansers_____

Caseload

- confidentiality_____
- home visits_____
- establishing rapport/relationship_____
- family-centred care principles_____
- working with other community professionals....._____
- documentation_____
- assessments_____
- activity planning_____

Staff

- job descriptions_____
- criminal record check_____
- supervision_____
- timesheets (location, how to fill out, when / where to submit)....._____
- probationary period, benefits_____
- schedules_____
- register with finance, e.g.: S.I.N and Band #_____
- pay periods, overtime, time off_____
- grievance procedures, harassment policy_____
- code of ethics, confidentiality_____
- discipline, termination policies_____
- appraisals (evaluation)_____

Signed (Date): _____

Staff Member: _____

Supervisor: _____

Aboriginal Infant Development Programs of BC
E-mail: advisor@aidp.bc.ca

Annual Statistics Questionnaire

For the Year

April 1, 200__ – March 31, 200__

A. GENERAL

1. Program Name _____
2. Region: _____
3. Sponsoring Agency _____
4. Source(s) of Funding _____
5. Years in operation 1 to 5 years _____ 6 to 10 years _____ 10 + years _____
6. Number of Staff AIDP Support Staff _____ Total FTEs (e.g. .5, .75, 1, 1.5) _____
 AIDP Workers _____ Total FTEs _____
 AIDP Consultants _____ Total FTEs _____
 AIDP Supervisors _____ Total FTEs _____
7. Number of infants on caseload since Program started _____
8. Geographic area covered by AID Program _____
 a) # of square miles _____ b) Total Population numbers _____ c) Population 0-6 _____
 d) on reserve e) off reserve f) both on/off reserve

g) Name of Reserve if applicable _____

9. Is your program co-located with other services? If yes, please specify

10. Local Advisory Committee (or Equivalent)

a) Membership (numbers only – not names)

Board member _____ Elder _____

Parent _____ Band Council _____

PHN/CHN _____ PT _____

Physician _____ SLP _____

M.C.F.D. _____ AID/ID Staff _____

O.T. _____ Other (specify) _____

b) Number of meetings April 1, ... – March 31, ... _____

10. Case Review Committee (or Equivalent)

a) Not Applicable (None Available) _____ b) Membership (numbers only – not names)

AIDP/IDP Staff _____ PT _____

Elder _____ SLP _____

Physician _____ OT _____

MCFD _____ Supported Child Dev. _____

PHN/CHN _____ Other (specify) _____

c) Number of meetings April 1, ... – March 31, ... _____

11. Physiotherapy Services (PT)

a) Does this program have a consultant PT? Yes _____ No _____

b) How is he/she paid? _____

c) Who employs the physiotherapist? _____

d) Does the Physiotherapist:

consult with you _____ hrs/month _____

make home visits with you _____ hrs/month _____

work with parents _____ hrs/month _____

write reports _____ hrs/month _____

visit at Child Care Centre _____ hrs/month _____

visit at Group Programs _____ hrs/month _____

e) Are all infants referred to your Program reviewed by a qualified PT? Yes _____ No _____

f) If no, how many (%) are reviewed? _____

g) How many (%) are seen by the PT? _____

h) What is the average wait between the date of referral to the date of services received?

12. Speech and Language Therapy (SLP) Services

a) Does this program use the services of a SLP? Yes___ No ___

b) How is he/she paid? _____

c) Who employs the SLP? _____

d) Does the speech therapist:

consult with you _____ hrs/month _____

make home visits with you _____ hrs/month _____

work with parents _____ hrs/month _____

write reports _____ hrs/month _____

visit at Child Care Centre _____ hrs/month _____

visit at Group Programs _____ hrs/month _____

13. Occupational Therapy Services

a) Does this Program use the services of an OT? Yes ___ No ___

b) How is he/she paid? _____

c) Who employs the OT? _____

d) Does the OT:

consult with you _____ hrs/month _____

make home visits with you _____ hrs/month _____

work with parents _____ hrs/month _____

write reports _____ hrs/month _____

visit the Child Care Centre _____ hrs/month _____

visit the Group Programs _____ hrs/month _____

14. Other Consultants

Please describe other consultants services used regularly: (e.g. Aboriginal Cultural Worker)

B. CASELOAD STATISTICS

Caseload statistics refer **only** to infants referred and accepted for service April 1, ... to March 31, ...

Do **not** include infants referred **prior** to April 1, ...

Case Load & Central Registry Aboriginal Infant Development

Program: _____

Region: _____

Date: _____

Indicate each child only once. Choose the best fit.

Medical Referral		Total
1.	Physician	
2.	Paediatrician	
3.	Physician Specialist	
Hospital Referral		Total
4.	Nurse	
5.	Therapist	
6.	Social Worker	
7.	Physician	
8.	Other (specify)	
Community Referral		Total
9.	PHN/CHN / CHR	
10.	Family member	
11.	SW/MCFD	
12.	Speech Therapist	
13.	Physiotherapist	
14.	Supported Child Development	
15.	Provincial IDP	
16.	Other AIDP	
17.	Other (specify)	

Age of Referral to AIDP	
0 – 5 Months	
6 – 11 Months	
12 – 17 Months	
18 – 23 Months	
24 – 36 Months	
36 +	

Referrals to AIDP/Pre-school/Day Care/AHS		
1.	Other AIDP	
2.	Referred to Supported Child Development Program(SCDP)	
3.	Referred to Pre-school/day care/AHS without SCC	
4.	Referred but did not go to pre-school/day care/AHS	
5.	Referred but could not attend due to financial circumstances	
6.	Referred but could not attend due to lack of support	
7.	Other (Specify)	

Total Children		Total
CA	Children on Caseload	
CW	Children Waitlisted	
D	Children Discharged	

Reason for Referral		Total
AID	AIDS	
AR	At Risk	
ARE	At Risk – Environmental	
BP	Behaviour Problems	
CP	Cerebral Palsy	
DD1	Developmental Delay: 1 Area	
DD2	Developmental Delay: 1 + Area	
DD3	Developmental Delay: 1 Area + ARE (At risk environmental)	
DS	Down Syndrome	
FTT	Failure to Thrive	
FASD	Fetal Alcohol Spectrum Disorder (Diagnosed)	
SF	Suspected FASD	
GA	Genetic Abnormality	
HI	Hearing Impairment	
HIV	HIV-Positive	
HYD	Hydrocephalus	
IGR	IGR/SGA	
MEN	Mental Disability	
MIC	Microcephaly	
MUL	Multiple Disabilities	
NAS	Neonatal Abstinence Syndrome	
PHD	Physical Disability	
PO	Prematurity – 32 weeks +	
PU	Prematurity – 32 weeks –	
PMO	Prematurity with Medical Complications – 32 weeks +	
PMU	Prematurity with Medical Complications – 32 weeks –	
SLP	Speech and Language	
SP	Spina Bifida	
SD	Seizure Disorder	
VI	Vision Impairment	
O	Other	

**Case Load and Central Registry
Aboriginal Infant Development**

Program: _____

Date: _____

Characteristic Contact Code		Total
A-	Active (e.g. A-H*)	
FU-	Follow-up (e.g. FU-T)	
I-	Inactive -no contact over 6 months	
M-	Monitor (Systematic Screening)	
CC-	Casual Contact	
AN-	As Needed	
H	Home Visits	
G	Group Visit	
H*	Visit with Professional/Therapist	
CC	Visit at Child Care	
HOS	Hospital /Clinic	
SA	Screening/Assessment	
R	Reports	
T	Telephone Visits	
SSV	Social/Street Contact Visit	
*****	*****	*****
ON	On Reserve	
OFF	Off Reserve	

Characteristic Family		Total
SP	Single Parent over 19	
MP	Married Parents over 19	
STP	Single Teen Parent	
MTP	Married Teen Parents	
EF	Extended Family	
GP	Grandparents	
PD	Parent(s) with disability	
CCP	Child in Care/Parent Access	
FP	Foster Parents/Family	
AP	Adopted Parents	
ESL	ESL Family	
FR	Financial Resources	
NFN	Non First Nation	
MET	Metis Ancestry	

Reasons for Leaving		
(FD) Family Discharged - for the following reasons:		Total
FD1	Has confidence to proceed without services	
FD2	Social issues impede use of service e.g. poverty	
FD3	Underlying fear of being reported to MCFD	
FD4	Family prefers different service or approach	
FD5	Family choose to attend Provincial IDP	
FD6	Family moved	
FD7	Other (please specify)	

(D) Child Discharge Reasons for Leaving		Total
AD3/S	Child reached age of discharge (age 3) – Supports in place	
AD5/S	Child reached age of discharge (age 5) – Supports in place	
AD3/NS	Child reached age of discharge (age 3) – No supports in place	
AD5/NS	Child reached age of discharge (age 5) – No supports in place	
CCU3	Child “caught up” to norm (age 3)	
CCU5	Child “caught up” to norm (age 5)	
CR	Child referred to other service	
CMC	Child moved into care	
CD	Child died	
FD	Family chose to discontinue	

Reason for Refusing AIDP		
NC	Not comfortable with AIDP	
FL	Fear of Linkages to MCFD	
LU	Limited understanding of AIDP	

C. HOME VISITS

On average what is the time (in weeks) between referral to your Program and the first home visit to the family? #_____ Weeks

- a) What is the shortest time? _____
- b) What is the longest time? _____

D. WAIT LISTS

1. How do you decide who goes on the waitlist? Who decides? (Attach written criteria if you have them.) _____

2. Describe interim supports for families on your waitlist:

E. Child Care

How many families required part time or full time child care because parent(s) work outside the home or goes to school?# _____

F. OTHER AIDP SERVICES

1. Group Program(s)

- a) Group program with children attending
 - Number of times/week _____
 - Number of hours/session _____
 - Number of hours of staff time/month _____
 - Number of children and parents typically attending _____

- b) Group program with parent(s) only
 - Number of times/week _____
 - Number of hours/session _____
 - Number of hours of staff time/month _____
 - Number of parents typically attending _____

2. Indicate your programs. Chose best fit.

Programs and Services Provided (chose best fit)		Times Per Month	
1	Assessments/ Screening		
2	Cultural Language/ FN Support Worker		
3	Dental Program		
4	Drop In groups - Parent & tot groups		
5	Family Education : FASD, Health Promotion, Community Education, Nutrition, Parenting Programs		
6	Field Trips / Mother's morning out		
7	Home Visits		
8	Infant Massage		
9	Medical Services (e.g. Immunization),: Post-natal clinic/drop in, Networking with Tribal Health staff, Healthy Babies		
10	Mother Hubbard's Cupboard outreach/Outreach		
11	New Parents Group		
12	Prenatal/Pregnancy Outreach		
13	Reading or Literacy Program/ Mother Goose/Other		
14	Referral		
15	Support Group/ Consultation		
16	Lending library		
17	Other:		

STAFF TRAINING AND PROGRAM EVALUATION

1. Do or will staff attend in-service?

a) Regionally (if held)	Yes ____	No ____
b) Provincially	Yes ____	No ____
c) Aboriginal – Regionally	Yes ____	No ____
d) Aboriginal – Provincially	Yes ____	No ____

2. Are you familiar with the UBC Summer Institute?

	Yes ____	No ____
--	----------	---------

3. Did or will staff attend UBC Summer Institute?

2001	Yes ____	No ____
2002	Yes ____	No ____
2003	Yes ____	No ____
2004	Yes ____	No ____

4. Have staff attended or enrolled in local educational opportunities 2002/2003?

a) College Programs	Yes ____	No ____
b) Knowledge Network		
Education Programs	Yes ____	No ____
c) Workshops relating to		
Infant Development	Yes ____	No ____

5. Do you refer to the Provincial IDP Policy & Procedures Manual for your program?

	Yes ____	No ____
--	----------	---------

6. Does staff participate in an annual evaluation using the Provincial Annual Review of Staff?

	Yes ____	No ____
--	----------	---------

If no, what evaluation is used regularly? _____

5. Does your program circulate the Provincial Manual's Home Questionnaire for Parents?

Yes ____ No ____

If yes, how frequently? _____

6. Does your program use the Provincial Manual's Family Needs Survey?

Yes ____ No ____

If yes, with which families? _____

AIDP Discharge Codes

Child Discharge (D) Reasons for Leaving

AD3/S	Child reached age of discharge (age 3) – Supports in place
AD5/S	Child reached age of discharge (age 5) – Supports in place
AD3/NS	Child reached age of discharge (age 3) – No supports in place
AD5/NS	Child reached age of discharge (age 5) – No supports in place
CCU3	Child “caught up” to norm (age 3)
CCU5	Child “caught up” to norm (age 5)
CR	Child referred to other service
CMC	Child moved into care
CD	Child died
FD	Family chose to discontinue

Family Discharged (FD) Reasons for Leaving

FD1	Has confidence to proceed without services
FD2	Social issues impede use of service e.g. poverty
FD3	Underlying fear of being reported to MCFD
FD4	Family prefers a different service or approach
FD5	Family choose to attend Provincial IDP
FD6	Family moved
FD7	Other (please specify)

Referrals to:

REF1	Other AIDP
REF2	Referred to Supported Child Development (SCD)
REF3	Referred to Pre-school/day care/AHS without SCD
REF4	Referred but did not go to pre-school/day care/AHS
REF5	Referred but could not attend due to financial circumstances
REF6	Referred but could not attend due to lack of support
REF7	Other (Specify)

Please indicate discharge on the Record of Contact Month End Form & Central Registry

Other AIDP Program Services

To be filled out for the Annual Statistics by the AIDP Supervisor in consultation with AIDP Consultants. Information submitted will help to provide a regional/program overview of the methods mostly used to support Aboriginal families. This feedback will provide us information to best plan for education and resources for all AIDP programs.

For Parents in AIDP – Monthly

Assessments/Monitoring for children not on program		# of families ____
Case Review Committee		# of hours ____
Parent/child group	# of sessions ____	# of hours ____
Parent support groups	# of sessions ____	# of hours ____
Parent education programs	# of sessions ____	# of hours ____

Community Education

Public speaking on the Program		# of hours ____
General parent education (Well Baby Clinics)		# of hours ____
Teaching parenting courses (Nobody's Perfect)		# of hours ____
Presentations to post secondary institutions		# of hours ____
Mailings to professional community		# of mailings ____

Staff Training/Student Placement

Practicum for AIDP Consultant		# of days ____
Practicum for students (e.g., ECE)		# of days ____
Observation of other programs		# of days ____
AIDP In-service		total days for all staff ____
Other professions development:		
Workshops/conferences		total days for all staff ____
UBC Summer Institute		total days for all staff ____
Other university courses related to field		total days for all staff ____
Total days other professional development		_____

Administration

Staff meetings		# of hours ____
Local advisory committee meetings		# of hours ____
Board meetings		# of hours ____

Elders' Questionnaire

Courtesy of Gwa'Sala'Nakwaxda'sw Aboriginal Infant Development Program

This questionnaire is intended to gather the wisdom of local elders and incorporate this knowledge in programs. Aboriginal Infant Development Programs are based on local community culture, history, beliefs and values. Gathering the wisdom of local elders and incorporating their knowledge in Aboriginal Infant Development Programs ensures that local parenting traditions are available and passed on to families. This questionnaire is intended to be filled out during an Elder interview.

ELDER'S NAME: _____ DATE: _____

TRADITIONAL NAME: _____ PHONE _____

ELDER'S COMMUNITY _____



PREGNANCY:

1. How should a pregnant woman prepare for motherhood?

2. How should expectant parents prepare for their unborn baby? e.g.: diet/exercise/restrictions

BIRTH:

3. What are some preparations done in the home coming for new baby and mom?

4. Who should a new parent depend on for support?

CARING FOR NEW BABY:

5. Discuss ways to care for a new baby

Sleeping habits _____

Feeding _____

Dressing _____

Bathing _____

Naming Ceremony/Celebration _____

When to begin weaning _____

When to start solid food _____

Teething _____

Mouth/tooth care _____

Diaper rash _____

Skin Care _____

Ear Care _____

FATHERS ROLE:

6. Discuss how a husband supports his wife during pregnancy?

7. Discuss how a man prepares for fatherhood?

8. Discuss the fathers' responsibility in the first year?

PARENTING:

9. Discuss some teaching for a baby in the first few years of life?

Talking to baby _____

Story telling/reading/singing _____

Walking _____

Best food _____

Food preparation _____

Play _____

Discipline _____

SAFETY:

10. What does safety mean for a child?

For a mother _____

For a father _____

FAMILY SUPPORT:

11. Who supports a family after a death of a baby?

12. Is the support different for still born or miscarriage?

13. What are some teachings for new parents when caring for their baby?

Mother: _____

Father: _____

RESPECT:

14. Discuss how to teach a child respect and to care for one another?

15. Would you be willing to be an Elder for our AIDP program?

16. Discuss any ceremonies that are specific to babies and through their development.

Thank you for your contribution to the teachings of our parent's in raising their young children.

INTERVIEWER: _____

Central Registry/Data Collection Release of Information

(S A M P L E)

or

Transfer to letterhead

We understand that the information gathered for the Central Registry/Data Collection for AIDP programs will be kept secure and confidential in the Office of the Provincial Advisor for Aboriginal Infant Development Programs. See www.aidp.bc.ca for address and mailing information

Contact: Diana Elliott – Provincial Advisor AIDP advisor@aidp.bc.ca

We understand that the information will be treated with the dignity, privacy and respect in honour of our children and families.

We understand the Office of the Provincial Advisor for Aboriginal Infant Development Programs promises and guarantees that all information collected will be treated with confidentiality and respect and information received will be used only for the purpose intended, which is to gather provincial information on AIDP services to children and families and information related to other support services for children and families and utilize the collected information for enhancing AIDP program goals and services.

We understand that at anytime, we have access to our AIDP Program information and that if any of our specific AIDP program information is disclosed; it is not without prior written consent.

AIDP Program Name: _____

AIDP Program Supervisor: _____

AUTHORIZED BY: _____ DATE: _____

TITLE /POSITION: _____

Community Assessment Questionnaire for Aboriginal Infant Development Programs

Name of Facility: _____ **Phone:** _____

Name & Title: _____ **Date:** _____

The goal of this assessment is to identify community supports, community needs and the existing barriers for the development of an Aboriginal Infant Development Program.

These questions will result in a better understanding about existing community strengths available to support an Aboriginal Infant Development Program.

Community Strengths

1. Please describe your program and the relation to ECD

2. Please indicate the number of staff and their qualifications

3. Are any of your staff or community members currently in Infant Development training?

Yes No

4. Are any of your staff or community members interested in Infant Development training?

Yes No

5. List education resources you are aware of in your area.

6. Indicate which support services are available in your community?

Infant Development Program	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>
Regional Health Board	<input type="checkbox"/>	School Board	<input type="checkbox"/>
Head Start Program	<input type="checkbox"/>	Supported Child Development	<input type="checkbox"/>
Community health professional	<input type="checkbox"/>	Doctor/Nurse	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>
Band Social Worker	<input type="checkbox"/>	Counsellor	<input type="checkbox"/>
Family Support Worker	<input type="checkbox"/>	Parent Support and Outreach	<input type="checkbox"/>
Speech/Language Pathologist	<input type="checkbox"/>	Toy Lending Program	<input type="checkbox"/>
Parent and Child Drop In	<input type="checkbox"/>	Aboriginal Head Start Program	<input type="checkbox"/>
Early Childhood Development	<input type="checkbox"/>	Cultural Worker	<input type="checkbox"/>
Other:			

- 7. Elders have diverse backgrounds and knowledge of parenting and cultural experiences and practices. Elders available for guidance and support:**
 Names: _____ Contact _____ Area of Expertise _____
-
-

8. Identify programs for families in your community.

Community Needs

- 9. Estimate per out of 10 families - How many infants/families do you know or worked within the last 2 years, have been professionally diagnosed with the following primary (most significant) disability? Count each child once.**

Fetal Alcohol Syndrome/Fetal Alcohol Effect	# ___ /10
Motor delays	# ___ /10
Physical delays	# ___ /10
Learning disabilities	# ___ /10
Cognitive delays: Speech & Language, Concepts	# ___ /10
Affective delays: Play, Social, Emotional, Behavioral	# ___ /10
Pervasive Development Disorder: eg. Autism, etc.	# ___ /10
Other (please describe) _____	# ___ /10

10. Estimate per out of 10 - How many infants/families within the last 2 years that you work with or know should receive support because of undiagnosed special needs?

___/10 **Comment** _____

11. What are the barriers for accessing support services in your community?

Distance & isolation	<input type="checkbox"/>	Lack of funding	<input type="checkbox"/>
Family/Social Isolation	<input type="checkbox"/>	Lack of services	<input type="checkbox"/>
Parental denial or attitude	<input type="checkbox"/>	Lack of transportation	<input type="checkbox"/>
Time	<input type="checkbox"/>	Unaware of existing services	<input type="checkbox"/>
Other: _____			

12. What are the barriers to developing supports for infants and their families in the community?

Lack of administrative support	<input type="checkbox"/>
Lack of trained infant development staff	<input type="checkbox"/>
Lack of building structure	<input type="checkbox"/>
Lack of resources or materials	<input type="checkbox"/>
Lack of funding	<input type="checkbox"/>
Existing community programs have reached capacity	<input type="checkbox"/>
Lack of community support services	<input type="checkbox"/>
No networking with community support services	<input type="checkbox"/>
Unaware of the process to support an infant & family	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

13. Indicate which community programs would you think your community would benefit most from

<input type="checkbox"/> Assessments	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Community Education	<input type="checkbox"/> New Parent Program
<input type="checkbox"/> Family Education	<input type="checkbox"/> Prenatal/Pregnancy Outreach
<input type="checkbox"/> FAS/FAE	<input type="checkbox"/> Support Group
<input type="checkbox"/> Health Promotion/Prevention	<input type="checkbox"/> Therapy Services OT/SLP/PT
<input type="checkbox"/> Home Visiting Program	<input type="checkbox"/> Others: _____

14. Indicate which method you would prefer in developing an Aboriginal Infant Development Program.

- Educate a staff or community member for their certificate/diploma in Infant Development
- Educate a staff or community member in a certified workshop training eg. Mother Goose, Ages and Stages
- Educate a staff or community member for ECE with Infant Development training
- Educate a staff or community member with Child and Youth Care Ladder Program at Malaspina College
- Job shadow an existing employee with Early Childhood Training while taking certified workshop training
- Collaborate with other bands towards developing an AIDP
- Not sure – Need to seek support from The Office of the Provincial Advisor for AIDP
- Other