GUIDELINES MANUAL

Developed in collaboration with
Aboriginal Supported Child Development programs to strengthen
ASCD services to Aboriginal children and families
in British Columbia.

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Acknowledgements

I would like to start by acknowledging Rona Sterling Collins and Romona Baxter for their initial work on this manual, for laying the foundation and for their continued contribution to our communities.

I am very grateful for the opportunity to have worked on this manual and to see it come to fruition. It has been designed, with immense input from the ASCD Guidelines Manual Advisory Committee and communities, to be a useful and supportive tool for individuals, communities and organizations in either the creation of or continued and expanding implementation of the Aboriginal Supported Child Development Program.   It is my hope that the non Aboriginal Supported Child Development Programs will also use this as a tool to support them in enhancing and strengthening the services they are providing to Aboriginal children and families.

I hold my hands up to Tanya Brown and the work she has done as the Provincial Advisor for Supported Child Development. Her knowledge, wisdom and passion have been integral to the wealth of information and guidance in this manual. A special thank you for the long hours of editing and input!

A warm thank you to Christina Rumsey for her contribution to the editing and formatting of this manual.

I am extraordinarily blessed in the work I do, and know that it is with the support of my family that I can do this work in the capacity that I do.   My children, Sadie and Jaxson, are daily reminders of the importance of creating a world where Aboriginal children are honoured, respected, and held in high esteem.

In closing, I would like to offer respect and gratitude to the Elders and Ancestors who assisted in the writing of this manual, especially Chapter 3: The Weaving of Culture.

In spirit,

Monique Gray Smith
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Background

In May 2008, the Aboriginal Supported Child Development Guidelines project began with the Office of the Provincial Advisor Supported Child Development (SCD) agreeing to contract with Nzen'man Child & Family Development Society in response to a proposal submitted April 23, 2008. The purpose of the project was to support Aboriginal Supported Child Development (ASCD) programs by developing ASCD Program Guidelines that included a common set of program guidelines, an outline of recommended practice, and sample templates and forms. An ASCD Guidelines Advisory Committee was formed with representatives from both emerging and existing ASCD programs in the five MCFD regions to guide the process.

Upon completion of the first draft of the manual, the ASCD Guidelines Advisory Committee recommended further development of the manual to enhance the content and incorporate key linkages to procedures, templates and forms. With a commitment from the ASCD Guidelines Advisory Committee members, the Office of the Provincial Advisor SCD contracted Little Drum Consulting to continue to work with the Advisory Committee in completing this project.

The funding for both phases of this project was provided by the Office of the Provincial Advisor SCD from a One Time Only (OTO) grant received from the Ministry of Children and Family Development. This grant was provided to fund the development of ASCD program resources through a collaborative process with Aboriginal SCD programs and communities.

This Manual is intended to be used as a resource to train new staff, to support the development of emerging programs and enhance services in existing programs. Please keep in mind this is not a policy manual, but is considered guidelines to develop ASCD services in communities throughout British Columbia.

The Advisory Committee, who devoted many hours of their time to guide this process to create a useful resource, have shared their stories of success throughout the manual. I hope that you will find that this resource will support your program and agency to improve access for Aboriginal children and families and assist in developing services that meet the needs of your community.

Warm Regards,

Tanya Brown
Provincial Advisor, Supported Child Development

CHAPTER ONE

The Circle Expands

*This chapter will outline how to use this manual and will provide a
foundation for your knowledge about Aboriginal Supported Child Development. It
reflects the key points in the
Aboriginal Supported Child Development Handbook.*

Purpose of this Manual

The purpose of this Manual is to expand the circle of knowledge and provide
resource information to Aboriginal Supported Child Development (ASCD) programs
and Supported Child Development (SCD) programs who are serving Aboriginal
children and families. The manual will build upon the Aboriginal Supported Child
Development Handbook and provide a foundation for which programs can continue
to grow and expand.

This Manual has 7 Chapters:

1. The Circle Expands: Connecting the Aboriginal Supported Child
   Development Handbook and this Resource Manual.
2. Aboriginal Supported Child Development in British Columbia
3. Aboriginal Supported Child Development ~ The Weaving of Culture
4. Services Provided
5. Operating your Aboriginal Supported Child Development Program
6. Engaging and Working with Children and Families
7. Appendices and Sample Forms

How to use this Manual

This manual has been designed so each chapter builds on the previous one, and so
that each chapter can also be used individually based on your needs as a reader.
We have identified below examples of how to use the manual depending on your
role with ASCD.

New to Aboriginal Supported Child Development:

If you are fairly new to Aboriginal Supported Child Development, you will want to
begin at chapter one and gain a strong foundation in ASCD. Chapter one is also a
bridge from the Aboriginal Supported Child Development Handbook that was
written in 2006 to ASCD programming in 2009.

Somewhat Familiar to Aboriginal Supported Child Development, but want to know more:
It is recommended that you review the whole manual as it will strengthen your foundation and knowledge of ASCD.

Creating a new Aboriginal Supported Child Development program:
It is recommended that you review the whole manual as it will strengthen your foundation and knowledge of ASCD. After reading the manual, you may want to focus on specific chapters that are relevant to the role you will have in your new ASCD program.

Administrating or working in an established Aboriginal Supported Child Development:
It may be most helpful for you to review chapters 5 & 6 on how to implement ASCD services with links to the templates and forms found in chapter 7. There may be templates here of forms that could be helpful in strengthening or revising your current forms.

Working in an Early Intervention or Early Child Development program that refers to Aboriginal Supported Child Development:
If you are new to the field and to connecting with the Aboriginal Supported Child Development programs or staff, we recommend you read at minimum Chapters 1, 2 and 3. If you have a strong understanding of ASCD and it's connectedness to your work, then, a brief review of the manual and the Rooted in Culture chapter are recommended.

What is Aboriginal Supported Child Development?

Aboriginal Supported Child Development (ASCD) is a provincial program, funded by the Ministry of Children and Family Development (MCFD) that is designed to specifically meet the needs of children with special needs. ASCD recognizes that inclusion and providing early intervention and support in child care settings during the early stages of development is important.

Purpose of Aboriginal Supported Child Development

To enable children who require extra supports to be included in child care settings and communities. Such inclusion allows children to participate in settings that will support their development along with their peers. Having a child care setting where children can get the supports they need to be included, allows them to grow and learn in a safe and nurturing environment.

ASCD services are delivered in a setting that is based on the needs of the child and family.

ASCD Programming is intended to be locally designed and delivered based on the unique needs of the children, families and community. ASCD is community-based, flexible, family-oriented and culturally-relevant.

ASCD Programming is intended to support Aboriginal children who require extra support due to a developmental delay or disability in physical, cognitive, communicative or social/emotional/behavioural areas.

At a Glance: Supported Child Development in Aboriginal Communities

Currently, the role of SCD in Aboriginal communities (on reserve, off reserve and Métis) across the province varies. There are some communities that began the journey of building their own ASCD services in 2002. Some communities work in partnership with Non-Aboriginal SCD agencies to provide services to their children, while some communities are in the initial stages of creating their programming and there are still some communities who are not currently aware of SCD services.

ASCD is intended to be delivered in a setting that best meets the needs of the child and family. Some children and families can best be served in a child care setting, while others may be best served in a natural setting that meets the needs of the child and their family. It is recognized that many Aboriginal communities do not have licensed child care settings or may have settings with limited space. Therefore, it is recognized that further review of ASCD services is required to ensure the needs of Aboriginal children, families and communities are being met.

Who are the children who need extra support?

Children with developmental delays, including communication, speech and language delays, fine motor and gross motor delays, cognitive delays, social/emotional/behavioural delays. Children do not need a diagnosis to access programs, but some children already have diagnoses such as Down Syndrome, Cerebral Palsy, Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder (FASD), deaf and hard of hearing, visually impaired, Attention Deficit Hyperactivity Disorder (ADHD), speech disorders such as apraxia, and complex health care needs.

Who are the families?

Families can include birth, adopted and foster families as well as grandparents raising grandchildren. ASCD is accessible to families in all income levels. Aboriginal families can be living on or off reserve and can be Status, Non-Status, Métis or Inuit. Band affiliation is not necessary. Self- identification as *Aboriginal* is completely voluntary.

Support takes place in:
- Daycare or Out of School Care, licensed family child care and license not required family child care settings
- Preschool settings, Head Start programs or part time daycare for children aged three to five
- In a child's home under exceptional circumstances when a child's support needs otherwise prevent him or her from participating in a childcare program.

There are no fees for families to access ASCD services as the Ministry for Children and Family Development funds these services through the Host Agency in the community. Participation is voluntary and parent or guardian consent is necessary.

CHAPTER TWO

Aboriginal Supported Child Development in British Columbia

This chapter will outline the history of Aboriginal Supported Child Development in British Columbia. It will share the various ways that Aboriginal Supported Child Development can be implemented in a community, the Philosophy of inclusion is shared and key Principles guiding ASCD are also described.

History of ASCD in British Columbia

In 2004/2005 the Supported Child Care became Supported Child Development (SCD) program and one of the key features of this change was, and continues to be, supporting capacity building with Aboriginal Communities, in order to meet the needs of children and families within the Aboriginal community. This includes:

1. Ensuring improved access for Aboriginal families.
2. Recruiting and retaining Aboriginal SCD staff.
3. Providing culturally appropriate training for Non-Aboriginal SCD staff.
4. Supporting Aboriginal SCD initiatives.

In 2005 and 2006, the Office of the Provincial Advisor of SCD and Ministry of Children and Family Development (MCFD) hosted two Aboriginal SCD Symposiums. The purpose of each symposium was to bring together representatives from developing and emerging Aboriginal SCD initiatives across the province. The symposiums provided opportunities to meet face-to-face, share experiences, successes, strategies and expertise and to build relationships to provide ongoing support, mentoring and communication. Participants identified issues, strategies, next steps and planned for the future. Each symposium was attended by various communities and agencies across the province, both on and off reserve. There was equal representation of participants from each region and Elders from each region were invited to participate, provide guidance and direction.

In 2006, the Provincial Office of Supported Child Development released two major resources to support the continued growth of ASCD. These were the Aboriginal Supported Child Development Handbook and the Community Assessment Tool Kit which can be found on the ASCD website at ***www.ascdp.bc.ca*** under resources or click on the link below.

Aboriginal SCD Handbook. PDF

Community Assessment Tool Kit .PDF

In 2008, the Provincial Government released two documents that provide further context and support for Aboriginal communities to move forward in delivering their own services for children and families. The first one released was The Action Plan Framework called, *Strong, Safe and Supported, A commitment for B.C.'s Children and Youth.* It has five pillars with a strong focus on early intervention and a needs-based approach to supporting and protecting vulnerable children and youth – through a strong, integrated system. Pillar four defines the Aboriginal Approach with the stated outcome:

"We will see Aboriginal children, youth and their families receiving services through an Aboriginal service system that strongly connects children and youth to their culture and tradition."

A couple of key statements from *Strong, Safe and Supported* that are relevant to Aboriginal Supported Child Development are:

"Aboriginal people will be supported to exercise jurisdiction in delivering child and family services."

"MCFD believes that all Aboriginal children, youth and families, whether on or off reserve, should have access to a full range of equivalent, effective services that reflect and support Aboriginal cultures and traditions."

The full document, *Strong, Safe and Supported, A commitment for B.C.'s Children and Youth* can be viewed on the MCFD website:

http://www.mcf.gov.bc.ca/about_us/pdf/Strong_Safe_Supported.pdf

Later in 2008, the MCFD released *Children with Special Needs - A Framework for Action.* This document highlights B.C.'s strategy for improving the system of support for children and youth with special needs and their families. The three key goals of this framework are:

1. Improved Access – The right services at the right time
2. Effective services – High-quality services with strong evaluation
3. Coherent systems – Improved integration and coordination

The implementation of this framework should also support Aboriginal children and youth with special needs and ensure improved access to service, effective services that are integrated and coordinated.

The full document, *Children with Special Needs - A Framework for Action* can be viewed at:

http://www.mcf.gov.bc.ca/spec_needs/pdf/CYSN_FrameWorkForAction_Combo_LR.pdf

Aboriginal Supported Child Development Services

As of October 2009, there are 37 ASCD programs across the province and 7 ASCD Consultants embedded in SCD programs offering culturally relevant services. All of these programs are at various stages in their development and implementation of services to their community. Each is unique in its funding and service delivery arrangements, although there are some common characteristics across programs. There are potentially five (5) key types of service delivery for ASCD programs. It is important to qualify this summary by saying that ASCD programs may find that they fit across more than one type of service delivery, and that there is no right or wrong type of service delivery. *This is presented as information only and is not intended to categorize programs in any way.*

Services are provided by SCD Program

SCD has the full responsibility to provide services to Aboriginal children and youth with special needs and their families. This includes consultant services and one to one supports. No Aboriginal programming is available at this time or ASCD programming may be conducting a community needs assessment or under development.

ASCD – SCD Mentorship

ASCD services are directly connected to SCD, where SCD is providing mentorship to the ASCD Program. The ASCD Program may be in the early stages of service development. Their relationship might be reflected in the form of a mentorship agreement.

ASCD – SCD Shared Service Delivery

ASCD services are delivered jointly by SCD and ASCD programs. In many cases, SCD has the financial responsibility to fund extra support requirements while ASCD provides consultation services. In other cases, SCD may provide full services to children in child care settings, while ASCD may provide services to those children who are in alternate settings. Depending on the program, the working relationship might be somewhat tailored to the specific needs of the community and may be reflected in a protocol agreement, contract or other identified agreement.

ASCD Full Service Delivery

ASCD has the responsibility to provide all services to Aboriginal children and youth with special needs and their families in a manner best suited for the child and family. Services are offered to Aboriginal children with special needs, aged birth to 12 years. In some communities, services for Aboriginal youth with special needs, ages 13 to 19 years, is available. SCD and ASCD may have a protocol agreement to define how they refer cases, collaborate in the community and communicate between programs.

ASCD Full Service Delivery for Both Aboriginal and Non-Aboriginal Children and Youth with Special Needs and their Families

ASCD has the responsibility to provide all services to both Aboriginal and non-Aboriginal children and youth with special needs and families in a manner best suited for the child and family. Services are offered to children with special needs ages birth to 12 years and services for youth with special needs ages 13 to 19 years.

Philosophy of Inclusion

Aboriginal Supported Child Development is a community-based program that is grounded in the belief that inclusion is important in terms of supporting children requiring any level of extra support to actively participate in a full range of child care settings. Inclusion as an overall philosophy, supports the right of all children of diverse abilities to participate actively in a variety of settings within their communities. For example, but not limited to: child care centre, Head Start, day care, etc.

Inclusion is an approach to delivering service in which all children are welcomed, supported and valued. It means that the activities of play, learning and growing happen in a way that all children feel that they belong. Services are provided that support the child in accomplishing the goals established for him or her by parents and professionals from different disciplines working collaboratively.

The aim is to engage families, childcare settings, and communities in planning and providing inclusive childcare in community settings that support the child's developmental goals.

Guiding Principles for Aboriginal Supported Child Development

Aboriginal Supported Child Development program is a service based on a set of guiding principles. It is important to keep in mind our Aboriginal worldviews and our unique ways of knowing, being, and doing and those relationships are integral to the effectiveness of your programming and the wellness of our children and families.

Supported Child Development honors and values a cultural approach that includes serving the Aboriginal child in the context of the family as a whole and within the child's community. Supported Child Development supports capacity building within Aboriginal communities and recognizes that this is a shared responsibility among SCD agencies, all staff, Local Advisory Committees, and Aboriginal communities.

The following principles are *DRAFT* developed through community consultation led by Nzen'men Child & Family Development Society during the initial research for this project. These principles can help guide the development of ASCD services and are described in full on the following pages:
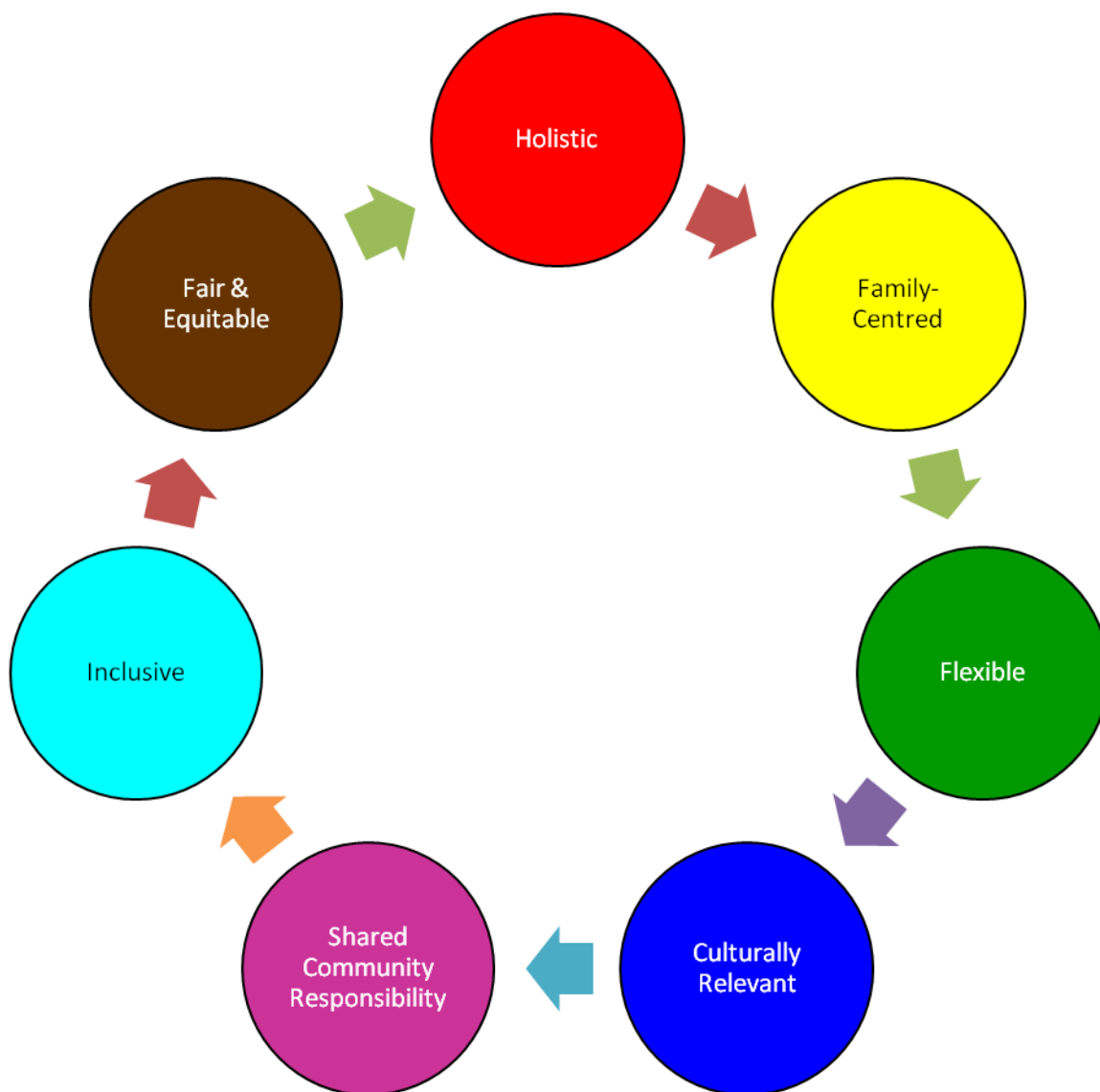
Holistic:
- Encompasses the physical, emotional, spiritual and mental aspects of the child and family.
- Involves the whole family unit
- Includes culture, traditions and language specific to the family, community and Nation
- Emphasizes prevention and early intervention
- Sensitive to the history and unique resiliency of Aboriginal peoples

Family-Centred: Family-Centred Practice is a strength based intervention embedded on the belief that all families have strengths and inherent abilities to develop competences.

- Acknowledges that parents know their child best
- Respect the uniqueness of each family, acknowledge the needs of all family members and provide support to the family as a unit when providing early intervention services
- Invites the whole family to be involved, including Elders and extended family members
- Parents/family define the level of involvement they want
- Parents are key members of the intervention team. Parents and consultants work together and make decisions together, with parents having the final decision regarding their child's support.
- Parents' identified concerns, goals and priorities determine the development of the support plan and targeted outcomes.
- Parents receive copies of all Support Guides and Individual Plans written by the ASCD Consultant about their child. Support Guides and Individual Plans are adapted and modified according to parent request, prior to being finalized.
- Parents' input and feedback are sought during home visits and meetings to ensure that services meet the needs of the child and family. Meetings are scheduled based on the needs of the child and family. Families can request a team meeting or home visit at anytime. Scheduling is planned to minimize disruption to the family and child's routine.
- Information and support are made available to assist families to connect with other families and support systems.
- Team members and ASCD staff work collaboratively with all professionals in the community who are actively providing support and services to children and their families.

Flexible:
- Services are flexible to meet the needs of the child and family
- Policies and guidelines are designed to be flexible enough for communities to develop services that meet the needs of their children and families
- Staff are open-minded, respectful and flexible

Culturally-Relevant:

- Services are relevant and respectful to the local Nation(s) while respecting the diversity of cultures of the families participating in ASCD
- Culture, traditions and language are woven throughout the services and programs
- Elders are respectfully involved in services and programs
- Training, resources, curriculum and materials are reflective of Aboriginal worldviews, culture and language
- Strengthen Aboriginal staffing capacity by supporting training of Aboriginal people to deliver ASCD services
- Non Aboriginal staff should be open to learning and sharing as well as have an understanding of cultural safety.

Shared Community Responsibility:

- ASCD is an essential community service that reflects local needs, priorities, and cultures
- There is networking, collaboration and coordination among community service providers to support children and families
- Responsibility for the development and coordination of an ASCD Program needs to be shared by parents, caregivers, communities, and all levels of government.
- Services are non-political
- Linkages are put into place to support the whole family
- Shared responsibility for funding allocation at all levels from MCFD to ASCD agencies.

Inclusive:

- Services are open to any child or family who identifies as Aboriginal
- The program is respectful of the various cultures and languages of the Aboriginal families it serves
- Services are developed that cater to the needs of the child and family that promote inclusion in the community

Fair and Equitable:

- Services are set up to meet the unique needs of the child and family
- There is equal access to services and programs
- The ASCD program advocates for fair, equitable and sustainable funding and resources for delivery of quality services

CHAPTER THREE

Aboriginal Supported Child Development ~ The Weaving of Culture

This chapter will explore the various ways to weave culture throughout your potential or current implementation of ASCD in your community. It is important to acknowledge, how each ASCD program ensures culture is woven throughout will be unique to the community, program, staff, and the children and families served. This chapter also highlights examples of how current ASCD programs are weaving culture through various aspects of their programming.

Aboriginal Worldview and Its Relevance to ASCD

Aboriginal worldview is important to consider in all levels of running an ASCD program. It includes our unique ways of thinking, being, relating and seeing. It means we must remember we have a living past, a living future, and we (today) are the living connections between. Aboriginal worldview recognizes and honours that we function from all levels of our being –spirit, heart, mind and body. Our worldviews include core value systems of kindness, honesty, sharing, strength, respect, wisdom and harmony. These values, and our Aboriginal worldview, are honoured when programs work from a strength based perspective.

Ways of Thinking

Ways of Seeing

Ways of Being

Ways of Relating
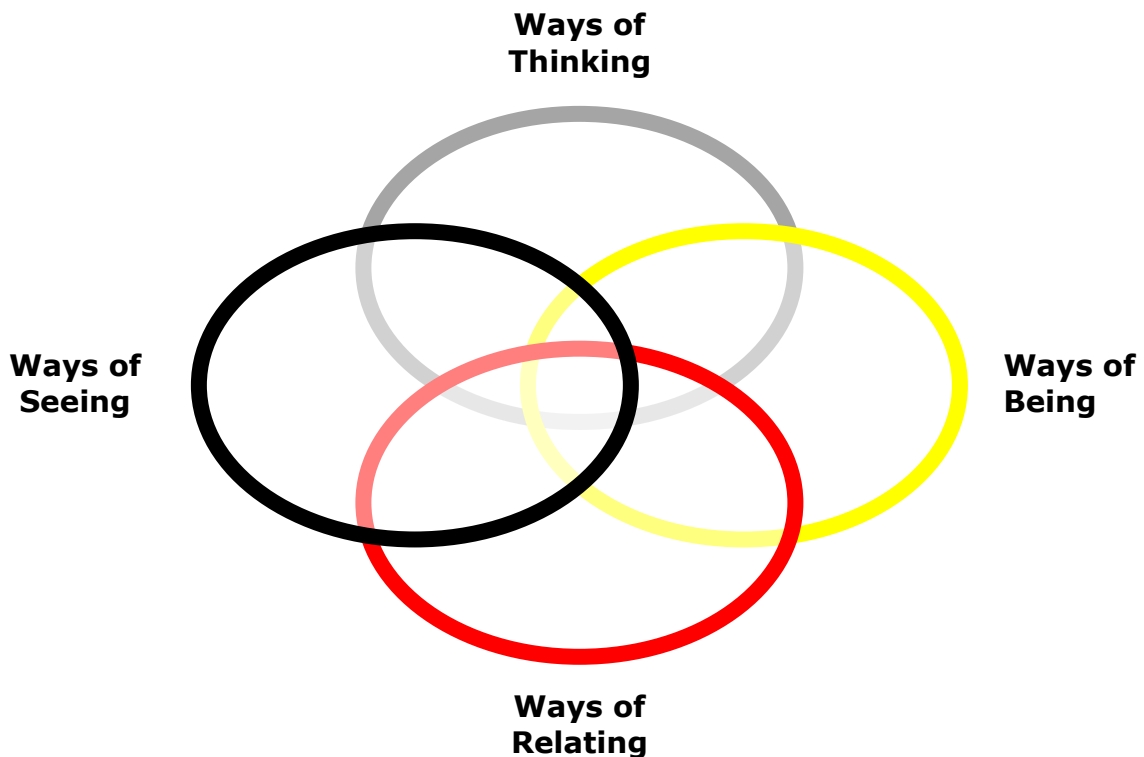
When working in ASCD, it will be critical to the wellness and effectiveness of your work that you acknowledge the importance of relationships. Adequate time must be spent on building the relationships with children, families, community partners, Elders, and whomever else you identify. The amount of time it takes to build these relationships will differ depending on a number of circumstances; including but not limited to:

- previous experience with early years programs and/or health professionals and/or Ministry of Children and Family Development
- current life stressors (family, health, finances, housing, etc)
- amount of time the Consultant can physically spend with the child and their family

It is recommended that when designing your program and individual work with children and families, you ensure all aspects of their being are integral to your work: mental, emotional, spiritual and physical.

Cultural Safety

Over the last few years, we have been hearing the term "cultural safety" as a form of practice of non-Aboriginal people working within Aboriginal communities and organizations and working with Aboriginal children and families. The term "cultural safety" was developed in the 1980's in New Zealand in response to the Indigenous Maori people's discontent with nursing care. Maori nursing students and Maori national organizations supported the theory of cultural safety, which upheld political ideas of self-determination and decolonization of Maori people. Today, cultural safety is an evolving term that moves beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to working with Aboriginal children and families.

It will be critical for non-Aboriginal host agencies, consultants and support workers, to have a strong understanding of:

- the history of Aboriginal people in our country which includes but is not limited to Residential Schools, Sixties Scoop, loss of culture and language, loss of traditional land, the Indian Act, loss of Matriarchal honour, influence and power and Aboriginal children in care.
- how this history continues to influence Aboriginal children and families
- intergenerational trauma and how this may impact their work
- imbalance of power
- poverty
- families in recovery

Capacity Strengthening

As Aboriginal Supported Child Development programming is still in its infancy, there is a continued need to support and strengthen the capacity of new programs and ASCD at a provincial level. With respectful resourcing and funding to support capacity building, ASCD programs will continue to grow and effectively serve the needs of Aboriginal children and families with special needs.

Supporting capacity strengthening with the Aboriginal Community is a shared responsibility among SCD/ASCD agencies, all staff, Local Advisory Committees, and Aboriginal communities. Implement activities to build capacity in the community. This could include skill-building activities, increasing knowledge, awareness, provision of training, mentoring and other activities to increase the capacity of individuals and communities. Capacity strengthening can refer to:
- individual development of child, youth, family, community member
- professional development of a service provider
- program development
- organizational development
- administrative development
- community development
- Nation development
- inter-agency development
- specific skill-building (case management, advocacy, legal rights, best practices, etc).

Strategies for Weaving Culture Throughout Your ASCD Program

As Aboriginal Supported Child Development continues to grow and expand in our province, so does the way to weave Aboriginal culture, languages, traditions, values and worldviews throughout all aspects of ASCD programs. It is important to recognize and honour the cultural, social, linguistic and geographic diversity within and between Aboriginal children, families, communities and nations. ASCD programs and their staff have the privilege of including cultural and linguistic knowledge into their programming to foster the pride and sense of identity of children and families. This can include cultural activities, language development and activities in the local language. It can also include the involvement of Elders and cultural knowledge holders into programming as well as utilization of the extended family and drawing on community activities and events.

A few examples of ensuring cultural programming are as follows:

Programming
- The important role that extended family members can play in the raising of an Aboriginal children needs to be understood and explicit in the design and delivery of all ASCD and SCD programs
- Ensure programming is reflective and respectful of the local community and Nation
- Attempt to decrease the barrier of isolation and remoteness of families and communities by encouraging/organizing mobile services to isolated communities such as: specialists, paediatric therapists, nurses, counsellors, and teachers/teacher's aides and other professions
- Ensure Elders and/or cultural knowledge holders are a key foundation to your program in all areas
- Facilitate opportunities for parents and families to feel empowered
- Funding for transportation could be included in programs
- Provide food at all program groups

Staffing
- Ensure Aboriginal people are on staff
- Ensure non-Aboriginal staff is culturally safe and has a solid and respectful understanding of the history of Aboriginal peoples.
- Encourage Aboriginal mentoring programs, particularly in reaching and inspiring youth
- Strengthen capacity and support for Elders by providing appropriate supports: such as transportation and respectful financial compensation
- Development of core competencies that reflect Aboriginal worldviews and traditional approaches that will enable communities to hire a community member, at an equitable salary.
- Ensure respectful wages, benefits and supports that encourage retention of Aboriginal staff
- Recognize the unique challenges, barriers, fears that Aboriginal staff face within their own communities

Training

- Encourage and support Aboriginal-designed, developed and implemented staff training, courses, certificates, standards and practice (within and outside the program)
- Recognize and utilize the traditional teaching role and wisdom of Elders
- Promote community-based training for certificate courses that enable Aboriginal students to remain in their home communities. Consider Prior Learning Assessment (PLA) credit for previous experience for Aboriginal applicants
- Provide supports for Aboriginal staff to facilitate recruitment and training such as transportation and child care for extended training hours
- Ensure non-Aboriginal staff is culturally safe and has a solid and respectful understanding of the history of Aboriginal peoples. Host regular in-service training for culturally significant practices
- Ensure exchange of knowledge and expertise between Aboriginal and non-Aboriginal service providers
- Recognize the cultural importance of celebrating with food and incorporate the practice into meetings, training sessions, etc.
- Create and support opportunities for collaboration between Aboriginal communities/organizations that have capacity to support/mentor communities/organizations that are in the process of building their own capacity.

Examples from Current ASCD Programs

This section outlines the unique and varied ways in which ASCD programs across the province are ensuring culture is woven throughout their programming.

Located: Prince George
Host Agency: Prince George Native Friendship Centre
Providing Services to: Prince George
Website: www.pgnfc.com

With our ASCD program we are considered urban and we have children that we work with dispersed throughout our community within various mainstream programs as well as the culturally based programs within the PGNFC (Head start programs & AIFDP).

We ensure we have a variety of materials within our program that support staff, therapists, consultants & community programs can borrow within their daily work. Within those materials there are many aboriginal components as well as specific therapy materials, common games etc.

We have weekly staff meetings in which we consistently talk about anti-bias//cultural & emergent curriculum to ensure that our support staff are always thinking of ways they can bring new learning and information to the groups they work with.... especially within the mainstream programs. We try our best to remind our staff to stay away from the tourist approach and to discuss culture in as natural a way as possible... such as by introducing books, art materials, dolls, etc. and prompting discussions to develop an interest and curiosity with regards to the children they are working with as well as the whole group.

We provide opportunities for families to share experiences or expand on cultural connections from home. We encourage parents to do so within their children's programs. We engage our staff in discussions on ways to do this & it is always at the for-front of the consultant's minds when we have case management meetings to include parents in discussions on family culture and what's important for them as individuals.

We have organized a children's drum group, which occurs once every two weeks. The ASCD program has been instrumental in helping with the structure, newsletters and songs and we've been fortunate to have Darcy Dennis who has an ECE background lead this group. Many of the ASCD, AIFDP & Head Start, as well as community families attend. We've been able to engage our cultural liaison and some elders to provide feedback & input into the evolution of this group and we are constantly learning and growing. We are beginning to put on small presentations to Elder dinners etc. We encourage our staff to participate in the children's drum

group & then take what they learn back to the groups they work with. We've managed to have a drum making night for the parents in our program with some extra funding etc.

In addition, within our ASCD program we have been able to expand on this by having our staff introduce the drums & songs to mainstream programs from an ECE perspective. (Cindy (ASCD consultant) has taken some of the songs and ideas from the children's drum group & has been a guest within some of the Daycares, pre-schools & school classrooms when an opportunity avails itself.)

Often we find ourselves in the role of clarifying misconceptions about culture or anti-bias curriculum & we do our best to explain what we know when questions come up within mainstream programs, or the general community. For example: Extended family roles, Language at home (sound structure), impacts of mainstream expectations & differences etc.

When we begin working with new children/ families we do our best to advocate for the best possible services for the child at the time... often we advocate for children (I.e. in ministry care) to attend Head Start programs, AIFDP etc.

Northwest Supported Child Development Program
Located: Hazelton
Host Agency: Thomas Robinson Consulting Inc.
Providing Services to: Hazelton Area (Gitanyow, Gitwangak, Gitsegukla, Hagwilget, Moricetown, Kispiox, Gitanmaax, and Glen Vowel)
Website: http://www.earlychildhoodservices.ca

In our ASCD program we provide outreach to the above communities visiting Head Start programs and child care centres in each community on a regular basis. When possible, we hire support staff that live and work in each of the communities and the Consultant travels between the communities, centres and home to provide training, resources, etc. When visiting centres, we provide them with culturally relevant resources such as puzzles, books, songs, art activities, etc. We often get invited to attend celebrations, feasts, and special occasion functions that they may be hosting. Whenever possible, we accept their invitations as a sign of respect and to build relationships. We work closely with the therapists and other community supports involved with the child and family and assist them in making connections to the child, family, child care centres and communities, upon request. We share with them our knowledge of the culture, traditions, and/or beliefs to help them better understand the child and family they are supporting.

When a family is referred to ASCD, we strive to build a positive, trusting relationship with them before we proceed with the intake process. We get to know the family to find out who is all involved with the child and who will continue to be involved. During the intake process we ask the families to identify whether or not they are First Nations or not (this is optional). We also ask them to identify which Band, Clan and House Group they belong to and who their House Chiefs are. If they don't know and want to find out, we will assist them in finding out this information.

We take part in events/activities in each community, in an effort to create more of an awareness of our ASCD program. We have an A/SCD Advisory Program and include members of each community, including service providers from other Aboriginal organizations.

Seabird Island First Nation: Seabird Island SCDP
Located: Agassiz, BC
Host Agency: Seabird Island First Nation
Providing Services to: From Chehalis to Boothroyd
Website:
http://www.seabirdisland.ca/members/documents/SupportedChildDevelopmentBrochure.pdf

Seabird Island has developed the very first Aboriginal Supported Child Development Program in the province and has been offering services since 2004. Beginning in 2005, we started delivering services to non-First Nations children.

One of the ways that sets us apart from the mainstream SCD program is that we really put the child at the center and we ask our families "what are your hopes and dreams for your child?" Children are seen as gifts and we support families to be OK with any challenges that their child may face. Sometimes it is about helping the family see a challenge in a different way. We accept where the family is at and we work with them as best we can. Sometimes it takes 2 years before a family accepts our support…and we are there when they are ready. It takes patience and understanding…and being respectfully persistent!

It is always challenging when others ask what makes us cultural. It is who we are. We live and breathe it. It is part of our philosophy and our world view. It is about being aware and being sensitive to the needs of our families. It is about trust, respect, love, caring and understanding. It is about family. And not Mom and Dad…it is everyone that the family considers to be family. It is about hearing what the families have to say…not just their words but their actions. It is about finding a way to make it work. "Program delivery outside the box". It is about being aware that not all Aboriginal people know their culture or language…and respecting a person's choice if they don't want to learn about their culture and they don't want their child to know either. It is about knowing how to make the assessments culturally appropriate and non threatening. It is important to know that being Aboriginal does not mean a medicine wheel for some people! It also does not mean making bannock!

CHAPTER FOUR

Services Provided

This chapter will continue to strengthen your foundation and knowledge in Aboriginal Supported Child Development and information regarding specific aspects to running your ASCD program.

Who are the children who need extra support?

Children with developmental delays, including communication, speech and language delays, fine motor and gross motor delays, cognitive delays, social/emotional/behavioural delays. Children do not need a diagnosis to access programs, but some children may have diagnoses such as Down Syndrome, Cerebral Palsy, Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder (FASD), deaf and hard of hearing, visually impaired, Attention Deficit Hyperactivity Disorder (ADHD), speech disorders such as apraxia, and complex health care needs.

Children must meet the following three criteria:
1. Child must be between newborn to 12 years (services for children 13 to 19 may be provided on an individual basis).
2. Child must have a developmental delay or disability in one of four areas:
   i. physical
   ii. cognitive
   iii. communicative or
   iv. social/emotional/ behavioural
3. Child requires additional support in a child care setting because of the developmental delay or disability.

Levels of support may include:

➢ *Level 1 support* – Occasional support – training, support and consultation with the child care centre by a Consultant with no additional staffing for the centre.
➢ *Level 2 Support* – Frequent support – training, support and consultation with the child care centre by a Consultant and some short term or intermittent additional staffing support in the childcare program from a Support Worker
➢ *Level 3 Support* – Ongoing Support – training, support and consultation with the childcare program by a Consultant and significant or ongoing staffing support from a Support Worker in the childcare program.
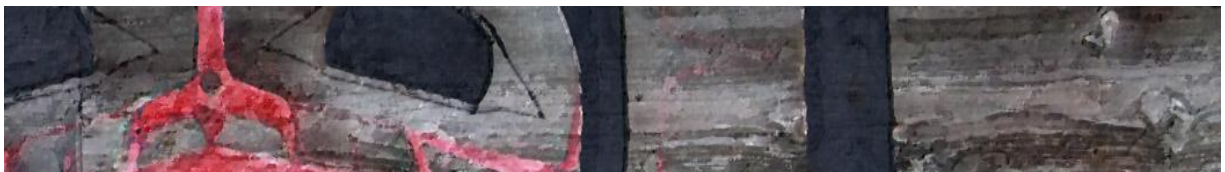
Aboriginal SCD Services

The services the ASCD program will provide to each child and family will differ based on child and families needs. These services are fully described as the chapter unfolds, and are listed below as an initial reference:

1. *Empowering* parents/families and helping to strengthen parents' role as advocates for their children, providing information and helping families access relevant resources for their child.
2. *Advocacy*: ASCD Consultants may act as an advocate for children and families when parents have given them the consent to do so. ASCD agency's role as advocate is to facilitate awareness and education about the importance of inclusion, family-centred care, and developmental issues and to advocate for on-going support and adequate resources to meet community demand for ASCD.
3. *Service coordination* and information sharing with other early childhood intervention programs in the community.
4. At the request of parents or with parents' consent, a *developmental screening and/or assessment* can be conducted by an ASCD Consultant to inform the individual planning for the child.
5. *Consultation* provides information to families on matters directly related to Aboriginal Supported Child Development services such as: typical and atypical child development, strategies for optimizing child development community services and resources related to child development.
6. *Visits* to child care programs and identify the role of quality child care.
7. Providing *child-specific training* and support for families, child care providers and community resources.
8. *Record Keeping*
9. *Supporting families to access services* that will benefit the development of the child and family as a whole.

1. Empowering Parents and Families

- ASCD Consultants help to strengthen parents' role as advocates for their children, providing information and helping parents/families access relevant resources for their child.
- The emphasis is on strengthening and supporting families in their role as decision-makers on behalf of their children and themselves.
- Limit Paperwork for Families: Families may find paperwork a barrier therefore; limit the amount of paperwork that families need to complete. Be sensitive to literacy issues and, when necessary, offer to assist families in completing paperwork. Ensure all program forms are necessary and the language is easy to understand.

2. Advocacy

- ASCD Consultants act as an advocate for children and families when parents have given them the consent to do so.
- ASCD agency's role as advocate is to facilitate awareness and education about the importance of inclusion, family-centred care, and developmental issues and to advocate for on-going support and adequate resources to meet community demand for ASCD.

3. Service Coordination & Information Sharing

The ASCD can assist in establishing formal linkages with various community agencies to facilitate service coordination. With parent/guardian, or youth consent, there are many groups and agencies that ASCD will need to share information with, establish referral linkages, collaborate with on specific issues, involve in team meetings and planning, and in some cases, establish more formal partnership arrangements.

Service Coordination may be considered with such groups, but not limited to:
- Aboriginal/ Infant Development Program (AIDP/IDP)
- Early Intervention Therapy Services
- School-aged therapy programs
- Child Care settings
- Head Start
- Child Care Resource and Referral Programs
- Early Childhood Development Initiatives
- Autism Programs
- Aboriginal Agencies
- School Districts
- Ministry of Children and Family Development
- Aboriginal Communities
- Ministry of Education
- Regional Health Authorities
- Community Care and Facilities Licensing Branch (CCFLB)
- Mental Health
- Nursing Support Services & Community Health Nurses

The following guidelines apply to service coordination:
- The ASCD Consultant strives to coordinate services with families based on a commitment of family-centred care. This commitment places importance on strengthening the family's ability to negotiate, obtain, and coordinate resources that meet their unique family needs
- The ASCD Consultant will support families who wish to assume part or the entire role of coordination of services

- Some families may wish the ASCD Consultant to assume this coordinating role
- Families are provided with the necessary information to make informed decisions
- Team meetings, as identified in the child's Individual Plan, are organized with parents to facilitate smooth coordination of services and to discuss their child's progress
- Families are supported to gain skills in negotiating with service agencies and advocating for their child
- Consultants accept and support decisions made by families
- Consultants may act as a central resource or liaison for the family with other agencies and services

The following must be adhered to when sharing information about a child and family with other service providers:
- The ASCD Consultant has discussed information sharing with parents including the purpose of information sharing
- Parents and consultants discuss what information is to be shared and with whom
- The Consent Form is signed by the parent and in the child's file
- Confidentiality is respected

4. Developmental Screening and Assessments

Aboriginal Supported Child Development programs offer screening and/or assessment for children at the request and consent of their families. The purpose of a screening and/or assessment is to gather more information about the child's areas of strength and needs which will guide the development of an individualized plan and goals identified by the family. The family plays an integral role in screening and assessments and should be included in every step of the way. It is also recommended that screening and assessment tools are administered in a culturally safe manner.

A developmental screening or assessment can be conducted by an ASCD Consultant which may be used to document the existence of a developmental delay or disability. Screening or assessments may also inform the development of an individual plan for the child. *Individual Planning* is conducted with the direction of the family to establish strategies that will guide the intervention and support services provided for successful inclusion.

Recommended tools for screening and assessment can be found in Chapter 7, page 108.

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5. Consultation

The ASCD Consultant provides information to families on matters directly related to typical and atypical child development, strategies for optimizing their child's development, access to community resources or resources outside the community, and the role of quality child care. An ASCD Consultant may also provide assistance to the family in selecting a child care setting. It is recognized that in some communities there is limited access to a child care program therefore the ASCD program and Consultant may support the family in order to provide a solution to best meet the needs of the child and family.

6. Child Care Visits

Child care visits will differ for each child. The amount of visits and the purpose of the visit will be discussed with each family and childcare program. Visits may occur on a regular basis or only when support is requested by the family or childcare program. Where visits occur on a frequent basis, it is expected that this will reduce over time as the child care setting has the information and resources necessary to support the child's needs.

7. Child Specific Training and Community Support

- Consultants have a role to play in informing the community of the ASCD program and providing information and education about the program's purpose and mandate.
- Consultants provide general and child-specific training for families and child care providers. Consultants may also provide training to other key community resources on topics such as effective strategies for inclusion, family centered care, disabilities and developmental delays, positive behaviour supports etc.
- It is recommended that the ASCD program create a Resource Library to be accessed by families and child care programs. The library can include print and video materials, toys and specialized equipment. Families and childcare programs are informed of the resource library and at any time can borrow from the library.
- Expertise of a Consultant may be used for community training events including collaborating with other community professionals. The request needs to be brought forward to the ASCD Program Coordinator/Manager.
- Consultants are strongly encouraged to be actively involved in related community initiatives and working groups. All community involvement initiatives must be discussed with the Program Coordinator/Manager and other colleagues at staff meetings to avoid duplication of participation.

8. Record Keeping

The ASCD agency tracks children accessing their services by creating and maintaining a file for each child/family they work with. Consultants can take this file with them when meeting with families and visiting childcare programs but must not leave the file unattended at any time. Consultants must ensure that a current consent form is signed so that the parents are aware that the Consultant may take the file with them to meetings and visits.

9. Supporting Families to Access Services

A key element to providing services is to support and encourage families to access services that will build on their strengths and understanding of how to best support their child. For some families, depending on their historical experience with government, they may have conscious or unconscious fears, barriers and/or resistance to receiving support from any government agency or organization. Part of ASCD's role is to work with the family to access these services. Ideally, this is on their terms, when they are ready and with your gently support, encouragement and advocacy.

Subsidy

At times families may need to access child care subsidy. There may be resources in your community that can assist parents in filling out the paperwork involved such as your local Child Care and Resource and Referral program. The ASCD program may be able to assist. Parents may *call the 1-888-338-6622 Or* visit the subsidy website at *www.mcf.gov.bc.ca/childcare/subsidy_promo.htm*

Special Needs Supplement

A Special Needs Supplement (up to $150) is available for parents of children designated with special needs who are eligible for child care subsidy. This supplement will help children with special needs access inclusive child care settings. ASCD Consultants may sign the form confirming that the child requires additional supports to attend child care. Special Needs Supplement form can be found at *http://www.mcf.gov.bc.ca/childcare/pdfs/CF2951_active_JUL09.pdf*

Transportation

As outlined in the principles that guide ASCD services, it is recommended that transportation be taken into consideration when a child and family are unable to access services. If ASCD consultants are using their own vehicles or a company vehicle they must have the appropriate liability insurance on their vehicle and a transportation consent form must be signed as a form of a waiver.

Collaborating with other Early Years Programs: Examples from current ASCD programs

Located: Prince George
Host Agency: Prince George Native Friendship Centre
Providing Services to: Prince George
Website*: www.pgnfc.com*

We provide support within Aboriginal Head Start automatically, in both morning and afternoon programs at our two sites. We find that flags often don't come up until things typically get busy. Our support workers assist all the children with being successful in whatever expectations are placed on them within this type of group. Often it's helping a new child get settled, guiding children's behavior, helping follow through on speech & language or other goals, supporting with activities etc. Often our staff work with different children each day depending on the need…shared support.

When needed, we provide a support worker within the playrooms of AIFDP. Recently we had a referral from AIFDP, because a child was having difficulty in being successful within the program for various reasons…. The program staff were struggling to meet the needs of this particular child. One of our consultants worked in partnership with the family & the AIFDP consultant in figuring out a plan for the child. We now have a one-on-one support worker consistently attending & helping when this child attends… he is having much more success & the ASCD consultant is working with the parents to provide ongoing support and connections to other therapies etc. Our ASCD consultant often becomes the coordinator of a child's plan & ensures that communication amongst the various service providers & parents is ongoing… often planning, coordinating and being the point of contact for integrated case management meetings.

We actively pursue a partnership with other community programs especially AIFDP, Head start, the CDC, therapists, Children First, CCRR and other ECD programs. We partner with these organizations in providing community workshops, preschooler health day circuits, toddler health fairs etc. We each stay active on different steering committees or boards to ensure we have a voice for the children & families we work with.

We have an open door policy and work closely with other service providers to share resources as discussed above.

Northwest Supported Child Development Program

Located: Hazelton

Host Agency: Thomas Robinson Consulting Inc.

Providing Services to: Hazelton Area (Gitanyow, Gitwangak, Gitsegukla, Hagwilget, Moricetown, Kispiox, Gitanmaax, and Glen Vowel)

Website: http://www.earlychildhoodservices.ca

Northwest Supported Child Development Program has a satellite office in Hazelton at the Hazelton and Area Early Child Development Services building where you can find the following programs:

- Aboriginal Supported Child Development Program
- Supported Child Development Program
- Bulkley Valley Child Development Centre:
    - Aboriginal Infant Development Program
    - Therapy: OT/PT
    - CDBC
    - CCRR
- Upper Skeena Regional Early Child Development Program

AIDP makes referrals to ASCD and vice versa. Children are transitioned from the AID Program to the ASCD Program when the child turns 3 years old or enters a child care program. During the transition process we make joint visits together as an introduction.

We work closely with the therapists (Speech & Language Pathologist, Occupational Therapist and Physiotherapist) that are working with the children we support. We make joint visits to either the child's home or the child care centre. We have regular team meetings that involve all the professionals that are working with the child and family. We make joint presentations about ASCD with the AID Consultant and the Key Worker for Complex Developmental Behavioural Conditions Program to various organizations to create awareness of our programs. We work together to plan community events for children and families. We also support events organized by other organizations.

Seabird Island First Nation: Seabird Island SCDP
Located: Agassiz, BC
Host Agency: Seabird Island First Nation
Providing Services to: From Chehalis to Boothroyd
Website:
http://www.seabirdisland.ca/members/documents/SupportedChildDevelopmentBrochure.pdf

All our early childhood programs are under one umbrella. All our ECD staff work together and support one another. If a program is in need of staff (ie staff is away ill) other staff members are eager and willing to jump in and help out. All program staff is aware of each other's programs and can help connect a family to a program or service.

AIDP, SSCDP and Speech Therapy all work closely together. SCDP and AIDP have both gone on 'home visits' with the Speech Therapists to help a family connect with 'a therapist'. AIDP will work with SSCDP when the time comes for a child to transition into a childcare center. AIDP is often our entry into a family. AIDP visit each and every baby born to establish a relationship…just in case they are needed later…the families will already know AIDP and AIDP can introduce them to other programs. If a program is having a special event (screening fair, infant massage, drop in program) other program staff will ensure that families who want to attend are supported to do so. Program budgets will be combined in order to offer a program/service that they would not otherwise be able to do because of lack of financial resources. Program written material and forms etc will be shared as to not recreate the wheel.

I think that we are successful because all the programs have the same vision…to have healthy happy and proud children. And all programs have the same philosophy and the same world view.

It is not even about having all First Nations staff, because we don't.

All our staff have a First Nation's philosophy and understanding.

CHAPTER FIVE

Operating Your ASCD Program

This chapter will provide an in depth look at the services provided by ASCD programs and recommended guidelines to deliver these services Each program will have it's own unique process that will be reflective of the community they serve, which may evolve along with the children and families they serve as the program grows.

Program Administration

Each Aboriginal Supported Child Development program has a responsibility to deliver ASCD services to the children and their families in their community through a contract with the Ministry of Children and Family Development (MCFD). The contract provides funding to provide direct services to children with special needs and their families such as Consultant services and extra staffing supports.

Role of ASCD Agency

The role of the ASCD Agency includes management of the resources to deliver ASCD services which allows families to access services directly through the host agency rather than MCFD. Services are delivered through ASCD consultant services and extra staffing supports. Agencies are accountable to ensure that appropriate documentation is in place for each child to determine eligibility, the level of supports required, management of a waitlist, data collection and reporting back to MCFD. Each ASCD program is expected to establish a Local Advisory Committee.

Please see the sample Brochure in Chapter 7, page 75.

Local Advisory Committee

Part of shared responsibility is to create a Local Advisory Committee whose purpose will be to guide and support ASCD agencies and staff in the delivery of ASCD. ASCD services are accountable to the community through the Local Advisory Committee. Key features of the Local Advisory Committee are to provide support, advice and recommendations to the ASCD agency. The committee should include parents, Elders, community service providers and have a membership reflective of the community's diversity of children, families, community. It is common for the committee to meet three to six times per year.

Please see Local Advisory Committee Terms of Reference in Chapter 7, Page 77.

Protocol Agreements

In some communities ASCD Programs have developed Protocol Agreements with SCD Programs in their community. This agreement can prove useful when defining how programs will work and collaborate together to improve access and develop culturally safe services for Aboriginal children and families in their community.

Protocol agreements typically include the following information:
- Parties of the agreement
- Statements of the purpose of the agreement
- Definitions
- Terms of the Agreement:
    - Agency Roles and Responsibilities
    - Communication and Collaboration
    - Referrals
    - Extra Staffing Support
    - Program Administration and Reporting
    - Dispute Resolution
    - Protocol Agreement Review
    - Termination
    - Signatures

Please see the Sample Protocol Agreement in Chapter 7, page 78.

Role of the ASCD Consultant

The role of the Consultant is broad and involves a variety of ways in which they support the child and their family.
These include:
- Providing support, consultation, and training for parents/caregivers and child care providers
- Determining eligibility and levels of support that can be provided
- Doing developmental screening and assessments when needed
- Creating a Child and Family Support Plan (ISP) for each child. These include strategies and activities for inclusion, as well as daily activities and experiences to meet developmental goals and objectives
- Coordinating services to ensure the best supports are being provided to the child and their family
- Hiring, monitoring and supervising extra staffing support
- Referring children and families to additional services when needed
- Completing progress reports
- Assisting in transition to Kindergarten or other transitions that may impact the child
- Mentorship of ASCD Support Worker and Early Childhood Educator (ECE)

Role of the ASCD Support Worker

The Support Worker provides hands-on support in a child care setting. They work as a team member with the child care staff and provide general support to the whole program to ensure effective inclusion of children with developmental delays.

The ASCD Support Worker's responsibilities include:
- Work as a team member with child care staff
- Support children with extra support needs to fully participate in the child care setting
- Encourage and model social interaction with the child(ren)'s peers
- Assist in planning and implement strategies and activities for inclusion
- Assist in planning and implement daily activities and experiences to meet goals and objectives
- Provide culturally appropriate daily experiences that support and promote the development of all children in the setting
- Maintain regular communication with parents
- Complete daily notes as required
- Prepare reports as required (i.e. monthly, annual)

Mentoring

One strategy that strengthens capacity of ASCD services and fosters growth of new staff is a mentorship relationship with benefits extending to the community and program in which the mentoring takes place. Mentoring is sharing wisdom and expertise, role modelling, collaboratively developing goals, enhancing professional development and forming partnerships.

A mentor is someone who has extensive experience working with children who require additional support and who has a solid understanding of ASCD services; both administratively and hands on with families. A mentor offers positive support, feedback and guidance to facilitate the learning and growth of a new ASCD staff. The mentee will set the direction of the relationship identifying the areas for desired learning. Collaboratively, the mentor and mentee agree on goals and share the understanding of open communication.

Mentoring relationships are built on a foundation of trust, respect and mutual desire to grow and learn from each other. Mentorship can be between an established ASCD program and a new ASCD program, a non Aboriginal SCD program and a new ASCD program or between an ASCD Consultant and Support Worker. For more information visit the Aboriginal Infant Development website to view the AIDP Mentoring Manual
http://www.aidp.bc.ca/MentorManual_inside_lowres.pdf

Please see Sample Mentoring Agreement in Chapter 7 page 82.

Hiring Your ASCD Consultant and Support Worker

Recruiting qualified staff for emerging and existing ASCD Programs is an integral part in building a quality program. Employment Opportunity notices can assist reaching potential candidates for available positions when advertising in local newspapers, community newsletters, email distributions and on the web.

Job Descriptions

Clear and succinct job descriptions are an important part of an ASCD Program. They fulfill a variety of important functions, including:

- Enabling new or prospective staff to get a sense of the requirements of the position
- Forming the basis for your interview questions and employment advertisements
- Helping to create job specific evaluations

Interview Questions

It is recommended that interview questions be designed to reflect the job descriptions for that position. Job specific interview questions will guide the interviewing process to evaluate the candidate's knowledge, experience and qualifications in the field of supporting families and children with special needs in a variety of settings.

Please see Samples in Chapter 7, Employment Opportunity notices pages 85 & 86, Job Descriptions pages 87 & 89 and Interview Questions pages 91 & 94.

Staff Confidentiality

The protection of information is very important for ASCD Programs. The program has a responsibility to protect the confidentiality of children, their families, and the programs they are enrolled in. All staff in the ASCD program should sign a Confidentiality Agreement when hired.

- Information on children and families must not be released without the family's written consent.
- At Initial Intake, parents/guardian sign Consent to Obtain and Release Information authorizing specific peoples to obtain and release information with an ASCD Consultant. Consent expires within one year of signing date.

Please see Confidentiality Agreement Sample Form in Chapter 7, Page 97.

Staff Performance Reviews

Conducting staff performance reviews on a regular basis is an important component of program which allows the employees to continue to develop their knowledge and skills and strengthens the capacity of the program. Performance reviews also inform programs and agencies what training or internal structures are required to support staff. A few tips for conducting Reviews are:

1. Begin with an opportunity for self evaluation by the Employee.
2. Follow with a discussion between Staff and Supervisor to review and compare responses.
3. Focus only on previously communicated and understood expectations.
4. Use expectations or criteria that provide for mutually understandable, clear distinctions between what was expected and what actually happened. Evaluation is the process of jointly 'comparing'.
5. Do not discuss specific incidents, difficulties or behaviours that were not discussed at the time they occurred.
6. Include an action plan that sets out clear goals and timelines.

Please see Sample Staff Evaluation Forms in Chapter 7, pages 98 & 105.

Professional Development

Over the past few years, training has been developed to specifically enhance the skills of Consultants and Support Workers supporting children with special needs and their families. The Professional Development Guidelines Manual identifies core recommended training, how to access the training and an application process to access additional supports to attend relevant professional development. To view the *Professional Development Guidelines Manual* please visit the ASCD website under resources *www.ascdp.bc.ca*

Please see List of Recommended Professional Development in Chapter 7, page 108-111.

Qualifications & Salaries

Below are example qualifications and salaries. Benefits and Retirement plans will vary depending on Band/Organizational policies and funding.

Please note that qualifications and salaries outlined were collected in 2009.

ASCD Consultant

Salary Range Per Hour	$15.00	$16.00-$17.00	$18.00	$20.00-$25.00	$25.00-$28.00
Suggested Education and Qualifications	ECE Certificate	ECE Certificate and FASD Training or Special Needs Certificate or Infant-Toddler Certificate	ECE Certificate & Special Needs Certificate or Infant-Toddler Certificate Min 3 years Work Experience	ECE Certificate and Special Needs Certificate and Infant-Toddler Certificate or/and SCD/IDP Certificate/Diploma Min 5 years Work Experience	ECE Diploma and/or BA or Related Degree

ASCD Support Worker

Salary Ranger Per Hour	$12.00	$12.00 -$15.00	$15.00 - $20.00
Suggested Education and Qualifications	ECE Certificate	ECE Certification & Special Needs Certificate or Infant – Toddler Certificate or Other Child Development Training or 3 years Work Experience	ECE Certification and Special Needs Certificate and Infant–Toddler Certificate or 5 Years Work Experience or Post Secondary Education

Administrative Assistant: $12 – 15 per hour

Implementing Extra Staffing Supports

Extra support staff (Support Workers) may be hired either directly by the ASCD agency or by the child care program with funds provided by the ASCD program. This decision may be influenced by the capacity of the Host Agency, the strength of relationships with other agencies and child care programs, the knowledge and experience the Host Agency has with ASCD or SCD or other early childhood development programs.

It is important to emphasize that Support Workers should not be included in ratio rather enhance the ratio to best meet the needs of the child/children they are supporting. Once the ASCD Consultant has completed the Support Guide and the child's needs are determined, they will complete a request form summarizing the supports required, the days and the number of hours required. This request will go to the ASCD program Manager and agency to determine if the funds are available to support the request.

Please see Extra Staffing Support Request form in Chapter 7 page 114.

ASCD Programs Who Hire Support Workers

Some ASCD programs recruit a "pool" of qualified individuals interested in providing support work in a variety of child care and home based settings. This can help to alleviate some of the pressures both families and centres encounter when recruiting support worker staff. Parents should be informed of the role of the Support Worker to enhance their understanding of the supports required for to meet their child's developmental needs as well as support their ability to advocate for their child.

Please see the Sample Parent Information Sheet: ASCD Support Worker on page 115.

Child Care Licensing Regulations require additional support staff, Support Workers, to have documentation on file in the child care setting that confirms the Support Worker meets the requirements to work in a child care program. ASCD programs who hire Support Workers and send them to various child care settings in their community can write a letter documenting of their qualifications is required. These requirements include; first aid certification, criminal record check, record of immunization, reference checks and qualifications.

Please see the Sample Support Worker Documentation Letter on page 116.

Sub Contracting with Child Care Programs

Some ASCD programs sub contract with child care programs to hire their own Support Workers with the support of the ASCD program. In this case the ASCD program has chosen to develop a contractual relationship with the childcare program or family to hire the Support Worker. It is recommended that a formal contract is developed between the ASCD program and the sub contractor (child care program or family) to ensure that there is a clear understanding of the expectations of this agreement.

For additional information on sub contracting extra staffing supports please see the *Extra Staffing Support Contractor Guidebook* which outlines the process to establish contractual arrangements with child care programs found on the ASCD website under resources *"Service Agreement Package"* at www.ascdp.bc.ca or click on the link below. See Chapter 7, page 74 for more information.

Extra Staffing Support Contractor Guidebook
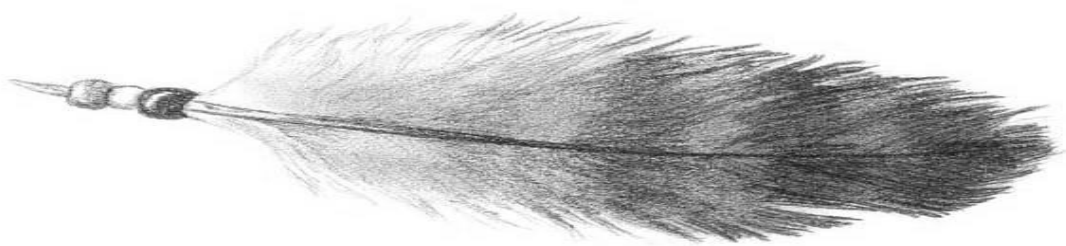
Caseload Management

As an ASCD program develops, it is important to keep documentation of all the children/families that access ASCD services from the agency. This can be used as a searchable archive for all child/family records and may contain the following information:

- Child's name, Date of Birth, diagnosis, and needs
- Date of referral or service request date
- Family contact information
- All relevant service dates and Consultant assigned to that child/family
- Child care setting the child is attending
- Waitlist for funding or Status
- Aboriginal status, and cultural needs

Consent must be obtained from the parent/guardian in order to provide ASCD services and should be updated every year.

See page 112 for Caseload Tracking Template and page 113 Service Status Terminology.

Child and Family Files

The ASCD Consultant should create and maintain a file for each child/family they work with. Consultants can take this file with them when meeting with the family and visiting childcare programs but must not leave the file unattended at any time. Consultants must ensure that a current consent form is signed so that the parents are aware that the Consultant may take the file with them to meetings and visits. The file can be organized into several sections:

- Referral and Intake forms
- Letters, Email and other correspondence
- Consent forms
- Assessments, Support Guide
- Individual Plan
- Visit Notes, meeting notes

Please see Chapter 7, Page 117 for a Sample File Management System, Client Contact Record page 118 and File Face Sheet-Child Profile page 119.

ASCD Consultant Statistics

Statistics allow the ASCD program to ensure that families are receiving a high standard of service and will assist in reporting to MCFD. Consultants are required to keep detailed statistics in order to track the amount of time spent on each child's file. In addition to the child's name, they will record the type of work done for that child/family: documentation, training, family meetings, case review advocacy etc.

Consultants record how much time is spent on each child on their caseload , as well as how much time spent on non-child-specific work such as training, professional development, community development, mentorship and committee participation. These statistics allow the ASCD program to ensure that clients are receiving a high standard of service and in order to report to MCFD.

Please see Chapter 7 for Consultant Caseload Template page 120 and Statistics-Indicator Reporting, page 121.

Managing a Waitlist

The ASCD program may maintain a waitlist of clients waiting for funding. The waitlist is managed according to date of service request, child age and urgency. In terms of age, priority is given to children:

1. the year before they enter kindergarten
2. who are in the age range of 0-6 years old
3. children who are 6-12 and parents are both working or going to school
4. youth that are 13-19 and parents require childcare because both parents are working.

The nature of the child's needs and the level of the family's needs are also taken into considerations. Placement of children and families on waitlists must be fair and equitable at all stages of the process. For the Waitlist Management Package please visit page 74 for more detailed information and hyperlinks to the resources on the Aboriginal Supported Child Development website.

Please see Chapter 7 page 122 for the Waitlist Priority Rating Scale Template.

Program Evaluation

Evaluations can offer continued growth and development of ASCD programs.
It is important to obtain feedback about your program periodically to determine program strengths, challenges, and recommendations. As ASCD Programs evolve, it is important to consider an overall program evaluation process that can further help to:

- Determine its strengths and challenges
- Identify how well it is meeting your program mandate
- Develop ideas and recommendations to continue on building on identified strengths and overcome challenges
- Develop an annual work plan
- Identify training and supports that are required
- Provide accountability to community and funding agencies

Please see Chapter 7 for Parent Evaluation Survey page 113 and Child Care Evaluation Survey page 143.

CHAPTER SIX

Engaging & Working with Children and Families

This chapter provides a full look at the range of services provided by Aboriginal Supported Child Development Programs. It includes the process of creating and supporting a relationship with the child and family as your work with them unfolds.

Services At A Glance:

This graph represents the range of services provided by Aboriginal Supported Child Development Programs. The child and family are at the centre of services provided and the flow of services starts with Referral and Intake and moves to the right around the graph.
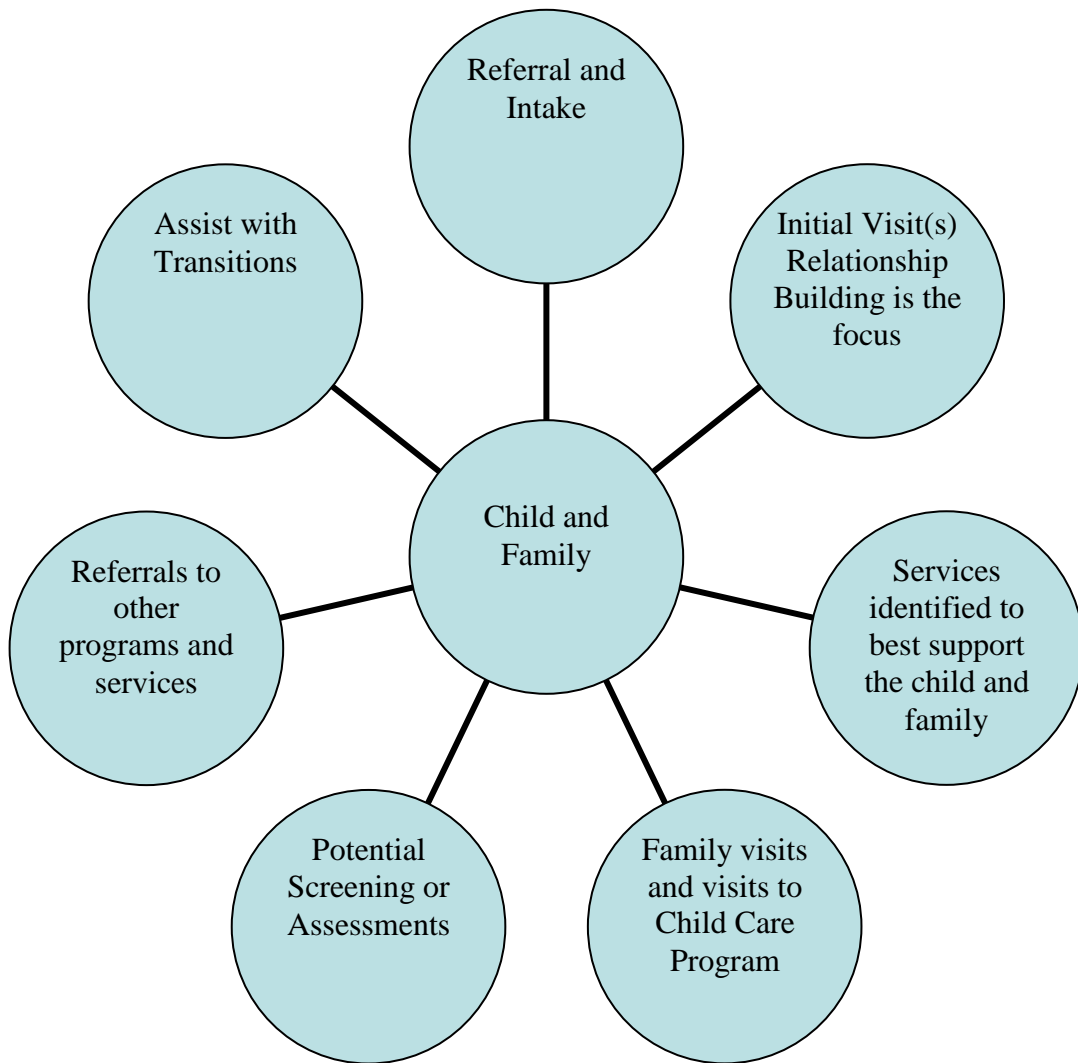
Referral and Intake

ASCD accepts open referral which means referrals will be accepted by letter, fax, or phone from parents, families, community or professionals. Referrals from professionals must have parental consent. Generally the referral source has spoken to the family about ASCD services prior to the referral. If not, the referral source is requested to talk to the family to ensure that they have the family's consent before ASCD makes contact with the family.

It is recommended that the initial visit with the family be based on building relationships with the child and family. Please consider what paper work you must complete on this first visit, and only bring this...do not overwhelm or frighten families with papers in the initial visit(s). Check with your agency's policies regarding which forms must be completed in the initial visit.

As you recall in the ASCD ~ Weaving Culture Chapter, Aboriginal worldview is embedded in relationships, so your ability to build trust, rapport and a positive relationship with the child and their family will directly impact how smoothly and effectively your journey with them unfolds.

Parents/families are encouraged to call directly to the ASCD Program for self-referral. Some barriers to a family directly referring may include:
- Lack of telephone access
- Language barrier
- Reluctance to have their child labelled
- Avoidance and fear of MCFD programs

When specific barriers are identified by the family, the coordinator/consultant and community professionals will discuss specific options to complete the referral process in a timely manner with the family.

Please see Sample Forms in Chapter 7, Page 123 for Initial Intake Call, Community Referral Form page 124, and Referral Package pages 125-127.

Initial Family Visit

When calling a family/caregiver, introduce yourself and be sure to provide a brief explanation of ASCD services, your host agency and your role. You will want to ask the family/caregiver to identify a convenient time for them to meet further to discuss ASCD services. The family/caregiver may want to meet at their home, your office or at a convenient public place close to their home or place of work. You may need to meet with a family/caregiver after work hours.

Typically the consultant will have completed the initial family visit within a respectful time frame from initial contact to explain:

- ASCD Services
- Parental Consent
- Begin a Support Guide
- Parent Handbook, if available

On an initial visit the consultant and parent may discuss child care options and other services the child may benefit from. We want to be careful not to overwhelm the family/caregiver with too much information on the first visit. Let family/caregiver know they can call you with any questions they may have.

At times there may be family visits when a Consultant may not feel completely comfortable. Please ensure you either meet at a public place or take someone with you and let the family know you are going to be doing this. Always be sure someone on your team knows your daily schedule and how to contact you.

The consultant may schedule further family visits and they may be to:
- Complete or review a Support Guide and have the family sign it
- Update the Consent to Obtain and Release information
- Discuss further intervention strategies that could be implemented at home and in the child care program
- Observe a routine that a child has difficulties with and offer strategies and suggestions
- Discuss referrals to other community services
- Assist with the Subsidy Form or sign the Special Needs Supplement form
- Lend toys, equipment or resources
- Have team meetings; some families choose to have team meetings such as an Individual Service Plan at their home

Please see Initial Visit Checklist page 131and Sample of Visit Notes page 132 in Chapter 7.

Parent Consent

ASCD program consent forms are completed with the family/guardian at the initial visit. Consent, if given by the parent/guardian, is for the consultant to:

- Assist in finding childcare program
- Observing the child in the childcare program
- Consulting to the childcare program
- Developing a Goal Plan for the child in a childcare program

Consent to Obtain/Release Written or Verbal Information is also completed and signed by the parent/guardian and it should list specific agencies, names of individuals, who information may be shared with.

Some ASCD Programs may use photos to promote awareness of their program in the community. Consent is required to take photos of a child accessing services from your agency.

Please see Sample Forms in Chapter 7, page 128 for Consent for Service, page 129 Consent to Obtain and Release Information and Photo Consent Form page 130.

Support Guide

The Support Guide is a tool that helps determine the extra supports needed to successfully include a child with developmental delays or disability in a child care setting. It documents the support the child requires, the needs of the child care environment and what the staff may need to successfully include the child taking into consideration the needs of other children in the setting. Although the Support Guide is used to document the individual needs of the child but it is not used to diagnose a developmental delay or disability.

The ASCD staff is responsible for completing the Support Guide in collaboration with the family to determine:

- Initial or ongoing goals for the child, family and the child care program.
- The child's strengths, interests, learning style and potential strategies
- It includes background information, other community professionals involved and a support schedule
- Priorities, recommendations and to summarize the developmental needs of the child
- Any potential resources and training needed for the childcare setting to include the child

Completing a Support Guide
- The Support Guide should be completed in a respectful time frame following the initial contact with the family.
- The consultant should review the Support Guide with the child care program for additional information if the child is currently attending a program.
- It is recommended that the Consultant review the Support Guide with the family once a year.

Additional information on the Support Guide and links to the resources on the ASCD website are on page 74. Go to page 133 for the Recommendations and Priorities Form.

Individual Planning

The Individual Plan documents and guides the intervention and support services provided for children with extra support needs. Individual Plans are the vehicle through which effective early intervention is implemented. It contains information about the services necessary to facilitate a child's development and enhance the family's capacity to facilitate the child's development. Through the Individual Planning process family members and service providers work as a team to plan, implement, and evaluate intervention goals, objectives, and strategies tailored to the child's unique developmental needs. The family's concerns, priorities, and resources guide the process.

The Individual Plan is in writing and should contain:
- The family's priorities/goals and concerns related to strengthening their child's development
- The major goals for the child and the family, the timelines and resources to be used to determine progress
- Specific early intervention services necessary to meet the unique needs of the child and the family, including the frequency, intensity, and the method of delivery
- The environment(s) in which services will be provided

The Consultant is responsible for ensuring that an Individual Plan is developed for each child in collaboration with the family, child care setting, Support Workers and other relevant professionals and service providers identified by the family.

The following are important considerations in developing an Individual Plan:
- The Support Guide contributes to the development of the Plan
- Goals and objectives are established, as well as strategies outlining how these goals are to be implemented including what resources will be required

- The families selection of an appropriate child care or other community setting is based on meeting the child's individual needs and goals as identified in the plan
- Types of supports and the level of support are identified in the plan
- Ensure that child/families culture is reflective in services provided. Barriers to accessing services are identified and problem-solving strategies outlined

Note: Children with health care needs or a child who may have safety concerns should have an Individual Health Care Plan prepared by the Community Health Nurse or the Nursing Support Services Coordinator.

Please see Individual Service Plan Template page 134 and Family Goal Plan page 135.

Support Families in Accessing Assessments

Many Aboriginal children eligible for ASCD services have not been formally assessed. Therefore, it is important that ASCD programs assist families in accessing assessments if required. This might include educating, advocating, organizing and providing transportation. It might also involve supporting the family in understanding the importance of the assessment process and how it can help their child. If your program provides screening and assessments, ensure the process is culturally sensitive.

Family Meetings

Family Meetings are held to support parents and child care providers, to share new information, set new goals, plan transitions and problem solve together. It is recommended that meetings be scheduled when parents support the need for a meeting and in locations that are convenient for parents. They should include child care providers and those professionals requested by the family. Please consider possible barriers, such as transportation and child care.

Considerations

- Parents must be given the opportunity to participate in team meetings
- Consultants may be responsible for ensuring that team meetings are organized

Child Care Visits

Child care visits will differ for each child. The amount of visits and the purpose of the visit will be discussed with the family and childcare program. Visits may occur on a regular basis or only when support is requested by the family or childcare program. Where visits occur on a regular basis, it is expected that this will reduce over time as the child care setting has the information and resources they need.

The visits typically occur for one or more purposes:

- Upon referral, to observe the child in the childcare setting and discuss the reason for referral.
- To provide information, resources and/or strategies that assist a child care setting to achieve objectives identified in the Support Guide and Individual Plan.
- To promote consistencies across environments (i.e. home and childcare).
- To ensure proper supports are in place (i.e. extra staffing support).

Visits to a childcare program should occur in a way that:

- Takes into account and fosters the primary relationship between the family and childcare program.
- Fosters capacity by providing information, resources and support that assists the childcare program to meet their own needs.
- Demonstrates the philosophy and practice of inclusion; the consultant needs to "blend" into the setting. It should be demonstrated that you are there to visit a child accessing ASCD services.

During the visit, the Consultant should:

- Confirm the purpose of the visit. This may be outlined in a child's Support Guide, and/or Individual Plan.
- The Consultant will gather information from the staff, (i.e., what strategies they have tried, what strategies are helpful, what is not working etc.)
- Provide and/or discuss resources, strategies and ideas. The Consultant may review materials that have been brought, i.e. toys, reading material.
- The Consultant may assist the staff on how to implement strategies. This could happen through discussion or modeling on the floor with a child.
- At the end of the visit summarize the purpose, information shared, specific resources, strategies etc. Confirm any follow up commitments made.
- Document on a Visit Note and leave a copy with the child care program, send a copy home to the parents and **insert a copy into the child's file**.

See Visit Note Template in Chapter 7 page 132 which can be produced in triplicates.

Transitions

Children and families experience many transitions as significant people enter and leave a child's life. In addition, involvement in ASCD creates a number of transitions that need to be considered. In all transition situations, the ASCD Consultant is encouraged to talk with the family well ahead of the transition, (if possible) in order to make the transition as smooth as possible. Follow up after the transition is critical to ensure the child and family feel supported and any issues that may have arisen are addressed. Outlined below are a few potential transitions that ASCD Consultant's may need to support children and families through.

Please see Sample Child/Family Transfer Form in Chapter 7, page 136.

Transition from AIDP to ASCD

It is recommended that six months before the transition the AIDP Consultant will advise the ASCD program. The ASCD program or consultant assigned to the child and family will request a meeting with the AIDP Consultant after parental consent is provided. This meeting may include, but is not limited to:

- level of child and family needs
- growth and changes to date
- strengths of child and family
- strategies implemented
- cultural supports and connections
- key support people for the child and family
- child and family barriers to accessing child care settings.

In collaboration with the AIDP Consultant, the ASCD Consultant can arrange visits to a child care or other community setting, or may accompany the parent(s) to the new setting. The ASCD Consultant meets with the parents to provide them to begin the intake process by providing them with an overview of ASCD services and the programs role in supporting their child and family.

The ASCD Consultant should also ensure all necessary forms and information have been transferred from AIDP and that the processes for determining eligibility and nature and level of support are completed.

Transition to Kindergarten

It is suggested that ASCD Consultants work closely with parents and Band School(s) or local School Districts to plan and prepare for Kindergarten transition. Outlined below are a number of the steps to support the ease of this transition. It may need to be enhanced depending on the child and family and the School District to accurately reflect the uniqueness of each community.

The ASCD Consultant:

- Provides information about the upcoming transition to Parents: this can take place from 6 months to a year ahead of time.
- Consultant will determine which other community professionals are involved with the child and with the family will jointly decide on who will take the lead role in the transition planning.
- Parents are encouraged to begin collecting all relevant documents regarding their child's development to share with the School District
- If the family consents, the Consultant may meet with or call the local school or School District to discuss the child's needs as necessary.
- The Consultant may schedule an individual Kindergarten transition meeting in May or June. The family determines who should be invited to the meeting.
- Consultant determines with the family whether after school care is required or if the child no longer requires ASCD services.

*The Consultant cannot share supporting documentation with the School Board if parents have not given consent for them to do so.

Child and Family Moves to a New Community

When a family moves to a new community or has chosen a child care program in another community, the ASCD Consultant can assist the family in the transfer to a new ASCD program upon request. When the parent/guardian and the child moves to a child care centre in another community or city, the Consultant will:

- Refer the family to the ASCD Program in their new community/city for consultation.
- Consider the option to continue to provide funding if child requires extra staffing supports
- Provide documentation to the new ASCD Program with a signed consent from the family, i.e. Support Guide, Family Goal Plan
- Meet with the new ASCD Consultant to share information upon request including recommendations for community resources, referrals to other services

Please see Chapter 7 page 136 for a sample Child Family Transition form.

ASCD Services are No Longer Required

When a child no longer requires ASCD services, that child's file should be closed. This can happen for any of the following reasons:

- It has been determined by the Consultant, family and child care setting that the child no longer requires support
- The child no longer attends a child care setting
- The child has passed away
- The child turns 19 years old
- The child or family moves to another community
- The child enters kindergarten and no longer requires child care

In order to close a child/family file, you must first confirm with the family/guardian and child care centre that the child no longer needs ASCD services. Once this is confirmed, a *Closing a File Checklist* should be completed, with all of the following steps:

1. Speak to family to confirm services are no longer required
2. Inform the child care centre that you will be closing the child's file (if they are attending a child care facility)
3. Check to see if the family has any outstanding resource library materials, and return all materials that are outstanding – toys, books etc.
4. Complete a closing letter, and send the discharge letter to the family
5. Send a copy of the closing letter to all service providers – therapists, social workers, health care providers, etc.
6. Transfer the child's file into a storage file.

Please see Services No Longer Required Checklist in Chapter 7, page 137.
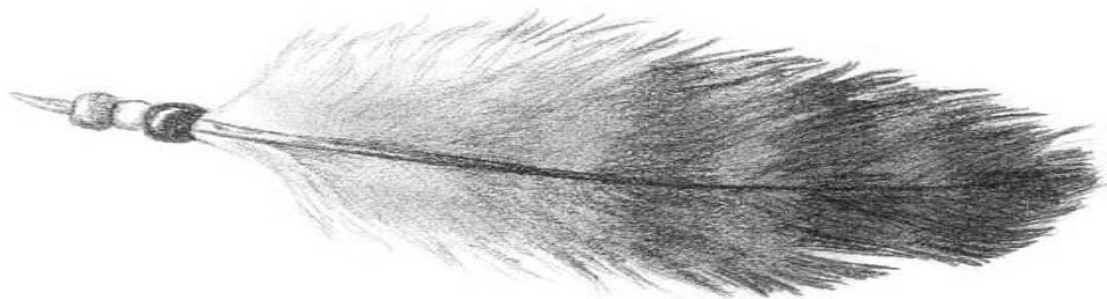
Resource Library

ASCD Programs are responsible for developing and maintaining an up to date Resource library including: children's books, toys, equipment, resource books, articles, and information sheets for parents, child care settings, and community partners (therapists, school personnel, etc.)   Ideally, the Resource library would contain a range of resources to meet the needs of children with extra supports and their families and that reflect diversity of cultures, families, and abilities. The library should be regularly reviewed for current relevance to families and to the community. Partnerships with other community resource libraries can also be formed.

Families and childcare programs accessing ASCD support services may borrow items from the library to:
- Use in addressing their priorities for the child's development and inclusion;
- Learn information or suggestions that address their priorities for the child, family and/or child care setting.

ASCD programs can develop lending process so that families and childcare programs are informed of the resource library and the steps to borrow from the library. It is also important for the Consultants to have knowledge of the inventory so that they can inform the families and childcare programs of what is available. It is recommended that items for your resource library are gradually accumulated and reflect the needs of the children and families that you serve.

Please see Chapter 7, page 138-139 for a Resource Library Wish List and page 140 for a Sample Resource Library Loan Agreement.

Delivering Community Training

ASCD Consultants provide community awareness regarding the ASCD program services. This can include providing information and education about the program's purpose and mandate, having a parent/family panel to share their experience with ASCD, how to access services, how the program fits with all other Early Childhood Development programs in the community and anything else that may be relevant to the community.

ASCD Consultants provide general and child-specific training for families, child care providers, support workers, and the community. Consultants may also provide training to other key community resources on topics such as effective strategies for inclusion, family centred care, disabilities and developmental delays, challenging behaviours, etc. ASCD programs can also work with other Early Childhood Development programs to sponsor or co-host community training events or training for child care providers. ASCD Consultants who deliver training are required to report on the number hours dedicated to planning and delivering community training as well as the number of participants.

Please see chapter 7, page 121 for Consultant Statistic-Indicator Reporting.

Partnerships Project

One vehicle for training community service providers as well as ASCD Support Worker staff is the Partnerships Project. The Partnerships Project is a community based training delivery model for service providers and parents in communities who serve children birth to six with special needs and their families. The training modules provide participants with knowledge and skills in various topics to increase their ability to support the children and families in their community settings.

Training modules were developed for a broad audience of early childhood service providers who provide support to children and families in a variety of community settings, such as early childhood educators, child care and family child care providers, recreation, lay home visitors, IDP / AIDP, SCD / ASCD consultants, social workers, public health nurses, parents, SEA teachers, family support workers and key workers. More information is offered on the Partnerships Project website at www.partnerhipsproject.bc.ca
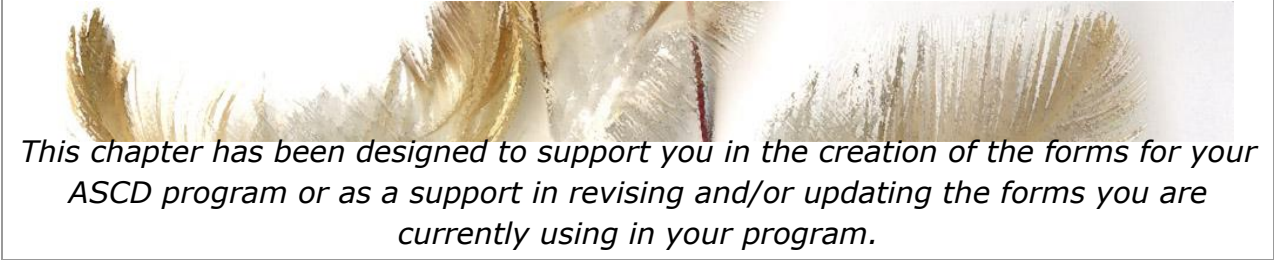
CHAPTER SEVEN

Appendices and Sample Forms

This chapter has been designed to support you in the creation of the forms for your ASCD program or as a support in revising and/or updating the forms you are currently using in your program.

How to use these sample forms to create your own

As outlined throughout the manual and in the table of contents, there are a number of templates and sample forms in this chapter. They are varied in content and area of focus, so you may want to refer to list below to identify what forms you may specifically need to look at. The list below is in the order in which they appear in the manual and have the page listed. There are some forms and information packages that are hyper links and when you double click on them you will be directly taken to the internet and the information you are looking for. For each of the identified areas, there is one sample form. The accompanying disk has more examples to support you in creating your own program's personalized forms.

A few tips for making your forms specific to your ASCD Program:

1. **Logo**: Your logo or the logo of your Host Agency can be easily transferred into each of the forms. It usually goes at the top of the form and can be added as a Header on your form. Headers and Footers are accessible under the Insert tab on any Word program.

2. **Program Contact Info**: You may want to put a footer at the bottom of your form with your Program's contact info.

3. **Satellite Offices:** If your ASCD Program is one of a number of ASCD Programs within one Host Agency (often known as Satellite Offices), you may want to have a place on the forms to identify which Satellite Office the child and family are accessing services from.

4. **Child's Name:** You may wish to also include the child's traditional name.

5. **Family:** You may wish to include a piece that identifies which Nation(s), Family(s), Clan(s) the child and family belongs to.

List of Sample Forms

Below are hyperlinks to resources that will support the development or enhancement of your ASCD Program. When you double click on the blue printing you will be directly taken to the internet and the content you are looking for or please visit the resource page of the Aboriginal SCD website at **www.ascdp.bc.ca**

Community Assessment Tool Kit - (.pdf) was created for communities who are considering starting up an Aboriginal SCD program in their community or establishing or strengthening partnerships with existing SCD services to ensure those Aboriginal children with extra support needs and their families have access to culturally appropriate Aboriginal Supported Child Development (SCD) services.

Aboriginal SCD Handbook (.pdf) developed in 2005, contains practical information, examples and resources for communities to use in developing their approach to Aboriginal SCD. It is not a 'how to' manual, rather it is intended to be a support and a resource for communities to build awareness of ASCD services.

Service Agreement Package is intended to ensure that contractual relationships between SCD/ASCD agencies and child care providers or parents are legally and financially sound and reflect the principles of SCD/ASCD. Some agencies had previously developed their own in-house resources based on local practices and expertise and may prefer to continue using them, however please bear in mind that this new resource package has been developed with the advice of legal experts.

Waitlist Management Package was developed for communities to manage a waitlist in a consistent manner. The package includes:

- ❖ Guidelines for using Template
- ❖ Service Status Terminology
- ❖ Working Document/Template
- ❖ Waitlist Priority Rating Scale
- ❖ Family Needs self-reporting tool

This Revised Support Guide Package comes with a Support Guide User Handbook, five Child Development Profile options (age ranges birth-3, 3-6, 6-9, 10-12 and Youth 13-19), Reference Materials and Review Summary Forms. This is a shift from the current Support Guide, which is a "one size fits all" perspective to be used with all children and has only one form for use with all children regardless of age or severity of developmental delay.

The updated *User Handbook* provides opportunities for Consultants to identify and plan for their own training needs throughout the document. It walks Consultants through completing the Support Guide, recommendations for training, the link to Individual Planning and considerations for Aboriginal SCD and children with high support needs.

Our Guiding Principles

Inclusion - all children are supported to fully participate in neighbourhood child care programs

Family Centred – this means that you, the parent, choose what kind of support you want

Individual Planning – each child's unique strengths and needs are recognized and supported

Child Development – children with developmental needs have access to early intervention and developmentally appropriate supports

Community based – programs reflect local needs and priorities

Respect for cultural diversity

Support for capacity building in Aboriginal communities

Community ASCD Program:

Put your program name here

address

phone number

{put your agency logo here}

**For more information on Aboriginal Supported Child Development
Visit our website at:**

www.ascdp.bc.ca

ABORIGINAL SUPPORTED CHILD DEVELOPMENT

{your program name here}

What is Aboriginal Supported Child Development?

Aboriginal Supported Child Development (ASCD) is a provincially funded program that is designed to specifically meet the needs of children who require additional support. ASCD Programs are developed with cultural values, beliefs and traditions in mind..

Who are the Children?

Aboriginal Children who are residents of BC are eligible for ASCD. Children should meet the following three criteria:

1. **Child is between newborn to 12 years (services for children 13 to 19 may be provided on an individual basis).**

2. **Child has a developmental delay or disability in one of four areas:**

   - Physical
   - Cognitive
   - Communicative
   - Social/Emotional/Behavioural

3. *Child requires additional support in a childcare setting.*

No diagnosis is required to receive services

Who are the Families?

Families can include birth, extended, adopted, and foster families. Aboriginal families can be living on or off reserve. There is no cost for this service.

Support takes place in…

- Preschool settings and Head Start programs for children aged 3 to 5 years
- Daycare, family child care or After School Care
- In a child's home under exceptional circumstances when a child's support needs otherwise prevent him or her from participating in a childcare program

Support can look like…..

- Support and consultation to the family and child care program
- Short term or part time additional staffing to support the child care program
- Ongoing additional staffing in the child care program to support a child to be successful

Services available to families include:

- Assistance finding child care

- Support and consultation with families and child care programs

- Individual planning

- Extra staffing support if needed in child care programs

- Training and support for families and child care providers

- Assistance accessing other community resources

- Developmental screening and assessments at the request of the family

- Toy and equipment lending library

Participation is voluntary

Purpose: The *(insert host agency/program name)* provides support, direction, advice, and recommendations related to the development and implementation of Aboriginal Supported Child Development Program.

Membership: Membership will comprise of but is not limited to the following representatives:

  ➢ Parents
  ➢ Head Start Programs and/or Child Care centres
  ➢ Child and Family Service Agencies
  ➢ Friendship Centres
  ➢ Early Intervention services
  ➢ Area Bands/First Nations

General Duties:

- Attend at minimum four (4) meetings/teleconferences to provide advice and input to the development and implementation of ASCD service delivery.

- Make and support recommendations to MCFD regarding future resources, services, policies, standards, and strategic directions related to the ASCD.

- Assist in the identification of local, regional, provincial, and federal issues, policies, challenges, gaps, and opportunities related to parents and children with extra support needs.

- Foster communication, collaboration, and partnerships to promote public and community awareness of ASCD and ECD in general.

Operations:

- Committee Meetings/Teleconferences, Consultation Sessions will be organized and hosted by *(Insert Host Agency Name).*

- *(Insert Host Agency Name)* will cover travel expenses to attend meetings where required.

- Decisions and recommendations will be put forth and generally accepted through a consensus model of decision making wherever possible.

Protocol Agreement
Protocol Agreement, dated this _____ day of _____, 2005

Between: FN ASCD Program (hereinafter referred to FN ASCD)

And: ABC AGENCY for Living (hereinafter referred to as ABC)

Whereas the parties have roles in respect to the delivery of Aboriginal Supported Child Development Services to Aboriginal children and families; and

Whereas the parties represent two separate and legally constituted organizations under the statutes of B.C. with separate Boards of Directors and management structures having separate legal authority and responsibility for those organizations; and

Whereas the parties wish to maintain their working relationship in respect to Aboriginal children and families requiring Aboriginal Supported Child Development Services and to improve access to those services; and

Whereas the parties wish to support the delivery of Aboriginal Supported Child Development Services to Aboriginal children by Aboriginal service providers;

The Parties Therefore Agree as Follows:

1. **Definitions[1]:**

   Aboriginal Community: means Aboriginal families, Aboriginal service providers (including individuals), Aboriginal social programs and service agencies, non-profit societies, authorities and councils and caregivers.

   Aboriginal Person: Aboriginal person includes children living on and off reserve, status and non-status, Métis, First Nations, and Inuit and includes self- identification as Aboriginal.[2]

   Child: A person is considered to be a child from his or her birth until his or her 19th birthday. Children in SCDP fall into one of three age ranges:
   - Early childhood – from birth to his or her 6th birthday
   - School-aged – from 6 to his or her 13th birthday
   - Youth – from 13 to his or her 19th birthday

2. **Vision and Principles:**

2.1 The parties agree that all delivery of Aboriginal Supported Child Development Services will be consistent with the Philosophy and Principles set out in the ***Supported Child Development Program – Policy and Procedures Manual (Draft February 25, 2005)*** recognizing that the age eligibility criteria are under review.

2.2 The parties to this agreement agree to foster the delivery of Aboriginal Supported Child Development Services in an environment of mutual respect between the two agencies.

2.3 The parties agree that the delivery of services to Aboriginal people should wherever possible, be accomplished through the employment of Aboriginal people to deliver the services.

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[1] From the *Supported Child Development Program Policy and Procedures Manual*

[2] Note that for the purpose of the services addressed in these protocols the priority for service places an emphasis on 0-6, with ages 7-12 as a continued priority. Services to youths aged 13-19 will be based on the individual situation.

2.4 The parties recognize that the delivery of Aboriginal Supported Child Development Services must be conducted in an environment that promotes learning and that supports flexibility and humour.

2.5 The parties agree that Aboriginal agencies will pioneer leadership in the delivery of Aboriginal Supported Child Development Services.

3. Criteria for Success:

The parties agree that success of the protocol agreement between the parties will be measured by considering:

3.1 Staff, at intake, explain Aboriginal SCDP in a manner that supports client comfort in self-identifying as Aboriginal.

3.2 Ease of client movement between the partner agencies.

3.3 Equitable levels and types of Supported Child Development Services regardless of who delivers the service and recognizing the difference in cultural competence.

3.4 Increased numbers of clients will be seen due to improved coordination of services and reduced duplication.

3.5 Families receiving services and Facility providers will understand why there are two agencies delivering Supported Child Development Services and how the two agencies relate.

3.6 Ongoing and annual review of the working relationship between agencies in delivery of Aboriginal Supported Child Development Services.

4. Agency Roles:

4.1 FN ASCD will provide Aboriginal Supported Child Development Services to Aboriginal people in the (a insert the community or areas).

4.2 The ABC will provide Supported Child Development Services to non-Aboriginal people in the (insert the community or areas).

5. Change Management

5.1 For existing cases:

5.1.1 FN ASCD will provide a letter of introduction of that agency and which sets out the change of services to ABC.

5.1.2 The ABC consultant will provide the FN ASCD letter, and a letter from MCFD setting out the change in Aboriginal SCDP services, to Aboriginal families currently serviced by ABC and will obtain the consent to release information from the family.

5.1.3 The Consultants of the ABC and FN ASCD programs will meet with the families.

5.1.4 Transition of Aboriginal families to FN ASCD is targeted for (insert date). The transition process will vary by family but will include:
   a. At minimum, two visits, one with the family and one with the child care provider; up to
   b. At maximum, four visits to be used as needed.

5.2 For new cases:

5.2.1 Where ABC receives a referral for a new client, and the child is identified as Aboriginal, ABC will seek consent from the family to forward the referral to FN ASCD and, where consent is received, will forward the referral.

6. Communication

6.1 ABC and FNASCD will provide a joint letter explaining the new FNASCD Aboriginal SCDP services and inviting all appropriate service providers to obtain more information through contact with FNASCD.

6.2 The ABC and FNUCS Coordinators will hold formal quarterly (or more often as needed) meetings to address issues, conduct future planning, and provide coordination of SCDP services.

6.3 FN ASCD will provide information sessions to Early Intervention Service Providers in Circle 6, to provide the results of the needs assessment process and to present how the Aboriginal and non-Aboriginal SCDP agencies are working together.

7. Referrals

7.1 Where a family is identified as Aboriginal, their referral will be forwarded/faxed to FNASCD in a timely fashion.

7.2 The FNASCD Coordinator will contact the family in a timely fashion thereafter.

7.3 ABC may refer a child directly to FNASCD Supported Child Development Services where the child receives other ABC services.

7.4 ABC will direct referring service providers to forward Aboriginal referrals to FNASCD.

8. Service Co-ordination

8.1 ABC and FNASCD agree that delivery of coordinated services must focus on the child's needs as guided by the family.

8.2 Consultant Services:

    8.2.1 Each child will receive consultant services from one agency.

    8.2.2 Where a consultant from each of the parties is required at a single child care service provider site, the parties will approach each situation as unique. Consultants will work together to ensure their work does not disrupt the child care provider's operations.

    8.2.3 Consultants working in the same service site will support the work of the other consultant at the site and will assist providers of child care and therapeutic services to understand why there are two consultants and that the provider must contact the child's consultant to discuss the child's needs.

    8.2.4 Where issues arise, ABC and FNASCD will work jointly to find a resolution to the issue.

8.3 Support Worker Services provided by Authorization:

    8.3.1 Where ABC and FNASCD wish to use an Authorization process to fund support services provided by a child care provider, the FNASCD and ABC consultants may agree to jointly fund the support services and will identify the amount of services they wish to contract for.

    8.3.2 Where ABC and FNASCD have agreed to jointly fund support worker services, ABC and FNASCD will canvas with the child care provider regarding the appropriateness of shared support.

    8.3.3 Where the service provider agrees that shared support is appropriate, one agency will manage the funding agreement with the service provider through an Authorization process.

    8.3.4 Where either FNASCD or ABC manage the funding agreement for both agencies, they will invoice the other partner agency for their contribution based on the equitable division of time/services as agreed to by the consultants.

8.4 Direct Support Worker Services:

    8.4.1 Where FNASCD or ABC directly provide a support worker to a childcare service provider, and either FNASCD or ABC also have a child in the Childcare service site, either agency may, via contract with the other, arrange for the SCD support worker on site to provide services to the other agency's child. In these instances, the agency receiving the service for the child will invoice the employing agency using the employing agency's authorization invoicing process.

8.1.1

9. Mentoring/Joint Training

9.1   The ABC Transition Manager and FNASCD Coordinator will meet regularly to discuss their roles, supervision of staff, allocation of resources, business processes, and any other aspect of the administration of the Supported Child Development Program.

9.2   ABC Coordinator and FNASCD Consultant will meet regularly to discuss file maintenance and review, and practice issues.

9.3   ABC Coordinator and FNASCD Consultant will jointly conduct file transfers to FNASCD.

9.4   The ABC Coordinator will provide job shadowing opportunities to the FNASCD Consultant.

9.5   ABC and FNASCD agree to provide access to cultural and professional development training opportunities to the other party.

9.6   New staff of both agencies will receive information regarding the partnership relationship of the parties.

9.7   Whenever possible, joint training of Supported Child Development staff will be arranged between the parties on a cost-shared basis.

10. Community Education/Public Relations

10.1   The parties will jointly consider how to share provincial information at the local level.

10.2   Both parties will promote the Supported Child Development Program as part of their public relations efforts. The parties agree to jointly communicate with families, childcare providers and community partners as appropriate.

10.3   Where appropriate, both parties will ensure that the other agency is advised of special Supported Child Development Program related events their agency is providing and will provide the other party with information that may be posted for clients about the special event.

10.4   Wherever possible and appropriate, the parties will co-ordinate Community Education and Public Relations initiatives relating to Supported Child Development Programs.

11. Finance and Administration

11.1   Each organization is responsible for its own financial and administrative requirements.

11.2   Each agency will establish its own funding agreement with childcare providers; however, the parties will work together, within the limitations of their separate organizations, to attempt to develop a similar funding agreement process for their relationships with childcare providers.

11.3   Each agency will use their agency funding agreement process for purchasing support services from the other agency, and each agency will invoice for services using the funding agreement process set out by the purchaser of services.

12. Dispute Resolution

12.1   Where a dispute arises between the parties or staff of the parties with respect to any matter under this agreement, the following process will be followed:
  a.   The parties to the dispute will attempt to address the matter themselves;
  b.   Where the matter relates to service matters and the parties have been unable to resolve the matter it will be referred to the FNASCD ASCD Coordinator and the ABC SCDP Coordinator. Where the matter relates to transition matters and the parties have been unable to resolve the matter it will be referred to the FNASCD ECD Coordinator and the ABC Transition Manager.
  c.   Where the Coordinators/Transition Manager have been unable to resolve the issue the matter will be referred to the FNASCD Administration Director and to the ABC Director of Family and Children's Services.

     d. Where the Administration Director and the Director of Family and Children's Services have been unable to resolve the issue, it will be referred to the Executive Directors of ABC and FNASCD, who will meet to discuss and attempt to resolve the matter in the spirit of the agreement.

12.2 At any point in the dispute resolution process, the parties may agree to engage a mediator or facilitator. The cost of the mediator of facilitator will be shared equally between the parties.

12.3 Time is of the essence in resolving any dispute, especially where the dispute may have a negative impact of the delivery of Aboriginal and non-Aboriginal services.

13. Other Additional Items

13.1 Items not set out in this protocol will be referred to the agency Coordinators and Transition Manager for Supported Child Development Programs to be addressed.

14. Protocol Review

14.1 This protocol continues in force until *(March 31, 2007).*

14.2 This protocol will be reviewed in one month before the expiration of the agreement and annually thereafter.

14.3 The parties agree to meet no later than one month before the expiration of the agreement to begin discussion of renewal or replacement of this protocol.

14.4 The parties may amend this protocol agreement in writing from time to time.

14.5 Notwithstanding 14.1, any party may terminate this agreement with 90 days written notice to the other parties.

14.6 Notwithstanding 14.1 or 14.4, this Agreement will be deemed to be terminated immediately upon:
    a. A party to the Agreement becoming insolvent; or
    b. Any of the parties relinquishing their status as a legal entity in good standing.

15. Notice

15.1 A partner agency that intends to end this agreement agrees to provide 90 days written notice to the other partner agencies prior to their intended date of termination of the agreement.

This Protocol Agreement signed this   **day of**   **, 2007 in**   **,**
                                   B.C.

_____
Executive Director
FNASCD

_____
Witness

_____
Executive Director,
ABC

_____
Witness

Mentoring Agreement
Aboriginal Supported Child Development

Between: Aboriginal Supported Child Development Agency (ASCD)
123 Main Street
Beautiful, BC

And: Supported Child Development Agency (SCD)
123 1st Street
Beautiful, BC

Outcomes: Aboriginal community establishes Aboriginal SCD.
- ASCD Agency delivers ASCD services in their community.
- ASCD Agency has capacity to manage all aspects of ASCD contract including staffing, equipment, materials, resources, financial management, data management and reporting.
- ASCD has (x FTE) Consultant(s) and (x FTE) Coordinator(s) who have increased skills, knowledge, expertise and resources in the delivery of SCD services.
- ASCD has (x FTE) Support Worker(s) who have increased skills, knowledge and expertise in supporting children with extra needs.
- Families whose children receive services from ASCD have knowledge about services and participate in Individual Service Planning.
- Community members and Elders have knowledge about SCD and participate in a Local Advisory Committee.
- ASCD has referral and resource allocation process appropriate for Aboriginal community and meeting expectations of SCD.
- SCD Consultants have increased skills, knowledge and expertise in working with ASCD and Aboriginal children, families and communities.
- ASCD agency and SCD agency have a mutually developed plan for how resources will be shared as negotiated with MCFD, in consultation with SCD and ASCD Local Advisory committees.
- SCD and ASCD have a commitment to and a plan for regular communication.
- SCD, ASCD and MCFD work collaboratively in supporting children and families.
- ASCD, SCD and MCFD are confident that all children and families in their communities have access to appropriate, quality SCD services of their choice.
- 10 hours bi-weekly of SCD Coordinator time at a rate of $(xx.xx) per hour, to a maximum of 260 hours or $(xxxx.xx). Hours to be reviewed after six months (on *date*).
- Mileage for Coordinator travel at a rate of $.46 per kilometer to a maximum of (xx) kilometers.
- Services to be delivered on site (both ASCD and SCD) and by telephone.
- Mentorship will provide ongoing support as developing skills are practiced with a focus in the following areas:
    - Referrals and eligibility

- o Screening and assessment
- o Individual service planning
- o Supporting children with developmental delays and disabilities
- o Transition to kindergarten
- o Child specific and community based training for child care providers and families
- o Teaming with professionals
- o Reporting and file management
- o Caseloads/Data management
- o Waitlist protocol
- o Funding allocation protocol/Budgeting
- o Payment system
- o Program administration
- o Accounting and accountability
- o Local Advisory Committee protocol

SCD Agency will provide:

- 10 hours bi-weekly of SCD Coordinator time for mentoring services to accomplish the above noted skills as they relate to the establishment of ASCD.

Duration:

- The mentorship agreement will be for 12 months (from *date* to *date*) and will follow the mutually developed workplan (see attached). Either party may terminate the agreement with 30 days notice. Option to renew is available dependant on MCFD funding.

Review:

- The agreement will be reviewed in (*month/year*). The review will be conducted by parties agreed to by ASCD, SCD if applicable and MCFD.

Signed by:

(Name)	Date

Executive Director
ASCD Agency

(Name)	Date

Executive Director
SCD Agency

Employment Opportunity
Aboriginal Supported Child Development Program
CONSULTANT

Position Summary
The position will be based out of (community), with a specific focus of providing ASCD services to Aboriginal families with children who require extra supports.

The successful candidate requires expertise related to:
- Strategies and appropriate interventions for supporting families with special needs children;
- Knowledge of developmental delays and disabilities including FASD;
- Training and experience in assessment processes;
- Conducting child care visits and home visits with families;
- Working with other community professionals and early intervention services;
- Facilitating community based events and workshops;

Qualifications:
- A related Degree in Child Youth Care, Social Work or related humanities field OR a or Early Childhood Development Certificate/Diploma and Special Needs Certificate
- Minimum of 3 years experience in working with children and families, preferable experience in working in Aboriginal communities
- Must demonstrate the knowledge of typical and atypical child development, family centred practice, early intervention, and community-based programs;
- Must be a mature individual who demonstrates initiative, effective interpersonal communication skills, and the ability to work cooperatively and in partnership with other programs and resources in the community;
- Must be able to work independently, be reliable and self-motivated;
- Must have ability to maintain case records;
- Must maintain confidentiality and professional standards;
- Must have strong computer literacy;
- Possess reliable transportation and hold valid B.C. driver's license;
- Must comply with the Criminal Records Review Act;
- Knowledge of local culture and knowledge of the (Nation) Language an asset
- Knowledge of the School Systems an asset.

Salary and Benefits:
Negotiable, depending on qualifications or experience

Closing Date: **Position Start Date:**

Please submit a cover letter, resume, along with three references to:

Only those candidates selected for interview will be contacted. Preference will be given to Aboriginal applicants. Please identify in your cover letter.

Employment Opportunity
Aboriginal Supported Child Development
SUPPORT WORKER

Description:
Support Workers provide additional support to designated child/children to ensure inclusion in childcare programs; preschool, daycare, and school age care. In collaboration with parents, childcare facilities staff, consultant and team members assist in developing an individual service plan identifying goals and strategies to support child/children's developmental needs.

Duties / Responsibilities:
- To participate in program planning and schedule and modify as needed to meet needs of designated child/children
- Provide personal care to children as needed such as toileting, dressing, seizure treatment, medication, lifting, carrying and positioning
- Be responsible for the safe operational use and maintenance of adapted equipment
- Attend and participate in all meetings as directed or requested by consultant
- Attend staff in-service workshops/external training opportunities as directed by consultant
- Provide regular, direct ongoing support to child/children and centre staff as directed by ASCD Consultant
- To maintain progress notes, records, and monthly summaries
- To be part of the child care team but not to be considered as the facility staff ratio

Qualifications:
- Working knowledge of typical and atypical childhood development
- Program delivery experience in the community social service sector with a working knowledge of family centered care and early intervention child development
- Experience in early childhood development and child care essential
- Ability to communicate effectively on phone, email and in person
- Interpersonal skills, supportive and advocacy skills
- Adaptability when designated to a variety of community placements
- Basic computer skills, including Microsoft Word, and Outlook
- Demonstrated level of organizational skills to ensure progress through summary reports, records, charts and statistics
- Ability to work independently and as part of a team
- Knowledge of Aboriginal culture and socio-economic issues effecting urban Aboriginal families as well as Aboriginal families living off reserve

Hours per Week: **Wage:**

Closing Date:
Only those applicants who qualify for an interview will be contacted.
- ❑ Please provide 3 references.
- ❑ Criminal Checks are required of all employees

Please submit application to:

Where applicants for a position are equally suitable, preference will be given to the Aboriginal applicant.

Job Description
Aboriginal Supported Child Development
CONSULTANT

Qualifications
The successful candidate requires expertise related to:
- A related Degree in ECD, C&Y Care, Nursing or related humanities field OR a or a combination of Education and work related experience.
- Minimum of 3 years experience in working in the ECD field, preferable experience in working in Aboriginal communities.
- Experience with program supervision, leadership and decision making
- Must be a mature individual who demonstrates effective interpersonal communication skills, and the ability to work cooperatively and in partnership with other programs and resources in the community.
- Knowledge of child development and relevant experience working in an inclusive childcare setting.
- Knowledge of family centered practice and an ability to develop a warm, caring, responsive relationship with children and their parents.
- Cultural sensitivity and knowledge of Aboriginal culture and history, as well as an understanding of anti-bias issues.

Requirements:
- Must complete a criminal record check
- Valid child specific First Aid/CPR, or equivalent to meet licensing standards
- Must hold a valid driver's license and have the ability to provide own reliable transportation to and from child care facilities
- Must be able to work independently, be reliable and self-motivated;
- Must maintain professional standards and maintain confidentiality;
- Must have strong computer literacy, knowledge of Microsoft word and outlook;
- Must have knowledge of local culture and ability to work with families and community service agencies;

Job Description:
- Support families in making informed decisions for their children by sharing knowledge and expertise in recommended practices for early intervention.
  - Support families to make informed decisions
  - Assist families in selecting child care programs that will meet the needs of the family and child

- Complete documents, observations, and assessments as necessary to determine eligibility for SCDP with families and child care providers and determine the appropriate levels of support to be provided.
  - Conduct observations, complete formal and informal developmental assessments.
  - Make referrals to other community services as appropriate.

- Support child care settings and make recommendations to develop and implement inclusion of children with additional support needs through consultation, modeling and educating

- ➢ Facilitate the development and implementation of Individual Service Plans for children that identify priories outlined by the family
  - o When requested by parents, function as team coordinator. Coordinate and participate in team meetings with families and other team members.
  - o Provide information, resources, and suggestions to support the implementation of strategies and activities to meet goals and objectives of the ISP.
  - o Participate in on-going evaluations of plans, goals, and objectives. Provide or facilitate child specific training when needed.
  - o Support and facilitate transitions to other programs including Kindergarten and to other communities.

- ➢ In collaboration with families and child care settings, assist with recruiting and hiring of support workers.
  - o When applicable monitor or supervise support workers in the community
  - o Contribute to monitoring and evaluation of all aspects of service to maximize effectiveness.

- ➢ Maintain comprehensive, up-to-date files for each child; ensure necessary forms and consents are complete; prepare reports as requested by parents.

- ➢ Provide or facilitate education and training to child care providers and community setting staff in inclusion, family-centred practice, culturally appropriate and Aboriginal practices, and other identified areas of need or interest.

- ➢ Maintain a resource library for community caregivers and parents.

- ➢ Form partnerships with other health, education, and community service providers to meet the goals of specific children and families.
  - o Work with others to develop and coordinate services that reflect on community needs.
- ➢ Plan and implement personal and professional development.

- ➢ Perform all other related duties and tasks as required based on the specific needs of the family, the program, and the community.

My signature below indicates that I have read, reviewed and understood this document to be the job description upon which my role of ASCD Support Worker will be based and upon which this position will be evaluated.

Signature: _____   Date: _____

Signature: _____   Date: _____
      (Supervisor)

<div align="center">

Job Description
Aboriginal Supported Child Development
SUPPORT WORKER

</div>

Qualifications:
- Early Childhood Education Certificate or Diploma, or in process of obtaining ECE.
- Knowledge of child development and relevant experience working in an inclusive childcare setting.
- Knowledge of family centered practice and an ability to develop a warm, caring, responsive relationship with children and their parents.
- Cultural sensitivity and knowledge of Aboriginal culture and history, as well as an understanding of anti-bias issues.
- Authentic interpersonal skills as well as an ability to communicate with children and adults alike.
- The ability to work effectively as a team member, as well as independently when required.
- To be physically and emotionally fit to work with young children. Self-awareness and self-evaluation skills.
- The ability to maintain a positive, professional, non-judgmental attitude and the ability to maintain confidentiality.
- A demonstrated commitment to the childcare profession.

Requirements:
- Must complete a criminal record check.
- Must hold a valid driver's license and have the ability to provide own reliable transportation to and from child care facilities.
- Class 4 or be willing to obtain a class 4.
- Valid child specific First Aid/CPR, or equivalent to meet licensing standards.

Job Description:
➢ Work as a team member to implement child specific strategies, activities & plans for inclusion upon recommendation of parents, or as directed by the respective professionals. This may include administering medications as prescribed by a doctor, or assisting in the development of Individual Child Care Plans for children on caseload.

➢ Work effectively within an integrated team to support children with extra support needs to fully participate in a childcare setting.
   ❖ Provide physical, emotional, intellectual and spiritual support for families.
   ❖ Support the child at free-play, group, story, gym, outdoors, snack, lunch, field trips, and nap times when needed.
   ❖ Physically assist the child through transition times. This includes: diapering, application of splints, positioning in adaptive equipment & behavioral intervention.

➢ Work within a flexible schedule under the supervision of program staff members, & ASCD consultants &/or coordinator.

- ➢ Introduce cultural activities and materials when opportunities present themselves. Ask consultant working with child for direction. Discuss with centre staff before hand.

- ➢ Complete observations, informal assessments, daily notes, and written reports as required.

- ➢ Plan, implement & evaluate daily activities and experiences to meet goals and objectives for children with extra support needs.

- ➢ Assist with other center & related duties when appropriate: i.e. when the child requiring extra support is involved in the program under the supervision of the teaching staff. This may include sanitizing toys and equipment to help keep a safe and clean environment for all children and staff.

- ➢ Build positive relationships with children and their families. Maintain ongoing communication with all team members.

- ➢ Demonstrate positive child-adult interactions & ensure centre policies and procedures are upheld.

- ➢ Network, build partnerships and promote ASCD within each program & community.

- ➢ Attend all team meetings and staff meetings as an active participant.

- ➢ Participate in regular professional development, research and strategies.

- ➢ Maintain confidentiality; except in the case of abuse & neglect, which you are required to report by law.

My signature below indicates that I have read, reviewed and understood this document to be the job description upon which my role of ASCD Support Worker will be based and upon which this position will be evaluated.

Signature: _____   Date: _____

Signature: _____   Date: _____
         (Supervisor)

Interview Questionnaire

Aboriginal Supported Child Development
CONSULTANT

Applicant: _____   Date: _____

Interviewers: _____

Process: - introduce interviewers and their order of questioning
- mention there will be pauses for note taking
- interviewee to ask for clarification of questions when needed
- tell applicant when/how he/she will be notified of results
- applicants free to ask questions at the end of the interview

Remember that this evaluation is simply a guide and not the final determination of the selection.

General Information

1. Tell us why you are interested in this position. /10

2. Tell us about your work experience and education in:
    a.   Infant Development /10

    b.   Special Needs /10

3. What is your philosophy in working with children and families? /10

4. What is your experience with home visiting/outreach? /10

5. What is you experience supervising staff? /10

   Total: /60

Job Skills and Knowledge

1. What is your knowledge of:

      a.   Infant Development? /10

      b.   Supported Child Development? /10

      c. Family Centred Practice? /10

      d. Administering screening and assessment tools? /10

      e. Case management and individual planning. /10

2.   Tell us about your experience facilitating meetings *(staff, interagency)* /10

3.   Tell us about your experience facilitating workshops. /10

4.   Do you have experience with the Microsoft Office Package – *word, excel, outlook, power point.* /10

5.   Please describe your strengths and weaknesses. /10

Total: **/90**

Attitude and Manageability

1.   Tell us why it's important that staff follow policies and procedures. /10

2.   Please provide an example of a conflict that you have had in the workplace, and what did you do to resolve it? /10

3.   What staff issue's/conduct would be most challenging for you to deal with and how would you deal with them? /10

Total: /30

Questions/Closing

1.   Do you have any health or family issues that may affect your attendance or performance? /5

2.   What are your salary expectations? /0

3.   Do you have any questions for us? /5

Interview Summary

Area	Applicant Scores	Out of
General Information		50
Job Knowledge and Skills		90
Attitude and Manageability		30
Closing		10
Total		**300**

General Comments:

_____

_____

_____

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Interview Questionnaire
Aboriginal Supported Child Development

SUPPORT WORKER

</div>

Applicant: _____   Date: _____

Interviewers: _____

Process: -introduce interviewers and their order of questioning
-mention there will be pauses for note taking
-interviewee to ask for clarification of questions when needed
-tell applicant when/how he/she will be notified of results
-applicants free to ask questions at the end of the interview

<div align="center">

Remember that this evaluation is simply a guide and not the final determination of the selection.

</div>

General Information
1.   Tell us why you are interested in this position. /10

2.   Tell us about your experience and education *(formal, workshops, etc)* in the field of special needs. /10

3.   What is your philosophy in working with children and families? /10

4.   What is your experience working in child care settings? /10

Total: /40

Job Skills and Knowledge
1. Describe how you see the role as a Support Worker. /10

---

2. What is your knowledge of Aboriginal Supported Child Development Programming? /10

3. Tell us how you would involve the family in your work? /10

4. Tell us what you know about children with special needs? What types of special needs are you most familiar with? /10

5. Describe what strategies you would utilize in your role as a Support Worker to work with children with special needs. /10

6. Please describe your strengths and weaknesses. /10

7. How do you plan to address your areas of weakness? /10

Total: /70

Attitude and Manageability
1.   Tell is why it is important that staff follow policies and procedures? /10

2.   Please provide an example of a conflict that you have had in the workplace, and what did you do to resolve it? /10

3.   How would you deal with an angry parent? /10

Total: /30

Questions/Closing

1. Do you have any health or family issues that may affect your attendance or performance? /5

2. This position will require working varied hours, pending the needs of the family. Are you willing to work a flexible schedule? /10

3. What are your salary expectations? /0

4. Do you have any questions for us? /5

Total: /20

Interview Summary

Area	Applicant Scores	Out of
General Information		40
Job Knowledge and Skills		70
Attitude and Manageability		30
Closing		20
Total		**180**

General Comments:
_____
_____
_____
_____
_____

References (if not already provided):
_____
_____

Staff Confidentiality Agreement

I _____agree and fully understand that **confidentiality** must remain within the Aboriginal Supported Child Development Program (ASCDP).

- Information regarding children, families, parents, staff, and (insert Host Agency Name) staff must not be discussed outside of the building, unless permission is given for family case management sessions, &/or other team meetings with professionals &/ or therapists.

- Anything pertaining to the Aboriginal Supported Child Development Program must remain **confidential** between ASCDP staff. Also, anything pertaining to the programs you are supporting in must remain **confidential** between ASCD & the program.

- If a conflict arises between myself and another member(s), I will talk to that person first, and refrain from speaking to other staff member(s) concerning this matter. I will then discuss the issue with the supervisor if a resolution has not been reached.

- If I feel that there are grounds for breaking this agreement of **confidentiality**, I will discuss my concerns with my supervisor.

- I fully understand the terms of this agreement. I also understand that any breach of the terms of this agreement may be considered grounds for immediate dismissal. Please refer to the *(insert Host Agency Name)* Policies & Procedure Manual.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Aboriginal Supported Child Development
CONSULTANT Performance Evaluation

Employee Name: _____ Date: _____

Position:_____Type of Review:_____

Reason for Evaluation:
❏ Probationary   ❏ Term Certain   ❏ Relief   ❏ Annual

Evaluation Criteria – Rating Definitions

Exceptional: Performance of a very high quality where the employee consistently exceeds all the job requirements and all expectations over an extended time span. Exceptional performance in all aspects of the job, demonstrating an extremely high level of skill, application and success. A truly high level of competence and performance.

Superior: Performance of a very high quality where the employee frequently exceeds job requirements and expectations and achieves to the very high standard established by the Association. Very good performance in all aspects of the job, demonstrating skill, application and success.

Satisfactory: Performance where the employee meets most expectations and achieves to a reasonable standard.

Marginal: Performance at or slightly below the minimum standard expected. Performance may be poor in some essential aspects of the position while meeting other requirements consistently.

Unsatisfactory: Performance is consistently poor relative to standards for the position. Much improvement is required

FOLLOWING EVALUATION:
1. Employee and Supervisor are to sign and date the *Performance Evaluation*;
2. Supervisor is responsible to ensure the employee receives a copy of the evaluation;
3. Original *Performance Evaluation* will be submitted to the Executive Director for review and placed in the employee's file;
4. Employees can submit, in writing, any opinions that are different from what is recorded in the *Performance Evaluation* to be placed in their personnel file.

PERFORMANCE EVALUATIONS WILL BE COMPLETED AS FOLLOWS:

Relief Employees: ◆ three months   ◆ six months ◆ annually

Term Certain Employees: ◆ at the half way point from the start date of the Term Certain, or three months from the start date in the case of Term Certain longer than 6 months

Regular Employees: ◆ annually

GENERAL SKILLS & SERVICE PRINCIPALS:

Ability to work with families, therapists, etc. to formulate and implement the child's CFSP.

5	4	3	2	1

Exceptional   **Superior**   **Satisfactory**   **Marginal**   **Unsatisfactory**

Comments:

Records home/centre visits, assesses the development of the child, and ensures that parents and relevant professionals are sent reports twice a year (when necessary) regarding the child in common.

5	4	3	2	1
Exceptional	**Superior**	**Satisfactory**	**Marginal**	**Unsatisfactory**

Comments:

Encourages families to take part in any decision-making process regarding their child's education, social and health services.

5	4	3	2	1

Exceptional   **Superior**   **Satisfactory**   **Marginal**   **Unsatisfactory**

Comments:

INITIATIVE & ATTITUDE
Ability to take initiative, problem solve and the eagerness to develop and implement new ideas.

5	4	3	2	1
Exceptional	**Superior**	**Satisfactory**	**Marginal**	**Unsatisfactory**

Comments:

Assists the coordinator in keeping the community, including other professionals, informed of the process & benefits of the SCD program.

5	4	3	2	1
Exceptional	Superior	Satisfactory	Marginal	Unsatisfactory

Comments:

COMMUNICATION:
Communicates effectively in oral and written format with families, staff and other community professionals

5	4	3	2	1
Exceptional	Superior	Satisfactory	Marginal	Unsatisfactory

Comments:

WORK HABITS:
Ability to perform routine or directed tasks in a mature, effective and consistent manner with adherence to policies, procedures, budgets, time-lines and schedules.

5	4	3	2	1
Exceptional	Superior	Satisfactory	Marginal	Unsatisfactory

Comments:

TEAM BUILDING:
Ability to work interdependently, while recognizing the need for mutual and reciprocal action to deliver a high quality of service.

5	4	3	2	1
Exceptional	Superior	Satisfactory	Marginal	Unsatisfactory

Comments:

Participants on committees with other community professionals in the community.

5	4	3	2	1
Exceptional	Superior	Satisfactory	Marginal	Unsatisfactory

Comments:

PROFESSIONALISM:

Recognizes personal boundaries and is respectful to families being served: gives, receives, and responds in a positive manner to constructive criticism.

5	4	3	2	1
Exceptional	Superior	Satisfactory	Marginal	Unsatisfactory

Comments:

Continues his/her own professional development (e.g. reading, course work, sharing information with other professions in the field); attends staff meeting as they are set up by the supervisor & the Provincial in-service.

5	4	3	2	1
Exceptional	Superior	Satisfactory	Marginal	Unsatisfactory

Comments:

GENERAL REFLECTIONS:

Employee's Comments:

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

Supervisor's Comments:

OVERALL RATING:

5 ❑   Exceptional   *Performance consistently far exceeds standards/expectations.*

4 ❑   Good   *Performance occasionally exceeds standards/expectations.*

3 ❑   Meets Requirements   *Performance consistently meets standards/expectations.*

2 ❑   Needs Improvement   *Performance does not always meet standards/expectations; some development training required.*

1 ❑   Unacceptable   *Performance below minimum acceptable level; significant development required.*

SPECIFIC GOALS:
Goals you have set with your Supervisor.

1.	
	Follow up or completion date:

#2.	
	Follow up or completion date:

#3.	
	Follow up or completion date:

#4.	
	Follow up or completion date:

		Date
Employee Signature *I have read and agree with the performance appraisal*		
Employee Signature *I have read and disagree with the performance appraisal*		Date
Supervisor Signature		Date
Date of next review:		

SUPERVISOR   RATING

LEADERSHIP:
Provides clear direction, support, and coaching to employees as required; also gives performance objectives which are measurable.

    5 ❑   4 ❑   3 ❑   2 ❑   1 ❑

Comments:
_____
_____
_____
_____
_____

COMMUNICATION:
Creates a working environment which fosters/encourages open communication.

    5 ❑   4 ❑   3 ❑   2 ❑   1 ❑

Comments:
_____
_____
_____
_____
_____

TEAM BUILDING:
Promotes and develops an effective team.

    5 ❑   4 ❑   3 ❑   2 ❑   1 ❑

Comments:
_____
_____
_____
_____
_____

RATING GUIDE:
   5: Exceptional   *Performance consistently far exceeds standards/expectations.*
   4: Good   *Performance occasionally exceeds standards/expectations.*
   3: Meets Requirements   *Performance consistently meets standards/expectations.*
   2: Needs Improvement   *Performance does not always meet standards/expectations; some development training required.*
   1: Unacceptable   *Performance below minimum acceptable level; significant development required.*

Performance Evaluation
Aboriginal Supported Child Development
SUPPORT WORKER

Name: _____   **Date:** _____

Person filling out this questionnaire_____

1.   **Uses initiative & follows through** with goals & objectives on child's care plan &/or ICM. Fosters child/children's growth & development through engagement. Is proactive for the child/children and the program (I.e. gathering appropriate resources for children being supported).

Comments:

_____

_____

_____

_____

2. **Uses time efficiently** (I.e. completes tasks agreed upon, follows through with paperwork, is punctual, follows protocol with phone usage/office-visits etc. Also is child focused & refrains from socialization during program time).

Comments:

_____

_____

_____

_____

3. **Follows ASCD protocol and licensing regulations. Fulfills job expectations with minimal guidance** (I.e. Is proactive in gathering appropriate resources for children being supported. Demonstrates autonomy by being grounded in ECE philosophy)

Comments:_____

_____

_____

_____

4. **Builds positive relationships with all co-workers, community professionals & families.** (A demonstrated ability to self evaluate & modify personal style in order to enhance positive interactions & be respectful of all team members)

Comments:_____

_____

_____

5. **Documents relevant and pertinent information regarding the child/children.** (I.e. consultant's e-mail/communication books/classroom daybooks/personal journals).

Comments:_____

_____

_____

6. **Demonstrates availability & flexibility within daily schedule. Also uses initiative to problem solve in the moment.**

Comments:_____

_____

_____

7. **Demonstrates physical & emotional well-being.**
   a. Self-awareness of how personal stress affects job performance.

   b. Identifies & implements strategies to improve wellness.

Comments:_____

_____

_____

8. **Maintains a positive, professional non-judgmental attitude & maintains confidentiality at all times.**

Comments:_____

_____

_____

9. **Demonstrated professional development.**
   a. Respected in the community for quality of work (positive feedback from community).

   b. Participates in extra curriculum activities on own time.

Comments:_____

_____

_____

10. **ECE qualified** _____ **Recent ECE Graduate** _____**ECE Assistant license** _____ **Beginning ECE Courses** _____ **Relevant Experience** _____

Comments:_____

_____

_____

_____

11. **What are your future goals?**

1 year plan:_____

_____

_____

3 year plan:_____

_____

_____

I, _____ acknowledge that I have discussed this appraisal with the Coordinator.

Employee Signature: _____   **Date:** _____

I, _____ acknowledge that I have discussed this appraisal with the above signed employee.

Coordinator Signature: _____   **Date:** _____

List of Recommended Professional Development
ASCD List of Early childhood intervention approaches that have specific training requirements:

ASQ – Ages and Stages Questionnaire
http://www.agesandstages.com/
ASQ is a low-cost, reliable tool for screening children for developmental delays during the crucial first 5 years of life. Parents complete the simple questionnaires and the results alert professionals when a child needs more in-depth assessment. Each questionnaire can be completed in just 10-15 minutes and covers five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. Professionals convert parents' responses of yes, sometimes, and not yet — in just 2-3 minutes — to color-coded scoring sheets, enabling them to quickly determine a child's progress in each developmental area. The ASQ User's Guide then offers clear guidelines for determining whether children are at high or low risk in the various domains.

ASQ:SE – Ages and Stages Questionnaire: Social Emotional
http://www.agesandstages.com/asq/asqse.html
ASQ:SE is an easy-to-use tool with a deep, exclusive focus on children's social and emotional behaviour and all the advantages of ASQ — it's cost-effective, parent-completed, photocopiable, and culturally sensitive. Field-tested by professionals with thousands of families and enriched by their feedback, this research-validated screening system helps home visitors, educators, caregivers, and service providers assess children's social-emotional development at 6, 12, 18, 24, 30, 36, 48, and 60 months. With the results, professionals can quickly recognize young children at risk for social or emotional difficulties, identify behaviours of concern to caregivers, and identify any need for further assessment. **General areas screened:** Personal-social (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people.

AEPS – Assessment Evaluation Programming System for infants and children
http://www.brookespublishing.com/store/books/bricker-aeps/
The AEPS links assessment, intervention and evaluation for children birth to 6 years who have disabilities or who are at risk of developmental delays. Professionals can access and monitor six key developmental areas in children: fine motor, gross motor, adaptive, cognitive, social-communication and social. The AEPS helps identify educational targets tailored for each child's needs, formulate developmentally appropriate goals, conduct before and after evaluations to make sure that intervention is working, and involve families in the whole process. The AEPS helps professionals develop effective ISP/IEP goals and objectives.

Battelle Developmental Inventory II
http://www.riversidepublishing.com/products/bdi2/index.html
The *Battelle Developmental Inventory, Second Edition (BDI-2)* may be used by a team of professionals or by an individual service provider. The *BDI-2* can be administered to children with various handicapping conditions by using stated modifications. Appropriate for ages birth to 8, the *BDI-2* is ideal for several uses.

Administration of the *BDI-2* can begin in any of the 5 Domains (Personal-Social, Communication, Adaptive, Motor and Cognitive). The start points for each sub-domain are clearly marked and are determined by the age or the estimated ability level of the child. Examiners proceed through each of the sub-domains to determine the child level of development.

Core Family Support Training - Family Support Visitors – Great Kids Inc.
http://www.greatkidsinc.org/coretraining.htm

This 4-day training gives those working in an intensive home visitation program the tools for actually implementing successful services to families. Starting with building the philosophical foundation for our work on-going with families and overall program goals, the following topics will be addressed providing practical "how to" strategies and many opportunities for practice in each area.

The Developmental, Individual Difference, Relationship-based Model for Intervention– DIR®/FLOORTIME™ MODEL
www.stanleygreenspan.com
This program looks at assessment, diagnosis and intervention for developmental and emotional disorders. It includes autism spectrum disorders; multi-system developmental disorders; regulatory disorders involving attention, learning and behaviour problems. Cognitive, language, motor and sensory disturbances and a range of infant and Early Childhood developmental and mental health problems such as trauma, abuse and neglect are also covered.

Parent-Child Mother Goose Program
www.bccf.bc.ca/hm/inside.php?sid=11
The Parent-Child Mother Goose Program® is a program for parents and their babies and young children focusing on the pleasure and power of using rhymes, songs and stories together. The parents are helped to gain skills and confidence, which can enable them to create positive family patterns during their children's crucial early years. Evaluations, demonstrate several important positive impacts on parents, parent-child relationships and child development.

Nobody's Perfect Parenting Program
www.bccf.bc.ca/hm/inside.php?sid=10
Nobody's Perfect is a free program that brings parents together with trained facilitators to discuss and share experiences of parenting. It gives parents a safe place to meet others with children of the same age and with whom they share interests and concerns. Nobody's Perfect is a program for parents of children from birth to age 5 who meet two or more of the following criteria:

- young (under 25 years of age)
- single parent
- low income (or on social assistance or employment insurance)
- lacking in formal education and/or parenting skills
- isolated socially, geographically or linguistically

Moe the Mouse
BC Aboriginal Child Care Society
http://www.acc-society.bc.ca/
Description: Based on the ACCS Moe the Mouse rotating curriculum box, this workshop discusses the basics of speech and language development in young children, strategies for supporting children's speech and language development and strategies for supporting children with speech and language delays in childcare, preschool, and home settings.
Facilitators: Anne Gardner and/or Margaret Chesterman.

Hanen Programs
You Make The Difference
www.hanen.org
You Make The Difference® was designed to support parents of typically developing children, birth to 5 years who would like to learn more about fostering and enriching their child's early language, social and literacy development during positive everyday interactions. It can also provide support to vulnerable families whose children's learning may be at risk due to environmental and / or societal challenges. For those parents who have limited communication skills or who may feel isolated and have limited social networks, You Make the Difference helps parents connect with other families and resources in their community.

It Takes Two to Talk
www.hanen.org
It Takes Two to Talk® — The Hanen Program® for Parents is a well-known model of family-focused early language intervention for young children with expressive and/or receptive language delays. The goal of It Takes Two to Talk is to enable parents to become their child's primary language facilitator, thereby maximizing the child's opportunities for communication development in everyday situations. It Takes Two to Talk is designed for toddlers and preschool-age children with specific language impairment, as well as to children with cognitive and developmental delays under age five.

Learning Language and Loving It
www.hanan.org
Learning Language and Loving It™- The Hanen Program for Early Childhood Educators/Teachers is a research based developmental approach to promoting children's social, language and literacy development within everyday activities and conversations in a variety of early childhood settings including child care, preschool, and nursery and kindergarten programs. This includes those who are at risk for language delays, who have language disorders and who are learning English as a second language.

Responsive Teaching
www.responsiveteaching.org
Responsive Teaching (RT) is a, comprehensive parent-mediated intervention curriculum for children from birth to 6 years of age who have, or are at-risk for, child development and social emotional problems. Responsive Teaching is a structured curriculum that consists of 66 Responsive Teaching Strategies for addressing children's developmental needs, 16 Pivotal Behavior Intervention Objectives, more than 130 Discussion Topics for that can be used by professionals to explain the Responsive Teaching rationale, objectives procedures for evaluating children's progress in acquiring Pivotal Behavioral Objectives, a flexible planning guide for addressing children's individualized needs in three Developmental Domains and a computerized responsive teaching planning and tracking program.

Special Link Child Care Inclusion Practices Profile and Principles Scale
http://www.specialinkcanada.org/home_en.html
These tools are for assessing inclusion quality in child care centres. Used together, they provide a picture of sustainable and evolving inclusion quality — an emerging issue as more children with special needs attend community-based centres and as inclusion pioneers leave their centres and a new generation of directors and early childhood educators take on the challenge. These documents are available by request on the SpeciaLink website.

Watch, wait and wonder
http://watchwaitandwonder.com/

Watch, Wait, and Wonder is a child led psychotherapeutic approach, which specifically and directly uses a child's or infant's spontaneous activity in a free play format to enhance maternal sensitivity and responsiveness, the child's sense of self and self efficacy, emotion regulation, and the child-parent attachment relationship. The approach provides space for the infant/child and parent to work through developmental and relational struggles through play interaction. Also central to the process is engaging the parent to be reflective about the child's inner world of feelings, thoughts and desires, through which the parent recognizes the separate self of the infant and gains an understanding of her own emotional responses to her child.

Certificate and Diploma in Infant Development and Supported Child Development
University of British Columbia Institute for Early Childhood Education and Research
http://earlychildhood.educ.ubc.ca/UndergraduatePrograms_InfantDevelopment.html

These programs are intended for two groups of professionals: Infant Development/Aboriginal Infant Development Consultants who work with infants and young children (and their families) requiring extra support from birth to age three, primarily in the child's home setting, and Supported Child Development/Aboriginal Supported Child Development Consultants who work with children (and their families) requiring extra support from birth to 12 years of age (to 19 years in some communities), primarily in child care settings. The Certificate Program consists of 5 required online courses, EPSE 406, EPSE 348, EPSE 420, EPSE 440, and EPSE 441. The Diploma Program consists of the Certificate Program courses along with 5 additional courses drawn from an approved list. One of these three credit courses is offered during the Summer Institute.

York Certificate in Infant Mental Health - **York University**
http://www.atkinson.yorku.ca/~dce/programs/Certificates/IMH/IMHDesc.php

Recent research has found that experiences in a child's first three years significantly influence ability to learn, cope and establish satisfying relationships throughout life. Research has also identified factors that put infants "at risk", and demonstrated the effectiveness of prevention and early intervention with infants and their parents. This 120-hour non-degree credit Certificate is directed to front-line service providers, who wish to acquire essential knowledge and practical skills to work effectively with infants and their families.

Aboriginal Supported Child Development
Caseload Tracking Template

Child's Name	Date of Birth	Area of need Diagnosis	Date of Referral	Child Care setting	Status

Aboriginal Supported Child Development
Service Status Terminology

Active: Child/Family who is currently receiving services from your program on a **regular** basis.

Monitor: Child/Family who is currently receiving services or consultation from your program on an **occasional** basis *usually initiated by you or your staff*.

Follow Up: Child/Family who is currently receiving services from your program on an **occasional** basis *usually initiated by the parent/caregiver*.

Inactive: Child/Family who was *previously receiving services* from your program and does not require services at this present time BUT will likely require services in the future. Time limit: 8 months (to be determined by agency)

Pending: Child/Family who *has yet to receive services* from your program and is not ready for services due to age, circumstances, etc., BUT will require services in the future.

Waitlist: Child/Family who requires services from your program at the present time but is waiting for services.

Aboriginal Supported Child Development
EXTRA STAFFING SUPPORT REQUEST
(**to be completed only if requesting extra staffing support)

General Information:

Child's Name: _____   Date of Birth: _____

Parent(s) Name: _____   SCD Consultant: _____

Child Care / Community Setting Name: _____

Reason for Request:
Information gathered in the attached Support Guide indicates that:

Request Details:
Based on the above reasons, it is recommended that ASCD services include:

☐   Short-term extra staffing support to focus on

☐   Long-term extra staffing support to focus on

To achieve this, extra staffing support is requested:

Days of the Week: ☐M ☐T ☐W ☐Th ☐F ☐S ☐ S   Hours per _____: _____

Daily Schedule: _____   Hourly Rate: _____

Total Hours per Day: _____   Employer Costs _____%:   _____

Total Hours per Week or Month : _____   Total Cost per _____: _____

Start Date: _____   End Date: _____

Total Duration (in weeks): _____

Gradual Reduction Plan (if appropriate): _____

The attached individual plan describes how ASCD extra staffing support would be provided to address the goals and support needs. The individual plan, Support Guide and need for ASCD extra staffing support will be reviewed on or before _____ (date). This review may happen earlier if requested by the family, child care program and/or ASCD Consultant.

_____   _____
Parent   Date

_____   _____
Child Care Provider   Date

_____   _____
ASCD Consultant   Date

Parent Information Sheet:
The Role of a Support Worker in ASCD

The support worker will…

- ➢ Work as a team member with centre staff to implement child specific strategies, activities and plans for inclusion upon recommendations of parents, ASDC consultants, Early Intervention Therapists, or as directed by the respective professionals. This may include administering medications as prescribed by a doctor, or assisting in the development of a childcare plan.

- ➢ Work effectively within an integrated team to support children with extra support needs to fully participate in a childcare setting.

  - ❖ Provide physical, emotional, intellectual and spiritual support for families.
  - ❖ Support the child at free-play, group, story, gym, outdoors, snack, lunch, fieldtrips, and nap times when needed.
  - ❖ Physically assist the child through transition times. This includes: diapering, application of splints, positioning in adaptive equipment and behavioural intervention.

- ➢ Work within a flexible schedule under the supervision of program staff members, & ASCD consultants &/or coordinator.

- ➢ Introduce cultural activities and materials when opportunities present themselves.

- ➢ Complete observations, informal assessments, daily notes, and reports as required.

- ➢ Plan, implement & evaluate daily activities and experiences to meet goals and objectives for children with extra support needs.

- ➢ Assist with other center & related duties when appropriate: i.e. when the child requiring extra support is involved in the program under the supervision of the teaching staff. This may include sanitizing toys and equipment to help keep a safe and clean environment for all children and staff.

- ➢ Build relationships with children, families. Maintain regular communication with all team members, including parents.

- ➢ Demonstrate positive child-adult interactions & ensure centre policies and procedures are upheld.

- ➢ Attend all team meetings and staff meetings as an active participant.

- ➢ Participate in regular professional development, research and strategies.

- ➢ Maintain confidentiality; except in the case of abuse & neglect, which they are required to report by law.

Please contact your ASCD consultant or the coordinator if you have any concerns

Aboriginal Supported Child Development

Attention: (Name of Child Care Centre Manager)
(Name of Child Care Program)

Re: (Name of Support Worker)

Aboriginal Supported Child Development Support Worker Documentation

In accordance with the Community Care and Assisted Living Act and Child Care Licensing Regulations, the (name of the ASCD program) has the following documentation on file for the above mentioned employee.

- ❑ Criminal Record Check

- ❑ Medical Clearance

- ❑ Record of Immunization

- ❑ Documentation of Training, workshops, experience

- ❑ Resume and Reference Checks

- ❑ Valid First Aid Certification

Please keep a copy of this letter on file for each ASCDP Support Worker you have working in your Facility in accordance with the Child Care Licensing Regulations.

If you have any questions regarding the above, or if you wish to set up an appointment to view the above records, please call *(ASCD Program)* at *(phone number and extension).*

Sincerely,

(ASCD Program Coordinator Name)
(title)

Sample File Management System

Intake Documentation:
- File Face Sheet / Child & Family information
- Initial Intake and
- Referral form
- Consent Forms (Consent for Service, Consent to Obtain & Release and Consent)

Internal Documentation:
- Family/Child Care Contact Record
- Observation notes by Workers
- Reports by Support Workers and Consultant

Planning Documentation:
- Screening or Assessment
- Support Guide
- Individual Service Plan
- Levels and type of Support
- Reviews

External Documentation
- Assessments from other professionals
- Reports from other professionals
- Correspondence/letters

Aboriginal Supported Child Development
Family/Child Care Contact Record

Child Name: _____   **Page**
_____

Type of Contact*:*   **P** = Phone   **F** = Fax   **L** = Letter   **E** = E-mail   **CC** =
Childcare Visit **FV** = Family Visit   **TM** = Team Meeting

DATE	NAME	*CONTACT*	NOTES	Initial

Aboriginal Supported Child Development
File Face Sheet

Start date: _____   Closing date: _____

Funding start date: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

Mother/Guardian: _____   Work Number: _____

Father/Guardian: _____   Work Number: _____

Address: _____

Home Phone: _____   Cell/Pager Number: _____

REFERRAL BY: _____   Date of referral: _____

Reason for Referral: _____

CHILD CARE CENTRE:
Centre Name: _____Start Date: _____

Address: _____

Phone: _____   Fax: _____

Supervisor: _____

Support Worker: _____

Day/Hours Attending: _____

SUPPORTING SERVICE AGENCIES:

Contact Name	Phone Number	Address

ABORIGINAL SUPPORTED CHILD DEVELOPMENT
Consultant Caseload Template

ASCD Consultant: _____   **MONTH:** _____

	Caseload #
Caseload from previous month	
Discharged	
New Referrals	
Caseload end of the month	

Level 1	Level 2	Level 3
Preschool Daycare	After School Care Family Daycare	In Own Home

Name of Child	Birth Date	Child Needs	Level of Support	Hours support/day	Child Care Setting

Waitlist / Centre Support / Referrals

Name of Child	Birth Date	Child Needs	Level of Support	Hours support/day	Child Care Setting

ASCD Consultant: _____   MONTH OF: _____

Definition of linking and brokerage: Activities to connect a family, child, or youth to a formal support/resource, or to facilitate the formal supports direct connection to a child, youth, or family. Includes activities to connect a child with a childcare resource, including consultation, assessment and referral.

			Number of				
			Children	Families	Hours	Times	
1	FIRST TIME	# of Children whose families received ASCD services for the first time					1
2		# of Children who received ASCD services for first time, identified as Aboriginal					2
3		# of Children whose families received linking and brokerage this month for the first time					3
4		# of Children who received linking and brokerage within *90 days* of intake					4
5		# of Hours that provided linking and brokerage, include therapists that are connected with childcare setting					5
6		# of Families that you provided linking and brokerage, include therapists that are connected with childcare setting					6
7		# of Children on the last day of the month *(last weekly report)* who have been deemed eligible to receive linking and brokerage but have not yet received any services					7
8		# of Children receiving service from a support worker for the first time, includes children receiving range 2 & 3 support					8
9		# of Children receiving range *2 & 3 support* for the first time who received it within *90 days* of intake *(Not to exceed above total)*					9
10		# of Hours this month that support worker provided 1:1 support to children					10
11		# of Children receiving 1:1 support					11
12		# of Times this month that support worker has provided shared support this month					12
13		# of Hours this month that a support worker has provided shared support this month					13
14		# of Times that Children received shared support from a support worker this month					14
15		# of Times that you provide training and education to service providers or members of the public in a group setting					15
16		# of Hours of the public provider training sessions					16

Aboriginal Supported Child Development
Waitlist Priority Rating Scale

Child's Name: _____   **DOB:** _____

Community: _____   **Date Completed:** _____

F A C T O R S F O R C O N S I D E R A T I O N					
Criterion 1: Service Request Date					
Length of time on waitlist	*If < 3 months add 2 pts*	*3 to 6 months add 4 pts*	*6 to 9 months add 6 pts*	*9 to 12 months add 8 pts*	*Over 12 months add 10 pts*
Criterion 2: Urgency of Need					
	1	**2**	**3**	**4**	**5**
	Very little need	**Little need**	**Moderate need**	**High need**	**Very high need**
	12 yrs	*6 to 11*	*K-garten*	*0 to 3*	*Preschool*
a. Child's age					
b. Level of intensity and/or nature of child's needs					
c. Level of family needs Total of Family Needs Self Report Tool (divided by 5) in appropriate column					
d. Level of child's needs in a child care setting					
Criterion 3: Feedback/Observation from Team					
	1	**2**	**3**		
	Moderate need	**High need**	**Very high need**		
e. Observations/feedback from community partners, therapists and/or child care setting staff					
	Column Total	**Column Total**	**Column Total**	**Column Total**	**Column Total**
	+	+	+	+	
Priority Rating Scale Overall Total:	= [ ]				

Check Box for Priority Rating Scale Overall Total

- ❏ Low Priority = 7 to 16
- ❏ Moderate Priority = 17 to 25
- ❏ High Priority = 26 to 33

Check Box for Waitlisted Services

- ❏ *Initial Service*
- ❏ *Extra Staffing Support*
- ❏ *Additional Extra Support*

Date of referral:_____   Signature: _____

Aboriginal Supported Child Development Program
Initial Intake Call

File#:_____   Date: _____

	Child's Name:		Caller:	
	DOB:		Referred by:	
□ M □ F	Aboriginal: □ Yes □ No Elder Required: □ Yes □ No		1st Language: 2nd :	Interpreter □ Yes □ No

	Legal Guardian/Parent	Contact 2	Contact 3
Name:			
Relationship:			
Address:			
City:			
Postal Code:			
Home #:			
Work #:			
Cell #:			

Preschool/Daycare:

Primary Diagnosis	Secondary Diagnosis	Presenting Needs	Secondary Presenting Needs

Resource Allocation/Family Situation:

Centre Situation:

Other Agencies Involved: □ IDP   □ SLP   □ PT   □ OT

Medical Alert: □ Yes □ No   Details:

Special Precautions: □ Yes □ No   Details:

Status: □ Active (Licensed)   □ Active (IOH)   □ Summer Only   □ Not ready for Service

Follow Up:_____   _____

Referral Date   Date of Initial Contact   Consultant Assigned   □ Not Assigned

Aboriginal Supported Child Development Program
Community Referral Form

The Aboriginal Supported Child Development Program accepts direct referrals from Parents/Guardians. This form is non-parent/guardian referrals only. Please forward completed forms only.

Child Name: _____ Date of Birth: _____

To be completed by Referring Person:

Name: _____ Referral Date: _____

Agency/Organization: _____

Relationship to Child: _____

      Phone #: _____ Fax #: _____

E-mail: _____

Documentation Attached?   ☐ Yes   ☐ No   If yes, please complete the following:

Type of Report: _____   Date of Report: _____

Total Number of Pages attached: _____

To be completed by Legal Guardian/Custodial Parent: (please indicate consent for each statement by initialling the line at the beginning of each statement

_____ I/We understand that _____(name of referring person) will forward this form and any documentation to the Aboriginal Supported Child Development Program on my/our behalf.

_____I/We give the Aboriginal Supported Child Development Program permission to communicate, verbally or in writing, with _____ (referring person) prior to contacting me/us.

_____I/We understand that a representative of the Aboriginal Supported Child Development Program will contact me/us to provide further program and service information.

Parent/Guardian Contact Information:

Home #: _____   Cell #: _____

Fax #: _____   E-mail #: _____

Signatures:_____   _____

Legal Guardian/Custodial Parent (Print)   Legal Guardian/Custodial Parent (Signature)

_____   _____
Witness Name (Print)   Witness (Signature)

Aboriginal Supported Child Development
Referral Package

What is Aboriginal Supported Child Development?
Aboriginal Supported Child Development is a community-based program that assists families with children with special needs who require extra supports and services. The program is intended to serve children up to 12 years of age, with some services for youth ages 13 – 19 years. Participation is voluntary and parent consent is mandatory.

Our program goal is to increase the family's knowledge of child development and awareness of supports in their community. Families feel supported to access the same range of services as other families; actively participate in their community; and maintain their economic integrity.

How is eligibility determined?
Children who identify as Aboriginal who reside in the (insert community name) area, regardless of on or off reserve residency or status, are eligible to apply to the program. The child must meet the following criteria:

1. Age of the Child - Youth
Children age 0 to 12 years;
Youth ages 13 to 19 years: will be served on an individual basis.

2. Have a developmental delay or disability in physical, cognitive, communicative or social/emotional/behavioural areas
Evidence of developmental delay/disability in ONE or more of the following areas is required:
- Physical – child who is blind or visually impaired, has a neuro-motor or sensor motor challenge or a special health care need;
- Cognitive – child who has an intellectual delay or disability;
- Communicative – child who is deaf or hard of hearing, or has significant language and speech challenges;
- Social/Emotional/Behavioural – child who has severe social, emotional, or behavioural challenges. Severe behaviour is defined as: behaviour which is dangerous to self and to others; extremely disruptive behaviour which is consistent and persistent over time; behaviour which is serious enough to be known to other community agencies and to warrant intensive interventions by other community agencies;

3. Documentation Required
Written documentation of a child's developmental delay or disability is required. This may be satisfied in a variety of ways. This may include a letter or report from a family doctor, specialist, or diagnostic team or clinic; a copy of an assessment report or referral from an Infant Development Consultant, Speech Language Pathologist, Physical or Occupational Therapist, Psychologist, Nurse, Early Childhood Educator, or other related professional. Developmental delay or disability can also be verified by the assessment of the Consultant.

Need for additional support can also be documented through a letter, report, assessment or referral that is similar to that required for documentation of developmental delay or disability as long as the need for supports is detailed.

Other service considerations may include:

Refer to outside resources
In cases where the child is eligible for ASCD, but providing services of ASCD is not appropriate or requested at this time, the child and family may be referred to outside resources, if a need has been identified that can possibly be addressed by other services in the community.

At this time, the ASCD program maintains a linkage with mainstream Supported Child Development. Referrals for services of Mainstream SCD will be made in the instances where the family wishes the child to be placed in a licensed child care setting.

What Types of Services Will be Offered?
All children in the ASCD program are eligible to receive the services of the Consultant. Many children will also require extra staffing supports of a Support Worker. The level of services may be categorized into the following ranges:

> Level 1 – Training, support and consultation, no additional staffing required
> Level 2 – Short-term, transitional, intermittent, or shared support requiring
> additional staffing (support services)
> Level 3 – Significant, ongoing support requiring additional staffing (support
> services)
> *Hours of support from a Program Assistant for Level 2 and Level 3:*

Hours of support from a Program Assistant for Level 2 and Level 3:

- **Daycare** – maximum 35 hours per week, can be provided in a daycare, preschool or family child care. Both parents must be working or attending school full time.
- **Kindercare** – maximum 25 hours per week, can be provided in a daycare, family child care or preschool setting. Both parents must be working or attending school full time.
- **3 year old Preschool Program** – maximum 8 hours per week (based on 2 days per week, 4 hours per session), for parents where one or both parents are not working or attending school.
- **4 year old Preschool Program** – maximum 12 hours per week (based on 3 days per week, 4 hours per session), for parents where one or both parents are not working or attending school.
- **Out of School Care** – maximum 4 hours per day, if necessary, maximum of 7 hours per day on Professional Development Days and school holidays. Parents must be working or attending school full time.
- **Part time support** - is available for parents working or attending school on a part time basis.

Children are placed on the waitlist as soon as a Support Guide has been completed and a Level of Support has been established. Children are taken off the waitlist as their name comes up and funding becomes available. All children are regarded as a priority.

Your family may be eligible for financial support through the Special Needs Supplement (up to $150.00 per month). The subsidy is income tested and administered by the Ministry of Children and Family Development. Please ask your consultant for the Child Care Subsidy Application and Guide.

How to Apply?
Please complete the referral form attached. Please note that parent(s) must consent to the Referral.

Submit your referral to:
(insert contact information)
Address
Phone and fax number

Aboriginal Supported Child Development
REFERRAL FORM

Child's Name:_____ Date of Birth:_____

Referral Source Information

Name: _____ Referral Date:_____

Agency: _____

Address: _____

Phone: _____Fax:_____

Email: _____

Relationship to Child: _____

Family Information

Parent's Name(s) _____

Address_____

Home Phone:_____ Work Phone:_____

Band Affiliation or Off-Reserve: _____

Is the child attending a child care program   N   Y   Name of program

Reason for Referral (please list any diagnoses or associated conditions.)

_____

_____

Please give a brief description of your child's abilities, needs, personality, behaviour and/or any other information you want to tell us
about your child:

_____

_____

_____

_____

_____   _____
            Parent signature   Date

Aboriginal Supported Child Development

Consent for Service

Written consent for the parent/guardian is required to allow the Aboriginal Supported Child Development Worker to do the following:

- Assist you with finding a Child care program for your child
- Observe your child in the Child care program
- Provide consultation to a Child care program
- Design an individualized Program Plan

Childs' Name: _____
☐ Verified on BC Healthcare Card

Birthdate: _____   ☐ Male   ☐ Female

Legal Guardian/Custodial Parent: _____

I, the undersigned, do hereby consent to have the ASCD Consultant provide service

to: _____
　　(Child's Name)

_____   _____
Parent/Guardian authorized to give consent   Signature of Witness

_____
Relationship to Child

_____
Date [consent expire one (1) year from this date]

Dual consents required: ☐ Yes   ☐ No

**Community Care Facilities Licensing Officers have access to any assessments, reports, letters or any other documentation in your child's preschool/child care files.

Aboriginal Supported Child Development Program

Written consent for the parent/guardian is required to allow the Aboriginal Supported Child Enhancement Worker to do the following:

- Obtain written/verbal information and reports from the below indicated sources
- Release written/verbal ASCD Program information and reports to below indicated sources

Please provide contact name and initial beside the name in the shaded area.

Obtain	Release		Obtain	Release	
		ASCD Worker			Behaviour Consultant
		SCD Program			School Board
		Child Care Program(s)			Elementary School
		MCFD			Speech and Language Pathologist
		Community Health Nurse			Occupational Therapist
		Doctor(s)			Physio Therapist
		Aboriginal Infant Development/ IDP			Other
		Assessment Center			Other

I, _____as the legal guardian of _____ give permission to ASCD Program to obtain and/or release written and verbal information to and from the sources indicated above.

_____   _____

Signature   **Date** [Consent expires one (1) year form this date]

_____   **Dual consents required:**   ☐ Yes   ☐ No
Witness Signature

Aboriginal Supported Child Development Program

PHOTOGRAPH CONSENT FORM

I_____ give permission to the Aboriginal Supported Child
   (Parent or Legal Guardian)

Development Program to use_____ photos in the childcare programs,

after School care program, brochures and or newspapers that will be used in advertising

or promoting the ASCD program. In addition, photos may be used in power point presentations,

or reporting documentations for the Ministry of Child and Family Development.

_____   _____

 Parent/ Legal Guardian Signature   Date

_____   _____

Consultant Signature   Date

Aboriginal Supported Child Development

Initial Parent/Guardian Visit - CHECKLIST

Child's Name: **Custodial Parents/Legal Guardian Name:**
(Circle one)

	Y	N	N/A	Comments
1) ASCD Parent Handbook/Program Pamphlet				
a)Discuss Program Eligibility				
b)Discuss Program Services				
c)Discussed Role of the Enhancement Worker				
d)Discussed Rights & Responsibilities				
2) Consent Forms				
a) ASCD Consent for Service				
b) ASCD Consent to Obtain & Release Information				
3) ASCD Support Guide				
a) Child Information with Family Input				
b) Review Purpose of Childcare Setting Information Section				
4) Review Purpose of ASCD Family Goal Plan & Goals set by Parent/Guardian, and CFSP Brochure (as applicable)				
5) Resources				
a) Parent Guide to Selecting Childcare				

b) Listing of Licensed Childcare Programs
    - Typical
    - - Block Funded				

c) Listing of Resource & Referral Sources				
d) Other *(please list)*				

Next Steps: **Required Follow Up:**

Custodial Parent/Legal Guardian Signature   **Date**

Aboriginal Supported Child Development

Centre Visit Notes

Name of Child: _____   **DOB:** _____

Circle Type of visit:

Childcare	Home Visit	Meeting

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

_____

Written by: _____   **Date:** _____

Aboriginal Supported Child Development
Support Guide
Recommendations & Priorities Form

Recommendations:

Based on the information gathered and summarized in the previous sections, it is recommended that:

☐   ASCD services are required. Support is required to address the following priorities and support needs:

☐   A SCD services are not required. Strategies and other services have been suggested, including:

Priorities & Plan:

ASCD services will focus on the goals of the family and child care setting including:

_____

_____

_____

To achieve these goals, the following ASCD services are recommended (check all that have been identified with the family and child care setting):

☐   Assistance in looking for child care
☐   Consultant support to the family and/or child care setting (i.e. visits, phone calls)
☐   Coordinating with other service providers (i.e. IDP, SLP, OT, PT)
☐   Information/training about the child's development, support needs and strategies to meet them
☐   Toys and/or equipment for the family and/or child care setting
☐   Books, videos, articles for the family and/or child care setting
☐   Short term or long term extra staffing support for the child care setting (if yes, please complete Extra Staffing Support Request form)
☐   Other: _____

☐   The attached individual plan describes these goals and how services will be provided to support them
   or
☐   An individual plan describing the goals and how services will be provided to support them will be developed by _____ (date)
☐   The Support Guide and need for ASCD services will be reviewed on or before _____ (date). This review may happen earlier if requested by the family, child care program and/or ASCD Consultant

---

_____   _____
Parent   Date

_____   _____
Child Care Provider   Date

_____   _____
ASCD Consultant   Date

Aboriginal Supported Child Development
Individual Service Plan

Child's Name:	Today's Date:
D.O.B.	Written By:
Centre:	Support Worker:

Goal No. 1

Strategies:♦	
♦	
♦	
♦	
♦	

Goal No. 2

Strategies:♦	
♦	
♦	
♦	
♦	
♦	

Goal No. 3

Strategies:♦	
♦	
♦	
♦	
♦	
♦	
Comments	

Parent Signature _____ Date: _____

Consultant Signature: _____ Date: _____

CC: Parent
     Preschool

Family Goal Plan

Child's Name:		Date of Plan:	
Date of Birth:		Review Date:	
Parent(s) Name			
Child Care Setting			
Team Members			

Family Goals (Does not need to be measured)	
Long –Term, Desired Outcome(s) – If applicable, 6 months (needs to be measurable; needs to be linked to family goal)	**Outcome Status/Date**
1.	
Short-Term, Desired Outcome(s) – Needs to be measurable (needs to be linked to long-term goal and family goal)	**Outcome Status/Date**
1.	

Action Plan Used for strategies
• Implementing goals into the childcare program (see attached) • ASCD consultant will come in on an ongoing basis to see if the strategies are successful

_____   _____
Parent /Guardian   Date

_____   _____
Child Care Provider   Date

_____   _____
ASCD Consultant   Date

Aboriginal Supported Child Development
Child/Family Transfer Summary Form

Child's name:		DOB:	
Parent/Guardian name		Date of Referral:	
Childcare Program:		Contact person:	
		Days attending	
Phone #		Hours attending	

Primary diagnosis and presenting needs:

Additional Extra Staffing:

Individual Support   Shared Support   Consultation only   On Waitlist

Others involved

Occupational Therapist		Social Worker	
Physical Therapist		Behaviour Consultant	
Speech and Language Therapist		Other	

Suggested frequency of child care visits:

Next steps with the childcare program:

Consent Form Completed:		Consent form update:	
Last Support Guide Completed:		Family Goal Plan/CFSP Completed	
Support Guide Review		Family Goal Plan/CFSP Review	

Additional Information:

Consultant transferring:		Program Name:	
Signature:		Date of Transfer:	

Aboriginal Supported Child Development

Services No Longer Required
Checklist

Name of Child: _____   D.O.B.:_____

Description:	√ when done
▪ Contact parent/guardian to confirm	
o services No Longer Required	
o Explain the discharge process; closing letter and file archived	
o Confirm consent to contact other team members	
▪ Contact the following to inform them or discharge	
o Childcare Program	
o Speech and Language Pathologist	
o Occupational Therapist	
o Physio Therapist	
o Social Worker	
o *Other*	
▪ Write a discharge letter to the family	
▪ Transfer the information in clients file (green) to an archive file (white)	
▪ Hand the file to administration assistant for archiving	
▪	

Name of Consultant closing the file: _____

Date discharge letter sent to parent/guardian: _____

Sample Aboriginal SCD
Resource Library

BOOKS	Author
1-2-3 Magic for Teachers	Thomas Phelan
1-2-3-Magic	Thomas Phelan
Alphabet kids – from ADD to Zellweger Syndrome	Robbie WOliver
Behaviour Intervention Manual	Samm House
Building Bridges through Sensory Integration	Sutton, Aquilla, Yack
Building Blocks for Teaching Preschoolers - Disability	Susan Sandill
Cara's Kit: Creating Adaptations for Routines and Activities	Division for Early Childhood
Do Watch Say Listen Social and Communication	Katherine Ann Quill
Emotional or Behaviour Disorder Intervention Manual	Stephen McCarney
FAS/FAE Strategies for Professionals	Diane Malbin
Handbook of Developmental Disabilities	Odom, Samuel, (EDT) HOR
Hold on to your Kids: Why parent's need to matter more than peers	Gordon Neufeld
It Takes Two to Talk	Hanen
Kids Are Worth It	Barbara Coloroso
Learning Language and Loving It	Hanen
Making Sense of Sensory Integration	Jane Koomar
My Social Stories Book	Carol Gray
Out of Sync Child and Out of Sync Child Has Fun	Carol Stock Kranowitz
Signs for Me - Basic Sign Vocabulary	Ben Bahan
Sign with your Baby Book and/or DVD	Garcia, Joseph
Skillstreaming Elementary School Child	Goldstein
Toilet Training for Individuals with Autism	Maria Wheeler
Tough Kid Book	William Jenson
Tough Kid Tool Box	William Jenson
Trying Different Rather than Harder	Diane Malbin
Time Timer 8" (shows time elapsed)	Odin Books
Writing and Developing Social Stories	Caroline Smith

Visit ODIN Books http://www.odinbooks.ca/ **for more book ideas**

On-line Resources
Center on Social Emotional Foundations for Learning   http://www.vanderbilt.edu/csefel/
Resources: Practical Strategies for Teachers/Caregivers
Technical Assistance Centre on Social Emotional   http://www.challengingbehavior.org/
Intervention *forTeachers and Service Providers*

CLASSROOM RESOURCES
Mayer-Johnson Co.   http://www.mayerjohnson.com
Boardmaker Software

Wintergreen Catalogues   www.wintergreen.ca
Mark Gillespie Tel: 1-800-268-1268 ext 500   Fax: 1-800-567-8054   Cell: 604 340 3803
Learning Materials
Super Safe Balance Board   **Classroom Materials**
Zip, Snap, & Button dress frames   We-play Sidecar Trike
Lowercase Tactile Letters   Moods and Emotions Poster pack

Abilitations Catalogue
School Specialty- sensory solutions   www.schoolspecialty.com
Tel: 1-800-775-7966   Fax: 1-800-775-0353

Shape Sorter Clock	Finger Max (small finger tip brush)
Beginner Pattern Blocks	Teachable Transitions
Visual Timers 8"	Two handed mitt
My First Bubble Blower	Speak and Hear Phone
Construction Set in a Box	Body Sox small
Abilitation Small Shoulder Snake (2.2 lbs.)	Is it Sensory or is it behavior
Small Weighted lap pad	Edu-k for kids
*Small Lap pad weight strips	Brain Gym

Spectrum Special Education Catalogue   www.spectrumed.com
Tel: 1-800-668-0600   Fax: 1-800-669-0602

Magic Gertie Ball	Early Communication Skills for Children w/ Down
Velvet Slime Tactile Toy	Syndrome
Deluxe Pat Mat	Textured Spoons
Porcupine Balls (set of 5)	TalkTools Sensory bean bags
Fuzzy Colour Morph Ball	Counting Cookie
Sensory Set	Math sponges w/handles
Sensory Discrimination Kit	Ring toss
Original Memory	Adapt-a-cut
Pound-a-ball	PETA mini easy grip scissors
Textured shape Puzzle	PETA mounted tabletop scissors
Locks and Latches Board	PETA Easi-grips (left or right hand)
Feel and Find	Socially speaking game
Match and Sort	Connect Four
Alphabet Match Me game	Parachute/canopy 1.8m dia
Early Sign Lang. Board Books	Strategies for Inclusion
Basic Sign Vocabulary cards	

Southpaw Enterprises Catalogue   www.southpawenterprises.com
Tel: 1-800-228-1698   (US Company)

Tactile Straight Path	Maze Balancing Board
Step-A-Sound mat	

Friend2friend Social Learning Society   www.friend2friendsociety.org
Tel: 604 671-4028
That's What's Different About Me Kit
Helping Children Understand Autism Spectrum Disorder

Enabling Devices Toys for Special Children   http://enablingdevices.com/catalog
Insight Media Centre LTD (US PRICES) Call Insight for Canadian prices
Tel: 604-581-2420 Fax: 604-581-2430 Toll free: 1-888-541-7772

Cheap Talk 4 Inline direct	Music button device
Bead Chain	Tubular Vibrator

Aboriginal Supported Child Development

Family Resource Library Loan Agreement

Information

The loan period for library resources is one month. Please ensure that the toys, books, video's, DVD's and/or equipment are properly cared for. Please clean toys and/or equipment before they are returned.

Loan Agreement

I_____, may be borrowing from the Resource Library located at the *(insert Host Agency Name)* Offices. I agree to pay 100% of the cost of library resources that I damage or do not return. I will ensure proper use and supervision (as necessary) and clean items before I return it.

Child's Name_____ Date of Birth_____

Parent Signature_____ Date_____

Aboriginal Supported Child Development

Parent Evaluation Survey

Please give the name of the program(s) your child is participating in.

Preschool _____Out of School Care_____

Family Daycare _____Group Daycare _____

Other _____

How many days a week does your child attend the Programs? How many hours per day?

1 day_____   2 days_____   3 days_____   4 days_____   5 days____

Were you involved in team meetings/discussion, i.e. goal setting, progress reports, problem solving, therapist reports etc., about your child? How was this experience?

_____

_____

_____

Were you provided with enough support from the consultant and ASCD support worker when your child was enrolled in the program? How could we provide better support?

_____

_____

_____

Do you feel that the program was prepared for your child's special needs, i.e. did the staff have enough information on how to include your child in the daily activities?

_____

Do you feel that your child was accepted by his/her peers/teachers?

_____

_____

_____

Did you feel you were well informed about your child's progress? Please explain.

_____

_____

_____

How would you say the experience of your child being included in the program with ASCD support was for your family? Please explain

_____

_____

_____

Other comments: _____

_____

_____

Thank you for taking the time to complete this evaluation.

We appreciate feedback for future planning.

Aboriginal Supported Child Development

Child Care Evaluation Survey

Name _____   Date _____

Thank you for taking the time to fill out this survey. Your feedback helps us to improve our services. This survey should reflect your comments and feedback for services provide in the last 12 months.

1. Are you satisfied with the consultation services provided by ASCD?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
5	4	3	2	1

Comments:

2. Are you satisfied with the training opportunities provided by ASCD?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
5	4	3	2	1

Comments:

3. Are you satisfied with physical resources (e.g. lending library, equipment, learning materials) provided by ASCD?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
5	4	3	2	1

Comments:

4. Has your ability to serve children that require extra support increased as a result of your involvement with ASCD?

Very Great	Great	Moderate	Small	None
5	4	3	2	1

Comments:

Thank you for taking the time to complete this evaluation.