

Office of the Provincial Advisor

For

Aboriginal Infant Development

A Preliminary Report

On

Community Consultations

Executive Summary

The Office of the Provincial Advisor for AIDP (Office) engaged in community consultations to gather relevant input to identify issues and needs and create a snapshot of the existing infant development services being offered in Aboriginal communities around the province. This information will be used to inform the priorities of the Office. The preliminary report is a first step at gathering and collating information from AIDP in British Columbia.

The preliminary report will be distributed at the initial meeting of the Provincial Aboriginal Infant Development Advisory Committee on July 28/03. The findings will be used to enhance the knowledge of the committee and inform the development of the draft multi-year work plan for the Office. The plan will be a work in process and will be continually updated and revised as additional information is gathered.

Two questionnaires were developed to inform the consultation process. The initial questionnaire was developed as an interim measure to inform communities of changes to the Office and begin to gather information to identify needs and support next steps. During the initial data gathering process, a second, more detailed questionnaire was developed in order to gather more specific program information. The questionnaire asked AIDP respondents to answer questions in five key areas:

- General administration: sponsoring agency, funding sources, program structure
- Staffing: numbers, education, experience, training, orientation procedures, pro d opportunities, support
- Program description: location, services offered, referral sources, caseload numbers, community support, liaisons, assessment tools, cultural appropriateness, caseload activity, discharge procedures
- Regional/Provincial linkages: resources, support system, connections with IDP regional/provincial advisor, professional affiliations, ACCS, Bands
- Areas of need: resources, materials, funding, linking to professionals, linking to other AIDP, community education, support expectations from the Office of AIDP.

Questionnaires were distributed to twenty-six programs. At the time of this reporting, twelve programs have completed the long questionnaire. The total number of programs to participate in the survey to date is fourteen.¹

¹ Several more programs have committed to complete the questionnaire and their information will be added to the findings at a later date.

The gaps that emerged and the needs that were identified through this process are reported on here. A complete snapshot of findings is outlined in the full report.

Program Gaps

Administration

Local Advisory Committees

Advisory committees are a valuable resource for stakeholder input and advice for AIDP. Approximately half the respondents reported that they have an Advisory Committee or some other formal process in place. A number of barriers to setting up committees were identified by some programs.

Staffing

Orientation Processes

Orientation processes are important to set practice standards and support new staff to be successful in their role as AIDP consultants. Just under half the programs reported they have no formal orientation procedure for new staff.

Professional Development

Accessing professional development opportunities is a valuable and necessary part of the AIDP consultant's role to stay current in their practice and to develop and maintain a support network. Access to Vancouver based training is challenging for some consultants from rural and remote communities to access. Providing relevant regional training In-services was suggested as one way to provide opportunities for consultants who are unable to attend central training due to travel, time, staff replacement and funding limitations.

Program

Therapy Services

The majority of programs reported they do have access to consult with therapy services for the families they work with, however, they did note that there are long wait lists for service, especially for speech and language. Several programs identified a need for more support for families travelling to access services. Early intervention is key to successful treatment, exploring ways to reduce waitlists will support healthy outcomes for Aboriginal children.

Assessment Tools

Throughout the questionnaire, respondents mention a need for culturally relevant tools and training. Nine out of eleven programs modify assessment tools to meet program needs.

Regional/Provincial Linkages

Reporting Caseload Statistics

Developing a database and a standard reporting procedure will help to monitor the activity and needs of AIDP and the Aboriginal families they serve. Three programs currently report statistics to a central registry. Barriers identified indicated that a number of programs had not been asked to submit or did not know what to submit.

Identified Needs

AIDP Needs

Resources and Materials

Culturally relevant resources, toys and children's books, and parent resources were the most frequently identified needs. Other items include, adaptive equipment, books, teaching materials, videos, case forms, contact forms, equipment including freezers and coolers for transporting food, kitchen supplies, children's furniture and equipment, and visual presentation materials.

Funding

Funding is required for a variety of needs. Requests include: a transportation fund to support families travelling from rural and remote communities to access specialists in urban centres; funding to purchase assessment/screening tools; resources for training and community education; funds to purchase resources and adaptive equipment. There were several requests for funding for a family support worker position. Programs in rural and remote areas identified a need for a support worker to be available to meet and support families who travel to Vancouver for specialist appointments. One program identified a need for a family support worker in order for them to provide broader services to families.

Strengthening Networks

Respondents suggested strengthening links with Friendship Centres, Head Start Programs and Speech and Language. In-services with other AIDP and IDP are seen as an effective way to provide opportunities for infant development consultants to connect. Other suggestions for connecting are through an Aboriginal website, newsletters and meetings. Community education opportunities can be strengthened through collaboration with local colleges, local

resource people, and Head Start Programs. Some of the comments indicated that there is a need to provide more education to Band leaders and community members about the scope and importance of infant development and early intervention.

AIDP Advisor Expectations

A number of expectations were identified by respondents and are detailed in the report. The three key areas that emerged focus on:

- The primary expectation is that the Advisor be available as a support and resource to AIDP consultants. Comments indicated a desire to work collaboratively and share knowledge and experience.
- Expectations clearly indicate the need for an infrastructure that promotes and supports culturally appropriate best practice standards.
- The Advisor is expected to be an advocate for Aboriginal Infant Development Programs to support programs to meet the needs of Aboriginal children and their families.

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Glossary of Acronyms

There are many acronyms used in the infant development field and subsequently in this report. This glossary of acronyms is provided as a reference.

ACCS - Aboriginal Child Care Society

AID - Aboriginal Infant Development

AIDP-Aboriginal Infant Development Programs

ASQ - Ages and Stages Questionnaire

CDC - Child Development Centre

FAS/E - Fetal Alcohol Syndrome/Effects

FN -First Nations

FNESC - First Nations Education Steering Committee

FTE - Full time equivalent

IDP- Infant Development Programs

MCFD - Ministry of Children and Family Development

Office - Office of the Aboriginal Infant Development Advisor

PA - Provincial Advisor for AIDP

PAIDAC - Provincial Aboriginal Infant Development Advisory Committee

Pro-D - Professional Development

Background Information

Infant Development Programs (IDP) were developed to support families to provide a full range of social, educational, and community experiences for their infants. The program aims to help parents make optimum use of available services, to enlarge parents' understanding of factors influencing infant growth and development, and to promote skills that contribute to infant development.

In BC there are 52 mainstream Infant Development Programs (IDP) funded by the Ministry of Children and Family Development and sponsored by non-profit organizations. The first program was started in 1972. Data is collected on various aspects of these programs and reported on annually. According to the *Infant Development Programs of BC Summary of Statistics, April 1, 2001 - March 31, 2002*, 11.3% of families served are Aboriginal - 8% families, 3.7% single parent families, 6% single parent under 19 (p. 30), 51 of 52 programs reported. A total of 5846 infants were seen, therefore approximately 660 Aboriginal infants and their families are receiving services from mainstream IDP.

In recent years, the need for culturally sensitive Aboriginal Infant Development Programs (AIDP) has been recognized. Today, there are approximately 29 AIDP in both on and off reserve Aboriginal communities in BC serving over 369² families and infants per year (Appendix A). Currently, information from these programs is not reported on provincially.

The Ministry of Children and Family Development has contracted with the BC Aboriginal Child Care Society to be the host agency and administer the Office of the Provincial Advisor for Aboriginal Infant Development Programs (AIDP). Established in the fall of 2002, the objectives of the Office of the Provincial Advisor for AIDP for its initial three-year period are:

- Provide leadership and support primarily to Aboriginal Infant Development Programs as well as infant development consultants working with Aboriginal families across the province.
- Increase the number and capacity of Aboriginal Infant Development programs in the province.
- Develop and deliver tools and training to support culturally appropriate practice.
- Develop provincial standards and guidelines for the practice of Aboriginal infant development.

² The number of families represents the fourteen programs that have completed the questionnaire to date. There are approximately 15 programs whose caseload numbers are not yet known.

Purpose

The Office of the Provincial Advisor for AIDP (Office) engaged in community consultations to gather relevant input to identify issues and needs and create a snapshot of the existing services being offered in Aboriginal communities around the province. This information will be used to inform the priorities of the Office. This report is a first step at gathering and collating information from AIDP in British Columbia.

This preliminary report will be distributed at the initial meeting of the Provincial Aboriginal Infant Development Advisory Committee meeting on July 28/03. The findings will be used to enhance the knowledge of the committee and inform the development of the draft multi-year work plan for the Office. The plan will be a work in process and will be continually updated and revised as additional information is gathered.

Methodology

Two questionnaires were developed to inform the consultation process. The initial questionnaire was developed as an interim measure to inform communities of changes to the Office and begin to gather information to identify needs and support next steps. AIDP who participated in the survey were asked ten questions (Appendix B). These questions identified general program information including number of staff, number of families served, and waitlists. Programs were asked to identify key issues, areas of support needed, involvement to date with the Office, and the desired role of the Office in supporting programs to address challenges. The initial questionnaire was sent to sixteen programs and completed by eight.

During the initial data gathering process, a second, more detailed questionnaire was developed in order to gather more specific program information (Appendix C). It has replaced the original ten-question version. The questionnaire asked programs to answer questions in five key areas:

- General administration: sponsoring agency, funding sources, program structure
- Staffing: numbers, education, experience, training, orientation procedures, pro d opportunities, support
- Program description: location, services offered, referral sources, caseload numbers, community support, liaisons, assessment tools, cultural appropriateness, caseload activity, discharge procedures
- Regional/Provincial linkages: resources, support system, connections with IDP regional/provincial advisor, professional affiliations, ACCS, Bands

- Areas of need: resources, materials, funding, linking to professionals, linking to other AIDP, community education, support expectations from the Office of AIDP.

Questionnaires were distributed to twenty-six programs. At the time of this reporting, twelve programs have completed the long questionnaire. The total number of programs to participate in the survey to date is fourteen.³ Five programs completed both questionnaires. The majority of the survey questionnaires were completed by program staff and emailed or faxed to the Office. In addition five telephone interviews were conducted.

To support the data gathering process and gain a deeper understanding of AIDP services and needs, community visits were made to eleven AIDP in the Lower Mainland and on Vancouver Island. These visits provided further insights and suggestions that will assist the Office with planning and implementing support services for AIDP. In addition, sixteen requests for information and support have come in from eight different programs or communities.

The data gathered through the two questionnaires has been analyzed and themed.⁴ The findings are presented under the headings General Administration, Staffing, Program Information, Regional/Provincial Linkages and Aboriginal Infant Development Program Needs. Additional information gathered through information requests has been collated and is included. The program gaps and needs identified through this process are summarized in the executive summary.

Findings

The following section is a snapshot of findings reported by program participants. For more complete information please refer to the tables referenced at the beginning of each section (included in the appendices).

General Administration (Appendix D)

Sponsorship and Funding

There is a mix of sponsoring agencies reported by programs including not for profit family serving agencies, Bands and Friendship Centres. The majority of off reserve programs reported their primary funding source as the Ministry of Children and Family Development. The on-reserve programs identified their

³ Several more programs have committed to complete the questionnaire and their information will be added to the findings at a later date.

⁴ Unless otherwise specified N=12 as the majority of questions are based on the long questionnaire, in some instances N=13 or 14.

funding from local bands through a variety of federal funding sources through Health Canada and Indian Affairs.⁵

Stakeholder Input/ Advisory Committee

Approximately half the programs reported they have an advisory committee or some other formal process for gathering stakeholder input and advice. Barriers identified for setting up such a system, included time, lack of child care during meetings, transportation and healthy snacks.

Case Reviews

Ten programs reported that they conduct case reviews. The process varied from conducting reviews on an as needed basis to having regularly scheduled meetings. All respondents reported that the review process included the family and other professionals. One programs identified elders as part of the process.

Staff Meetings

Most programs hold regular staff meetings. Frequency ranged from weekly to as needed. The majority described staff meetings that are comprised of all program staff. Two participants reported that they do not attend staff meetings because there is only one staff. They did state that they work together with other program staff and families.

Community Involvement - Raising Awareness about AIDP

AIDP staff are actively involved in raising awareness about Aboriginal Infant Development. Most frequent activities identified include participating in community events, sitting on a variety of committees and distributing pamphlets, brochures, etc. Making individual contact with families was also noted. One program stated that this is an area they need to spend more time on.

Program Philosophy - Family Centred Practice

All respondents identified the family at the center of the services they provide. Families are involved in planning and deciding what services they wish to access. One respondent stated that they follow the Provincial IDP Manual. One participant gave an example of their approach to practice: "Each child is unique, (we) see the whole child in the context of her/his family, immediate environment and community."

⁵ Examples of Health Canada funding are Brighter Futures, Canadian Prenatal Nutrition Program (CPNP), and the First Nations National Child Benefit Reinvestment (NCB).

Staffing (Appendix E)

Numbers

The total number of staff represented in this report is twenty-one, working in 18.7 full time equivalent (FTE) positions⁶.

Education/Training and Experience

Staff qualifications range from Diplomas in Early Childhood, Child and Youth Care First Nations and IDP (10); Bachelor Degrees in Child and Youth Care, Nursing and Native Studies; (4) and one Master's Degree in Health Sciences. The majority of AIDP staff have more than five years experience. The range is from two years to more than fifteen years.

Training accessed by program staff includes assessment training - Gesell, Ages and Stages, attendance at relevant conferences and workshops - such as traditional teachings, FAS/E, HIV, Safe Babies, Hanen Language Program, and Infant Massage. IDP training⁷ is the most frequently identified source of training.

Orientation Procedures

Seven respondents stated they had an orientation process when they were hired. The process varied amongst programs from job shadowing to attending In-services to previous employment experiences.

Six programs identified that their current orientation process includes the IDP Manual, three described additional agency procedures. One program stated consultants are mentored through a combination of job related activities. Five programs stated they currently have no orientation process.

Professional Development Opportunities

All respondents stated that they participate in professional development (Pro-D) opportunities. The range of participation depends on budget, distance, time and support to participate.

Provincial IDP and Regional In-services are the most frequently mentioned Pro-D opportunities. Training on FAS was next in frequency amongst AIDP consultants. Other Pro-D accessed include: AIDP In-service, ACCS Annual Conference, Mother Goose, Culture, Behaviour Management, Infant Massage, Safe Babies, and Hanen Language.

⁶ Based on 14 programs.

⁷ The Office of the Provincial Advisor offers regular training through In-services and Summer Institutes for Infant Development Programs of BC.

Program Information (Appendix F)

Location

Out of the fourteen programs represented in this report, five identified as urban, four as rural, three as remote and two as servicing both rural and remote communities. Out of the fourteen programs reporting their physical location, nine are co-located with other programs, three are in close proximity to other programs, and two are stand-alone. The two stand alone, also reported as being remote.

Service Delivery

All fourteen programs reported delivering both centre based and outreach services to families. A variety of programming is offered. The most frequently reported services are home visits, assessments and referrals, toy and equipment lending library, pre-natal/pregnancy outreach, parent/tot groups and community kitchens or some other kind of nutrition program.

Referral Source

Questionnaire participants were asked to identify and rate the frequency of where their referrals came from. The most frequently reported referral source by all programs are parent /families, community health nurses, MCFD or Band social worker and IDP⁸.

Caseload Numbers

Total caseload numbers reported by the fourteen programs is 369. Twelve of the fourteen reported that they have no waitlist for service. The majority of programs offer some form of play group to children and their families to monitor progress. The two programs that did identify a waitlist for service stated that the waiting time was under two weeks and two to three months respectively.

Community Support

The majority of programs reported good support from community services. The most frequently reported supports are community health nurse, therapy services and social workers. General comments from participants were positive. One of the newer rural programs identified that they are starting to make community connections. One urban program noted they are beginning to get referrals from physicians.

⁸ Mainstream IDP

Hospital Liaison

Six out of ten respondents stated they have involvement with a hospital social worker. One respondent said they receive birth notices and one stated that they are involved in discharge planning.

Therapy Services

Ten out of eleven respondents stated they have access to consultations with therapy services for the families they work with. The description of services ranged from a contract with the Band to a team of therapists visiting the community three days a month. In some situations, families must travel between one to two and one half-hours to access service.

The majority of respondents reported waitlists for therapy services (eight out of eleven). Wait times ranged from unknown to six months for speech and language. The average wait time is between two and three months.

Assessments

All respondents indicated that they conduct developmental assessments. Two respondents stated that they administer assessments at the families' request. One respondent stated that some families are interested in assessments and some are not.

Assessment tools used (in order of frequency reported) include Ages and Stages Questionnaire (ASQ), Gesell, Nippissin, Denver Development and Brigance. One respondent stated that the ASQ is administered by the health nurse and used before the Gesell.

The majority of respondents, ten out of twelve, stated that they modify the assessment materials to address cultural appropriateness. One respondent stated they do not use the Gesell until they get to know the family, other respondents noted that ASQ is quite user friendly and adaptable. One respondent stated they need more training in the use of assessment tools.

Caseload Activity

The child and family's needs were the key determinants for classifying a family as active or follow-up. One respondent stated that children can stay active up to pre-school if there is an identified developmental delay. Another respondent stated that good parental involvement plays a role in determining level of involvement.

The percentage of active and follow-up varied. Three programs reported all of their caseload as active, one program reporting 75% active, 25% follow-up, four

programs reporting 60% active, 40% follow-up and two programs reporting 40% active 60% follow-up.

There were a number of comments that identified a challenge in classifying families as active or follow-up. One respondent stated that it is difficult to determine because most work is done in a group setting. A second respondent stated that they have no formal caseload, they have approximately twenty families attending groups. A third respondent would like more follow-ups to be active but families don't want home visits (at this time). A fourth respondent stated they are continually monitoring the child and families well being.

Discharge

Both age and other reasons were given for discharge. Discharge ages were mentioned by four programs - eighteen months, pre-school entry, five, and seven respectively.

Discharge processes described include making referrals to other services, transition planning with the family and other service providers, and the family completing a form stating they no longer require service. One respondent stated they have a difficult time connecting with IDP⁹ because of the waitlist, and lots of parents use the drop in area to stay connected. Two respondents have not done discharge yet. Nine respondents reported they do follow-up to discharge. One respondent stated follow-up is done if required for special needs or follow-up to referrals.

Referrals to Other Services

Nine respondents identified referring families to other services. Several programs referred greater numbers than they indicated they have on their caseload. Percentage of referrals ranged from 6% of families to 142%.¹⁰

Regional/Provincial Linkages (Appendix G)

Awareness of Regional and Provincial Resources

Eight respondents identified regional and provincial resources that they are familiar with. The Provincial IDP Advisor was the most frequently identified resource. ACCS was second and Supported Child Care was third. Other resources mentioned were hospitals, child care referral programs, the FAS Network, MCFD and other service providers.

⁹ mainstream IDP

¹⁰ There is an assumption that the program whose numbers are higher than the caseload numbers were referrals to more appropriate services and/or multiple referrals. (This needs further investigation).

Access Provincial IDP Regional Advisor

Ten out of twelve respondents stated that they access a Provincial IDP Regional Advisor. Access frequency ranged from as needed to monthly meetings. Access was reported to be by phone, email, meetings and in-service.

Reporting Caseload Statistics.

Three out of twelve programs reported that they submit monthly caseload statistics to the Provincial IDP Central Registry and one was unsure. None of the programs submit child and family information to the central registry. Reasons respondents reported they were not submitting information included they had not being asked to; they were not approved by their Council or Health Advisory, they have their own registry, they are not sure who or where to report; and they need to clarify who is guardian of the information.

Aboriginal Infant Development Program Needs (Appendix H)

All twelve respondents reported they have a lending library. Equipment and resources available for lending varied from program to program. Toys, books and parent resources were the most frequently reported items for lending. Adaptive equipment, videos, communication devices, car seats, breast pumps and a range of equipment for children were reported as available for lending by some programs.

Respondents were asked to identify programs needs. Under the categories of resources and materials, culturally relevant resources and parent resources were the most frequently identified needs.¹¹ Other items needed include: adaptive equipment, books, teaching materials, videos, case forms, contact forms, equipment, including freezers and coolers for transporting food, kitchen supplies, children's furniture and equipment, and visual presentation materials.

Funding is required for a variety of needs. Requests include: a transportation fund to support families travelling from rural and remote communities to access specialists in urban centres; funding to purchase assessment/screening tools; resources for training and community education; funds to purchase resources and adaptive equipment. There were several requests for funding for a family support worker position. Programs in rural and remote areas identified a need for a support worker to be available to meet and support families who travel to Vancouver for specialist appointments. One program identified a need for a family support worker in order for them to provide broader services to families.

¹¹ Some programs noted that toys and books often do not come back and funding is needed to replace these resources.

Strengthening Networks

Participants were asked to identify their needs regarding linking to other professionals, AIDP, Band leadership and community education. Respondents suggested strengthening links with Friendship Centres, Head Start Programs and Speech and Language therapists. Some of the comments indicated that there is a need to provide more education to Band leaders and community members about the scope and importance of infant development and early intervention. One respondent noted that once they establish program guidelines it will be helpful to link with other professionals and inform them who they are. One respondent reported that they access other supports such as the Child Development Centre (CDC) and Healthy Babies. One respondent reported that they are well linked to other professionals.

Five respondents identified a need to link more with AIDP. In-services (regional and provincial) with other AIDP and IDP is seen as an effective way to provide opportunities for infant development consultants to connect. Other suggestions for connecting are through an Aboriginal Website, newsletters and meetings.

Suggestions regarding linking with community education included connecting with local colleges, local resource people and Head Start Programs.

Diversity in Culture

Out of eleven respondents, five stated that the Aboriginal culture in their area is very diverse, two stated that it was not very diverse, three stated there is virtually no diversity in culture. One respondent stated that they need resources in their own dialect.

Contact with Aboriginal Infant Development Programs

Seven out of eleven respondent reported they have some contact with other AIDP ranging from connecting regularly, to coming together for training. Four respondents reported that they have no contact with other AIDP.

Involvement with Aboriginal Child Care Society

The majority of respondents, ten out of fourteen have had some involvement with ACCS. Involvement ranges from helping to set up the AIDP office to accessing newsletters and attending conferences. Four respondents reported they have had no involvement with ACCS at this time. One respondent reported that they are hoping to start working together soon.

Support Expectations from the AIDP Advisor

All respondents identified expectations regarding the Advisor's role. The responses are presented under three headings: support network/communication, infrastructure, and advocacy.

Support Network/Communication

The most frequently identified expectation noted is for the Advisor to be a support and a resource for AIDP consultants. Respondents identified the role of the Advisor to be a liaison and create linkages with other AIDP consultants. AIDP and IDP consultants have a wealth of knowledge and experience. It is important that the new Advisor collaborate with all AIDP stakeholders in order to identify existing issues and needs. Further, there is an expectation that the Advisor will organize training events and maintain a website. Regional training opportunities are needed for AID consultants outside of the Lower Mainland. One respondent stated they would like to learn more about the services ACCS offers.

Infrastructure

Expectations from respondents to support culturally appropriate best practice include setting up a provincial data base; developing a policy and procedures manual that includes program standards and templates; identifying evidence based culturally appropriate practice norms; and providing relevant In-services including training on culturally appropriate assessment tools. There is a need identified for In-services that provide broader training to support program staff that work within an integrated support system to address both child development and inclusion.

Advocacy

The Advisor should be an advocate for AID Programs. Services and supports that are needed include: increase the number of AID Consultants and Programs; address waitlist for therapy services - especially speech and language; increase Aboriginal content in curriculum for IDP training; culturally appropriate training opportunities for AIDP consultants; increase community education to raise awareness of the importance of infant development and early intervention; cultural education for medical professionals who are not familiar with cultural diversity, including therapists and physicians.

A specific need was identified for the Advisor to advocate for funds to address isolation challenges in remote communities including travel for families to access specialists, travel for staff to attend training, materials and resources, satellite offices and storage needs.

Information Requests (Appendix I)

Sixteen requests representing eight programs and/or communities were received and processed by the Office between May 16th and June 26th. Program requests include: information on how to set up an infant development program, including accessing funding, program guidelines, job descriptions and salary scales; information on statistics and the Central Registry procedure; resource requests

for curriculum, Aboriginal children's books, assessment tool advice, understanding and respect for children with developmental delays; general information on early intervention services; information on a specific medical condition, and speech and language; support for families travelling to Vancouver; newsletters; UBC course information; a job shadow for a practicum and a request for a community visit. The Office has responded to all the requests received to date.

Closing comments

The community consultations the Office of the Advisor engaged in to inform this report took place between May and July 2003. Data gathered from fourteen programs forms the beginning of a database on Aboriginal Infant Development Programs in BC. Currently, a number of questionnaires are in process. During the coming months the Office will continue to consult with AIDP and mainstream IDP to expand the database and learn more about program needs. The knowledge gained through the community consultation process is a valuable resource and provides a baseline to inform the development of the multi-year work plan to guide the next steps for the Office of the Advisor.

References

Office of the Provincial Advisor, Infant Development Programs of BC, Infant Development Programs of BC, Biennial Statistics, April 1, 2001, March 31, 2002

Appendix A - AIDP Programs of BC

Nygaard	Cindy	Bella Coola	250-799-5914 (Fax) 250-799-5560	bellacoola_idp@hotmail.com
Tough	Jeannette	Dawson Creek Aboriginal Family Res. Society	250-782-1169 (Fax) 250-782-2644	
Nyberg	Jessie	First Nations Friendship Centre	250-542-7578 (Fax) 250-542-7597	childhooddev@telus.net
White	Judy	First Nations Urban Friendship Centre	640-517-6120 fax 604-517-6121	
Paul	Agnes	Gw'Sala'Nakwaxd a'xw Family Services	250-949-8131 fax 250-949-6811	gnhfs@island.net
Gagnon	Charmayne	Kelowna Friendship Centre	(office)250-763-4905 (DC)7634-756 fax 250-861-5514	cgagnonn@hotmail.com
Clarke	Grace	Klemtu IDP	250-839-1231/250-339-4838 fax 250-839-1256/250-339-0143	bilbogc@island.net
Hunt- Scott	Dixie	Kwakiutl Indian Band	250-949-9015 (Fax) 250-949-9028	dixiehs@yahoo.ca
Demontier	Corrine	Laichwiltach Family Life Society	250-286-3466	ecd_cr@hotmail.com
Kasper	Lorrinda	Lillooet Friendship Centre Society	250-256-1314 fax:250-256-1332	kamas@lillonet.ca
Terbasket	Sandy	Lower Similkameen Indian Band	250-499-2717 (Fax) 250-499-5335	SDTERBASKET@hotmail.com
Emerson	Cheryl	McKenzie Counselling	250-997-6595 Home 250-562-6487 (Fax) 250-997-3903	clemerson@shaw.ca
Harse	Charlene	Namgis Band	250-974-5137 ext. 2 (Fax) 974-5138	Charleneh@namgis.bc.ca
Higgins	Tracy	North Cariboo Aboriginal Family	250-392-3583 fax 250-398-	cariboo.popwl@shawcable.com

		Program Society	6115	
Matthew	Pam	Nuu-chah-nulth Tribal Council - Central Region	250-725-2396 (Fax) 250-725-2158	pammatthew2002@yoho.com
Ambrose	Ruby	Nuu-chah-nulth Tribal Council - Northern Region	250-283-2012 (Fax) 250-283-2122	ruby@nuuchahnulth.org
Watts	Jackie	Nuu-chah-nulth Tribal Council	(Dir)250-724-5757 (Main)724-6642 (Fax)724-6642	Jackie@nuuchahnulth.org
Antoine	Michelle	Nzen'man Child & Family Development Centre Society	250-455-2661 (Fax) 455-2644	lyttonidp@yahoo.ca
MacDonald	Glenda	Penticton Indian Band/Little Pod Preschool	250-493-7799	
Starr	Angelika	Quatsino Indian Band	250-949-6245 (Fax) 250-629-6249	quatsinoidp@canada.com
Hickey-Blackburn	Janet	Sea to Sky Community Services	604-815-4140	janet.hickey-blackburn@sscs.carenetc.bc.com
Miskin	Vesna	Sheway	604-658-1200	mdavidson@ywcavan.org
Mclean	Sally	So-Sah-Latch Health & Family Centre	604-985-7826	
Cook	Deanna	Splatsin	250-838-6404 fax 250-838-6429	splatsin@mix105.net
Courcheine	Shannon	Surrey Aboriginal Cultural Society	604-599-4795	
Webb	Charlene	Tl'azt'en Nations	250-648-3350 (Fax) 250-648-3286	
Elliott	Dianna	Tseweultun Health Centre	250-746-6184 (Fax) 250-746-1636 or 748-8815	delliott@island.net
Hall	Joy	Vancouver Aboriginal Early Childhood Support Program	604-602-7558 fax 604-602-7559	vaecs@vaecs.bc.ca

Wilson	Donna Lee	Vancouver Aboriginal Friendship Centre	604-251-4844
Zakresky	Anita	Wazdidadilh IDP	250-564-5941 (Fax) 564-5946

Appendix B - Mini Questionnaire

BC Aboriginal Child Care Society

Aboriginal Infant Development Program Questionnaire

Contact _____

Organization _____ Phone

_____ Email _____

The Office of the Aboriginal Provincial Advisor was established in the fall of 2002 to provide leadership and support to Aboriginal Infant Development Programs across the Province to develop and deliver tools and training to support culturally appropriate practice and develop provincial standards and guidelines.

The Office of the Aboriginal Infant Development Advisor is currently undergoing some changes and we are in the process of gathering information to inform the next steps for the Office.

We are committed to collaborating with you to ensure we are working to support Aboriginal Infant Development Programs specifically related to the practice of infant development services for Aboriginal families in BC- both on and off reserve.

We would like your input on ten questions to provide feedback on your involvement to date and gain information on how the Office of the Aboriginal Infant Development Advisor can support you in your work in the future. .

1. How many staff do you have working in your program (as infant development consultants)?

___ Full Time Employee (FTE) # ___

Comment _____

2. Approximately how many families does your program serve?

___ Comment _____

3. Do you have a waitlist? (If yes, identify how many are on your list? And answer #4. If no, skip to #5).

Yes ___ No ___

Comment _____

4. ⁻ Do families who are waitlisted receive any services from your office?
Yes___ No____

Comment _____

5. What are the key issues you (your organization) are facing?

Comment _____

—

6. What has your involvement been with the Office of the Aboriginal IDP Advisor to date?

Comment

7. What areas of support are needed from the Aboriginal IDP Advisor?

Comment _____

—

8. How do you see the Aboriginal IDP Advisor supporting you to address these issues?

Comment _____

9. Are you aware of other services offered by the BC Aboriginal Child Care Society?

Yes___ No __

Comment _____

- 10 Other comments you wish to make _____

Appendix C - Long Questionnaire

FROM: THE OFFICE OF THE PROVINCIAL ADVISOR
FOR ABORIGINAL INFANT DEVELOPMENT PROGRAMS

AIDProgram: _____ Date: _____

Name (Person(s) completing questionnaire): _____

Administration

1. Who is your sponsoring agency?

Comment:

2. What is your source of funding?

Comment:

3. How do you deliver infant development services to your community?

Comment:

4. What programs/services do you offer?

Comment:

5. Do you have a process in place to gather expert/stakeholder advice for your program?
(Local Advisory Committee) (If no go to # 6)

Yes No

Comment:

If yes, who are the members?

Comment:

6. If no to #5, what are the barriers to forming a committee?

Comment:

7. How do you conduct case reviews?

a. Who is involved?

b. What is your process

Comment:

8. Does your program conduct staff meeting?

Yes No
How often?
Who attends

9. Please comment on the community involvement of AIDP staff. Eg. committees, raising public awareness of AIDP.

Comment:

10. How does your program philosophy support family centered practice? (Would you be willing to send us your Philosophy/Mission/Vision statement?)

Comment:

11. Are you a member of the BCAIDP professional association?

Yes No

Staff

12. Please indicate the number of AIDP FTEs.

Number

13. Please describe your AIDP staff:

Education -

Experience -

Training -

Comment:

14. As a new AIDP consultant being orientated to your agency, did you receive training?

Yes No If Yes, Describe?

Comment:

15. What is the orientation process for new AIDP consultants with your organization?

16. Please describe the supports available to the AIDP staff . Eg. (professional development funding, training, mentorship, supervision).

Comment:

17. Do you/your staff participate in professional development? (If no, please go to #18)

Yes No

If yes, please indicate any of the following:

- ACCS Annual Conference,
- provincial IDP
- regional in-service
- UBC summer institute
- Other

18. Please describe the barriers to accessing professional development.

Funding for participation -

Transportation to participate -

Support to participate -

Program Information

19. Please describe your geographic location (urban, rural, remote)

Comment:

20. Please describe the physical location of the AIDP office (co-location with other programs?)

Comment:

21. Please describe the community programming your AIDP provides. (Eg. parent groups, play groups, dad's groups, family education, loans/resource cupboard, community education, parenting courses such as Nobody's Perfect, Mother Goose, other)

Comment:

22. Please indicate your referral sources (rate by using #'s 1 through 10 with 1 being the most frequent source of referral and 10 being not at all.)

- Community Health Nurse
- Band Social Worker
- Physician/Pediatrician
- Hospital
- MCFD social worker
- Parent/Family Member
- IDP
- Speech Therapist
- Physiotherapist
- Supported Child Care

Others: _____

23. Please indicate your case load numbers.

#

24. Do you have a waitlist?

Yes, No

**If yes, please indicate length of time waiting for service.
Comment:**

25. What support does the AIDP receive from the community? Eg. MCFD social worker, band social worker, community nurse, community health reps., therapy services, medical community, Band representation.

Comment:

26. Is there liaison with the hospital social workers in your area regarding discharges into the community?

27 Do you have consulting OT/PT/SLP in your area? Is consultation provided to the AIDP?

Yes No

If yes, please describe:

28. Are families' waitlisted for therapy services?

Yes No

If yes, length of time waiting for therapy service?

29 Do you administer developmental assessments as a program practice or at a family request?

Comment:

30 What screening/assessment tools do you use?

Comment:

31 How do you address issues regarding the cultural appropriateness of available assessment materials?

Comment:

32 How do you determine active and follow up in your case load?

Comment:

33 What is the percentage in active and the percentage in follow up?

Active -

Follow up

Comment:

34 When a child is discharged from your program what is the process?

Is there follow-up? Yes No

Comment

35 Please indicate the number of referrals (year) made by your office to other services (e.g. hearing assessment)

#

Regional/Provincial Linkages

36 What regional and provincial resources are you familiar with?

Please list:

37 Do you access a provincial IDP regional advisor?

Yes No

If yes, how often do you access their support?

38 If indicated "No" to #37, please comment on any barriers in accessing the IDP regional advisor.

Comment:

39 Do you submit monthly case load stats to the IDP Provincial office?

Yes No

40 Do you submit child/family information to the provincial IDP central registry?

Yes No If no, skip to #42

If yes, what kind of information do you submit?

Comment:

What additional information do you believe should be submitted to support an Aboriginal central registry that is not included in the existing IDP central registry system?

Comment:

41 Please comment on barriers to submitting child/family information to the central IDP registry.

Comment:

Aboriginal Infant Development Program's Needs

42 Does your Program have a lending library?

Yes No If no, skip to #43

What does this include? Eg. Parent resources, toys, adaptive equipment, communication devices

43 Please provide information on the areas of need for your AIDP:

Resources:

Materials:

Funding:

Linking to professionals:

Linking to other AIDP programs:

Linking to Community Education:

44 How diverse is the Aboriginal culture in your area?

Comment:

45 Do you have ongoing contact with other AIDPs'? (shared resources, training)

Comment:

46 Please, describe the relationship between the band and the AIDP.

Comment:

47 What has been your involvement with the Aboriginal Child Care Society?

Comment:

48 What kind of support do you expect from the AIDP Advisor?

Comment

49 Have we forgotten to ask something that you would like us to know about your program?

Thank you for taking the time to complete this questionnaire.

The information that you have provided will help ACCS determine the most effective support we can offer!

Appendix D Administration Information

Sponsoring Agency

N=12 Responses 12

Sponsor	#
Band	7
Not for Profit Society	4
Friendship Centre	1

Funding Source

N=12 Responses 11

Source	#
MCFD	6
MCFD/joint (Health Transfer and/or Indian Affairs)	2
Health Transfer	3

Six programs are funded solely by MCFD

Process for Expert/stakeholder Input (Advisory Committee)

N=12 Responses 10

Yes	5
No	5

Stakeholder involvement ranged from ongoing feedback to not formally. Participants included families, professionals from health, education, child and family services, and 1st Nations Reps.

Barriers to Forming an Advisory Committee

N=12 Responses 6

Barriers	Number of Programs
Band reps. have not formed a committee	1
Childcare during meetings	1
Just haven't set it up	1
Providing Healthy Snacks	1
Time	1
Transportation	1

Case Review Process

N=12 Responses 11

As needed for family support, prevention	4
Do assessment, review files, talk to parents and develop goals and plan for child so parent is involved	2
Independently	1
Regular time set for review	1
Team meetings, integrated case management	2
Unsure	1

One respondent who works independently is not able to conduct case reviews or conduct staff meetings

Case Review Participants

N=12 Responses 9

Sole IDP worker	1
Parent(s), professionals such as health nurse, doctor, and other services; band rep., program staff; elders, IDP consultant	8

Staff Meetings

N=12 Responses 12

Are they held?	Number of Programs
Yes	9
No	3 (one staff - works with other programs)
How often?	
Weekly	3
Monthly	4
Bi-monthly or as needed	3
Who attends?	
Integrated case management - all team members (invite others as necessary)	9

The respondents who have staff meetings all stated that all members of the team attend. Participants ranged from Band staff, social development, social worker, health nurse, band manager, housing, secretary, alcohol and drug worker, IDP consultant, pre--school staff, and health professionals. (Depending on the range of services offered).

Community Involvement to Raise Awareness of AIDP

N=12 Responses 10

Activities	Number of Programs
Band meetings	1
Community Committees (e.g. Cyc advisory, FASD)	3
Community Events	3
Health Fairs	2
Information booth at malls	1
Outreach to all parents	1
Public Awareness - pamphlets, letters to service providers, newsletter, media	3
Word of mouth	1
Work with parents in other programs	1

One respondent noted that more work is needed to support FAS/E

Program Philosophy-Family Centred Practice

N=12 Responses 9

Program Philosophy	Number of Programs
Family centred Practice	8

All respondents identified the family at the centre of the services they provide. Families are involved in planning and deciding what services they wish to access. One respondent stated that they follow the Provincial IDP Manual. Here is one example of a comment that supports family centred practice: Child is unique, see the whole child in the context of her/his family, immediate environment and community.

Appendix E- AIDP Staff Information

Number of AIDP/IDP FTE's

N=*14 Responses 14

FTE's	Number of Programs	Sub-Total
*1	5	5
1.5	1	1.5
2	3	6
4	1	4
*1.2	1	1.2
.4	1	.4
.6	1	.6
Total		18.7

*Staff added from two mini questionnaires.

AIDP/IDP Staff Education

N=12 Responses 12

Aboriginal Mental Health Diploma	1
BA	2
Continued Education and Professional Development	1
CYC BA	1
CYC FN Diploma	2
ECE Diploma - Infant Toddler	6
IDP	1
Master Health Science Studies (RN)	1
Minimal	1
Psyc BA (Native Studies) (Minor in Psyc)	1
RN and BSc	1

Note: some staff have more than one credential.

AIDP/IDP Staff Experience

N=12 Responses 12

2 years	1
3 years	1
4 years	1
More than 5 years	4
10 years	2
13 years	2
14 Year	1
15 years	2

*Some programs reported more than once for different staff experience. Comments ranged from Provincial IDP consultant to Head start Coordinator, nurse, counsellor, pre-school teacher, educator and grandmother.

AIDP/IDP Staff Training

N=12 Responses 12

Ages and Stages Assessment	1
Basic Gesell Assessment	2
Child and youth care	2
ECE Special Needs/Infant & Toddler	2
ECEBC	1
FAS/FAE	1
Hanen Language	1
HIV	1
IDP	4
Infant Massage Instructor	1
In-Service	1
Safe Babies	1
Signing	1
SLP Assistance	1
Squamish Agency Training	1
Workshops	1
Workshops on traditional teachings	1

Staff Orientation Process for Respondent

N=12 Responses 12

Yes	7
No	5
Description of orientation process	
Attended 2 In-services	2
Job shadow IDP consultant	1
Gesell Training	2
Orientation to programs, Computer program, IDP manual, Personnel Policy	1
Previous employment provided IDP training	1

Orientation Process for New AIDP/IDP Staff

N=12 Responses 10

Following the IDP Manual	3
In addition to the IDP manual	
• List to complete in 6 month period	1
• plus previous experience with growth/development other IDP programs input	1
• Orientation to programs, Computer program, personnel policy	1
Other	
Becoming familiar with centre's philosophy	1
Mentored through job related duties	1
No formal orientation process	5

Supports Available for the AIDP Staff

(E.g. professional development, funding, training, mentorship, supervision)

N=12 Responses 10

Support	Number of Programs
Professional Development	5
Funding	8
Mentorship	5
Workshops/Conferences	4
Training- In-services	4
Supervision	1

Comments ranged from support being very good to limited but adequate
One respondent stated they needed more training and Pro-D, as well as recognition of their experience over their level of education.

Professional Development Participation

N=12 Responses 12

Yes	12
No	0

All staff stated that they participate in Professional Development opportunities.

Professional Development Events Attended.

N=12 Responses 12

Event	Number of Programs
ACCS Annual Conference	2
AIDP In-Service March 2003	1
Appropriate Workshops	4
Behaviour Management	1
CAPC Conference	1
Cultural	1
Hanen Language Program	1
Head Start	1
Mother Goose	2
Other FASD Conference	6
Provincial IDP	10
Regional In - Service	10
Safe Babies	1
Squamish 1 st Nations Retreat	1
UBC Summer Institute	2

One respondent noted that they would like to focus more on IDP training/In-services this year.

Barriers to Accessing Professional Development

N=12 Responses 10

Funding	4
Transportation - cost of travel	3
Distance	2
Support	1
Available Space to attend	1
None	1
Replacement staff (Time)	2

*Most events are in Vancouver

One respondent noted that lack of education was a barrier to attending assessment training.

Appendix F- AIDP Program Information

Geographic Location

N=*14 Responses 14

Location	Number of Programs
Urban	5
Rural (semi-isolated)	4
Remote	3
Both rural and remote	2

Data included from two mini-questionnaires.

Physical Location

N=12 Responses 12

Physical Location	Number of Programs
Co-location with other programs	7
Within close proximity of other agencies	3
Alone	2

The two respondents that indicated they are alone identified as remote or both rural and rural remote.

Service Delivery Approach

N=*14 Responses 14

Outreach	
Centre Based	
Both	14

*Data included from two mini questionnaires

All respondents reported that they deliver both centre based and outreach services to families.

Community Programming Offered

N= 12 Responses 12

Service	Number of Programs
Aboriginal Infant/ Early Childhood Development	1
Assessments	9
Baby bag for new arrivals	1
Counselling	1
Car Seat Loan program	1
Community Education	2
Community Kitchens or cooking program	5
Cultural Language	1
Dental Varnish Program	1
Drop In groups	3
ECEC/Pre-School	2
Family Education	4
FAS/FAE	1
Field Trips	1
FN Support Worker	1
Health Promotion	1
Healthy Babies	1
Home Visits	12
Infant Massage	1
Medical Services (e.g. Immunization)	2
Mother Goose	6
Mother Hubbard's Cupboard outreach	1
Mother's morning out	1
Networking with Tribal Health staff	1
New Parents Group	1
Nutrition	4
Parent & tot groups	10
Parenting Programs	9
Prenatal/Pregnancy Outreach	2
Prenatal	3
Post-natal clinic/drop in	1
Reading Program	1
Referral	8
Screening	1
Special Day Celebrations	1
Support Group	1
Toy lending library	12

One respondent stated that they hope to start a screening project in partnership with the health unit for children age 3-5.

Note: The above table reports on services offered as identified by respondents.

Referral Sources and Frequency Rating

(1 - 10, 1 most frequent, 10 not at all) N= 12 Responses 11 - coded 7, not coded 3

Source	Not coded	Rating									
		1	2	3	4	5	6	7	8	9	10
Band Social Worker	1			3				1		1	3
Community Health Nurse	1	5	1			2		1	1		
Hospital					2	1		1	1		2
IDP	1		2	2	1			1			1
MCFD social worker	1	1	2	1	1		1				1
Parent and family member	3	3	2	1	2				1		
Physician/Paediatrician	1					1	3			1	3
Physiotherapist	1					1				2	2
Speech Therapist	1	1	1			1			1		2
Supported Childcare	1	1		2							2

Other referral sources mentioned: community, self, colleague and family support workers, hearing clinic and public health. One respondent stated that all children are automatically offered services as soon as the child is born.

Caseload Numbers

N=*13 Responses 13

A	3* Note 3 programs combined, case load is 3 for 1 IDP 15 hr/week
B	11
C	22
D	80
E	18* Note 3 one/one plus 10-15 and 5 pre-natal group setting (IDP in ECD setting)
F	14
G	36
H	40 * Note 40 Aboriginal - 63 Total
I	14
J	26* Note 6 active - 20 follow-up
K	28 *Note 8 active 20 follow-up
L	20
M	22
N	35
Total	369 **

*Staff added from two mini questionnaires

** Based on numbers reported on the questionnaires

Waitlists

N=*13 Responses 13

Yes	2
No	11

*Data added from two mini questionnaires

Wait time ranges from less than 2 weeks to 2-3 months. One respondent sated that new-borns are seen.

Community Support for AID Programs
N=12 Responses 12

Alcohol and Drug worker	1
Band manager	1
Band representation - multidisciplinary team	2
Community health nurse	5
Community health representatives	2
Counsellors	1
DNA Counsellor	1
Doctors	1
Family support worker	2
Family therapist	1
Health Director	1
IDP	1
Local Health Nurse	2
Medical community	2
Mental Health	1
Prenatal services	1
Prevention worker	1
Social workers band	2
Social workers MCFD	5
Therapy services	5

One respondent stated they are a new program and are beginning to make community connections. One respondent stated that they are working on more involvement with others.

Liaison with Hospital Social Workers
N=12responses 10

Yes	6
No	3
Unknown	1

One respondent stated that there is no hospital social worker in the area, however, they do receive birth notices. A second respondent noted they are involved in discharge planning.

Consulting Therapy Services Available to AIDP

N=12 Responses 10

Yes	9
No	1

Description of service

Band Contract with community health unit
Sunny Hill sends a team of OT/PT/SLP once a month for 3 days
Provided by North Okanagan Neurological Association
With CDC IDP Staff
Centre for Ability
Access is 1 hour drive for speech, two hours for other therapies
Part of general early intervention services

One respondent stated that they have a very good working relationship and share information and resources.

Waitlist for Therapy Services

N=12 Responses 11

Yes	8
No	3
Wait time	# of Programs
Unknown	2
Depends on need	1
2-3 months	3
Up to six months	2

Length of time ranged from unknown to 6 months for speech and language. The average was approximately 2-3 months.

Administering Developmental Assessments

N=12 Response 12

Yes	12
-----	----

One respondent stated that some families are interested in assessments and some are not. Two respondents stated that they administer assessments at the families' request.

Assessment/screening Tools Identified

N=12 Responses 12

Gesell	10
Ages and Stages questionnaire (ASQ)	11
Nippissing	5
Brigance	1
Denver Developmental	1

One respondent stated that the ASQ is administered by Health nurse and used before the Gesell. One respondent stated that they use the Gesell rarely.

Addressing Cultural Appropriateness of Assessment Tools

N=12 Responses 12

Modify to suit	10
In process of modifying	1
Not a problem	1

Comments included: deciding what to accept as normal as a program, knowledge of consultant key factor, consult with elders, ask parents and make it fit for the child and their families. One respondent stated they would like more materials and one stated they would like more training in this area. One respondent stated that ASQ is quite user friendly.

Caseload Activity (classifying as active or follow-up)

N=12 Responses 11

Based on child's/family's needs	6
Regular contact - once a month active, less than one a month follow-up	1
All children are active with regular follow-up	3
Same as provincial IDP	1

The child and family's needs were the key determinant for determining active or follow-up. One respondent stated that children can stay active up to pre-school if there is an identified developmental delay. Another respondent stated that good parental involvement plays a role.

Percentage of Active and Follow-up

N=12 Responses 10

Active		Follow-up	
100%	3	0%	3
75%	1	25%	1
60%	4	40%	4
40%	2	60%	2

One respondent stated that it is difficult to determine because most work is done in group. A second respondent stated that they have no formal caseload, they have approx. 20 families attending groups. A third respondent would like more follow-ups to be active but families don't want home visits (at this time). A third respondent stated they are continually monitoring the child and families well being.

Discharge Reasons and Process

N=12 Responses 11

Child is going to pre-school or kindergarten	1
Family declines services	2
Family moves	3
Family gets job	1
Child turns a certain age	6

Both age and other reasons were given for discharge. Discharge ages were mentioned by four programs - 18 months, pre-school entry, 5, and 7.

Four respondents described their discharge process.

Connect with other services	2
Transition planning with family and service providers	1
Parents fill out a form stating they no longer need service, keep records on site.	1

One respondent stated they have a difficult time connecting with IDP because of the waitlist, and lots of parents use the drop in area to stay connected. Two respondents have not done discharge yet.

Follow-up to Discharge

N=12 Responses 12

Yes	9
Sometimes	1
N/A	2

One respondent stated follow-up is done if required for special needs or follow-up to referrals.

Number of Referrals to Other Services

N=12 Responses 11

Services	Numbers						
speech/O/T, P/T, dental, paediatrician	26/80 -33%		30/39-75%				
Unspecified	5/28 17%	5/63 8%	20/14 142%	10/11 90%	6/36 6%	6/26 43%	4/20 20%
N/A	2						

Note: programs referred greater numbers than they indicated they have on their caseload. The assumption is that those referrals were to more appropriate services and/or multiple referrals.

Appendix G - AIDP Regional and Provincial Resources

Awareness of Regional and Provincial Resources

N= 12 Responses 9

ACCS	4
AIDP	2
Asante Centre	1
BC Children's Hospital	1
FAS Network	2
FN Education Steering Committee	1
Lower Mainland IDP	1
MCFD	2
Other resource providers	3
Provincial IDP Advisor	8
Regional IDP Coordinator	2
Regional Referral child care program	2
Sunny Hill	2
Supported childcare	3
West Coast Child Care	1

The above are specific resources mentioned only.

Accessing a Provincial IDP Regional Advisor.

N= 12 Responses 12

Yes	10
No	2

Access frequency ranged from as needed to monthly meetings. Access was reported to be by phone, email, meetings and in-service.

There were three responses to barriers to accessing IDP regional advisor: - non 1st Nation's advisor and current conflict with AIDP and ACCS. Two respondents stated that there were no barriers, they accessed local IDP or other contacts for support.

Submitting Caseload Statistics to Provincial IDP Central Registry.

N=12 Responses 12

Yes	3
No	8
Unsure	1

The respondent that was unsure stated they submit to their local MCFD and the Provincial IDP office.

Submitting Child/family Information to the Provincial IDP Central Registry
 N=12 Responses 10

Yes	1 - stats. only
No	10

Barriers to Submitting Information to the Provincial IDP Central Registry.
 N=12 Responses 8

Not been asked to	3
Not approved by Council, or health advisory	1
Have own registry	1
Unsure of who and what to report	1
Need to clarify who is guardian of information and confidentiality issues	1
Not a typical IDP program	1

Appendix H - Aboriginal Infant Development Programs Needs

Available Resources

N=12 Responses 12

Resource	Number of Programs
Adaptive equipment	4
Books	9
Breast pump	1
Car seats	2
Communication devices	2
Parent resources	7
Range of equipment for children High chairs, play pens, safety gates, floor mats	1
Toys	12
Videos	4

All respondents have lending libraries. Items reported as above

Resource Needs

N=*13 Responses 9

Resource	Number of Programs
Adaptive equipment	1
Books	1
Children's books	1
Culturally relevant resources	7
Information Pamphlets	1
Parent Resources	5
Resources for dads	1
Screening and Assessment Tools appropriate for First Nations	1
Teaching Materials	1
Videos	1

*Data included from one mini-questionnaire.

One respondent noted that cultural relevance for their area, not coastal.

Materials Needs

N =12 Responses 5

Materials	Number of Programs
Case forms/contact forms	1
Equipment including cribs, strollers, car seats, high chairs	1
Portable materials to lend, storage for food - freezer, cooler for transportation, Kitchen supplies	1
Visual presentations materials, posters, videos	1

One respondent stated that they need all materials because they do not come back.

Funding Needs

N=*13 Responses 9

Funding for:	Number of Programs
adaptive equipment	1
Assessment/screening tools	1
Community education	1
For travel, transportation for children to access specialists	2
Family Support Worker	3
Need more - unspecified	2
resources,	2
Training	2
Workshops	1

*Data included from one mini-questionnaire.

Linkages to Professionals Needs

N=*13 Reponses 10

Professionals:	Number of Programs
BC IDP	1
Friendship Centre	2
In-services with other AIDP	2
In-services with other IDP	1
Link to Head Start Program	1
Speech and language	1

*Data included from two mini-questionnaires.

One respondent stated they are well linked to others. One respondent noted that once they establish program guidelines it will be helpful to link with other

professionals and inform them who they are. One respondent noted they need more linking to professionals, but are very isolated.

Linking to other AIDP Needs

N=*13 Responses 11

Agree	6
Aboriginal Web site	1
BC IDP	1
Nuuchalnuth	1
Meetings, newsletters, training, etc.	1
Regional In-services	1

*Data included from one mini questionnaire

One respondent reported that they access other supports such as CDC and Healthy Babies.

Community Education Needs

N= 12 Responses 5

Head Start	1
Community Ed	1
Malaspina University-College	1
Learning opportunities through local people	1

One respondent stated they are well linked to the local college.

Diversity in Culture

N=12 Responses 11

No diversity	3
Not very	2
Very	5
Aboriginal culture is strong in our area and practice	1

One respondent stated that they are an off reserve First Nations Program open to all people. One respondent stated that they need resources in their dialect.

Contact with other AIDP

N= 12 Responses 12

Yes	3
Some	4
No	5

Relationship between the Band and AIDP

N=12 Responses 11

N/A	2
None	2
Employer	1
Good	5
Unknown	1

One respondent reported that although the relationship is good, the band does not have specific knowledge of the importance of ECEC. The focus is on economic development, suicide prevention and treaty issues. A second respondent stated that staff are still learning the scope of IDP and there is a mix of families choosing involvement and some refusing contact, especially home visits. One respondent who is an off-reserve program stated that relationships with the bands are supportive. One respondent reported that more education is needed regarding IDP.

Involvement with Aboriginal Child Care Society

N=*14 Responses 14

Access Resources	2
Aware of Services	2
Conferences/Training	5
Developing AIDP Office	1
Newsletters	1
None	4
On and Off	1

*Data included from two mini-questionnaires. Some respondents made more than one comment. One respondent reported that they are hoping to start working together soon.

Support expectations from the AIDP Advisor

N=*14 Responses 14

Advocacy for AIDP	2
Aboriginal Information	1
Cultural practice norms	2
Culturally relevant In-services	3
Evidence Based Practice	1
In-services that are broader than children with disabilities, for programs that work with all children and their families	1
Liaison	1
Linkages to other AIDP workers	1
Listen to existing advisory group before starting job - wealth of knowledge and experience with existing AIDP staff	1
Maintain website	1
Organize training	1
Personable communication	2
Policy and Procedures Manual, program standards, templates	1
Provide training on new assessment tools	1
Represent Aboriginal infant development consultants	1
Resource	3
Set up Provincial Data Base	1
Similar to Provincial IDP Advisor	1
Support	5
Support network for families going to Vancouver	2

*Data included from two mini-questionnaires

Advocacy to address isolation such as: funding, travel funds, providing materials, satellite office and storage area.

Appendix I - Information Requests

N= 16 Number of programs/communities represented = 8

Period between May 16 and June 26

Request for:	#of Requests
Aboriginal children's books	1
Aboriginal curriculum booklet	1
Ages and Stages order form	1
Assessment tool advise	1
Community response of understanding and respect for children with developmental delays	1
Community Visit	1
Criteria to start IDP	2
Cultural activity information	1
Curriculum box	1
General Information on early intervention services	1
IDP Job Description	3
IDP Wage Scale	2
Intake form - program guidelines	2
Job shadow	1
Medical Information	1
Newsletter	1
*Resources	1
RFP Info. on IDP	2
Speech and language info.	1
Stats to Central Registry Info	1
Support for families travelling to Vancouver for services	2
UBC course information	1

*Resource information includes Early Learning Canada, Handbook for Aboriginal Language Program Planning, Native American Tales and Activities and Our Children, Our Ways.

The Office responded to all sixteen requests.

Appendix D - 1 Addendum

Sponsoring Agency

N=14 Responses 14

Sponsor	#
Band	8
Not for Profit Society	4
Friendship Centre	2

Funding Source

N=14 Responses 12

Source	#
MCFD	6
MCFD/joint (Health Transfer and/or Indian Affairs)	1
Health Transfer	5

Six programs are funded solely by MCFD

Process for Expert/stakeholder Input (Advisory Committee)

N=14 Responses 12

Yes	5
No	7

Stakeholder involvement ranged from ongoing feedback to not formally. Participants included families, professionals from health, education, child and family services, and 1st Nations Reps.

Barriers to Forming an Advisory Committee

N=14 Responses 6

Barriers	Number of Programs
Haven't seen the need	1
Childcare during meetings	1
Just haven't set it up	1
Providing Healthy Snacks	1
Time	1
Transportation	1

Case Review Process

N=14 Responses 12

As needed for family support, prevention	6
Do assessment, review files, talk to parents and develop goals and plan for child so parent is involved	2
Independently	1
Regular time set for review	1
Team meetings, integrated case management	2

One respondent who works independently is not able to conduct case reviews or conduct staff meetings

Case Review Participants

N=14 Responses 11

Sole IDP worker	1
Parent(s), professionals such as health nurse, doctor, and other services; band rep., program staff; elders, IDP consultant	10

Staff Meetings

N=14 Responses 14

Are they held?	Number of Programs
Yes	10
No	4 (one staff - works with other programs)
How often?	
Weekly	3
Bi-weekly	1
Monthly	4
Bi-monthly or as needed	3
Who attends?	
Integrated case management - all team members (invite others as necessary)	9

The respondents who have staff meetings all stated that all members of the team attend. Participants ranged from Band staff, executive director, social development, social worker, health nurse, band manager, housing, secretary, alcohol and drug worker, IDP consultant, pre--school staff, and health professionals. (Depending on the range of services offered).

Community Involvement to Raise Awareness of AIDP

N=14 Responses 12

Activities	Number of Programs
Band meetings	1
Community Committees (e.g. CYC advisory, FASD)	4
Community Events	4
Health Fairs	2
Home Visits	1
Information booth at malls	1
Outreach to all parents	1
Public Awareness - pamphlets, letters to service providers, newsletter, media	4
Word of mouth	1
Work with parents in other programs	1

One respondent noted that more work is needed to support FAS/E

Program Philosophy-Family Centred Practice

N=14 Responses 11

Program Philosophy	Number of Programs
Family centred Practice	11

All respondents identified the family at the centre of the services they provide. Families are involved in planning and deciding what services they wish to access. Two respondents stated that they follow the Provincial IDP Manual. Here is one example of a comment that supports family centred practice: Child is unique, see the whole child in the context of her/his family, immediate environment and community.

Appendix E- Addendum - 1

AIDP Staff Information

Number of AIDP/IDP FTE's

N=*16 Responses 16

FTE's	Number of Programs	Sub-Total
*1	5	5
1.5	1	1.5
2	3	6
4	1	4
*1.2	1	1.2
.8	2	1.6
.4	1	.4
.5	1	.5
.6	1	.6
Total		20.8

*Staff added from two mini questionnaires.

AIDP/IDP Staff Education

N=14 Responses 14

Aboriginal Mental Health Diploma	1
BA	3
Continued Education and Professional Development	1
CYC BA	1
CYC FN Diploma	2
ECE Diploma - Infant Toddler	6
IDP	1
Master Health Science Studies (RN)	1
Minimal	1
Psyc BA (Native Studies) (Minor in Psyc)	1
RN and BSc	2
Social Worker/Family Development	1

Note: some staff have more than one credential.

AIDP/IDP Staff Experience

N=14 Responses 14

2 years	1
3 years	1
4 years	1

More than 5 years	5
10 years	3
13 years	2
14 Year	1
15 years	2
16 years or more	1

*Some programs reported more than once for different staff experience. Comments ranged from Provincial IDP consultant to Head start Coordinator, nurse, counsellor, pre-school teacher, educator and grandmother.

AIDP/IDP Staff Training

N=14 Responses 14

Ages and Stages Assessment	1
Basic Gessell Assessment	2
Child and youth care	2
ECE Special Needs/Infant & Toddler	2
ECEBC	1
FAS/FAE	2
Hanen Language	1
HIV	1
IDP	4
Infant Massage Instructor	1
In-Service	2
Nursing	1
Safe Babies	1
Signing	1
SLP Assistance	1
Squamish Agency Training	1
Youth Courses	1
Workshops	2
Workshops on traditional teachings	1
UBC Summer Institute	1

Staff Orientation Process for Respondent

N=14 Responses 14

Yes	9
No	5
Description of orientation process	
Attended 2 In-services	2
Job shadow IDP consultant	3
Gessell Training	2
Orientation to programs, Computer	2

program, IDP manual, Personnel Policy	
Previous employment provided IDP training	1
Consultation with Provincial Advisor and other experienced IDP workers	1

Orientation Process for New AIDP/IDP Staff

N=14 Responses 11

Following the IDP Manual	4
In addition to the IDP manual	
• List to complete in 6 month period	1
• plus previous experience with growth/development other IDP programs input	2
• Orientation to programs, Computer program, personnel policy	1
• Applicable Workshops or training	1
Other	
Becoming familiar with centre's philosophy	1
Mentored through job related duties	1
No formal orientation process	5

Supports Available for the AIDP Staff

(e.g. professional development, funding, training, mentorship, supervision)

N=14 Responses 12

Support	Number of Programs
Professional Development	5
Funding	8
Mentorship	6
Workshops/Conferences	5
Training- In-services	6
Supervision	1

Comments ranged from support being very good to limited but adequate. One respondent stated they needed more training and Pro-D, as well as recognition of their experience over their level of education.

Professional Development Participation

N=14 Responses 14

Yes	14
No	0

All staff stated that they participate in Professional Development opportunities.

Professional Development Events Attended.

N=14 Responses 14

Event	Number of Programs
ACCS Annual Conference	2
AIDP In-Service March 2003	1
Appropriate Workshops	4
Behaviour Management	1
CAPC Conference	1
Cultural	1
Hanen Language Program	1
Head Start	1
Literacy BC	1
Mother Goose	2
Other FASD Conference	8
Provincial IDP	12
Regional In - Service	13
Safe Babies	1
Squamish 1 st Nations Retreat	1
UBC Summer Institute	5

One respondent noted that they would like to focus more on IDP training/In-services this year.

Barriers to Accessing Professional Development

N=14 Responses 12

Funding	6
Transportation - cost of travel	4
Distance	3
Support	2
Available Space to attend	1
None	1
Replacement staff (Time)	3

*Most events are in Vancouver

One respondent noted that lack of education was a barrier to attending assessment training.

Appendix F- Addendum – 1

AIDP Program Information

Geographic Location

N=*16 Responses 15

Location	Number of Programs
Urban	5
Rural (semi-isolated)	4
Remote	3
Both rural and remote	3

Data included from two mini-questionnaires.

Physical Location

N=14 Responses 14

Physical Location	Number of Programs
Co-location with other programs	8
Within close proximity of other agencies	3
Alone	3

The two respondents that indicated they are alone identified as remote or both rural and rural remote.

Service Delivery Approach

N=*16 Responses 16

Outreach	
Centre Based	
Both	16

*Data included from two mini questionnaires

All respondents reported that they deliver both centre based and outreach services to families.

Community Programming Offered

N= 14 Responses 14

Service	Number of Programs
Aboriginal Infant/ Early Childhood Development	1
Assessments	10
Baby bag for new arrivals	1
Counselling	1
Car Seat Loan program	1
Community Education	4
Community Kitchens or cooking program	5
Cultural Language	1
Dental Varnish Program	1
Drop In groups	3
ECEC/Pre-School	4
Family Education	4
FAS/FAE	1
Field Trips	1
FN Support Worker	1
Health Promotion	1
Healthy Babies	1
Home Visits	12
Infant Massage	1
Medical Services (e.g. Immunization)	2
Mother Goose	8
Mother Hubbard's Cupboard outreach	1
Mother's morning out	1
Nobody's Perfect	1
Networking with Tribal Health staff	1
New Parents Group	1
Nutrition	4
Parent & tot groups	11
Parenting Programs	10
Prenatal/Pregnancy Outreach	2
Prenatal	3
Post-natal clinic/drop in	1
Reading Program	1
Referral	8
Screening	1
Special Day Celebrations	1
Support Group	1
Toy lending library	13

One respondent stated that they hope to start a screening project in partnership with the health unit for children age 3-5.

Note: The above table reports on services offered as identified by respondents.

Referral Sources and Frequency Rating

(1 - 10, 1 most frequent, 10 not at all) N= 14 Responses 13 - coded 7, not coded 3

Source	Not coded	Rating									
		1	2	3	4	5	6	7	8	9	10
Band Social Worker	1		1	3				1		1	3
Community Health Nurse	1	5	1	1		2		1	1		
Hospital				1	1	1		2	1		2
IDP	2		2	2	2			1			1
MCFD social worker	1	1	3		3		1				1
Parent and family member	4	4	2	1	2				1		
Physician/Paediatrician	2					2	3			1	3
Physiotherapist	3					1				2	2
Speech Therapist	2	1	1			1	1		1		2
Supported Childcare	1	1		3							2

Other referral sources mentioned: community, self, colleague and family support workers, hearing clinic and public health. One respondent stated that all children are automatically offered services as soon as the child is born.

Caseload Numbers

N=*14 Responses 13

A	3* Note 3 programs combined, case load is 3 for 1 IDP 15 hr/week
B	11
C	22
D	80
E	18* Note 3 one/one plus 10-15 and 5 pre-natal group setting (IDP in ECD setting)
F	14
G	36
H	40 * Note 40 Aboriginal - 63 Total
I	14
J	26* Note 6 active - 20 follow-up

K	28 *Note 8 active 20 follow-up
L	20
M	22
N	29
O	20
P	24
Total	407 **

*Staff added from two mini questionnaires

** Based on numbers reported on the questionnaires

Waitlists

N=*14 Responses 14

Yes	2
No	12

*Data added from two mini questionnaires

Wait time ranges from less than 2 weeks to 2-3 months. One respondent sated that new-borns are seen.

Community Support for AID Programs
N=14 Responses 14

Alcohol and Drug worker	1
Band manager	1
Band representation - multidisciplinary team	2
Community health nurse	5
Community health representatives	2
Counsellors	1
DNA Counsellor	1
Doctors	1
Family support worker	2
Family therapist	1
Health Director	1
IDP	1
Local Health Nurse	2
Medical community	2
Mental Health	1
Prenatal services	1
Prevention worker	1
Social workers band	2
Social workers MCFD	5
Therapy services	5

One respondent stated they are a new program and are beginning to make community connections. One respondent stated that they are working on more involvement with others. One respondent stated they had good support that requires ongoing effort because of the high turn over in other agencies. One respondent stated they had cooperative relationships.

Liaison with Hospital Social Workers
N=12 Responses 12

Yes	5
No	6
Unknown	1

One respondent stated that there is no hospital social worker in the area, however, they do receive birth notices. A second respondent noted they are involved in discharge planning.

Consulting Therapy Services Available to AIDP

N=14 Responses *12

Yes	11
No	1

Description of service

Band Contract with community health unit
Sunny Hill sends a team of OT/PT/SLP once a month for 3 days
Provided by North Okanagan Neurological Association
SLP – No local OT/PT – only available 1 x per month
With CDC IDP Staff
Centre for Ability
Access is 1 hour drive for speech, two hours for other therapies
Part of general early intervention services

One respondent stated that they have a very good working relationship and share information and resources. One respondent indicated yes & no – infrequent visits to community – SLP different people, little follow-up. Physio for adults paediatric consultants

Waitlist for Therapy Services

N=14 Responses 13

Yes	9
No	4
Wait time	# of Programs
Unknown	1
Depends on need	1
2-3 months	4
Up to six months	2

Length of time ranged from unknown to 6 months for speech and language. The average was approximately 2-3 months.

Administering Developmental Assessments

N=14 Response 14

Yes	14
-----	----

One respondent stated that some families are interested in assessments and some are not. Two respondents stated that they administer assessments at the families' request.

Assessment/screening Tools Identified

N=14 Responses 14

Gessell	12
Ages and Stages questionnaire (ASQ)	13
Nippissing	5
Brigance	2
Denver Developmental	1
MEADE	1
FAS Screening Tool	1

One respondent stated that the ASQ is administered by Health nurse and used before the Gessell. One respondent stated that they use the Gessell rarely.

Addressing Cultural Appropriateness of Assessment Tools

N=14 Responses 13

Modify to suit	11
In process of modifying	1
Not a problem	1

Comments included: deciding what to accept as normal as a program, knowledge of consultant key factor, consult with elders, ask parents and make it fit for the child and their families. One respondent stated they would like more materials and one stated they would like more training in this area. One respondent stated that ASQ is quite user friendly. One respondent stated they promote & support availability and development

Caseload Activity (classifying as active or follow-up)

N=14 Responses 13

Based on child's/family's needs	8
All children are active with regular follow-up	3
Same as provincial IDP	1
Monthly or more – Program, telephone, support, connection with other services	1
Follow up are those making progress in all areas and parents are relating well with children	1

The child and family's needs were the key determinant for determining active or follow-up. One respondent stated that children can stay active up to pre-school if there is an identified developmental delay. Another respondent stated that good parental involvement plays a role.

Percentage of Active and Follow-up

N=14 Responses 12

Active		Follow-up	
100%	3	0%	3
75%	1	25%	1
60%	4	40%	4
65%	1	35%	1
40-50%	1	50-60%	1
40%	2	60%	2

One respondent stated that it is difficult to determine because most work is done in group. A second respondent stated that they have no formal caseload, they have approx. 20 families attending groups. A third respondent would like more follow-ups to be active but families don't want home visits (at this time). A third respondent stated they are continually monitoring the child and families well being. Another respondent stated follow up is with everyone else in the village

Discharge Reasons and Process

N=14 Responses 12

Child is going to pre-school or kindergarten	2
Family declines services	2
Family moves	3
Family gets job	1
Child turns a certain age	6
Discharge Plan	1

Both age and other reasons were given for discharge. Discharge ages were mentioned by four programs - 18 months, pre-school entry, 5, and 7.

Five respondents described their discharge process.

Connect with other services	3
Transition planning with family and service providers	2
Parents fill out a form stating they no longer need service, keep records on site.	1

One respondent stated they have a difficult time connecting with IDP because of the waitlist, and lots of parents use the drop in area to stay connected. Two respondents have not done discharge yet.

Follow-up to Discharge

N=14 Responses 14

Yes	12
-----	----

Sometimes	1
N/A	1

One respondent stated follow-up is done if required for special needs or follow-up to referrals.

Number of Referrals to Other Services

N=14 Responses 11

Services	Numbers (eg. Out of 80 caseload 26 referrals = 33%)						
Speech, O/T, P/T, dental, paediatrician	26/80 -33%		30/39-75%				
Unspecified	5/28 17%	5/63 8%	20/14 142%	10/11 90%	6/36 6%	6/26 43%	4/20 20%
	25/20 125%	24/10 42%	25/29 86%				
N/A	1						

Note: programs referred greater numbers than they indicated they have on their caseload. The assumption is that those referrals were to more appropriate services and/or multiple referrals.

Appendix G – Addendum – 1

AIDP Regional and Provincial Resources

Awareness of Regional and Provincial Resources

N= 14 Responses 11

ACCS	4
AIDP	2
Asante Centre	1
BC Children's Hospital	1
FAS Network	3
Foster Parents Association	1
FN Education Steering Committee	1
Lower Mainland IDP	1
MCFD	2
Other resource providers	3
Provincial IDP Advisor	9
Regional IDP Coordinator	4
Regional Referral child care program	2
Sunny Hill	3
Supported childcare	3
West Coast Child Care	1
UBC Summer Institute	1

The above are specific resources mentioned only.

Accessing a Provincial IDP Regional Advisor.

N= 14 Responses 14

Yes	13
No	1

Access frequency ranged from as needed to monthly meetings. Access was reported to be by phone, email, meetings and in-service.

There were three responses to barriers to accessing IDP regional advisor: - non 1st Nation's advisor and current conflict with AIDP and ACCS. Two respondents stated that there were no barriers, they accessed local IDP or other contacts for support.

Submitting Caseload Statistics to Provincial IDP Central Registry.

N=14 Responses 14

Yes	3
No	10
Unsure	1

The respondent that was unsure stated they submit to their local MCFD and the Provincial IDP office.

Submitting Child/family Information to the Provincial IDP Central Registry

N=14 Responses 12

Yes	1 - stats. only
No	11

Barriers to Submitting Information to the Provincial IDP Central Registry.

N=14 Responses 10

Not been asked to	4
Not approved by Council, or health advisory	1
Have own registry	1
Unsure of who and what to report	1
Need to clarify who is guardian of information and confidentiality issues	1
Not a typical IDP program	1
The statistics do not fit program offered – all children in community 0-6 are invited to participate in programs	1

Appendix H – Addendum - 1

Aboriginal Infant Development Programs Needs

Available Resources

N=14 Responses 14

Resource	Number of Programs
Adaptive equipment	7
Books	9
Breast pump	1
Car seats	2
Communication devices	3
Parent resources	9
Range of equipment for children High chairs, play pens, safety gates, floor mats	1
Toys	14
Videos	4

All respondents have lending libraries. Items reported as above

Resource Needs

N=*15 Responses 11

Resource	Number of Programs
Adaptive equipment	1
Books	1
Children's books	1
Culturally relevant resources	8
Information Pamphlets	1
Parent Resources	6
Resources for dads	1
Screening and Assessment Tools appropriate for First Nations	1
Teaching Materials	1
Videos	1

*Data included from one mini-questionnaire.

One respondent noted that cultural relevance for their area, not coastal.

Materials Needs

N =14 Responses 5

Materials	Number of Programs
Case forms/contact forms	1
Equipment including cribs, strollers, car seats, high chairs	1
Portable materials to lend, storage for food - freezer, cooler for transportation, Kitchen supplies	1
Visual presentations materials, posters, videos	1

One respondent stated that they need all materials because they do not come back.

Funding Needs

N=*15 Responses 11

Funding for:	Number of Programs
adaptive equipment	1
Assessment/screening tools	1
Community education	1
For travel, transportation for children to access specialists	2
Family Support Worker	3
Need more - unspecified	2
resources,	2
Training	2
Workshops	1
To support program	1
For specialist to visit regularly	1

*Data included from one mini-questionnaire.

Linkages to Professionals Needs

N=*16 Reponses 11

Professionals:	Number of Programs
BC IDP	1
Friendship Centre	2
In-services with other AIDP	2
In-services with other IDP	2
Link to Head Start Program	1
Speech and language	1

*Data included from two mini-questionnaires.

One respondent stated they are well linked to others. One respondent noted that once they establish program guidelines it will be helpful to link with other professionals and inform them who they are. One respondent noted they need more linking to professionals, but are very isolated. Another respondent noted List serve

Linking to other AIDP Needs

N=*15 Responses 11

Agree	6
Aboriginal Web site	1
BC IDP	1
Nuuchalnuth	1
Meetings, newsletters, training, etc.	1
Regional In-services	1

*Data included from one mini questionnaire

One respondent reported that they access other supports such as CDC and Healthy Babies.

Community Education Needs

N= 14 Responses 6

Head Start	1
Community Ed	1
Malaspina University-College	1
Learning opportunities through local people	1
Newsletter	1

One respondent stated they are well linked to the local college.

Diversity in Culture

N=14 Responses 12

No diversity	3
Not very	2
Very	6
Aboriginal culture is strong in our area and practice	1

One respondent stated that they are an off reserve First Nations Program open to all people. One respondent stated that they need resources in their dialect. Another respondent stated aboriginal culture is diverse with respects to belief, influence tradition and teaching. Individual families represent and reflect cultural base – First nation, Aboriginal, Metis and a mix of traditional & contemporary practice

Contact with other AIDP

N= 14 Responses 14

Yes	4
Some	5
No	5

Relationship between the Band and AIDP

N=14 Responses 12

N/A	2
None	2
Fluctuating	1
Employer	1
Good	5
Unknown	1

One respondent reported that although the relationship is good, the band does not have specific knowledge of the importance of ECEC. The focus is on economic development, suicide prevention and treaty issues. A second respondent stated that staff are still learning the scope of IDP and there is a mix of families choosing involvement and some refusing contact, especially home visits. One respondent who is an off-reserve program stated that relationships with the bands are supportive. One respondent reported that more education is needed regarding IDP. Another respondent stated ranges from lack of information to fully supportive – changes in staff at Band levels affects referral & support.

Involvement with Aboriginal Child Care Society

N=*16 Responses 16

Access Resources	2
Aware of Services	2
Conferences/Training	5
Developing AIDP Office	3
Newsletters	1
None	5
On and Off	1

*Data included from two mini-questionnaires. Some respondents made more than one comment. One respondent reported that they are hoping to start working together soon.

Support expectations from the AIDP Advisor

N=*16 Responses 16

Access to professional services	1
Advocacy for AIDP	2
Aboriginal Information	1
Cultural practice norms	2
Culturally relevant In-services	3
Evidence Based Practice	1
Culturally relevant parenting information and support	1
Culturally appropriate materials	1
Culturally appropriate resources	1
Funding	1
In-services that are broader than children with disabilities, for programs that work with all children and their families	1
Liaison	1
Linkages to other AIDP workers	1
Listen to existing advisory group before starting job - wealth of knowledge and experience with existing AIDP staff	1
Maintain website	1
Organize training	1
Personable communication	2
Policy and Procedures Manual, program standards, templates	1
Provincial representation	1
Provide training on new assessment tools	1
Represent Aboriginal infant development consultants	1
Resource	3
Set up Provincial Data Base	1
Similar to Provincial IDP Advisor	1
Support	5
Support network for families going to Vancouver	2

*Data included from two mini-questionnaires

Advocacy to address isolation such as: funding, travel funds, providing materials, satellite office and storage area.