IMPLEMENTATION TOOLKIT

MODULE 3 Work Plan Development & Performance Indicators

> CHILD FIRST INITIATIVE

TABLE OF CONTENTS

REVIEW OF MODULE 2	3
OVERVIEW OF MODULE 3	3
WHAT IS IT ABOUT? WHAT CAN YOU EXPECT TO ACHIEVE?	3 3
PROGRAM STANDARDS	5
PROGRAM GUIDELINES FORMULATING A WORK PLAN TABLE I.0 - EXAMPLE OF PROGRAM WORK PLAN TABLE 2.0 - SWOT TABLE	8 3
TOOLS AND TEMPLATES	19
APPENDIX A - AGREEMENT ON STRENGTHS, NEEDS AND SERVICES/SUPPORTS	19

Review of Module 2

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

The Community Team would have formulated goals to ensure that the child receives fundamental services that will produce wholistic outcomes for the child and an improved quality of life based on the seven goal domains.

Overview of Module 3

Module 3 is designed to help you formulate a comprehensive work plan for your |P-CFI Program. In developing your work plan, you will:

- Utilize the goals developed in Module 2 to identify the outputs and outcomes. Baseline data will be established by the assessments and care plans for each child developed in consultation with the family.
- Develop a work plan with manageable tasks and timelines to ensure that you can meet the wholistic needs of the child and family.
- Identify Program Indicators to know that what you are doing is working.
- · Identify best practices in programs in other communities so you have a benchmark to work towards.
- Identify education and training needs of staff.
- Develop an education and training plan.
- Identify the role each staff person plays so it is clear what each staff person's roles and responsibilities are.

What is it about?

This module is all about planning for the success of your program. Your community team has identified the protocols, policies and goals for the program. Now it is time to plan on how you will implement the protocols and policies and how you will achieve your goals.

This module will assist you in identifying the activities that have to be completed and how they will be completed. It will also assist you in identifying who needs to be involved and in what capacity. It will also provide you with the tools required to determine if further education and training is required to meet the goals of your programs.

What can you expect to achieve?

- * Program Indicators developed to evaluate the program and measure success.
- * Work plan developed that identifies which community programs need to be involved and what they need to do, what is the role of the staff within these programs and what provincial and federal services need to be involved.

- * Clear lines of communication are established.
- * Education and training needs are assessed and individualized staff training plans are developed.

Target Outcomes for Module 3 are:

- I. Effective communication processes developed and implemented.
- 2. Community-based team members are qualified and have relevant competencies to support the wholistic outcomes.
- 3. Performance Indicators are developed to monitor program development and assess impacts of the program for children and their families.
- 4. Program work plan is developed and endorsed by all community partners.

Program Standards

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

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

Communication

- 3.0 Service goals and objectives are developed with active involvement from children (where possible) and their family.
- 3.1 The service goals and objectives are written and agreed to by the child (where possible) and their family.
- 3.2 All other documentation regarding the services for the child and their family must use the agreed upon goals and objectives.
- 3.3 Information and statistics are made available for the purpose of evaluation and monitoring of the program.
- 3.4 Information and statistics are made available to the community leadership (Chief & Council, Health Advisory Boards, and/or Health Directors) to engage in negotiations with federal and provincial government representatives to ensure adequate resources are secured to maintain an equitable level of service for the First Nation families

Human Resources

- 3.5 The Community Program has defined the required credentials, training, education, and experience for all team members with input from parents, families, and partners
- 3.6 The Community Program Credentials, qualifications, and competencies are verified, documented, and up-todate; and maintained in confidential human resource files within the organization of which they are employed.
- 3.7 A detailed orientation is provided to new team members including introduction to the child and family.
- 3.8 Ongoing education, training, and learning sessions are provided to team members to ensure the program is wholistically designed and rooted in the culture, language, and values of the First Nation community.

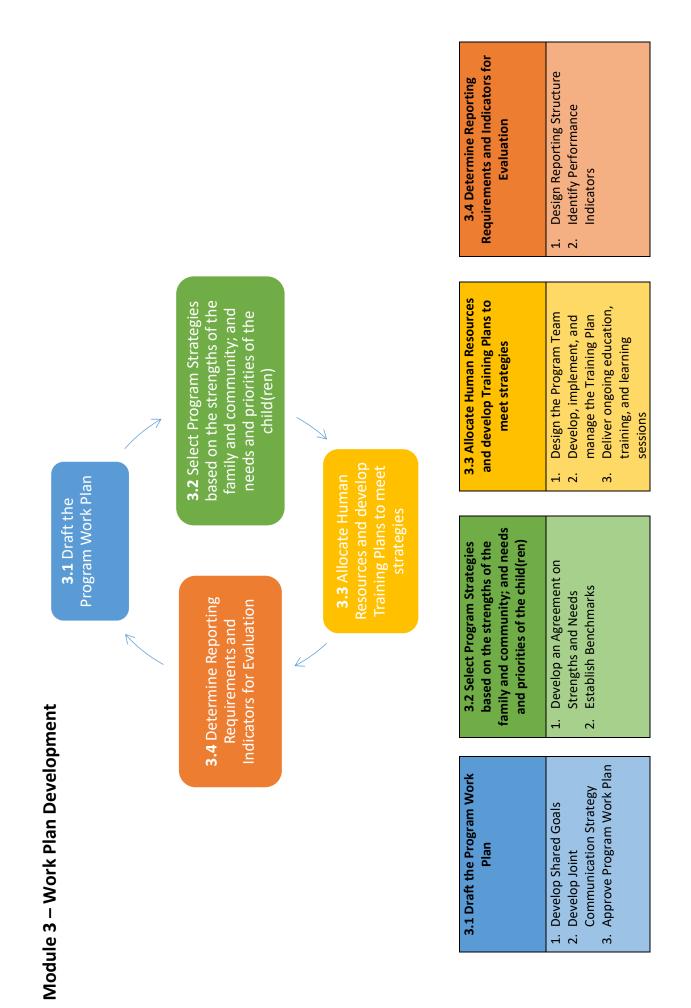
- 3.9 The workload of each team member is assigned and reviewed in a way that ensures child, family, and team safety and well-being.
- 3.10 Job duties, roles and responsibilities, are determined with input from team members, and from families where appropriate
- 3.II There is a policy regarding the maximum number of consecutive hours any team member is allowed to work.
- 3.12 Team members are recognized for their contributions.
- 3.13 Cultural understanding and experience are part of the recruitment (including position advertisements) and selection processes.
- 3.14 Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members
- 3.15 There is a policy that guides team members to bring forward complaints, concerns, and grievances.

Training

- 3.16 Ongoing Education and training are provided on the community's care delivery model.
- 3.17 Education and training are provided on ethical decision-making frameworks.
- 3.18 Education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.
- 3.19 Education and training are provided on the collection of data which is OCAP compliant and in which the child and their family has free prior informed consent.
- 3.20 Education and training are provided on how to identify, reduce, and manage risks to the child, family, and team safety.
- 3.21 Education and training are provided to team members on how to prevent and manage workplace violence, including abuse, aggression, threats, and assaults.

Reporting

- 3.22 The Community Program has a Reporting Structure that maximizes the opportunity to gather information, assess performance, and meet accountability to funding sources.
- 3.23 The Reporting Structure is coordinated on a reasonable timeframe that is suitable to all partners.
- 3.24 Reports are shared with the community at-large.



Program Guidelines

3.1	Draft the Program Work Plan
Step 1	Develop Shared Goals Involve all community partners and families (including children) whom the program is designed to serve to develop the shared goals of the program. Consider the following:
	(1) Who will work together to deliver the program services?
	(2) How frequent services will be reviewed?
	(3) What outcomes will determine appropriateness and responsiveness to needs?
	(4) How you will ensure active participation from the child and the family?
	You may want to use popular goal-setting processes such as SMART Goals: o Specific
	 Well defined
	 Clear to anyone that has a basic knowledge of the project
	• Measurable
	 Know if the goal is obtainable and how far away completion is
	 Find out when you have achieved your goal
	 Agreed Upon
	 Agreement with all the stakeholders what the goals should be
	• Realistic
	 Within the availability of resources, knowledge and time Time Record
	 Time-Based Enclude time to achieve the goal
	 Enough time to achieve the goal Not too much time, which can affect project performance
	- Not too much time, which can arect project performance
	In addition, you want build off of the work completed in Modules 1 and 2 which identified your:
	- Community Team
	- Agency/Organization Partners
	 Guiding Principles Program Standards for Service Delivery
	 Program Processes and Protocols
	- Human Resource Teams
	- Collective Expectations for Communication and Cooperation

3.1 Draft the Program Work Plan

Step 2 Develop a Joint Communication Strategy

The best way to start a joint communication strategy is to establish a Shared Vision. The Shared Vision is what you see as better outcomes for the children and families that you service – as a Community. SO the Shared Vision must be developed with all community partners with representation from families and leadership.

Once you have a Shared Vision, you can identify what needs to be communicated and why. The following areas may be discussed:

Communication Activity	Purpose and/or Benefit
Communicating health care information to children and families/caregivers	 Establish positive rapport Creates greater understanding Prepares the child/family to assume responsibility for care plans Empowers children/families to actively participate in planning and decision making
Communicating family cases with Community Team	 Consistent understanding of the case Consistent messaging and responses to the family across service organizations/service providers Support for family to be actively involved in decision making Collaboratively determine how tasks will be undertaken
Communicating with Chief & Council, Advisory Board, Elders Council and/or Community Members	 Establishes a mechanism for accountability Promotes transfer of knowledge and understanding to others, resulting in greater support for children and families Solicits feedback to continue improving the community program

Remember that the use of technology is an effective way to facilitate communication. Social Media is a useful tool to educate, inform, and obtain feedback from young people in an open and safe manner. Telephone and/or text is also a more popular way to connect with community members/partners.

In addition, communication can take place via email, Chat groups, and information portals. Keep in mind that if personal health information will be discussed that these mechanisms must be protected using the following:

- Encryption of messages
- Outline of Privacy Protocols and Practices for children and families
- Appropriate protection (firewalls, security)

3.1 Draft the Program Work Plan

Step 3 Approve Program Work Plan

A work plan provides a detailed account of how the community and its partners will go about developing, implementing and monitoring its JP program using Manitoba First Nations Practice Standards and Program Guidelines. Work plan details include:

- □ Goal: What is to be achieved?
- □ Objective: What needs to take place for the goal(s) to be achieved?
- □ Activities: What you plan to do to bring about the intended objective(s)?
- □ Timeline: When will activities be carried out?
- □ Responsibility: Who will be responsible for carrying out the specific activities?
- □ Resources Required: What resources (human, financial, etc.) are required for carrying out the specific activities?
- Expected Outcome: What do you anticipate will happen as a result of the activities?

See Table 1.0 – below

As JP-CFI is a new initiative, it is integral that community partners incorporate partnership objectives into their own agency/program mandates and budgets, and earmark the permanent flow of adequate resources to keep joint efforts going.

It is recommended that as part of the work plan development process, a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis **(see Table 2 – below)** is conducted to inform activities to achieve work plan objectives, which highlight the following:

- Strengths and Weaknesses: These are internal factors within an organization, and include: human resources; physical resources; financial; activities and processes; past experiences; etc.
- Opportunities and Threats: These are external factors coming from community or societal factors, and include: funding sources; demographics; the physical environment; legislation; policies; etc.

It is important that you choose strategies that build ownership at all levels. The commitment to work together to achieve the wholistic outcomes for all children must be expressed by all community partners and team members. Once your workplan has been developed, identify the process of how your work plan will be approved. Who will the Community Team be accountable to?

- Chief and Council
- Advisory Board
- Elders Council
- Parent Committee
- Community (via regular community meetings).

Document your success. Interagency collaboration is an effective approach for large-scale creation and delivery of comprehensive services to children and families. Well documented results that consistently meet reasonable objectives will go far to attract the funding necessary to replicate and expand innovation.

Formulating a Work Plan

The following tables provide suggested work plan goals, objective and activities, with the additional components left blank for the community to consider who in their initiative would be best suited to take on responsibility of that specific activity, the resources required to carry out that activity, and what is expected to result from the activities

TABLE 1.0 – Example of Program Work Plan

Goal 1: Collaborative Tea	Goal 1: Collaborative Team development of Draft Strategic Implementation Plan	rategic Implementation Pla	ue	
Objective 1.1: Establish Con	Objective 1.1: Establish Community Team and Interagency Committees	cy Committees		
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
Objective 1.2: Develop Tern	Objective 1.2: Develop Terms of Reference for Communit	nity Team/Committees		
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
Objective 1.3: Prepare Strategic Implementation Plan	tegic Implementation Plan			
Activity	Timeline	Responsibility	Resources Required	Expected Outcome

Goal 2: Community Appre	Goal 2: Community Approval of Strategic Implementation Plan	tation Plan		
Objective 2.1: Community a	Objective 2.1: Community and leadership information se	sessions to build awareness and support.	d support.	
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
Objective 2.2: Community d	Objective 2.2: Community decision-making process to ad	opt standards and approve S	adopt standards and approve Strategic Implementation Plan.	•
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
Objective 2.3: Interagency a	Objective 2.3: Interagency and family orientation and tra	training.		
Activity	Timeline	Responsibility	Resources Required	Expected Outcome

Goal 3: Program Management				
Objective 3.1: Develop Policies and Procedures (to uphold adopted standards)	(to uphold adopted stan	dards).		
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
Objective 3.2: Provide orientation and training for Program Staff	for Program Staff			
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
Goal 4: Family Engagement				
Objective 4.1: Program communication mechanisms	nisms			
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
a. Program Staff develop draft program				
communication mechanisms.				
Districtive 4.2: Brogram community engagement	t proces			
	Timolino	Dococcibility	Docourses Docuirod	Evencted Outcome
	aunami	Responsionity	kesources kequired	Expected Outcome
a. Program Staff develop draft program community enagaement process.				
b. Family review and feedback.				
Objective 4.3: Program decision-making process	SS			
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
a. Program Staff develop draft program decision- making process.				
b. Family review and feedback.				
Goal 4: Third Parties - Engagement and Contribut	itribution.			
Objective 4.1: Ensures contracts and agreements are		consistent with community's Program Guidelines and Adopted Practice Standards.	uidelines and Adopte	d Practice Standards.
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
Objective 4.2: Review and enhance funding policies to reflect community's demonstrated successes, unaddressed gaps, and long-term needs of children and families.	licies to reflect communit	.y's demonstrated suc	cesses, unaddressed {	gaps, and long-term needs
Activity	Timeline	Responsibility	Resources Required	Expected Outcome

GOAL 5: Program Monitoring and Evaluation				
Objective 4.1: Program Evaluation Framework				
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
a. Design Program Evaluation Framework				
informed by the Shared Goals and Performance				
Indicators				
Objective 4.2: Program Evaluation and Report				
Activity	Timeline	Responsibility	Resources Required	Expected Outcome
TABLE 2.0 – SWOT Table				
A SWOT analysis can be done filling out the following table by answering each question in each of the boxes:	ving table by answering	each question in each	of the boxes:	
STRENGTHS (Internal)		WEAKNESSES (Internal)	nal)	

STRENGTHS (Internal)	WEAKNESSES (Internal)
What does each community partner do well?	What could each partner improve?
What does your internal team do well?	What could your internal team improve?
What unique resources can you draw on?	Where do you have fewer resources than others?
What do others see as each partners' strengths?	What are others likely to see as partners' weaknesses?
OPPORTUNITIES (External)	THREATS (External)
What opportunities are open to the Community Team?	What threats could harm your program?
What opportunities are open to your internal team?	What threats could prevent you for providing services to your families?
What trends could you take advantage of?	
How can you turn your strengths into opportunities?	

3.2 Design Program Strategies based on the strengths of the family and community; and needs and priorities of the child(ren)

Step 1 Develop Agreements on Strengths and Needs

Now that you have a current work plan to guide day-to-day operations of the community program, you can start identifying the best strategies to build on the strengths of the family and the needs of the children. BY developing an "agreement" with the family, you are making a genuine commitment to uphold what the child and family needs, recognizing that they play an integral role in providing effective care for the child. (*see Appendix A*)

*Remember that you've already established communication with the family by this point and all assessments would be been completed by this stage.

This is an excellent way to maintain good communication, empower children and families, and inform the Care Plans for all the service providers. Once the agreement is developed with the child and family, it is shared with the Community Team and/or program service providers so that they may formulate the care plans accordingly.

Step 2 Establish Benchmarks

Benchmarking is a way for your community to improve its programs and services. In order to determine what you will be benchmarking against, look to other communities and programs that are similar to yours and are successful. The JP-CFI Implementation Toolkit has been designed to support:

Standards benchmarking – which focuses on a standard of performance which an organization is expected to achieve. This is why the Program Standards have been provided for you in each Module. Each Program Standard will give you something to work towards; and once you've achieved it, you can work together to maintain that standard of performance.

Each Community Program can benchmark success by utilizing the Program Standard that is applicable to each section of your work plan. So now that the Work Plan has been developed, you can:

- 1. Identify what needs to be benchmarked. Keep it manageable, particularly for those Community Programs that are brand new. Focus on the most important aspects.
- 2. Monitor results and adjust benchmarks. Realise that there may be times where you go back to earlier steps. This is normal.

You will also want to determine performance measures and indicators. This will be discussed later in this Module 3. Performance indicators will tell you what data to collect and analyze to measure success (achievement and/or maintenance of the program standards).

3.3	Allocate Human Resources and develop Training Plans to meet strategies
Step 1	Design the Program Team
	Develop Job Descriptions for the Program Staff to suit the roles and responsibilities that you need them to carry out in delivering the program; and that best compliments the Community Team.
	 Design a detailed orientation for new team members including: Overview of the Program Introduction to the Community Team Review of Policies and Procedures Review of Program Standards
	Review of Program Work Plan Deview of Core Plane for each family
	 Review of Care Plans for each family Introduction to the children and families
Step 2	Develop, implement, and manage the Training Plan
	 Conduct regular meetings with the Community Team to discuss: Program credentials, qualifications, and competencies that are required to establish and maintain the capacity for the First Nation to deliver community-based services Identify who will obtain these credentials, qualifications, and competencies will be obtained (what institution? Are they accredited? Is accreditation required? Ensure credentials, qualifications, and competencies are verified, documented, and up-to-date; and maintained in confidential human resource files within the organization of which they are employed. It is important for Community Teams to identify the training needs for their whole organization (including within and external to the JP-CFI Program) so that the community partners can cost-share and maximize the reach of each investment, and increasing the pool of trained staff and/or community members in specific areas.

3.3 Allocate Human Resources and develop Training Plans to meet strategies

Step 3 Deliver ongoing education, training, and learning sessions

One of the main focuses of the JP-CFI is to ensure the program is wholistically designed and rooted in the culture, language, and values of the First Nation community. That means that the Program Staff should demonstrate strong cultural identity and understanding of the community's history, languages, customs, traditions, and practices. It is well-acknowledged that a lot of this knowledge and culture connection has been disrupted and therefore needs to be revitalized at the community level by community members.

The Community Team plays an important leadership role in ensuring that the JP-CFI Program is rooted in the culture, language, and values of the First Nation community. Therefore, it is important that they conduct regular meetings with the Community Team to discuss:

- Training that is needed but does not exist
- Potential partnerships with other First Nations and/or First Nation organization to design First Nation-specific training workshops or curriculums
- How to engage local Elders and Knowledge Keepers to revitalize the First Nations Knowledge and Approaches.

3.4 Determine Reporting Requirements and Indicators for Evaluation

Step 1 Design a Reporting Structure

Community Programs are required to design a reporting structure as a mechanism for accountability. However, it is also important to develop reporting structures that help the community:

- To manage data and statistics
- To analyze performance
- To interpret service outcomes

Many First Nations have the Mustimuhw Electronic Medical Record that captures health, social, education, and cultural services and supports that are provided to community members. It is also an effective mechanism to manage information on the care provided external to the community including referrals and discharge planning. It is recommended that every First Nation work towards having this type of electronic record keeping that has the capacity to monitor and manage data, health information, performance measures, care planning, and reporting (safely and efficiently).

It is also recommended that the JP-CFI Program utilizes a reporting structure that is aligned witjh the Electronic Service Delivery Report Template (ESDRT). The report is designed to capture the Program's Essential Service Elements. All JP-CFI staff that deliver services to children and their families could input their data into the Excel Spreadsheet and upload it to Health Canada Headquarters, on a monthly basis. This also provides an up-to-date record of what the child and family have received to inform transitional care plans.

Prior to being able to enter data into the ESDRT spreadsheet, program employees will be required to take an online Privacy training course. Supervisors should contact the Home and Community Care Program Practice Consultant to gain access to the training site. An account will be created for the new employee and instructions will be sent via email once the account has been created. The employee will then be able to access the Privacy training online. Once the employee has successfully completed the online Privacy training they will have access to upload data and review and download reports from the ESDRT website.

Training for how to input and upload the ESDRT is available by Telehealth (if available in the community), either for individual sites or multi-sites; in person at the HCCP facility in community when the practice consultant is available; or one can be scheduled at the Regional Office for those who wish to attend in Winnipeg. Please call the practice consultant to arrange individual or Regional office training.

3.4 Determine Reporting Requirements and Indicators for Evaluation

Step 2 Identify the Performance Indicators

Performance indicators should be specific to your community and organization. Indicators are a way to measure the success of your program and allows you to measure:

- Is what we are doing effective?
- Are we reaching the wholistic outcomes we were seeking (for each child and family)?
- Are children and families satisfied with the program?
- Are our program staff happy and find purpose in their roles?
- Is the program meeting the goals and objectives that the Community Team has set?

When developing indicators, you need to also determine how you are going to measure what you are doing. In other words what do you need to see to know that your objective is being met? For example if your goal is to improve on the number of hours each family receives for respite, then your indicator would be the number of additional hours each family is receiving that is above what they are currently getting.

At this stage, the Community Team has developed and approved a Program work Plan. Take the time to brainstorm the performance indicators you hope to achieve based on this Work Plan.

There will be additional work completed in Module 4 in regards to developing Performance Evaluation Tools for Program Staff and Families (see Module 4 – Monitoring and Evaluation).

Tools and Templates

Appendix A – Agreement on Strengths, Needs, and Services/Supports

[NAME]'S STRENGTHS/NEEDS-BASED SERVICE PLAN

[NAME OF CHILD] STRENGTHS

- *He helps his grandmother*
- He is very good at drawing

[NAME OF PARENTS] STRENGTHS

- His mother reads to him daily
- His brother sings drum songs for him
- Both grandparents speak fluent Cree

[NAME OF CHILD] NEEDS

- He has been diagnosed with Autism
- He requires a lot of high-energy activities throughout the day
- He wants to feel like a "regular kid in the classroom"
- He wants to do something with his drawing

SUPPORTS & SERVICES TO MEET HIS/HER NEEDS

His Child Development Worker will

(1) help [NAME OF CHILD] apply to a special Arts Program

(2) help [NAME OF CHILD] re-arrange his current school schedule to include a double period art class;

(3) set up tutoring at his school to continue his progress in reading & math; & (4) set up art activities for the summer.

His brother will

(4) teach him drum songs to perform for their grandparents

His grandparents will

- (5) teach him at least 5 Cree words per day to help him become fluent
- His mom will
- (6) continue to read to him daily, encouraging him to read to her as well
- (7) will take training in Reading Recovery

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Pinaymootang First Nation