Niniijaanis Nide Program
“My Child, My Heart”

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Jordan's Principle

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NINIIJAANIS NIDE PROGRAM

(My Child, My Heart)

- The Niniijaanis Nide Program is an intervention and prevention program designed to support families with children with complex needs between the ages of 10 months – 21 years, living on-reserve.

- Complex needs refers to children with congenital or acquired long-term conditions that are attributed to impairment of the brain and/or neuromuscular system that create functional limitations.

- The impact may include difficulties with movement, cognition, hearing and vision, communication, emotion and behaviour.

Key Values of Service

- Children are best cared for at home and within families;
- Special needs of children and families have to be met as well as their basic needs;
- Parents know their child better than anyone else and must be treated respectfully;
- Professional supports must be coordinated and responsive to the needs of individual children and families;
- Identify risks to be managed in ways that provide safety and good quality of life to the child and family;
- Partnership working across disciplines and agencies is essential.

Goal

- The goal is to enable children to access services they need that will be available where their families and support networks are located (in the child's natural setting).

Circle of Care for The Child

Circle of Care for The Family

Phase 1: Establishing a Relationship

- The purpose of this phase is to meet with the child and parent; it is an opportunity for family to share their expertise about their child's strengths and challenges; what their child's preferences are; and spending time with the child to get to know them and establishing a "rapport".

Phase 2: Identification of Needs and Objectives

- In this phase, you have a clear idea of what parents want for their child.
- One to three objectives can be identified at any particular time with the involvement of the Child Development Worker (CDW).
- Benchmarks for goal attainment scaling are then identified.

Phase 3: Program Implementation

- The Child Development Worker implements the program based on the goals and objectives identified in Phase 2.

- There are 2 components to program implementation:
  - Basic Care and Support;
  - Goal-Oriented Work.

GOAL ATTAINMENT SCALING

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

Phase 4: Generalization of Goals

- In this phase, the CDW works with the child, family and others to ensure objectives are generalized across different people, different settings using a variety of materials and tools.

- The CDW's support and coach the parents/caregivers and train any secondary caregiver.

- Services are provided in different environments (home or school) using a variety of resources.

Phase 5: Evaluation and continuing basic care support needs

- This phase is focused on providing support to parents and caregivers. The objective is to evaluate continuing basic care and support needs of those in the program (it involves face to face sessions and telephone supports).

- The following are evaluated:
  - Child-oriented goals;
  - Family-oriented goals; (stress and coping mechanisms);

Evaluation Process

- MPOC (20 item measure on the parents perception and satisfaction of the services provided for their child);
- PSI-SF (36 item measure tool that documents levels of stress – whether or not families are feeling supported);
- Social Support Index (17 item measure that taps into parents experience of their support networks both with and outside the family);

- Family Quality of Life (25 item measure that evaluates family quality of life, through 5 domains):
  - Family Interaction;
  - Parenting;
  - Emotional Well-Being;
  - Physical/Mental Well Being and;
  - Disability Related Supports.

Successes/Challenges

Successes	Challenges
Power to Parent- Training helped parents with coping and behaviours.	Initially encouraging families of children with special needs to partake in the program.
Socialization for children (Reading Club, ASL Training, Physical Activity Groups, Arts & Crafts, Summer programming)	Transition to Adulthood
Partnership Connections (St. Amant Centre, Rehabilitation Centre for Children, Dreams Take Flight, Community Networks) - OT, PT and SLP (increase in therapy services)	Continued learning cycle to develop capacity – need for more training.

Program Research Findings

Participant	Number
Caregiver	6
Mother/foster-mother	5
Grandmother	1
Administrator	1
Child Development Support Worker	1

Participant Data

Child Characteristics	
Child Sex	5 Male, 3 Female
Child Age	Range: 5-14yrs Mean: 10.8yrs
Child Diagnosis	Autism (2), Intellectual Disability (2), Epilepsy (1), Hydrocephalus (1), Developmental Delay (1), Deaf/HoH (2), Dextrocardia (1), Chromosome 12 deletion (1), Anxiety Disorder (1), behavioral dysregulation (1), ADHD - suspected(1), confirmed(1)

Main Themes: Positive Aspects of the Program

Child	Parent	General
• Kids enjoy it • Stimulation • One-on-one support • Receiving individualized, specialized support • Socializing outside of family	• Parent program • Connecting with other parents • Being consulted • Parents like it • Informational needs met • Feeling valued	• Facilitated opportunities • Targeted to special needs families • EA enjoys working with child • Worker is helpful

Main themes: Positive Outcomes

Child	Parent
• - problematic behaviors • + independence • + socialization • enjoyment • achieving goals/seeing progress • independent sleep	• + competency • + connection with child • - stress • changed parenting behaviors • feeling supported • receiving funding • respite

Main Themes: Challenges

- Doing what you can with few resources:
  - Funding instability
  - Funding disparities on vs. off reserve
  - Building local capacity vs. bringing in specialized consultation (e.g., PT, OT, training for EAs)
  - Lack of physical space for programs

Contact Information

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