



Kids Come First  
2026 Annual Meeting  
8 June 2026  
1:00 – 3:00 PM

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# We're so glad you're here!

Kids Come First is a provincial leader in mobilizing partners to develop and implement innovative services and programs to meet the needs of children and youth in Eastern Ontario.

Kids Come First includes over 80 organizations; Youth & Family/Caregiver Partners; physicians; and many other individuals.



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Land Acknowledgement

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Time	Agenda Item	Spokesperson(s)
1:00 – 1:15 pm	Welcome & Land Acknowledgement from the Co-Chairs of the Kids Come First Steering Committee Quick Poll: 2027 Year of the Child	<b>Dr. Vera Etches</b> <ul style="list-style-type: none"> <li>CHEO President &amp; CEO, Co-Chair of Kids Come First Steering Committee</li> </ul> <b>Chris Vallée</b> <ul style="list-style-type: none"> <li>Youth Partner &amp; Co-Chair of Kids Come First Steering Committee</li> </ul>
1:15 – 1:30 pm	Meet the KCF Team & Celebrating our Steering Committee	<b>Josée Blackburn</b> <ul style="list-style-type: none"> <li>Director, Kids Come First</li> </ul>
1:30 – 2:05 pm	Celebrating the Advancement of our Kids Come First Strategic Priorities <ul style="list-style-type: none"> <li>Equity, Diversity, Inclusion &amp; Indigeneity</li> <li>Authentic Partnerships</li> <li>Strengthening Access</li> <li>Coordinated Care</li> <li>System Transformation</li> </ul>	<b>Normand Glaude &amp; Sarah Kiobola</b> <ul style="list-style-type: none"> <li>Winning Strategies for Serving Francophones</li> </ul>
		<b>Angie Hamson</b> <ul style="list-style-type: none"> <li>Accelerating Youth &amp; Caregiver Engagement</li> </ul>
		<b>Shannon Adams</b> <ul style="list-style-type: none"> <li>Newborn Primary Care Attachment</li> </ul>
		<b>Frédéric Beauchemin</b> <ul style="list-style-type: none"> <li>Strengthening Pediatric Surgical Access: Hawkesbury General Hospital Regional Partnership</li> </ul>
		<b>Em Girard &amp; Rachel Guoin</b> <ul style="list-style-type: none"> <li>Substance Use Health Program</li> </ul>
		<b>Gina St. Amour</b> <ul style="list-style-type: none"> <li>Improving Access to Out-of-Home Respite Options for Families of Children with Complex Medical Needs</li> </ul>
		<b>Natalie Lair</b> <ul style="list-style-type: none"> <li>Digital Solutions for Supporting Routine Immunization</li> </ul>
2:05 – 2:50 pm	Collectively Caring for Indigenous Children & Youth	<b>Kate Carroll, Kyra Hagerty, Heidi Lucas</b> <ul style="list-style-type: none"> <li>Ottawa Aboriginal Coalition</li> </ul>
2:50 – 3:00 pm	Closing Remarks & Evaluation	<b>Dr. Vera Etches</b> <ul style="list-style-type: none"> <li>CHEO President &amp; CEO, Co-Chair of Kids Come First Steering Committee</li> </ul> <b>Chris Vallée</b>

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**Celebrating Our Kids Come First Team &  
Steering Committee Members**

# Kids Come First Team

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**Jennifer Proulx**

Vice President, Child Development  
& Community Services



**Valerie Holmes**

Director, Home & Community Care



**Josée Blackburn**

Director, Kids Come First



**Valerie Emmerson**

Senior Administrative Assistant,  
Kids Come First



**Cindy Dawson**

Clinical Manager, 1Call1Click.ca



**Amarachi Iheonunekwu**

Project Manager, Home &  
Community Care



**Tamara Schindeler**

Project Manager, Kids Come First



**Carly Haydt**

Project Manager, Kids Come First



**Marie-Andrée Cadieux**

Project Manager, Kids Come First



**Christine Richer**

Youth & Family/Caregiver Partner  
Coordinator, Kids Come First

# 2025-2026 Steering Committee

Name	Organization	Sector/Role
<b>Dr. Vera Etches</b>	CHEO	Co-Chair
<b>Christopher Vallée</b>	Youth Partner	Co-Chair
<b>Mary Donaghy</b>	Ottawa Catholic School Board	Ottawa Child & Youth Initiative
<b>Darlene Rose</b>	Champlain Maternal Newborn Regional Program (CMNRP)	Maternal & Newborn
<b>Megan Wright</b>	Roger Neilson Children's Hospice	Palliative Care
<b>Dr. Hilary Myron</b>	Physician	Community Pediatrician
<b>Marie-Claude Turcotte</b>	Ottawa Public Health	Population & Public Health
<b>Lyne Martineau</b>	Centre de santé Communautaire de l'Estrie	Community Health
<b>Matthew Minnings</b>	SE Health	Home & Community Care
<b>Natasha Baechler</b>	Youth Partner	Child, Youth, Family, Caregiver (CYFC) Partners
<b>Joe Holobuwich</b>	Family Partner	CYFC Partners
<b>Chinyere Opia</b>	Family Partner	CYFC Partners
<b>Michelle Crogie</b>	Family Partner	CYFC Partners

Name	Organization	Sector/Role
<b>Frédéric Beauchemin</b>	Hawkesbury & District General Hospital	Community Hospitals
<b>Sabine Mersmann</b>	Pembroke Regional Hospital	Regional Surgical Pediatric Program
<b>Dr. Sherri Renwick</b>	Physician	Primary Care
<b>Sébastien Skrobos</b>	Bien Ici	Francophone
<b>Erin Vereyken</b>	Renfrew County And District Health Unit	Community Health
<b>Mike Beauchesne</b>	Dave Smith Youth Treatment Centre	Mental Health, Addictions, Substance Use Health (MHASUH)
<b>Michael Hone</b>	Crossroads Children's Mental Health Centre	MHASUH
<b>Michele Hynes</b>	Pinecrest-Queensway CHC	Community Health Centre
<b>Rachel Gouin</b>	Le Cap	Francophone
<b>Dr. Kelley Zwicker</b>	Physician	Community Pediatrician
<b>Dr. Lee Donohue</b>	Physician	Primary Care
<b>Dr. Alison Eyre</b>	Physician	Primary Care

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**Celebrating the Advancement of  
our Strategic Priorities**

# Strategic Plan | 2026-2028

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Advance **equity, diversity, inclusion**, and culturally safe care across all services by identifying, partnering with, and co-designing solutions with populations experiencing inequitable access or outcomes, including Indigenous Peoples and Francophone communities.



Cultivate **authentic partnerships with youth, families, and caregivers** by valuing their lived and living expertise as integral to enhancing healthcare systems and improving care experiences.



**Strengthen access** and create seamless, coordinated care pathways across sectors to meet the holistic needs of newborns, children, youth, families, and caregivers.



Advance **coordinated, pediatric-focused, and family-centered care** for all newborns, children, and youth, with a focus on those with complex and diverse needs.



Drive and support **system transformation** through innovation, digital solutions, collaboration, and strategic workforce planning.



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**Equity, Diversity, Inclusion  
& Indigeneity**

# The challenge: The perceived complexity of developing French-language services

## What's causing the system to freeze?

- ✘ The **complexity of the designation process** discourages organizations before they even try. As a result, there has been little progress in identification and designation for many years.
- ✘ **Lack of awareness of the existing capabilities** within non-designated organizations serving Francophones.
- ✘ **Due to a lack of resources, managers don't know where to start**, whether the challenge is organizational in nature or related to staff shortages.

## What creates the pressure?

- + **Growing, unmet demand** — a growing Francophone immigrant population and an aging population.
- + **Francophones are increasingly turning to non-designated providers** due to a shortage of Francophone professionals and the erosion of designated services.
- + **No middle ground** — between doing nothing and implementing a designation process.

## The answer: an accessible and complementary alternative to certification!

20

Designation criteria

Too long · Too complicated · Not very accessible · All or nothing

VS

6

Winning Strategies

Simple · User-friendly · Accessible · Scalable

## What this project has taught us:

### Specific changes observed:

- ① **One-on-one support is the cornerstone:** regular meetings, personalized plans, and proactive follow-up — all of which help maintain engagement.
- ② **Simplification works:** ready-to-use tools, accessible resources, and a phased implementation — but this requires a commitment from the outset.
- ③ **Champions make the difference:** organizational structural changes, internal policies, implementing bilingual hiring practices and incorporating training into employee onboarding processes.

### Supporting evidence:

101

Champions identified

Project Goal : 80

75

Trained on the Active Offer

Project Goal: 60

50 %

Reported a cultural shift  
The perception of complexity  
has changed

215

Participants in kick-off webinar  
Interest extends beyond our  
Eastern Ontario region

# The Opportunity: The champions are on board, the tools are in place, and now we're moving forward

22

Active work plans  
Immediate priority

+40 %

Expected increase in demand for French-language health services in the East

Réseau des services  
de santé en français  
de l'Est de l'Ontario



1st

Eastern Ontario is the destination of choice for French-speaking immigrants from outside Quebec (IRCC 2025)

8

OHTs + RSSFE · Engaged Partners

## 3 immediate priorities:

- ① Finish the work with the 22 organizations who completed work plans before taking on new ones
- ② Maintain individual 1:1 support
- ③ Expanding our reach through the RSSFE's involvement

The foundation is solid. The RSSFE's commitment is essential to its long-term sustainability.

MORE INFO: [www.winningstrategies.ca](http://www.winningstrategies.ca)

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**Authentic Partnerships with Youth,  
Families & Caregivers**

# Challenge – Youth & caregiver engagement



- Small number of Youth & Family/Caregiver (YFC) Partners across Kids Come First
- Limited co-design and leadership opportunities
- Inconsistent onboarding, support, and communication

# Actions – Intentional, authentic engagement

- Recruitment and retention strategy
- Tailored support and mentorship (YFC Partner Coordinator)
- Focus on connectivity and communication
- Enhanced remuneration practices



***Natasha: Youth Partner***

# Impact - Intentional support drives engagement



- 28 YFC Partners engaged
- 7 in leadership roles
- Active co-design across programs
- Participation in conferences and funding submissions

**MORE INFO: [Youth and Family Partners - Kids Come First](#)**

***Wendy: Family/Caregiver Partner***

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**Strengthening Access**

# Newborns in our community do not have a primary care physician or healthcare professional

## Critical Number of Unattached Newborns:

Each year, about **800 newborns** are discharged from the Queensway Carleton Hospital and Almonte General Hospital without a primary care provider.

## Increased Health Risks with No Primary Care:

Missed assessments, delayed screenings, and postponed immunizations during a critical stage.

## Heightened Family Anxiety and Stress:

Fragmented pathways, unclear guidance, and a lack of support.



# Dedicated care coordination for newborn attachment and system collaboration

## **Care Coordinator-Led Newborn Attachment**

Dedicated resource to identify, navigate, and connect newborns to a primary care provider.

## **Interim Support while Unattached**

Connection to interim primary care clinics and support with immunizations, infant feeding, etc.

## **System Collaboration and Integration**

Including Ontario Health Teams, hospitals, community, public health, and primary care.



# Remarkable newborn and family attachment to permanent primary care



## **100% Attachment**

All newborns and many family members have been connected to primary care.

## **Increased Knowledge of Systems**

Pilot and evaluation have painted a clear picture of the need and available supports.

## **Sustainable and Scalable Model**

Replicable model to support regional planning.

## **MORE INFO:**

[communications@kidscomefirst.ca](mailto:communications@kidscomefirst.ca)

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**Strengthening Access**

Découvrez | Discover  
**PRESCOTT-RUSSELL**



- Autoroute à voies multiples  
Multi-lane Highway
- Route provinciale  
Provincial Highway
- Chemin de comté  
County Road
- Chemin de fer / Rail  
Trainway / Ferry
- Pont / Bridge
- Villes et villages  
Towns and Villages
- Parc provincial  
Provincial Park
- Aire de conservation  
Conservation Area
- Parc de loisir  
Recreational Park
- Sentier récréatif et pavillon  
Recreational Trail and Pavilion
- Centre d'information touristique  
Visitor Information Centre
- Populaires - Aut sur site  
Populaires - At-station



# Why This Partnership Matters

**+Partnership Driven by a Single Goal:** Timely, accessible pediatric care for the children of Prescott-Russell

## **+Why HGH?**

- **Geography matters** – Prescott-Russell families to have care closer to home
- **Culture of collaboration** – HGH's commitment to working seamlessly with CHEO
- **Bilingual services** – Meeting families where they are, in French and English
- **Regional capacity** – Strengthening the surgical pathway across Eastern Ontario



# The HGH Experience – How It Works

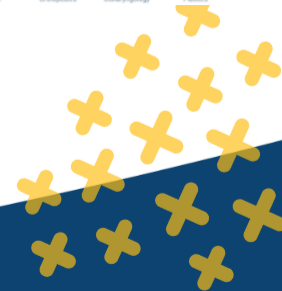
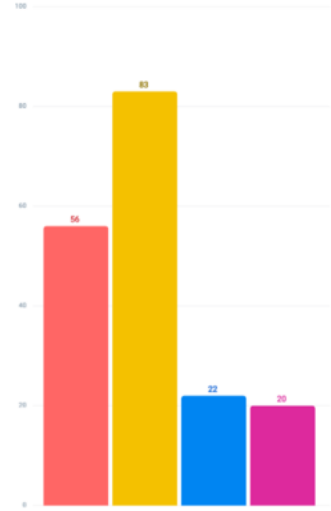
## + 225 Pediatric Cases Annually

- General Surgery, gynecology, orthopedics, plastics, urology (8 y/o and greater)
- ENT, dentistry (3 y/o and greater)

## + Deep Integration with CHEO:

- Dedicated CHEO anesthesiologist travels to HGH
- Joint training at CHEO for HGH staff
- One day per week reserved exclusively for CHEO-referred patients
- Pediatric medication dosing protocols built into Epic (first in the Fusion/Atlas Alliance)
- Real-time collaboration between educators, anesthesiologists, and surgeons

+ **Impact:** Reduced wait times for pediatric surgeries across the region



# Lessons Learned

## Building sustainable Partnership

### + Beyond the OR:

- Continuous staff training (pediatric mannequins)
- Shared equipment & instruments with CHEO
- Coordinated patient relations & family support
- HGH Foundation: toys for every pediatric patient

+ **Key Takeaway:** Coordination between hospitals means aligning all services, not just clinical teams, to ensure every child's experience reflects the care we'd want for our own.



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**Coordinated, Pediatric-Focused, Family-Centered Care**

# Challenge: Growing & urgent gap in supporting youth with substance use concerns

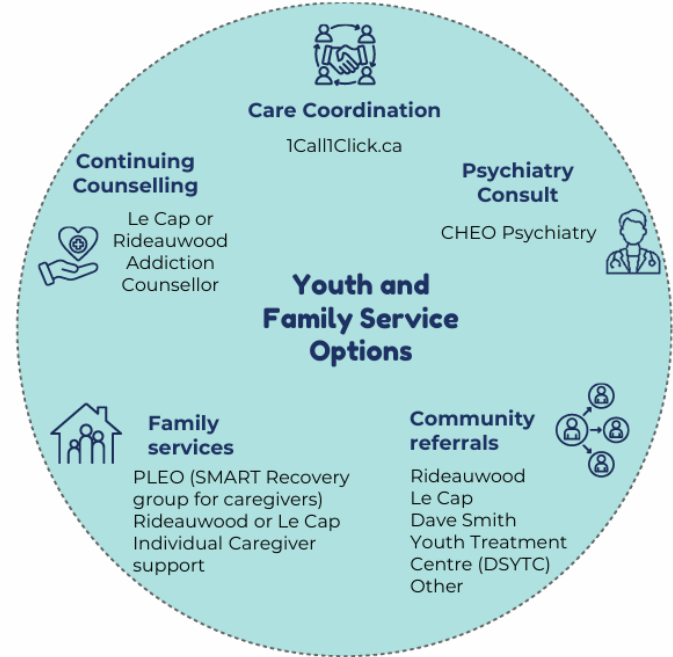
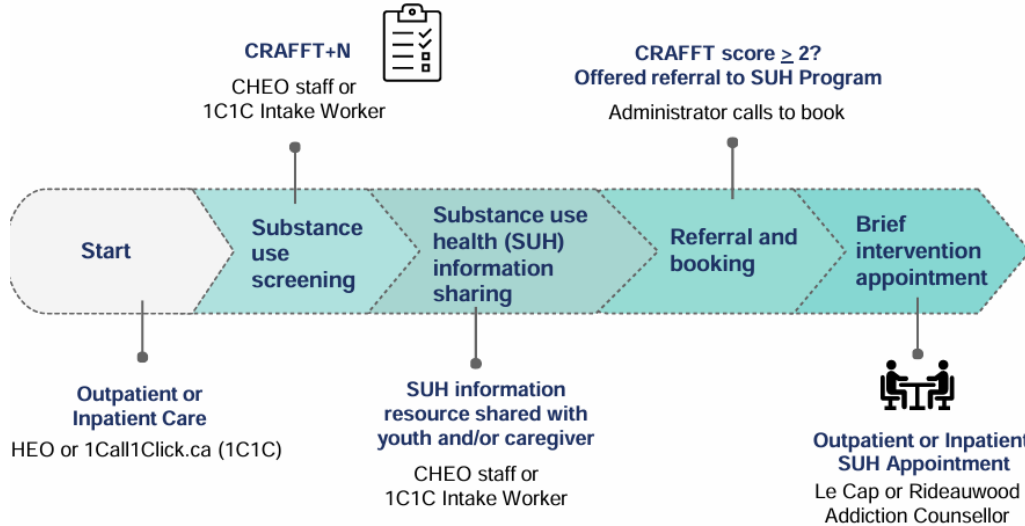
- In Ontario, more than 1 in 5 students (**22%**) report using **opioids** non-medically, alongside significant rates of **alcohol (36%)**, **cannabis (19%)**, and **vaping (13%)**.
- At CHEO, **emergency visits for substance use are rising.**
- **1 in 3 youth screened through 1Call1Click show signs of substance use concerns**, and of those assessed more deeply, nearly **70%** have serious issues requiring intervention.



**MORE INFO:** [Substance Use Health Program - Kids Come First](#)

# Action - Developed a coordinated, hospital-community Substance Use Health (SUH) Program

## Youth Journey: Substance Use Health Program



# Impact – Improved engagement, outcomes, and system coordination

## Referrals Exceeded Targets

A total of **174** youth referred to the SUH Program

## Strong Engagement in Treatment

**145** youth received Brief Intervention **=** **89%** youth engagement

## Improved Screening



Increased screening in CHEO Emergency Department; **979 youth screened** for substance use risk

## Continuity & Coordination of Care

**71 (49%)** continue in the SUH Program **=** **66%** youth connected with substance use health care  
**18 (13%)** connected with other services

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**Coordinated, Pediatric-Focused, Family-Centered Care**

# Respite Matters for Children and Families

Respite provides **temporary relief** for families caring for children who require **intensive, specialized, and around-the-clock care**.

- Families provide **~38 hrs./week** of care (CIHI, 2020)
- High emotional, physical, and financial strain - avg. **\$30,500/year** out of pocket (Krantz et al., 2021)
- **68%** report high stress; **50%** unmet respite needs (Rosenbaum et al., 2020)

*"We are beyond burnt out but we have no choice but to keep going 24/7."*

**- Survey participant**

*(Canadian Centre for Caregiving Excellence 2024)*

*"I know parents who would relinquish care if they weren't afraid of the consequences."*

**- Family Partner**

*(CHEO Environmental Scan 2025)*

## When respite is available

- Reduces caregiver burnout
- Improves family resilience and quality of life.

## When Respite is Not Available

- More hospital readmissions and ER visits (Cohen et al., 2012)
- Greater risk of caregiver health decline, family strain, and financial instability

# What We Did & Learned

## Scope & Focus

Focused on out-of-home respite for children with complex medical needs in the KCF region



## Environmental Scan

Completed a regional scan with families, providers, and partners



## Identified recurring gaps

- Access and awareness
- Navigation and coordination
- Providers capacity
- Cultural and language competence
- Transitions to adult respite



## Actionable Recommendations

- Developed evidence-informed recommendations
- Prioritized actions into short, medium, and long-term categories



# Where We Are Now & What Comes Next



## Early Actions and What's Underway

- Developed regional respite provider mapping to support navigation
- Partnerships Underway:
  - Pilot work with key partners
  - Workforce capacity development
  - Collaboration with Primary Care
- Early advocacy conversations informed by scan findings



## What this enables next

- Better coordination and visibility of existing options
- Clear, evidence-based case for system-level advocacy
- Readiness to pursue funding and partnerships when opportunities arise



## What this means for families

- We have a clearer understanding of needs and gaps
- Priorities have been identified with partners
- Early actions are underway



## Looking Ahead

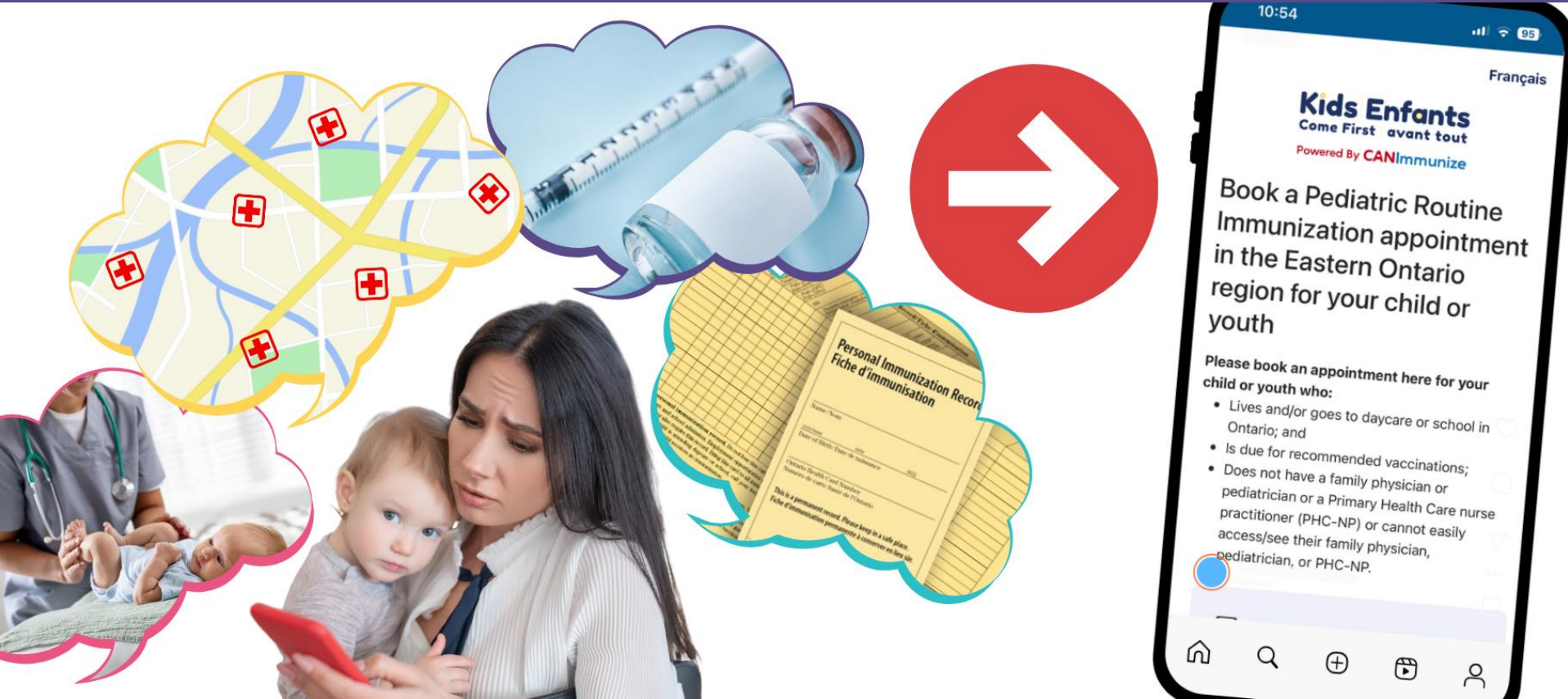
- Continue pilot and partnership work
- Ongoing advocacy and system discussions
- Learn from what works to inform future change

**MORE INFO:** [Respite Briefing Note](#)

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**System Transformation**

# Vaccinate and up-to Date: ClinicFlow Centralized Booking Solution



# The value of pre-visit data

## Key Insight:

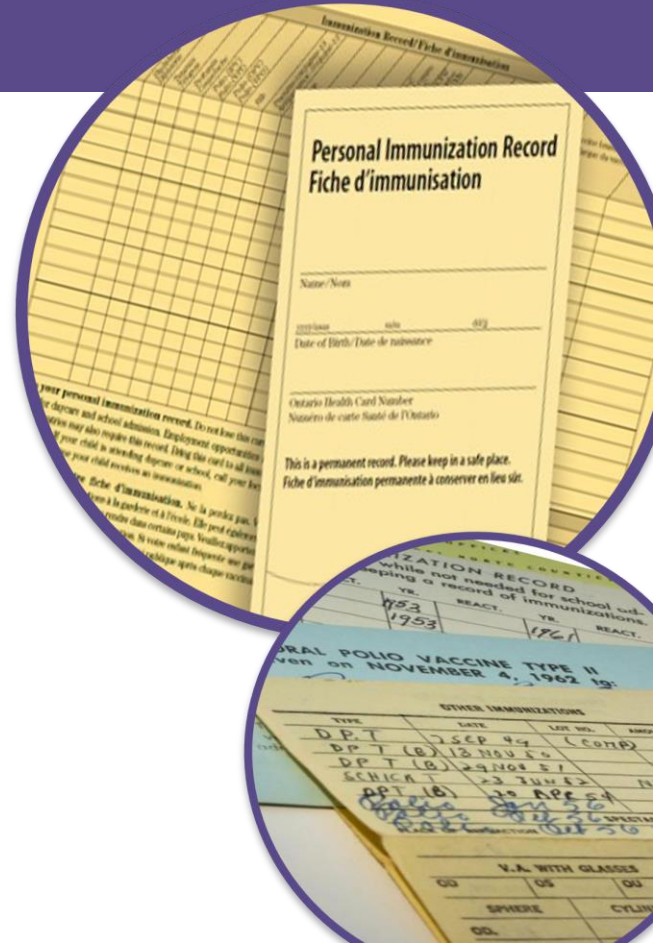
- Pre-visit data would improve clinical readiness and efficiency

## ClinicFlow Enhancement:

- Record upload enabled during appointment booking

## Benefits:

- Allows clinical review before visits
- Identifies required vaccines in advance
- Supports planning for complex or incomplete records
- Reduces delays and improves visit flow



# Future Opportunity: Well-Baby Expansion



## Expansion in Progress:

- Integrating well-baby visits into ClinicFlow (*with funding from the Ottawa Ontario Health Team*)
- Focus on unattached infants

## Planned Features:

- Rourke Baby Record screening embedded in visit
- Followed by vaccination appointment in same workflow

## Benefits:

- Holistic care in one visit
- All data shared with referring provider
- Improved continuity of care

**MORE INFO:** [communications@kidscomefirst.ca](mailto:communications@kidscomefirst.ca)

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**Collectively Caring for  
Indigenous Children & Youth**

Collectively Caring for Indigenous  
Children and Youth:

An Ottawa Aboriginal Coalition Initiative  
in partnership with Kids Come First

June 8th, 2026



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# OVERVIEW

Overview of Ottawa Aboriginal Coalition

CCICY Background

Community Members a Part of the Project (Demographics)

Setting the Stage

Themes

Advisory Committee

Systems Change

World Cafe Activity



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# OVERVIEW OF OTTAWA ABORIGINAL COALITION



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# OVERVIEW OF OTTAWA ABORIGINAL COALITION

## Summary of Impact



2024-2025

Staff: 334 +  
Capital Assets: \$199,200,000 +  
Annual Budget: \$34,420,000 +  
People Served: 30,900 +

## Ottawa Indigenous Non-Coalition Members



- Akausivik Inuit
- Métis Nation of Ontario
- Ontario Native Women's Association
- Tungasuvvingat Inuit

## Primary Local Partnerships



- Children's Aid Society of Ottawa
- Children's Hospital of Eastern Ontario
- City of Ottawa
- Ottawa Police Services
- Ottawa Public Health
- United Way

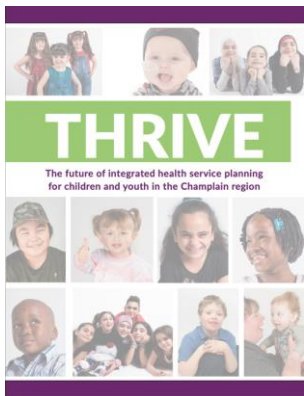


Scan for Ottawa Urban  
Indigenous Mapping

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# BACKGROUND



1. Mental health assessments and services
2. Assessments around developmental needs and supports to parents' with children
3. Paediatric dental surgery (particularly for Inuit children)

**CHEO**  
RESEARCH INSTITUTE  
INSTITUT DE RECHERCHE

Quality Assurance

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# BACKGROUND CONTINUED

Started May 2023



## FAMILIES

- 30 families
- First Nation, Métis, and Inuit
- Children/youth ages 1-17



## SUPPORTS

- \$500 honourarium
- Travel and childcare reimbursements
- Access to counsellors and Elders.



## RECIPROCITY

Gifting families' stories back to them in the form of a story booklet



## 2ND PHASE

ADVISORY COMMITTEE

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## PROCESS

### Pre-Interview

2



The pre-interview is approximately 15-30 minutes long. During this time we will see if we are a good fit for the family. The family receives a gift-card for participating.



3

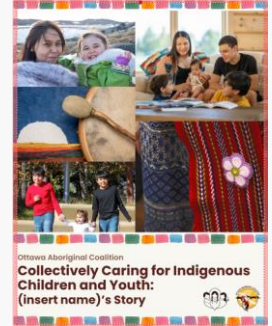
### Main Interview

Main interviews will be about 1.5-2 hours long and in person. We will go through our interview questions and mapping activity with community members which will help guide their story. The family will receive another small gift after the interview.

4

### Follow-up/ Story Booklet

After the main interview, we will make a summary of the community member's story from the first interview in the form of a booklet and gift it back to them. We'll ask if they would like to schedule another interview to review their story, add or change anything from the first interview.





# SUMMARY

As of May, 2026

## Parent's Indigenous Identity

- 60% First Nations
- 27% Inuit
- 13% Non-Indigenous

## Children's Indigenous Identity

- 64% First Nations
- 23% First Nations and Inuit
- 18% Inuit

## Other Medical Needs

41% of children were experiencing additional medical needs outside the 3 areas of outlined in the project.



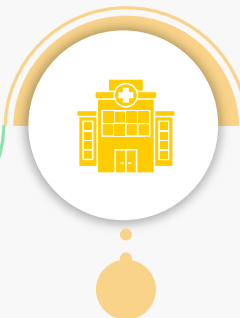
# of Interviews

To date: 15



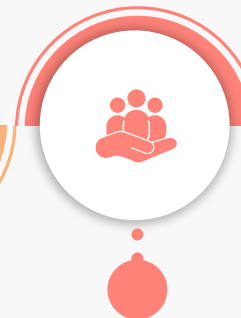
# of Children

- 22 children total
- 53%: 1 child in the family
- 46%: 2 or more children in the family



Areas of Healthcare

- 73%: assessments around developmental needs and supports to parents' with children
- 64% mental health assessments and services
- 18%: paediatric dental surgery



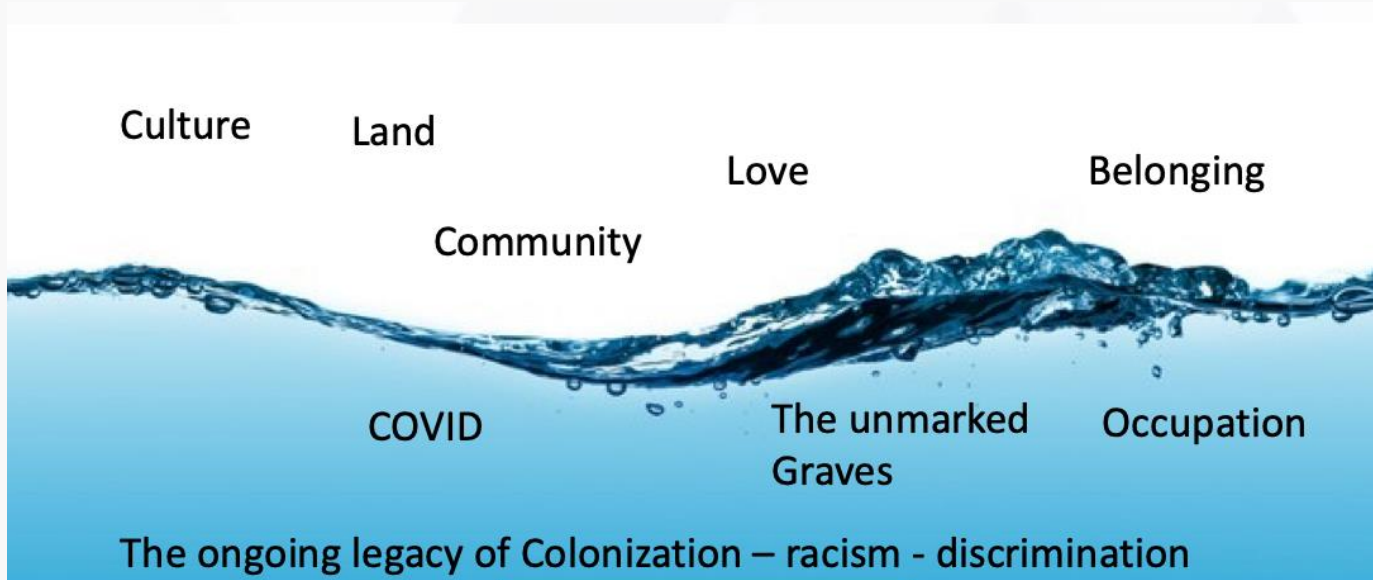
Non-Indigenous Services Accessed

77% of families accessed CHEO

Indigenous Services Accessed

90% of families accessed an Indigenous Organization

# ONGOING LEGACY OF RACISM



# FRAMEWORK AT OAC

## Equality



The assumption is that everyone benefits from the same supports. This is equal treatment.

## Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

## Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed.** The systemic barrier has been removed.



### **Inequities Caused by Historic Colonial Violence**

*Surfacing in domestic violence, relocation, poor mental health, intergenerational trauma*

**1**

### **Distrust Between Indigenous Families and Institutions**

*Caused by past and present experiences of racism and harm*

**2**

### **Inadequacies of the Current System**

*Caused by incomplete records, misdiagnosis, incomplete prescriptions*

**3**

### **Children's Schooling and Healthcare are Interconnected**

*Related by first-point of contact, referral and support pathways*

**4**

### **Referrals to Appropriate Diagnosis and Care**

*Presents consistent systematic and procedural barriers, delays in care*

**5**

## **CCICY THEMES**

**11**

### **Culture is Safety & Holistic**

*Highlighting the importance of Indigenous organizations and culturally safe care*

**10**

### **Parents are Resourceful and are Finding Multiple Avenues for Support**

*Where families go, what works*

**9**

### **Financial Costs**

*Unexpected fees and inaccessible Indigenous financial aid*

**8**

### **Impacts on Families' Mental Health**

*Stress and emotional toll of seeking care*

**7**

### **Impacts on Children's Mental Health**

*Worsening health in time without care*

**6**

### **Communication Failures**

*Impacts Safety, Care, and increases Harm*



# WHAT IS WORKING: SUCCESS STORIES

- When wrap around supports are present, the family did well
- Indigenous and non-Indigenous community members working together
- Assessments done in child-care programs and early year teachers are included- they notice early markers
- Parents and service/health providers are partners in care
- Individual partners know the constraints of the system and work to bypass them.



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# ADVISORY COMMITTEE

Angela Duchene (Office of I-IDEAS CHEO)  
Bruno Perrier (Roger Neilson Children's Hospice, Palliative Care Sector,  
Manager, Partnerships, and Volunteer Services)  
Carly Haydt (Project Manager, Kids Come First)  
Christine Richer (PLEO, Program Manager)  
Jamie Dunlop (Ottawa Police Services)  
Julie Giachino (Crossroads Children's Mental Health Centre, Manager)  
Jennifer Proulx (CHEO, VP of Child Development & Clinical Services)  
Josee Blackburn (Director, Kids Come First)  
Laurie-Ann Staniforth (Manager, First Words & Blind Low Vision Early Intervention Programs)  
Lee Donohue (Family Physician)  
Mandy Dugas (Children's Aid Society of Ottawa)  
Mary Donaghy (Ottawa Catholic School Board, Director of Education)  
Melissa Pigeau (Makonsag Aboriginal Head Start, Executive Director)  
Mikki Adams (Inuuqatigiit Centre for Inuit Children, Youth and Families, Executive Director)  
Rachel Gouin (Francophone Sector, Executive Director of Le Cap)  
Sheila James (Director, Office of I-IDEAS)



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Come First avant tout



# ADVISORY COMMITTEE



## Purpose

Address and reduce barriers Indigenous community members face when seeking medical care.

## Partners

Each member is important to community members and/or Indigenous organizations. In our initial analysis of the themes we found there are a number of key partners who could bring important knowledge for reducing and/or removing health care barriers for Ottawa urban Indigenous families.

## Meetings

Meet and collaborate once every 6 weeks for approx. 1.5 hours



NEXT STEPS

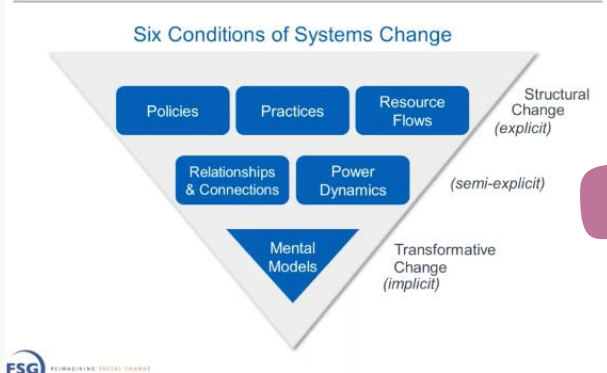


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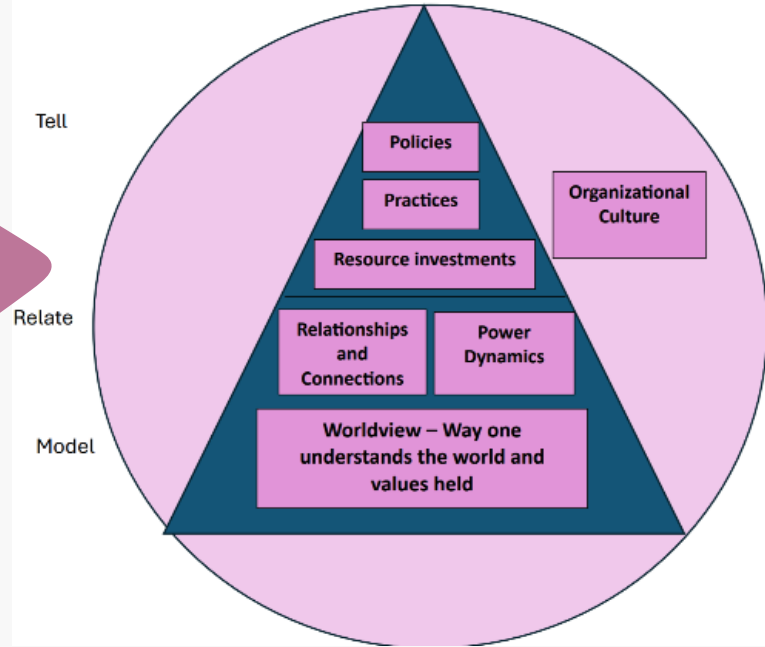


# SYSTEMS CHANGE

## Shifting the Conditions That Hold the Problem In Place



## The Ottawa Aboriginal Coalition – Indigenous Model



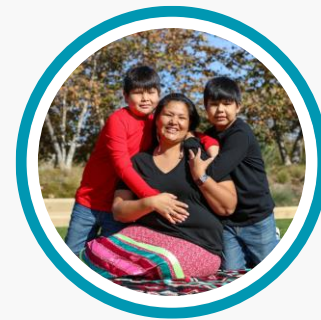
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# WORLD CAFÉ ACTIVITY

## Instructions

- Pick a corner- each corner has a different topic
- Read the story
- Workshop through the situation with your group
  - How can common ground be reached where the system can go through their processes and Indigenous people can get the care they need to resolve the problems they face?
  - Which themes relate to your topic and how?



# WORLD CAFÉ ACTIVITY

**Culture is Safety  
& Holistic**

**Communication Failures: Impacts  
Safety, Care, and increases Harm**

**Distrust between Indigenous  
Families and Institutions**

**Children's Schooling and  
Healthcare are Interconnected**

**Parents are Resourceful and are  
finding Multiple Avenues for  
Supports**



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**Thank you! Merci! Meegwetch! Nakomik!**

