

Board President's Report April 2011 - March 2012

Change is a word that is prominent in today's society. Change surrounds us on a daily basis, whether it is change in the natural environment; change at work or in our personal lives. The challenges presented by change are not new to the Kitimat Child Development Centre. The Centre is pro-active displaying perseverance along with flexibility as it continues to respond to change both at the provincial and local levels.

Changes to the board as well as staff have occurred. Board members Margaret Sanou, Debbie Rendell, and Madeleine Robinson stepped down. In their place, we welcomed Linda Campbell and Brenda Minogue to the Board and continue to seek out community members to serve on the Board of Directors. Thank you to all Board members who have committed their time and energy to contributing to the success of the Centre and the services provided.

Our speech-language pathologist, Jenny Zoia left the Centre at the end of June after making the decision to seek full time employment with the Coast Mountains School District. We were fortunate in offering this position to Karen Blysmá who joined the staff at the Centre in September.

In May of 2011, we were successful in obtaining a grant for expanding our gardens outside of the Centre.

The Board has reviewed and approved changes the Board's policy and practice manual and has developed a new Strategic Plan encompassing the next 5 years (2011-2015). A summary of this plan is available in the Executive Director's AGM report and more details are available on our web site www.kitimatcdc.ca.

One of the goals of the Board has been to make the Kitimat Child Development Centre accessible to everyone. Although the Centre does have a ramp enabling entry into the building, this only provides access to the main floor of the facility. One of our challenges has been finding sufficient funds and a company that is able to provide and the install a lift which would then provide access to the lower level. The Rotary Club of Kitimat has earmarked \$20,000 to support us in this endeavour. However, as we do not own but lease the building, we are limited in our opportunities to seek additional grants and monies and therefore continue to find this an on-going challenge.

Both Board and staff are involved in the annual Aluminum City Telethon, a fundraiser for the Kitimat Community Foundation established in January 2011, which raises money for both the Centre as well as many other non-profit organizations in the community.

The Board has been working towards a name changes, appreciating that the present name Kitimat Child Development Centre does not adequately represent all of the services that the agency provides. The Board held an evening session in February facilitated by Taylor Bachrach to begin this work. Since then, staff and clients have been asked to provide additional thoughts and feedback.

The Centre continues to work with School District 82 through contracts to provide occupational and physical therapy services to school-aged children. It also contracts with the district to provide LINK services in the Kitimat schools.

The Out of School Care program and one of our preschool programs rents space at Kildala one of our local elementary schools. Due to costs, the Board was faced with the decision to close the Out of School Care program which operated out of Nechako Elementary School.

The Board is extremely proud of the high quality of service and care that is provided by the employees of the Kitimat Child Development Centre. The staff's dedication, creativity and continued flexibility in the face of ongoing change are noteworthy. The work that they do is truly commendable!

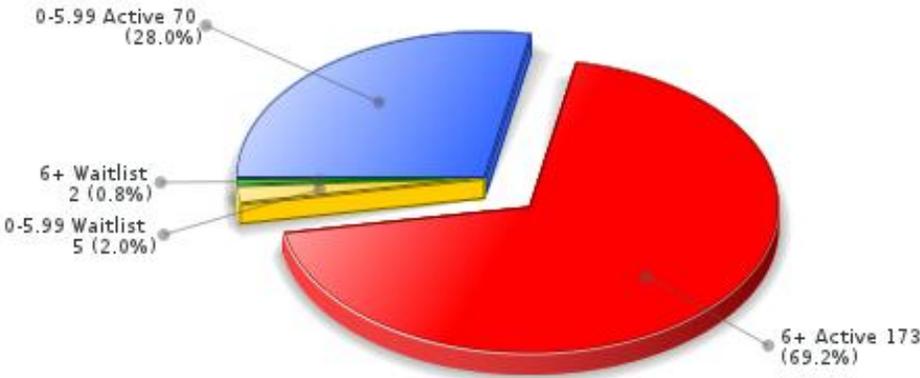
Respectfully submitted,



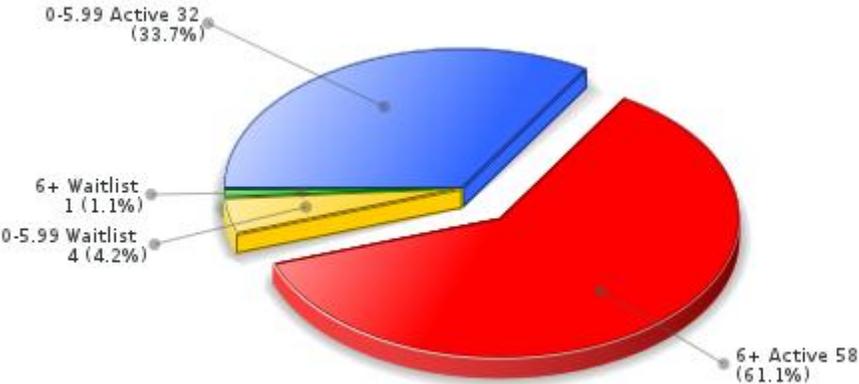
Jo Ann Hildebrandt
Board President

Numbers of Children Served 2011-2012

Unique Children by Agency Overall



Unique Children w/ Multiple Services



Executive Directors Report April 2011 – March 2012

The Kitimat Child Development Centre is a strategic non profit organization. Receiving a three year accreditation award in 2010 with no recommendations in our peer accreditation review placed the Centre in a group of less than 3% of CARF accredited organizations in North America. This recognition comes from our commitment to continual quality improvements and striving to provide high quality services.

OUR STRATEGIC DIRECTIONS:

Guiding what we do is our strategic plan currently in effect for 2011 to 2015. This report will briefly summarize where we are in our plan. A more comprehensive plan is available for review on our web site.

For Programs and Services the CDC is committed to being a leader in the provision of accountable, family centred, client focussed, collaborative practices for those we serve. Our overall objective is to have improved service outcomes.

This 2012 annual report becomes quite lengthy but it is an important process to provide an outcome report for each service we deliver. This is how we are committed to continual quality improvements. Each service provides an analysis of effectiveness, efficiency, access and satisfaction. From the analysis, goals are set for the coming year. We have been working on program outcome reporting and individual employee setting of outcome goals for a number of years now. At times, this is a challenge. There are several areas we want to continue to improve on and one area is the measuring of satisfaction. Both surveys and personal conversation are used to obtain feedback from those we serve. We highly appreciate the suggestions received but don't always have a good rate of return with the surveys. Another area we are working on is measuring our effectiveness in order to understand what makes a difference to those we serve.

One strategy in our strategic plan is to increase the effectiveness of working with our community partners. This is happening on many fronts. We continue to be a leader in the interagency committee meeting monthly to share what is happening in our community and how best we can work together to meet these community needs. This year the social impact committee - a sub- committee of interagency hosted

their second community dialogue which provided a social impact report (available on our web site). This report sets a direction for Kitimat to be not only welcoming but proactively addressing the changes occurring in our community.

For Work environment: providing high quality services are dependent on having high quality dedicated staff and a positive workplace that promotes a healthy balance for our service providers.

There are several goals under this heading. We have not been successful in keeping a goal of being fully staffed in all positions. We have had some staff turnover and once one person leaves a domino effect occurs. We are sad to see our Family Support Worker Shannon Ferguson leave us to work for the Ministry of Children and Family Development but at the same time congratulate her on completing her Social Work degree and we know she will continue to work with the Centre. We have other staff that have also completed continuing education. Sheila Hamilton our Occupational Therapist has this year completed her Infant Mental Health Certificate and has competently supervised two Occupational Therapy Students. Miriam Allen, Supported Child Development and Behavior Consultant has completed an intense education and exam process to receive her Behavioural Analyst Certification. In Administration, Liliana has continued with her accounting courses and with cross training so that we can ensure back up for the Administrative Accountant, when needed. We are striving to do this for a few other positions as well. Michelle Torman, our Building Blocks worker has been supervising a Recreation Degree student.

We track leaving staff and have each staff complete an exit survey. Many of the staff have left for more secure employment or for a needed change as the stress of the work we do warranted a personal change.

Governance and Administration: The quality of our services is dependent on our ability to provide effective, efficient leadership in both governance and administrative services.

The Centre strives to be a leader in our community to be a welcoming, inclusive and healthy community.

The major objective here is to have a name change. This constitutional and bylaw change is being proposed to the membership at this year's AGM. Because we have grown to providing more than child development services it is time to re-brand

ourselves and to provide more information to those we serve as to the scope of our services.

The governance leadership of our board is an important part of our Centre. We have a strong board but are faced with needing new board members. In order to assist with this, we will make a bylaw change to reduce the number of board member required to be a legal board.

Commitment to Sustainable Services - The Centre will operate in a fiscally responsible manner, utilizing balanced spending to help ensure the long term stability of our services.

We have continued to work at sustaining funding and looking at other sources of funding. The Centre has taken a lead in having a community Grant Writer financed by the District of Kitimat and the Northern Development Institute Trust. Using the grant writer we have applied for a number of grants and at the time of writing this report are waiting to see if the applications are accepted. In partnership, we accessed a housing needs study grant and have completed this community needs study. We were fortunate to have partnered in this study with members of the Interagency Committee. We have accessed gaming funds for our daycare and pre-school programs and this new funding is helpful for the viability of these services. The Ministry of Children and Family Development, our major funders are in a year of no increased funding and for the first time have been looking at unearned revenue. Unearned revenue is monies received in our funding contracts that are not spent because we did not provide the service hours defined in our contract. This did cause us some increased work as the full audited statements include all our funding and thus are harder to interpret as to define what is MCFD funding only. We did not have any unearned revenue last year as we met all our contract deliverables.

We are participating at the Provincial level on three cluster areas of work. These are contracting, procurement and reporting requirements. This provincial work is important as new policies and procedures on how we are funded are being developed. I am actively taking some leadership on the reporting cluster which is the data collection each program needs to do to show what services we are providing.

There has been restructuring of MCFD and our contract management has now been returned to our sub regional area. MCFD have also implemented a NOI - (Notice of Intent) process where every renewing contract needs to be posted on the

government BC BID web site so other can say they are also able to provide the service. We did not have any challenges to our contracts but currently have a 3 (three) month extension on existing contracts. These end in June and the intent is to negotiate one year contracts but with no increased funding for some contracts there is the need to negotiate how much service we can deliver.

BCACI- BC ASSOCIATION OF CHILD DEVELOPMENT AND INTERVENTION:

As Executive Director I continue to participate in our membership in BCACDI - the BC Association of Child Development and Intervention. There are three times a year that give us the opportunity to learn what is happening provincially and to advocate for our services for children and youth with special needs (CYSN). As the Executive Director I attend these meetings and I am joined by our Board President at some.

CARF - ACCREDITATION:

I also continue to be a CARF surveyor and appreciate the support of the Board and staff when I am doing this work. The ability to be a peer surveyor and visit other similar agencies provides insight and learning on how we can continually improve.

SUMMARY COMMENTS:

It has been another busy and successful year for the Centre. We have experienced some losses and some challenges but as a team we pull together and continue to provide the services we are proud to provide.

Respectfully submitted,



Margaret Warcup
Executive Director

Building Blocks Annual Report April 2011 – March 2012

INTRODUCTION:

This has been a great and busy year. I have enjoyed being in the Building Blocks position for over a year and thoroughly enjoyed being able to expand upon the program with my background of leisure education and awareness in supporting the family's healthy lifestyle. I have taken on a Recreation Therapy student starting in February for 14 weeks, and it has been quite the opportunity to bring various theories and practices of Recreation Therapy to Building Blocks.

From April 1st 2011 to March 31th 2012 34 clients were served and 25 families. Below I have included the outcome measures used for the year and have stated my outcome measures I will be working on the coming year.

ACCESS:

Track number of support sessions and home visits provided by Building Blocks Program. Based on Nucleus Report 27-Client Stats from April 1, 2011 to March 31, 2012 there were 308 home/centre visits provided which is **70% of direct client related hours**. My goal for the 2011-2012 year was 60% and I have exceeded that.

An additional component that I added to the program was running a Building Blocks Playground group in the summer. The group ran 6 weeks long with 25 participants and 4 families actively participating.

- ▶ My access goal for 2012-2013: to maintain **70%** of my time will be direct client hours.

EFFICIENCY:

New referrals will be contacted within 1 week and initial visit will be set within 30 days, 90% of the time. I achieved this outcome 100%. There were 5 initial visits during the year that occurred within 2 weeks of the referral. 5 referrals came from outside agencies and 5 referrals that were interdepartmental referrals this year.

The efficiency outcome goal for 2012-2013: New referrals will be contacted within 1 week and initial visit will be set within 30 days, 95% of the time.

EFFECTIVENESS:

My measurable outcome for 2010-2011 was for 75% of families will achieve at least one written goal in their Individual Service Plan.

The past year I have changed all Building Blocks Individual Service Plans format and worked towards writing goals that are achievable, measurable and understandable for the parents. It has shown to be a challenging process to write family centred goals that are measurable and keep parents focused on their goals but it is an ongoing process to work on. In the past year **60% of families achieved at least one goal**. Families that did not achieve at least one goal were families that had little contact with myself over the 6 month time period or were families that moved away unexpectedly.

For this year I plan to increase parent's involvement with their families' goals and continue to write goals that are parent friendly, measurable and achievable.

- ▶ The effectiveness goal for 2012-2013: **75%** of families will achieve at least **one** goal written in the Individual Family Service Plan.

SATISFACTION:

15 out of 25 families throughout the year were contacted in hopes to receive feedback in the satisfaction of services provided by Building Blocks. Outcome measure for 2010-2011 was 50% of families will give feedback to the Building Blocks program. **40%** of the families contributed to the satisfaction survey this year. Families stated:

- Are Satisfied with Building Block Services
- Feel that home visits are beneficial for family lessons and learning to be more patient
- Really good program for parents
- Are pleased with often home visits are
- Would like more outings; swimming skating.
- Happy with services, don't feel like anything could be changed
- Wish more families were interested in groups because families that are interested miss out on the opportunity when the program is cancelled due to lack of interest.

- ▶ Satisfaction outcome for 2012-2013: 50% of families will give feed back to Building Blocks Program through satisfaction survey. Survives will be provided twice throughout the year to in cooperate feedback more frequently into the program.

LOOKING AHEAD:

Having been in the Building Blocks Family Support worker position for a year and a half I have really come to love and appreciate the program. There is such a need for the program in the community. I thoroughly enjoy having the opportunity to connect with families and working with them to create strong connections with their children through play. I look forward to my student finishing her placement and being able to incorporate her ideas and strengths to the program and will look to supervisor another student in the coming months.

Respectfully submitted,

Michelle Torman

Michelle Torman
Building Blocks Family Support Worker

Community Link Program April 2011 - March 2012

INTRODUCTION

The Community LINK Program is a program of the Kitimat Child Development Centre (CDC) that provides support to students that are identified as "vulnerable" within the public schools in Kitimat, BC. Using evidence-based strategies, students are provided support in order to increase their social responsibility over all. Along with providing one to one support and group programming for students, the program works in partnership with student's families, the school system, and community resources to provide integrated services. Performance indicators for the 2011/2012 school year will be Service Plan and Feedback Surveys.

The Community LINK Program has been operating within the public schools in Kitimat for 8 years and continues to be funded by the Coast Mountain School District (CMSD). This year, Community LINK was based out of all four CMSD Schools (Mount Elizabeth Secondary School, Kitimat City High, Nechako Elementary, and Kildala Elementary School) at full time hours for all. MESS was increased from 4 hours a day last year to 6 hours a day. Nechako went to 7 hours a day from 6, due to transition of the students from Roy Wilcox School, after the schools closure. Our Roy Wilcox LINK worker did not continue with employment.

Our report will show that we had another busy but successful year. A highlight for the 2011 - 2012 school year was the participation in this year's Grad 6 and 7 Conference for those students transitioning into the Middle School Program. The middle school is a new provision for our community beginning in the 2012-2013 school year. This event allowed for the Community LINK workers from Kildala and Nechako Elementary Schools to introduce their clients to the Mount Elizabeth Secondary School Community LINK worker. Working together, they were able to connect with both sets of students who will be making the move to the Middle School. This will be a big change for our community and having our Community LINK workers involved will be a great benefit to the community and the schools.

For continuous quality improvement and in order to meet our accreditation standards (CARF), the Kitimat Child Development Centre completes four program outcome measures and analysis on an annual basis. These measures are effectiveness, access, satisfaction and efficiency. This year we broke our LINK outcome report down into specifics for each school. We chose to do this as each school has specific goals and service needs that relate to their students served.

FOUR OUTCOME MEASURES

EFFICIENCY

<i>Community Link Programs</i>	CL \$ 2010/2011	CL \$ 2011/2012	% Change	% of total CL	Performance Indicators	# of partnerships	Identify partners (if applicable) either specifically and/or by type	Partnership benefits and estimated dollar value of partnerships - in kind - cash
Nutrition	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Support Workers	\$149,000.00	\$190,000.00	+21%		LINK Satisfaction surveys Meeting goals on service plans	6	CMSD KCDC (Kitimat Child Development Centre) Schools: Nechako Elementary, Kildala Elementary, Mount Elizabeth Secondary School and Kitimat City High	CMSD \$190,000.00 - Community LINK Funds KCDC \$6,000.00 - "in kind" cost of Administration Support Schools: \$20,000.00 - "in kind" cost of rent for operating space within all 4 schools

of vulnerable students supported: 110 open client files

of students supported, in addition to vulnerable: 280

of schools of total schools in Kitimat with LINK programming: 4 (Nechako Elementary, Kildala Elementary, Mount Elizabeth Secondary School, Kitimat City High)

As we continue to collect our statistical data using a more enhanced way, an electronic client records software system known as Nucleus Labs, the Community LINK Program continues towards going paperless as this is the goal for the Kitimat Community Development Centre as a whole. All stats were collected on this software this year for the program.

Statistical Highlights 2010-2011 from Nucleus Labs:

- **115 open client files** - *an open client file means the student has a completed intake (documentation of need, strengths and confidentiality and permission forms signed) and each student has an individual service plan with specific measurable goals of service set for the student.*
- **2167 hours of Direct Intervention with students (clients and non-clients)**
- **295 hours of Group Intervention with students (clients and non-clients)**
- **33 of which were identified as First Nations** - *on our system of data collection we acknowledge the guidance of OCAP and only document First*

Nations if the student or their family discloses this or if we can identify a specific need to know this. Thus we do feel this number is lower than actual number of First Nations students served.

Efficiency Outcome Goals for 2012-2013 for Community LINK:

Using the data collection method Nucleus Labs for the whole year, for the 2011-2012 school year we recorded 99% of our working hours. For 2012-2013, 100% of our working hours will be recorded on Nucleus Labs.

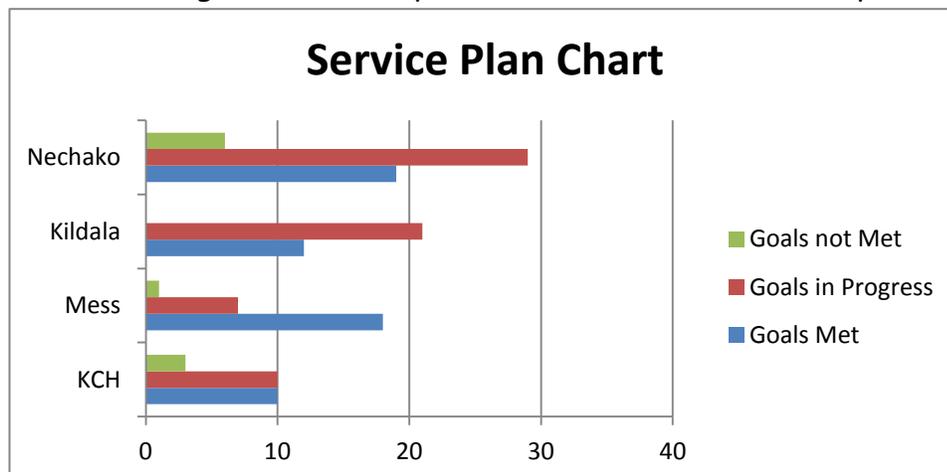
This year, Nucleus showed that 54% of these recorded hours reflected direct service to students/families. The goal for 2012-2013 is to have 70% of the hours to reflect direct services. Direct service hours, are all hours related to the person and does not include administration time. 70-75% is the expected standard for the services the CDC offers. The lower number this year is due to the new application of this data collection and learning to be consistent in daily time documentation. An advantage of this program is that we will eventually be able to analyze on an individual served basis, how much time a student required for their services. This will then assist us with being able to predict service needs more accurately.

EFFECTIVENESS

To measure Community LINK program outcomes for all four Community LINK programs, the following two measures were used: Service Plans and Student and School Staff Surveys along with feedback from Parents and Community Resources.

Service Plans were used to plan out goals for the clients and specify how those goals would be achieved through the various steps it would take in order to be successful. The plan consists of the goals and the specific steps that are taken to meet these goals. The steps also identified who was responsible for each step and

the time frame in which it would be worked on. The following graph shows the results by school.



There are often many reasons for the goals, which are set out for clients to not be met. This year, the themes appeared to be lack of availability from the LINK workers due to large case loads, the need for goals to be changed as the year progressed and new issues came up, and clients who were unwilling or unable due to outside circumstance to participate in what the LINK program had to offer.



The KCDC standard is to do biannual chart audits. For LINK the audit was completed and charting standards were satisfactorily met. The ongoing goal is how to write measurable outcome goals for each student served. For social emotional environmental needs of students, this is not easily accomplished. A focus on continuing peer support and education on goal writing is occurring.

KCH Outcome Data 2010-2011 (contributed by Sheila McInnis, KCH Principal)

Community LINK continues to provide an excellent service to the students at Kitimat City High. Of the seventeen clients, seven (41%) were carried from last year. There were four females who had/have given birth but stayed connected to our LINK worker throughout the year. Six of the females are young mothers and receive additional support through either the Healthy Babies or Building Blocks programs. Good Food Boxes are also supplied to at least one or two of these students as well.

One single mother left the area in November moving to Williams Lake. Recently one student who has been on maternity leave has returned to the school to ensure she is still attached to the program and the school. She will return next year as a full-time client. We have most recently had a student return from her maternity leave and will graduate this year. While another student will be starting her maternity

leave in May as she is due in June. Community LINK has provided an essential service to our young mothers, without the support I am confident many would not have medical attention or been able to manage to arrange independent living. Currently there are fourteen (14) students attached to the program. Six (6) of these students will graduate and the remaining eight (8), will return to school in September. Of these eight (8) students, three (3) will be considered high risk as they are young mothers. The continued support of our LINK worker and Healthy Babies Coordinator will be critical in ensuring these young women continue to work towards graduating with the class of 2013.

We cannot say enough about the support our students receive through the Girls Talk program that has been done for three years. Our LINK worker, Sandy Correia works in tandem with Luiza Couto, of the Reach for Sunbeam Program, to ensure the integrity of the initial program remains intact. Due to the success of the Girls Talk program last year, Boy Talk was introduced as well. We were able to utilize the services of Luiza Couto as well this year for these sessions, as unfortunately the cutbacks dictated that David Weaver would be unable to continue in the role he played in the previous year's program.

The Drug & Alcohol worker was very useful as well. This provided opportunities for students who might not have had the courage to speak about their addictive behaviours in a safe and caring environment. Darri O'Neill, a Mental Health and Addictions Clinician from Northern Health Authority, who works with mainly youth, was retained in the same capacity as last year that allowed for the continuity and relationship building to remain stable. Our students are not often very good with change so having the same individual was encouraging. We were able to refer additional students to her as peers were able to reassure the confidentiality and safety measures were in place and trust had already been built with the Clinician.

There are a number of students who were also referred to the Child & Youth Mental Health Clinician. The students have been identified through a screening process or have approached our LINK worker with concerns. We will continue to provide referral through our LINK worker as we no longer have a District Counselor, who in the past would have provided this service. I trust that the committee will continue to recognize the importance of having this service in our schools to assist our students in accessing outside agencies.

Sheila McInnis, B.Ed., M.Ed.
Principal

**Sheila also provided a statistical chart; please see the next page for details.*

As a measure of program effectiveness, satisfaction surveys were given to client and school staff and conversations about the Community LINK Program was held with Parents and Community Resources. The following was found:

Student Satisfaction Surveys were completed by 45 students participating in the Community LINK programs. The surveys give the students a chance to share what they are learning from the LINK program and any suggestions they may have. Feedback was very positive for all four schools. The elementary LINK survey asked a few questions, asked the students to draw something they had learned while in the LINK program and rate how they liked the program by circling a face (sad for not much and happy face for liked the program). The results from the surveys were separated between the elementary schools and high school level as the questions were different.

Results for MESS and KCH:

71% of students connected with their LINK worker on a daily basis.

24% of students connected with their LINK worker on a weekly basis.

5% of students connected less than once per week.

94% of students responded that they feel more connected to the school/community since they have started talking to their LINK worker.

6% of students stated that this does not apply to their situation.

94% of students responded that the LINK program has provided a safe and positive place to talk about challenges they are having in their lives.

6% of students stated that this does not apply to their situation.

Two comments from High School and KCH students from their surveys:

- "My LINK worker is easy to talk too. She is non-judgemental and show she cares. She has helped me through difficult times."
- "Thank you for all of the support you have given me. Please keep coming back to our school. We need people like you."

Results for Kildala and Nechako:

93% of students responded that they learned a lot from their LINK worker.

7% of students responded that they learned a little from their LINK worker.

100% of students were able to list at least two people to talk to if they needed support and 95% listed the LINK worker as one of these people.

Here is a sample of some of the questions asked to students about what they have been learning with their link worker:

How to follow school rules - 86%

What I can choose to think and do when I feel angry, frustrated or upset - 96%

How my attitude affects how I feel, what I think and the behavior I choose - 86%

How to be a good friend - 86%

School staff was also asked for feedback on the LINK program. This feedback was conducted through written surveys and phone calls. From all four schools 31 written surveys were completed.

100% responded that the Community LINK program has connected students and families to outside resources in the community.

100% responded that the Community LINK program has enhanced/complimented current services already existing within the school.

100% responded that the LINK Program has provided individual and group opportunities for development and enhancement of student's social skills and personal growth.

Here is a sample of comments from school staff:

- "The Community LINK program is an integral part of our school."
- "My class would not survive without the LINK program."
- "Our Community LINK worker is wonderful but the needs at our school are greater than one LINK worker can offer (this comment was expressed by 5 school staff)."

Phone interviews were conducted with 10 of the 15 individuals identified by the Community LINK workers as *Community Partners*. A CDC Staff member outside of the Community LINK program conducted these interviews. The summary of the phone interview results, provided to Community LINK Program, stated:

- "All shared that they appreciated working with LINK staff and valued the services of LINK... Staff are professional in their interactions, and appreciation was expressed for the pro-active approach of LINK workers in accessing community services for the children, youth and families on the LINK caseloads."

Previous Satisfaction Outcome Goals for Community LINK:

50% of Families providing feedback on our services - this goal was not met, as a phone survey was conducted on a random selection of 30 out of 86 families.

70% rate of return for School Staff Feedback Surveys - this goal was almost met, and the rate of return this year is a large improvement over the previous two years, with 66% of surveys being returned.

Satisfaction Outcome Goals for 2011-2012 for Community LINK:

1. To continue to work towards previously set goals, with 50% of families and 70% of School Staff completing feedback surveys.
2. 100% of students providing feedback surveys.

Interviews done with community providers, by a CDC staff member provided feedback of high satisfaction and value of the program.

- Referrals done by LINK workers with the schools were appropriate and complete. Communications were consistent and timely.
- The Link Program is of benefit to our community.
- There was also appreciation expressed that the LINK program does ask for input for continuous improvement.

ACCESS

Nechako and Kildala Elementary Schools

Principals and/or the School Based team identify vulnerable students for referral to the Community LINK Program at the elementary level. Consent from the parents/guardians, is then obtained by the school, for Community LINK to work with their child. Once this consent is obtained, an intake process with the Community LINK worker and the parent/guardian then takes place before service begins. At this time parent input and feedback is encouraged to assist with developing the child's goals/service planning for the school year. Programming is also available outside of teaching time such as Homework Groups and Lunch Groups during the schools lunch hour. Each group provided has established goals that include social/emotional support and peer interaction. After school, Community LINK often facilitates the Rainbows Program, Mentoring Programs, and one on one accompaniment/transportation/advocacy programs. Families are able to connect and receive support with Community LINK on an as needed basis. When programs are

being offered, families may also participate in the various parenting programs offered by Community LINK, like Kids Have Stress Too.

Mount Elizabeth Secondary School and Kitimat City High

Age of consent for services is the age of 14; therefore at the high school level access to Community LINK is a bit different. The majority of clients are self-referrals but school staff, parents and community resources have also asked for services too from Community LINK Workers. Community LINK at this level offers mostly one-on one support to the clients. Mount Elizabeth Secondary School offers a daily lunch group and "Thru the Cracks" lunch program which includes local supermarkets donation of food distributed throughout the community for those in need. Kitimat City High partners with the Community Resources to offer Girl Talk and Boy Talk groups to all students who attend the school.

Barriers to Access

With the 2011 amalgamation of Roy Wilcox and Nechako Elementary school, a barrier faced by the Nechako LINK worker was the very limited amount of time/support that could offer students, parents, and school staff due to the increasing number of students currently on the LINK caseload needing support. Another considerable barrier that all Community LINK Workers faced this school year was the ability to transition families/students to other services that would address clients on-going service needs. Access to community resources was difficult due to insufficient professions within the community to refer out to such as unfilled Child and Youth Mental Health and MCFD Social Worker positions. Mount Elizabeth Secondary School and Kitimat City High were without a District Counsellor and the elementary school has limited interactions due overwhelming need of the student population. Community Resources at their current staff levels did try to accommodate all referrals sent by LINK but they were often waitlisted or not considered a 'fit' for those programs. LINK did spent a good amount of time trying to fill the gap that lack of resources has produced, trying to keep those students engaged and connected to their schools. Kitimat City High lost two full time staff members this year, one a teacher and the other a rehabilitation worker. Community LINK has found it more difficult to work on goals with clients due to a decrease of support from school staff as supervision has now become the priority in the building. Communication is much more difficult as finding the time to interact

with staff has become challenging. Referrals from staff are often vague due to time constraints and not being able to identify the specific need right away. Community Link has participated in the Kitimat Interagency Committee and participated in identifying community service gaps and how these can be addressed so student needs are being met. Access to services by working with community partners and school staff will continue to be a focus of the LINK program next year.

Looking to the Future

Community LINK is looking forward to continuing to play a valuable support role as part of a school team in the upcoming school year. The students and families that we have worked so hard with to build trusting relationships will continue to receive our support and guidance to assist them with the process of accessing teacher, school, administration, Community agencies and additional support services.

In 2012-2013 a goal for the upcoming 2012-2013 school year for Community LINK at the elementary level is to provide After-School Programming for students and Parenting Programming contingent on funding and time availability. Mount Elizabeth Secondary School is anticipating an extra 102 students to add to the school population for their Middle School. The new LINK office is now located in a common area that will be easily accessible for both the middle school and the high school students. Kitimat City High plans to continue with Girls talk and Boys talk and adding back programs that were not run this year but had been part of the school in the past. These include partnering with community resources to offer Drug and Alcohol Education groups, Sexual Health Education, Bullying Education and Prevention and Healthy Relationship workshops.

Community LINK looks to continue to play a valuable support role, as part of a school team, which will help students, their families, and the school staff go through this transition to the new Middle School implementation. It is clear from feedback at all schools served by LINK, that the LINK program has played a valuable role with students. Additionally, the feedback from our community partners (Ministry of Children and Family Development Social Workers and Child and Youth Mental Health Clinicians, Northern Health Authority's Community Health and Mental Health and Addictions Clinicians and others community partners) is that the role and functions of LINK to assist integration of services for students is invaluable.

We respectfully submit this report and welcome any questions. Community LINK workers would like to thank you for the opportunity to work in partnership for

students and their families.

It is often said that "Today's children are tomorrow's leaders", with this we look forward to the continuation of collaboration with school staff, families and students in the future.

Respectfully submitted,

Sandy Correia

Sandy Correia

Logic Model - Community LINK Program

Program/Project	Strategy	Activities	Anticipated Outcomes	Indicators of Success
Community LINK Program	Community LINK Workers based at Kildala Elementary School, Nechako Elementary School, Mount Elizabeth Secondary School, and Kitimat City High. The LINK Workers provides support to address emotional, social and behavioral issues that may interfere with a vulnerable child's ability to succeed in school, home and community.	Individualized, one to one support for students and families. Crisis intervention. Accompaniment to community based resources. "Roots of Empathy" – empathy and emotional development group program. "Friends for Life" "Rainbows" – group that supports children dealing with grief from a life-altering loss. Social skill groups – anger management, friendship skills. Homework groups Buddy Groups Leadership groups Girl Talk Program Boy Talk Program MESS Lunch Group	1. Improved social responsibility	Positive feedback from families, schools and community. Meeting Service Plan goals.
	Community LINK Worker works in partnership with the school system, families and community agencies to provide integrated services	Participation in Community Events: i.e.) Community Interagency meetings, Kindergarten Round-up, Grade 6 & 7 Conference	2. Improved integrated service delivery between families, schools and community	Positive feedback from families, schools and community.
	Use of evidence-based interventions including, but are not limited to: - One to one interventions - Group programming - Integrated case management	Parenting Program Attendance/coordination of integrated case management style meetings i.e.) School-Based Team meetings, IEP, ICM	3. Meeting the needs of the clients/families served by the Community LINK Program	Positive feedback from families, schools and community. Meeting Service Plan goals

Program Outputs

Statistical Data from Nucleus Labs software

Indicator Measurement Tools

Service Plans

Complaint/contract system (KCH)

Feedback Surveys conducted with School Staff, Community Agencies and Program Clients and Families

Family Drop In and Resource Program Annual Report April 2011 - March 2012

INTRODUCTION:

The Family Fun Spot is a community drop-in for children aged birth to age 5. It operates Mondays and Fridays from 1-3 pm and Wednesdays from 10:30-12:30 pm. Michelle Gardiner was the facilitator until May 2011 when she went on maternity leave. Jessica Vennard was hired and is the current Fun spot Facilitator. As the Family Programs Coordinator my role is to provide support for the facilitator. There were 135 sessions and 1025 children attended sessions from April 2010-March 2011.

ACCESS:

The access outcome measure for 2011-2012 was to distribute information about the Fun Spot twice per year (spring and fall) to the various community locations. This was to increase community awareness of the Fun Spot in the community. This goal was accomplished by advertising the Fun Spot in the local paper, Sip'n'chat, Kitimat Daily and handing out brochures to various community locations.

The goal for 2012-2013 is to start a Facebook page to advertise Fun Spot. This Facebook page will be moderated by the facilitator and will be to advertise happenings at Fun Spot, the CDC and the community.

EFFICIENCY:

The outcomes for 2011-2012 were to

1. Provide an environment that promotes healthy and positive family and child interaction.
2. Increase the opportunity for the use of toys and creative play in a group setting.
3. Strengthen knowledge of effective parenting strategies.
4. Promote resources within the Kitimat Child Development Centre and increase awareness of additional community resources.
5. Promote early literacy, healthy nutrition, and children's health as it relates to their overall well-being.

These outcomes are stated in the grant that provides the Fun Spot with the funding.

Jessica and Michelle did facilitate positive interactions, provide referrals to community organizations, provide general parenting strategies and provide information regarding health and literacy through the bulletin board.

The efficiency outcome measure for 2012-2013 is to continue to provide information monthly to parents through the bulletin board regarding health, safety, parenting, nutrition or literacy.

EFFECTIVENESS:

The outcome measure for 2011-2012 was to have 3 guest speakers throughout the year to provide information to caregivers. This outcome was achieved. The three guest speakers included a Public Health Nurse, the Physiotherapist and the Infant Development Consultant.

The outcome measure for 2012-2013 is to have three guest speakers attend the group to discuss topics chosen by parents attending the drop-in.

SATISFACTION:

The satisfaction outcome for 2011-2012 was to conduct a satisfaction survey with the participants. This survey was completed and data from these surveys was used to complete this report. This input is valuable to make sure the Fun Spot continues to meet the needs of those families who attend.

The outcome measure for 2012-2013 is to complete a satisfaction survey twice per year to gather feedback from the many families who attend the drop-in.

LOOKING AHEAD:

The Family Fun Spot was funded by a provincial grant. Due to provincial cutbacks this year the grant was not renewed. The Fun Spot will continue to run for the 2012-2013 year with funding secured through family programs at the CDC. We recognize the importance of this program to the community and are happy that we can continue to run for another year. Feedback from those attending the drop-in as well as from community partners is that the Fun Spot provides a valuable role in connecting parents and children in our community in a safe and supported

environment. We will continue to look for funding to keep this valuable program operating past next year.

Michelle has decided not to come back to work at the Fun Spot and we are happy to announce that Jessica will continue on in this role. Jessica has experience facilitating and we are happy to have her at part of the CDC team. We will continue to listen to parent feedback and use this feedback to provide a safe, quality program for families in Kitimat.

Respectfully submitted,



Cheryl Lippert
Family Programs Manager

Family Support Worker

April 2011 – March 2012

While the Family Support Worker primarily works with families of preschool-aged children, there remains a growing need for additional support and resources for school-aged children and their families. Collaboration with community partners (e.g. MCFD, Northern Health, and School District) is central to the role of the Family Support Worker, as lines of communication between service providers can be particularly challenging. The Family Support Worker may also support families in accessing services, co-ordinating multidisciplinary service delivery, providing intensive support through crisis and in promoting and advocating for the choices and priorities that parents have identified for their children.

Throughout the 2011/2012 year, the Family Support Program received 17 new referrals, primarily from families and community preschools. On average, there are approximately 20-25 children on the caseload. The decrease in people served from last year may reflect population trends; community needs, or shifts within the organization as to how family support is provided through existing programs; likely a combination of all three. While children are often discharged from the program upon school-entry, the Family Support Worker may continue to work with families throughout the elementary school years. The Centre typically directs inquiries about services and resources to the Family Support Worker, who may then support families with access to services or refer to the appropriate agency.

In addition to direct service to families, the Family Support Worker has taken a lead role in supporting staff through the implementation of our electronic record system and transition to "paperless" documentation. While we continue to adjust to this "new way" of doing things, we have already begun to see some of the time-saving benefits that come with electronic charting as well as the increase in collaboration between programs.

It is essential that the Family Support Worker remain flexible and readily available to assist families in navigating through service systems, as well as be resourceful in ensuring that families have the information they need to make decisions for themselves. After 8.5 years with the CDC, Shannon Ferguson has moved on from her role as Family Support Worker to join our colleagues at the Ministry of Children and Family Development.

ACCESS:

Although Shannon maintained a part-time position with the Centre, the additional hours in the contract allowed for greater flexibility for our part-time FSW to meet workload

demand, as well created an opportunity for the CDC to offer a broader range of support to the families we serve, including therapy intervention.

EFFICIENCY:

- As a Centre, we continue to strive to ensure that we are integrated in our approach to providing service to families, and further that we are documenting our collaboration through family service planning. The Family Support Worker plays an integral role in this process, specifically for children on the Early Intervention caseload. We continue to work towards improving our efficiency at completing service plans that are representative of families' priorities and that include suggested therapeutic outcomes. Our goal is that 100% of those served will have completed individualized service plans. The Family Support Worker will take a key role in this challenge in 2012/2013.
- Typically twice a year, we are visited by a psychologist from Sunny Hill Health Centre for Children. The Family Support Worker ensures that the referral process is complete, facilitates family and staff needs during the assessment, and offers support to the family following their child's visit. We continue to advocate that families in Kitimat receive prompt and reliable service, and that consultation with our community remains a priority for the psychology department at Sunny Hill.
- Families in Kitimat benefit from the outreach services provided by Terrace Pediatrician, Dr. Jannie duPlessis. On a monthly basis, the Family Support Worker collaborates with the Sleeping Beauty Medical Clinic, the School District, CDC staff, and families to facilitate a local clinic. The CDC has a long-standing relationship with Dr. duPlessis, which certainly compliments our efforts to meet the needs of families in Kitimat and the Kitimaat Village.

EFFECTIVENESS:

- We have identified a need to put greater effort into completing exit summaries with parents upon the discharge of their children from caseload. Although during the referral process, the FRW thoroughly reviews with families their rights and responsibilities in their service relationship, it is equally important that upon discharge we follow-up with families as to whether or not they felt satisfied that the terms of the agreement were met.
- With an increase in programs and services offered through the Centre, comes a greater need for collaboration and communication between staff and the families we serve, as well as with our community partners. Over the past year, we engaged with a number of families presenting with complex needs where our

ability to remain collaborative was put to the test. The Family Support Worker remains central to this process, often playing a key role in the communication between families and service providers.

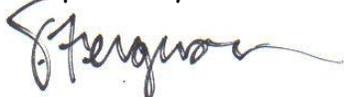
- The Family Support Worker contributed to the Centre's delivery of the Strengthening Families for the Future program. A number of staff, including the Family Support Worker, engaged in the process of critically reviewing the existing program and exploring how we could offer the program in a way that was relevant to the needs of families in our community and reflective of CDC values regarding parenting and family communication.

Complex Developmental and Behavioural Conditions (CDBC):

In April 2011, the Northern Health Assessment Network contracted with the Terrace and Kitimat CDC's to provide intake services for CDBC assessment. The assessment offers a multi-disciplinary approach to assessing and intervening where children and youth present with complex behaviours and needs. As Intake Worker for families in the Kitimat and Stikine Region, Shannon assumed the added responsibility of completing the intake process, facilitating the various assessments, and bringing together the family with the service team to review outcomes and future planning. Similar to her role as Family Support Worker, Shannon approached this challenge with the goal to improve collaboration between service providers in the interest of responding to the needs of the families served.

It is expected that 2012/2013 will bring new challenges for Family Support Worker as a new worker settles into the role. The CDC has taken this opportunity to review the competencies of this position as it relates to other programs at the Centre to ensure that families are benefiting from all that the Family Support Worker has to offer, as well as to consider how this role can be used to increase the efficiency and effectiveness of the services we provide.

Respectfully submitted,



Shannon Ferguson
Family Support Worker

Healthy Babies Annual Report April 2011 - March 2012

INTRODUCTION:

Healthy Babies has had significant changes this year. There were a number of intakes which kept the program busy and we had some staff changes. Susie Barbosa, who was the Healthy Babies worker, left the position at the end of February to move on to a new career. Our program registered nurse, Cassie Mitchell, also resigned the end of February as her other work commitments have increased. Cheryl Lippert continues to be the program coordinator. The program has secured a new Healthy Babies worker, Jaclyn Camazzola who will be starting in June. We should have a new registered nurse in the position by June as well. In the meantime Cheryl and another CDC staff, Vanessa Silva, are connected with the Healthy Babies clients to provide services. We have also met with the Public Health Nurses who are supporting families until our new Healthy Babies worker starts.

ACCESS:

As of March 31st, 2012, the Healthy Babies program served 100 women through the pre and post natal support services available in the program and through our community drop in. We had 55 women in our program for individual support services.

Healthy Babies provided support to families through drop-ins, and one to one support sessions. There were no waitlists. Families who are not on the caseload have access to pre and post natal support by attending weekly drop-ins. The Outreach Worker is also available to all families through phone support to ask questions regarding pregnancy, breastfeeding, etc.

Healthy Babies provided support to families through drop-ins, one to one support sessions, and offering Overwaitea and Super Valu vouchers and sponsorship of Good Food Boxes (Food Security).

Support Sessions - 1:1 Site appointments, phone calls, and food security - 520
Home Visits - 95
Group and Drop In - 50 sessions with a total of 620 caregivers and children attending.

The access goal for 2012 is to continue to provide services without having a waitlist. This will be done by offering group support, fostering peer support and referrals to other agencies when necessary.

EFFICIENCY:

In 2011-2012, 90% percent of the women referred to the Healthy Babies program were seen. The 10% of clients not seen were due to not be able to make contact or families moving out of town prior to the intake visit.

GOALS:

The goal for next year is for 100% of clients who are referred will receive services through the Healthy Babies program or be provided with a referral to another service.

EFFECTIVENESS:

The Healthy Babies Programs provides parents with a feedback form that is compiled by the Northwest BC CAP-C Coalition to measure the effectiveness of our program delivery.

The CAP-C program measures what parents have learned while being a part of the program. Our results as listed below of the 10 returned surveys are:

As a result of coming to this program, I have learned (check as many as you'd like):

- More Information about the prenatal and post natal care of my baby - 86%
- How to make lifestyle choices regarding drugs, alcohol or tobacco use that will keep my baby healthy - 65%
- How to breastfeed my baby - 35%
- How to keep my baby safe - 90%
- How to establish care routines for my infant (examples: feeding sleeping, bathing) - 70%
- How to obtain sufficient food to ensure my child's health - 75%
- More information about healthy birthing practices - 50%

The goal for 2012-2013 is for increased percentages in the areas of how to breastfeed, making healthy lifestyle choices and about healthy birthing practices.

SATISFACTION:

10 clients completed the satisfaction survey and here is a sample of the comments from the surveys:

Some comments from clients when asked "Why do you like coming to this program?"

- "I love the drop-in. I have made new friends and my baby has made new friends too"
- " Being a new mom is so hard and Healthy Babies makes it easier"

When asked if clients could do one thing to improve the program it would be:

- "Drop-in group twice a week"
- "Maybe activities in the community as a group like swimming or walks"

LOOKING AHEAD:

For this next year our goal is to have 100% of clients complete the satisfaction survey as this information is valuable to guide and improve our services for families. We will also be continuing our discussion with our funders regarding our limited financial resources for the Healthy Babies program. This has been an on-going discussion to highlight the need for our community.

The program is excited to have Jaclyn Camazzola starting in June. Her experience and knowledge will be very useful to the new moms as well as being a resource to CDC staff. She will be taking her Childbirth Educators Certificate starting in January 2013. We will continue to provide safe, non-judgemental support for women who are pregnant and through the first year of their child's life.

Respectfully submitted,



Cheryl Lippert
Family Programs Manager

Prenatal Classes Annual Report April 2011 - March 2012

INTRODUCTION:

Prenatal sessions are run in groups of 3 classes per session. There are 3 prenatal sessions per year and expected parents sign up for the session which best matches their due date. NancyJane Harness provides the prenatal sessions. NancyJane is a former employee who worked in the Healthy Babies Program and she is also a Lamaze Certified Child birth Educator. I am the coordinator for this program to secure the funding and provide any support that NancyJane may need.

ACCESS:

The access outcome for the 2012-2013 year is to **ensure 100% of those who sign up for the prenatal classes are able to attend regardless of their income level.** We provide a full subsidy for participants who are unable to pay for the prenatal classes. Our goal is for the funding to last for the entire fiscal year to cover all financial costs of the subsidies. We met our goal this year by providing subsidy to all participants who required this financial support.

EFFICIENCY:

The efficiency outcome for 2012-2013 is that **100% of the material listed will be presented** during the 3 classes per session. NancyJane is now using a new system of using three shorter classes instead of two longer days. Feedback from participants is that this format works well and all information is delivered.

EFFECTIVENESS:

The effectiveness outcome for 2012-2013 is that **100% of participants who attend the sessions attend all three parts of the classes.** If participants attend all three sessions we know they will be receiving the required information and the classes will be meeting their needs. In 2011-2012 80% of participants attended all three classes. Those who missed a class were home sick or had prior commitments.

SATISFACTION:

The satisfaction outcome for 2012-2013 is that **100% of clients who attend the prenatal classes will fill out a short satisfaction survey to provide input on the classes.** This input will allow us the feedback necessary to keep the classes pertinent for all participants. In 2011-2012 feedback was collected verbally in class. We will provide a written survey for 2012-2013.

In 2011-2012 all three prenatal sessions were well attended (19 out of the 24 registered). The additional grant from Northern Health allowed us to provide subsidies for all women requiring this support. Another positive change for the program is that NancyJane added a fourth session to each set of prenatal classes to cover breastfeeding. This additional class is free to all those who attend the prenatal series. This class was started out of requests from prenatal participants.

We look forward to another successful year of facilitating prenatal classes for families in Kitimat.

Respectfully submitted,



Cheryl Lippert

Family Programs Manager

Infant Development Program Annual Report

April 2011 – March 2012

INTRODUCTION:

The Infant Development Program served 34 families this year with the average caseload being 25 families. The Infant Development Program serves families with infants and toddlers from birth to three years of age whom have a delay in development, or may be at risk of a delay(s). Lori Fitzpatrick is the IDP consultant and Cheryl Lippert is the program coordinator. Lori Fitzpatrick is off on medical leave as of March 1, 2012 and is expected back in September 2012.

The Infant Development Program collaborated with an excess of 20 community agencies to deliver services to families this last year. Some of the services are a part of the Kitimat CDC including, but not limited to, occupation and physiotherapy programs, along with the Healthy Babies, Building Blocks, and Supported Child Development programs. In the community the Infant Development Program has worked with the Public Health Unit, MCFD, local physicians, dentists and pediatricians (Terrace), along with Cimoca Child Care Centre, as some examples. The Infant Development Program also refers and collaborates with provincial wide services and organizations such as Sunnyhill Health Centre for Children, and various organizations who serve families with children who have been identified with delays and/or special needs.

ACCESS:

All services in the Infant Development Program are 'family centered". This means that the parents or caregivers decide on what kind of support they need. It also focuses on the strengths of the children and families.

The Infant Development Program provides support to families primarily through a *home visiting program*, but also can meet with families at the CDC or any other location the family prefers. IDP participates in Family and Individual Goal Planning, and information and activities for future visits are designed around this plan. The Infant Development Program provides developmental screeners and assessments, along with reports, intervention suggestions, parenting support, and referrals to various services deemed appropriate and approved by the family. From April 2011-March 2012 425 home visits were made with families on the IDP caseload.

The IDP facilitates a weekly IDP Playgroup, co-facilitated by CDC staff. This playgroup is available exclusively to families with children who participate in the Infant Development Program. It provides activities in all major areas of child development along with an opportunity for peer play and interaction, and for parents and care-givers to connect with each other. Educational components include; child development, parenting, safety, nutrition

and community services. There were 44 Toddler Time Drop-ins in from April 2011-March 2012.

The Infant Development Program also facilitates a weekly "Toddler Time Drop-In", co-facilitated by Jessica Vennard. At this drop- in infants and toddlers are given an opportunity to interact with peers, and parents and caregivers have an opportunity to connect with each other and professionals. This group is open to all families with children three years and under in the community. At these sessions the Infant Development Program supplies general developmental and parenting information and strategies. There were 48 Toddler Time Drop-ins in from April 2011-March 2012.

Access Goal: Continue to build connections with various community agencies that support children birth to 3 years old. The IDP consultant will connect with three community agencies in 2012-2013 to provide information on child development.

EFFICIENCY:

In 2011-2012, 90% of the children referred to the Infant Development Program were seen within two weeks of referral. The other 10% were met with by another CDC service as decided by our CDC intake team during our weekly intake meeting. There is currently no wait list for the Infant Development Program. If numbers on the IDP caseload continue to increase, IDP will implement a waitlist and a waitlist tool. This Efficiency with families can be measured according to Individual and Family Service Plans. Most family, except for casual contact clients, are provided a home visiting schedule. Usually this schedule is planned for one year in advance, but can be done in three or six month increments. Likewise, families also participate in individual goal planning for the child (but can also include family goals). These goals are reviewed every six months.

Efficiency Goal: In 2012-2013 100% of children referred to the Infant Development Program will be seen within two weeks of referral.

EFFECTIVENESS:

Discharge surveys are mailed at every discharge, and random group surveys are provided during the year. IDP also makes efforts to verbally touch base with families about what supports they feel they are getting through the program, and are asked to share some of the information they feel they have learned from the program, and to indicate if it positively affects their parenting. The results of this conversation are documented in the clients file.

5 discharge surveys were received from families on the Infant Development Program during 2011-2012.

- 100% of surveys returned indicated a 100% satisfaction in that they receive enough visits from the IDP program.
- 100% of the respondents indicated that all family members who want to be involved are included in the program.
- 100% of surveyed caregivers felt the IDP consultant provides information and resources that they ask for.

Effectiveness Goal: In 2012-2013 two surveys will be distributed to families (one survey for group attendees and one for all families on IDP). This information will help to shape the program based on feedback from clients.

SATISFACTION:

IDP has conversations with caregivers relating to their satisfaction with the program during scheduled visits and groups. This is documented in the client's files. Generally a satisfaction survey is distributed to IDP families but this year one was not sent out due to the IDP consultant being off on sick leave.

Satisfaction Goal: In 2012-2013 a satisfaction survey will be distributed to all families on the IDP caseload.

LOOKING AHEAD:

Lori Fitzpatrick is expected back to work in September 2012. Until this time a temporary IDP consultant will fill this role and receive supervision from Cheryl Lippert. The CDC staff has been helpful in facilitating the IDP playgroup in Lori's absence and connecting with families on the IDP caseload.

Lori is excited to start the Infant Development Diploma program this year through UBC. This program will provide additional knowledge to support her in her role. She values her connection with families and being able to share in the growth and development of their children.

Respectfully submitted,



Cheryl Lippert

Family Programs Coordinator

Kid's Place Preschool Annual Report April 2011 to March 2012

ACCESS:

Kid's Place Preschool is currently 100% full (55 of 55 spaces taken as of March 31st 2012). This year we have provided preschool services to up to 55 children. The preschool operates four separate classes of children per week. We have three classes of 15 children running Monday, Wednesday and Friday (9:00 to 11:30 and 1:00 to 3:30) and Tuesday and Thursday morning (9:00 to 11:30); and one class of 10 children Tuesday and Thursday afternoon (1:00 to 3:30).

There are currently 47 children (8 four year olds; 32 three year olds; 7 children under 3) on Kid's Place waitlist for September 2012. This does not include any returning children.

Goals: Maintain and up to date waitlist.
 Provide preschool services to as many children as we are able.

EFFICIENCY:

The staffing levels in the preschool are currently 1 preschool teacher to 10 children. Chigusa Dodd continues to serve as our second preschool teacher in the Monday, Wednesday and Friday classes and the Tuesday and Thursday morning class (these classes have 15 children in each class). We also have children in our program who require extra support to be fully included, and as a result there is also one Supported Child Development worker Monday in each class. We have also mentored three high-school students completing work experience hours since September 2011.

We were able to operate more or less within our budget.

Kid's Place has followed the Coast Mountain School District's school calendar for holidays and breaks for the 2011-12 preschool year.

Goals: Continue to look for ways to streamline spending to stay on budget.
 Maintain communication with the finance department to stay current with accounts.
 Have two staff persons with all the classes.
 Continue to mentor early childhood education and work experience students.

SATISFACTION:

Kid's Place Preschool program looks for quality improvement opportunities on an on-going basis. Family feedback happens in two ways: informal feedback through daily discussion with families and Parent Questionnaire at the end of each preschool year. Feedback is then incorporated into our program. This year we surveyed the families in April/May; of the 53 surveys distributed, we received 22 returns. Generally, families have expressed satisfaction with their child's preschool experience.

Goal: Survey parents twice per year, mid-year and at the end of the preschool year.

EFFECTIVENESS:

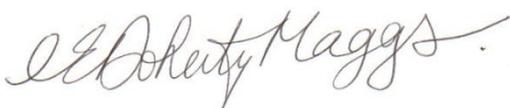
We have tried to use the Early Learning Framework as a guide for our practice. The staff have looked at the framework and we have discussed the principles behind the framework. We have continued to use the emergent curriculum model to plan for the preschool. The preschool manager enrolled and completed two on-line early childhood care and development courses through Northern Lights College. One course was an Infant-toddler course which is the last course needed before practicum for certification as an Infant-toddler Educator. The other course was a basic level curriculum course. Information learned in this course will help to better plan for children's learning and document the children's learning stories.

We have been successful at including all children in the program. We have been able to do this through regular staff meetings, development and implementation of care plans (including behaviour plans). Parent-teacher interviews were offered in June (for end of the year), September (for new families) and again in January/February (to inform parents of progress).

Goals:

- Provide written documentation of children's learning using pedagogical narration/learning stories.
- Review the care plans every three months with parents and staff.
- Offer at least one family meeting per class over the course of the year.

Respectfully submitted,



Christine Doherty-Maggs
Kid's Place Preschool Manager

Kildala Out of School Care Programs Annual Report 2011-2012

INTRODUCTION

The Kildala out of School Care Program operates out of Kildala Elementary School. Children arrive as early as 7:00 AM and go to school with the morning bell at 8:45 AM, coming back into the program at the end of the school day at 2:45 PM until parent pick up to 6:00 PM. Children are cared for on Non Instructional Days, Spring Break and Christmas Holidays.

This year the program will end with the School closing on Tuesday, June 26th.and resume on Tuesday September 4th.

ACCESS

This has been a very busy year in the Out of School Care Program; we have doubled our registrations over last year, and have added an extra staff member.

There are available spaces in the program and we offer drop in care at an hourly rate. The convenience for parents having this program in their child's school has been expressed as appreciated.

EFFECTIVENESS

Workers and supervisors in this program appreciate the need for this service, as it provides a safe, social and learning environment, for children of working parents. A weekly schedule of planned themes, crafts and healthy snacks is posted .The children are given a variety of activities and art projects. This year we have initiated a few new parts to our program, Generation Wise where we have seniors from our community come out and share with the children stories or crafts. We have had a Veteran visit us for Remembrance Day, and a Lady come and help make fascinator hats for our Mothers Day Tea. We have also initiated an anti bullying project called (Be a Friend)

The children have also made signs thanking motorist for (Slowing Down in our School Zone). This program shares a social responsibility with the children in creative ways.

SATISFACTION

Parents have expressed satisfaction with the program and the Children want to stay longer at the end of the day. SUCCESS.

Respectfully submitted,

A handwritten signature in cursive script that reads "Diane Thiessen".

Diane Thiessen
Out of School Care Program Manager

Kildala Preschool Program Annual Report 2011 - 2012

ACCESS:

Kildala Preschool Program operates in a community school - Kildala Elementary School. By operating in one of the neighborhoods of our community, this assists parents with accessing the Preschool service and many families with younger children attend the Strong Start Program located across the hall, while the older sibling attends preschool. Information on Kildala Preschool is now available on the Kildala Elementary School web site.

The Kildala Preschool Program operates from 12:30 pm to 3:00 pm on Monday through Friday afternoons. As of March 31st, 2012 the preschool programs had 20 of the 20 spaces taken, with children aged 3 to 5 years. An active waitlist is also maintained.

GOALS:

- ◆ Actively seek out children to fill empty spaces
- ◆ Maintain an up to date waitlist
- ◆ Maintain open communications with Kildala Elementary School
- ◆ Work together with other community programs such as Strong Start
- ◆ To continue to provide information on Health and subsidy service providers

EFFICIENCY:

The staffing levels in the preschool are currently 1 preschool teacher to 10 children; we also have children in the program who require extra support to be fully included which provides the program with a Supported Child Development Worker in the afternoon programs.

Kildala Preschool follows the Coast Mountain School District school calendar for holidays, breaks, and NID days for the 2011 - 2012 preschool years.

The ongoing operation of the program is dependent on full registration as this is a cost recovery program from parent fees.

GOALS:

- ◆ Continue to monitor and maintain spending to stay within budget

- ◆ Maintain ongoing communication with finance department
- ◆ Continue to be available to mentor Early Childhood Education Students

EFFECTIVENESS:

The program is licensed and has a qualified Early Childhood Educator leading the program. The program follows a philosophy of providing hands on experiences both in the classroom and out in the community. Following the children's interests to further the learning and experiences field trips are often taken to local business within the community. Families and students are able to glimpse/recall through written documentation of child's learning through simple pedagogical narration stories displayed in the classroom, families have expressed their interest in this type of display as it provides an opportunity for them to observe what is happening in the classroom.



The program has benefited from the services offered through the Child Development Centre, through Support Workers and professional input by the Speech Therapist and Occupational Therapists who have worked closely with the staff. Development and implementation of Care Plans, behaviour plans, discussions with parents, staff, and professionals have enabled the program to actively include participation of all children.

GOALS:

- ◆ Continue with written pedagogical stories displays
- ◆ Continue to offer family meetings to discuss Care Plans and/or concerns
- ◆ Maintain ongoing communications and seek input with professionals involved in child's plans

SATISFACTION:

A family meeting was offered to parents at the end of December along with surveys to be filled out, as well as parent involvement in the classroom at various times throughout the year this prove to be more successful as 95% of parents choose to attend these opportunities. Families had the opportunity to see and

participate in the classroom routines, join in games, inquire and visit the Out of School Program with Diane Thiessen. Along with ongoing discussion with families at drop off and pickup, family interviews and yearly surveys, Kildala Preschool actively seeks opportunities to improve the program offered to the families served.

GOALS:

- ◆ Distribute surveys in a timely manner at least once a year
- ◆ Maintain and continue ongoing discussions with families

Respectfully submitted,

Debra Canil

Debra Canil,
Kildala Preschool Program Manager

Stepping Stones Cormorant Child Care Centre Annual Report 2011 - 2012

Stepping Stones Cormorant Childcare Centre provides daycare for Infant & Toddler (newborn to 3 years old) and Group Daycare (3 to 5 years old). Hours of operation are 7:00 am to 6:00 pm. We are closed statutory holidays.

ACCESS:

Throughout the year we have had a stable enrollment of children in both programs. At this time we have 38 children registered at the centre. We do currently have spaces on both sides available. We also register many new children throughout the year and have a waitlist started for September 2012.

EFFICIENCY:

The staffing ration on the Infant & Toddler side is 1 adult to 4 children and the group side is 1 adult to 8 children. We currently have four ECE educators, one staff who just completed and waiting for her license to practice and three staff currently working on their education. Two of the staff has also completed their Infant & Toddler education. During the year we have had children in our centre who require support to be fully included so as a result we have Supported Child Development workers. At this time we do not have any children who need extra support.

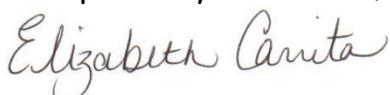
SATISFACTION & EFFECTIVENESS:

Parent surveys were provided to all parents of children who attend the centre. We surveyed the families in May, of the 38 surveys distributed we received 5 returns. The feedback was positive; the parents are satisfied with the program. Some of the comments were:

"I love all the activities, the crafts and sensory tables"

"To date I am very happy with Stepping Stones Childcare Centre. We have been treated with the utmost respect and enjoyed the friendly atmosphere since my child has been there."

Respectfully submitted,



Elizabeth Carrita
Program Manager

Life Skills Outcome Report

April 2011 - March 2012

INTRODUCTION:

In March of 2011 a new Life Skills worker was hired, Vanessa Silva. As of March 2012 the Life Skills Program provided services for 15 families. The 15 families were a diverse group of single parent, two parent families and youths. Goals ranged from learning basic life skills, organization in home, cooking, socialization with other parents and support with examinations.

Below I will list the outcome measures for the current year as well as outcomes for next year.

ACCESS:

The access outcome measure for 2011-2012 was for contact to be made within one week of referral 100% of the time. This was accomplished by either myself or the coordinator.

The access goal for the year of 2012-2013 is to directly meet within one week of contact 90% of the time. Often this goal has been a challenge because clients are often not ready to commit to meeting with life skills. Once there has been an initial meeting clients are usually eager to continue to meet.

EFFICIENCY:

The efficiency outcome measure for 2011-2012 was to record 100% of client direct hours in the clients file on Nucleus Labs. This ensures proper documentation and collaboration between staff working with the same family. This outcome measure was accomplished by both the Life Skills worker and the Coordinator.

The efficiency outcome measure for 2012-2013 is to have the steps needed to accomplish goals outlined by the end of second visit with each client. This will help

to have an organized method of working towards goals with clients. This also allows clients to know the process we are working towards and what we are going to be doing each visit.

EFFECTIVENESS:

The outcome effectiveness measure for 2011-2012 is that 100% of clients will have achieved at least one of their goals during each six month period. This will ensure goals set are measurable and achievable.

This measure was not achieved 100% due to the fact that many contracts had ended before six months; or that there had been meetings but no distinct goal was set before contract ended; or the contract was terminated due to continuous cancellations. There were 50% of clients that reached one goal that was set up by the life skills worker and themselves.

I would like to aim for the same goal of having 100% of clients achieve at least one of their goals during the six month period or before their contract is expired for the 2012-2013 year.

SATISFACTION:

The outcome measure for 2011-2012 was that 100% clients would receive a satisfaction survey. Satisfaction surveys were not sent out but clients did provide verbal satisfaction feedback. Some verbal feedback from a Social Worker team leader was that he appreciated the communication and detail sharing that the Life Skills worker was provided with his team. One mother of a young adult stated that she was very happy with how much her son was learning from having a life skills worker.

For 2012-2013 the satisfaction goal is to send out a satisfaction survey to 100% of life skills clients. This will be done throughout the year as contracts end at different times during the year.

CONCLUSION:

This year the Life Skills program did not receive as many contracts as previous years because of circumstances outside of the Child Development Centre. Working this position for the year gave me a great opportunity to get to know and work with a wonderful handful of people. Some of those people were clients that I directly worked with and others were service providers in the community. I hope for this next year there will be more of an opportunity to work with more families and individuals.

Respectfully submitted,



Cheryl Lippert

Family Programs Manager

Acquired Brain Injury Program Outcomes report April 2011 - March 2012

INTRODUCTION:

The Acquired Brain Injury Program of BC provided service for 1 adult who is living in our community. We have one support worker and one coordinator working 2 hours per week with this adult. Vanessa Silva is the support worker and Cheryl Lippert is the coordinator. There is collaboration with a number of community professionals who the worker and the client are in contact with on a regular basis.

Below I will list the outcome measures for the current year as well as outcomes for next year.

ACCESS:

The access outcome measure for 2011-2012 was to ensure we have staff coverage for 100% of the scheduled visits for our client. This goal was achieved as the coordinator covered for the worker when necessary.

The access outcome measure for 2012-2013 is to ensure we continue to have staff coverage for 100% of the scheduled visits for our client to provide consistency for our client.

EFFICIENCY:

The efficiency outcome for 2011-2012 was to submit all four quarterly reports for our client to the Acquired Brain Injury Program outlining the client's progress. This goal was achieved as all four reports were sent as well as two phone calls to our contractor with updates.

The efficiency outcome for 2012-2013 is to submit four quarterly reports to our contractor and attend at least one ICM meeting with the client's community team members.

EFFECTIVENESS:

The effectiveness outcome for 2011-2012 is to assist the client to the doctor's on a bi-monthly basis to receive required treatment 100% of the time. This goal was achieved 95% of the time. The other 5% of the time another service provider assisted the client as she wanted to meet with the client during these sessions.

The effectiveness outcome for 2012-2013 is to schedule and assist the client to the doctors on a bi-monthly basis 100% of the time so she does not miss this appointment.

SATISFACTION:

The satisfaction outcome for 2011-2012 was to give the client a satisfaction survey this year. This goal was achieved and the client provided positive feedback. The client stated that "I would not make my appointments without your help. Thank you. You help me remember what I need to do".

The satisfaction outcome for 2012-2013 is to provide a satisfaction survey to our client this year and discuss her feedback.

We feel privileged to work with the client that we see on a weekly basis. As our client has a community team we are fortunate to meet with this team to discuss the client's plan of care regularly. We will continue to work with this client to help them achieve their best quality of life.

Respectfully submitted,



Cheryl Lippert

Family Programs Manager

Occupational Therapy Outcomes Report

April 2011 - March 2012

INTRODUCTION:

This has been a full year. I enjoyed supervising an occupational therapy student in the fall. I was saddened by the death of a former client, Grace Hall, in January 2012. Being able to meet amazing people like Grace is why I work as an occupational therapist at the Child Development Centre.

Below, I have provided information regarding the outcome measures that I used this year. I have listed the goal for 2011-2012, reported on whether or not I achieved the goal, and listed the new goal for 2012-2013.

ACCESS:

The goal for 2011-2012 was that 95% of recently referred people would be seen within 3 months. I saw 92% of all referrals within 3 months. I was unable to see some school aged children within the 3-month timeframe. This was because many of the students currently on the caseload, who have diagnoses like cerebral palsy or autism, required more occupational therapy support this year. Carolyn Watt, physiotherapist assessed some students for me. I appreciate the help she provided to increase access to services.

The access goal for 2012-2013 is that I will see 100% of children with low incidence diagnoses (like cerebral palsy or autism) within 3 months of referral and I will see at least 90% of children with less serious needs within the same timeframe.

EFFICIENCY:

The goal for 2011-2012 was that I would spend 75% of my time with (or about) specific clients. I spent 74% of my time in this manner. The other 26% of the time, I participated in activities such as:

- Meetings
- Offering education to colleagues
- Self-study or professional development in order to keep my knowledge and skills up to date

- Supervising an occupational therapy student
- Administrative duties such as compiling statistics

The efficiency goal for 2012-2013 remains the same. I will spend 75% of my time with (or about) specific clients.

EFFECTIVENESS:

The goal for 2011-2012 was that 80% of clients would achieve at least one of their therapy goals. I assisted 89% of clients to achieve at least one of their therapy goals this year.

The effectiveness goal for 2012-2013 is that 80% of clients will achieve at least two of their therapy goals. For those with only one goal, 85% will achieve that goal.

I would like to draw your attention to the fact that often as effectiveness goes up, efficiency goes down. Achieving the effectiveness goal may negatively affect the efficiency goal. I will monitor the balance between my efficiency and effectiveness throughout the year.

SATISFACTION:

The goal for 2011-2012 was that I would use the Canadian Occupational Performance Measure with 35% of children/parents in the early intervention program (to measure satisfaction). I did not achieve this goal. Therefore, for this year, there is insufficient data to report on satisfaction.

However, during this year, I have had the pleasure of having parents, former clients, and an occupational therapy student indicate that they were very satisfied with and grateful for OT services.

During 2012-2013, satisfaction with OT services will be measured as part of overall CDC satisfaction. The CDC is taking another look at how we can increase the return rate of our satisfaction surveys or how we can measure satisfaction in a different way.

LOOKING AHEAD:

I look forward to welcoming a University of British Columbia Occupational Therapy student in May 2012. She will be with us for seven weeks. I am proud to show

students the services that the Child Development Centre provides. I also appreciate how students keep me up to date so that I can continue to provide high quality occupational therapy to the people of Kitimat and Kitamaat Village.

Respectfully submitted,

A handwritten signature in cursive script that reads "Sheila Hamilton".

Sheila Hamilton
Occupational Therapist

Physiotherapy April 2011 - March 2012

INTRODUCTION:

Time has gone quickly and I can't believe it is already the end of another year. This has been a challenging year for physiotherapy services in Kitimat, with the departure of a PT from the hospital in June 2011. It has traditionally been difficult to recruit physiotherapists to Kitimat but efforts are ongoing with another vacancy due to come up in January 2013. The physiotherapy caseload at the CDC has stayed consistent all year with 13 children on Early Intervention (EIT) and 17 School age children (SAT).

ACCESS:

There continues to be no waitlist for physiotherapy services. The goal for this upcoming year is to **contact clients within two weeks** of referral and have **direct contact within 1 month** of referral. This timeframe was achieved over the past year with the exception of some School Age clients whose teachers or parents were difficult to contact.

EFFICIENCY:

The goal for this year was to increase direct client time to 60% for both EIT and SAT. This was achieved with 71% direct time for EIT and 74% direct time for SAT. The goal for the upcoming year is to keep **direct time service at over 70%** in both categories.

EFFECTIVENESS:

The goal for this year was to have a **written, measureable goal for every client on my caseload**. We try to complete Service Plans for clients who receive more than 2 services from the CDC. Goal setting and Service Planning continue to be a challenge for myself as well as for the centre. Service Plans in particular take a lot of time and coordination to complete. The goal for this upcoming year will be the same as last.

SATISFACTION:

Generally, the families that receive physiotherapy through the CDC are satisfied "to a great extent" with the service. However, this is only based on informal comments by parents and a very small number of satisfaction surveys that have been returned to the centre. Comments included:

"Everyone is easygoing and welcoming while still being professional...It was a good experience and worthwhile in supporting (my son's) development"

"The staff is great"

After completing the *Girl Power* program last summer, we also received feedback from the girls who took part in the sessions. Again, the feedback was very positive:

"I thought *Girl Power* was great, can't wait until next year!"

"Do it again next year for ages 10 - 15"

"I had a great time with the group."

LOOKING AHEAD:

As mentioned previously, this will continue to be a challenging year for physiotherapy in Kitimat. Hopefully, the vacancies at the hospital will be filled soon and there will be no significant gaps in service. The UBC Department of Physical Therapy has announced the start of a Northern and Rural Cohort at UNBC which will increase the need to provide clinical education opportunities in the north. This is an excellent opportunity to introduce future physiotherapists to the beauty of Kitimat. Of course, this is only possible if we have staff to provide the supervision.

In addition to the goals outlined above, I have the following goals in mind for the upcoming year:

- To increase physical recreation possibilities for children who may not otherwise have the opportunity to participate. A couple of plans include having a "Girl Power" alumni team participate in the Community Dragon boat regatta and organizing a local summer camp for children with special needs.
- To provide education to the community on a topic of interest (i.e. injury prevention)
- To pursue continuing education for myself specific to the area of Pediatric physiotherapy.

I am excited about the changes that will take place this upcoming year, both in the physiotherapy community as well as at the CDC. I look forward to interacting with the families that I serve and watching the children grow and develop over the next year.

Respectfully submitted,

A handwritten signature in cursive script that reads "Carolyn Watt".

Carolyn Watt
Physiotherapist

**Reach For a Sunbeam
Community Child and Youth Mental Health Program
April 2011- March 2012**

*Diseases of the soul are more dangerous and more numerous
than those of the body. ~Cicero
There is no health without mental health.*

INTRODUCTION:

The Reach for a Sunbeam (RFS), is a community mental health support program contract, from the Ministry of Children and Family Development (MCFD).

The RFS program has one full time position and a .2 position for program and group support. We are fortunate to be able to collaborate with many community members and agencies. We partner with LINK workers, other departments at the Centre, School Counselors, teachers and principals, Tamitik Status of Women, Northern Health Authority Addictions and Mental Health, BC Schizophrenia Society and the Ministry of Children and Family Development Clinicians.

The Reach for a Sunbeam program has two main services it provides. The primary function is to provide direct mental health support services for individual clients and their families referred by MCFD- Mental Health Clinicians. The second is to develop community capacity through delivering universal and targeted programming for children, youth, and parents to promote good mental health. Through doing this work individuals and families are referred to MCFD Clinicians.

EFFICIENCY:

An effectiveness measure for 2011 - 2012 was to be prepared to deliver a group within six weeks of a request for a group. This goal was met with the exception of the Connect Parent Group. This group is co-facilitated with a Ministry Clinician and due to ministry staff turn over the group did not run.

The program delivered Healthy Transition groups to all grade eights, Teen Stressors, Teen Solutions to all grade tens and Girl Talk and Boy Talk to ninety percent of KCH students. This was done in addition to running 2 mood management groups at the centre in partnership with Northern Health Addictions and Mental

Health Clinician. As well as the ongoing Youth Empowerment and Support group and noon hour relaxations for any student at MESS who wanted to participate.
An efficiency measure for 2012 - 2013 will be to run at least one parent group.

ACCESS:

The access goal for 2011-2012 was to contact 100% of referrals within 14 days of receipt. This goal was maintained and surpassed as most families were contacted within days of a request for service.

Access for 2012 - 2013 is to partner with Elementary LINK workers and the school counselor to discern needs and meet those needs where appropriate.

EFFECTIVENESS:

The effectiveness goal set for 2011 - 2012 was for 100% of children in a 12 year old and under group to have a follow up meeting with staff and their parent. This goal was not measured. There was no targeted group for 12 and under group.

The effectiveness goal for 2012 - 2013 will remain the same. I would like to run a couple of groups for the under twelve and have follow up meetings with parents and guardians. This is to ensure parent and guardian confidence in supporting the needs of their child.

SATISFACTION:

The goal for 2011 - 2012 was to maintain a 90% satisfied or very satisfied on a parent and/or youth survey. Surveys were not sent out to clients, parents or our partners this year. All participants in groups give an evaluation at the end of group. The feedback reflects a 90% satisfaction with the service they receive in groups.

A goal for 2011 - 2013 is to send out satisfaction surveys to individual clients, parents, and community partners to measure satisfaction with program services.

Respectfully submitted,



Luiza Couto

Youth Mental Health Support Worker/Program Coordinator

Speech-Language Pathology Annual Report

April 2011 - March 2012

INTRODUCTION:

The program saw some changes as I was hired full-time with the centre beginning in early September of 2011. The position was partially filled or absent for an extended period of time before my arrival. I began this position as a new graduate in the field.

ACCESS:

The goal for 2011-2012 was that 90% of parents are contacted within 90 days of receipt of referral for SLP services. Beginning with a new caseload, needs of the caseload and establishing a method of delivering services had to be addressed in addition to new referrals. In this period of time, I saw 19/21 (just over 90%) of children within 90 days of referral for SLP services. The access goal for 2012-2013 is that I will contact all referrals within 30 days of receipt of referral for SLP services.

EFFICIENCY:

The goal for 2011-2012 was that all reports be uploaded to Nucleus promptly. I have uploaded all documentation to Nucleus on the same day the report is approved by or released to parents/guardians in most cases.

The goal for 2012-2013 is that I spend 75% of my time with (or about) clients (including clients not specifically on my caseload who require consultation).

EFFECTIVENESS:

No effectiveness goal was set for 2011-2012 last June.

The effectiveness goal for 2012-2013 is that SMART goals are established for 100% of the children for whom regular service/contact is offered to families.

SATISFACTION:

No satisfaction goal was set for 2011-2012 last June. Few clients who received care have been discharged from my services since I began at the Centre. During 2012-2013, satisfaction with SLP services will be measured as part of over-all CDC satisfaction. The CDC is taking another look at how we can increase the return rate of our satisfaction surveys or how we can measure satisfaction in a different way.

LOOKING AHEAD:

I look forward to continuing to grow in my skills as a Speech Language Pathologist which as a result should help me to provide better services and care. Further organization of SLP materials and resources are warranted after many years of vacancy in this position. I appreciate the support of colleagues as I continue to grow into my role here at the Kitimat Child Development Centre.

Respectfully submitted,

Karen Bylsma

Karen Bylsma (MSc.SLP)
Speech Language Pathologist

**Child and Youth Care Annual Report
April 2011 - March 2012**

INTRODUCTION:

This was a busy year with 35 children receiving services through the program. This year we hired two new Child and Youth Care workers and four CYC workers left to pursue other jobs. We have a total of 6 Child and Youth Care workers. I am the CYC Coordinator and my role is to provide support for the workers. I also am a liaison between the families and the workers and between the social workers and the families. This outcome report captures both child and youth care contracts: the Contract for Children and Youth with Special Needs and the contract to provide Child and Youth Care for families under the Family Support division of MCFD.

I have listed the 2011-2012 outcome measures as well as the outcomes for our next year.

ACCESS:

All families will be contacted within one week of receiving the contract from MCFD. This outcome was achieved during 2011-2012.

The access outcome measure for 2012-2013 is 100% again. To continue to accomplish this, I will have job coverage if I am away for more than a week so that referrals received are contacted within the week. Two staff members have been trained to provide this coverage if I am away from the office.

EFFICIENCY:

The outcome measure for 2011-2012 was to run 4 group sessions during 2011-2012. Two groups were facilitated during 2011-2012. With the high turnover in staff we were not able to hold an additional two groups this year.

The outcome measure for 2012-2013 is to run at least two group activities for the children and youth on the caseload during 2012-2013. The groups provide an efficient way for the children and youth to socialize with others in a facilitated setting.

EFFECTIVENESS:

The outcome measure for 2011 was that all goals will be reviewed and 100% of clients will have achieved at least one of their goals during each six month period. 100% of the clients were working towards their goals and 60% of the clients achieved at least one of their goals. Upon review it was recognized that some goals needed to be more specific and measurable. These goals will be revised upon their next review.

The outcome measure for 2012-2013 is that goals will be reviewed with all clients every six months and at least one goal will be accomplished for each client. This will ensure goals set are measurable and achievable.

SATISFACTION:

The outcome measure for 2011-2012 was to provide satisfaction surveys to all families accessing the Child and Youth Care Program. All families were asked for input either by phone or in person. 75% of families responded and feedback was recorded. Here is a sample of the feedback received:

- He has been a part of my son's life for 4 years and is very valuable to our family.
- He really knows our child so well. We appreciate the feedback he shares after each visit.
- She is so energetic and resourceful with our child. Our child loves going out with her worker.
- "Thank you for being a part of my daughter's life. The support the CYC workers provide and the coordination helps out our family a great deal".

LOOKING AHEAD:

There have been many staff changes this last year both with staff leaving and new staff being hired. I look forward to working with our current staff and welcoming new staff who will join our program this year. We are currently working on hiring more male workers to balance out our program. Our goal is to have steady staff working in the CYC program this year to provide consistency to our clients and their families.

It is a privilege to work with the children and youth and connect with their families. This year our focus will be to support youth transitioning to adulthood, those transitioning to the middle school and supporting the children who will be attending a summer camp.

Respectfully submitted,

Cheryl Lippert

Cheryl Lippert
Family Programs Manager

Parent Support Annual Report April 2011- March 2012

INTRODUCTION:

In February of this year the Parent Support Position has been officially running for one year. In November of 2011 a new Parent Support Worker was hired, Vanessa Silva. There are currently 7 families on the Parent Support Worker caseload. Within these 7 families, 5 have received Parent Support and two actively request and welcome parent support. The two families accessing support have used the majority of the hours to assist with various tasks within their family unit.

The following report will highlight the outcome measures from this 2011-2012 year by stating the goal from previous parent support worker and whether the goal was reached. I will also identify the goal for the 2012-2013 year.

ACCESS:

The goal for the past year was to have 70% of Parent Support hours be direct client related hours. Also begin to track the number of support sessions, home visits and direct support phone calls provided by Parent Support Program. As of November Parent Support does document all progress and interactions whether it be through phone or direct contact as well as any work that is client related on Nucleus. Direct client related hours are 70% of Parent Support hours. The goal for 2012-2013 is that Parent Support will continue to work 70% of direct client related hours.

The parent Support program requires that there is opportunity for families to attend group settings however, this has been one of the greatest challenges of the program. Many attempts have been made at finding a topic for group but families have not shown much interest. During the year that Parent Support has been running there have only been two groups. A goal for the 2012-2013 year is for there to be 2 group sessions.

EFFICIENCY:

The 2011- 2012 goal was the Parent Support worker to contact new referrals within one week and for the first visit to occur within the next two weeks 90% of the time.

This goal was not reached due to the fact there were no referrals. I believe that this is still a goal to keep for when there are new referrals. Cecil Fifi, Child and Youth Special Needs Social Worker has spoken with Cheryl Lippert about new referrals and informed that there are new referrals on the way.

This year's goal is to have all service plans on file and up to date 100% of the time. This requires that Service Plans are reviewed every six months and that contact be made with clients in order to renew or re-visit goals.

EFFECTIVENESS:

Previous goal of 2011-2012 was to beginning tracking and recording how many families reach their goals and for 100% of families to achieve at least one goal written in Family Service Plan.

This goal was not met. It is my thought that this is due to the fact that Parent Support is still a new program and that there was change in the Parent Support Worker. There has been much difficulty in connecting with families to write out family Service plans. For those who did have an Family Service Plan written up it was only a rough copy and to this date have not been able to meet anymore times. Goal for 2012-2013 will remain the same; 100% of families will achieve at least one goal that is written in the family service plan. This may mean that goals may need to be revisited and changed if the needs of the family change. To achieve this goal I will be contacting families in person, by phone, mail, text or email to increase the chance of meeting with families.

SATISFACTION:

Families provided feedback during the session regarding their satisfaction of the program. Two comments from families' included that the availability to answer questions and be present during important meetings was very much appreciated. A family also stated that they were pleased with the amount of support and checking in that the Parent Support worker did with their family.

Satisfaction outcome for 2012-2013: 100% of families will receive a written satisfaction survey.

CONCLUSION:

As the second Parent Support worker in this new program I have found the last 5 months very interesting. There were some very slow times in which families did not actively seek support. However, there were also times in which my 12 hours a week were consumed by only one or two families. This position has been a learning process through understanding CLBC and working through government forms. I have connected with wonderful people through my caseload as well other professionals in the community and outside of our community.

Respectfully submitted,

Vanessa Silva

Vanessa Silva
Parent Support Worker

Autism Behaviour Services Annual Report

April 2011 - March 2012

Some major changes in the autism world this year have been that Autism Spectrum Disorder is now calculated to affect 1 in 88 children up from 1 in 110 reported for last year. Another major change that is causing some interest is the DSM revision which will be released in 2013. In this revision, Autism, Asperger Syndrome, and Pervasive Development Disorder will all be considered one disorder called Autism Spectrum Disorder. Although we have been using that term for some time to describe these disorders as a spectrum the diagnoses of each had separate criteria which will be eliminated in the new manual. The main difference is the separate diagnostic category of communication delay will be removed and communication will be addressed in the social and idiosyncratic behaviour categories.

The Autism Behaviour Services (ABS) Program continues to be solely funded by individualized funding through the Ministry of Children and Family Development's Autism Funding Unit. As of March 31, 2012 the program was serving 19 clients ranging in age from four to eighteen years.

This year the consultant completed the 1500 hours of supervised practice and with the previously completed coursework became eligible and sat for the Behaviour Analyst Certification Board exam in January. After waiting for a month for results she was very excited to be one of the 49% of certificants who passed and is currently the only Certified Behaviour Analyst in northwest BC. This is above the industry standards at the moment but the province is moving toward this level of expertise for behaviour consultants qualified to provide programming for children with autism. Two behaviour interventionists, Debra Canil and John Readman completed the first two courses offered in the Douglas College Online Autism Outreach Training. These courses can be used toward a Behaviour Intervention Certificate in the Classroom and Community Support Department. We are pleased to upgrade our services and hope to encourage others to join the field of Applied Behaviour Analysis.

ACCESS:

Services are provided predominately in Kitimat. We have also provided outreach to Prince Rupert for the past seven years. This year the program has expanded its outreach program to include families in Terrace due to referrals from

Dr. Duplessis. There is no waitlist and families are contacted immediately upon referral or request from family. Families also can contact the program consultant for any assistance or information leading up to the assessment by the Northern Health Authority.

EFFICIENCY:

In developing programs for children with autism we work as a team with other therapists and a psychologist and paediatrician. We also use the several assessment tools specifically for younger children to give input to curriculum development. This year we have added the online Rethink Autism Curriculum. This is an awesome program as it provides the technology of each skill broken down in a task analysis very easy for an interventionist to follow. Also parents and school workers can be set up on the program to follow the child's progress. We have only begun to use some of what this has to offer but team members are finding it very helpful so far. There are video clips built in for each task to show how the skill is to be taught. This is especially helpful for novice interventionists.

EFFECTIVENESS:

For maximum effectiveness we are limiting our interventions to Evidence Based Practices. These include antecedent-based interventions, computer aided instruction, differential reinforcement, discrete trial training, extinction, functional behaviour assessment, functional communication training, naturalistic interventions, parent implemented intervention, peer mediated- mediated instruction/intervention, Picture Exchange communication System, Pivotal Response Training, reinforcement , response interruption/redirection, self-management, social narratives, social skills training groups, speech generating devices, structured work systems, task analysis, time delay, video modelling and visual supports. Many of these interventions are included in fun activities of the child's choice. Monitoring outreach client workers continues to be a challenge but the Rethink Autism Program will assist with the monitoring and data collection of the programs for children under six.

SATISFACATION:

Most families are satisfied with the service although some families would like to have more service and we continue to work toward having adequate numbers of staff to meet everyone's needs. Families whose children participated in the

Summer Boys Group were very happy with program and the boys are looking forward to another fun experience in the coming summer.

Our ongoing goal is to make or find the dollars to provide Functional Behaviour Assessments and Positive Behaviour Plans for children with developmental disabilities who do not meet the criteria for autism but would benefit from this service to increase socially significant behaviours. The numbers of children identified in other Child Development Centre Programs that would benefit from this service due to behaviours leading to their limited participation in school and community seems to be increasing. We look forward to the day when behavioural services will be available to all who need them.

Respectfully submitted,



Miriam Allen, B.Sc., M.Ed.
Autism Behavioral Service Coordinator

Supported Child Development Program (SCDP) Annual Report April 2011 - March 2012

Every Child Belongs!

INTRODUCTION:

The Supported Child Development Program provides consultation and direct support to children birth to nineteen so they can be included in their families' choice of child care setting.

This year SCDP Has provided support to all three preschools , Kid's Place Preschool, Kildala Preschool, and c'imo'ca Headstart; as well as Kildala Out of School Care (OSC) Program and Cormorant Childcare Centre, both on the infant side and Stepping Stones side. We have also provided in- own- home support for a family with a child who was medically fragile. Over the last few years as new programs have developed such as the OSC and the Infant /Toddler programs more of our resources have moved away from preschool to cover the needs in the new programs as well as an increase in the need for support related to children in full time daycare.

ACCESS:

In the current year one hundred percent of children referred to the Supported Child Development Program were seen within 90 days of receipt of referral. We were able to provide service to all eligible children with no one being waitlisted. The demand for service in daycare decreased later in the year making it possible for us to stay within our budget this year. During the school year priority for support time was given to preschoolers and during the summer months school aged children were able to access two weeks of recreation programs with support. This year we continued to provide daycare support during the summer.

EFFICIENCY:

As of March 31 the number of clients on the caseload was eighteen. Although the number of children has dropped the number of hours required to provide support in fulltime daycare is much higher than providing support in preschool and there is often not as much of an opportunity to share support.

EFFECTIVENESS:

Monthly reports that were completed on each child who received extra staffing support indicated that the program has been effective but in the spirit of writing goals as they are presented by families not all goals have been measurable. For the next year we will write each parent goal as measurable and decide how we will collect the data to support our work. In order to make sure that all staff at each centre was aware of the goals in the plan a duo-tang file on each new child admitted to the program was delivered to the centre. Copies of the monthly reports written by the support staff were kept in the Duo-tang on site as well as scanned into Nucleus.

SATISFACATION:

All parents that were interviewed were satisfied and appreciative of the service provided by the workers. Our aim had been to increase consultative services to the daycare but again this was not measured so it will be important to keep track of these consults in the coming year.

UPCOMING YEAR:

As we did not do any formal community or staff training this year we will focus on that in the coming year as part of our mandate for capacity building. Our goal is to provide twenty hours of training that can be used by Early Childhood Educators when applying to renew their licences. Our other major goal is to have three measurable goals for each child that will be tracked and evaluated using the appropriate data collection method for each goal.

Respectfully submitted,



Miriam Allen, B.Sc., M.Ed.
Supported Child Development Coordinator