

## Table of Contents

Board President's Report.....	3
Executive Director's Annual Report.....	7
Acquired Brain Injury Program Annual Report.....	10
Autism Behaviour Services Annual Report.....	12
Building Blocks Annual Report.....	15
Child and Youth Care Annual Report.....	19
Community LINK Program.....	22
Family Support Services.....	32
Fun Spot Annual Report.....	36
Healthy Babies Annual Report.....	40
Infant Development Program Annual Report.....	44
Kid's Place Preschool.....	48
Kildala Before and After School Care Program.....	52
Kildala Preschool Program.....	53
Life Skills Annual Report.....	56
Occupational Therapy Annual Report.....	59
Parent Support Annual Report.....	61
Physiotherapy Annual Report.....	64
Reach for a Sunbeam.....	67
Speech Language Pathology Annual Report.....	71
Stepping Stones Cormorant Child Care Centre.....	73

Supported Child Development Program.....75

Welcoming Communities Annual Report.....78

## **Board President's Report**

**April 2012 – March 2013**

It is often said that time flies when the reality is that the speed at which time moves is related to the perceptions of the one experiencing it. The hands on the clock move neither faster nor slower and yet, there are indeed moments in our lives when we wish that time would either slow down or speed up. How quickly time has passed and once again we are tasked with the writing of annual reports.

As in previous years, the board and staff of the Kitimat Child Development Centre have been faced with challenges; some daily, some new and some ongoing. However, much to everyone's credit, the Centre strives to meet the challenges that are presented and in doing so works towards improving the quality of programs and services provided.

In June 2012, the Centre was delighted to have received \$20,000 in seed grant monies from RBC for their Out of School Care program. The Kitimat Child Development Centre was one of three organizations selected from more than 35 applicants in British Columbia.

In September, David Mills was welcomed to the Board of Directors. Both Linda Campbell and Brenda Minogue regretfully left the board due to other commitments.

The Centre has seen some changes in Early Intervention Program staffing this year. In the fall of 2012, our occupational therapist decided to reduce her hours initiating the need to actively begin recruitment of a new occupational therapist.

The Centre offered employment to a Speech Language Therapist with the plan that she would arrive in January 2013. Unfortunately, due to housing issues, she had to decline the offer and the Centre was left to continue advertising. Our Family Support Worker left the Centre to pursue a career in social work with the Ministry for Children and Family Development.

There were also some changes in office administration as the accounting administrator retired unexpectedly in December. With this change came some changes in office administration structure. It was decided that in order to increase accountability, efficiency and work output in the administration support staff, that two new positions would be created requiring the same competencies and responsibilities. While our present office assistant was able to fill one of these positions, the Centre was unable to successfully fill the remaining vacancy.

The Kitimat Child Development Centre continues to be a member of the British Columbia Association of Child Development and Intervention (BCACDI), a provincial group of agencies providing child development and therapy services to children and youth with special needs and their families. The BCACDI membership meets three times a year and while the executive director attends all three, the president of the Kitimat Child Development Centre attends two as a representative of the Board and participates in the AGM held via teleconference. All board members were invited to participate in an online seminar on recruiting and retaining executive directors.

Margaret Warcup, Executive Director of the Kitimat Child Development Centre on behalf of the BCACDI undertook work with the Ministry for Children and Family Development that will significantly impact the government reporting requirements of agencies providing services to children and youth with special needs. The Board of the Kitimat Child Development Centre received a thank you from the BCACDI for their support in allowing Margaret to do so.

Although one of the goals of the Board has been to make the Kitimat Child Development Centre accessible to everyone, the Board continues to be challenged by limited opportunities to seek additional grants and monies for a lift as the Centre leases and does not own the building it is housed in.

Both Board and staff continue to be involved in the annual Aluminum City Telethon, a fundraiser for the Kitimat Community Foundation established in January 2011. This community telethon raises money, for both the Centre as well as many other non-profit organizations in the community. A fund has been established under the umbrella of the Kitimat Community Foundation called KIDDS (Kitimat Invests in Developmental Disability Services) where those in the community offering such services may be able for additional funding.

During the course of this year, the Board has continued to work towards a name change building on the initial work which began in February 2012. Although a name has been chosen, there have been some stumbling blocks and as such the Centre continues to operate as the Kitimat Child Development Centre.

The Centre has many community partners and is part of the Kitimat Interagency Community. With its community partners, the Centre, applied for and was successful in obtaining the Welcoming Communities Grant. Steps will be taken to develop a community plan of initiatives that will make Kitimat welcoming to new immigrants. The Centre provides school-aged occupational and physical therapy services and LINK services through contracts with School District 82. LINK services were provided at both elementary schools as well as at the middle and secondary school.

The Kitimat Child Development Centre is a non-profit organization composed of a highly dedicated group of employees. The success of this organization can be contributed to these individuals, the volunteers who dedicate their time and the community of Kitimat for its continued support.

In the words of Robert Fulghum, "We could learn a lot from crayons; some are sharp, some are pretty, some are dull while others bright; some have weird names, but they all have learned to live together in the same box." It is organizations like the Kitimat Child Development Centre that indeed help us to do just that!

Respectfully submitted,

A handwritten signature in cursive script that reads "Jo Ann Hildebrandt".

Jo Ann Hildebrandt

Board President

## Executive Director's Annual Report 2012 to 2013

Each year as we reflect back there are many accomplishments to celebrate and challenges we strive to overcome as we fulfill the mission and vision of the Centre and provide services for Kitimat.

This year we are in our third year of our CARF accreditation and in November/December 2013 we will have our next surveyor onsite visit. At all times we are guided by the CARF standards in how we do our business and provide our services. This means we have a number of plans that guide our work, starting with our strategic plan which is a five year plan but each year we set priorities for accomplishing strategic plan goals. This last year a focus has been on how we continue to diversify our services to meet community needs and also at the same time ensure the sustainability of the Centre. We are doing this with again now taking on CLBC clients and providing services for adults with developmental disabilities. We successfully with community partners took on a Welcoming Communities program grant. We continue to work on housing options being available in our community.

Our pre-school, day care and after school programs are seeing increasing demands this past year with the changes occurring in our community. Continuing to meet the demand for these programs will need to be an area of focus in the coming year. Assisting us greatly last year and again for the coming year, we received a RBC out of school care grant. We have applied for other grant assistance and continue to advocate for services for children.

In this annual report all our programs provide individual outcome reports. Funding for all contracts has not had any increases in this last year and thus we needed to negotiate some decreased service levels. This has been done and at the date of writing this report we have contracts signed until March 2014. As Executive Director on behalf of the Centre and our provincial association- BCACDI- the

British Columbia Association of Child Development and Intervention I have been active on several provincial committees with the Ministry of Children and Family Development. This work has been on contract language including financial reporting and contract reporting on the work we do. The goal of the work is to establish some contract consistency in our Province and work towards moving back to three year contracts. At this time with the Ministry re-organization and Ministry work plans we are all having one year contracts. This creates a challenge for program stability, long term planning and adds to the annual work load.

I continue to be a CARF surveyor and value the opportunity I have to visit services in Canada and the United States. The programs visited are all similar to those we provide and it is a great opportunity to bring back best practices and to problem solve with peers. I will continue these surveys in the coming year.

Our staff is our greatest asset. We have experienced some changes this year and transitions do take time to accomplish. Midyear our accounting administrator left us for earlier than expected retirement. This has provided an opportunity to look at our administrative costs, to look at how we do our administrative services and continue to address how we cross train our staff so key deliverables ( such as payroll) are able to be done at all times. We were unable to recruit a full time speech pathologist but provided coverage for this important service with a therapist coming from Terrace and a therapist providing some one week intensive sessions. For the coming year we have recruited a full time Speech Therapist and an Occupational Therapist. Our current long term employed Occupational Therapist will mentor our new therapist and then transition into leaving employment with us.

Our volunteer board of directors continues to provide governance leadership for our services. We did change our bylaws this last year but did not accomplish (yet) our name change. The goal is to come up with a name that can be used to market/brand the range of services we provide. We will continue to work on this.

The Centre continues to support the development of the Kitimat Community Foundation. Staff and board members helped at the annual fundraising telethon in October. Staff also participated in many other community events including the Canada Day parade and kids zone and health/education fairs in our community.

The Centre is also guided by a number of plans. These include along with the strategic plan our building plan, a cultural competency and diversity, an accessibility plan, a business improvement plan and risk management plan. On review of the goals set in each of these plans we continue to meet our objectives with the exception of finding funding to make our 1515 Kingfisher main building site accessible for all to the lower floor. We will continue to work on this.

Respectfully Submitted,

Margaret Warcup

Executive Director/Physiotherapist

## **Acquired Brain Injury Program Annual Report April 2012-March 2013**

### **INTRODUCTION:**

The Acquired Brain Injury Program of BC provided service for 1 adult that is living in our community. Cheryl Lippert is the worker working with this client. 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 2012-2013 was to ensure we have staff coverage for 100% of the scheduled visits for our client. This goal was achieved as other CDC staff covered for the worker when necessary.

The access outcome measure for 2013-2014 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 2012-2013 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; two phone calls were made to our contractor with updates. There were also two ICM meetings with community professionals working with the client.

The efficiency outcome for 2013-2014 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 2012-2013 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 100% of the time.

The effectiveness outcome for 2013-2014 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 2012-2013 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 like meeting with you every week. You help me out." "You help me solve my problems."

The satisfaction outcome for 2013-2014 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 well, our client has a community team we are fortunate to meet with 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

# **Autism Behaviour Services Annual Report**

**2012-2013**

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, 2013 the program was serving 19 clients ranging in age from four to eighteen years.

## **ACCESS:**

Services are provided predominately in Kitimat. We have also provided outreach to Prince Rupert for the past eight years. There is no waitlist and families are contacted immediately upon referral or request from the 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, a psychologist and a 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 which is 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 program has to offer but team members are finding it very helpful thus 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.

Less time was spent in outreach services this year as I was on medical leave most of the fall and the winter was not great for travelling to Prince Rupert. One family chose to access service by coming from Prince Rupert to Kitimat three times during the year.

### **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. Our data collection for children receiving table work intervention is quite complete and drives our practice but we need to be doing more data collection on all goals for all children.

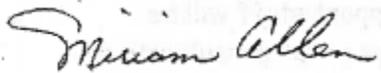
### **SATISFACATION:**

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 our supported summer camp were very happy with this and most children indicated that they would like to return next year and would like to have social group once monthly.

**NEXT YEAR:**

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. Next year we also hope to apply for a grant from Autism Speaks to enable us to begin more residential services for young adults with autism as well as prepare youth for that transition with varied amounts of support.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Miriam Allen". The signature is written in black ink on a white background.

Miriam Allen B.Sc., M.Ed., BCBA

# Building Blocks Annual Report

2012-2013

## INTRODUCTION:

Another year has passed by; it has been another good year that has kept me busy. I continue to feel that I learn something new each day and push myself to be a better worker and serve the Building Blocks families the best that I can. I took on another Recreation Therapy Student in January for 17 weeks and was able to share my passion of the field, this setting, and hope to inspire others to help improve families' quality time together.

I continue to enjoy 1:1 sessions with families and being able to run groups to connect parents to one another and get them out in the community.

My Recreation Therapy student Vanessa Aparicio took on as her Service Learning Project to evaluate the Building Blocks Program. She administered a survey over a 4 week time frame to measure the following:

1. If we are meeting the clients' needs
2. Have a better understanding of the programs strengths and weaknesses
3. How to make the program more efficient
4. If changes need to be made

I have included the feedback from the families below. Vanessa's final report, which gives detail of the survey and Building Blocks program, can be found on the CDC website.

From April 1<sup>st</sup> 2012 to March 31<sup>st</sup> 2013 there were 32 clients served and 26 families. Below I have included the outcome measure used for the year and stated outcome measures I will be working on in the coming year.

## **ACCESS:**

**Track number of support sessions and home visits provided by the Building Blocks Program.** Based on Nucleus Reports 27-Client Stats from April 1, 2012 to March 31, 2013 there were 277 home/centre visits provided with that being 65% of my direct time. I was a little short of my 70% goal. I will keep the same outcome measure for 2013-2014.

- ▶ In addition to 1:1 visits I have run Family FUNdamentals program with Christine Doherty; a 6 week program focusing on healthy living patterns and connections between caregivers and children. I have also run a summer playground group with Brittney Mailloux for 6 weeks. Groups can sometimes be challenging to run as consistent participation is a barrier but I feel this last year I have had greater success with turnouts for groups. I feel running groups are a beneficial aspect to include and reach the social needs in families and connecting them to their community.

## **EFFICIENCY:**

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

I have achieved this outcome 95%. I had 9 new referrals this year and I was able to make contact within a week and arrange a visit within the month. I will keep the same outcome for the coming year.

## **EFFECTIVENESS:**

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

Over this past year I have really focused on writing parent friendly goals that related to the parents and child's needs. From the survey administered- 8 responded the Building Blocks worker was helping them to achieve their goals and one commented that they could not remember their goals. I have met this outcome 75% of the time with families achieving at least one written goal. I plan to focus more over the next year in referencing families' goals more regularly throughout visits and be able to present the goals in a more visual format.

- The effectiveness goal for 2013-2014: **75%** of families will be able to remember their goals when referenced on a monthly basis.

## **SATISFACTION:**

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

As mentioned above, a survey was administered to building blocks families, 7 out of 14 families participated. I have met this outcome with 50% participating but I only administered one survey throughout the year. Noted results from the survey were:

- All were satisfied or very satisfied
  - Families felt the program was helpful-either agreed or strongly agreed to this statement. Comments were:
    - " It gives me the opportunity to see myself as a parent so I can be a good role model for my children"
    - "The Provided info and clarification of questions I have is very helpful. Home/School visits are regular to keep up with changing needs"
    - "Good source of info. Help out in any way possible. Helps with picky eaters"
    - "Support, Knowledge, program referrals"
    - "They let me know when programs are coming up for my family"
  - All stated they would recommend the program to others.
- ▶ Satisfaction outcome for 2013-2014: 50% of families will give feed back to Building Blocks Program through satisfaction survey.

### **LOOKING AHEAD:**

Another year in the Building Blocks program and I continue to enjoy the program and the work I am able to do with families. I have a strong passion in helping families to enjoy spending meaningful time together and guiding parents to support their child's development. I feel I have gained confidence in the work that I do and can help to advocate for the families best interest. I look forward to the coming year and continuing to grow the quality and reputation of the program.

Respectfully Submitted,

Michelle Torman

Building Blocks Support Worker, CTRS

# CHILD AND YOUTH CARE OUTCOMES REPORT

2012-2013

## INTRODUCTION:

This was a busy year with 32 children receiving services through the program. This year we hired six new Child and Youth Care workers. We have a total of 10 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 2012-2013 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 90% of the time during 2012-2013. Some challenges with contacting families within one week were families being out of town or families not having a home phone.

The access outcome measure for 2013-2014 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 2012-2013 was to run 2 group sessions during the year. Two groups were facilitated during 2012-2013.

The outcome measure for 2013-2014 is to run at least two group activities for the children and youth on the caseload during 2013-2014. The groups provide an efficient way for the children and youth to socialize with others in a facilitated setting. With an increase in CYC staff we should be able to accomplish this goal.

### **EFFECTIVENESS:**

The outcome measure for 2012-2013 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 75% 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 2013-2014 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 2012-2013 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. 80% of families responded and feedback was recorded. Here is a sample of the feedback received:

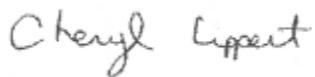
- "Our worker always is on time and has a plan for what they are going to do that day".
- "I like reviewing the goals to make sure they are still appropriate".
- "She is so great. Our son loves spending time with her and I can see how he is more relaxed after the visits. We hope this contract can continue".
- "The CDC is very professional. I like how we fill out consent forms and the worker meets the child to decide on what they want to do together. This has not happened in other places".

**LOOKING AHEAD:**

We were fortunate this year to have six new CYC workers join our team. Our goal is to have our workers connect and share ideas with each other to support each other. 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 the younger children on our caseload.

Respectfully submitted,

Cheryl Lippert



Family Programs Coordinator

**Community Link Program  
Annual Report  
September 2012 - May 2013**

**INTRODUCTION**

This 2012-2013 school year marked the ninth year the Community LINK Program has been operating within the public schools in Kitimat providing support to those students who have been identified by the school based team as "vulnerable". Community LINK supports students who are experiencing social, emotional, and behavioural issues which may be interfering with their success at school, home or in the community. The Community LINK Program is a program that works in partnership with the school system, student's families and community agencies to provide integrated, evidence based support services for those students.

This year, there was a Community LINK Worker based out of three Coast Mountain School District (CMSD) Schools in Kitimat (Mount Elizabeth Middle/ Secondary School, Nechako Elementary School, and Kildala Elementary School). LINK workers provided six hours of daily on-site one to one and group support to students. LINK was successful at filling the vacant position at Kildala Elementary School for the beginning of the 2012-2013 school year. Our Kitimat City High Worker did not continue with employment this year due to funding cuts in the LINK Budget. The Community LINK Program continues to be funded by the Coast Mountain School District (CMSD).

Our report will show that LINK has had yet another busy but successful school year. 2012 marked the first year of a middle school in Kitimat- there was the amalgamation of the middle school into the high school. There were 73 open student LINK files this school year; meaning, each student had an Individual Service Plan which outlines specific measureable goals for that student. Performance indicators for the 2013-2014 school year will be goals met on student's Individualized Service Plan and Feedback Surveys from school staff and students served.

In order to continue meeting our accreditation standards (CARF) and for continuous quality improvement the Kitimat Child Development Centre completes a four program outcome measures and analysis on an annual basis. These measures are effectiveness, access, satisfaction, and efficiency. This is the format in which we will be presenting our Annual General Report.

### 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
<b>Nutrition</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Support Workers</b>								

<b># of vulnerable students supported: 73 open client files</b>
<b># of students supported, in addition to vulnerable: 325</b>
<b># of schools of total schools in Kitimat with LINK programming: 3 (Nechako Elementary, Kildala Elementary, Mount Elizabeth Secondary School)</b>

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 2011-2012 from Nucleus Labs:**

- **73 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.*
- **1912 hours of Direct Intervention with students (clients and non-clients)**
- **302 hours of Group Intervention with students (clients and non-clients)**
- **31 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:**

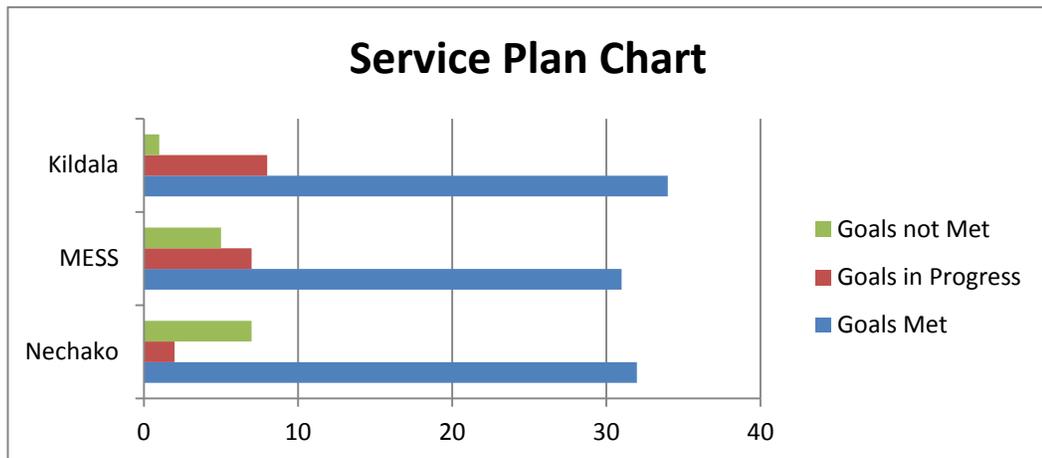
Using the data collection method Nucleus Labs for the whole year, for the 2012-2013 school year we recorded 95% of our working hours. For 2013-2014, 100% of our working hours will be recorded on Nucleus Labs.

This year, Nucleus showed that 63% of these recorded hours reflected direct service to students/families. The goal for 2013-2014 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.

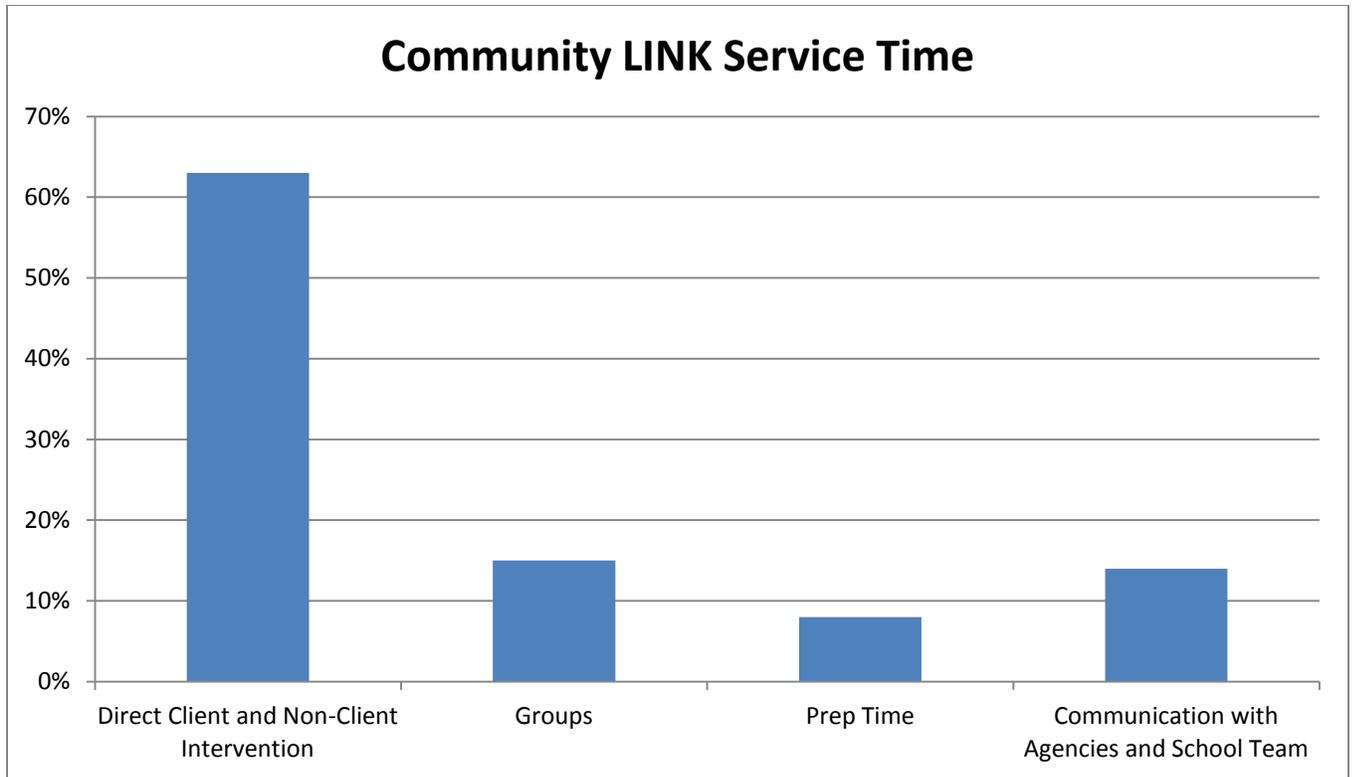
## **EFFECTIVENESS:**

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.

### **SATISFACTION:**

Student Satisfaction Surveys were completed by 58 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 three 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:**

72% of students connected with their LINK worker on a daily basis.

3% of students connected with their LINK worker on a weekly basis.

25% of students connected less than once per week.

83% of students responded that they feel more connected to the school/community since they have started talking to their LINK worker.

89% of students responded that the LINK program has provided a safe and positive place to talk about challenges they are having in their lives (agreed and neutral).

Two comments from High School from their surveys:

- "Come back next year."
- "You were very helpful."

## **Results for Kildala and Nechako:**

72% of students responded that they learned a lot from their LINK worker.

16% of students responded that they learned more than a little from their LINK worker.

84% of students were able to list at least two people to talk to if they needed support and 72% 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 - 75%

What I can choose to think and do when I feel angry frustrated or upset - 84%

Who I can go to if I need help or someone to talk to - 84%

How to be a good friend - 97%

School staff was also asked for feedback on the LINK program. This feedback was conducted through written surveys. From all three schools 28 written surveys were completed.

95% 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:

- "Students have been given tools to address individual needs; I see them using them in everyday classroom situations."
- "A critical component to the success of many of our students."
- "Our Community LINK worker has been able to provide support for students who would otherwise fall between the cracks. She works closely with school staff to support children and families."
- "Our LINK worker builds confidence in our at risk learners, those that need the boost the most."

#### **Previous Satisfaction Outcome Goals for Community LINK:**

- 1) 70% rate of return for School Staff Feedback Surveys - this goal was met with 80% of surveys being returned.
- 2) 100% of students providing feedback surveys- this goal was not met, we received 79%

#### **Satisfaction Outcome Goals for 2013-2014 for Community LINK:**

1. To continue to work towards 90% of School Staff completing feedback surveys.
2. 100% of students providing feedback surveys.

#### **ACCESS:**

#### **Nechako and Kildala Elementary Schools**

In order to access LINK support services at the elementary school level, the school principal and/or the School Based team identify "vulnerable" students. Once these children are identified, consent is given from the parents/guardians for the

LINK worker to work with their child. Once this initial consent is obtained, an intake process with the Community LINK worker and the parent/guardian is completed before support services begin. It is at this time parent feedback and suggestions are strongly encouraged to assist with developing the child's goals/service planning for that school year.

Along with LINK worker offering one to one and group support on site at the school, LINK programming is also offered outside of instruction time. Numerous of lunch groups are offered to students with each group having established goals that include social/emotional/behaviour support and peer interaction. Families are also able and encouraged to connect and receive support with the Community LINK on an as needed basis. The Community LINK Worker also regularly facilitates one on one accompaniment, transportation, and advocacy support to other community resources and programs.

### **Mount Elizabeth Secondary School and Middle School**

At the high school level access to Community LINK is a bit different, as age of consent for services is the age of 14. The majority of clients are self-referrals but school staff, parents and community resources have also asked for services too from a Community LINK Worker. Community LINK at this level offers mostly one-on-one support to the clients and social groups. This year was challenging as the Middle School began its first year at MESS. This created a different type of support for the younger aged students. The daily social lunch group and "Thru the Cracks" lunch program which includes local supermarkets donation of food distributed throughout the community for those in need was a great opportunity for students to get involved in the LINK program. The social lunch group have proven to be very popular and useful. With over 40 students accessing group socially daily it is a great way to connect with the LINK program.

### **Barriers to Access**

The opportunity for further educational training was limited to the Community Link worker in 2012-2013 school year. Limits appeared to be based on travel costs, registration fees and lack of availability to training being offered in our region.

The Community link workers feel that further educational opportunities would have been beneficial to their practice when working with those students on their caseloads with multifaceted needs. This includes specific needs and/or combination of needs such as ADHD, ADD, FASD, Autism, anger management, anxiety disorders, depression, suicide and self-harm etc.

Another barrier that Community Link workers face is connecting with other agencies that are providing services to families on our caseloads. Communication can often be challenging due to time constraints and confidentiality guidelines.

### **Looking to the Future**

Community Link is eager to continue 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 with throughout the year in building healthy, trusting relationships will continue to receive support in the upcoming year. Community Link will support these families in the process of accessing teacher, school and administration information, community agencies and additional support services.

In the upcoming 2013-2014 school year, Community Link's goal at the elementary level is to provide more support within groups for specific areas such as homework and social skills. An overall goal for Community Link is to support the Kitimat Child Development Centre in going paperless. Link will work to have all documentation in our database up to date. Community Link's ongoing goal is to continue to be a supportive role within the school for students, staff and outside agencies. Our Community Link workers strive to build relationships with those students and families we work with as well as those who attend the school. It is important that parents and staff understand and recognize the role Community Link workers play in our schools; therefore, another goal is to educate school staff, community agencies and parents about the Community Link program.

We respectfully submit this report and welcome any questions. Community Link workers would like to thank you for the opportunity to work in partnership to support students and their families.

## Logic Model - Community LINK Program

### Appendix 1

Program/Project	Strategy	Activities	Anticipated Outcomes	Indicators of Success
Community LINK Program	<p>Community LINK Workers based at Kildala Elementary School, Nechako Elementary School and Mount Elizabeth Secondary School.</p> <p>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.</p>	<p>Individualized, one to one support for students and families.</p> <p>Crisis intervention. Accompaniment to community based resources.</p> <p>"Roots of Empathy" – empathy and emotional development group program.</p> <p>Food outreach at Nechako</p> <p>Quiet lunch room for students who struggling to cope in school lunch room.</p> <p>"Friends for Life"</p> <p>"Thru the Cracks" lunch program for students in need</p> <p>Social skill groups – anger management, friendship skills.</p> <p>MESS Social Lunch Group</p>	1. Improved social responsibility	<p>Positive feedback from families, schools and community.</p> <p>Meeting Service Plan goals.</p>
	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 agency meetings and Grade 6 Conference	2. Improved integrated service delivery between families, schools and community	Positive feedback from families, schools and community.
	<p>Use of evidence-based interventions including, but are not limited to:</p> <ul style="list-style-type: none"> <li>- One to one interventions</li> <li>- Group programming</li> </ul>	<p>Parenting Program</p> <p>Attendance/coordination of integrated case management style meetings i.e.) School-Based Team meetings IFP</p>	3. Meeting the needs of the clients/families served by the Community LINK Program	<p>Positive feedback from families, schools and community.</p> <p>Meeting Service Plan goals</p>

### 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.

## **Family Support Services Coordinator**

### **Annual Report 2012 - 2013**

Big changes occurred within the Family Support Services position. Shannon Ferguson left the centre to pursue a job with the Ministry of Children and Family Development. Long time employee, Lori Ferreira was hired to replace her. With the change in personnel, came some changes with the name of the position as well as increasing the responsibilities within the administrative team.

While the Family Support Services Coordinator 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, School District) is central to the role of the Family Support Services Coordinator, as lines of communication between service providers can be particularly challenging. The Family Support Services Coordinator may also support families in accessing services, coordinating multi-disciplinary 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 2012/2013 year, the Family Support Program received 50 new referrals, primarily from families and community preschools. We have seen an increase in referrals from family physicians as well. The number was a dramatic increase from years prior due to not having a Speech Pathologist. The FSSC position would help coordinate with other possible services within the centre as well as coordinating locum SLP services from Terrace and previous employee Jenny Zoia, was contracted to offer services just after Spring Break. On average, there are approximately 50 children on the FSS caseload. The increase 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 Services Coordinator may continue to work with families throughout the elementary school years. The Centre typically directs inquiries about services and resources to the Family Support Services Coordinator, who may then support families with access to services or refer them to the appropriate agency.

In addition to direct service to families, the Family Support Services Coordinator 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 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 Services Coordinator remains 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.

### **Outcomes as Defined by CARF**

#### **ACCESS:**

The Family Support Services Coordinator position is funded at an almost full time position. This can allow for greater flexibility to help meet workload demands as well as create 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 Services Coordinator 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 90% of those served will have completed individualized service plans. The Family Support Services Coordinator will continue take a key role in this challenge in 2013/2014.
- Typically twice a year, we are visited by a psychologist from Sunny Hill Health Centre for Children; however, due to staffing demands at Sunny Hill, we have had visits once per year for the last couple of years. The Family Support Services Coordinator 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 Services Coordinator 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. du Plessis, which certainly compliments our efforts to meet the needs of families in Kitimat and the Kitamaat 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. We have created a shorter, parent friendly survey that will be used this spring.
- 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 Services Coordinator remains central to this process, often playing a key role in the communication between families and service providers.

It is expected that 2013/2014 will continue to bring new challenges for Family Support Services Coordinator. 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 Services Coordinator 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,

Lori Ferreira

Family Support Services Coordinator

# FUN SPOT ANNUAL REPORT

2012-2013

## 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. Jessica Vennard is the Fun spot Facilitator. As the Family Programs Coordinator my role is to provide support for the facilitator. There were 134 sessions and 1172 children attended sessions from April 2012-March 2013. This is an increase of 120 children from last year's numbers.

The grant from the Provincial Family Resource Program was cut from the provincial budget this year and therefore we did not get funding to facilitate the Fun Spot program. To keep the program in operation we were able to combine the drop-in program with our Infant Development Program (IDP). The mandate for the IDP program is to facilitate a drop-in so this fit within the IDP and FunSpot mandates.

## ACCESS:

The access outcome measure for 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 in September and March.

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.

This goal has not been achieved yet as we are working on the CDC policy regarding the use of Facebook. If this policy is written and approved Jessica will create a Facebook page this year for the Family Fun Spot.

### **EFFICIENCY:**

The outcomes for 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.

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

The efficiency outcome measure for 2013-2014 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 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.

Jessica asked for parent feedback about guest speakers and the feedback was that parents were not interested in guest speakers this year. Each year brings new families and therefore the needs of the families change. On suggestions from the families no guest speakers were invited to the FunSpot this year. Jessica does have a comment box though and adjusts her programming based on parent feedback.

## **SATISFACTION:**

The satisfaction outcome for 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.

A satisfaction survey was completed in September and March with the Fun Spot participants. Feedback from this survey tailors the programming for the program. Feedback this year included having no guest speakers, recipes on the bulletin board monthly, and that service was not necessary during the Christmas and Spring break.

### **LOOKING AHEAD:**

The Fun Spot will continue to run for the 2013-2014 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.

Jessica will continue on as our FunSpot facilitator. 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,

Jessica Vennard

# HEALTHY BABIES ANNUAL REPORT

2012-2013

## INTRODUCTION:

Jaclyn Camazzola became the new Healthy Babies worker as of June 2012. Amy DaCosta, registered nurse, also joined the program during this time.

I have been able to work closely with Amy DaCosta for support, resources and mentorship, which I feel has been vital to my learning of this position and the clientele we serve. I have also developed working relationships with many other service providers in our community. I work closely with the Public Health Unit as well as Tamitik Status of Women, Ministry of Children and Family Development and Kitimat City High.

I have enjoyed my first year of being the Healthy Babies worker and I continue to build on my skills and knowledge through the interactions I have with my clientele and co-workers.

## ACCESS:

As of March 31<sup>st</sup>, 2013, the Healthy Babies program supported 227 adult visits accompanied by 163 child visits through the pre and post natal support services available in the program. The Healthy Babies program also hosted 75 hours or 46 sessions of drop-ins which support 228 adult attendees, calculated on a monthly basis. Twenty-eight of these attendees were clients from the Healthy Babies caseload. Healthy Babies supported 27 women and their families 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 also provided support to families through Overwaitea and Super Valu vouchers and sponsorship of Good Food Boxes (Food Security).

The access goal for 2013 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 2012-2013, 84% percent of the women referred to the Healthy Babies program were seen. The 16% of clients not seen were due to not being able to make contact prior to the intake visit, or miscarriage before initial intake.

The efficiency goal for next year is for 90% of clients who are referred to 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 3 returned surveys with this question completed 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 - 100%
- How to make lifestyle choices regarding drugs, alcohol or tobacco use that will keep my baby healthy - 33%
- How to breastfeed my baby - 33%
- How to keep my baby safe - 33%
- How to establish care routines for my infant (examples: feeding sleeping, bathing) - 33%
- How to obtain sufficient food to ensure my child's health - 33%
- More information about healthy birthing practices - 67%

The goal for 2013-2014 is to have 100% of clients complete and return the survey for a better look of the Healthy Babies program. The program will also strive for increased percentages in the areas that rate below 75%.

### **SATISFACTION:**

Four clients also completed the CAP-C feedback evaluation and here is a sample of the comments from the surveys:

Some comments from clients when asked "Has the program made a difference in your life?"

- "Helped when I needed it the most. Very supportive staff"
- " Yes, visiting with new moms and learning their experiences was helpful"

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

- "Invite more people with young babies"
- "Nothing"

## LOOKING AHEAD:

For next year, our goal is to have 100% of clients complete the CAP-C feedback evaluation form and a drop in satisfaction survey, as this information is valuable to guide and improve our services for families.

We plan to incorporate recent training in Infant Massage into the Healthy Babies Program and drop-ins to generate more interest. As well, we plan to collaborate with other programs within the centre on facilitating different groups.

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 last year has been a big learning experience for me as the new Healthy Babies worker. I appreciate the wonderful organization that I work for and my helpful and knowledgeable co-workers. I look forward to another year of continuous learning on how to better serve clients of the Healthy Babies program as I strive to maintain a safe, non-judgemental support for women and their families who are pregnant and through the first year of their child's life.

Respectfully Submitted,

Jaclyn Camazzola

Healthy Babies Outreach Worker

# Infant Development Outcomes Report

2012-2013

## INTRODUCTION:

The Infant Development Program served 25 families this year with the average caseload being 12 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). Brittney Mailloux is the IDP consultant and Cheryl Lippert is the program coordinator.

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 part of the Kitimat CDC including, but not limited to occupational 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 BC Children's Hospital 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 visit 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 designated 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 2012-March 2013 416 home visits were made with families on the IDP caseload.

The Infant Development Program facilitates a weekly "Toddler Time Drop-In." 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 individuals in the Toddler Time Drop-In from April 2012-March 2013.

**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 2013-2014 to provide information on child development.

**EFFICEINCY:**

In 2012-2013 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 families, 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 2013-2014 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 indicate if it positively affects their parenting. The results of this conversation are documented in the clients file.

5 discharge surveys were sent to families on the Infant Development Program during 2012-2013.

- 100% of surveys returned indicated 100% satisfaction in that they received 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% surveyed caregivers felt the IDP consultant provides information and resources that they ask for.

## **EFFECTIVENESS GOAL:**

In 2013-2014 100% of clients discharged will receive a discharge survey. 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. An IDP survey was submitted to families this year, however, only a few were returned. A new approach to delivering these surveys will be implemented next year.

## **SATISFACTION GOAL:**

In 2013-2014 a satisfaction survey will be distributed to all families on the IDP caseload.

**LOOKING AHEAD:**

I am continuing to complete my Child and Youth Care Degree. I am currently enrolled in two courses and have two more courses to finish before receiving my degree. I am becoming more competent in my role as an Infant Development Consultant but have created some goals in order to ensure family's needs are being met and optimal development of the child is priority.

Respectfully Submitted,

Britney Mailloux  
Infant Development Consultant

## **Kid's Place Preschool Annual Report**

**April 2012 to March 2013**

### **ACCESS:**

Kid's Place Preschool is currently 97% full (58 of 60 spaces taken as of March 31<sup>st</sup> 2013). This year we have provided preschool services to up to 60 children. The preschool operates four separate classes of children per week. We have four classes of 15 children running Monday, Wednesday and Friday (9:00 to 11:30 and 1:00 to 3:30) and Tuesday and Thursday (9:00 to 11:30 and 1:00 to 3:30).

There are currently (as of this writing June 2013) 63 children (12 four year olds; 29 three year olds; 22 children under 3) on Kid's Place waitlist for September 2013. This does not include any returning children.

### *Goals:*

Maintain an 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 all the preschool classes. 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 in each of the morning classes and two Supported Child Development workers in each class of the afternoon classes. Deanna Teves continues to serve as our Preschool Program Assistant. She assists the preschool program in a variety of ways. Her main duties for us are: preschool grocery shopping (this also includes some purchases for the centre as a whole); assisting

with cleaning of the toys and equipment (for the preschool and other programs); loading of the dishwasher (preschool dishes and dishes from the centre as a whole); she also joins us with the children by spending one afternoon a week in the classroom. We have mentored an exchange student (high-school age) since September of 2012, she is in attendance nearly every day. She joined us to improve her English skills and gain work experience. This year we also welcomed a student from the middle school for work experience, she is in attendance every Monday and Wednesday morning.

This year we changed our snack menu to fruits, vegetables and water. This has been successful in helping to streamline our spending.

We were able to operate more or less within our budget. There were a few outstanding accounts from 2011-2012 preschool year that are being pursued for payment.

Kid's Place has followed the Coast Mountain School District's school calendar for holidays and breaks for the 2012-2013 preschool year.

*Goals:*

Continue to look for ways to streamline spending to stay on budget.

Change the preschool accounts over to Simply Accounting to streamline the billing and collection of fees.

Continue to have full preschool 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.

We surveyed in January 2013. We distributed 58 surveys and of the 58 we received 25 responded (43% return rate). Generally, families have expressed satisfaction with their child's preschool experience.

We will be surveying families again in June 2013.

### *Goal:*

Survey parents twice per year, mid-year (January) and at the end of the preschool year.

## **EFFECTIVENESS:**

We have tried to use the Early Learning Framework as a guide for our practice. We have continued to use the emergent curriculum model to plan for the preschool. The preschool manager enrolled and completed one on-line early childhood care and development courses through Northern Lights College. 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. Learning stories were written and given to some families about their children; the stories were very well received by the parents. The Early Learning Framework was used as a reference for children's learning for the 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).

Care plan review with families continues to be an issue. We as a staff are able to review the plans on a regular basis because of our staff meeting but booking time with families can be more difficult.

Parents were offered parent-teacher meetings in January 2013. A few families took advantage of this opportunity.

*Goals:*

Provide written documentation of children's learning using many methods including pedagogical narration/learning stories, checklists and/or screeners and work samples.

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 E. Doherty-Maggs

Kids Place Preschool Manager/Supervisor

## **Kildala Before and After School Care Program**

### **2012-2013 Annual Report**

The Kildala before and after School Care Program is thriving and busy. In recent years our registration number has grown to 38. Our classroom capacity is 24, so with priority spaces for full time registrations we have casual drop in on pre scheduled availability. We have 2 students from St Anthony's School attending and 4 students from Nechako School, all taking school buses at the end of their day to attend the program. We have 2 staff and one supported Child Development Worker in the program. We strive to provide a full experience to the children in our care. Homework time is encouraged and the School library quiet space is provided. Generation Wise with Kitimat Senior Citizens make regular visits, helping the children with seasonal crafts and the grandparent experience. BAF "Be a Friend" is our ongoing anti-bulling contribution. Recently we made 250 buttons and a video presentation to the Kildala School Assembly. The entire school received a button. Several times during the school year, our program promoted school safety. The children stand outside in front of the school carrying signs that say "Thank you for slowing down in our School Zone". This has been received and supported with motorist honking and waving their approval.

It has been our privilege to receive a grant from RBC for the second year. These monies have sponsored 4 students full time in the program this year, and we will be able to assist many with financial hardship in 2013/2014 to attend the program.

The program is visible and accessible within the School and Community. We work to maintain a strong relationship with our children and their families. Our many ongoing activities include "Snack and Chat" Large art projects, theme days, outside play and healthy snacks.

We are open from 7: AM -6: PM daily

Respectfully Submitted,

Diane Thiessen & Janet Hoover

# **Kildala Preschool Program**

## **Annual report 2012 - 2013**

### **ACCESS:**

Kildala Preschool Program operates in a community school, Kildala Elementary School. Operating in a neighbourhood community school assists families with accessing Preschool services as many of the families served have older siblings who attend Kildala Elementary School, or have younger siblings who attended the Strong Start Program also located at Kildala Elementary School. Approximately 90% of the preschool students enrolled go on to attend either the French or regular programs offered at Kildala.

The Kildala Preschool Program operates from 12:30 pm to 3:00 pm, Monday through Friday offering two programs, Monday/Wednesday/Friday and Tuesday/Thursday. Information on Kildala Preschool is now available on the Kildala Elementary School web site. As of March 31, 2013 the program had 20 of the 20 spaces taken, with children aged 3 - 5 years. Spaces for the 2013 - 2014 year are starting to be taken, with 16 of the 20 spaces taken.

### **GOALS:**

- ◆ Maintain open communication with Kildala Elementary School
- ◆ Work together with other community programs
- ◆ Continue to provide information on Health and services

### **EFFICIENCY:**

The staffing levels in the preschool program are currently 1 preschool teacher to 10 children; at present those students who require extra support through accessing of services from the Supported Child Development services. The ongoing

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

Kildala Preschool follows the Coast Mountain School District school calendar for holidays, breaks and NID days for the 2012 -2013 preschool year.

#### GOALS:

- ◆ Continue to monitor and maintain spending to stay within budget
- ◆ Continue to access parent volunteers

#### **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 and community events. Families and students are able to glimpse/recall through written documentation of learning through simple pedagogical narration stories displayed in the classroom. Families have expressed their interest in this type of display as it can provide an opportunity for families to observe what is happening in the classroom, on field trips, and parents have expressed an interest for copies.

Through the development and implementation of Care Plans, behaviour plans, discussions with parents, staff and professionals, have enabled the program to actively include the participation of all children within the program activities. There have been parent teacher interviews at the beginning of the school year as well as in December. Events within the classroom have been well attended by families and offered families the chance to participate in their child's learning through play, such as "Games Day"

**GOALS:**

- ◆ Continue with written pedagogical stories displays
- ◆ Continue to offer family meeting to discuss Care Plans/or concerns
- ◆ Maintain ongoing communications and seek input with professionals

**SATISFACTION:**

Family meetings are offered to families and at this time surveys are offered and filled out, providing input to the program offered. Parents and family members are actively involved in the program through the volunteering of their time and resources. Along with ongoing discussions with families at drop off and pick up, family interviews and bi-yearly surveys, Kildala Preschool actively seeks opportunities to improve the program offered to the families served.

**GOALS:**

- ◆ Continue to distribute surveys
- ◆ Maintain and continue ongoing discussions with families

Respectfully submitted,

*Debra Canil*

Debra Canil

Kildala Preschool Program Manager

## **Life Skills Annual Report April 2012- March 2013**

### **INTRODUCTION:**

Vanessa Silva was the Life Skill worker until September when she moved into the role of the Kildala LINK worker for the CDC. We hired a new life skills worker in September, Danielle Gentile, who was the worker until March 2013. A new life skills worker Geoff was hired and started at the beginning of June 2013. In between workers, Cheryl Lippert, the Life Skills coordinator worked with the clients. As of March 2013 the Life Skills Program provided services for 24 families. The 24 families were a diverse group of single parent, two parent families and youths. Goals ranged from learning basic life skills, organization in homes, 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 2012-2013 was for contact to be made within one week of referral 100% of the time. This was accomplished 80% of the time by either the worker or the coordinator. 20% of the referrals took longer to contact due to wrong phone numbers, no phone or clients being out of town.

The access goal for the year of 2013-2014 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. We will continue to work towards this goal.

## **EFFICIENCY:**

The efficiency outcome measure for 2012-2013 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 2013-2014 is to have the goals outlined by the end of the 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 2012-2013 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 measureable and achievable.

This measure was not achieved 100% due to many reasons. 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. 60% of clients 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 2013-2014 year.

## **SATSIFACTION:**

The outcome measure for 2012-2013 was that 100% clients would receive a satisfaction survey. Satisfaction surveys were not sent out due to staff changes 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. Two Life Skills clients thanked their worker for helping them get back into school and on a new life path.

For 2013-2014 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:**

The Life Skills program dealt with change both with our Life Skills staff and new MCFD social workers who provide the contracts. This led to additional meetings to ensure the lines of communication remained open between the social workers and the Life Skills program. At the start of the year we did not receive many contracts but as the year went on we received several contracts and met our year end quota by the end of the fiscal year. 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. It will be exciting to have a new Life Skills worker and to see the connections develop with the clients and community professionals.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Cheryl Lippert".

Cheryl Lippert

# Occupational Therapy Annual Report

April 2012 – March 2013

## INTRODUCTION:

For personal reasons, Sheila reduced her work hours in November 2012. This led to a decrease in services for some occupational therapy clients until we recruited a new occupational therapist. In May 2013, we hired Mr. Salim Ana-Gholi from Burnaby, BC. Salim and his family moved to Kitimat at the end of May and Salim started work at the centre on June 3. Sheila and Salim will work together for a few months in order to "catch up". Salim will then manage the full occupational therapy caseload.

## ACCESS:

The access outcome targets for 2012-2013 were that Sheila would see 100% of children with low incidence diagnoses within 3 months of referral and that she would see at least 90% of children with less serious needs within 3 months. The first goal was achieved. The second goal was not achieved primarily because Sheila decreased her work hours to 16 hours a week in November 2012. Access is already increasing since Salim began working.

## EFFICIENCY:

The efficiency outcome target for 2012-2013 was that Sheila would spend 75% of her time with (or about) specific clients. She spent 73% of her time in this manner. The efficiency goal for 2013-2014 remains the same. The occupational therapists will spend 75% of their time with (or about) specific clients.

## EFFECTIVENESS:

The outcome targets for 2012-2013 were that 80% of clients would achieve at least two of their therapy goals. For those with only one goal, 85% would achieve that goal. Neither of these outcomes was achieved this year. However, when

Sheila applied last year's outcome target to the achievement of client goals this year, 79% of clients achieved at least one goal.

It is difficult to determine the cause of this decline in effectiveness. However, the decrease in Sheila's work hours is likely a contributor.

It seems prudent to return to the 2011-2012 target outcome of 80% of clients will achieve at least one of their therapy goals. Once Salim has settled in, he may wish re-visit how to increase effectiveness.

**SATISFACTION:**

This year satisfaction with occupational therapy has been determined through centre wide satisfaction surveys.

**LOOKING AHEAD:**

Sheila believes that the Centre is a rewarding place to work and that Kitimat is a great place to live. She trusts that Salim will also find this to be the case.

Respectfully submitted,

Sheila Hamilton

Occupational Therapist

## Parent Support Annual Report

April 2012-May 2013

### INTRODUCTION:

There have been some staffing changes within the Parent Support Program. Vanessa Silva was the Parent Support Worker until August 2012. At this time she transferred into a new position as our LINK worker at Kildala School. Liz Hoffman was hired in October 2012 as our new Parent Support Worker.

When I began there were 4 families on the Parent Support Worker caseload. Within these 4 families, 2 were receiving Parent Support and 2 had expressed no desire for 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 2012-2013 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, to begin to track the number of support sessions, home visits and direct support phone calls provided by the Parent Support Program.

Since I began the Parent Support position, I have documented 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%-75% of Parent Support hours.

The goal for 2013-2014 is that Parent Support will continue to work a minimum of 70% of direct client related hours.

The parent Support program had a previous goal to see an opportunity for families to attend 2 group settings support services meetings. This goal has been met and

exceeded as our parent Support Group has been meeting monthly since November 2012. Although group meetings and topics continue to be a challenge, this group has proved to be a healthy place for some interesting and important discussion.

### **EFFICIENCY:**

The 2012- 2013 goal was that the Parent Support worker was 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 maintained as we saw several new referrals come through this year. 100% of referrals were contacted within a week of the referral and met well within the first two weeks. 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:**

The previous goal of 2012-2013 was to begin 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.

Service plan goals have been a challenge this year, as many of our families have had difficulty following through with their goals due to life circumstances. I continue to look for new and positive ways to encourage parents to follow through on their goals while maintaining the consistency of planning ahead for new goals. 100% of all families have achieved at least one of their goals written in their Family Service Plan.

Goals for 2013-2014 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 served all provided positive verbal feedback regarding Parent Support; however no written satisfaction surveys were provided to clients and their families this year. Satisfaction outcome for 2013-2014: 100% of families will receive a written satisfaction survey.

**CONCLUSION:**

As the third Parent Support worker in this fairly new program, I have found the last 7 months to be a learning process. There were some very slow times in which families did not actively seek support in the beginning. However, there were also times in which my 12 hours a week were consumed by only one family. This position has been a learning process through understanding CLBC, MCFD and working through government programs and forms. I have connected with wonderful people through my caseload as well other professionals in the community and outside of our community. I look forward to meeting our clients' needs in a positive way throughout this next year.

Respectfully submitted

Elizabeth Hoffman  
Parent Support Worker

# Physiotherapy Annual Report

2012-2013

## INTRODUCTION:

2013 has started off as an exciting year for Physiotherapy services in Kitimat. The hospital department is now fully staffed with Angela Pace taking over as manager as Ruth Mueller retires at the end of June. Tawn Dingwall from Haida Gwaii has also joined the team on a full-time basis. I continue to work 16 hours a week at the CDC (0.5 FTE) as well as one day a week at the hospital. The physiotherapy caseload at the CDC currently has 18 children on EIT (Early Intervention Therapy) and 12 children on SAT (School Age Therapy). The CDC has hired a new full-time OT (Salim) who will be gradually taking over the reins from Sheila. Of course, I am sad to say good-bye to Sheila but am happy Salim has decided to relocate his family to Kitimat and I look forward to working with him.

The year has been a busy one. Goals set last year included increasing the accessibility of physical recreation, educating the community, as well as taking part in professional education. All of these goals have been achieved. The centre successfully ran our first 3 night summer camp for CDC youth who were entering middle school in 2012. With the huge fundraising efforts of Pat Moulard's Nechako Grade 2/3 class the community has purchased a Trail Rider, increasing the accessibility of our hiking trails. I ran an in-service for 7 gymnastic coaches on proper exercise technique in the spring. I also attended the Pediatric Symposium conference held in Vancouver in May. With increased staffing, we have been able to offer placements to physiotherapy students from the Northern and Rural Cohort of UBC. I recently supervised one student for 5 weeks and have already received requests to take another.

### 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 keep direct time service at over 70% in both EIT and SAT. The direct time stats for April 2012-March 2013 were 75% for EIT and 78% for SAT. The goal for the upcoming year will be the same.

### EFFECTIVENESS:

The goal from last year was to have a written, measurable goal for every client on my caseload. After reviewing my reports, this goal has been achieved. At the Pediatric Symposium, we were reminded to not only ask about the goals of the family, but to ask more specifically about the goals of the child. **The goal for 2013 will be to continue to set written, measurable goals but to also make sure the child's interests are reflected in those goals.**

### SATISFACTION:

As always, the CDC struggles with the measurement of satisfaction due to the low return of satisfaction surveys. Again, many informal comments have been made regarding the value of the service. No formal complaints against the service have been received (as far as I know!). **The goal for this upcoming year will be to support the centre's plan in gathering feedback from families regarding our service.**

**LOOKING AHEAD:**

The year ahead brings plenty of promise with a full complement of therapists at both the Kitimat hospital and at the CDC. At the Pediatric Symposium, we talked about the importance of the F-words in childhood disability:

FUNCTION	FAMILY	FITNESS
FUN	FRIENDS	FUTURE

I will strive to keep these words in mind as I plan goals alongside the children and families I serve. Continuing to encourage participation in physical recreation for children and youth with special needs will be a priority. Education continues to be an important goal. I have taken a big step in personal education in applying to begin the Graduate Certificate in Rehabilitation program being offered on-line through UBC. I will also continue to offer clinical education opportunities to UBC students, especially those in the Northern and Rural Cohort.

2013 looks to be a year of tremendous promise and I look forward to helping children and their families achieve what is important to them.

Respectfully submitted,



Carolyn Watt  
Physiotherapist

**Reach For a Sunbeam**  
**Community Child and Youth Mental Health Program**  
**April 2012- March 2013**

*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 budget has been reduced from a 1.2 FTE to 1.0 FTE this reduction will affect program services. It will create an ongoing struggle to meet the service demands. There is a greater need to collaborate and partner with other programs, community members and agencies. We partner with the MCFD Clinicians, LINK workers and other departments at the Centre, School Counselors, teachers and principals, Northern Health Authority and the BC Schizophrenia Society.

This past year the program provided direct service to a total of 39 clients 12 of these were new referrals. These new referrals received one on one and or group intervention.

The program also provided community mental health intervention, prevention skills to youth, as follows:

## **Mount Elizabeth High school**

- The grade eight's - Healthy Transitions
- The grade ten's - Teen Stressors - Teen Solutions.

## **Kitimat City High**

- Girls Talk
- Boys Talk

## **Kitamaat Village**

- Teens Need Teens

## **At the Centre**

- Youth Empowerment and Support
- Reach Program (for youth transitioning to middle school)
- Girl Power

## **OUTCOME GOALS**

### **EFFICIENCY:**

An efficiency measure for 2012 - 2013 will be to run at least one parent group.

This measure was met. I ran a 6 week parenting program with the MCFD clinician.

An efficiency measure for 2013-2014 is to look for a committed community partner to co-facilitate the Youth Empowerment and Support group at the Centre.

## **ACCESS:**

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

This goal was met. There was concern about the transition of grade seven's to the middle school, especially for the most vulnerable youth. I added a summer program for that age group to develop, social, emotional and problem solving skills. This REACH group ran twice over the summer.

Access goal for 2013 - 2014 is to partner with Kermode and MCFD clinicians to deliver a parenting program in the Kitamaat village.

## **EFFECTIVENESS:**

The effectiveness goal for 2012 - 2013 was for 100% of the participants in the 12 and under groups to have follow up meetings with their parents or guardians. This is to ensure parent or guardian confidence in supporting the needs of their child.

This goal was not met as I envisioned it. I had hoped to have face to face meetings with the parents but that did not happen. However there were phone conversations and parents are aware of the services the program provides and I feel confident that they would not hesitate to call if their children's mental health was at risk. Further the children received summary letters of the skills covered in group and were encouraged to discuss what they learned with their parents.

The effectiveness goal for 2013 - 2014 all new referrals will be contact within two weeks of receiving referral.

## **SATISFACTION:**

A goal for 2012 - 2013 is to send out satisfaction surveys to individual clients, parents, and community partners to measure satisfaction with program services.

This goal was not met. However each group that is run has a feedback evaluation form that we encourage all participants to fill out. These are reviewed to ensure that we continue to provide quality service to our clients. I would like to keep the goal for this coming year. Each individual client is asked if the service is meeting their needs and if something needs to be done different.

The goal for 2013-2014 will be to send out satisfaction surveys to individual clients, parents or guardians and community partners to measure satisfaction with program services.

Respectfully Submitted,

Luiza Couto

Program Coordinator /Youth Mental Health Support Worker

## **Speech-Language Pathology**

### **Annual Report 2012-2013**

The Speech-Language Pathology program saw some changes in July 2012, as Karen Bylsma left the centre to take another position in the province. As has happened in the past, it came with great difficulty in trying to hire a full-time SLP for the centre. We had some interest from a variety of places around the globe. At the end of this contact period, we had serious interest from an SLP in Ontario.

#### **ACCESS:**

The goal for 2012-2013 was that 90% of parents are contacted within 90 days of receipt of referral for SLP services. For 2012-2013, we received 31 referrals for SLP services. 100% of families were contacted to complete the intake to the centre. If at all possible, referrals were also made within the centre to other programs such as IDP and/or OT to help ease the gap. Most families were seen within 90 days.

We successfully hired locum SLP, Heather Hayes to provide weekly services to our clients from September to December 2012. In January 2013, she began providing services once per month. This created a lengthier waitlist. We were able to secure Jenny Zoia for a week long locum at the end of Spring Break 2013. This helped clear up some of the waitlist back log. It was great having Jenny visit as she was a valuable part of our team while she worked in Kitimat.

**EFFICIENCY:**

The goal for 2012-2013 was to have about 75% of the caseload with an intervention service plan. This is a work in progress.

**EFFECTIVENESS:**

The effectiveness goal for 2012-2013 is that 100% of the children for whom regular service is required will be received.

**SATISFACTION:**

As we did not have a regular SLP in place this year, satisfaction was measured verbally through regular check-ins with clients who were only accessing SLP services. As clients get discharged, a new centre wide satisfaction survey will be sent to families with a discharge letter. It is hoped that families will take the time to provide us with feedback about our services.

Respectfully submitted by,

Lori Ferreira  
Family Support Services, Coordinator for Speech Language Pathologist

## **Stepping Stones Cormorant Childcare Centre**

### **Annual Report 2012-2013**

Stepping Stones Cormorant Childcare Centre provides daycare services for Infants & Toddlers (newborn to 3 years old) and Group Daycare (3-5 years old). The centre is located at the Kitimat City High. The Centre operates 5 days a week, and the hours of operation are from 7:00 am to 6:00 pm daily. We are closed statutory holidays.

#### **ACCESS:**

Starting since September 2012 we have had full enrollment in the Infant & Toddler side as well as a waitlist. On the other hand, the group side started off very slowly, and did not run at full capacity until February 2013. At the moment we are at full capacity on both sides. The daycare continues to receive many phone calls to add children's names on the waitlist.

#### **EFFICIENCY:**

The staffing ratio on the Infant & Toddler side is 1 adult to 4 children, and the ratio on the group side is 1 adult to 8 children. We currently have 5 ECE educators, and 3 staff who are currently working on their ECE. As well, 2 of our staff have completed their Infant & Toddler Certificate and another staff member is working towards it. 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 AND EFFECTIVENESS:**

Stepping Stones Cormorant Childcare Centre looks for improvement opportunities on an ongoing basis. Throughout the year, we generally hear positive feedback from our families as well as implement any suggestions. Feedback surveys are conducted annually, and each family is asked to complete a survey. At this time the surveys have not been issued.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Liz Carrita".

Liz Carrita

# Supported Child Development Program (SCDP) Annual Report

## 2012-2013

### **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. We have also provided in- own-home support for a family with a child who was medically fragile. We have continued to provide support for school aged children in recreation programs during the summer, and this year also provided support to a youth to attend our summer camp at Kin Camp.

### **ACCESS:**

In the current year one hundred percent of children referred to SCDP 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 this year making it possible for us to stay within our budget. The need for support in out of school care has increased.

### **EFFICIENCY:**

As of March 31 the number of clients on the caseload was seventeen which is down one from last year. There were less hours used per child as fewer children were using fulltime daycare. Staff evaluations were completed in June as opposed to throughout the year so time could be blocked off and preparation done all at once.

### **EFFECTIVENESS:**

Monthly reports that were completed on each child who received extra staffing support indicated that the program has been effective. This year we tried to write our goals to be measurable but did not always collect data other than narrative to monitor progress. 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, the file was delivered to the centre and each staff working with a child was oriented to the child's needs and goals. 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:**

Families who have moved or children who have completed service are given a satisfaction survey to complete which is collated by administration.

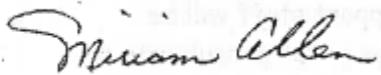
### **TRAINING:**

This year we provided the staff training including "Writing Measurable Goals" in-service and "Teaching Tools" in house for 10 hours and also were invited by TDCCS to attend "Technology for your Toolbox" in Terrace. Ten staff attended this workshop. We met our goal of providing twenty hours of training that could be used by Early Childhood Educators when applying to renew their licences.

**UPCOMING YEAR:**

This year we plan to collect data on our measurable goals. Each child will be tracked and evaluated using the appropriate data collection method for each goal. One training goal to this end will be to provide data collection training. To increase the efficiency of our training as well as that of other services our plan is to record training sessions so any new staff member does not need to wait for the training or in-services to be repeated.

Respectfully Submitted

A handwritten signature in cursive script that reads "Miriam Allen".

Miriam Allen B.Sc., M.Ed., BCBA

Supported Child Development Manager

# **Welcoming Communities Annual Report**

**January 2013-May 2013**

## **INTRODUCTION:**

I began working with the Welcoming Communities program on January 15 2013. We have experienced many changes in program descriptions and deliverables in these initial months as this was a new contract/program to the CDC. At this time, Welcoming Communities has served 16 clients, with 9 of those clients requesting repeat services. The following report will highlight goals for the remaining Welcoming Communities contract which ends April 30 2014.

## **ACCESS:**

The goal for the initial Welcoming Communities Contract was to have 60% of hours be direct client related hours, included in that 60%, is our Immigration Settlement Services Drop-in hours. 40% of the Welcoming Communities program has been spent in Settlement Service events and administration time. I have begun to track the number of support sessions and direct support phone calls provided by the Welcoming Communities Program.

Since I began the Welcoming Communities position in January 2013, I have documented all (allowable) progress and interactions whether it be through phone or direct contact as well as any work that is client related for our records. Due to strict government regulations, many client and session details are not able to be recorded. Direct client related hours are currently 60-65% of Welcoming Communities hours.

The goal for 2013-2014 is that Welcoming Communities will continue to work a minimum of 60% of direct client related hours.

The starting goal for Welcoming Communities was that the WC worker was to try and satisfy initial requests for service from clients within one week. This goal was maintained as we saw 16 clients come through this program to date, 100% of initial requests served within 1 week. This year's goal is to have all client initial requests met and answered within 1 week 100% of the time.

The Welcoming Communities Program has evolved from its original description and will be more client based and referral based in the remainder term. I will continue to look for new and positive ways to encourage clients to integrate or settle into our community and country while maintaining their cultural heritage and identity.

### **CONCLUSION:**

As the first Welcoming Communities worker in this new program, I have found the last 4 months to be a learning process. There were some slow times in which clients did not actively seek services in the beginning. However, there were also times in which my time was largely consumed by one client's requests. This position has been a learning process through understanding Federal and Provincial programs and funding guidelines and working through government programs and forms. I have connected with wonderful people through my caseload as well other professionals in the community and outside of our community. I look forward to meeting our clients' needs in a positive way throughout this next year.

Respectfully submitted

Elizabeth Hoffman  
Welcoming Communities  
Immigration Settlement Service Worker