



S U N S H I N E C O A S T
Community Services
S O C I E T Y

Outcomes Management Report

Results Summary
January 1 – June 30
2004

Published September 2004

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INTRODUCTION

The Outcomes Management System that has been developed for Sunshine Coast Community Services Society is the first formal system established to measure and manage results for the agency. It has been designed to collate and assess data to determine overall responsiveness and effectiveness of service delivery in the programs seeking accreditation. The Outcomes Management System is intended to be a helpful tool for agency decision makers in identifying and implementing program and organizational improvements that better meet the needs of individual clients and the community.

The development of the Outcomes System began with an initial analysis of the internal strengths and weaknesses and external opportunities and threats related to the agency. Outcome measures were then established for each program or service area. Desired results for satisfaction, effectiveness, efficiency and service access were identified, along with methods for collecting data and measuring the outcomes.

Satisfaction input was obtained from clients in receipt of service and from other stakeholders including community organizations, and Sunshine Coast Community Services Society funders.

The Outcomes Management Report lays the groundwork for what will become a regular series of reports, based on continuous data collection by the agency. It offers a summary of the results and recommended action plans for improvements.

The Outcomes Management Report will provide the basis for the agency's annual strategic planning process (October 2004), and will be reviewed by the Board of Directors, Executive Director, Program Coordinators, and administration staff. Copies will be made available to all staff, and highlights will appear in the agency's monthly newsletter, a must-read for all staff. The results of the report will also be used as a planning tool for program development and improvement.

Copies of the report will be made available to primary stakeholders, and result highlights will be posted on the agency's website.

This report was coordinated and written by Dianne Evans, Program Director and Accreditation Coordinator, with input from Program Coordinators and assistance from Susan Hill, Executive Management Solutions.

September 2004

CHARACTERISTICS OF THE PERSONS SERVED

This section summarizes the results of Sunshine Coast Community Services Society's compilation of client demographic information in the programs seeking accreditation.

Many of the programs have their own systems for tracking program specific relevant information. However, the kind of information recorded on each client and the manner in which the information has been organized has not been consistent across the programs. The agency is exploring ways in which data can be more consistently collected in the future, and there are many process issues and obstacles in this data collection that need to be addressed. As well, this report provides data only for programs seeking accreditation. The agency will continue this approach in 2004-2005, but will plan for an agency-wide outcomes report in the following year.

The client characteristics that the agency has reviewed for this report includes: age, gender, cultural background, service areas and community in which service is received. It should be noted that gaps exist in data provided in the areas of cultural background and primary language.

The following summaries are based on information collected on 1,457 clients receiving service during the past fiscal year (April 1, 2003 to March 31, 2004).

AGE

34% (490) of the persons served by these programs are between the ages of birth to five years. 26% (392) fall between the ages of six to 17. There were 29% (422) adults ranging in age from 18 to 40, and 10% (155) fell in the age group from 41 to 65. There were 8 adults (1%) in the 66 to 85 range.



It is clear from these numbers that the major focus of the agency's work is on children and adolescents, and people in the 18 to 40 age range. This is an important factor to consider in planning staff recruitment, training, communication strategies particularly those used to solicit information for this report, and program development.

GENDER

There were 22% more females than males served by the agency. The difference may be due to the type of programs offered which are child and family-focused. Many of the males are children and adolescents; most of the adult males attend family counselling, a few attend Parent-Tot Drop-In, and Nobody's Perfect has both fathers and mothers as participants. Programs such as Parent-Tot Drop-In and Nobody's Perfect are actively planning fathers' groups. Many fathers are involved in programs such as Bridges and Infant Development Program, where the approach is family-centred, but these males are not counted in the overall statistics, since the primary client is the child, the only one to be counted. There may be other reasons for this difference, e.g. fathers may be at work during the day when some programs are offered; some may be reluctant to participate in child-focused programs like Parent-Tot Drop-In, or to seek help for family problems. The issue of lower male participation is on-going, and continues to stay on the planning agenda.

| Gender | # of individuals | Percentage |
|--------|------------------|------------|
| MALE | 572 | 39% |
| FEMALE | 885 | 61% |

ETHNIC BACKGROUND

It is difficult to make any conclusive statements about the Ethnic Background of persons served. The term Caucasian does not reveal individual cultural differences, and this information is not always sought unless it relates to the presenting issues. In the data collected the following ethnicities have been noted.

| Asian | Black | First Nations | Hispanic | Caucasian | Other |
|-------|-------|---------------|----------|-----------|-------|
| 20 | 5 | 137 | 38 | 1246 | 11 |

The distribution of ethnicity reflects the community as a whole. The Sunshine Coast is primarily Caucasian, and the most significant visible minority group is First Nations, both Sechelt Indian Band, and non-Band members.

While most people will identify themselves as Canadian, regardless of their ethnic background, people also identify themselves culturally, geographically, sometimes by religion and in many other ways. This plurality of identity is an important feature of Canadian society.

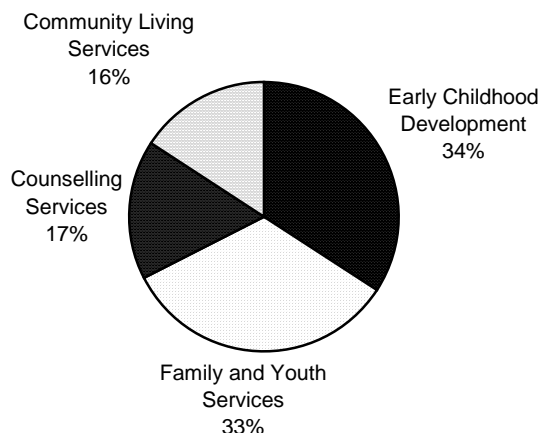
PRIMARY LANGUAGE

This information is not sought, unless it is self-evident, and is relevant to the presenting issues. Some information is available from Parent-Tot Drop-In, where it is collected each year as part of a comprehensive regional survey. Of the 108 survey respondents to the survey, two people speak Spanish at home, two speak Portugese, and one person speaks Japanese at home.

AREAS OF SERVICE

Programs have been classified into four areas of service. An account of these findings is as follows: 499 of the clients served participate in programs offered in Early Childhood Development. The next largest area is Family and Youth Services, with 483 persons served. Counselling Services had 243 clients, and Community Living Services had 232 participants. This includes one client in the Special Services to Adults program.

Utilization of Services per Program Area



The breakdown of programs per area is as follows:

Early Childhood Development

- Parent-Tot Drop-In
- Mother Goose
- Nobody's Perfect
- Canada Prenatal Nutrition Program (Bellies and Babies)

Family and Youth Services

- Family Preservation
- Family Support
- Youth Services
- Unloading Zone
- Parent Support Circles

Counselling Services

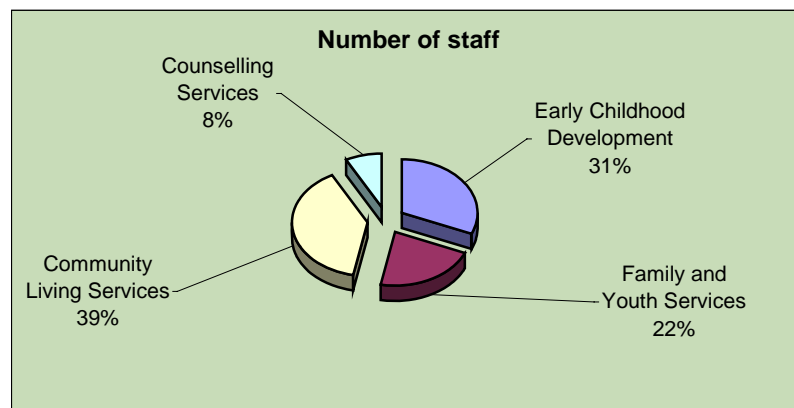
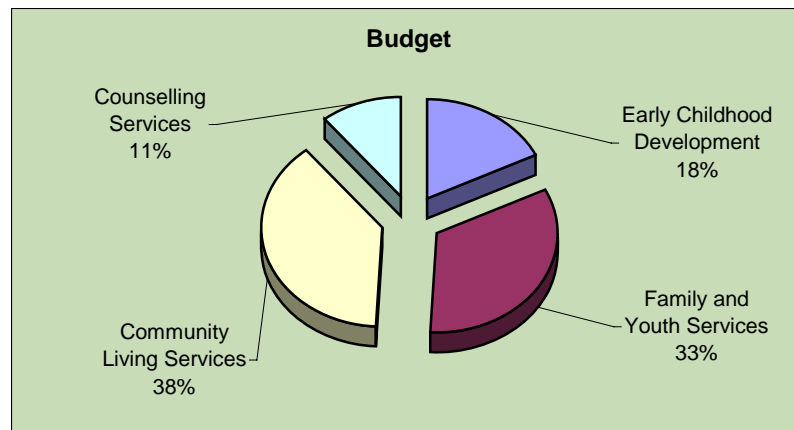
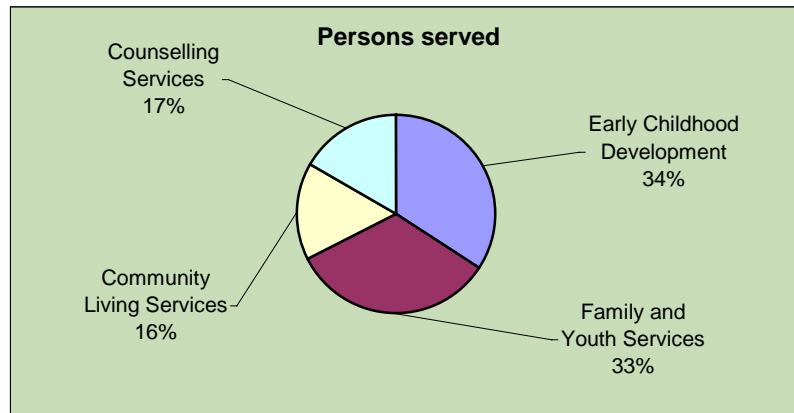
- Children Who Witness Abuse
- Child and Youth Mental Health Services (includes Children's Sexual Abuse Treatment)
- Women's Counselling Service

Community Living Services

- Bridges (paediatric occupational and physical therapy)
- Infant Development Program
- Supported Child Care
- Special Services to Children
- Special Services to Adults

SERVICE AREA, STAFFING AND BUDGET LEVEL COMPARISON

In order to give a clearer and more detailed picture of the distribution of services in the four areas indicated above the three charts below present information about staffing and budget levels. It is of interest to note that Early Childhood Development, an area of service that includes preventive and educational programs like Parent-Tot Drop-In, Mother Goose and Nobody's Perfect, and Bellies and Babies, reaches more people with a budget that is significantly lower than other areas of service. The picture provided by this comparison should be a useful tool in planning both program and revenue development.




COMMUNITY WHERE CLIENT RECEIVES SERVICE

The distinction between community of residence and community where services were received was not identified in the data collection process. Our community is a ribbon stretching along the Strait of Georgia from Port Mellon in the south to Earls Cove and Egmont in the north, a distance of more than 90 kms. There are two large municipal centres, the Town of Gibsons in the south, and the District of Sechelt close to the middle. Other communities are Langdale, Roberts Creek, Halfmoon Bay, Madeira Park and Pender Harbour. Sunshine Coast Community Services Society has its main office on Inlet Avenue in Sechelt, with a small centre in Gibsons, and various other program-specific locations scattered along the Coast. Parent-Tot Drop-In has locations in Gibsons, Roberts Creek, two Sechelt locations, Halfmoon Bay and Madeira Park. Child and Youth Mental Health Service is located in Roberts Creek with outreach in Gibsons and Sechelt.

Our community historically has had an inadequate transportation system, and the agency has incorporated out-reach into its program design since its founding in 1974. At first contact the geographic location of the person to be served is established, and arrangements are made to best accommodate the person's needs. For example, a client living in Gibsons will often be able to meet the counsellor or therapist at Gibsons Family Place, and many programs offer home visits.

All the Community Living Services provide home visits, and much of the service offered by Bridges and Supported Child Care takes place in a child care setting. Special Services to both Children and Adults (one client) takes place, for the most part, in the community, since one of the goals of the program is to work with the child/adolescent to help them develop the skills required to function in their own community. Both Inlet Avenue and Gibsons Family Place are also used for group work, as appropriate. Some programs provide service in Pender Harbour and Madeira Park, e.g., Child and Youth Mental Health Services, Family Support, although there is a growing need for more outreach in this area. In the programs offering groups, such as Nobody's Perfect, Parent Support Circles, Women's Counselling Service (Women's Support Groups), and Mother Goose, the location is not decided until the participants have registered, so that the group can take place at a site most convenient for the majority of participants.

Sunshine Coast Community Services Society has long recognized the need for facilities in a variety of communities along the Coast and has worked to establish the Gibsons and Area Community Centre Society, participates in a similar group in the Sechelt area, and is has a long-range plan to establish a more permanent base in Madeira Park or Pender Harbour.



ACTION PLAN

Continue to develop and make improvements to the demographic data collection system:

- Determine the demographic data to be collected, ensuring that it is relevant to strategic planning and program development
- Determine the best methods for data collection and updating of information
- Ensure that clear instructions for reporting client demographics are communicated to staff

Research the need for more services for men and boys and begin to develop programs to meet the need, if demonstrated.

Develop, implement, evaluate and maintain outreach services in the Pender Harbour area.

Develop and implement a communications strategy that reaches out to individual communities whether geographic, cultural, or gender specific.

CLIENT SATISFACTION SURVEYS

DESCRIPTION OF SURVEYS

The written survey developed to gather input from clients of Sunshine Coast Community Services Society was in two parts.

Part 1: Agency Satisfaction

This included six questions that addressed broad agency considerations: access to service, safety, information, respect and support.

Part 2: Program Satisfaction

These surveys were designed to capture program-specific information. The questions varied for each program area depending on the objectives established and information required by the program. Several questions were written to determine results for effectiveness, efficiency, service access and satisfaction. The full survey questions are available from the Accreditation Coordinator. A synopsis of these surveys follows:

Supported Child Care

Six questions covered topics: involvement in and ease of understanding the application process; changes for the better; connections made; services received.

Infant Development Program

Five questions covered topics: increased knowledge; connections with resources and networks; access to service; family involvement in planning

Bridges – paediatric OT and PT

Six questions covered topics: service access; client involvement in decision-making; assessments; reports; changes for the better

Counselling Programs

Four questions covered topics: changes in emotional and physical well-being; increased knowledge and community connections; client involvement in planning and decision-making

Family and Youth Services

Five questions covered topics: changes for the better; increased knowledge and skills; better family relationships; client involvement in planning and decision-making; satisfaction with service

Early Childhood Development

Each program conducts either an annual survey for the funding agency or a participant evaluation for each group conducted throughout the year. Topics covered include service access; opportunities for increased knowledge about resources; skills learned; demographic information; input about program development; satisfaction with service and staff.

Special Services to Children (and Adults)

Five questions covered topics: changes for the better; skills learned; connection to resources; services received.

Answers to most questions were based on a five point rating scale (strongly agree [5] to strongly disagree [1]). The exceptions to this were the surveys in Early Childhood Development, where the questions were more open-ended, or Yes/No/Don't Know.

Survey results were entered into a spreadsheet developed for the purpose of data collection. Survey reports have been generated from these results. In the case of Early Childhood Development, the summary of the comprehensive survey, conducted for Health Canada by Evaluation Consultant, Diana Ellis, was used to obtain results in the areas of effectiveness, efficiency, service access and satisfaction.

DISTRIBUTION PROCESS AND RETURN RATES

One survey form, consisting of the two parts mentioned above, was distributed to clients. Each program was responsible for distributing surveys to its clients. The distribution process varied depending on the nature of the program.

Surveys were directly distributed to clients by staff in the following programs: Bellies and Babies (CPNP), Family and Youth Services; Women's Counselling Services; Children Who Witness Abuse; Child and Youth Mental Health Services; Supported Child Care; Special Services to Children/Adults; Infant Development Program. Surveys were collected by program staff in such a way as to preserve confidentiality of client responses.

This method of distribution seemed to result in a generally high rate of return, although one program (Child and Youth Mental Health Services) had difficulty with the survey distribution and no surveys were returned. We will explore other, more effective ways of surveying the persons served by the program, all of whom are children and youth.

In all approximately 173 surveys were distributed and 99 surveys were returned. The rate of return is 57%. This total does not include the surveys distributed by Parent-Tot Drop-In (see next paragraph).

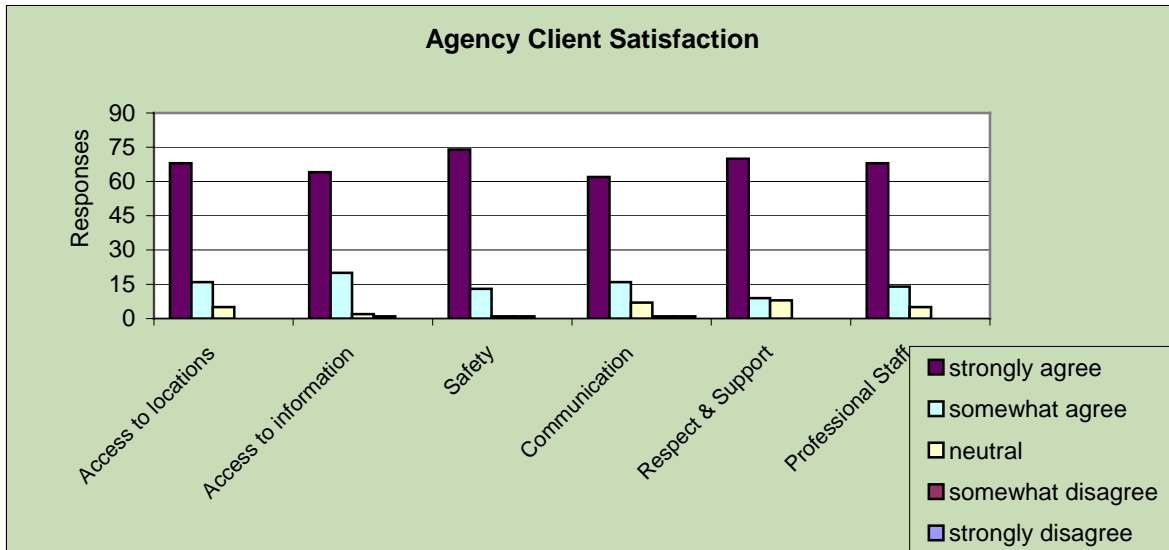
Early Childhood Development surveys were distributed in person. In total, approximately 151 surveys were distributed and 108 surveys for Parent-Tot Drop-In were returned. Surveys for Mother Goose and Nobody's Perfect were collected after the final group in each series of sessions. Mother Goose surveys were available from one of the two series of groups. Results from Nobody's Perfect were collated by the facilitators and these reports were not available.

Bridges (OT/PT) mailed surveys out with a stamped, self-addressed envelope included. Twenty-two surveys were mailed out and eight returned, a 36% rate of return. Infant Development Program mailed two of 18 surveys, both of which were returned. The remainder were distributed and returned in person.

AGENCY RESULTS FOR CLIENT SATISFACTION

SUMMARY OF RESULTS

The Agency Client Satisfaction chart represents responses to the broad agency questions answered by 92 clients of Sunshine Coast Community Services Society. Some clients with children in more than one program completed the agency-wide survey only once. Overall the Agency responses indicate high client satisfaction in all areas. The questions were presented as positive statements, and respondents rated their agreement with the statements on a scale of one (strongly disagree) to five (strongly agree).



| SATISFACTION | EXPECTED GOAL | ACTUAL RESULTS |
|--|---------------|----------------|
| Maximize the satisfaction with the services received | 77% | 97.94% |

ACTION PLAN

- Explore a variety of methods for collecting satisfaction information, e.g. combine satisfaction questions with existing program surveys, set up focus groups.
- Review survey questions to ensure that information collected has meaning to the agency and to the persons receiving service.
- Work with staff to ensure that clients fully understand that the agency survey refers to the agency as a whole, while the program specific survey addresses satisfaction with the service received within the program.

COMMUNITY STAKEHOLDER SATISFACTION

DESCRIPTION OF SURVEYS

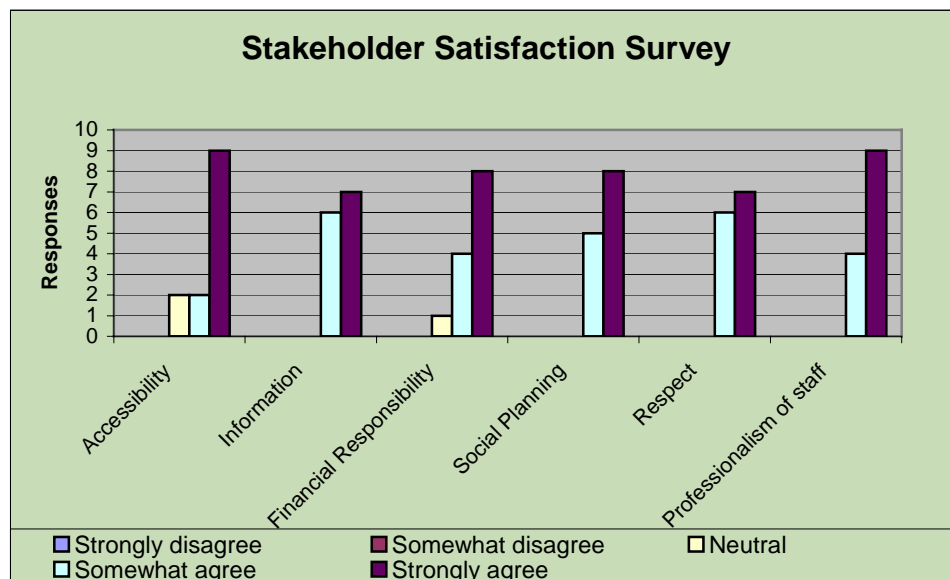
A stakeholder survey was designed for the agency to elicit community input on services provided. The survey was distributed to funding representatives and community partners during June and July 2004. The survey comprised six questions soliciting feedback on accessibility to clients and stakeholders, receipt of information, financial responsibility, the agency's role in social planning, respect, and professionalism of staff. The questions were formed as positive statements, which the respondents could rate on a one to five scale, with one being strongly disagree and five being strongly agree.

DISTRIBUTION PROCESS AND RETURN RATES

Surveys were emailed or faxed to recipients. An accurate count of distribution is not available, however the survey was sent to approximately 20 community members, including funders, municipal government staff and officials, and other community partners. A total of 14 surveys were returned.

SUMMARY OF RESULTS

Feedback from respondents indicate a high level of satisfaction in all the areas addressed. Many thoughtful and useful comments were received, highlighting areas the agency might explore in the future, such as free marriage counselling, more outreach particularly in Gibsons, hiring more diverse staff, and ideas about ways in which the agency might reach out more effectively to other organizations. The comments were complimentary and supportive of the agency's work and its staff.



ACTION PLAN

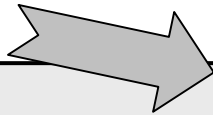
- Develop a more comprehensive list of stakeholders.
- Review and revise questions to capture more feedback in areas of interest
- Involve the Board of Directors in the stakeholder survey distribution and collection
- Continue to improve communication with all stakeholders (a part of the agency's strategic plan)
- Include stakeholder suggestions in strategic planning session

PROGRAM RESULTS FOR CLIENT SATISFACTION

SUMMARY OF RESULTS

The Program Outcomes Results Summaries following in this report detail the satisfaction outcomes for each program area. Survey feedback was received from a total of 205 program participants. Targets for satisfaction measures were met or exceeded in all program areas.

Some clients asked to be contacted or had comments about the services received. This information was passed on to the appropriate Program Coordinator.



ACTION PLAN

There are some issues requiring attention in this area of the survey:

- Timing of surveys
- Coordination with existing program surveys, e.g. Parent-Tot Drop-In
- Develop a process for including a satisfaction survey in exit interviews with clients leaving the program within the survey period
- Address issues of literacy, and differing learning / comprehension styles, e.g. use of verbal surveys where appropriate, pictures, focus groups
- Review and revise questions where necessary to elicit information that has meaning and relevance

PROGRAM OUTCOMES RESULTS SUMMARY


COUNSELLING SERVICES Women's Counselling Service

| EFFECTIVENESS | EXPECTED GOAL | ACTUAL RESULTS |
|--|---------------|----------------|
| Increase healthy coping skills * Client assessment | 65% | 100% |
| Increase healthy coping skills Counsellor observation | 85% | 100% |
| EFFICIENCY | | |
| Maximize the number of clients on caseload connected with existing resources | 75% | 80% |
| SERVICE ACCESS | | |
| Maximize primary access to service | 70% | 100% |
| SATISFACTION | | |
| Maximize the satisfaction with the services received | 77% | 100% |

* Healthy coping skills: the ability to make choices that improve the quality of physical and emotional health

SUMMARY OF RESULTS

Fifteen surveys were distributed to women who had attended three or more counselling sessions between May 31 and June 15, 2004. All surveys were returned.



ACTION PLAN

- Revise the objectives and indicators, particularly for efficiency and service access, to capture information that is more relevant to program development and improvement. For example, connecting women to community resources does not measure efficiency, but is a measure of effectiveness. In the area of service access, all the women were self-referred, as are the majority of the clients of this program. A more relevant measure might uncover other barriers to women making the connection to the Women's Counselling Service.
- Ensure exit interviews/surveys are conducted throughout the year to capture information from as many clients as possible.

COUNSELLING SERVICES
Children Who Witness Abuse, Child & Youth Mental Health Service (includes Sexual Abuse Intervention Program)

| EFFECTIVENESS | EXPECTED GOAL | ACTUAL RESULTS |
|--|----------------------|-----------------------|
| Increase healthy coping skills * Client assessment | 65% | 100% |
| Increase healthy coping skills Counsellor observation | 85% | 99% |
| EFFICIENCY | | |
| Maximize the number of clients on caseload connected with existing resources | 75% | 54% |
| SERVICE ACCESS | | |
| Maximize primary access to service | 70% | 8% |
| SATISFACTION | | |
| Maximize the satisfaction with the services received | 77% | 100% |

* Healthy coping skills: the ability to make choices that improve the quality of physical and emotional health

SUMMARY OF RESULTS

Children Who Witness Abuse (CWWA) distributed ten surveys, five in person, and five by mail. Five surveys were returned in person. Child & Youth Mental Health Service (CYMH) distributed three surveys, and none were returned.

Effectiveness

Counsellors in both programs reported that they see progress in all clients.

Efficiency


The indicator for efficiency was not completely relevant to either program. A better indicator might have addressed the large caseload carried by a small staff in too few hours in situations where waitlisting is not always possible (teen suicide ideation). Other efficiencies might include working with the referring ministry to ensure a more thorough primary intake is completed before referral to CYMH, thus reducing the time required for secondary intake and increasing time available for counselling.

Service Access

CWWA receives referrals from a wide variety of sources, including community agencies, schools, and others. CYMH receives referrals only from the Ministry of Children and Family Development. The counsellor reports that all the clients indicate their willingness to participate in the program. The factor that impedes access to service for CYMH is the inadequacy of funding for the program.

Satisfaction

This result was elicited from the five surveys returned to CWWA.



ACTION PLAN

- Determine objectives and indicators in the area of efficiency and service access that are more relevant to program development and improvement.
- Develop and implement a more effective method of surveying clients, all of whom are children and youth.
- Continue to review waitlists, push for more adequate funding for both programs, and work to refine intake process.

**COMMUNITY LIVING SERVICES – CHILD DEVELOPMENT
Supported Child Care**

| EFFECTIVENESS | EXPECTED GOAL | ACTUAL RESULTS |
|--|----------------------|-----------------------|
| Children maintain enrollment in typical child care resources | 80% | 97% |
| EFFICIENCY | | |
| Children access SCC services within one month | 80% | 0% |
| SERVICE ACCESS | | |
| Families are linked with appropriate resources | 75% | 42% |
| SATISFACTION | | |
| Maximize the satisfaction with the services received | 75% | 100% |

SUMMARY OF RESULTS

Supported Child Care distributed 36 surveys, and with 13 returned, giving a 36% rate of return.

Results for children who maintained enrolment (effectiveness) were based on data from 36 children.

Four of the 12 children referred during the period were placed in a child care setting, while the remaining eight children are on a waiting list. None of the four children were placed within one month; wait times were two months, seven months, 15 months and 25 months. This was due to budget restraints.

Of the 12 children who were referred during the time period five were referred to other community resources. The children already on the caseload are fully connected to other community resources. The Coordinator maintains contact with families during the waiting period, and ensures that they are connected with other appropriate resources and services if requested.

Feedback from 13 survey respondents determined the satisfaction result.

Respondents indicated that they felt fully included in the process to place their child, those responding were satisfied with the time it took to get service after referral and all but one indicated that the application process was easy to understand.

It is interesting to note that many of the children already on the caseload were placed within two to four months, during a period when budget restraints were not as severe as during the time period of this report.

All the respondents indicated that their child had made connections with other children in the child care setting, and that their child had increased independence since placement, as a result of learning new social skills and the special care provided at the setting.



ACTION PLAN

- Review the process of survey distribution, and explore other ways of obtaining feedback, to increase the rate of return.
- Continue to advocate for adequate funding for this program to avoid the lengthy waiting period between referral and placement.
- Continue to collect data to support reaching an adequate level of funding.

**COMMUNITY LIVING SERVICES – CHILD DEVELOPMENT
Infant Development Program**

| EFFECTIVENESS | EXPECTED GOAL | ACTUAL RESULTS |
|---|----------------------|-----------------------|
| Families indicate increased confidence in skills to support the development of their child. | IDP 75% | 100% |
| EFFICIENCY | | |
| Maximize the number of children on the caseload with existing staff resources | IDP 25/FTE | 19/FTE |
| SERVICE ACCESS | | |
| Minimize barriers to service access | IDP 80% | 100% |
| SATISFACTION | | |
| Maximize the satisfaction with the services received | IDP 77% | 100% |

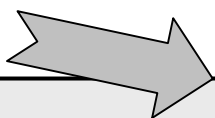
SUMMARY OF RESULTS

Of 18 surveys distributed, 14 were returned, for a rate 77.77%.

Caseload numbers are based on the average throughout the time period, January 1 to June 30, 2004. During the past fiscal year a total of 47 children received service.

The results for effectiveness, service access and satisfaction were determined from the 14 surveys returned.

The caseload number is lower than anticipated. This reflects a trend in Infant Development Programs elsewhere in the province, including in Powell River, a similar community. Public Health nurses, a source of many referrals to the program, also report a dip in the number of children requiring this service. It is surmised that this is due to changing demographics. Past experience with fluctuations in participation indicate that this may not be a permanent change.



ACTION PLAN

- Monitor changes in the trend to lower caseload numbers.
- Develop and implement strategies to reach more families who may require the service.

COMMUNITY LIVING SERVICES – CHILD DEVELOPMENT
Bridges: Paediatric Physical and Occupational Therapy (PT/OT)

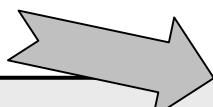
| EFFECTIVENESS | EXPECTED GOAL | ACTUAL RESULTS |
|--|----------------------|--------------------------------|
| To measurably reduce an individual's known disability and/or effect of a chronic disability for the purpose of optimizing life opportunities | 75% | OT 93% PT 100% |
| EFFICIENCY | | |
| Maximize the number of children on the caseload with existing staff resources | 25/FTE | OT 32/.52 FTE PT 23/.48 FTE |
| SERVICE ACCESS | | |
| Minimize barriers to service access | 80% | 88% |
| SATISFACTION | | |
| Maximize the satisfaction with the services received | 77% | 85% |

SUMMARY OF RESULTS

Surveys were mailed to 22 families active on the caseload, and eight were returned for a rate of 36%. The results for service access and satisfaction were obtained from these surveys.

The caseload numbers reflect those children active on the caseload and also those being monitored. For OT, there are 28 active, and four monitoring, while PT has 18 active, with five monitoring. These high numbers represent a significant and long-standing problem with this program, due almost entirely to inadequate levels of funding. Therapists provide some in-service training to care givers in order to maximize the level of support that children receive in the child care setting they attend, although not all children attend child care. A waiting list is now being established.

There is a small school-age OT component to the Bridges program, conducted by another therapist. These eight children were not surveyed due to the timing of the survey, and data is not included in this report.



ACTION PLAN

- Review and revise the objective and indicator for effectiveness and efficiency with the goal of improving efficiency to increase effectiveness
- Explore alternate methods of survey distribution to increase the rate of return.
- Include children in the school-age program
- Include other care givers in the survey (e.g. child care workers, school district staff
- Continue to advocate for a more adequate funding level for this program.
- Explore strategies to increase the in-services offered to care givers.
- Explore strategies to increase the use of central facilities to reduce travel time and increase efficiency.

COMMUNITY LIVING SERVICES – CHILD DEVELOPMENT
Special Services to Children

| EFFECTIVENESS | EXPECTED GOAL | ACTUAL RESULTS |
|--|----------------------|-----------------------|
| Increase positive social interaction | 70% | 100% |
| EFFICIENCY | | |
| Increase social skills by using group social activities and mentorship | 25% | 38.63% |
| SERVICE ACCESS | | |
| Maximize the number of youth accessing services | 70% | 91% |
| SATISFACTION | | |
| Maximize the satisfaction with the services received | 77% | 100% |

SUMMARY OF RESULTS

Surveys were distributed to 27 client families, and 12 were returned for a rate of 44%.

Efficiency

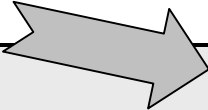
Groups were held every month during the survey period, January 1 to June 30, 2004. The hours of the groups totaled 131 during this period. The actual result represents the number of children participating in the group as a percentage of the caseload at that time.

Service Access

This result was difficult to obtain, since all referrals to Special Services to Children come through the Ministry of Children and Family Development. The average contract is for four hours per week per child. The actual result represents the number of hours of service actually provided as a percentage of the contracted hours. There was an average of 30 children on the caseload during the period surveyed.

Feedback from 12 survey respondents determined the satisfaction result.

Note: Special Services to Adults has only one client, who was not surveyed for this report. The goal of the service is to help the client adapt to her community and to achieve a modest level of independence given her profound level of disability. This continues successfully, to the satisfaction of her family. (Community Services provides this service since Sunshine Coast Association for Community Living programming does not fit the client's needs at this time.)



ACTION PLAN

- Review and revise the objective for service access
- Explore more effective ways of soliciting feedback from clients to ensure a greater rate of return

FAMILY AND YOUTH SERVICES

| EFFECTIVENESS | EXPECTED GOAL | ACTUAL RESULTS |
|--|------------------------------------|-----------------------|
| Parents/caregivers increase their parenting skills | Clients - 65% Counsellors – 80% | 96% 75% |
| EFFICIENCY | | |
| Maintain the ratio of home and office visits for clients | 75:25 | 83:17 |
| SERVICE ACCESS | | |
| Minimize barriers to service access. | 70% | 100% |
| SATISFACTION | | |
| Maximize the satisfaction with the services received | 77% | 96% |

SUMMARY OF RESULTS

A total of 31 surveys were distributed in person. Of these 24 were returned, a rate of 77%. Counsellors collected the surveys in such a way as to ensure their clients of confidentiality. Data collected for efficiency came from clients contact sheets, and observation of increased parenting skills was conducted for a pool of 31 clients active on the caseload.

In the area of efficiency, the ratio of home to office visits in no way meets the goal as set out in the data table. Of the 1,319 client contacts during the period from January 1 to June 30, 2004, 1,098 were home visits, and 221 were office visits. Some of the office visits were conducted in Gibsons, and others in Roberts Creek at the Roberts Creek Community School. Among the reasons for this are an inadequate transportation system (one bus a day from Halfmoon Bay, none from Pender Harbour), poverty (no car, no money for gas), young children (unable to secure child care). Home visits mean that more clients have access to the service.

It should be noted that during the time period of this report, Project Parent changed substantially following a service reconfiguration with the Ministry of Children and Family Development. The service is now known as Family and Youth Services; the three components of this service are Family Preservation, Family Support and Youth in Transition. Of these, only Family Support has open referral, all other clients are referred by the Ministry. Family Preservation provides intense family counselling, sometimes up to 20 hours per week per family which will require more home visits. Family Support offers education groups for parents, brief counselling where necessary, and provides resources in a variety of locations up and down the Coast. Youth in Transition workers conduct most of their work in the community, where youth are to be found. Feedback from the Ministry is ongoing at monthly meetings between staff from Family and Youth Services and the Ministry. Monthly reports are provided on each client in Family Preservation and Youth in Transition. These changes will be reflected in the data table and method of survey for the 2005 Outcomes Management Report.



ACTION PLAN

- Revise data table to reflect changes in program
- Explore other methods of obtaining client feedback, e.g. focus groups
- Develop new brochure to reflect changes
- Conduct exit interviews with all clients discharged from the program

EARLY CHILDHOOD DEVELOPMENT
Parent-Tot Drop-In, Bellies and Babies, Mother Goose, Nobody's Perfect

| EFFECTIVENESS | EXPECTED GOAL | ACTUAL RESULTS |
|---|----------------------|-----------------------|
| Enhance the health and social development of families * | 80% | 89% |
| EFFICIENCY | | |
| Maximize client attendance | 80% | 80% |
| SERVICE ACCESS | | |
| Minimize barriers to attendance | 80% | 83% |
| SATISFACTION | | |
| Maximize the satisfaction with the services received | 80% | 100% |

* Health and social development: physical and emotional well-being and improved social connections and support, e.g. increased social connections/support from other participants (PTDI, Nobody's Perfect); increased skills in play for parents and toddlers (Mother Goose)

SUMMARY OF RESULTS

These results were extracted from a 12 question survey conducted annually for Health Canada who provides funding for part of the program on a regional basis with Sea to Sky Community Services Society in Squamish. 108 surveys were returned. It is estimated that 132 surveys were distributed; the rate of return is 82%.

Effectiveness

The outcomes used to measure for this category were: parents made friends; parent learned of other programs in the community; child is more comfortable with other adults; child learned social skills; child learned play skills.

Service Access

This result came from a two-part question: a) Why I like coming to this PTDI, and b) What would you do to improve the activities and services? To arrive at a percentage the number of responses to b) that referred to issues related to service access such hours of operation, size of location, and number of participants was tallied (there were 18), and taken as a percentage of the total surveys returned. All 108 surveys contained positive responses as well as suggestions for improvements.

Satisfaction

This result came from the question that asked "Do you feel welcome?" "Why/why not; What would make you feel more welcome?" Of the 108 surveys only one had a comment that could be construed as negative ("sometimes there's a clique"), and this was coupled with an enthusiastic list of reasons why the participant did feel welcome.

It is important to note that almost every respondent had a lot to say about the program. The results of the larger survey have been compiled by Diana Ellis, a Vancouver consultant who has worked with Parent-Tot Drop-In for a number of years in this annual evaluation process. The results are used in program and staff development planning. The results of this survey are available from the Program Coordinator.



| ACTION PLAN |
|--|
| <ul style="list-style-type: none"> ▪ Plan to "piggy-back" questions in the annual Health Canada survey to avoid over-surveying participants ▪ Continue to expand service where possible (increased hours/days) |

EARLY CHILDHOOD DEVELOPMENT - continued
Parent-Tot Drop-In, Bellies and Babies, Mother Goose, Nobody's Perfect

Mother Goose, Bellies and Babies, Nobody's Perfect

Mother Goose (Song, Rhyme and Story-Time)

Two groups were provided in the past year. Of these only one set of evaluations was available for this report. The evaluation is in two parts. The first asks "What has coming to "Song, Rhyme and Story-Time" done for you?", followed by five specific questions concerning improved language skills for child, increased parents'/children's confidence and social skills, development of friendships and sense of community, and improved communication between parent and child. The second question asks "How would you describe the program to others?" The options offered are a) enjoyable time, b) educational and informative, c) welcoming and friendly, d) accessible. The answers were Yes or No.

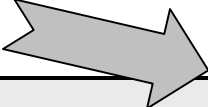
Of the seven surveys available, 79% reported an increase in their child's language skills and increased confidence and social skills of both parents and children; 100% reported that they had developed friendships and developed a sense of community; 86% would describe the program as accessible. It should be noted that no respondents checked "No".

Bellies and Babies

This program started full operation in April, 2004 following a year of program development. The coordinator and a group of young new mothers, or mothers-to-be participated throughout the year to develop a program that would reflect the needs of the target group. Regular meetings were held, and a strong network was established. The program has been developed according to the logic model.

Nobody's Perfect

The participants in Nobody's Perfect are generally identified by the Public Health Nurse Team, along with the coordinator from Community Services. There is a prescribed criteria for participation, with the target group being parents who are socially and geographically isolated, economically challenged, and with other barriers to optimum parenting skills. There was one Nobody's Perfect group during the period from January 1 to June 30, 2004. The group began in Gibsons January 15 with 22 parents in attendance. It was obvious that this was too large a group for it to be effective. After discussions with the other Public Health Nurses it was decided to split this group into two groups which ran consecutively from 12 noon to 4 p.m. on Thursdays in Gibsons at Gibsons Family Place. These groups were facilitated by a Public Health Nurse and a trained facilitator. Three ECE-certified child care workers were used to provide child care to the 19 children who attended the two groups (10 in one and nine in the other). A total of 18 parents completed the program in these two groups. The groups were structured so that there was a half hour overlap between the start and finish of the groups so the large group had lunch together and this helped to maintain the connections between the parents. The evaluations were not available for this report.



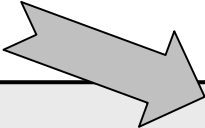
ACTION PLAN

- Ensure that evaluations for all groups capture data that can be used in the 2005 Outcomes Management Report
- Identify the demographic information required and ensure that it is gathered for each group
- Explore different ways of obtaining feedback from all groups
- Ensure all group facilitators are clear about the survey questions, and data to be collected

STAFF WELLNESS SURVEY

The team of Program Coordinators has a sub-committee called Wellness. Every two years this committee conducts a Wellness Audit of all staff in the agency. The last survey was completed in April 2003, and the next will take place in 2005. The last survey contained 19 questions of which four were open-ended, and the remainder had a one to five rating system. The Wellness Committee analyzed the information received, and developed task lists for actions to be taken. These were directed appropriately: the Board, Executive Director, Program Coordinators, Administration staff, and the Wellness Committee. A report was made in October 2003 at the annual Board/Staff strategic planning session. Results from the Audit are not included in this report; much progress has been made to address the issues raised.

Areas of most concern were remuneration levels, understanding of the agency's financial situation, staff development, and intra-staff communication. Staff were satisfied with the agency's mission, guiding principles and values and the way in which the agency reflects these; the benefits package; personnel policies; and workplace safety.



ACTION PLAN

- Include Wellness Audit results in the 2005 Outcomes Management Report
- Explore ways of informing staff about results and progress, as well as in the monthly Newsletter
- Develop and implement a strategy for seeking input from volunteers working within the organization.

QUALITY IMPROVEMENT PLAN

The details of Quality Improvements are outlined throughout this report; this plan provides a broad outline and identifies responsibilities and timelines. All Program Coordinators have been consulted for their input. Written feedback from stakeholders/clients is reflected in this Plan.

| ACTION | PERSON RESPONSIBLE | TARGET DATE |
|---|--|---------------|
| <p><i>On-going Quality Control</i></p> <ul style="list-style-type: none"> ▪ Decide on time of year for next and future Outcomes Management Reports ▪ Allocate resources for on-going Quality Control function | Executive Director, Program Coordinators and Accreditation Coordinator | October 2004 |
| <p><i>Demographic Data Collection</i></p> <ul style="list-style-type: none"> ▪ Identify client characteristics to be collected and develop system for collection | Program Coordinators and Accreditation Coordinator | November 2004 |
| <p><i>Client Satisfaction Surveys</i></p> <ul style="list-style-type: none"> ▪ Develop process for making changes/improvements to surveys and data tables to ensure relevance | Program Coordinators and Accreditation Coordinator | November 2004 |
| <p><i>Community Stakeholder Survey</i></p> <ul style="list-style-type: none"> ▪ Follow up for improvement in questions and distribution ▪ Identify areas for improvement in communication with stakeholders | Board of Directors, Executive Director | November 2004 |
| <p><i>Communication Strategy</i></p> <ul style="list-style-type: none"> ▪ Develop and implement a strategy for ongoing internal and external communication | Board of Directors, Executive Director | December 2004 |
| <p><i>Program Outcomes</i></p> <ul style="list-style-type: none"> ▪ Follow up for improvements identified in report | Program Coordinators and Program Director | November 2004 |
| <p><i>Program Development</i> Research need for:</p> <ul style="list-style-type: none"> ▪ more services for men and boys ▪ free marriage counselling ▪ more women's counselling ▪ extended Drop-In (September to June) | Executive Director, Program Coordinators and Program Director | January 2005 |
| <p><i>Geographic issues</i></p> <ul style="list-style-type: none"> ▪ Develop and implement strategies to better offer services in Gibsons and Pender Harbour ▪ Explore expansion of support to clients with transportation issues | Board, Executive Director, Program Coordinators | November 2004 |
| <p><i>Non-accrediting Programs</i> Develop and implement process for collecting data and input from non-accrediting programs</p> | Accreditation Coordinator | October 2004 |

PERFORMANCE PLAN

BUSINESS IMPROVEMENT PLAN

The Outcomes Management Report will inform the Business Improvement Plan, a comprehensive document for both short and long term planning and development for our agency.

STRATEGIC PLAN DEVELOPMENT

The Board of Directors, Program Coordinators and Administration staff meet annually in October to develop an agency plan for the coming year. From this session come the strategic initiatives that guide the Executive Director and form part of her annual Performance Appraisal. The Outcomes Management Report will be used for the first time this year as preparation for the planning session. Information will also be provided from non-accrediting programs. The Action Plans contained in the report provide guidance for all levels of the organization, from Board to front-line worker.

SERVICE DELIVERY IMPROVEMENTS

The Outcomes Management Report identifies areas where service delivery may be improved and enhanced. Action Plans found in this report offer recommendations about not only how to improve the collection of data and input, but also about program-related improvements that have been identified through this process.

MANAGEMENT INFORMATION SYSTEM

Through the preparation of this report it has become clear that a system for collecting information needs to be developed. Whatever system is used, it is essential to address the issue of accrediting and non-accrediting programs within the agency, and how to collect and manage information from all. The need for an ongoing quality control function within the organization has been identified and will be addressed.

MONITORING AND FOLLOW-UP

The Executive Director will report the results of the Outcomes Management System upon which this report is based, to the Board of Directors in October 2004. In future years, when the timing of the Report is changed to facilitate the process, reporting will take place upon completion of the report, with progress reports to follow quarterly. These dates will be fixed after a decision is made about the timing of the Report.

REPORT DISTRIBUTION

Internal

Board of Directors, staff, clients and volunteers

The Outcomes Management Report is distributed to the Board of Directors for review.

Presentations will be made to all Program Coordinators, and in turn to program staff.

Summaries of highlights will appear in the monthly must-read newsletter to all staff and volunteers, and will be included in the agency's website.

Clients will receive a summary of the Outcomes Management Report.

External

Copies of the report will be sent to Ministry of Children and Family Development and Ministry of Community, Aboriginal and Women's Services.

Copies will be distributed to the Mayors of Sechelt and Gibsons, and the Chief of the Sechelt Indian Nation.

Copies will be available at request at the administrative office of Sunshine Coast Community Services Society on Inlet Avenue in Sechelt.

A summary of the Report will appear in the Annual Report, published in June in the local newspaper and reaching most households on the Sunshine Coast.