

# **EARLY INTERVENTION PROGRAM**

## **OUTCOMES MANAGEMENT REPORT 2017-2018**



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The Early Intervention Program receives funding from the BC Ministry of Children and Family Development

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## PROGRAM DESCRIPTION

The Early Intervention Program (EIP) is a community-based service for children with special needs from birth to age five, and their families living in the Vancouver, Burnaby, Richmond and North and West Vancouver regions. The program assists children to realize their full potential using specialized knowledge in assessment, therapy, consultation and family support.

We are committed to providing evidence informed practice that is clinically effective, goal directed and fiscally responsible to promote each child and family's health and participation in community life.

We believe that every child has the right:

- To enjoy life;
- To be celebrated; and
- To be provided with the support needed to achieve their goals.

We further believe that:

- Collaboration with the family and community partners is the most effective way to support children; and
- The family's community is the best place for a child to grow, develop and contribute.

The EIT program provides:

- Occupational Therapy, Physiotherapy, Speech Language Pathology, and Social Work services;
- Home, community and clinic-based services;
- Information and resources for families;
- Parent education and customized home programming;
- Continuum of therapy services, from initial screening assessments to workshops , groups and individual therapy services; and
- Extensive resources and services to assist children and their families; including Toy Lending Library, Equipment Lending Library, educational workshops and specialty services such as casting and splinting and treadmill training.

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## 2017/18 SUMMARY OF KEY ACTIVITIES

### Highlights:

- Tier 3 - Rapid Response Feeding Team ( RRFT) has now been fully integrated into the service delivery system of the Early Intervention Program
- TD Literacy Project Grant – the Speech Language Pathology team received a grant to develop and implement an Early Literacy Group
- The program received Increased on going funding in the Vancouver Coastal region for Occupational Therapy (OT) and in the Fraser region for Physiotherapy (PT) staffing.
- One time only funding was received in the Fraser region for the purchase of equipment.
- Richmond team Social Worker received the 2017-2018 Community Living Award for Outstanding Contribution for her commitment to creating inclusive community.

### Community Partnerships

- EIP was awarded recognition their continued participation on the North Shore, Burnaby and Vancouver Early Intervention Community Partners Tables
- EIP staff continue to participate on the Richmond , BC and North Shore Supported Child Development Advisory Committees
- EIP staff collaborated with the Vancouver and Burnaby IDP teams to streamline the referral processes for families
- Presented MCFD Partnerships in OT and PT Program on the Northshore
- EIP partnership with Richmond School District - allows EIP staff free use of office space in the Neighbourhood Learning Centre

### Academic Partnerships:

- Proctored students in all therapeutic disciplines: Physiotherapy (3), Occupational Therapy (3), Speech Language Pathology (1), Social Work (1)
- All Physiotherapists (PT's) appointed as Clinical Instructors and 1 PT appointed as Clinical Assistant Professor at UBC
- Director of Physiotherapy appointed as Clinical Associate Professor at UBC
- Director of Speech Language pathology and Clinical Lead for Occupational Therapy were appointed as Clinical Instructors at UBC
- Two Physiotherapists are participating as Teaching Assistants in Neurology and Pediatrics courses at UBC
- Membership on Physiotherapy Admissions Committee at UBC
- Social Work presented a workshop at Capilano University on Working with Families with young children who have a Neurodevelopmental Disability.
- Social Work presented training to a behaviour consultant company on Family Centred Practice.

## **2017/18 SUMMARY OF KEY ACTIVITIES (cont')**

### **Learning Opportunities (for all staff):**

- Motivational Interviewing – Levels 1 and 2
- Courageous Conversations – strategically addressing challenging conversations with families
- Trauma Informed Practice Workshop – presented by BCCH Mental Health team.

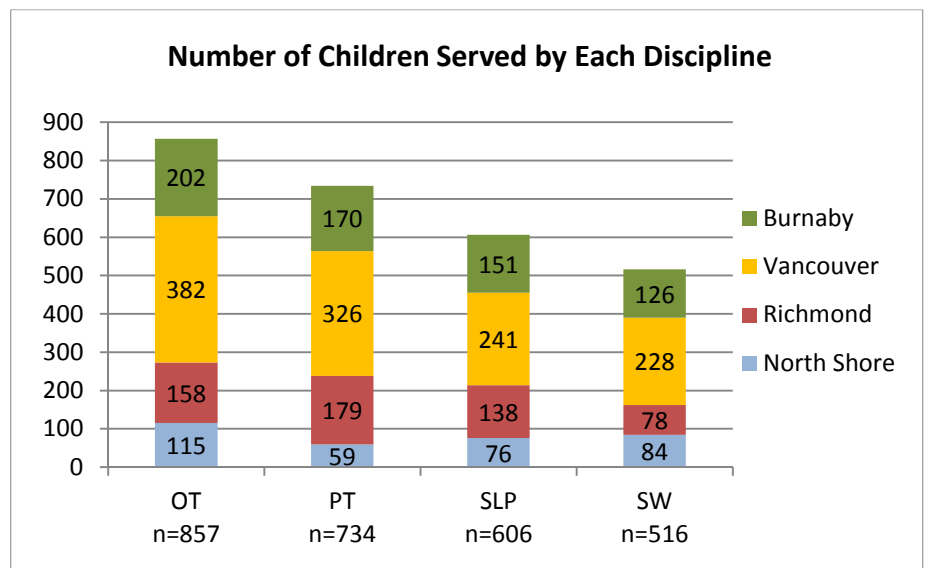
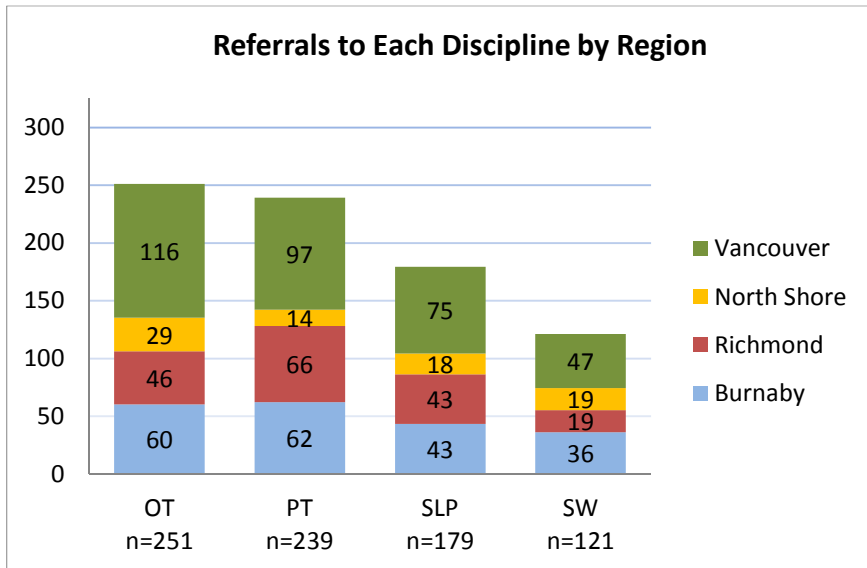
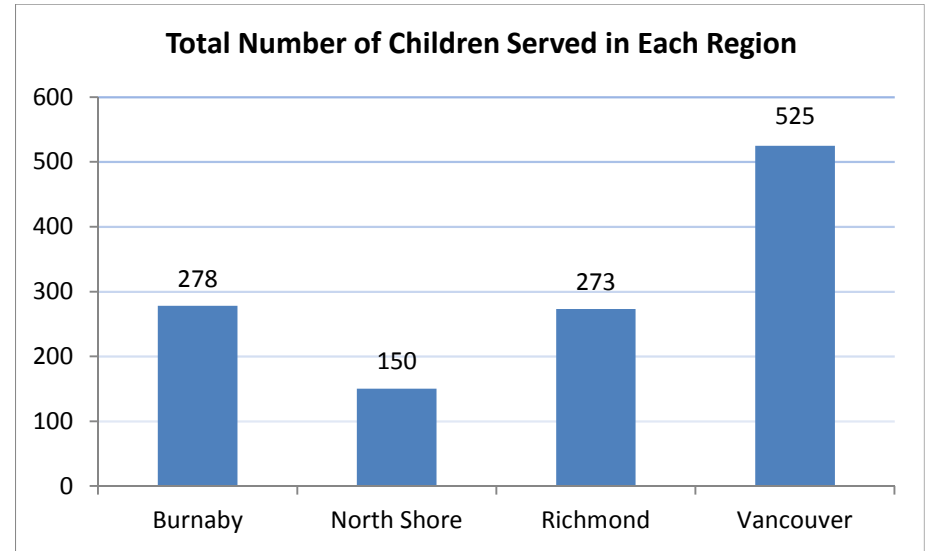
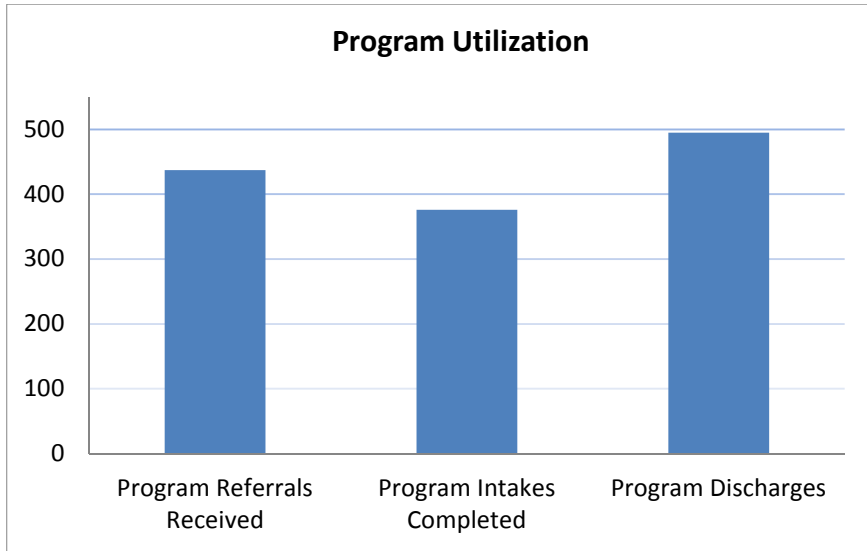
### **Positive Program Outcomes:**

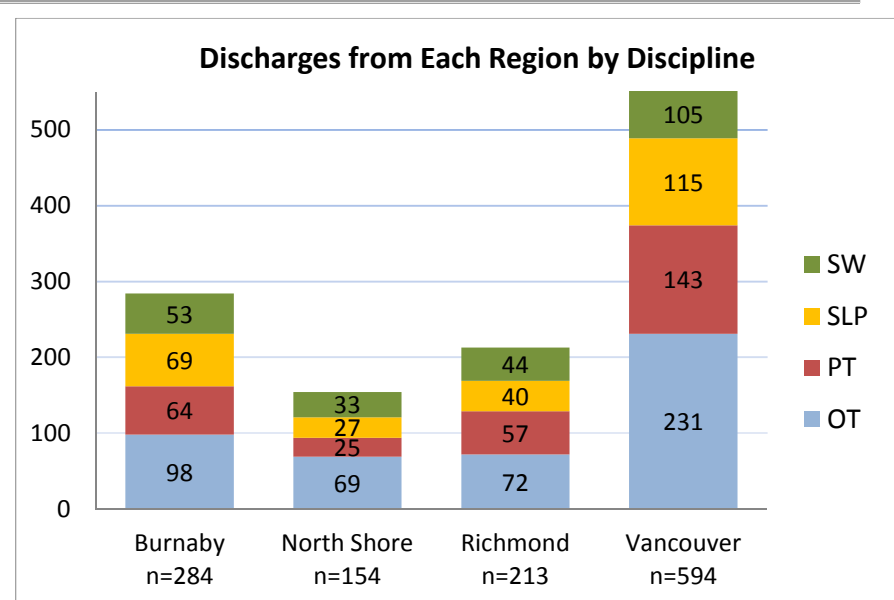
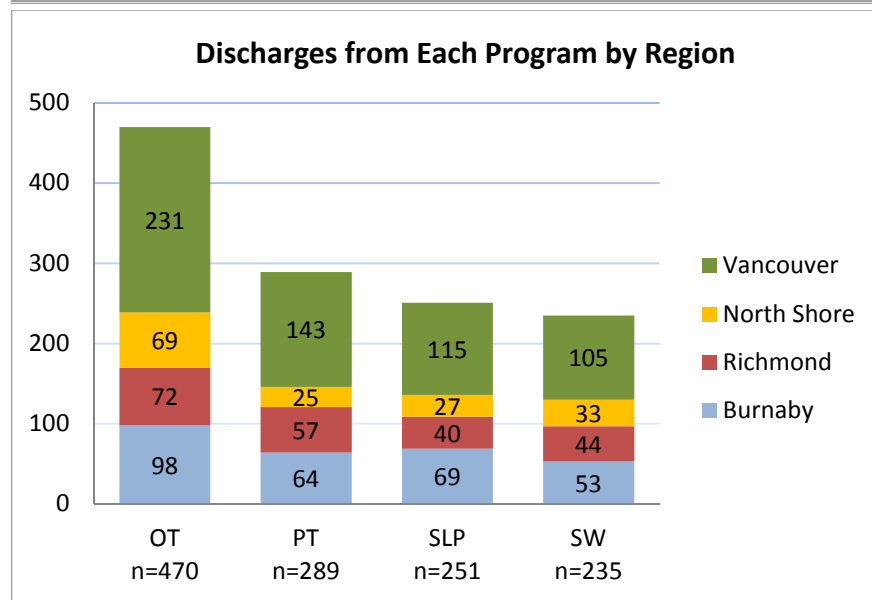
- Families continue to experience positive outcomes and report a high level of satisfaction
- OT Focused Learning Sessions (workshops) were offered in Vancouver, Richmond and Burnaby and were evaluated positively
- Clients are all being screened within 3 months of completing Intake process

### **Challenges for the Program:**

- Employee medical leaves create gaps in service for clients, because funding is not often available to backfill the position
- Late referrals for children entering Kindergarten the following year create caseload pressures
- Increased complexity of clients served creates caseload pressures

**DEMOGRAPHICS: 2017 – 2018 Active Clients (n = 1213 unique individuals)**



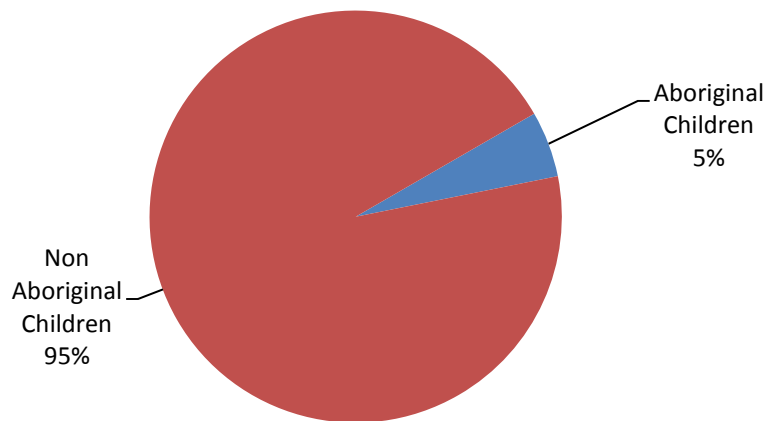


**Analysis of Program Utilization:**

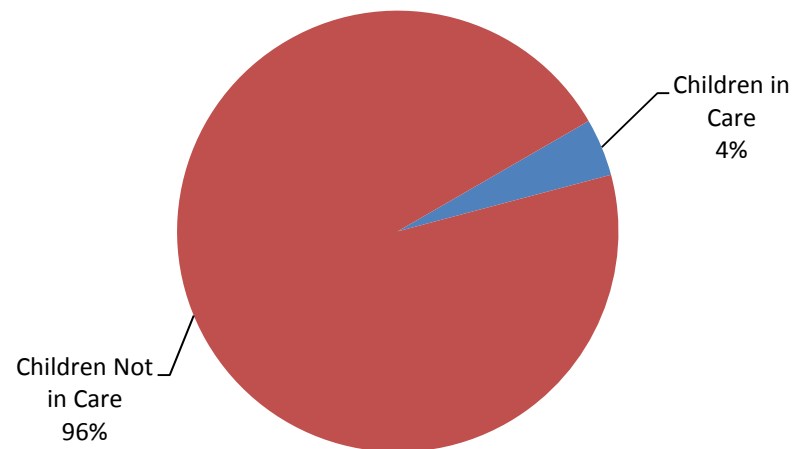
For children accepted for and receiving any service through the Early Intervention Program, referrals for additional services are not reflected in the first time referral data which accounts for the increase in children served by various disciplines while having a decrease in first time referral numbers.

- **Total # of first time referrals is down by 7% over 2016/17**
  - 20% decrease in referrals for OT services (all regions)
  - 7% increase in referrals for PT services (all regions)
  - 5% increase in referrals for SLP services (all regions)
  - 28% decrease in referrals for SW services (all regions)
- **Total # of unique children served is up by 3% over 2016-17**
  - 1% decrease in the number of children receiving OT services
  - 7% increase in the number of children receiving PT services
  - 5% increase in the number of children receiving SLP services
  - 8% increase in the number of children receiving SW services

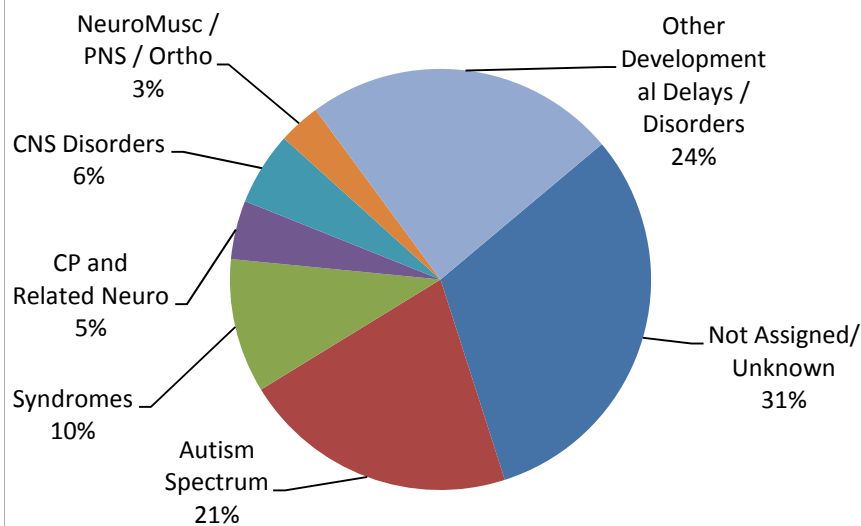
**Aboriginal Children vs. Non-Aboriginal Children**



**Children in Care vs. Children Not in Care**



**Global Diagnosis of Children Served**



**Analysis:**

**Aboriginal children:** 5% of clients served self-identified as being of Aboriginal descent, which is the same as last year.

**Children in Care:** Of the total children served by the Centre, 4% were identified as being in care. Among the sub-set of Aboriginal children (n =63) served by the Centre, 38% were in care.

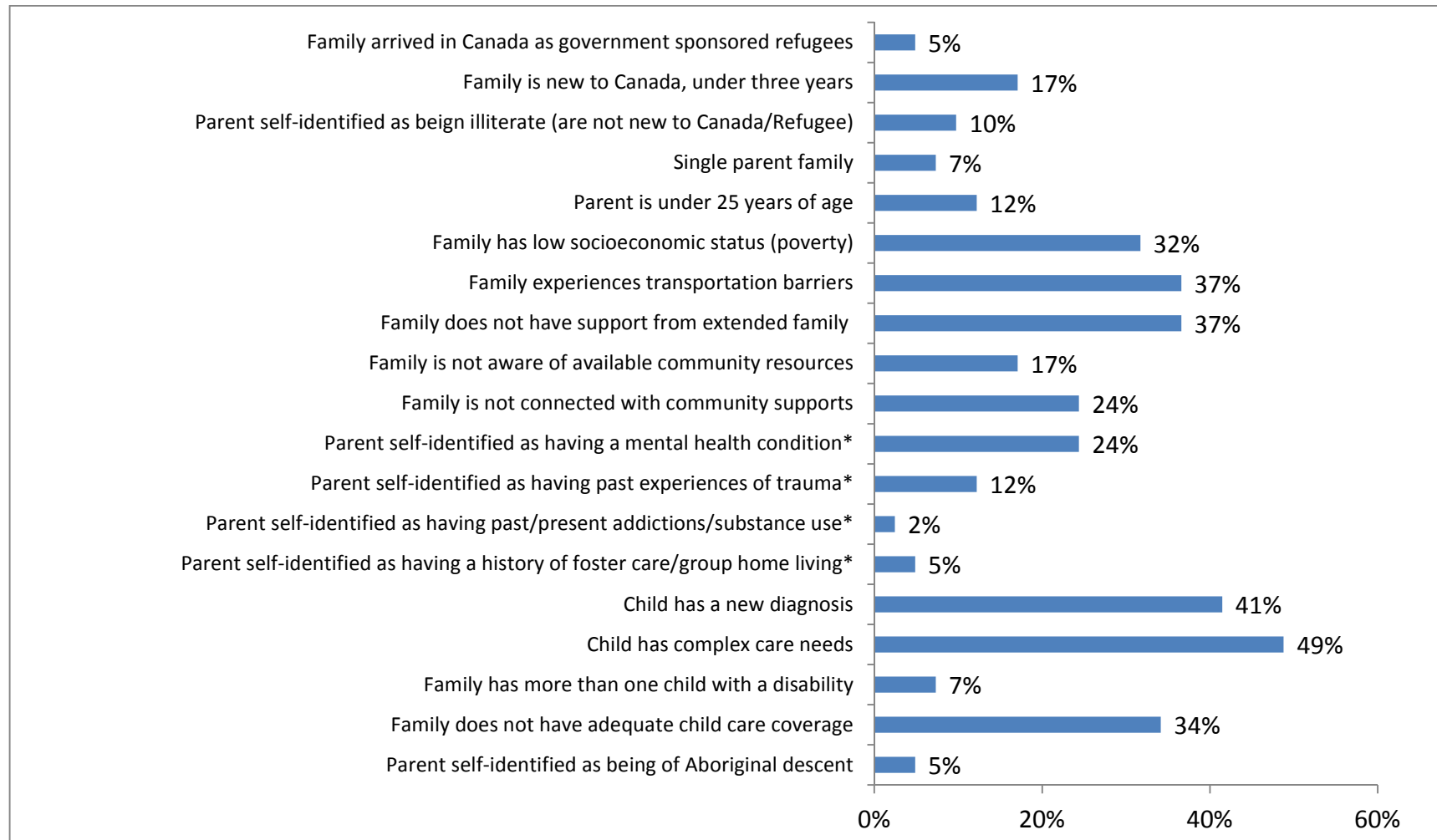
**Diagnoses:** Children with Developmental Delays without a known cause and Children with Autism make up 45% of children served.

Other diagnostic categories have increased or decreased marginally.



### Vulnerability Factors of New Family Referrals to Social Work Services n=41

Social Workers in the Early Intervention Program completed a vulnerability factor assessment of all families who were referred for Social Work services between January 1 – March 31, 2018. Many families reported multiple vulnerability factors. This data demonstrates the increasing complexity of the children and families served through program.



\* Parent reported that these factors affect how they manage and cope with the stresses of parenting a child with special needs

**STATUS REPORT**  
**2017/2018 Performance Improvement Plan**

Area for Improvement	Action Plan	Update on Completion
Ensure equity of services across all regions	<ul style="list-style-type: none"> <li>Develop standards for consistently delivering groups and workshops in all regions</li> </ul>	<p><b>Complete and Ongoing:</b> Occupational Therapy program offered parent workshops in 3 out of 4 regions on six different topics. Workshops were offered on a monthly basis and were evaluated positively by families.</p>
	<ul style="list-style-type: none"> <li>Identify standard clinical pathways for various diagnoses</li> <li>research current CanChild pathways available</li> <li>Explore clinical partnership with another Agency (eg . SHARE)</li> </ul>	<p><b>Complete and Ongoing:</b> The Intake process now has an embedded priority response pathway for the Rapid Response Feeding Team which ensures children with safety risks associated with oral feeding are seen by an OT/SLP within 2 weeks of Intake.</p> <p>Researched pathways for Autism across Vancouver Coastal Health and Fraser Health for SLP services to Children with Autism. Draft EIP Autism Pathway was developed and ongoing discussions re: implementation are occurring.</p> <p>Ongoing discussion regarding the services to children who reside in one region but attend fulltime care within another service agency's boundaries.</p>
Improve efficiency in the intake process	<ul style="list-style-type: none"> <li>Urgent Feeding Triage Team - develop proposals for ongoing funding to staff project with specialized expertise</li> </ul>	<p><b>Complete and Ongoing:</b> Additional OT funding from Vancouver Coastal was used to offset some staffing costs for the Rapid Response Feeding Team, resulting in less impact on the overall OT waitlist.</p>

## 2017 - 2018 PROGRAM OUTCOMES

### 1. Access to Services

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2017/18	2016/17	2015/16
<b>Families referred to the EIT Program receive timely services.</b>	Percentage of children who have an initial service plan within 3 months of referral.	Referrals accepted into program before December 31/18.	75%	<b>64%</b> 298/464	83% (394/473)	71% (331/469)
<b>Families referred to the EIT Program receive timely services</b>	Percentage of families who receive recommended therapy services within 3 months of service plan recommendation	Departmental intakes and ECR data	75%	<b>Vancouver Coastal Region</b>		
				<b>OT 63%</b> (145/232)	OT 56% (141/252)	OT 80% (188/236)
				<b>PT 75%</b> (130/173)	PT 75% (142/189)	PT 86.5% (174/201)
				<b>SLP 54%</b> (84/155)	SLP 76% 98/129)	SLP 85.8% (127/148)
				<b>Fraser Region</b>		
				<b>OT 59%</b> 36/61	OT 23% (19/82)	OT 65.3% (49/75)
<b>PT 76%</b> 48/63	PT 76% (37/49)	PT 96.2% (50/52)				
<b>SLP 80%</b> 41/51	SLP 75% (33/44)	SLP 75.9% (41/54)				

### Analysis - Access to Services:

Due to a change in staff in the role of Intake Coordinator, and the orientation/learning required by the new employee, the program did not meet the 75% target of completing an initial service plan within 3 months of referral. Further analysis showed that 75% of all Intakes did receive a service plan within 4 months of referral. We expect to see the results for this indicator increase in 2018/19, as the new Intake Coordinator is now established in the role.

Physiotherapy was able to meet the target of starting services within three months in both regions. The OT and SLP Departments struggled to meet this target as there were an unusually high number of unexpected and prolonged staff leaves in both departments. This resulted in a backlog of referrals and longer than usual waitlist for OT and SLP services. In addition, OT and SLP departments have hired newer grads that require increased support and mentorship, and have reduced capacity to pick up clients quickly while serving large caseloads. For referrals received from the Health Unit for SLP services, we enter the original date of referral to the Health Unit, into our data system. This creates an artificially long wait period for these referrals, and an artificial number of clients who do not receive recommended services within 3 months. The SLP department will review department procedures for Health Unit referrals to ensure we continue the practice of honouring the original date of referral, but record the data in our system in a way that does not impact our measurement of this indicator.

## 2. Efficiency

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2017/18	2016/17	2015/16
<b>EIT staff spend the majority of their daily work in client related activities</b>	Percentage of funded FTE hours that are related to the delivery of client related services*.  *Client related services include individual and group therapy intervention, documentation, client related travel, email with families (therapy consult content), communication with parents, client related communication with external partner service providers, and preparation that is directly related to a specific child/family.	All EIT therapists and social workers  Analysis of all stats entered	Therapists 80%  Social Workers 75%	<b>OT</b> <b>76%</b> 7625/10025	OT 83% (8963/10803)	OT 70%
				<b>PT</b> <b>80%</b> 7381/9221	PT 89% (7865/9115)	PT 80%
				<b>SLP</b> <b>75%</b> 7313/9691	SLP 79% (8812/11141)	SLP 72%
				<b>SW</b> <b>76%</b> 3237/4270	SW 72% (4111/5739)	SW 71%

### Analysis – Efficiency:

All departments showed a slight decrease in the percentage of time spent in client related activities. The most likely reason is a result of leveling related to the implementation of Screening Clinics across all regions. Additionally, there was a significant turnover in staffing in all departments, which resulted in the need for orientation and other onboarding activities, which are non-client related.

### 3. Effectiveness

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2017/18	2016/17	2015/16
<b>Families have increased knowledge and have gained skills to be able to help their child</b>	Percentage of Families who indicate*: a. Staff explain things in ways they understand b. Shared reports are easy to understand c. Information and resources provided are helpful d. Their child has made progress toward their goals	Families who respond to online Agency annual survey	90%	<b>a. 98%</b> 163/166 <b>b. 98%</b> 163/167 <b>c. 95%</b> 158/167 <b>d. 93%</b> 154/165	a. 96% (126/131) b. 94% (119/126) c. 94% (126/134) d. 94% (134/142)	a. 92.4% (86/91) b. 92.3% (84/91) c. 93.3% (84/90) d. 94.6% (88/93)
	% of short term desired outcomes that are “achieved, better than expected or excelled” in the following category:  Learning and applying knowledge (Parent/Caregiver)	All children with therapy goals entered into ECR	75%	<b>91%</b> 79/87	98% (124/126)	90% 103/115
	% of families reporting increased knowledge and skills gained following attendance at information or educational workshop.*	Families who attended a Kindergarten Entry workshop offered by SW department  Families who networked when attending a Parent Group offered by SW department	90%	<b>98%</b> 98/100	99% (153/154)	97% (110/113)  92% (167/182)

\* Response of 3 or 4 on a 4 point Likert Scale

**3. Effectiveness (cont')**

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2017/18	2016/17	2015/16
<b>Families have increased knowledge and have gained skills to be able to help their child (cont')</b>	% of families reporting increased knowledge and skills gained following attendance at information or educational workshop.*	Families who attended a workshop offered by OT or SLP department	90%	<b>OT</b> <b>89%</b> (66/74)  <b>SLP</b> <b>89%</b> (8/9)	OT 100% (39/39)  SLP 100% (7/7)	OT 98% (121/124)  SLP 93.5% (29/31)
	% of families reporting increased confidence to advocate for their child's needs after discharge from EIT program.*	Families who attended Parent Support Group or Kindergarten Entry Workshop offered by SW department	85%	<b>98%</b> 100/102	92% (156/159)	98% (130/133)
	% of families who reported that they learned something new that they could apply with their family.*	Families who attended Psychosocial group offered by SW department (this does not include K- Entry workshops)		<b>98%</b> 160/162	98% (190/194)	96% (145/151)
	% of parents who reported they had opportunities to network with other parents.*	Families who attended SW groups and workshops		<b>95%</b> 124/130	93% (100/107)	Not Measured

\* Response of 3 or 4 on a 4 pt. Likert Scale

### 3. Effectiveness (cont')

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2017/18	2016/17	2015/16
<b>Children involved in the program achieve their desired outcomes</b>	% of short-term desired outcomes for children that are “achieved, better than expected or excelled” in the following categories: a. Posture and Mobility  b. Play and Learning  c. Self- Care  d. Communication	All children with therapy outcomes entered into ECR  (Based on 1290 outcomes for 544 unique children)	75%	<b>a. 78%</b> 336/432	a. 82% (323/392)	a. 74% (252/342)
				<b>b. 70%</b> 267/384	b. 73% (272/371)	b. 75% (263/349)
				<b>c.73%</b> 144/197	c. 76% 182/240	c. 81% (168/207)
				<b>d.55%</b> 102/185	d. 54% (164/303)	d. 63% (199/317)
<b>Families of children involved in the program achieve their desired outcomes</b>	% of short-term desired outcomes that are “achieved, or better than expected ” in the following categories: a. Social and emotional well-being  b. Learning and applying knowledge  c. Well-being of client and family  d. Building positive family relationships and interactions	All families with Social Work outcomes entered into ECR  (Based on 289 outcomes for 176 unique children/families)	75%	<b>a. 78%</b> (62/79)	a. 84% (90/107)	a. 94% (87/93)
				<b>b. 91%</b> (59/65)	b. 94% (101/107)	b. 90% (99/110)
				<b>c. 94%</b> (49/52)	c. 88% (44/50)	c. 91% (52/57)
				<b>d. 62%</b> (23/37)	d. 84% (21/25)	d. 63% (17/27)

**Effectiveness Analysis:**

- We received 15% more responses over 2016/17 to the family feedback survey in the Early Intervention Therapy program, and received very favourable responses.
- SLP and OT hired entry level clinicians to fill vacancies. These employees had less experience in formulating outcomes goals. Further analysis of the Communication Goals revealed that some staff were entering goals with a -2 to represent a 'baseline' and were therefore not accurately reflecting progress on the goal.
- Facilitating the interconnectedness between families to establish natural and informal supports is a goal of all Social Work groups and events. This year, at the suggestion of CARF surveyors, the Social Workers asked parents, about their opportunities to network with other parents and families at SW groups and events.
- The SW department offered a total of 20 groups and workshops for families with a total of 458 participants and a family picnic attended by an additional 105 participants, totalling 563 attendees.
- This year there was a decrease in the number of SW support groups offered due to the department being short staffed, and staff focusing their time on direct client work rather than groups.

**4. Satisfaction**

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2017-18	2016/17	2015/16
<b>Families are satisfied with the services offered by the EIT program</b>	% families who have received any EIT service for more than 6 mo., had a positive response to the following statements*:	All families responding to Online Agency Feedback Satisfaction survey	90%	<b>a. 89%</b> 147/165	a. 94% (126/134)	a. 84.5% (78/92)
	a. Information provided is relevant to their needs			<b>b. 93%</b> 156/167	b. 94% (132/140)	b. 94.5% (86/91)
	b. They are included in determining goals for their child/family			<b>c. 96%</b> 157/164	c. 93% (128/138)	c. 94.8% (91/96)
	c. Would recommend BCCFA services to a friend or family member					
	* Response of 3 or 4 on a 4 pt. Likert Scale					



### **Analysis - Satisfaction:**

The survey response rate was 20% (172 surveys returned from 843 sent out). Overall the EIT program continues to be rated highly by families.

#### **Examples and Themes from the comments on the feedback survey:**

- **Consistency of relationships are very important to families:**
  - **Families value a strong collaborative relationship with their team**
    - *“BCCFA services contributed a lot for the wellbeing of my son”*
    - *“The professionalism and sincerity of the staff we have worked with were incredible”*
  - **Responsiveness to questions and changing family dynamics supports positive therapeutic relationships**
    - *“We found it very difficult with the high turnover of staff – my child would just begin to feel comfortable with one therapist and their contract would end and we would be assigned someone different”*
  
- **Clear and accurate information is valued by families:**
  - *“Getting the thorough knowledge and understanding of where our child stands in terms of development”*
  - *“Parent workshops were excellent. I attended Eating, Toileting, sleeping sessions that were extremely helpful”*
  
- **Flexibility in services is important to families:**
  - Community based services were mentioned as a positive feature of the services.  
*“The home visits help him incorporate activities into his surroundings”*
  
- **Limitations to access and frequency of services is frustrating for families:**
  - Length of Waitlist and wait time was mentioned 17 times  
*“Have been waiting for services for almost 1 year. Still waiting... and kids development cannot wait, so I worry about the wait for EIT”*  
*“The services provided are very good but the frequency was low. ... about once every 2 months. It will be very helpful if more services could be provided”*

**2018/2019 PERFORMANCE IMPROVEMENT PLAN**

Area for Improvement	Action Plan	Target Dates
Improve workflow of therapy services	<ul style="list-style-type: none"> <li>Intake process – improve consistency in the recording of key dates (especially earlier dates of referral for transfers to BCCFA services)</li> </ul>	September 2018
	<ul style="list-style-type: none"> <li>Ensure Regional Team meetings review referrals needed for other disciplines, to ensure timely referrals are made.</li> </ul>	Immediately
Improve Direct Service Hours achieved in all Disciplines by reducing time spent in required Indirect Services (documentation).	<ul style="list-style-type: none"> <li>Report Templates – all disciplines</li> <li>Discipline specific Screening checklists</li> </ul>	September 2018
Goal Achievement measurement	<ul style="list-style-type: none"> <li>Increase the number of individual clients with rated goals in the Electronic Client Record - 70% of active clients will have goal achievement recorded</li> <li>Ensure consistency in how and when goals are rated</li> </ul>	March 31, 2019

A status report on completion of this Performance Improvement Plan will be included in the 2018/19 Outcomes Management Report