

# EARLY INTERVENTION PROGRAM

## OUTCOMES MANAGEMENT REPORT 2019-2020



2805 Kingsway  
Vancouver BC V5R 5H9  
Tel: (604) 451-5511 / Fax: (604) 451-5651  
[www.bc-cfa.org](http://www.bc-cfa.org)

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 diverse abilities from birth to age five. The program supports children and their families living in the Vancouver, Burnaby, Richmond and North Shore regions.

Our values which include Family Centred Practice, Innovation, Kindness, Collaboration and Hope guide us in the delivery of service that enhance each child's development and promote participation in all aspects of their lives.

The Early Intervention Program includes Occupational Therapy, Physiotherapy, Speech Language Pathology, and Social Work services. Services include:

- Coaching based services in the home, community and clinic
- Parent and child participation groups
- Resource information for families and parent workshops
- Family events and opportunities for families to connect with each other
- Toy & equipment library

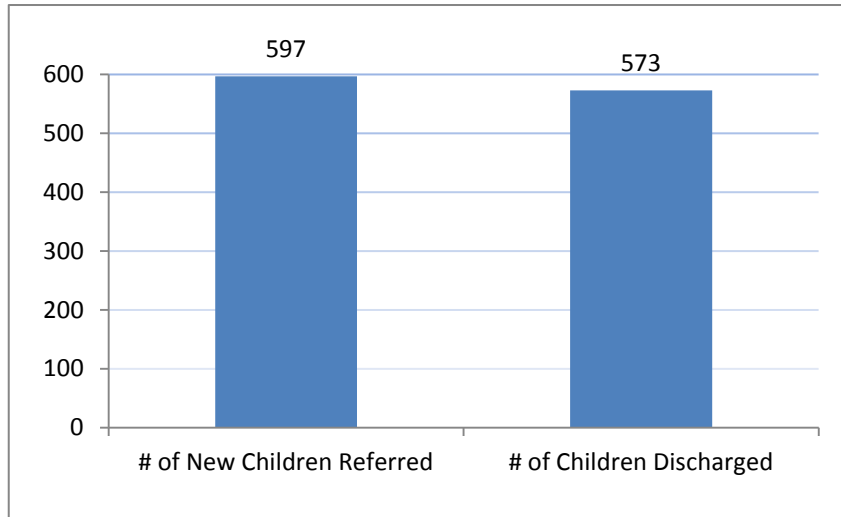
### Highlights:

- Implemented Tele-rehab services within 1 week of working from home in response to COVID-19
- Children and families receive an appointment with EIP staff within 3 months of completing intake
- EIP Intake assisted in recruiting 20 families for the Bright Coaching Pilot Project which provides education in health care system navigation
- Staff presented Bridging the Gap describing the EIP feeding therapy service model at the Pediatric Symposium in May 2019
- Hosted HINE infant assessment, Feeding Therapy and Brief Action Planning courses which staff have used to improve assessment and goal planning with families
- 95% of respondents to our annual family survey said that the services we have received from BCCFA have made a positive difference in our lives
- 96% of respondents to our annual family survey said that they would recommend the services at BCCFA to a friend or family member

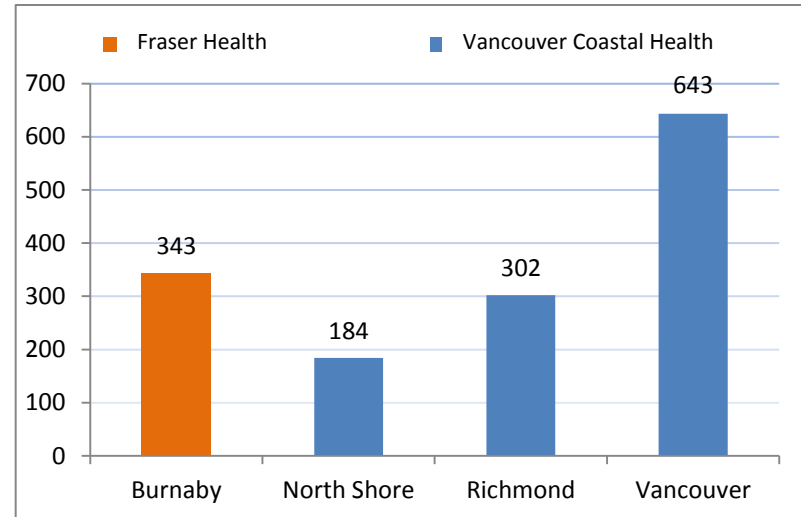
### Opportunities for Growth:

- Children and families waitlisted for regular service continue to experience increased wait times
- Referrals for children deemed urgent or prioritized continue to increase
- Information sessions and workshops are delivered in person only, families request online access to information and workshops

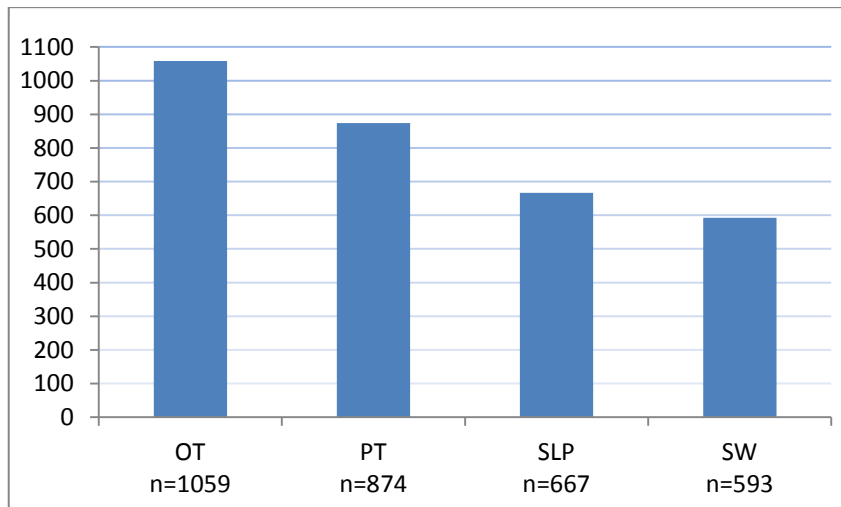
## PROGRAM UTILIZATION



**FIGURE 1: Program Utilization** (ECR Report #11)



**FIGURE 2: Number of Unique Children Served by Region\*** (ECR Report #2)



**FIGURE 3: Number of Children Served by Each Discipline** (ECR Report #2)

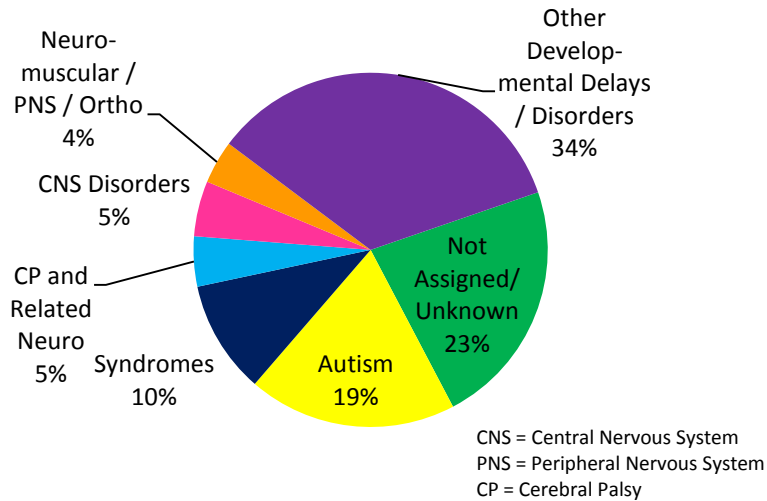
### Analysis of Program Utilization (Figure 1 & 2):

- 597 referrals were received this year which is a **5% increase** over last year
- 1444 unique children were served which is a **10% increase** over last year (\*n=1472 because children are counted twice when families move)

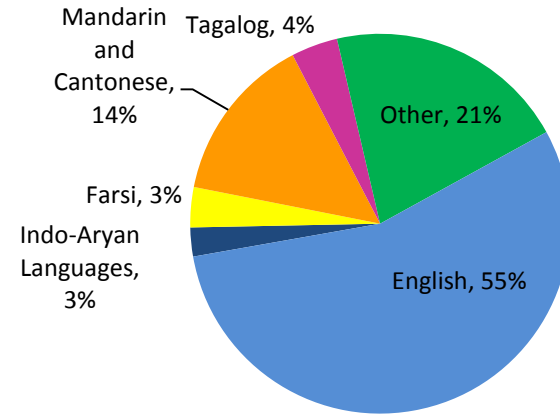
### Analysis of # of Children Served in Each Discipline (Figure 3):

- OT – **12% increase** over last year
- PT – **12% increase** over last year
- SLP – **9% increase** over last year
- SW – **8% increase** over last year

## DEMOGRAPHICS



**FIGURE 4: Global Diagnosis of Children Served** (ECR Report #2)



**FIGURE 5: Primary Languages Spoken by Family** (ECR Report #2)

### Diagnosis Analysis (Figure 4):

The largest diagnostic categories include:

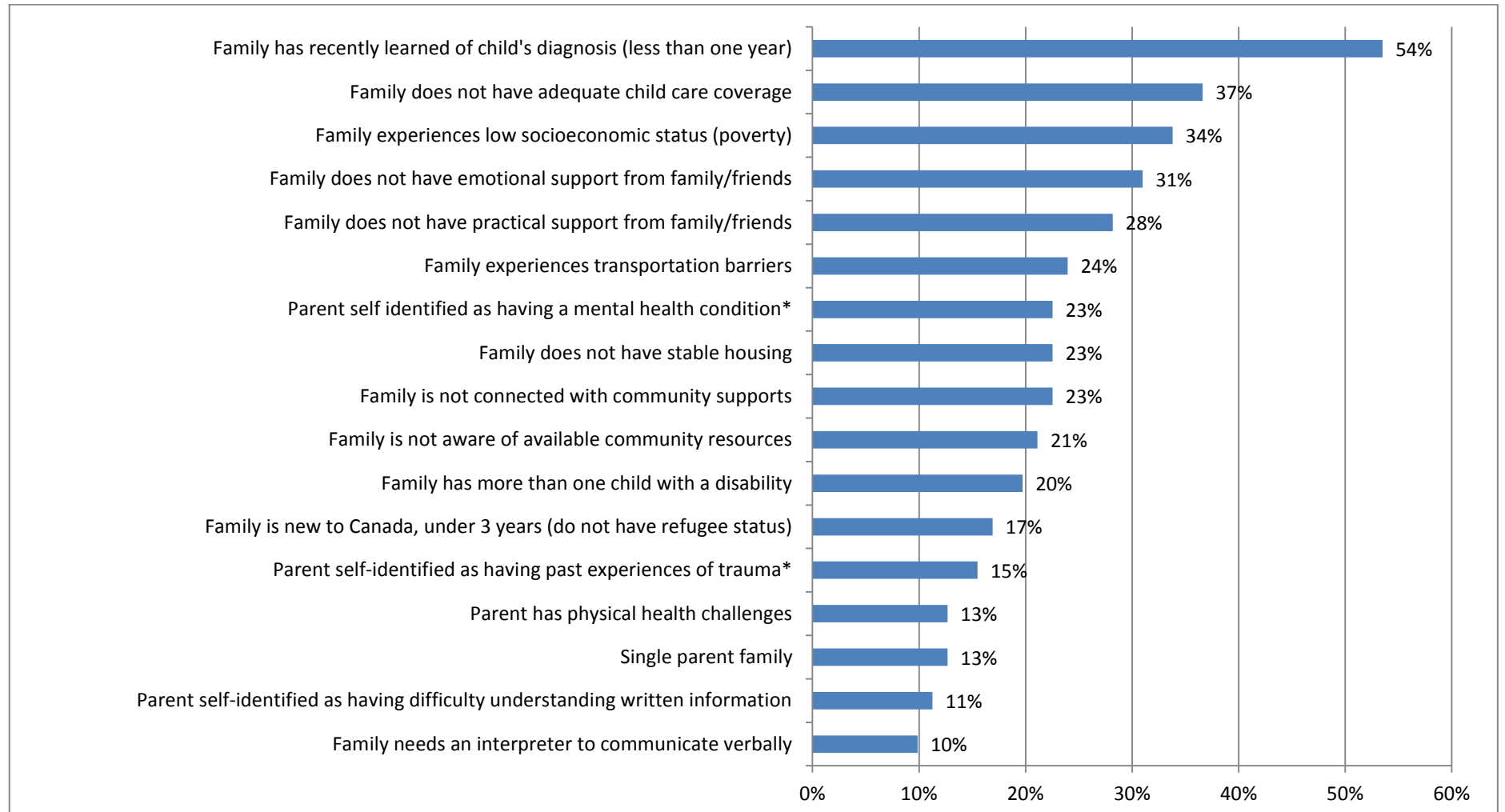
- **Developmental Delay:** 34% of children present with developmental delays but without a specific diagnosis. This includes children where assessment has found no cause and when no assessment was pursued.
- **Not Assigned/ Unknown:** 23% of children who enter the program are undiagnosed or waiting assessment.
- **Autism:** children with a primary diagnosis of autism make up 19% of children served. This does not include children with a secondary diagnosis of autism or those currently not assigned/unknown and other developmental delays/disorders and waiting assessment

### Languages Analysis (Figure 5):

- 45% of families served by BCCFA do not speak English as their primary language
- 21% of the primary languages spoke by BCCFA families are not identified in Figure 5, examples of these include Spanish, Russian, Vietnamese, Japanese, and other Semitic, European, Southeast Asian and African languages

## VULNERABILITY FACTORS

Many new families (n=71) reported multiple vulnerability factors. This data, recorded 3 months post intake for Social Work services, demonstrates the increasing complexity of the children and families served through the Early Intervention Program.



**FIGURE 6: Vulnerability Factors Reported by Families**

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

## STATUS REPORT 2019-20 PERFORMANCE IMPROVEMENT PLAN

Area for Improvement	Action Plan	Results
Strengthen community partnerships	<ol style="list-style-type: none"> <li>1. Connect with the Family Support Institute for staff and parent education</li> <li>2. Connect to Mental Health services in all Regions (Alan Cashmore, Child and Youth Mental Health, etc.)</li> <li>3. Investigate need/funding opportunities to add a Mental Health component to EIP services</li> <li>4. Explore ways to educate community partners about our services (coaching model; update Community Partner handbook)</li> </ol>	<ol style="list-style-type: none"> <li>1. Ongoing</li> <li>2. Vancouver EIP Regional Teams met with Sherry-Lynn from Alan Cashmore on May 23, 2019 and gained clarity about referral criteria for their programs</li> <li>3. Ongoing</li> <li>4. Coaching handout is complete and has been used successfully in joint sessions with community partners ; EIP handbook updates have been started</li> </ol>
Augment Waitlist Services	<ol style="list-style-type: none"> <li>1. Connect with Child Bright for parent coaching support services for clients waiting for services</li> <li>2. Explore potential service models to better support families on the waitlist such as drop-in clinics</li> <li>3. Consider development of multi-disciplinary parent workshops</li> </ol>	<ol style="list-style-type: none"> <li>1. The EIP had 20 families sign up for Bright Coaching this year</li> <li>2. EIP provided two PT waitlist clinics in July-Oct 2019 (43 sessions) and Jan-Mar 2020 (35 sessions) with positive feedback</li> <li>3. In progress</li> </ol>
Enhance service delivery for families	<ol style="list-style-type: none"> <li>1. Gather research articles/handouts on coaching to support parents' understanding of our service delivery model</li> <li>2. Develop a common language for staff to explain our service continuum to families (e.g. Intake through Discharge)</li> <li>3. Consider creating a more family friendly Parent Handbook</li> <li>4. Explore avenues for the provision of information in languages other than English</li> <li>5. Explore options for Tele-Rehab (workshops, orientation of services)</li> <li>6. Implement use of Brief Action Planning</li> </ol>	<ol style="list-style-type: none"> <li>1. Coaching handout for parents has been completed</li> <li>2. Coaching handout is referenced and shared with families at each stage of participating in EIP services, from intake to discharge</li> <li>3. Revised Parent Handbook is in progress and is part of our 2020-21 improvement plan</li> <li>4. EIP applied for a Multiculturalism Grant to translate key documents and continue to look for funding opportunities.</li> <li>5. In March 2020 we successfully launched Tele-Rehab services through the Livecare platform</li> <li>6. Implemented Brief Action Planning as part of our Coaching process which has increased the number of goals set with families</li> </ol>

## 2019-2020 PROGRAM OUTCOMES

### Accessibility

#### Intake

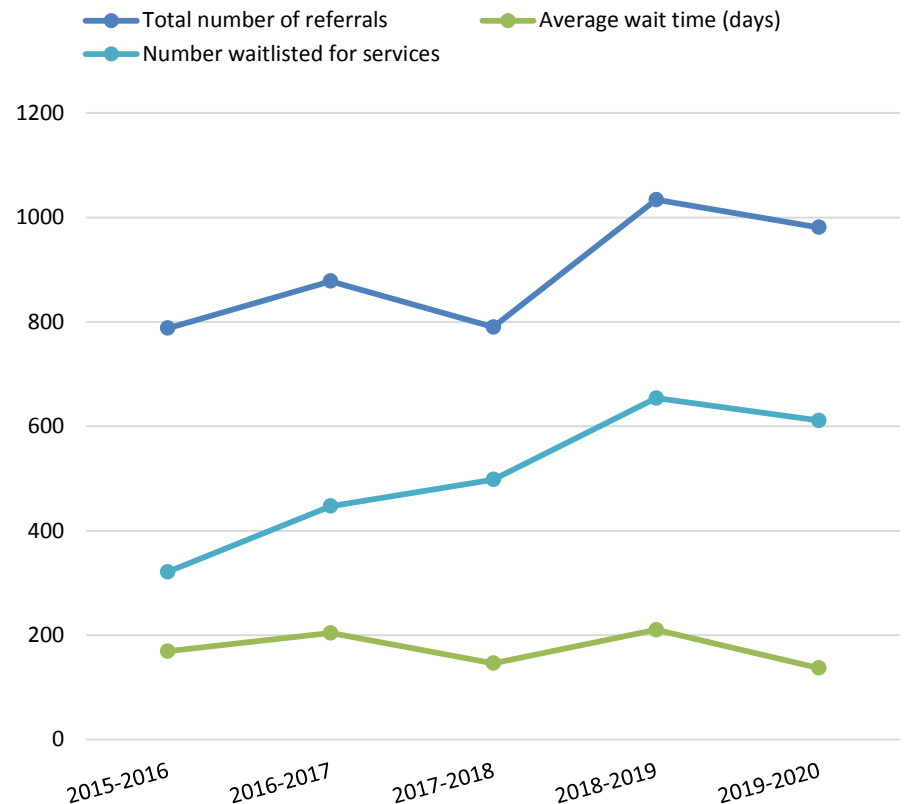
- **77.2%** (444/575) initial service plans were completed within 3 months of referral exceeding our 75% target level for the 2nd consecutive year

#### Screening

- Initial screening was provided within 3 months for all disciplines and additional screening clinics were added as needed to ensure that our target timeline was achieved
- Initial screening appointments are intended to provide families with immediate assessment information, strategies and additional referrals to help support families who wait for ongoing services

#### Ongoing Services

- Timely access to regular services continues to be a challenge
- Families with the most urgent needs are identified during intake or initial screening and are provided with access to service within 2-8 weeks; children with less urgent needs are waiting significantly longer
- Average wait times and number of children on the waitlist are closely related to the number of referrals received
- The number of urgent referrals positively impacts the average wait time but may negatively impact the wait time of individual children who are waiting for regular services, as these referrals are prioritized for faster service



**FIGURE 7: Accessibility** (ECR Report #11)

*"I was well informed of each step, it was made comprehensive and went smoothly."* (EIP Satisfaction Survey)

*"Long waits for every service: SLP, OT, PT, SW."* (EIP Satisfaction Survey)



**Efficiency \* corrected June 30/2020**

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				*2019/20	*2018/19	*2017/18
EIP staff spend the majority of their daily work in client related activities	All client related time as a percentage of the total daily stats reported by staff.	All EIP staff	*75%	<b>OT</b> <b>71%</b>	OT 73%	OT 77%
				<b>PT</b> <b>68%</b>	PT 78%	PT 80%
				<b>SLP</b> <b>69%</b>	SLP 73%	SLP 75%
				<b>SW</b> <b>73%</b>	SW 69%	SW 76%

**Efficiency Analysis:**

- EIP staff spend the majority of their day engaged in client related activities which include: coaching sessions with families/caregivers; workshops, groups, documentation, preparation, consultation with other community partners, preparation and travel to family homes and childcare programs

*"Reports were sent out within a few days after an appointment. Lots of handouts were emailed to give us of ideas of activities to try." (EIP Satisfaction Survey)*

You did these things well: *"following up, making app[ointments] ahead of time, providing reports in timely manner, very positive and caring."* (EIP Satisfaction Survey)

*"Everything is great, the staffs are very helpful and knowledgeable. It's great that the staffs are visiting us at home or preschool, we don't need to travel as travelling is inconvenient for our family."* (EIP Satisfaction Survey)

## Effectiveness

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2019/20	2018/19	2017/18
Families have increased knowledge and have gained skills to be able to help their child achieve their goals	Percentage of families who 'agree' or 'strongly agree' that their child has made progress toward their goals	Families who respond to annual EIP satisfaction survey	90%	<b>95%</b> (81/84)	91.9% (125/136)	93% (154/165)
	Percentage of short-term outcomes that are rated as 'achieved', 'better than expected' or 'excelled'	All children with EIP goals entered into ECR (PT, OT, SLP, SW)	75%	<b>77%</b> (2021/2632)	78% (1375/1770)	74% (1121/1518)
	Percentage of families who 'agree' or 'strongly agree' that they increased their knowledge and/or skills after attending a workshop	Families who completed Kindergarten entry workshop evaluation form	90%	<b>99%</b> (79/80)	99% (109/110)	98% (98/100)
		Families who completed a therapy workshop evaluation form		<b>100%</b> (80/80)	96% (119/124)	95% (124/130)
Percentage of families who 'agree' or 'strongly agree' that they increased their confidence to advocate for their child's needs after discharge from EIT program	Families who completed a Parent Support Group evaluation form	85%	<b>100%</b> (80/80)	98% (108/110)	98% (100/102)	

### Effectiveness Analysis:

- The EIP satisfaction survey had a significantly decreased response rate this year, with only 84 surveys completed, however the families responding continue to report good results with their own learning and with their child's progress
- Therapists recorded **67% more short-term outcomes** this year, likely due to the Brief Action Planning pro-d and continued emphasis at each session on short term outcomes with families

*"Thank you for hosting the [Kindergarten Transition] meeting and coordinating the amazing attendance. I was blown away by the support, I am so thankful. You know I say that a lot, but it is because you have truly made all the difference." (Parent comment)*

## Satisfaction

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2019/20	2018/19	2017/18
Families are satisfied with the services offered by the EIT program	<p>Percentage of families who report 'agree' or 'strongly agree' to the following statements:</p> <p>a. They understand the services and supports that are available at BCCFA.</p> <p>b. They are included in determining goals for their child/family</p> <p>c. They would recommend BCCFA services to a friend or family member</p> <p>d. Services from BCCFA have made a positive difference in our lives.</p>	Families who respond to annual EIP satisfaction survey	90%	<p><b>a. 94%</b> (82/87)</p> <p><b>b. 100%</b> (86/86)</p> <p><b>c. 96%</b> (81/84)</p> <p><b>d. 95%</b> (80/84)</p>	<p>a. 94.2% (131/139)</p> <p>b. 97.8 % (136/139)</p> <p>c. 93.4% (127/136)</p> <p>d. 93.5% (129/138)</p>	<p>a.89% 147/165</p> <p>b.93% 156/167</p> <p>c.96% 157/164</p> <p>d. not measured</p>

### Satisfaction Analysis:

- We received a significantly lower number of survey responses this year – 63% decrease over last year
- Overall EIP services continue to be rated highly by those families who responded to the survey

*"Your staff are responsive, knowledgeable, professional and empathetic."* (EIP Satisfaction Survey)

*"I'm sure this is a funding issue, but it would be great if we could receive services a bit more often than once every 3-4 weeks."* (EIP Satisfaction Survey)

*"At every step of the way, those who supported us have been welcoming, kind, and knowledgeable. They have done an excellent job! In particular, they show compassion, and are very strength-based in their perspective (rather than just focusing on negatives), which is amazing."*  
(EIP Satisfaction Survey)

## 2020/21 PERFORMANCE IMPROVEMENT PLAN

BC-CFA Strategic Priorities	Initiatives	Targets
“Centre services on [families] needs and preferences”	<ol style="list-style-type: none"> <li>1. Pilot a parent advisory committee that convenes semi-annually</li> <li>2. Workshops are available online and in person</li> </ol>	<ol style="list-style-type: none"> <li>1. First advisory committee convenes by November 1<sup>st</sup>, 2020</li> <li>2. 50% of workshops currently offered are also offered online by March 31<sup>st</sup>, 2021</li> </ol>
“Make it quick and easy for [families] to access service”	<ol style="list-style-type: none"> <li>1. Develop waitlist management process that facilitates points of service while on the waitlist and reduces long wait times during critical periods</li> <li>2. Incorporate tele-rehab into service delivery as an ongoing option for increased access</li> <li>3. Review the parent handbook with stakeholders and improve based on feedback</li> <li>4. Translate key documents in the top 5 languages identified by stakeholders as their primary language</li> </ol>	<ol style="list-style-type: none"> <li>1. Trial waitlist process and evaluate wait times by March 31, 2021</li> <li>2. Evaluate use of tele-rehab in conjunction with in person appointments by November 30, 2020</li> <li>3. Design parent handbook based on feedback by March 31, 2021</li> <li>4. One key document is translated in top 5 languages by March 31, 2021</li> </ol>
Use data and input to drive improvement	<ol style="list-style-type: none"> <li>1. Select or develop an appropriate measurement tool to capture quality of life outcomes</li> <li>2. Create a process to capture and analyse data at regular intervals that is accurate and trustworthy</li> </ol>	<ol style="list-style-type: none"> <li>1. Review available quality of life tools developed for the EIP population by June 30, 2020</li> <li>2. Update the family survey to include quality of life outcomes by September 30, 2020</li> <li>3. Consistently engage in a quality improvement cycle using data collected quarterly by March 31, 2021</li> </ol>