



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
October 1, 2006 – September 30, 2007

Published January 2008

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INTRODUCTION

The Outcomes Management System that has been developed for Sunshine Coast Community Services Society is a 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.

In Spring 2008 the Board of Directors conducted an independent survey of community stakeholders to assess the public's view of the agency today and where the agency should move in the future. This data has provided background and data for this report. As well, the agency-wide Wellness Audit was conducted in the Fall, with results being analyzed by the Management Team's Wellness Committee. Preliminary results are included in this report.

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 provides the basis for the agency's annual strategic planning process, and will be reviewed by the Board of Directors, Executive Director, Management Team, 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, Director of Operations and Accreditation Coordinator, with input from the Management Team, Program Coordinators and assistance from Susan Hill, Executive Management Solutions and Ainsley Krone, Co-coordinator of Youth in Transition to Adulthood.

November 2007

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 had not been consistent across the programs. Programs are now regularly recording demographic data to ensure that trends are captured and changes recorded for planning purposes. As well, this report provides data only for programs seeking accreditation. Plans to include all the agency's programs in this process have not led to changes as yet, however all programs are more familiar with expectations presented by the standards in Section 1, Business Practices.

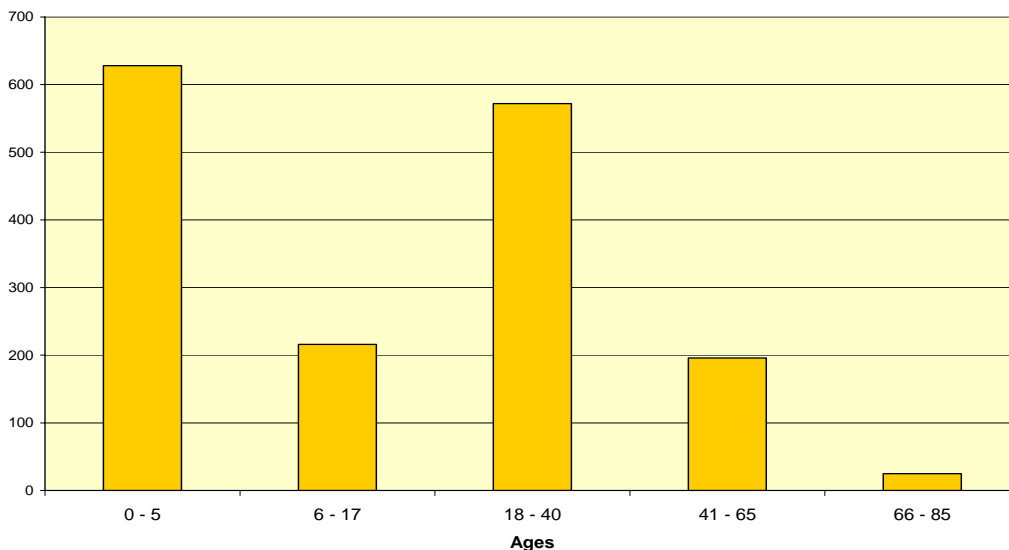
The client characteristics that the agency has reviewed for this report includes: age, gender, cultural background, service areas and community in which service is received. It should be noted that gaps exist in data provided in the areas of cultural background and primary language.

The following summaries are based on information collected on 1,627 clients receiving service during the period October 1, 2006 to September 30, 2007.

AGE

34.02% (675) of the persons served by these programs are between the ages of birth to five years. 10.89% (216) fall between the ages of six to 17. There were 41.43% (465) adults ranging in age from 18 to 40, and 12.15% (241) fell in the age group from 41 to 65. There were 30 adults (1.51%) in the 66 to 85 range. The percentage of children from birth to age five has remained consistent for the past three years while the number of children from six to 17 has decreased. The percentage of adults from 18 to 40 has increased from 29% in 2004 to 41.43% in 2007.

Ages of Persons Served



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 20.46% 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 offer 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	647	39.77%
FEMALE	980	60.23%

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
47	9	167	19	1336	49

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.

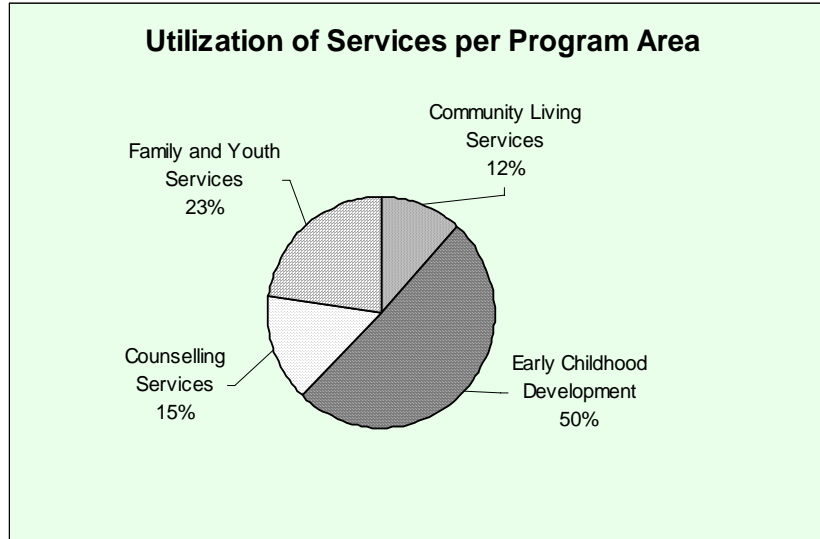
While most people will identify themselves as Canadian, regardless of their ethnic background, people also identify themselves culturally, geographically, sometimes by religion and in many other ways. This plurality of identity is an important feature of Canadian society.

PRIMARY LANGUAGE

This information is not sought, unless it is self-evident, and is relevant to the presenting issues.

AREAS OF SERVICE

Programs have been classified into four areas of service. An account of these findings is as follows; 822 of the clients served participate in programs offered in Early Childhood Development. The next largest area is Family and Youth Services with 369 persons served. Community Living Services had 191 participants including one adult in the Special Services to Adults program. Counselling services had 245 participants. The breakdown of programs per area is as follows:



Early Childhood Development

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

Family and Youth Services

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

Counselling Services

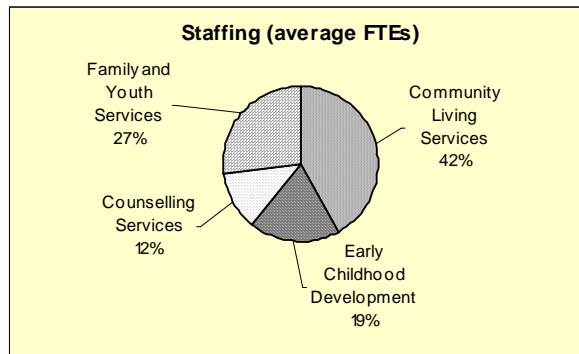
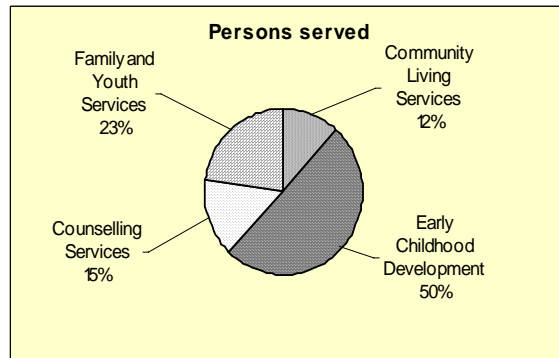
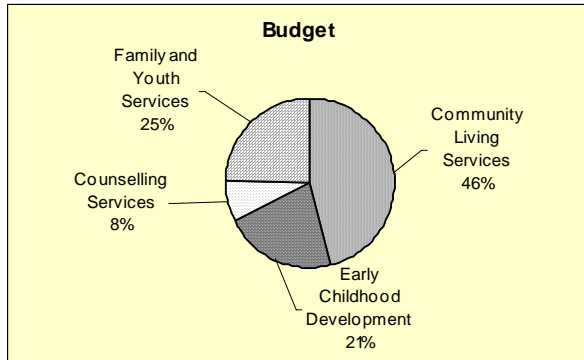
- Children Who Witness Abuse
- Children's Counselling Service (includes Child and Youth Mental Health Services and Children's Sexual Abuse Treatment)
- Women's Counselling Service

Community Living Services

- Bridges (paediatric occupational and physical therapy)
- Infant Development Program
- Supported Child Development
- Special Services to Children
- Special Services to Adults
- Circle of Support (FASD)

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, Child Care Resource and Referral and Bellies and Babies, reaches more people with a budget that is significantly lower than other areas of service, and with fewer full time equivalent staff (FTE). The picture provided by this comparison should be a useful tool in planning both program and revenue development.



Area of Service	Persons Served	Budget	Staffing (average FTEs)
Early Childhood Development	822	\$450,289	4.05
Family and Youth Services	369	\$513,942	5.82
Counselling Services	245	\$165,558	2.64
Community Living Services	191	\$966,418	9.09

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 Development

Six questions covered topics: involvement in, timeliness and ease of understanding the application process; changes for the better; connections made; satisfaction with 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

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

Counselling Programs

Women's Counselling Service: seven questions covered topics: changes in emotional and physical well-being; increased self knowledge and community connections; client involvement in planning and decision-making, timeliness of service. Clients also gave information about what the counsellors did to increase knowledge.

Family and Youth Services

Six 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. The program surveys have been used to establish satisfaction with the program and with service access.

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. One program (Children's Counselling Service, which includes Child and Youth Mental Health Service and Sexual Abuse Intervention Program) had to devise an alternate way of receiving input, since the therapist was on medical leave during the process. She was able to conduct surveys by telephone, and had no difficulty in receiving responses,

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.

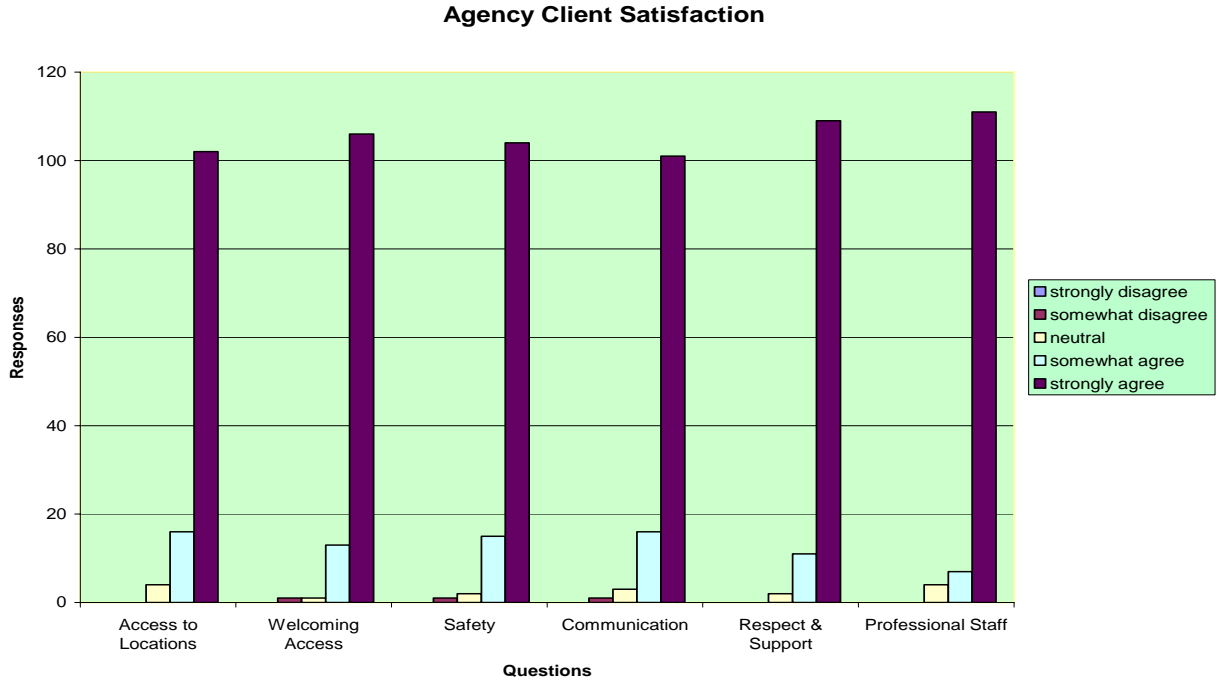
Child Care Resource and Referral, to be accredited for the first time in 2008, distributed its own program surveys to members (in excess of 200), and included the agency's satisfaction survey at the same time although there was some confusion concerning the timing of distribution. Only three agency surveys were returned. In future years the program staff will be strongly encouraged to take a more committed approach to getting specific input from members utilizing the service.

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 122 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	77.4%	99.31%



ACTION PLAN

- Work with staff to ensure clients fully understand that the agency survey asks about their experience of the agency as a whole, while the program specific survey addresses satisfaction with the service received within the program.
- Ensure that input about clients' satisfaction with the agency is gathered throughout the year as clients are discharged from the program.
- Explore more ways of encouraging clients to express any concerns about the agency as they arise, e.g. suggestion box in lobby.

COMMUNITY STAKEHOLDER SATISFACTION

DESCRIPTION OF SURVEYS

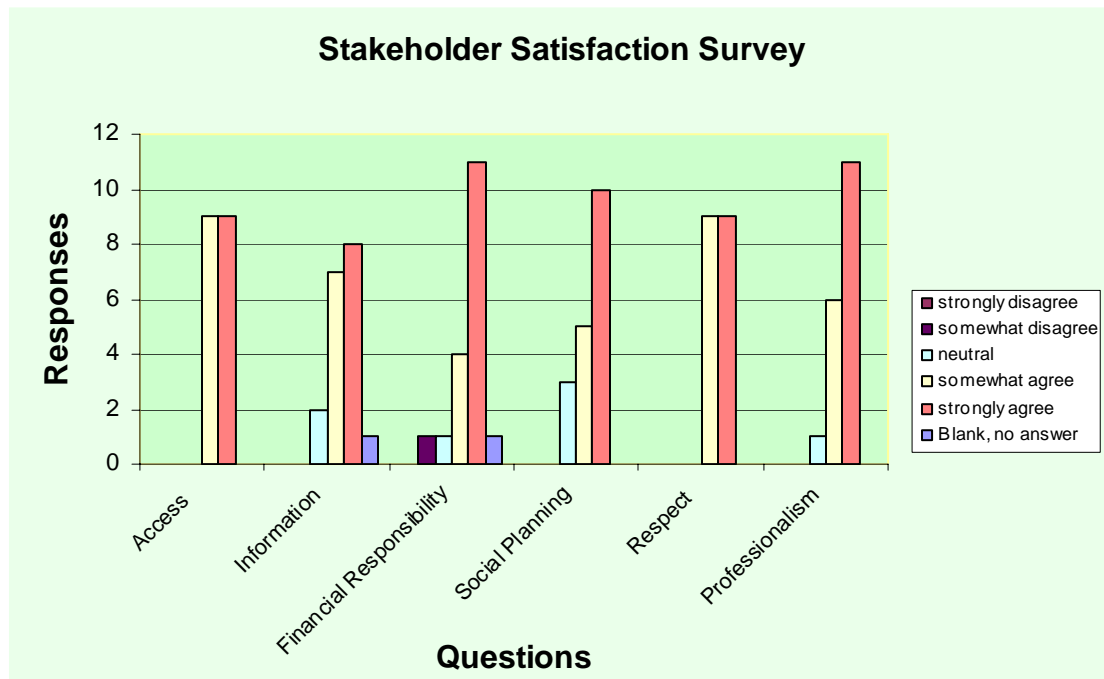
A stakeholder survey was designed for the agency to elicit community input on services provided. Due to external pressures on staff occasioned by a serious family emergency, the survey was distributed to funding representatives and community partners during December 2007. The survey comprised six questions 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 given directly to recipients. The survey was sent to 24 community members, including funders, municipal government staff and officials, and other community partners. A total of 18 surveys were returned, a return rate of 75%.

SUMMARY OF RESULTS

Feedback from respondents indicate a high level of satisfaction in the areas addressed. Many thoughtful and useful comments were received, highlighting areas the agency might explore in the future. There was recognition that funding issues sometimes stand in the way of responsiveness to some requests for collaboration, however it was generally acknowledged that Community Services plays an important role in social planning for our community. A common theme was the need for more outreach to the community to educate the public and particularly other service providers and professionals, about the agency's work. Improvements in collaboration with other agencies and human resources practice was noted.



ADDITIONAL INFORMATION

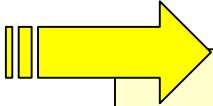
In March and April 2007 the Board of Directors interviewed 16 community members asking six questions: 1) What do you think the role of Sunshine Coast Community Services Society is? 2) What do you think the critical issues are that are facing the Sunshine Coast in the next 5 years? (apart from ferries and roads) 3) What gaps in services do you see in the community, now and in the future? 4) What are the top 3 priorities that you would like to see addressed regarding these gaps? 5) What ideas or solutions do you have to address these gaps? 6) What do you think that SCCSS should use as a guide for setting priorities?

The Board used the information collected from this process was collated and a full day session with a facilitator helped the Board arrive to establish nine strategic goals for the next two years at a Board planning session in April 2007.

These goals are:

1. Take a broader role in leadership, advocacy, and planning in the community
2. Increase our ability to respond to community needs by diversifying sources of revenue
3. Increase awareness of our role in the community
4. Support implementation of an effective information referral system on the Coast
5. Maximize effective usage of our facilities
6. Facilitate an increase in services for families with young children, including quality, affordable daycare
7. Support efforts to make the Coast a more youth-friendly place
8. Support efforts to provide services to adults with mental health and addictions issues
9. Facilitate the development of an effective safety net for vulnerable seniors

Plans have been developed for Board activities to help realize these goals.



ACTION PLAN

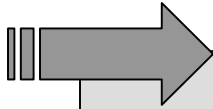
- Ensure the agency's planning cycle is consistent with the timing of the Outcomes Management Report so that input from persons served can inform the planning process and lead to quality improvement planning
- Ensure a more timely stakeholder survey in future years

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 184 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 Director or Coordinator.



ACTION PLAN

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

- Timing of surveys – ensure all programs distribute surveys in a timely way
- Coordinate with existing program surveys, e.g. Parent-Tot Drop-In, CCRR
- Ensure existing surveys include questions that clearly address the indicators developed for each program
- Develop a process for including a satisfaction survey in exit interviews with all 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
- Continually review and revise questions where necessary to elicit information that has meaning and relevance and is related to the measurement indicators developed

PROGRAM OUTCOMES RESULTS SUMMARY

COUNSELLING SERVICES Women's Counselling Service

EFFECTIVENESS	EXPECTED GOAL	ACTUAL RESULTS
Increase knowledge of dynamics of abuse, and of the strengths and resources involved in challenging and responding to abuse		
Client assessment	65%	80%
Counsellor observation	85%	80%
EFFICIENCY		
Ensure that women receive service within two weeks of their initial call	75%	90%
SERVICE ACCESS		
Maximize access to service	70%	100%
SATISFACTION		
Maximize the satisfaction with the services received	77%	100%

SUMMARY OF RESULTS

Twentyone surveys were distributed to women who had attended three or more counselling sessions between September 1 and September 30. All surveys were returned.

Women indicated strongly that the service was very accessible. One woman found the service accessible, but suggested that a location in Pender Harbour would be useful.

We asked women what the counsellor did to help increase their knowledge of abuse, and to identify their inner strengths and resources. Some responses were:

- "The counsellor has taken the time to get to know me . . . worked through techniques to deal with stress and self-evaluation . . . We do grounding, cognitive work, TFT, EFT to name a few.
- Explains different cycles and emotions that follow.
- Shares verbally, gives me pamphlets and helps me to be strong & relaxed so I can cope well enough to source my own resources - i.e. on-line etc.
- I received some tools and exercises to practice in my relationship. I've got so much information about resources that help me even more.
- She helps me to look at my life and actions in realistic terms and gives me good coping methods."



ACTION PLAN

- Ensure that exit surveys include questions consistent with the end-of-period surveys.

COUNSELLING SERVICES
Children Who Witness Abuse, Children's Counselling 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%	100%
SERVICE ACCESS		
Maximize primary access to service	70%	80%
SATISFACTION		
Maximize the satisfaction with the services received	77%	93.75%

* 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 five surveys of which four were returned. Ten surveys were conducted by telephone for Children's Counselling Service (Child & Youth Mental Health Service and SAIP). During the time period for the collection of surveys (September/October 2007) the therapist was on medical leave having been the donor of a kidney for a family member. She was able to reach clients and/or families by telephone.

Effectiveness

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

Efficiency

All clients report that they are connected with other resources in the community including schools, psychologists, family counseling programs.

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

The satisfaction result was calculated from the surveys completed for both CWWA and SAIP/CYMH.



ACTION PLAN

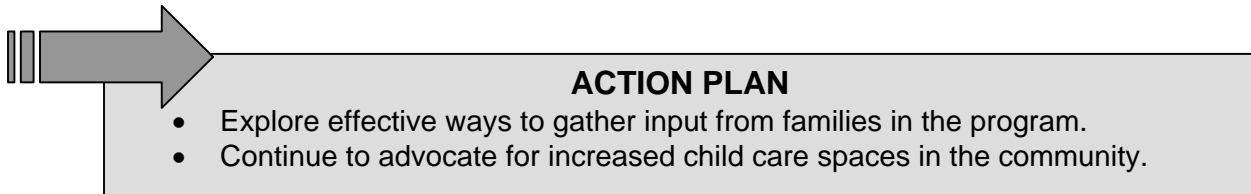
- Continue to explore effective ways of gathering input, not only at year-end, but throughout the year.

COMMUNITY LIVING SERVICES – CHILD DEVELOPMENT
Supported Child Development

EFFECTIVENESS	EXPECTED GOAL	ACTUAL RESULTS
Children maintain enrollment in typical child care resources	80%	93.%
EFFICIENCY		
D	8%	75%
SERVICE ACCESS		
	35 children in a resource	41 children (117%)
SATISFACTION		
Maximize the satisfaction with the services received	75%	100%

SUMMARY OF RESULTS

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.



ACTION PLAN

- Explore effective ways to gather input from families in the program.
- Continue to advocate for increased child care spaces in the community.

**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.	75%	100%
EFFICIENCY		
Maximize the use of existing staff resources through the use of volunteers	2 volunteer hours per week	5.28 hours (274 hours during year)
SERVICE ACCESS		
Minimize barriers to service access	80%	100%
SATISFACTION		
Maximize the satisfaction with the services received	77%	100%

SUMMARY OF RESULTS

The number of surveys distributed is unclear because clients were surveyed at their exit from the program and others at the end of the reporting period; 19 were returned. Given that 45 children received service from IDP during the period and that most families received the survey the return rate could be as high as 42.22%, but is probably between 30 and 35%.

During the period 45 children received service from IDP. The results for effectiveness, service access and satisfaction were determined from the 19 surveys returned.

Although caseload numbers have remained somewhat stable with only a small increase from last year, the trends are changing for the types of referrals received. More referrals come for children who have experienced pre-natal substance exposure and while these children may not require intensive service from the IDP consultant, they are carefully monitored. As well, many more foster families are involved. When a child is moved from the birth family into foster care the child may become more vulnerable for developmental delays and both the foster families and social workers are making earlier referrals to IDP. The IDP can provide consistency in the child's life, particularly if there are multiple moves from family to family.

The regular parents' play group continues, and there are ongoing visits from other service providers, e.g. a recent eight week course of visits from the speech therapist has focused on children with communication challenges and parents have learned rhymes and songs to encourage development in this area. Groups can take on a life of their own, e.g. a Downs Syndrome group begun through IDP is now ongoing and includes parents of children of various ages.

The contribution from the two volunteers, Amanda and Shelly, has freed the consultant to focus even more of her time on clients and families, and has greatly aided the efficient organization of the program.

Families are very satisfied with the service provided by IDP, and frequently remark that the support and resources provided by the consultant are valuable and much appreciated.

- "I believe you coming into our home helps make the kids much more comfortable. . .
- (I liked best) being able to come to a play group that was safe and creative, and offered a lot of support and new ideas. It was great to borrow toys and books.
- I learned infant massage techniques to build attachment.
- (I liked) The parental opinion and wishes are respected.
- (I liked) One to one communication, reassurance"

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

EFFECTIVENESS	EXPECTED GOAL	ACTUAL RESULTS
Maximize the number of children on the caseload with existing staff resources	40	Early Intervention: 58 School-aged: 25
EFFICIENCY		
Maximize direct support time to children on the caseload	60% direct 40% indirect	60% direct 40% indirect
SERVICE ACCESS		
Minimize barriers to service access - % of children who receive service within 90 days of referral	80%	86%
SATISFACTION		
Maximize the satisfaction with the services received	77%	100%

SUMMARY OF RESULTS

Surveys were mailed to 29 families active on the caseload, and 12 were returned for a rate of 41%. The results for service access and satisfaction were obtained from these surveys.

Four therapists, representing 1.39 FTE are now active in the program. One OT and one PT work a small number of hours in the school-aged program.

Negotiations with the funder have resulted in an increase to the school-aged program which complements the school district's PT and OT programs within the schools, where the Bridges focus is on health-related issues, while the school district program focuses on issues that have an impact on education.

Bridges has worked hard to help parents get access to the services they require for their children. For example, Sunny Hill now conducts a quarterly clinic at Community Services for the necessary seating and adapted equipment required by clients.

During the past year a successful application was made to the Vancouver Sun Children's Fund for a grant to conduct the Fine Motor Olympics as a pilot project on the Sunshine Coast. This is now underway and being very well received by all participants. Fine Motor Olympics approaches the development of fine motor skills much as an athlete approaches training. In other words, play and leisure activities focus on developing specific skills associated with self-care tasks (such as dressing and using utensils), and academic tasks (such as, handwriting or managing scissors), and/or leisure tasks (such as sports). Since children often avoid activities where they may have experienced failure, the skills are not developed, and this in turn leads to further avoidance. This new program helps children experience success and because it's fun, children are more likely to participate.



ACTION PLAN

- Negotiate with the funder to support the Fine Motor Olympics as part of the regular OT service.
- Continue to advocate for more funding to provide higher staffing levels.
- Explore other ways of providing service in a group setting.

COMMUNITY LIVING SERVICES – CHILD DEVELOPMENT
Special Services to Children

EFFECTIVENESS	EXPECTED GOAL	ACTUAL RESULTS
Increase positive social interaction	Clients 70% Worker observation 80%	100% 100%
EFFICIENCY		
Increase social skills by using group social activities and mentorship	25%	19.05%
SERVICE ACCESS		
Maximize the number of youth accessing services	20	21
SATISFACTION		
Maximize the satisfaction with the services received	77%	100%

SUMMARY OF RESULTS

Surveys were distributed to most of the 21 client families, and three were returned..

Effectiveness

Client surveys indicate an increase in social interaction and observations by workers come to a similar conclusion. Increasing social skills is one of the main goals of the program, and most of the one-to-one work is focused on encouraging the skill.

Efficiency

Group activities are not appropriate for all clients, however the youth worker who conducts group has reported that all participants have greatly increased their social interaction, and have found the activities to be very beneficial. Four youth attend regularly, and are both committed to and enjoy the group activities.

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. There was an average of 21 children on the caseload during the period surveyed and the average length of service per week was 4.43 hours.

Satisfaction

All surveys indicate satisfaction with the program, and this is reflected in youth worker observations throughout the year.

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 continued successfully, to the satisfaction of her family, however within the next months the young woman will be transferring to the Association for Community Living which will better suit her needs.



ACTION PLAN

- Explore more effective ways of gaining input from clients and families
- Explore ways that the regular monthly reports to MCFD can provide data or level of stakeholder satisfaction for the Outcomes Report
- Review indicators in the areas of effectiveness, efficiency and service access to ensure meaningful data is collected

**COMMUNITY LIVING SERVICES – CHILD DEVELOPMENT
Circle of Support (FASD program)**

EFFECTIVENESS	EXPECTED GOAL	ACTUAL RESULTS
Increase knowledge about the disorder	50%	60%
EFFICIENCY		
Maximize the number of participants at workshops	Average 5 per session	Steadily 4 – 5 per session
SERVICE ACCESS		
Maximize the number of youth accessing services	22 youth	24
SATISFACTION		
Maximize the satisfaction with the services received	77%	80%

SUMMARY OF RESULTS

Only five surveys were returned and an indeterminate number were distributed.

Efficiency

While the results from the survey indicated that 60% of the participants had increased their knowledge, the youth workers indicate that they have seen an improvement in most participants in this area, and that many participants are accessing resources in the community. This was also evident from 100% of the surveys returned.



ACTION PLAN

- Explore more effective ways of gaining input from clients and families
- Continue to negotiate for increased funding to expand service to meet community needs.
- Review indicators in the areas of effectiveness, efficiency and service access to ensure meaningful data is collected

FAMILY AND YOUTH SERVICES

EFFECTIVENESS	EXPECTED GOAL	ACTUAL RESULTS
Parents/caregivers increase their parenting skills	Clients - 65% Counsellors – 80%	88.89% 85%
EFFICIENCY		
Minimize wait time from initial contact to receipt of service	80% receive service within 30 days of referral	100% in two weeks or less
SERVICE ACCESS		
Maximize access for Family Support services.	75% of home and 25% of office visits for Family Support services	80% - home 20% - office
SATISFACTION		
Maximize the satisfaction with the services received	77%	95.45%

SUMMARY OF RESULTS

A total of 31 surveys were received. Counsellors collected the surveys in such a way as to ensure their clients of confidentiality and distributed surveys at exit. Data collected for efficiency and service access came from clients contact sheets, and observation of increased parenting skills was conducted for clients active on the caseload.

In the area of service access the willingness of counsellors some of the office visits were conducted in Gibsons, and others in our facility at Inlet Avenue in Sechelt. Home visits are an important part of the service given the geography of the Sunshine Coast. 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. In the coming year more clients in the Gibsons area will be able to access the service at Community Services' newly renovated facility in a central Gibsons location – Farnham Family Place.

Only Family Support has open referral, all other clients are referred by the Ministry. Since Family Preservation provides intense family counselling, sometimes up to 20 hours per week per family requiring more home visits, service access focused only on Family Support services. Monthly reports are provided on each client in Family Preservation. Feedback from the Ministry is ongoing at monthly meetings between staff from Family and Youth Services and the Ministry. This provides opportunities for Ministry and FYS staff to work together to resolve any issues that may arise in a timely and constructive way.



ACTION PLAN

- Explore the feasibility of a Pender Harbour location during the coming year
- Develop and implement new parent education groups
- Document feedback from ongoing MCFD engagement through meetings and training sessions

FAMILY AND YOUTH SERVICES
Youth in Transition to Adulthood

EFFECTIVENESS	EXPECTED GOAL	ACTUAL RESULTS
Of youth who leave program with adequate housing and a job or education placement	75%	76.5% with housing
EFFICIENCY		
Minimize the time between referral and intake	30 days	No wait
SERVICE ACCESS		
Maximize response to community referrals	70% of referrals from community	27.78%
SATISFACTION		
Maximize the satisfaction with the services received	77%	96%

Extenuating circumstance – continuous collection of data

SUMMARY OF RESULTS

Effectiveness: There is ongoing difficulty in finding work for youth given the current economic climate on the Sunshine Coast. If there is work it is almost always at either minimum wage of \$8 per hour or at the training wage of \$6 per hour. Neither of these rates provide adequate funds for shelter and food. Education placements are sometimes difficult to secure, given the instability of housing on the Coast. Housing for youth is so scarce as to be almost non-existent. Some youth are placed at a local hostel or at a local motel in the Sechelt area.

The number of referrals from MCFD (36 during the reporting period) greatly outnumbered community referrals (10). The reason for this is that most youth have been involved with MCFD during their childhood and the connection continues as youth leave care and move out into the community. Another reason is the difficulty in reaching teens in the community who are not involved with the Ministry but who could benefit from a connection with the program. The inadequacy of funding for staff hours also means that youth workers have limited time to search out and connect with youth not already referred.

The challenge of surveying youth for satisfaction continues and youth workers assessed satisfaction from youth rather than conducting a survey. That youth remain connected to the program is in itself an indication of satisfaction, however a more formal surveying process will be developed over time.

As of September, 2007, the end of the reporting period, the number of community referrals to the program has been severely limited since the number of MCFD referrals and intensity of service required has been raised by the funder without increasing the funding available to provide the service.

ACTION PLAN

- Explore methods of gathering input from youth
- Strongly advocate for affordable housing for youth
- Strongly advocate for more funding to increase staff hours

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%	87.69%
EFFICIENCY		
Maximize client attendance	80%	80%
SERVICE ACCESS		
Minimize barriers to attendance	80%	80.82%
SATISFACTION		
Maximize the satisfaction with the services received	80%	97.8%

Extenuating circumstances: during the reporting period no Mother Goose workshops were offered due to lack of funding to support the activity.

SUMMARY OF RESULTS

These results were extracted from a seven 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. 103 surveys were distributed on the Sunshine Coast with 77 returned for a percentage of 75%.

Effectiveness

The outcomes used to measure for this category were: parents increased knowledge and use of effective parenting skills; parents learned of other programs in the community appropriate to their needs; parents increased level of personal and family support from community; children gained in social competence, language and cognitive skills, communication skills and general knowledge; children gained emotional maturity and large/small motor skills.

Service Access

This result came from the question: What do you like about coming to PTDI? An average of responses to the questions was calculated across the Sunshine Coast. The questions addressed: meeting with other adults; child socializes, fun, learns; talk with, watch PTDI staff; watch child play with others; programs/activities for kids; variety of toys; info and resources for parents; atmosphere; physical space. These are all reasons why people come to PTDI, and keep on coming. It should be noted that beginning in September 2007 more PTDI sessions are being offered across the Sunshine Coast, including a Saturday session, and a regular Dads Drop-In. These changes were based on feedback from parents and caregivers attending PTDI throughout the year.

Satisfaction

This result came from the question that asked "Do you feel welcome?" "Why/why not; What would make you feel more welcome?" In the survey the respondents were given a 7-point scale with 7 being "yes", 4 being "partly" and 1 representing "no". To calculate the result only responses giving a 6 or 7 point response were counted. No responses were given to the question "What would help you feel more welcome?"

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 Director.

**EARLY CHILDHOOD DEVELOPMENT
Child Care Resource and Referral**

EFFECTIVENESS	EXPECTED GOAL	ACTUAL RESULTS
Increase the number of child care spaces on the registry	One LNR, one FDC	1 LNR added 3 Family Day Care
EFFICIENCY		
Maintain timely referrals to families	95%	Often immediate
SERVICE ACCESS		
Increase # of users who access CCRR resources	+5%	+62.2%
SATISFACTION		
Maximize the satisfaction with the services received	80%	76.66%

Effectiveness

During the time period 5 License Not Required facilities became licensed, thus creating 20 new spaces.

Efficiency

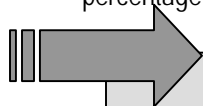
Referrals to parents are often immediate but this is not always possible due to lack of child care spaces. The staff checks with the child care provider first, before making the referral. If there are not spaces, a referral is not possible. The child care registry is online, and is used by parents.

Service Access

Due to extenuating circumstances within the CCRR program it was not possible to secure the statistics for the prior period of October 1, 2005 to September 30, 2006 for comparison with the period of this period, October 1, 2006 to September 30, 2007. Instead the statistics provided for the annual report published each June in the local newspaper were used for comparison. We compared the 2005-2006 fiscal year statistics to those of the 2006-2007 fiscal year to arrive at the percentage increase. In the 2005-2006 period there were 720 visits to the CCRR to access the Lending Library (toys, equipment, art supplies, books, and other resources) from parents, child care providers and other community members. In the 2006-2007 period there were 1,168 visits. As a note of interest, there was an increase of 23% in the number of child care referrals made during the same periods (156 to 192).

Satisfaction

Satisfaction was determined from child care provider surveys regularly distributed. Questions used were: "How do you see the Sunshine Coast CCRR providing services to your community?" and "What draws you to Networking meetings?" Networking and workshops are among the most well-used and popular services offered by CCRR. Child Care providers offered many suggestions for workshops, and the annual CCRR Exploration and Discover Conference is always a sell-out. Of 15 surveys provided, 13 gave very positive feedback on networking meetings, citing the following benefits: support, resources, meeting other providers, information, sharing ideas, child care techniques, strategies to improve work environment, reduce costs and increase revenue; new craft ideas, art supplies. Of the 15 surveys, 10 gave very positive feedback about how they see the CCRR in the community (the others gave no response) citing the following: positive resource, improving and expanding the quality of day cares, information for parents, spaces available; and all the benefits cited in the results on networking. The lower percentage in satisfaction arises from the low number of surveys and during the next period this will be addressed.



ACTION PLAN

- Coordinate brief surveys to both parents and child care providers with timing of Outcomes Management Report
- Ensure strong advocacy takes place at all levels of the organization to increase the number of child care spaces in the community

**EARLY CHILDHOOD DEVELOPMENT
Bellies and Babies**

EFFECTIVENESS	EXPECTED GOAL	ACTUAL RESULTS
Enhance the health and social development of families	80%	80%
EFFICIENCY		
Maximize client attendance at weekly groups	10 on average	14 on average
SERVICE ACCESS		
Minimize barriers to attendance	80%	80%
SATISFACTION		
Maximize the satisfaction with the services received	80%	80%

Bellies and Babies is an effective program offered in two communities on the Coast. During the past year the number of regular participants has increased with participants responding very positively to the program offered, particularly the nutritious and delicious meals that are an important focus of each meeting. The program participants especially the babies are very warmly received and this creates a friendly, supportive and encouraging environment.

During the past year the program has responded to a demonstrated community need, brought to attention by participants, and other service providers. Post partum depression has been reported as a wide-spread and serious issue in the community. As a result one participant has established a peer support group, Mama 2 Mama, along with a website. Bellies and Babies has provided support to this group, and has facilitated a connection with Sunshine Coast Mental Health Services where there is now a support person allocated to this issue. This means that any woman connecting with Mama 2 Mama who appears to need a higher level of professional support can be easily referred. It is hoped that this combination of informal and formal support will help to reach women who may otherwise slip through the cracks.



ACTION PLAN

- Advocate for secure and enhanced funding to support the program and allow expansion
- Ensure the survey process is conducted throughout the year, to capture feedback from women exiting the program

STAFF WELLNESS SURVEY

Every two years the Wellness Committee, reporting to the Management Team, conducts a Wellness Audit of all staff in the agency. The last survey was completed in 2005, and in 2007 a new Audit was distributed in September with a return date in October. The Committee reorganized the Audit using the book "Make Your Work Place Great – the 7 Keys to an Emotionally Intelligent Organization." by Steven J Stein, as a way to refine our existing Audit. According to Stein organizational emotional intelligence is defined as: "An organization's ability to successfully and efficiently cope with change and accomplish its goals, while being responsible and sensitive to its people, (clients), and society."

The return rate for this Audit was 41 of a possible 80 Audits, up 30% from the 2005 Audit results. The Wellness Committee has analyzed the results which will have been collated in a report, circulated to every staff person. An action plan has been developed incorporating all the recommendations from the report, with responsibilities and timelines indicated. This will be approved by the Wellness Committee at a February meeting, and progress will be reported to staff in the monthly newsletter on a regular basis.

Issues arising include the need for better internal communication between programs, and between staff and Board; the need for more training in conflict resolution; and the need for more information so that staff can more easily see "the big picture".

QUALITY IMPROVEMENT PLAN

The details of Quality Improvements are outlined throughout this report; this plan provides a broad outline and identifies responsibilities and timelines. The Management Team plays an important role in this process. Members of the Team are: Executive Director, Director of Finance, Director of Operations (also Accreditation Coordinator), and five Program Directors, each responsible for one cluster of programs. These clusters are: Together Against Violence, Children with Special Needs, Early Childhood Development, Family and Youth Services and Community in Action.

ACTION	PERSON RESPONSIBLE	TARGET DATE
<p><i>On-going Quality Control</i></p> <ul style="list-style-type: none"> ▪ Allocate resources for on-going Quality Control function 	Executive Director, Management Team	March 31, 2008
<p><i>Demographic Data Collection</i></p> <ul style="list-style-type: none"> ▪ Ensure client characteristics are collected and submitted as required after September 30, 2008 	Management Team, Program Coordinators	Ongoing
<p><i>Client Satisfaction Surveys</i></p> <ul style="list-style-type: none"> ▪ Ensure surveys are distributed in a timely way, consistent with the timing of this Report, and at exit from program 	Management Team and Program Coordinators	Ongoing
<p><i>Community Stakeholder Survey</i></p> <ul style="list-style-type: none"> ▪ Ensure surveys are distributed in a timely way, consistent with the timing of this Report ▪ Ensure Board is involved in stakeholder surveys 	Board of Directors, Executive Director	September 2008
<p><i>Communication Strategy</i></p> <ul style="list-style-type: none"> ▪ Ensure Communication Plan (2006) is implemented 	Board of Directors, Executive Director, Management Team	Ongoing
<p><i>Program Outcomes</i></p> <ul style="list-style-type: none"> ▪ Follow up for improvements identified in this report 	Management Team and Program Directors	September 2008
<p><i>Program Development</i></p> <ul style="list-style-type: none"> ▪ Continue to negotiate for funding to meet identified community needs ▪ Advocate as required for support and better services as identified in Strategic Plan 2007-2008 	Executive Director, Management Team, Board of Directors	Ongoing (refer to Strategic Plan Goal #1)
<p><i>Geographic issues</i></p> <ul style="list-style-type: none"> ▪ Develop and implement strategies to better offer services Pender Harbour 	Board, Executive Director, Facilities Task Force, Management Team	December 31, 2008 (refer to Strategic Plan, Goal #5)

PERFORMANCE PLAN

EXTENUATING CIRCUMSTANCES

In 2007 our agency experienced a severe emergency situation. In early August the Executive Director's middle son was severely burned in a house fire and this required the Executive Director's absence for more than two months. In meeting the challenges of this absence, particularly in September and part of October, the Management Team and in particular the Director of Operations (also the Accreditation Coordinator) were severely stretched to maintain the requirements of the agency's workload. As a consequence there have been delays in several reports, including this one. We are now back on track and gearing up for our next accreditation survey.

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 last year developed a Strategic Plan beginning in April and culminating in September. This plan is included in the Business Improvement Plan. 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.

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 February 2008. 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 the Management Team who will distribute to the Program Coordinators in their cluster of programs.

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 be informed about the completed report, and will be offered a copy if they choose.

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.