



2012-2013 Annual Report



The Child Development Centre
of Prince George and District Association

**“Developing Potential,
Exploring Possibilities!”**

Our Mission:

To assist children of all abilities from Prince George and surrounding communities to develop to their highest potential through family-centred, child focussed rehabilitation, early childhood education and support services.

Our Vision:

“Developing potential, exploring possibilities!”



President’s Report

The CDC has been providing services for Children and Youth with Special Needs (CYSN) and their families for 46 years, a truly incredible and impressive history of serving the community and surrounding area.

This past year has been my second year as president of the Board. Since I joined the Board in 2005 I have been witness to an incredible and positive impact with the number of changes that have occurred at the CDC. One thing that has remained constant is the dedicated staff that work to improve the developmental outcomes of the hundreds and thousands of children who have received services at this facility in Prince George.

I would like to thank the dedicated staff at the CDC, your efforts truly make a difference to the children and their families who attend the CDC. You are truly committed to the children in Prince George and the neighbouring Regions. Thank you for all your hard work, well done.

I would also like to thank Darrell Roze, Executive Director and Les Smith, Director of Programming for their leadership and dedication in running the CDC. Your commitment and determination to provide the best services to the children and families of this region are commendable.

Thank you to all our fantastic thoughtful and generous community donors for helping to support the CDC and we look forward to continued support from this great community.

The CDC could not provide the level of service it does without you.

Finally, I would like to extend my gratitude to my fellow board members who donate their time to help run the CDC which in turn provides such a greatly needed service to ensure the Children and Youth with Special Needs have an opportunity to grow to their full potential.

Thank you,
Al Clark, President

Executive Director's Report

Looking back at previous annual reports, you will quickly see a common thread – the need for additional resources. Resources for child health and development services have been stagnant over the last fifteen years, while demand has increased by well over 100%.

Within this financially challenging environment we have reason to celebrate. We continue to evolve and make improvements to our services, allowing us to maintain excellent, albeit financially constrained services. We have made these improvements in spite of the challenges we face.

In the years that I have been with the Child Development Centre, I continue to be very impressed with the strength and resilience of our staff. In last year's Staff Satisfaction Survey I was encouraged to see how positive most of our staff members were. The continued commitment of the CDC's staff to the children and families we assist is obvious and wonderful to see.

One change we saw last year was quite promising; we may be seeing the start of a levelling out of demand for our Therapy services. If this trend holds true into the future, after so many years of ever increasing referral rates, this would represent a very positive change.

Darrell Roze

Guiding Principles

Collaborative:

We use a collaborative, multidisciplinary approach to improve service outcomes to the region's children. This philosophy extends internally as well as externally with complementary service providers and medical practitioners.

Accountable

Our core purpose is to improve the lives of the children we serve. Given available resources, our staff members are each responsible for providing the best services possible in their area of responsibility.

Respectful

The Centre's staff members operate within a culture of respect for each other, the children and families we serve, and other regional stakeholders. Family input and participation is respected as an integral component of each child's development.

Holistic

Our services are designed to help the whole child, including the balanced development of social, emotional, physical, cognitive, and communication skills.

Sustainable

We commit to running sustainable programming, ensuring the highest level of services over the long-term.

Clinical Services

Electronic Clinical Record (ECR)

The Child Development Centre has been making great strides in the way we are utilizing available technologies. We have now been using our new ECR for our first full year. The system's implementation took a bit longer than anticipated due to complications in transferring the data from our old system. Now that it is complete, we have been able to experience some of the major benefits, including the following:

- Improved data analysis: The system allows ready access to statistics, such as the number of children we are seeing, their diagnoses, the length of time families are waiting for their initial assessment, and more. This provides us with an increased ability to identify areas for improvement, as well as an increased ability to objectively allocate resources based on current and anticipated needs.
- Improved reporting: Over the years provincial reporting requirements had become a substantial administrative burden. Reports that used to take a staff member 2-3 days each month to collate now takes minutes.
- Improved access: We were limited to a few users for the old system. The new system has allowed us to provide access to all staff.
- Paperless Charting: The improved access of the new system has allowed us to pursue a paperless charting system. Our administrative support team has made excellent progress on this project, scanning

most of our old paper charts into the system. We expect this work to be completed in the 2013/2014 year.

One of the long term goals of our centre has been to implement the first service network for children with special needs in British Columbia. The new ECR, the increased access, and a paperless charting system will all help facilitate this project. The network could connect many of the city's child health and development providers, providing many benefits to children with special needs.

Quality Improvement/Accreditation

We continue with our goal of continual quality improvement. In June 2012, the CDC received its second consecutive 3-year accreditation award (the longest possible) from the Commission on the Accreditation of Rehabilitation Facilities (CARF).

Our CARF accreditation certifies that our services continue to meet or exceed international standards for quality.

Early Childhood Education (ECE) Services

The Child Development Centre's daycare and preschool services continue to provide some of the best ECE services in Prince George, with many of the most experienced and most knowledgeable early childhood education staff in the city.

The last year was busy within the program. We said goodbye to three long time staff and welcomed three others. We also started planning to change one of our preschool rooms into a new multi-age daycare room for the 2013/2014 year.

The most serious challenge within the program remains financial. While we clearly provide one of the best ECE programs in the city, the program costs substantially more than the revenue it generates. Consistent with the CDC's strategic direction, we will need to address this issue.

Specialized Preschool Groups

The CDC ran 15 different groups last year, involving staff from all of our clinical services. Groups included Toddler Language, Young 3s Language, Parent-Toddler, Picky Eaters, Handwriting without Tears, Gross and Fine Motor Skills Development, Sunbeams Grief and Loss, and Parenting – among others.

In the financially challenging environment that we work within, we have had to change to allow us to provide services to as many children as possible. Groups represent one way that has facilitated this increased reach. Some of our groups also fill unmet community needs, such as our grief and loss groups.

The BEST Program

The CDC had the opportunity to pilot an 8 week program in the spring of 2012 aimed at assisting children with behavioural, emotional and social challenges. The Behavioural, Emotional and Social Teaching (BEST) Program was a partnership between the CDC, the Prince George Native Friendship Centre and Intersect Child and Youth Services. The program involved working directly with children to help them to improve their social intelligence, understanding of emotions, and the development of positive ways to express themselves. Parents also participated in the program to develop necessary skills to more

effectively help their child gain the above-mentioned skills.

The program continues to demonstrate amazingly positive outcomes. One telling statistic is the fact that seven of eight of the children (87%) that participated did not miss a single day of kindergarten last year due to behaviour management issues.

It is staggering to consider how much positive change can be conveyed within such a short period. It is reasonable to expect that children with unmet early mental health issues would represent much higher future health, education, and criminal justice costs. As with many issues early intervention is the key.

The CDC has been seeking funding from various sources to facilitate the ongoing provision of the BEST program, with limited success to date.

Therapy Services

With the designation of a northern and rural cohort in the physiotherapy (PT) program at the University of British Columbia, we have been asked to take on more PT students at the CDC to assist with the provision of clinical education. The occupational therapy (OT) and speech language pathology (SLP) programs may be following suit in the near future. This has been a positive first step to help avoid a substantive potential shortfall of these professionals in future years.



Our physiotherapy and occupational therapy sections experienced considerable change last year. Our long time Chief Physiotherapist retired. We welcomed a physiotherapist on board, welcomed two staff members back from maternity leave, and had another staff member start her maternity leave.

A positive indicator that we saw over the last year was an apparent levelling out of referrals. Over the last 15 plus years we have seen ever-increasing numbers of referrals coming in each year – unfortunately without corresponding increases in our funding.

This year saw the Therapy section run a successful conference called the Alert Program in which over 75 people attended.

Our therapists travelling up to the remote Kwadacha First Nation to attend its health fair was also a highlight.

Supported Child Development (SCD)

This program's main purpose is to provide support services to children with special needs in community early childhood education programs. The program continues to experience very high demand. One trend that has continued is the increasing number of children with abnormally pronounced early mental health issues that are requiring support.

The SCD staff supported more than 100 children in over 20 community programs this past year! The SCD Section also ran another hugely successful Every Child Belongs conference that had over 200 participants.

Child & Family Services

This year saw Tanya Klassen, our Child and Family Resource worker, go on maternity leave. Lorinda Johnston has taken over the responsibilities of this position for the duration of the leave. Many groups for children and parents have continued to be offered as a result. Advocacy for children and their families were also provided.

Medical Services

This year saw the continuation of strong relationships with the Prince George paediatricians. All of the paediatricians in the city conduct sessions at the CDC throughout the year. These sessions are funded by the Ministry of Children and Family Development and may take the form of case conferences or individual appointments. We were also very

lucky to have Dr. Rachel Boulding, Child Psychiatrist, hold appointments at the CDC every Tuesday afternoon. Dr. David Nelson, Orthopedic Surgeon, participated in a few orthopedic clinics at the CDC through the year as well.

Research

The CDC helped to facilitate the research project of one of its staff, Sherry Mitchell. Sherry conducted research on the effectiveness of a motor skills group with preschool-aged children with developmental delay. We look forward to the results of this study as we hope it will lead to best practice in working with children with developmental delays.

Challenges

The major challenge we face within our Therapy and Supported Child Development programs is disconnect between the stagnant resources we receive to run these programs and increasing demand on these programs. On average, the children with special needs that are being referred to our programming have also had more complex needs than in the past.

We have operated with the same number of therapists for approximately 15 years to serve Prince George. Although demand within Therapy remained relatively stable over the last year, demand has increased dramatically over the last fifteen years, and caseloads remain very high.

Unfortunately, the province does not appear ready to address this issue any time soon.

The lack of resources has a profound effect on the children and families that depend on our services. It also impacts our staff, as they see children that age out of our services with what will be lifelong challenges – challenges that could have been addressed given adequate funding for necessary services.

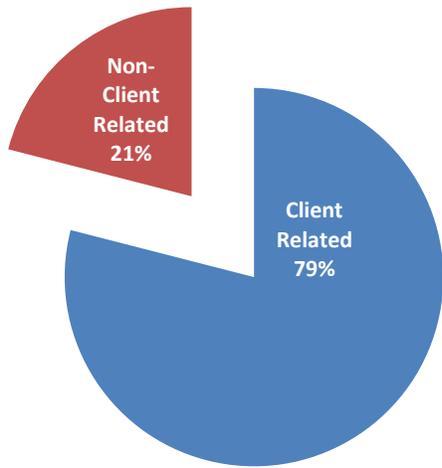
Initiatives

The Child Development Centre has long taken the approach that we will try to avoid waitlists. This has resulted in ever-increasing caseloads as in these programs. Under this approach, more children are seen at the expense of providing less service to each child.

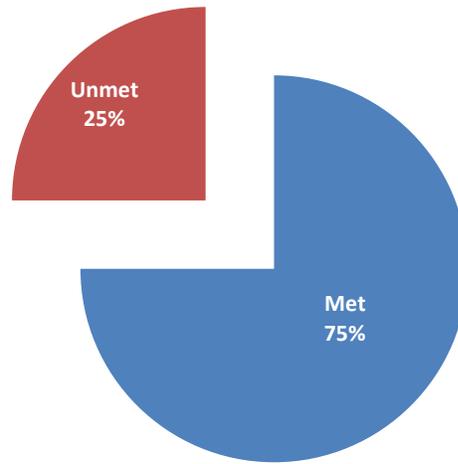
This has worked well for the region's children in need of our services. We have largely avoided wait listing children during their critical early developmental period (within the first few years of life). However, we have now reached a point of diminishing returns. The available service per child has decreased too much and our staff are being stretched too thin.

To deal with this issue, our program leads within Therapy have been tasked with developing and implementing a work management and prioritization tool for each of their program areas. This will provide a number of benefits. Primarily, these tools will provide a systematic prioritization for children in need of our services. Secondly, they will ensure the continued effectiveness of our services. Lastly, they will help manage our therapists' workloads.

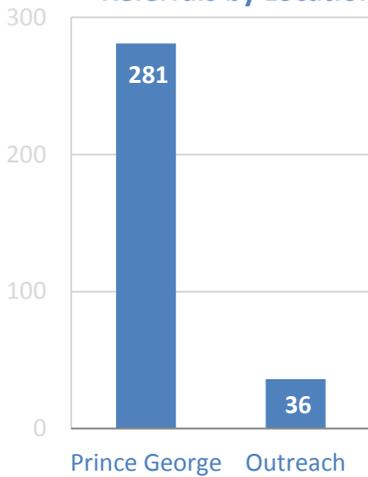
How We Utilize Our Time



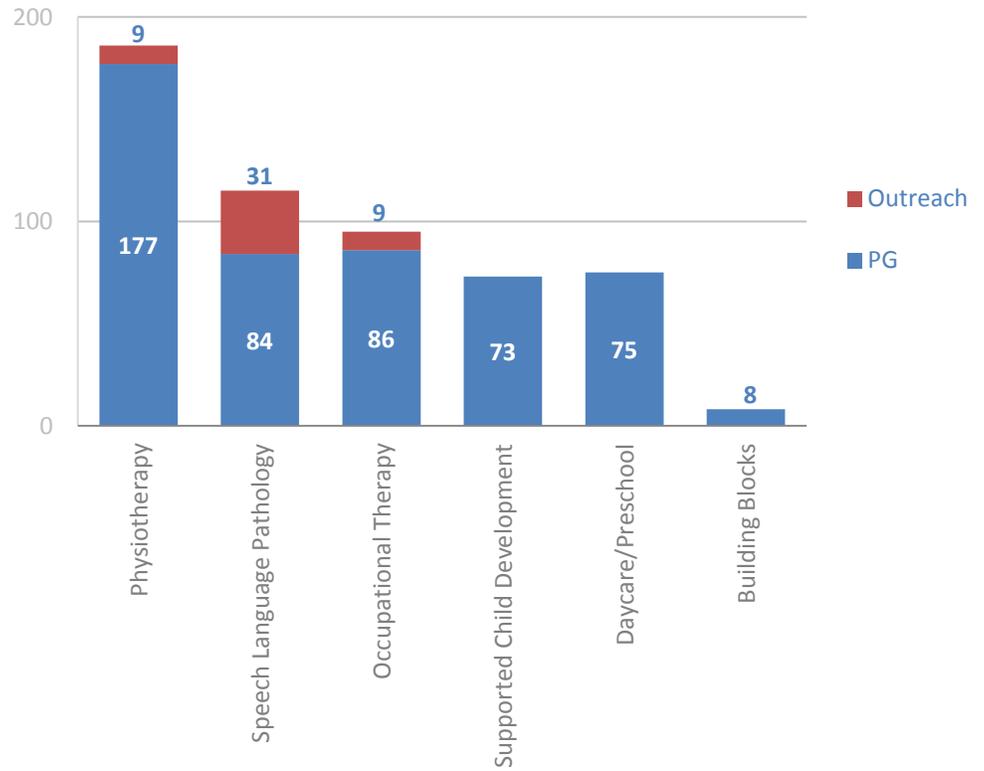
2012/2013 Goal Attainment



Referrals by Location



Referrals by Program Area*



* Each child may be referred for more than one service.