

STRATEGIC PLAN

2021 - 2024

January 20, 2021

Reviewed: April 2021



Our Purpose

The Child Development Centre of Prince George and District's core purpose is improving the lives of children with developmental challenges.

Mission

We foster social, emotional and developmental growth in children with diverse abilities within an inclusive environment.

Guiding Principles

Collaboration

We use a collaborative, multidisciplinary approach to improve service outcomes. This philosophy extends internally as well as externally with service providers and medical practitioners that provide services that complement our programming.

Accountability

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.

Respect

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

Balance

Our services are designed to provide a child with balanced development of their social, emotional, physical, cognitive, and communication skills.

Sustainability

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

Strategic Focus

The Child Development Centre of Prince George and District (CDC) utilizes our strategic planning process to facilitate continual quality improvement. This plan considers the following areas of strategic priority:

- Accessibility, Cultural Safety & Diversity
- Employee Wellness & Morale
- Corporate Citizenship, Community Relations & Fundraising
- Programming & Administrative Supports

Accessibility, Cultural Safety & Diversity

The Child Development Centre is committed to minimizing barriers to access to our services and facilities.

The CDC has worked to help ensure we provide a welcoming environment to individuals of First Nations, Métis and Inuit descent. Some of our related changes over the past few years have included the following:

- Adding modern, First Nations inspired art, by a well-known local First Nations artist to our halls and Family Waiting Room in 2019;
- Naming our client-oriented rooms with First Nations names in the local Dakelh (Carrier) language;
- Requiring all staff to take a course on Indigenous colonization within 1.5 years of attaining a regular (non-casual) position with the CDC; and
- Providing additional professional development opportunities to all staff on the implications and multigenerational impacts that many historic events have had on the Indigenous community.

The CDC has worked to help minimize barriers to accessibility based upon the social determinants of health, including the following:

- Providing increased opportunities for home, childcare-based, and virtual therapy sessions to families that would otherwise be unable to attend sessions at the centre;
- Providing training to help our therapists understand the impacts of the social determinants of health and its related impacts on child development; and
- Requiring our SCD consultants to consider the social determinants of health within children's care plans.

To help promote an inclusive environment and gender safety, the CDC has undertaken the following:

- Providing gender neutral bathroom facilities;
- Renovating a washroom to facilitate improved access for school age clients (including installing a lift and an adult sized change table); and
- Updating our referral forms, ISPs and Nucleus Labs client charts, to include preferred pronoun options as well as a non-binary option.

Challenges

1. Our elevator became non-operational in March 2021. It is obsolete, requiring a major retrofit that will cost approximately \$60,000. This has had the most profound impact on families that have individuals with gross motor delays that need to access our lessees' programs running downstairs in our building – especially in the winter.
2. The CDC will work to determine ways to further improve supports to families of Indigenous descent within available resources. Some of these families require an understanding that they are accessing services within a culturally safe environment prior to accessing supports. Some of these families will also need to develop a trusting relationship with our staff before they will become receptive to our input.

Limited funding and ever-increasing demand for our services negatively impacts the time we can dedicate to relationship building. However, this process can be accelerated by providing support in collaboration with someone that has already developed the necessary relationships.

3. The CDC will examine ways to help make further progress in the areas of inclusion, cultural safety, and gender neutrality.
4. The COVID-19 pandemic massively disrupted services within our sector, creating the need to dramatically and rapidly increase our capacity to provide virtual supports.
5. Increasing numbers of economically-disadvantaged families we support can only be externally contacted through texting. We had been using a shared texting phone, and we had used a free computer-based texting service in the past, but neither offered an effective solution regarding how to maintain external communications with these families.

Goals

1. Repair/retrofit the elevator.
Status: Started March 2021. Anticipated completion: August 2021
2. Evaluate training opportunities to further improve the CDC's employee's understanding regarding the historical impacts of colonialism on families of Aboriginal descent in Canada, and on the social determinants of health.
Status: Ongoing

3. Provide education of BIPOC¹ and LGBTQIA2S+² issues that may directly affect willingness to access services within the centre.

Status: We are planning related education in the 2022-2023 fiscal year's centre-wide Professional Development Day.

4. Improved Technical Support and Infrastructure:

- Transition to VOIP phones and provide many staff with CDC SMS texting accounts. Started September 2020. Completed January 2021.
- Transition to the Microsoft Teams environment for video conferencing, to assist with internal communication, and to provide staff with improved access to frequently used files. Started March 2020. 95% complete April 2021
- Installation of additional Wi-Fi access points to improve speed and to resolve dead spots at the centre. Started February 2020. Anticipated completion: September 2021.

¹ BIPOC is an acronym that stands for black, Indigenous and people of colour

² LGBTQIA2S+ is an acronym that stands for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual and Two-Spirit. It is used to describe diverse gender identities and sexual orientations

Employee Wellness & Morale

The CDC's staff members consistently provide exceptional results. Our staff members' ability to continue with this high level of support depends on them being healthy, resilient, and engaged over the long term.

Challenges:

1. The COVID pandemic has had a negative impact on the health and resilience of many of our staff. Some of our employees are feeling a lack of connectedness to the centre and to other staff. We need to look at ways to rebuild that resilience, and to ensure staff feel a positive connection to their positions and their co-workers.
2. Employee safety is always a major consideration for the CDC, and maintaining employees' safety is also a key component in the facilitation of high staff morale. Our building is located in an economically disadvantaged area of Prince George. The issues of homelessness, and public drinking and drug use in the neighbourhood has become substantially more prevalent over the last 5 years. During off hours, we experience the most substantial related problems around the centre's side door and on the far side of the storage garage.
3. The COVID pandemic decreased our ability to run meaningful safety drills. In the initial months of the pandemic, it also diminished our safety related presentations that we had been providing in our section and program related meetings.

Goals

1. As provincial COVID-19 protocols allow, we will start organizing events to bring staff together.
Anticipated start date: May 2021
2. We will reinstate the Wall of Kudos recognition program – albeit virtually – in the Weekly Update. Started April 2021 - ongoing.
3. We will continue with Paladin Security patrols of the facilities to help limit the number of people hanging around the centre at night.
Started February 2021 - ongoing.
4. We will fence off the far side of the storage garage to help dissuade people hanging around behind it and engaging in problematic behaviours.
Status: to be completed in the summer/fall of 2021, depending on when the Prince George Native Friendship Centre is able to complete a project in the area.

5. Determine ways to effectively ensure that staff understand our operational health and safety policies and procedures.
Start: February 2021 – implemented use of MS Forms to provide quizzes to staff regarding dealing with emergencies around the centre - ongoing.
6. We will install additional security cameras to improve employees' awareness of non-staff individuals hanging around the parking lot, the side door, and around the storage garage. Started March 2021. Anticipated completion: June 2021

Corporate Citizenship, Community Relations & Fundraising

We continue to consider and pursue various corporate citizenship endeavours. This has included an increased promotion of family-focused charitable initiatives on our social media sites, and continued support for other agencies, such as providing weekly space for the Salvation Army's Soup Bus, and a spot for the YMCA's Healthy Kids' Day.

We also support two other agencies through lower than market lease agreements: Story Book Preschool (perhaps the city's best preschool provider), and a Bahai organization that helps vulnerable teenagers in the neighbourhood.

The CDC continues a strong relationship with the Prince George Native Friendship Centre. They lease a large space in the lower level of our building, where they provide a full day Head Start program. Our Supported Child Development and therapy programs work closely with them.

We also have an excellent relationship with many other agencies that help children in Prince George. Our Therapists and Supported Child Development Consultants advise childcare providers on how to effectively support children with developmental challenges. We also lend equipment to programs to increase participation for children with additional challenges. Supported Child Development and Therapists also present community workshops and training as the need arises.

The CDC continues to provide substantial numbers of practicum placements, especially for masters degree students in occupational therapy, physiotherapy, and speech-language pathology programs, as well as early childhood care and learning (ECCL) students. While this is provided at a cost to the centre, it helps promote paediatrics to the therapy students, and it provides a critical component to their education. Practical placements have also been more difficult to find for students since the start of the COVID pandemic. These placements also offer an opportunity to work with these students prior to their graduation – a benefit if we subsequently wish to recruit them. Providing practicum opportunities also forms part of the professional codes of conduct of the respective therapy colleges.

The CDC has an excellent reputation with the families that rely upon us for support. However, we would benefit from an elevated public profile to the rest of the community. With the introduction of the Community Relations position, we planned to work on this area substantially. We introduced a new website and mission statement over the last year and a half, and we have been putting an increased focus on our social media posts. However, the

COVID Pandemic reduced our activities in this area; it created the need for our community relations position to focus more on the administrative support aspects of her position.

Public funding for the child development sector has always been scarce. To help augment these funds, we use fundraising. However, the COVID pandemic altered what fundraising initiatives were possible.

With increasing vaccination rates, we anticipate being able to put an increased focus on enhancing our community profile and running different types of fundraisers again.

Challenges

1. How do we increase the community profile of the CDC, beyond our current social media activity?
2. The COVID pandemic created additional challenges in relation to running fundraising events. This reduced the funds we can allocate to programming and to the purchase of specialized equipment.

Goals

1. Continue to evaluate and pursue corporate citizenship related activities based first upon initiatives that assist children, then upon helping others in the community, such as activities that assist economically disadvantaged families.
Status: Ongoing.
2. The CDC will hold a 50/50 raffle in conjunction with a CDC appreciation week in the 2021-2022 fiscal year. We will use the opportunity to generate a positive message to the community regarding the critical supports the CDC provides, as well as the challenges the centre faces.

Programming & Administrative Supports:

Our goal is to provide as much high-quality support as possible over the long term, within the limits of our financial resources. However, there has been a growing disparity between the limited provincial funding we receive to provide support and the ever-increasing demand we have been experiencing. The need to make continual, incremental improvements to our services has become increasingly critical.

The province has failed to cover a substantial component of cost increases within the sector for at least the last 15 years. The cumulative impact has been substantial. As approximately 79% of the provincial funding we receive is dedicated to paying for the wages and benefits of our program staff, this systematic under-funding has had a substantial impact on the support we are able to provide.

To help maintain services, the CDC initially cut back more heavily within Administration. However, this resulted in unsustainably low levels of administrative support that ended up negatively impacting our services. It also led to delays in the undertaking of many less time-critical administrative projects.

We have been working to ensure that all children on caseload receive the following:

- Written, measurable goals, developed in collaboration with the children's parents/guardians; and
- The necessary supports for them to achieve their developmental goals.

The CDC has not been making substantial use of volunteers in recent years. This is an area of lost potential. The CDC had intended to work to substantially increase the number of volunteers we were using, but the COVID pandemic delayed these plans.

Challenges:

1. How can we effectively communicate to the province the societal and financial costs associated with chronically under-funding our sector?
2. Recruitment for Supported Child Development Support Staff has become increasingly difficult over the last few years. This was largely created when the province started subsidizing the creation of new spaces without training additional ECCL workers.

The federal government could greatly exacerbate this issue as they work toward implementing universal childcare; no-cost childcare would greatly increase demand, creating the need for more childcare rooms to open. This would result in increased demand for ECCL workers from a sector that is already facing major staffing constraints.

3. How best can we continue to incrementally increase the efficiency and effectiveness of our services.
4. How can we safely increase the use of volunteers as COVID restrictions are lifted?
5. Our current onboarding/orientation processes need to be improved. The amount of information we provide to new staff on day-one can be overwhelming.
6. The CDC's personnel files need to be re-organized. Some of these files are being stored decentralized. Dissimilar personnel files are also not separated out to facilitate efficient access.
7. Some key Finance and Payroll processes are only known well by a single employee. While we have been ensuring the processes are well-documented, additional cross training would help mitigate the potential risks associated with unanticipated absences of key personnel.
8. The CDC's program managers currently participate minimally in the drafting and monitoring of their program's budgets. This can lead to inefficiencies, as the people that best understand their program's needs lack substantial input on the program's spending. Our current process also necessitates substantial and ongoing support from the CDC's Accounting Administrator, and, to a lesser degree, the Executive Director.

Goals:

1. Continue to lobby the province as a member of BCACDI as well as on our own for improved funding. Lobby local representatives from the Ministry of Children and Family Development (MCFD) to increase their knowledge in this area and to help maintain at least our current level of services. Continue to present to the Select Standing Committee on Finance.
Status: Ongoing
2. Continue to lobby the province as a member of BCACDI as well as on our own regarding the need to train additional ECCL workers.
Status: Ongoing
3. Develop and run additional children’s groups involving differing community partners, working together.
Start: January 2020. Stopped due to COVID restrictions. Anticipated to restart in June 2021 – ongoing thereafter.
4. Increase functionality of electronic equipment loan database to make it more complete, to remove old equipment, and make it more user-friendly.
Start: January 2020. Anticipated Completion Date: December 2021
5. Explore different avenues to address current waitlist length such as groups, dedicated initial consultation (IC) therapist, drop in screenings, etc.
Start: January 2020. Anticipated Completion March 2022 – ongoing thereafter
6. Therapy sections to develop pathways of care to ensure best practice in high incidence disorders (i.e., plagiocephaly, picky eating, etc.).
Start: January 2020. Anticipated Completion: December 2022
7. If possible and financially feasible, develop enhanced virtual supports to outlying communities, such as Mackenzie, McBride, Valemount, and others. This could include expanded, cooperative virtual supports in partnership with the communities’ Supported Child Development and Infant Development Program providers.
Start: September 2021. Completion, TBD.
8. Redraft the volunteer handbook and develop volunteer policies and procedures. Connect with other charities that make greater use of volunteers, such as the Hospice House, to gather information on their practices.
Start July 2021. Anticipated completion date: October 2021.
9. As COVID restrictions allow, start recruiting targeted volunteers to help improve our services.
Anticipated Start: TBD

10. Rework and implement a new orientation guide that allows for a more gradual orientation to the centre for new staff.
Start: January 2021. Anticipated completion date: July 2021.
11. Reorganize the personnel files, storing everything centrally, but separating disparate content within the files, as appropriate, such as documents related to periodic verifications (drivers' abstracts, criminal records checks, etc.), hiring, changes in hours & LOAs, disciplinary notices, time sheets, and more routinely accessed files.
Anticipated start: August 2021. Anticipated completion: March 2022.
12. Cross train Finance and Payroll staff on critical tasks, as appropriate.
Start: February 2021. Anticipated completion date: March 2022.
13. Implement processes to facilitate increased input and monitoring of program budgets by senior program staff.
Start: September 2021. Anticipated completion: March 2022 – ongoing thereafter.