

**CHILDREN WHO WITNESS ABUSE SERVICES - OUTCOMES REPORT APRIL 1<sup>ST</sup>, 2015 – MARCH 31<sup>ST</sup>, 2016**

**PROGRAM DESCRIPTION** – Program services in Cranbrook and Kimberley provide intervention strategies to children whose self-esteem and emotional health has been damaged as a result of having been witness to abuse in the home. Augmenting service delivery principles includes, whenever appropriate or possible, consultation services to parents that assist with strategies that encourage the healthy development of their children.

**PURPOSE** – This report is intended for board, management, program staff, stakeholders, and persons served. Feedback and suggestions to assist with continuous quality improvement planning are both solicited and encouraged. The data referenced in this report was collected, recorded, and collated via the use of the ShareVision electronic database system.

Key Demographic Indicators	2012 2013	2013 2014	2014 2015	2015 2016	4 Year Comparative Average	Findings
# of male children served	31	29	29	30	30	This year the number of individual children served remains reasonably consistent with prior years' statistical information.
# of female children served	36	40	51	46	43	
# of clients readmitted during the year	7	8	15	10	10	
Total # of Individual Children Served	74	69	80	76	74	
Key Demographic Indicators	2012 2013	2013 2014	2014 2015	2015 2016	2 Year Comparative Average	Findings
# of School Groups Served	Data not recorded	Data not recorded	9	13	11	Similar to last year, program staff continued to focus their concentrated marketing efforts towards school districts. In addition to the number of individual persons served (76), staff completed thirteen (13) school groups. Each group was 8 weeks in length, with an average attendance of 9 students per group. Each school group was recorded as one unit in our database system as individual files are not opened for each participant attending group sessions. A total of 116 additional children were served within school based, group settings. This year, staff customized school group content to address specific topics such as: separation & divorce; social skill building; friendships & connections; anxiety; and art therapy in an effort to better address the specific needs of the children and families served.
# on average of children served per Group	"	"	12	9	10.5	
Total # of Children Served through Groups	"	"	108	116	112	
<b>Combined # Served (Individually or in Group)</b>	"	"	188	192	<b>190</b>	The overall number of persons served during the year, either individually or in group format, continues to be of significance. This outcome is very positive and is greatly satisfying to program staff.
Average length of service	106 days	187 days	124 days	173 days	148 days	The length of service to clients this year is significantly longer. This is considered to be reflective of the on-going, longer term family issues which are specific to separation and divorce. Additionally, this situation is exacerbated by the lack of affordable family mediation services available.

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## Key Demographic Indicators (continued):

Key Demographic Indicators	2012 2013	2013 2014	2014 2015	2015 2016	4 Year Comparative Average	Findings
Average service wait time	16 days	9 days	12 days	12 days	12 days	Client families that access this program are often “in crisis” or in a period of transition. Making initial contact with the family is an on-going challenge due to these circumstances. Procedures have been implemented, such as staff attending the home address, when telephone contact is not successful after two attempts. This length of time, from referral to intake, makes the wait time appear lengthy despite the fact that contact is initiated by staff within 24 hours of receiving the referral.
Average Age of Clients	8.5 Yrs.	8 Yrs.	8 Yrs.	9.5 Yrs.	8.5 Yrs.	This statistic remains reasonably constant year over year.
Percentage of ethnic minorities served	8% 6 clients	10% 7 clients	22.5% 18 clients	24% 18 clients	16% 12 clients	The percentage of ethnic minorities served is similar to last year. Staff records indicate, however, that this year Ktunaxa Child Protection Workers made increased referrals; whereas during the prior year Ktunaxa families were predominately self-referrals. Staff will continue to monitor closely for trends.
File Status at Year End	2012 2013	2013 2014	2014 2015	2015 2016	4 Year Comparative Average	Findings
Open	41	20	26	20	27	These findings demonstrate a decrease in the number of open files at year end and a slight increase in the number of closed client files. The number of open and closed files, however, fluctuates at any given time and therefore variations are not generally considered cause for concern or action.
Closed	36	49	54	56	49	
Risks & Barriers:	2012 2013	2013 2014	2014 2015	2015 2016	2-3 Years Comparative Average	Findings
# experiencing parental separation & divorce	*Data not collected	*Data not collected	74% 59 of 80	86% 65 of 76	80% 62 of 78	<b>NB:</b> Of note is that corrective action was taken 2 years ago to redefine more applicable risks & barriers and to ensure more consistent collection of this data. Revisions to the intake form and Sharevision database were made to ensure this information was accurately recorded.  Given we have only 2 years of comparative data it would be premature to analyze for trends. However, overall the findings suggest that the majority of children served are experiencing challenges as a direct result of parental separation or divorce. Staff will continue to implement specialized one-to-one and group sessions specific to the development of coping skills to address these issues.
# With Mental Health Diagnosis	6.75% 5 of 74	*Data not collected	3.75% 3 of 80	2.6% 2 of 76	4.3% 3.3 of 76.7	This statistic is understandably very low as typically young children are not formally labeled with a mental illness by a medical diagnostician.
# Experiencing history of past abuse	100% 74 of 74	*Data not collected	44% 35 of 80	80% 61 of 76	75% 56.7 of 76.7	This year the number of children who experienced a history of past abuse also includes those who have witnessed on-going domestic violence. This explains the increase over the prior year. The data collected during the 2012-13 year appears to have been calculated using different methodology. Staff will continue to monitor for trends.

**REFERRAL ELSEWHERE:** Whenever risks and barriers such as those indicated above become prevailing factors program staff work collaboratively with clients to ensure appropriate community referral sources are identified and to provide assistance with the referral elsewhere process. There were nine (9) children/families referred to other programs or agencies during the year.

**GOAL SETTING & RESULTS:** A standard component of the intake process is for staff to closely involve the person served in the setting of client goals. Service outcomes measuring safety risk, the ability to label and express feelings, and the ability to communicate feelings in a healthy manner are assessed at intake and at discharge. Of the 56 closed client files, 30 children (54%) responded to the pre-post survey questions, which measure service outcome achievement ratios.

Effectiveness Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. To reduce level of crisis and safety risk	Percentage of clients with reduced safety risk	All children accessing service who identified with crisis or safety risk at intake and who completed both pre-post surveys	85%	(97%) 29 of the 30 children survey respondents	✓
2. To increase ability to label and express feelings	% of clients with increased ability to label and express feelings	All children accessing service who identified as having difficulty labeling and expressing their feelings and who completed both pre-post surveys	85%	(90%) 27 of the 30 children survey respondents	✓
3. To increase ability to communicate feelings in a healthy manner	% of clients with increased ability to communicate in a healthy manner	All children accessing service who identified as having difficulty communicating their feelings in healthy manner and who completed both pre-post surveys	85%	(100%) 30 of the 30 children survey respondents	✓
<p><b>Findings:</b> While the percentage of clients who completed both pre and post surveys indicates target achievement ratios were met, it is to be noted that the overall number of completed pre-and-post service surveys is low. A continuous focus of service delivery is to ensure we obtain the highest possible number of pre &amp; post survey responses from clients. Measures were taken again this year to obtain surveys at the mid-point of service to help increase response rates. However, due to the crisis situations experienced by the majority of the families served it has continued to be very challenging to obtain post surveys for close to 50% of the children served, despite the best efforts of program staff. Families served by the program often end services abruptly, without any notice, move to another location, or change contact numbers. Thus it often makes it difficult to obtain post survey (end of service) feedback.</p>				<p><b>Recommendations:</b> 1. Continue to monitor effectiveness measure outcomes. 2. Maintain achievement ratio targets at 85% in the coming fiscal year. 3. Increase pre-post client survey response rates to 75%.</p>	

**PAST PARTICIPANT FEEDBACK:** Past Participant feedback is intended to solicit feedback from participants after they have left the program. It is our hope, that once out of the program for several months, the past participant has formulated thoughts about the program that they may not have had while in the program (i.e. Did the services actually assist in obtaining and maintaining the desired outcomes). Due to the preventive nature of the services program staff deemed it inappropriate to formally contact participants after discharge. Rather staff attempt to secure past participant feedback from children readmitted to the program. During the year, 18 children were re-admitted to the program, and provided positive past-participant feedback relative to the question areas noted above. Included in this number are three families with multiple children.

**PROGRAM EFFICIENCIES:** CWWA program staff recognizes that direct service to children and youth is crucial to achieving the client's goals, as well as meeting contract requirements. Direct service refers to all work directly related to the clients served such as face-to-face meetings, integrated case meetings with key support people, telephone, travel to and from the client or other activities that support the client. Direct service hours are recorded on a monthly basis and reported via the Balanced Score Card. Staff are provided monthly targets for direct service utilization based on contract requirements of 107 hours for Cranbrook (70% direct service hours) and 25 hours for Kimberley (70% direct service hours) during the 2015-2016 fiscal year. Efficiency results have been tabulated below.

**PROGRAM EFFICIENCIES (CONTINUED):**

Objective: Efficiency Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
Maintain Direct Service rates that meet the Cranbrook CWWA contract deliverable expectations for Direct Service Hours	Percentage of Direct Service Hours	All children and youth accessing services	<u>Contract 1:</u> Cranbrook <b>70%</b> of total contract hours must be direct service hours	Annual direct service hours average for Cranbrook 99 contract hours= <b>84 %</b>	✓
Maintain Direct Service rates that meet the Kimberley CWWA contract deliverable expectations for Direct Service Hours	Percentage of Direct Service Hours	All children and youth accessing services	<u>Contract 2</u> Kimberley - <b>70%</b> of total contract hours must be direct service hours	Annual direct service hours for Kimberley 25 hours = <b>104%</b> direct service hours average	✓
<p><b>Efficiency Findings:</b> The direct service hours recorded above were collected monthly by the Administrator of Youth &amp; Children's Services and recorded via the Ministry's monthly online of Direct Service website. These hours are also reported in the Association's monthly Balanced Score Card Report. At the end of the fiscal year, monthly totals are tallied and divided by 12 (months) to determine the annual monthly average. This annual monthly average was then tabulated as a percentage. The formula utilized is as follows: (Cranbrook requires 70% direct service hours rate which is equivalent to 107 hours monthly, Kimberley requires 70% direct service hours which is equivalent of 25 hours monthly). Actual direct service hour rate averages for each month of the year in Cranbrook was 128 hours and Kimberley was 36 hours. This equates to an 84% average direct service hour rate for the year in Cranbrook and 104% for Kimberley. It is important to note, that additional service hours were available this year through the program because we accepted an Art Therapy Master's student as a staff team compliment in the program. The Art Therapy student provided an additional 26 hours/ month on average for 9 months of the fiscal year. Program staff also utilized any client cancellations to provide additional service hours to children the Ministry (MCFD) identified as requiring additional service hours whenever possible.</p>				<p><b>Recommendations:</b> Staff will continue to work diligently to ensure the contract stated direct service hours are regularly met in order to achieve the 70% target ratio.</p>	

**PROGRAM SATISFACTION**

Objective: Consumer / Stakeholder Input Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. To maintain person served satisfaction levels – parents.	Persons served who report overall program satisfaction	All parents of clients accessing services who responded to the survey	85%	100% (8 out of the 8 families who responded were satisfied with services)	✓
2. To maintain stakeholders satisfaction levels	Stakeholders who report overall service satisfaction	All stakeholders (non-family members or clients) responding to survey	85%	100% (8 out of 8 completed stakeholder feedback responses were received)	✓
<p><b>Findings:</b> 8 families at time of discharge completed satisfaction surveys. Of these eight, 100% indicated overall satisfaction with program services. Eight stakeholders also responded to the satisfaction survey and of these eight all indicated their overall satisfaction with the program services. It is important to note that the option for increased stakeholder feedback is limited due to overwhelming number of program referrals received from one Ministry (Ministry for Children &amp; Family Development). It remains an ongoing challenge to obtain parental feedback during program services or at time of discharge. That said this year there was a slight improvement in the number of pre &amp; post parental satisfaction surveys received.</p>				<p><b>Recommendations:</b> Continue to target client and stakeholder satisfaction ratios at a minimum of 85%. Significantly increase the number of surveys distributed. Actively encourage participation of both parents and stakeholder in order to gather satisfaction feedback.</p>	

**PROGRAM ACCESSIBILITY:** During the year program staff received (1) one request for further accommodation of a client accessing the program. This child suffered from congenital amputation; severe asthma and allergies. Program staff accommodated this child by meeting the client in a specialized room at the school that provided floor padding for the client's comfort. Program staff planned activities for the floor and also asked the parent to wait in the hallway during appointments due to the child's inability to use the inhaler or epi-pen on her own. Although onerous, staff deemed this to be a reasonable accommodation request so that this client could access services. As an on-going measure to enhance accessibility staff chose to monitor service utilization rates in the hope to reduce waitlist timelines. Results are as follows.

Objective: Access Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
To maintain or increase service utilization rates	Average # of days on waitlist	All clients accessing services	1 -12 days	12 days	✓
<b>Findings:</b> It is important to note that while no "wait list" was required this year within the CWWA programs, timeframes between referral and intake were monitored closely. The actual wait time results were measured from the date of the referral to the date of the intake appointment. Families accessing this program are often in crisis, and although staff make every attempt to contact families within 24 hours of the referral; families are routinely non-responsive to staff telephone calls. Last year, staff implemented an approach which saw them attending the home location after two unsuccessful telephone attempts. This method has proven to be a successful tool in establishing completed intake appointments and reducing program access timelines.				<b>Recommendations:</b> Continue to monitor service wait time, targeting 1-12 days maximum time frame, to ensure service is delivered in a timely manner. Continue with immediate contact attempts to set up intake (two phone calls); after which a home visit, within one week of receiving referral, is initiated. Further methods include the sending of text message reminders or telephone calls prior to intake appointment.	

#### ADMINISTRATIVE OBJECTIVES:

Objective: Key Administrative Tasks	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
a. Program Administrator will monitor to ensure that all program staff will maintain client files and continue to implement the revisions noted in this report to Share Vision database.	Revised annual program reports.	CWWA client files	Incorporate revisions and recommendations for implementation during the 2016-2017 reporting timeframe.	Achieved	✓
b. Program Administrator will monitor to ensure all program staff continues to maintain program training using the Relias Learning Program	Relias Learning reports.	CWWA Staff Team	All current staff to complete core and service area specific Relias Learning courses.	All staff have completed the identified, required Relias Training courses.	✓

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Reviewed by: Janice Ivan, Executive Director

Data Source: Share Vision database system and Monthly Reports

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