



PEACE PROGRAM SERVICES - OUTCOMES REPORT APRIL 1ST, 2020 – MARCH 31ST, 2021

PROGRAM DESCRIPTION – Program services in Cranbrook and Kimberley provide intervention strategies to children and youth whose self-esteem and emotional health has been damaged as a result of experiencing violence. 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	2016 2017	2017 2018	2018 2019	2019 2020	2020 2021	5 Year Comparative Average	Findings
# of male children served	38	26	24	22	23	28	Over the last year, we have seen the number of individuals being readmitted to our programming slightly rise. The number of male children served continues to slightly decrease, but the number of females continues to significantly outweigh the males served.
# of female children served	26	26	36	33	32	26.8	
# readmitted during the year	13	9	11	12	10	11	
Total # of Individual Children Served	64	52	60	55	55	61.4	
Key Demographic Indicators	2016 2017	2017 2018	2018 2019	2019 2020	2020 2021	5 Year Comparative Average	Findings
# of School Groups Served	8	12	8	10	4	10	Program staff continue to offer service delivery, (prevention, education, and counselling services) in group format, within school districts and the community. This year, PEACE staff were able to complete 4 VIP groups within the school systems. Due to COVID-19 all other groups had to be cancelled.
# on average of children served per Group	6	11	5	7	17	8	
Total # of Children Served through Groups	48	135	40	70	68	68	
Combined # Served (Individually or in Group)	112	187	100	125	123	143	This number has stayed consistent over the last 2 years
Average length of service	173 days	196 days	187 days	246 days	240.9	195	Staff believe the length of service may 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 and parenting through separation education services available in the community.



Key Demographic Indicators (continued):

Key Demographic Indicators	2016 2017	2017 2018	2018 2019	2019 2020	2020 2021	5 Year Comparative Average	Findings
Average service wait time	5 days	13 days	19 days	27 Days	27 Days	15 Days	The increase in wait time is due to the increased need for services, and the length of days persons served require services. The wait time is also due to wait times with other service providers such as CYMH.
Average Age of Children	9 years	9 years	9 years	8.6 years	8.4 years	9 Yrs.	This statistic remains reasonably constant year over year.
Percentage of ethnic minorities served	14% 9 children	12% 6 children	14% 9 children	15% 10 children	13% 10 children	15.8% 9 children	Staff records indicate a much lower referral rate from the Ktunaxa Nation child services and residents of the Ktunaxa this year compared to years 2014-2016. Staff will continue to monitor.
File Status at Year End	2016 2017	2017 2018	2018 2019	2019 2020	2020 2021	5 Year Comparative Average	Findings
Open	25	39	36	32	32	30	The amount of open files have decreased slightly over the last year. This may be due to longer services
Closed	64	52	60	55	55	58	
Risks & Barriers:	2016 2017	2017 2018	2018 2019	2019 2020	2020 2021	5 Year Comparative Average	Findings
# experiencing parental separation & divorce	95% 61 of 64	85% 44 of 52	85% 51 of 60	84% 46 of 55	84% 45 of 55	85% 53 of 61	Collection of 4 years of comparative data suggests that the majority of children served are experiencing significant 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 and safety planning to address these issues.
# With Mental Health Diagnosis	4.75% 3 of 64	12% 6 of 52	11% 5 of 60	12% 7 of 60	8% 6 of 55	5.75% 4 of 68	This statistic is understandably very low, as typically young children are not formally diagnosed with a mental illness by a medical clinician and the onset age of most mental illnesses is later adolescence. However, this year, staff note there is a substantial increase of children diagnosed with a mental illness. Staff note the wait time for services at the local MCFD - Child and Youth Mental Office remains high. Referrals from this office remain high, in an effort to service children while they wait for clinical services and/or also at the end of clinical services as transitional support.
# Experiencing history of past abuse	72% 46 of 64	71% 37 of 52	73% 44 of 60	78% 43 of 55	58% 32 of 55	67% 45 of 68	The number of children recorded includes those who have experienced violence. The trend remains the same over the past 4 years.



REFERRAL ELSEWHERE: Whenever risks and barriers such as those indicated above become prevailing factors program staff work collaboratively with children to ensure appropriate community referral sources are identified and to provide assistance with the referral elsewhere process. All children are provided with the Kids Help Phone line and all applicable families are provided with the “Coping With Separation Handbook” a few of the children who have substance use problems have been referred to addictions services, and local counselors (Be the Change) have been working collaborate with PEACE workers. Others are referred to “Confident Parents, Thriving Kids”; “Bounce Back” and other programs at Child and Youth Mental Health.

GOAL SETTING & RESULTS: A standard component of the intake process is for staff to closely involve the person served in the setting of their personal 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.

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 children 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%	(100%) 17 of the 17 children survey respondents	✓
				(100%) 25 of the 25 parent survey respondents	✓
2. To increase ability to label and express feelings	% of children 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%	(100%) 15 of the 17 children survey respondents	✓
				(100%) 25 of the 25 parent survey respondents	✓
3. To increase ability to communicate feelings in a healthy manner	% of children 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%) 16 of the 17 children survey respondents	✓
				(100%) 25 of the 25 parent survey respondents	✓
4. To increase the number of responses in the pre-post person served surveys	% of persons served who respond to the pre and post surveys	All persons served who respond to both the pre and post surveys. Post surveys are completed at time of file closure.	60%	62% 34 of 55 children survey respondents	✓
				57% 31 of 55 parent survey respondents	x



Findings: While the percentage of children 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 & post survey responses from children. There has been a small, gradual increase in this area over the past 4 years. 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, year after year, 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.

Recommendations: **1.** Continue to monitor effectiveness measure outcomes. **2.** Maintain achievement ratio targets at 85% in the coming fiscal year. **3.** Maintain the 60% marker for post surveys being completed

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, **11** children were re-admitted to the program, and provided positive past-participant feedback relative to the question areas noted above.

PROGRAM EFFICIENCIES: The PEACE program staff recognizes that direct service to children and youth is crucial to achieving their personal goals, as well as meeting contract requirements. Direct service refers to all work directly related to the children and youth served such as face-to-face meetings, integrated case management meetings, telephone contact, and the travel to and from the children or other activities that support the children. 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 fiscal year. Efficiency results have been tabulated below.

Objective: Efficiency Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
Maintain Direct Service rates that meet the Cranbrook PEACE contract deliverable expectations for Direct Service Hours	Percentage of Direct Service Hours	All children and youth accessing services	<u>Contract 1:</u> Cranbrook 70% of total contract hours must be direct service hours =Avg. 107 hrs/mo.	Annual direct service hours average for Cranbrook: Avg. 100hrs/mo	x
Maintain Direct Service rates that meet the Kimberley PEACE contract deliverable expectations for Direct Service Hours	Percentage of Direct Service Hours	All children and youth accessing services	<u>Contract 2</u> Kimberley 70% of total contract hours must be direct service hours = Avg. 25 hrs/mo.	Annual direct service hours for Kimberley: Avg. 39 hrs/mo	✓
Efficiency Findings: The direct service hours recorded above were collected monthly by the Administrator of Women and Youth Services and recorded via the Ministry's online reporting 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 100 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 109 hours and Kimberley was 39 hours. This past year there has been a bigger demand in the Kimberley area, an additional day was dedicated to the Kimberley contract and will be monitoring closely to ensure all contractual obligations are being met. COVID-19 has been especially difficult on the staff, and clients.				Recommendations: 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.	

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 children accessing services who responded to the survey	85%	100% (31 out of the 31 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 children) responding to survey	85%	100% (2 out of 2 completed stakeholder feedback responses were received)	✓
Findings: Twenty-nine (29) families at time of discharge completed satisfaction surveys. Of these 29 families, 93% indicated overall satisfaction with program services. Six stakeholders also responded to the satisfaction survey and of these six, 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 & Family Development). Although it remains an ongoing challenge to obtain parental feedback during program services or at time of discharge, significantly more parental surveys were completed this year.				Recommendations: 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 stakeholders in order to gather satisfaction feedback.	

PROGRAM ACCESSIBILITY: During the year program staff did not receive any requests for further accommodation of a child or youth accessing the program. 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 children accessing services	1 -12 days	27.5 days	x
Findings: The Administrator kept a wait list for children accessing the PEACE 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. Staff follow protocols which involve 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.				Recommendations: 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 Director will monitor to ensure that all program staff will maintain children and youth files and continue to implement the revisions noted in this report to Share Vision database.	Revised annual program reports.	PEACE Program files	Incorporate revisions and recommendations for implementation during the reporting timeframe.	Achieved	✓
b. Program Director will monitor to ensure all program staff continues to maintain program training using the Relias Learning Program	Relias Learning reports.	PEACE Program Staff Team	All current staff to complete core and service area specific Relias Learning courses.	All staff completed the identified, required Relias Training courses.	✓

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 Data Source: Share Vision database system and Monthly Reports

Date: Apr 9 2020