



“HELPING PEOPLE HELP THEMSELVES”

Performance Outcomes and Improvement Plan

April 2024 – March 2025

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Overview

Annually, a Performance Measurement and Management Plan is established for each program, to create meaningful objectives and goals in the domains of:

- ✚ Results achieved for the persons served (effectiveness)
 - *Measuring change for results achieved for the persons served over time*
- ✚ Resources used to achieve results for the persons served (efficiency)
 - *Addresses the relationship between resources used and results achieved*
- ✚ Service Access
 - *Addresses the Society's capacity to provide services to those who desire or are in need of receiving services*
- ✚ Experience of Services and other feedback – persons served and stakeholders
 - *The perception of persons served/stakeholders experience with the program*

These objectives guide and aid the programs in obtaining outcomes in our endeavor for continuous improvement in service delivery for our clients. The data and outcomes are then analyzed for the year and reported in this Performance Outcomes and Improvement Plan, which is built from the Performance Measurement and Management Plan.

Rivercity Inclusion has a multitude of programs that are offered in both Children's Services and Adult Services. This Performance Outcomes and Improvement Plan focuses on:

Children's Services:

- Community Access Services
- Fetal Alcohol Spectrum Disorder
- Infant Development Program
- Supported Child Development Program

Adult Services Programs:

- | | |
|-----------------------------------|-------------------------|
| ▪ Passages | ▪ Supported Employment |
| ▪ Recreation and Leisure | ▪ Creative Employment |
| ▪ Confidence in Community | ▪ Customized Employment |
| ▪ Independent Living | ▪ Staffed Living Homes |
| ▪ HYPE – Inclusion and Employment | |

In addition to objectives for the programs that focus on service delivery, the Administration Team of Rivercity Inclusion also sets goals for the Society, called: Business Function objectives. For this year's Performance Measurement and Management Plan, the Business Function objectives were created in the categories of:

- ✚ Environmental Sustainability
- ✚ Fundraising
- ✚ Strategic Plan
- ✚ Health and Safety
- ✚ Human Resources
- ✚ Accessibility

At the beginning of this report, the 2023-2024 Performance Measurement and Management Plan objectives that did not meet their goals for that year are addressed as to whether the action plans identified, accomplished the intended results or not.

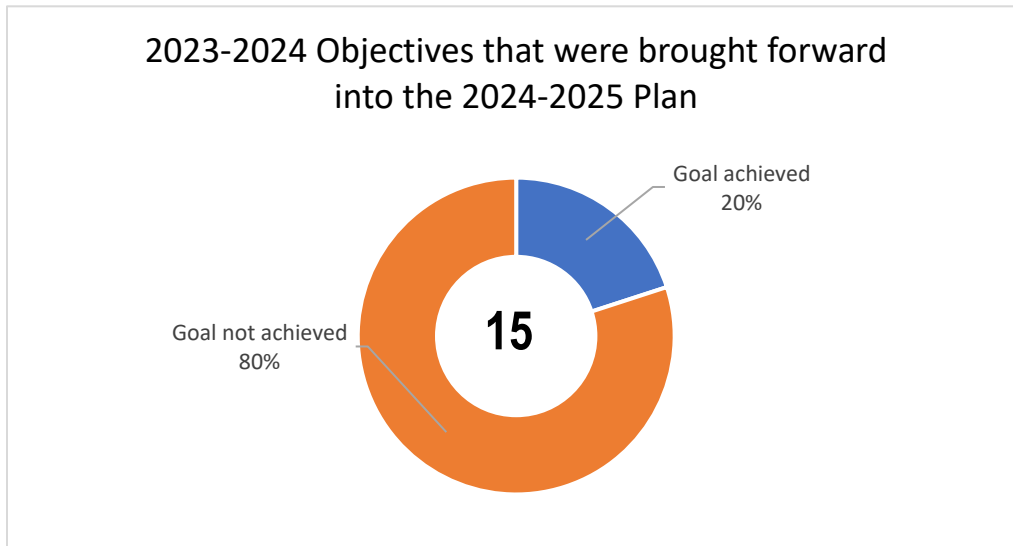
2023 – 2024 Improvement Plan Results

At the end of the 2023-2024 Performance Outcomes and Improvement Plan, 37 action plans were created for the objectives that did not meet their goals. Below are the results, identifying whether the intended action plan accomplished that result or not. There were 22 objectives identified to be removed from this current 2024-2025 Performance Management Plan, and new objectives were created. Below is the update on the remaining 15 objectives that stayed in the plan, and whether the goals were achieved or not.

| Objective Domain | Program | Objective | Action Plan | Goal Achieved/Not |
|--|-------------------------------------|--|---|-------------------|
| Results achieved for the persons served (Effectiveness) | Infant Development Program | Families will find progress notes and their service plan meaningful and friendly. | The Quality Assurance Coordinator will meet with the program supervisor prior to when the survey would be sent out, to ensure questions are asked on the survey that are relative to the objective. | Goal Not Achieved |
| | Supported Child Development Program | Children and/or families/caregivers will gain skills identified in their child's Individual Family Service Plan, that will result in the child becoming more independent within their child-care centre. | This objective will remain in the 2024-2025 Plan, as this is an important goal to continue to measure and work towards always achieving. | Goal Not Achieved |
| | Supported Child Development Program | Child-care staff will increase competency in supporting children with extra support needs. | Program Manager will work on yielding more responses back from child-care centers, to have more accurate results in this objective. | Goal Not Achieved |
| | Passages | Each client has one new activity. | For the 2024-2025 Plan, the objective will remain but more focused on that each client tries a new activity and attends that activity regularly. The goal has been changed to a percentage, rather than a number, for those individual clients that might not try a new activity, it will then not affect the difference as much in achieving the percentage total. | Goal Achieved |
| | HYPE – Inclusion | Introduce new life skills. | A tracking spreadsheet has been created to properly record when clients are introduced to new life skills; as this was not tracked before. | Goal Achieved |
| | HYPE – Employment | Introduce new life skills for employment readiness. | This objective will remain in the 2024-2025 Plan but will focus more on clients being employment ready through their participation at job club, rather than individual new life skills being introduced to them separately. | Goal Not Achieved |

| | | | | |
|--|-------------------------------------|--|---|--------------------------------|
| | Supported Employment | Obtain new employers for clients to work with. | This objective will remain in the 2024-2025 Plan but will change the time of measure to annually, instead of semi-annually, in hopes to make this more achievable. | Goal Not Achieved |
| Resources used to achieve results for the persons served (Efficiency) | Supported Child Development Program | Intake percentage of group intervention situations will be maintained. | The program will continue to strive to meet the goal of group intervention situations to ensure funding is utilized. | Goal Not Achieved |
| Experience of Services and other feedback – Persons Served | Supported Child Development Program | Families will indicate satisfaction with SCDP services. | The goal of 100% has been reduced in the 2024-2025 Plan, as one response can skew the results of the survey. | Goal Not Achieved |
| Experiences of Services - Stakeholders | Fetal Alcohol Spectrum Disorder | Educational workshops were information and effective. | The Quality Assurance Coordinator will work with the program supervisor to help create a survey to hand out after workshops are completed. | Goal Achieved |
| | Passages | Stakeholders are satisfied with the services provided. | The Experience of Services Stakeholder Survey will be considered for each individual program, rather than by a group of programs, to provide more accurate results for that individual program. | Goal Not Achieved |
| | Recreation & Leisure | Stakeholders are satisfied with the services provided. | The Experience of Services Stakeholder Survey will be considered for each individual program, rather than by a group of programs, to provide more accurate results for that individual program. | No results – Goal Not Achieved |
| Business Functions | Category: Fundraising | Increase our financial donor base. | For the 2024-2025 Plan, the focus for this objective will change to increase our fundraising revenue, rather than the increase of donors themselves. | Goal Not Achieved |
| | Category: Health and Safety | There are no injuries due to inattentiveness “not in the moment”. | This is an important health and safety objective that the OHS Committee will continue to measure, but the goal of zero has been changed to two injuries; as zero is unrealistic. | Goal Not Achieved |
| | Category: Human Resources | Staff have a current class 4 driver’s license. | We will continue to measure this and work toward staff obtaining their class 4 driver’s license, as this is necessary for our clients to access the community. | Goal Not Achieved |

Out of the 15 objectives from the 2023 – 2024 Performance Measurement and Management Plan that remained in this year's 2024 – 2025 Performance Measurement and Management Plan, only 20% achieved their goal from the action plan that was created. 80% of objectives did not achieve their goal, and the reasons why are further identified in each program's specific analysis, which can be found within this report.



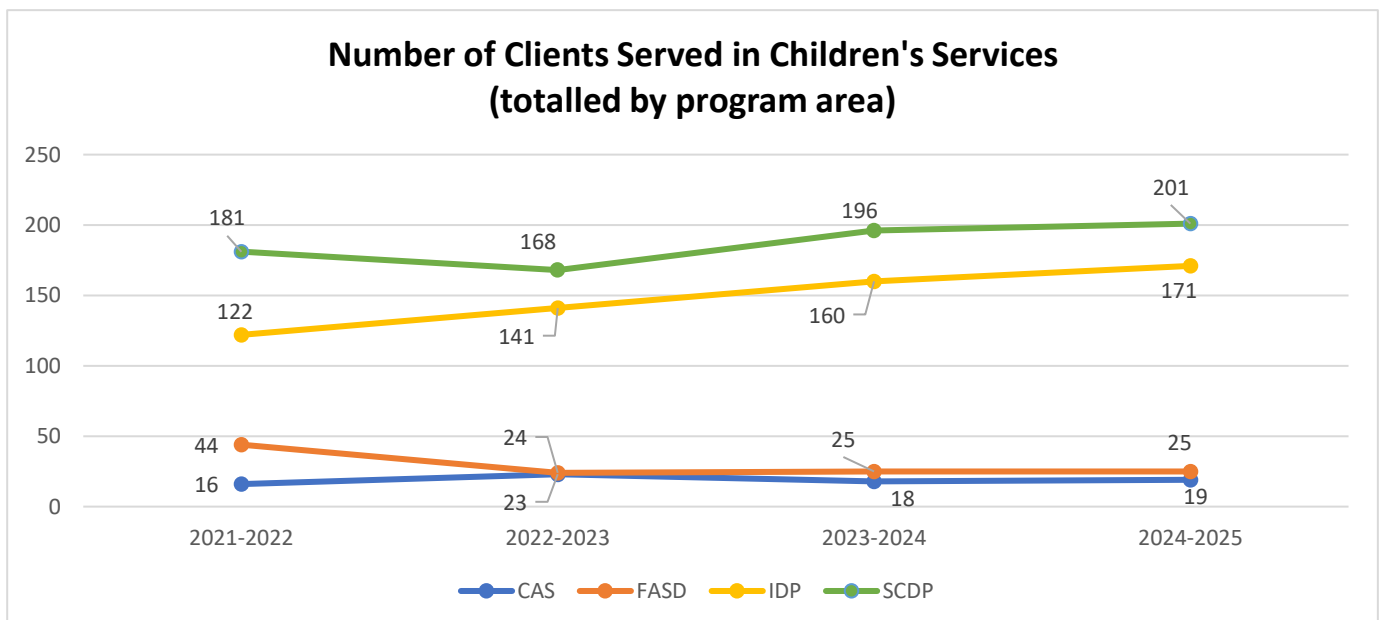
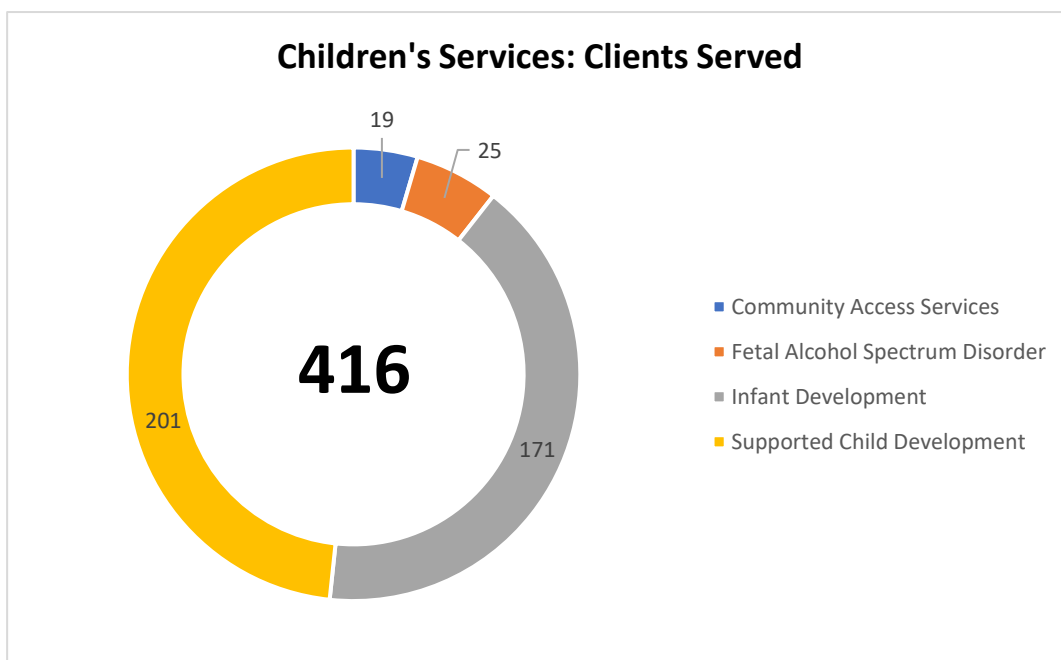
Children's Services

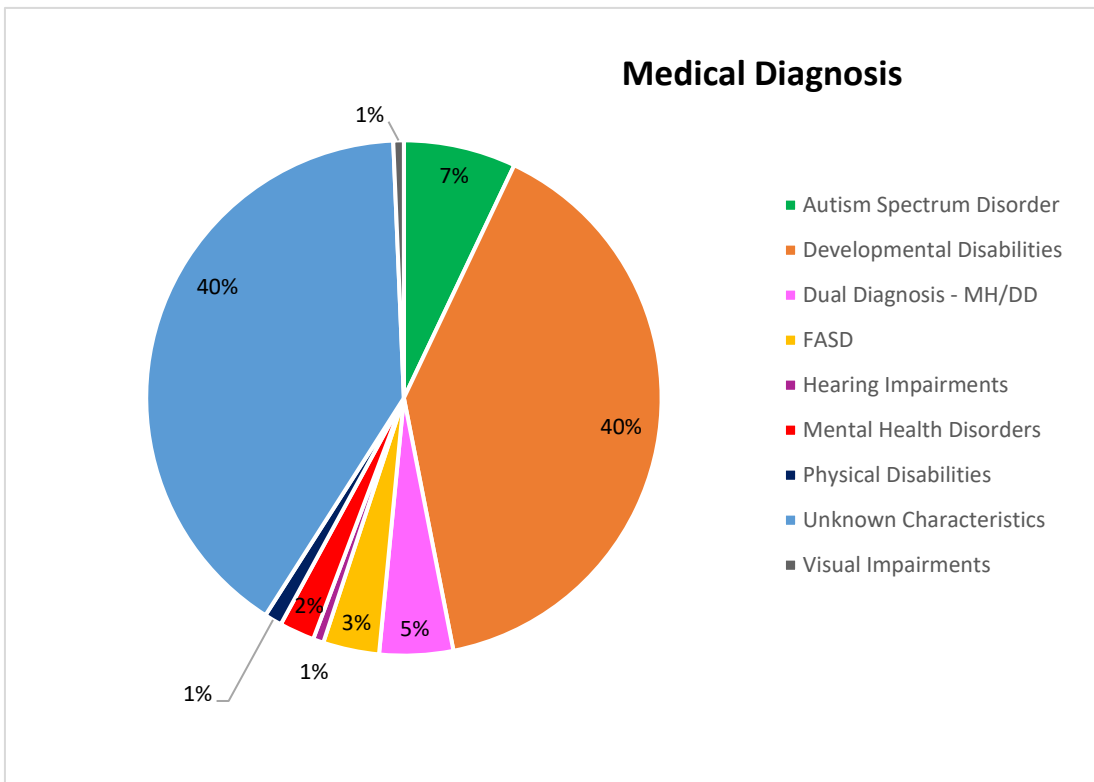
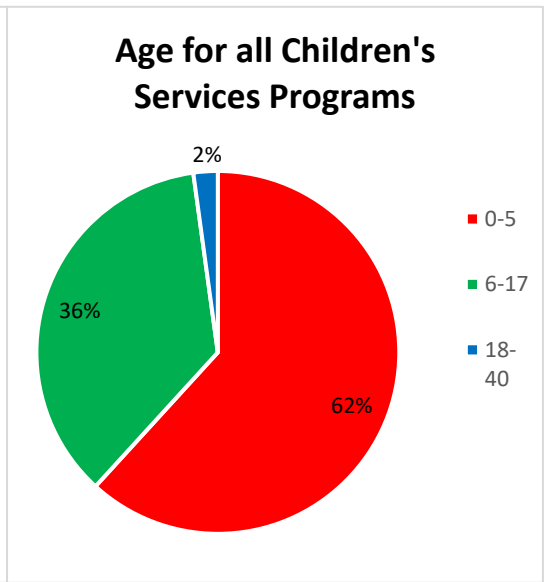
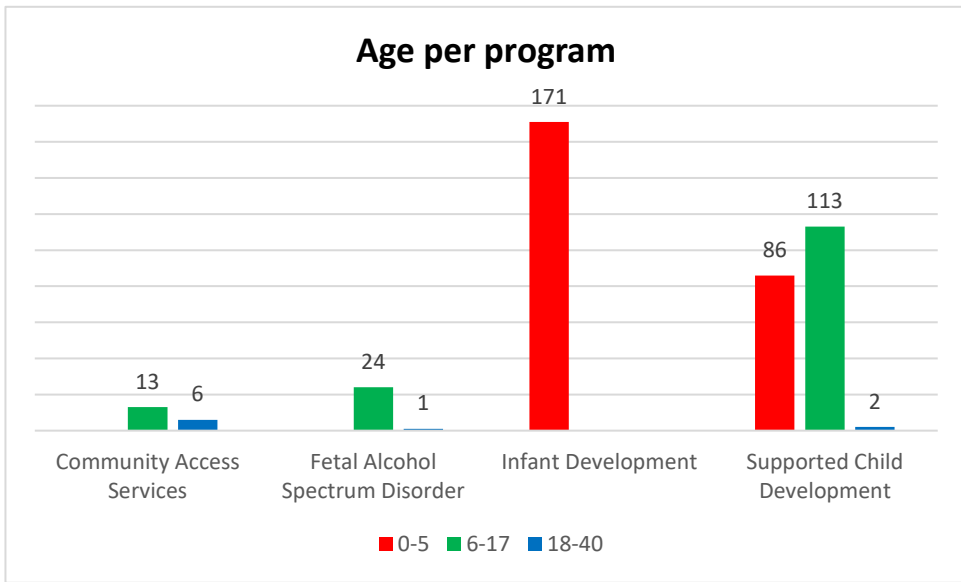
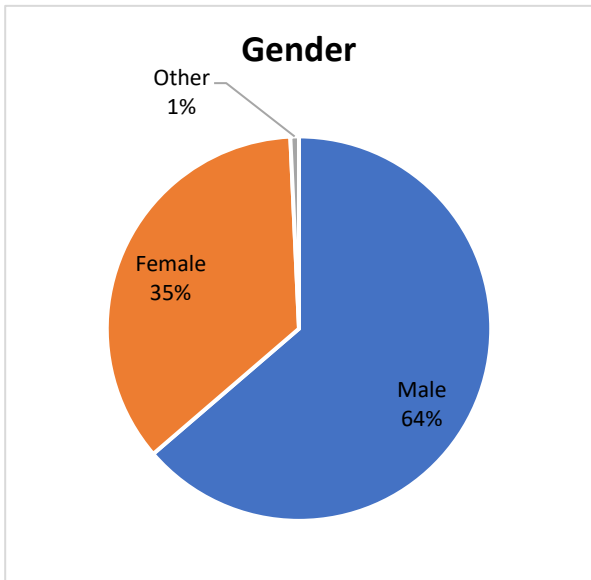
Specific characteristics of the individuals served in all the programs are below:

It's important to note that clients in some of these programs may not only attend just one of the programs, but possibly several of them. This is reflected in the "Clients Served Charts" below, which could indicate one individual in multiple programs, therefore being counted multiple times.

Furthermore, each program has characteristics for the individuals served directly in their programs, which can be found in their specific program report. Percentages are not displayed for the 'medical diagnosis' chart in order to maintain confidentiality for the individuals in that program.

Client Characteristics:



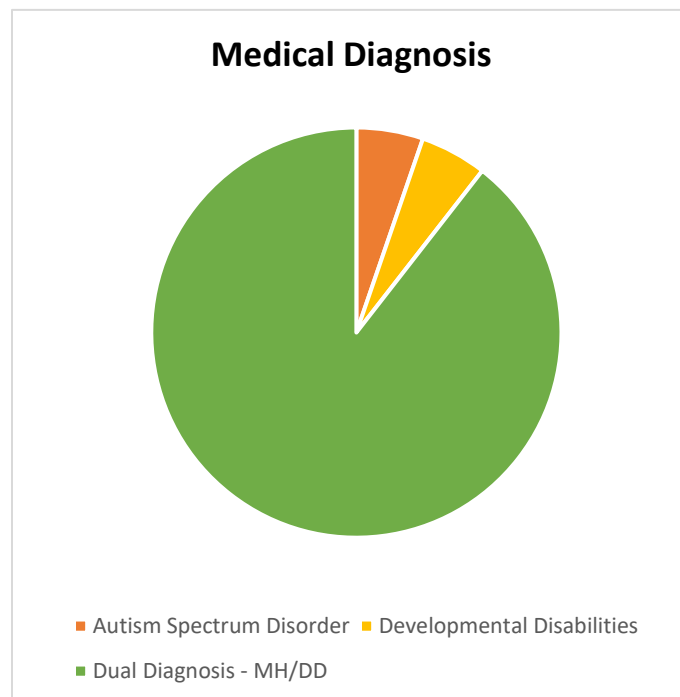
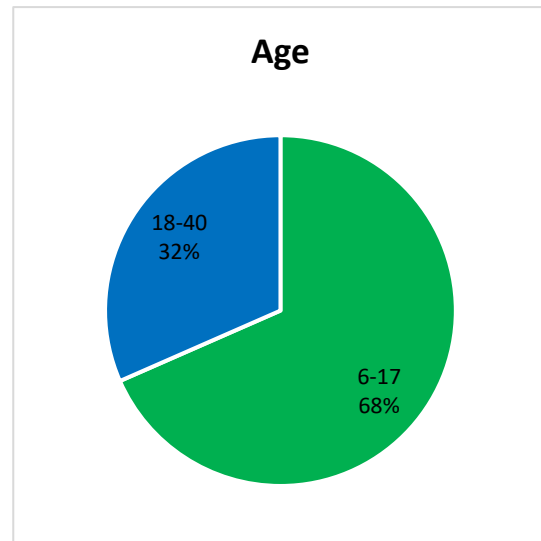
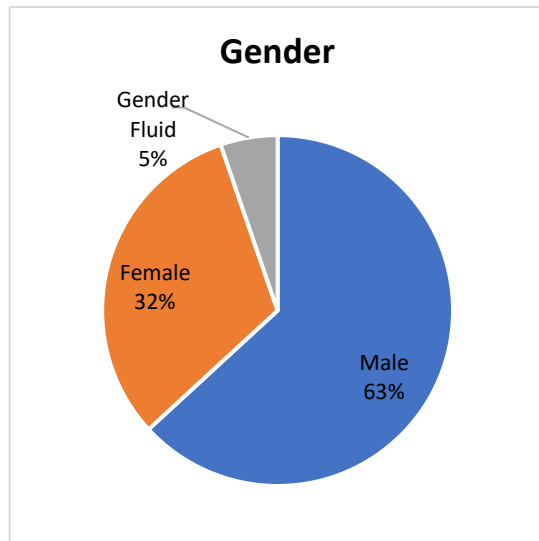


“Unknown characteristics” shows one the largest percentages. The reason for this is the Children’s Services programs do not fully track medical diagnoses, as services are offered to any child/youth who’s in need of support, regardless of their diagnosis.

Community Access Services (CAS)

Community Access Services (CAS) is a program for youth with diverse abilities between the ages of twelve to eighteen, providing support with facilitating peer relationships, community integration, and accessing local community resources.

Characteristics of clients in the program:



Clients who enter the Community Access Services program are referred directly from the Ministry of Children and Family Development.

Results achieved for the persons served (effectiveness):

Objective: Participate in activities or projects that give back to the community.

Indicator: # of community projects or activities participated in

Goal: 3

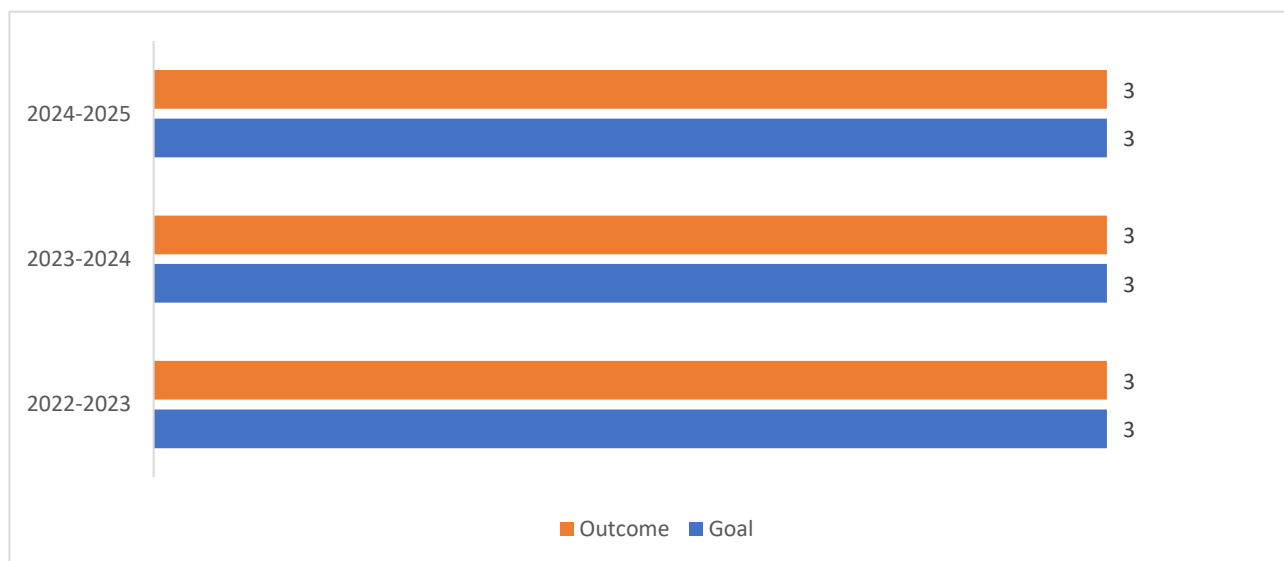
Outcome: 3

Analysis: **GOAL MET**

For the 2022/2023 and 2023/2024 plan, the goal was that each group was to participate in a new community improvement activity, therefore resulting in an objective of 3 activities to be achieved. Each group met this goal for those years.

However, for the 2024-2025 plan, the objective was rewritten to more clearly define the idea of participating in an activity that gives back to the community, still with a goal of 3 activities. The three activities that were completed this year that more specifically gave back to the community were:

1. The clients made care kits for people experiencing homelessness, along with help from the senior residents at Ironwood Place. Once these kits were made, they were donated to MOUHSS – Mobile Outreach Unit for Health and Support Services. This is a local organization that provides basic health and medical care, harm reduction supplies, wellness checks and much more.
2. The youth lead a bingo event for the senior residents at Ironwood Place.
3. The youth also participated in a cookie decorating evening with the senior residents at Ironwood Place.



Resources used to achieve results for the persons served (efficiency):

Objective: Program funds allocated for community activities are maximized

Indicator: % of actual program expenses used

Goal: 90%

Outcome: NIL

Analysis: **GOAL NOT MET**

This objective was re-written from the 2023-2024 plan to more clearly define maximizing spending for community activities. Unfortunately, the proper coding to be accounted for was not put in place so it was not possible to identify if the program expenses for the year were specific to community activities.

Service Access:

Objective: First contact from date of referral is made in adequate time

Indicator: % of new clients that have first contact within 14 days of referral

Goal: 100%

Outcome: 80%

Analysis: **GOAL NOT MET**

This was a new objective created for this year, to help maximize service access into this program. As the CAS Program does not actually maintain a waitlist, the referrals into the program come directly from the funder, MCFD (Ministry of Children and Family Development).

As the program is unable to have any control of the waitlist, the objective was to facilitate contact with the family being referred in adequate time. There were 5 new referrals for this year: 4 of them were contacted within the 14 days, and 1 family was contacted outside of that 14 day goal.

Experience of Services and other feedback:

Persons Served

Objective: Each client will indicate one activity they have liked

Indicator: # of activities that each client indicated they liked on the Client Experience of Services Survey

Goal: 1

Outcome: 1

Analysis: **GOAL MET**

Each client that completed the Experience of Services Survey indicated at least one activity they liked during their time in the program. The most common activities that were liked were: playing video games, board games, and cards. Every client who completed the survey indicated they enjoyed those three activities the most.

Stakeholders

Objective: Stakeholders are satisfied with the program

Indicator: % of stakeholders that indicated they were satisfied with the program on the Experience of Services Survey

Goal: 80%

Outcome: 100%

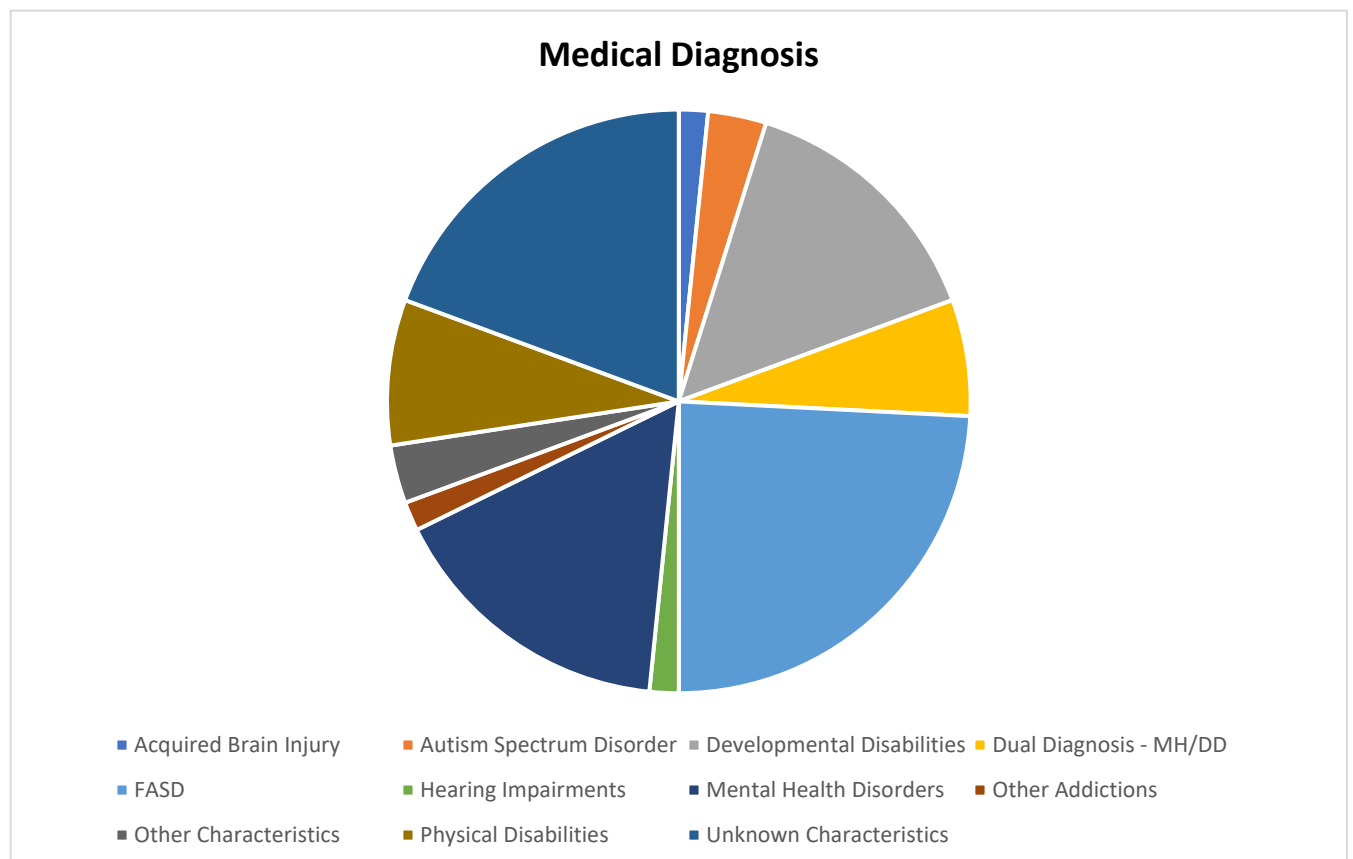
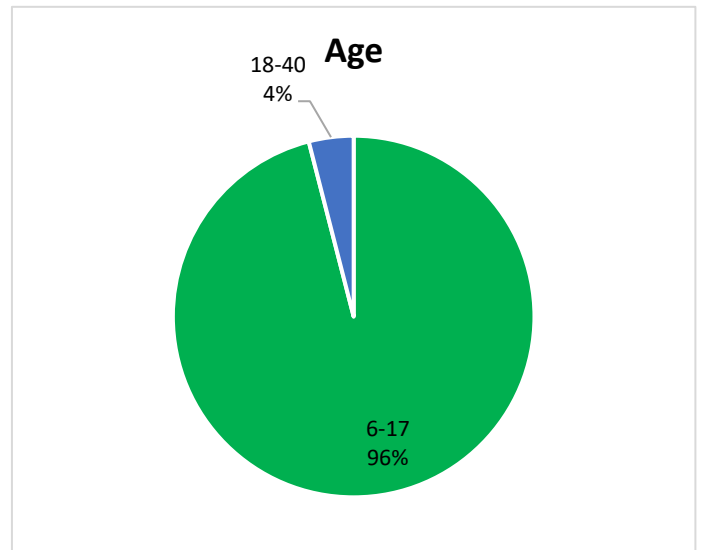
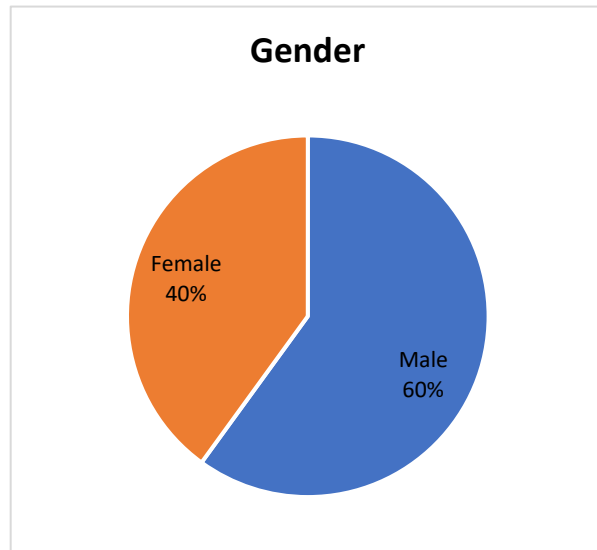
Analysis: **GOAL MET**

This was a new objective created this year so we could see results in how families and caregivers are experiencing the program. All 8 respondents indicated they are satisfied with the CAS program.

Fetal Alcohol Spectrum Disorder (FASD)

The Keyworker recognizes that each family is unique and understands their role as one that builds on a family's strengths. In response to the child's needs, the Keyworker work with parents, caregivers, family members and service providers to identify ways to adapt the child to their environment, while striving to empower the family to become their own best advocates for the child.

Characteristics of clients in the program:



Results achieved for the persons served (effectiveness):

Objective: Stakeholders learn new strategies to support their individual

Indicator: % of stakeholders who indicate they have learned a new strategy, as indicated on the Experience of Services Survey

Goal: 75%

Outcome: 100%

Analysis: **GOAL MET**

In April 2025, the Family Experience of Services Survey was sent out to all families receiving support/service in the FASD Program. Unfortunately, there was only one response, which did not provide a sufficient outcome result to this objective. The survey was resent out to those same families at the beginning of May and received six responses back that time – a 32% response rate. Which is a significant improvement.

Based on those responses, all families indicated they have learnt a new strategy to help support the child/youth in their care. 83.33% 'strongly agreed' and 16.67% 'agreed' with the question of "I have learnt about strategies to support children/youth with FASD through the Keyworker".

Resources used to achieve results for the persons served (efficiency):

Objective: Maintain staff hours for each client.

Indicator #1: % of direct hours per client

Goal: Create a benchmark

Outcome: 47%

Indicator #2: % of indirect hours per client

Goal: Create a benchmark

Outcome: 45%

Analysis:

As this was a new objective created for this year, and direct and indirect hours were not tracked thoroughly in Nucelus for time, a benchmark was created. Through recording these hours, since April 1 2024, 47% of the Keyworker's time was spent through direct hours. Direct hours includes: client meetings, (expand on what else)

Additionally, 45% of the Keyworker's time was spent on direct client hours. Indirect hours includes: (expand here)

Through this tracking, 92% of time was spent directly and indirectly on service delivery for clients in the program. 8% of time was spent elsewhere. For the 2025-2026 Performance Measurement and Management Plan, the goals have been set with 60% on direct hours and 40% on indirect hours.

Service Access:

Objective: From date of referral, first contact is made in adequate time.

Indicator: % of new referrals are contacted within 30 days from date of referral

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

All new referrals into the program had first contact made within 30 days from the date of referral. This program does not currently have a waitlist, and access into the program can go rather quickly.

Experience of Services and other feedback:

Persons Served

Objective: Families are given relevant information on subjects related to FASD

Indicator: % of families who indicate they were given relevant information on the subject, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

In April 2025, the Family Experience of Services Survey was sent out to all families receiving support/service in the FASD Program. Unfortunately, there was only one response, which did not provide a sufficient outcome result to this objective. The survey was resent out to those same families at the beginning of May and received six responses back that time – a 32% response rate. Which is a significant improvement.

All six respondents indicated that they 'strongly agreed' to the question: "The Keyworker provides meaningful information related to FASD".

Stakeholders

Objective: Educational workshops were informative and effective.

Indicator: % of attendees who felt the workshop was effective, as indicated on the individual surveys that were handed out

Goal: 85%

Outcome: 100%

Analysis: **GOAL MET**

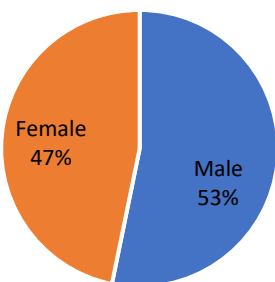
There were no educational workshops put on this past year, however, an Experience of Services Survey was created and sent to other organizations/people that the Keyworker has partnerships with. One of the questions on the survey was "The Keyworker has provided me with information/resources about FASD". This question is the closest possible answer to the objective that was set here.

Infant Development Program (IDP)

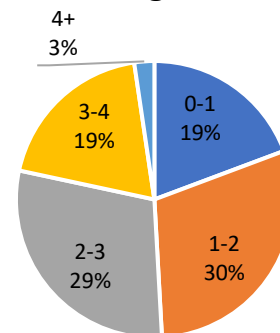
This program provides early intervention support to families with a child up to three years of age. Sometimes children are slow to reach development milestones, such as sitting unsupported, playing with toys, walking and talking. During the first three years of a child's life, important learning takes place during play and everyday experiences. The role of parents/caregivers is that of the child's first teacher. The Infant Development Consultants work with parents to develop a program of activities to encourage the development of physical, social, emotional, language and cognitive skills.

Characteristics of clients in the program:

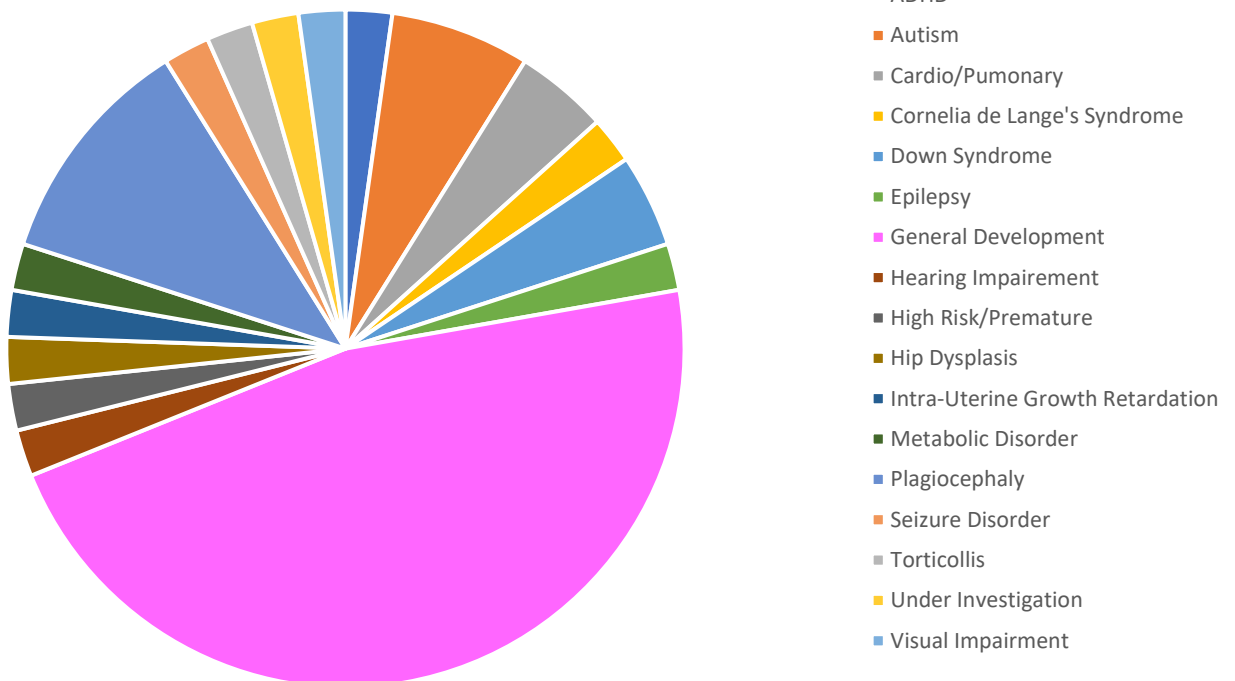
Gender

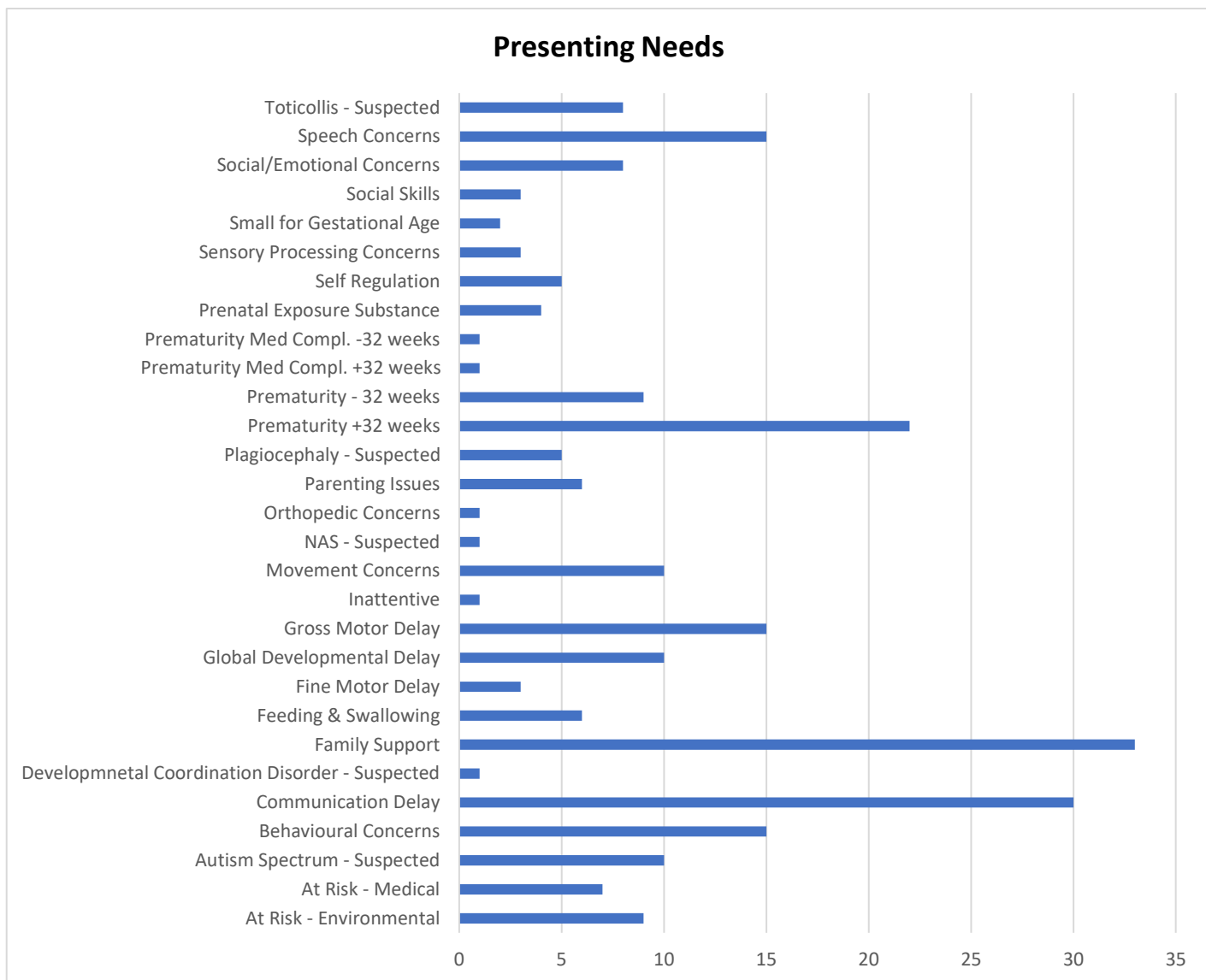


Age



Medical Diagnosis





Presenting Needs identify the need for services and the delay the child is presenting with. These characteristics are very important for the consultants, as children 0-3 are often waiting for a diagnosis. By identifying these presenting needs, consultants can provide the best support to the family in regard to where the child's development is.

The Infant Development Program does not collect characteristics on ethnicity directly, however some families do share that information. Medical diagnosis characteristics are tracked, as well as 'presenting needs.' If the children who are referred to the program meet the criteria for receiving support, then characteristics of those individuals are not important, as they would receive service regardless of their ethnicity, medical diagnosis, and presenting needs.

Referrals for the program can be self-referred, or received from community partners, such as doctors, midwives, and public health nurses. The children that get referred into this program are experiencing a delay in development or are at risk of a delay in development.

Results achieved for the persons served (effectiveness):

Objective #1: Services will be effective for families accessing service.

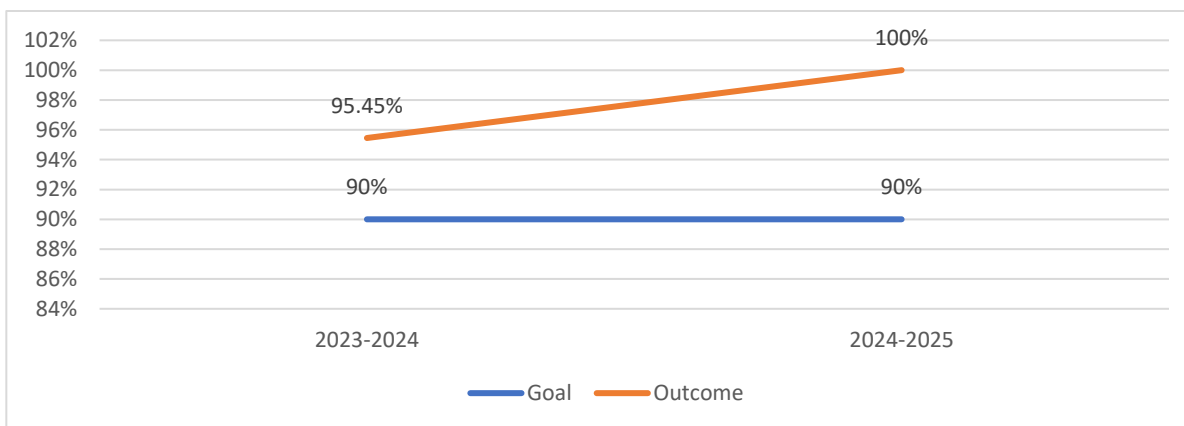
Indicator #1: % of families that indicate they found services helpful on the Experience of Services Survey

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

The Experience of Services Survey that was sent to all families in the program, showed evidence that everyone who completed the survey found the services provided in this program helpful. 74.07% of respondents strongly agreed with this question, and 25.93% of respondents agreed; there were no responses to anyone disagreeing with this statement. There is an increase in satisfaction in this area from last year's survey results.



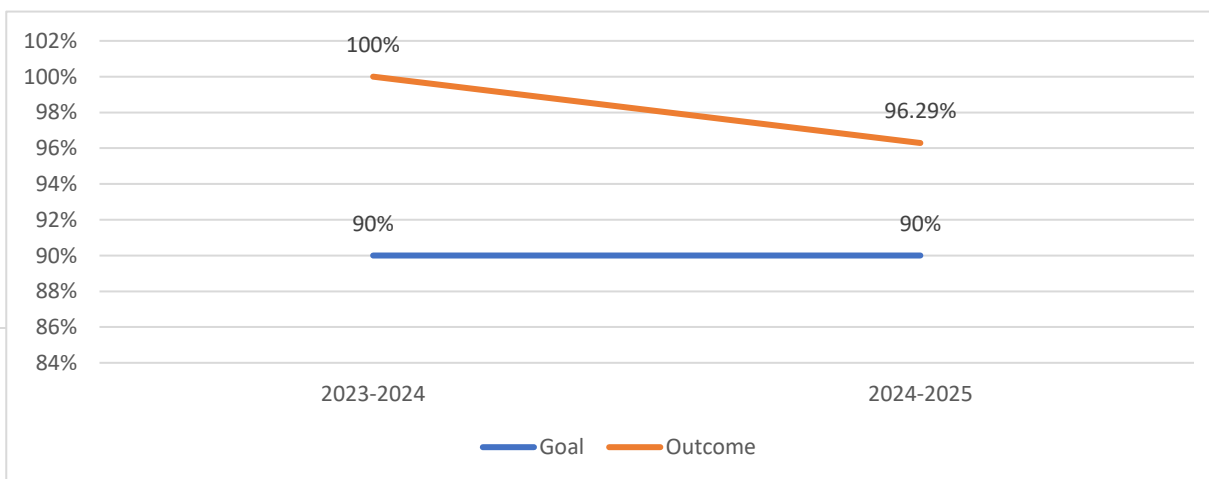
Indicator #2: % of families that indicate they have a positive relationship with their consultant on the Experience of Services Survey

Goal: 90%

Outcome: 96.29%

Analysis: **GOAL MET**

The Experience of Services Survey showed 81.48% of respondents 'strongly agreeing' and 14.81% 'agreeing' they have a positive relationship with their consultant. This shows a small decline compared to last year's results. This year's survey indicated that 3.70% 'neither agreed or disagreed'. This will be further monitored at the program level, as positive relationships with families is of the utmost importance.



Objective #2: Consultants are providing service coordination to the family to achieve the child's goal(s).

Indicator: % of families that agree that the consultant supported them in reaching their child's goal(s)

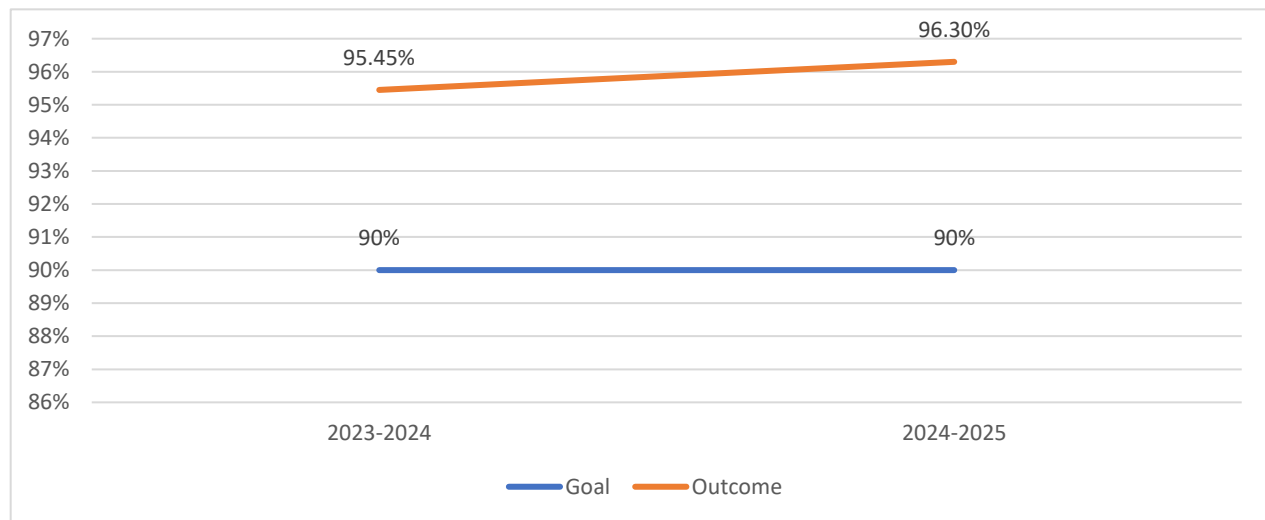
Goal: 90%

Outcome: 96.30%

Analysis: **GOAL MET**

Effective service coordination ensures that families are supported in meaningful ways as they work toward their child's developmental goals. It strengthens family engagement and promotes successful outcomes for their child.

With 96.30% of families in agreement, the data demonstrates strong consultant performance and high family satisfaction. This indicates that consultants are effectively helping families navigate and achieve their child's goals, reinforcing the quality and impact of the program's services.



Objective #3: Families will find the information and resources provided by their consultant meaningful.

Indicator #1: % of families who find the IDP progress notes and service plan helpful

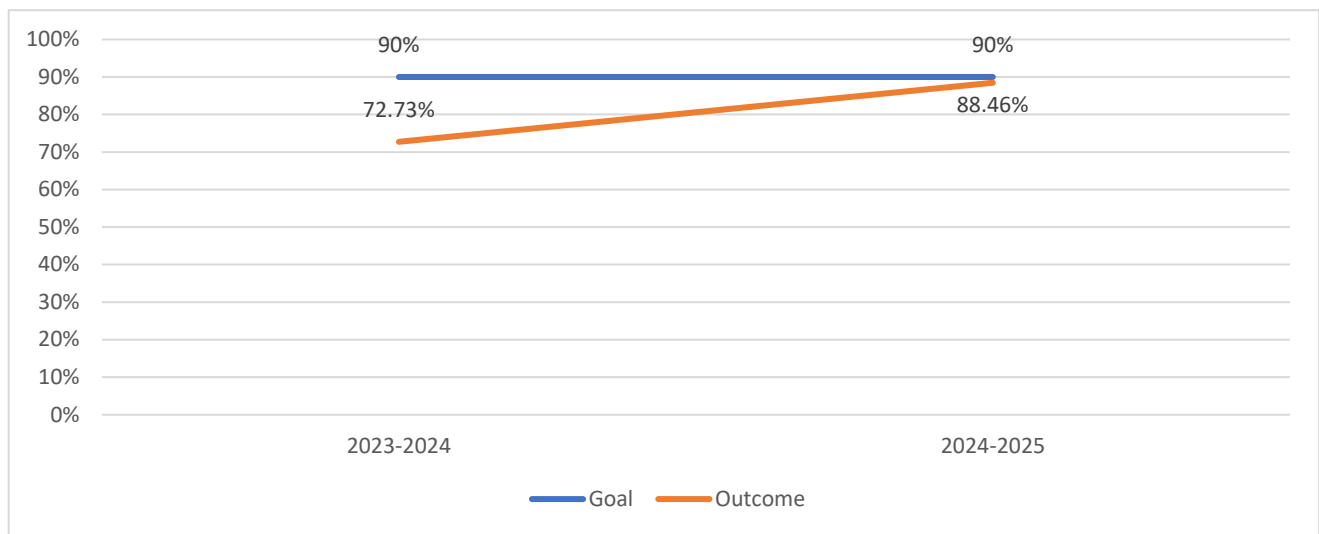
Goal: 90%

Outcome: 88.46%

Analysis: **GOAL NOT MET**

The IDP progress notes and service plan are central tools for tracking a child's growth and planning future steps. If families find these tools helpful, it means the program is being delivered in a way that is transparent, personalized, and engaging.

Although the outcome of 88.46% was close to the target 90%, the goal was not met. This suggests that while most families find the resources helpful, there is room for improvement in how information is presented or communicated. The result may point to the need for clearer documentation, more personalized content, or enhanced collaboration in developing and reviewing these materials. Addressing this gap could increase family satisfaction and improve service effectiveness.



Indicator #2: % of families who find the resources and information useful

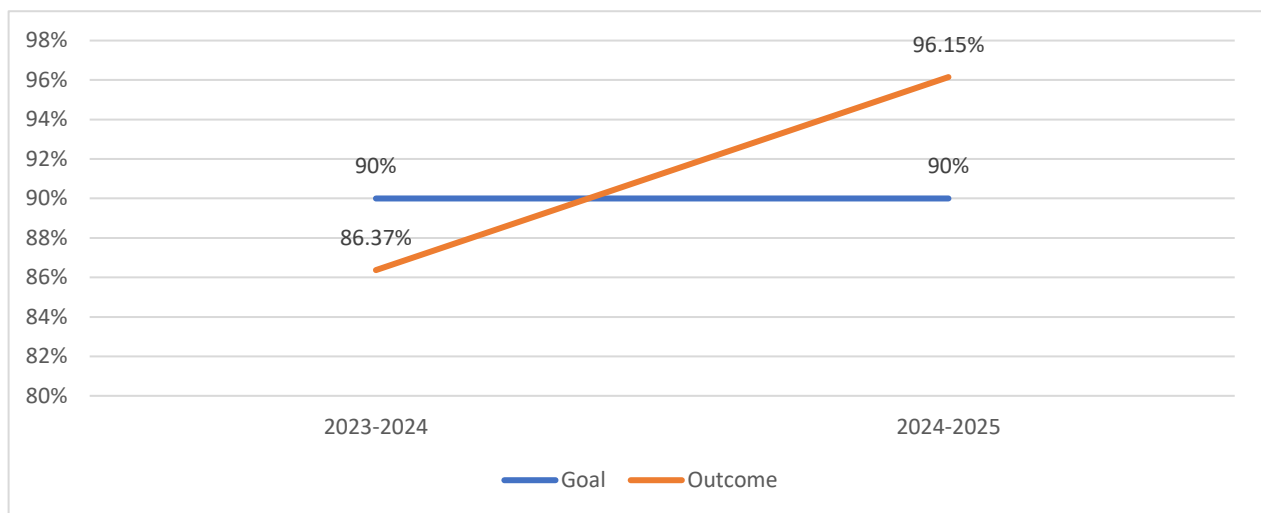
Goal: 90%

Outcome: 96.15%

Analysis: **GOAL MET**

Equipping families with practical and relevant resources empowers them to be active participants in their child's development beyond scheduled visits. This goal focused on the quality and relevance of the materials shared.

With 96.15% of families reporting that they found the resources and information useful, this outcome exceeds the 90% target and reflects a high level of family satisfaction. It shows that consultants are successfully sharing materials that families value and use—an encouraging sign that communication is effective and that the support provided is both practical and impactful.



Indicator #3: % of families who indicate they have learned new skills and knowledge about their child's development

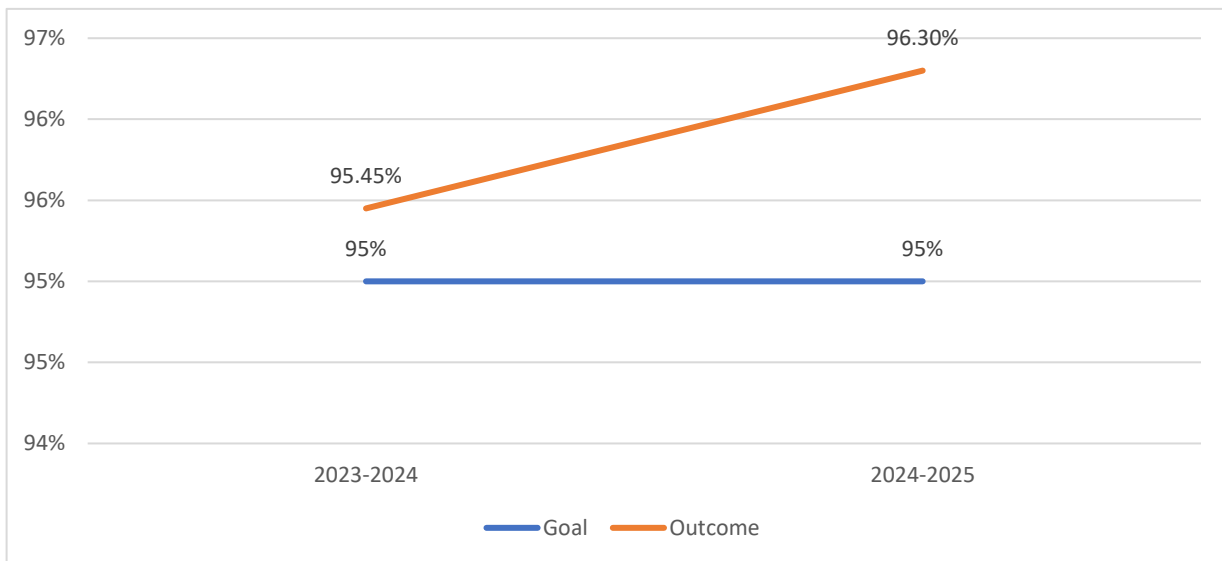
Goal: 95%

Outcome: 96.30%

Analysis: **GOAL MET**

Helping families build skills and knowledge is essential for supporting their child's development. This goal ensures that consultants are effectively educating and empowering caregivers.

This strong result shows families are gaining useful knowledge and skills. It highlights the program's success in helping build families' confidence and capacity to actively engage in their child's growth.



Resources used to achieve results for the persons served (efficiency):

Objective #1: Maximize service for each client.

Indicator #1: % of direct service hours for the client

Goal: 50%

Outcome: 55%

Analysis: **GOAL MET**

Maximizing direct service hours ensures that clients receive adequate, personalized support to meet their needs. This goal focuses on increasing the time spent directly working with clients to maximize their progress.

The outcome shows that service hours exceeded the target, meaning consultants are dedicating a significant portion of their time to direct, hands-on work with clients. This indicates effective service delivery and strong engagement with families.

Indicator #2: # of consultation visits attended by each consultant, per day

Goal: 2

Outcome: 38 visits per month

Analysis: **GOAL NOT MET**

This indicator tracks the number of consultations conducted, aiming to ensure consultants are engaging consistently with clients. Regular visits help maintain a high level of support and enable timely adjustments to service plans.

Since this is the first time collecting this data, it serves as a benchmark for future comparisons. While the goal was not met, this initial data provides valuable insight into current practices and will help guide adjustments to improve visit frequency moving forward.

Service Access:

Objective #1: Children who are referred will be seen within 3 months from referral

Indicator: % of families that are seen within 3 months from date of referral to date of intake

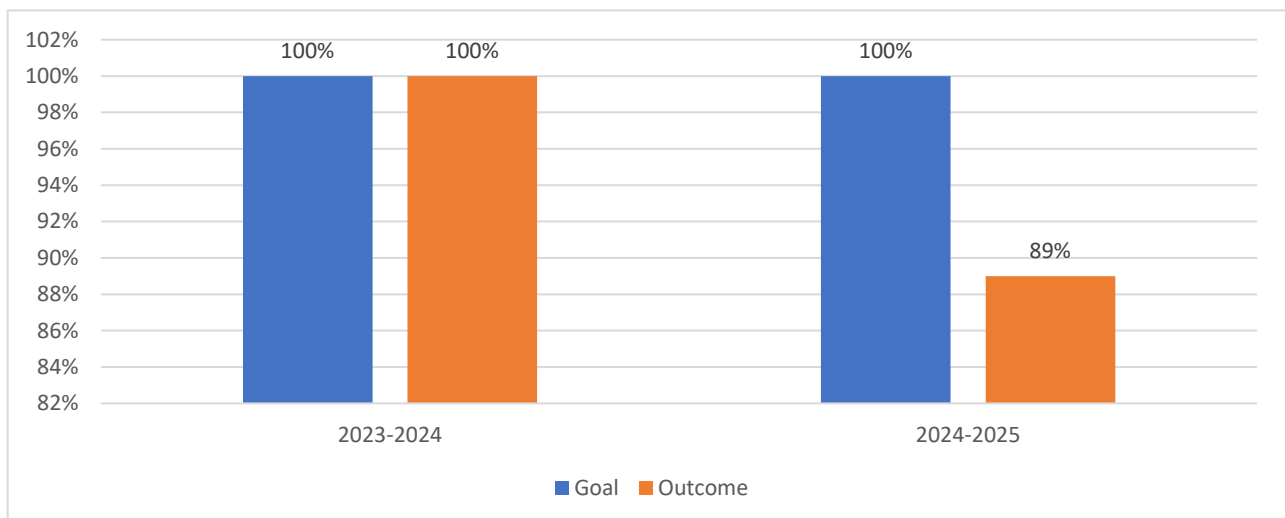
Goal: 100%

Outcome: 89%

Analysis: **GOAL NOT MET**

Timely service initiation is critical for early intervention. Ensuring that children are seen within 3 months from referral helps address developmental needs promptly, which can lead to more effective outcomes.

The outcome of 89% shows that while most families were seen within the 3-month target, delays occurred. These delays were largely outside the program's control, such as families not responding to outreach, incorrect referral information, or families not yet ready to engage. Addressing these external factors may help improve the percentage moving forward. On average, families were seen within 36 days from the date of their referral, which is much sooner than targeted.



Objective #2: Groups will be offered to families

Indicator: % of families that are invited to group following initial consultant

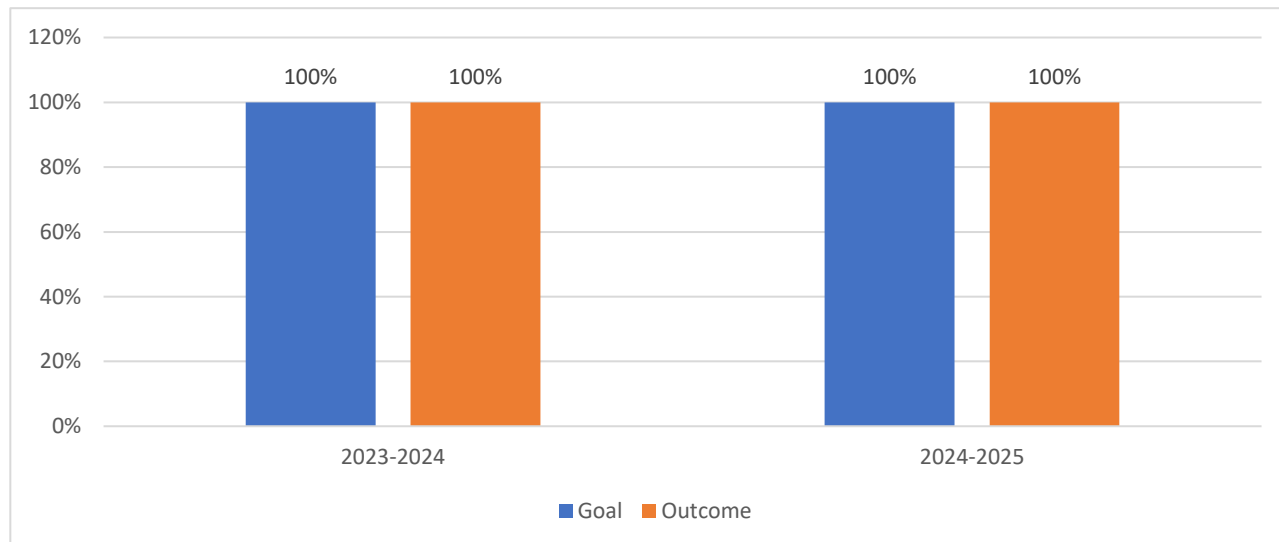
Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

Offering groups to families shortly after their initial consultation helps provide immediate support, especially for those waiting for their next appointment. It ensures that families can access helpful resources and guidance early on, which is especially important during the early stages of development. Early engagement in group settings also fosters a sense of community and reduces isolation, allowing families to connect with others who are navigating similar experiences.

With 100% of families invited to the Infant Development Program Playgroup, this outcome reflects a strong commitment to providing timely support. It shows that the program is effectively engaging families from the start, helping them access valuable resources and support right away, and ensuring they don't experience unnecessary delays in their child's developmental journey.



Experience of Services and other feedback:

Persons Served

Objective #1: Consultants are flexible in scheduling visits to meet the families needs (location, time of day, day of week).

Indicator: % of families who indicate the program provided flexible scheduling to meet their needs

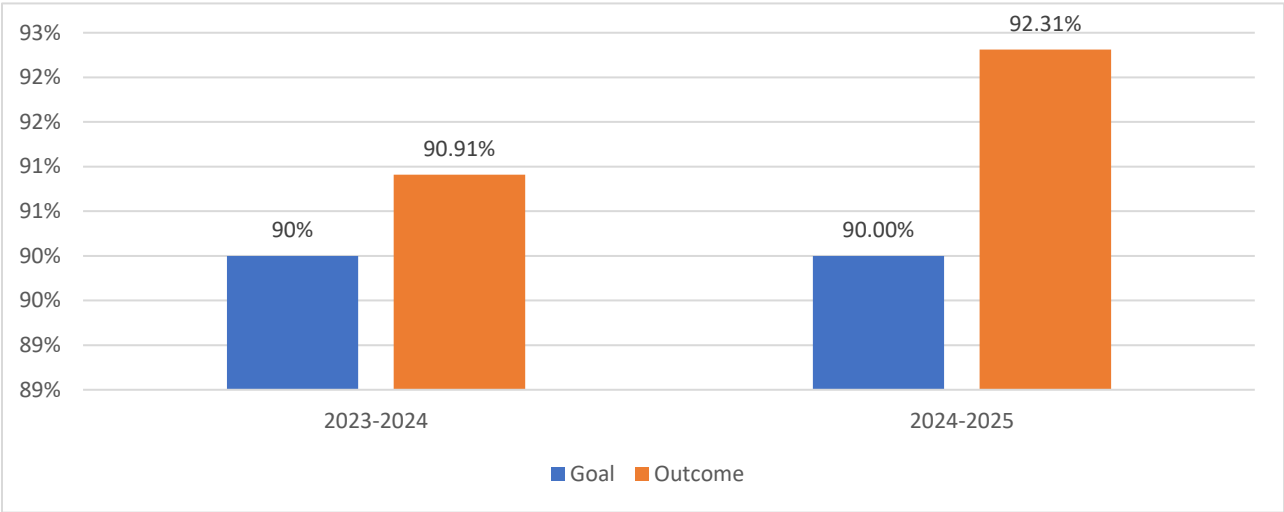
Goal: 90%

Outcome: 92.31%

Analysis: **GOAL MET**

Flexible scheduling allows families to participate in services at times and locations that work best for them, reducing barriers to access and increasing consistency in participation. It reflects a family-centered approach that respects diverse routines and responsibilities.

With 92.31% of families reporting that the program met their scheduling needs, the outcome confirms that consultants are adapting effectively to support families. This strong result indicates that scheduling practices are responsive and accommodating, which helps promote ongoing engagement in the program.



Objective #2: Families are satisfied with the services provided by the Infant Development Program.

Indicator: % of families that are satisfied with the services provided, as indicated on the Experience of Services Survey

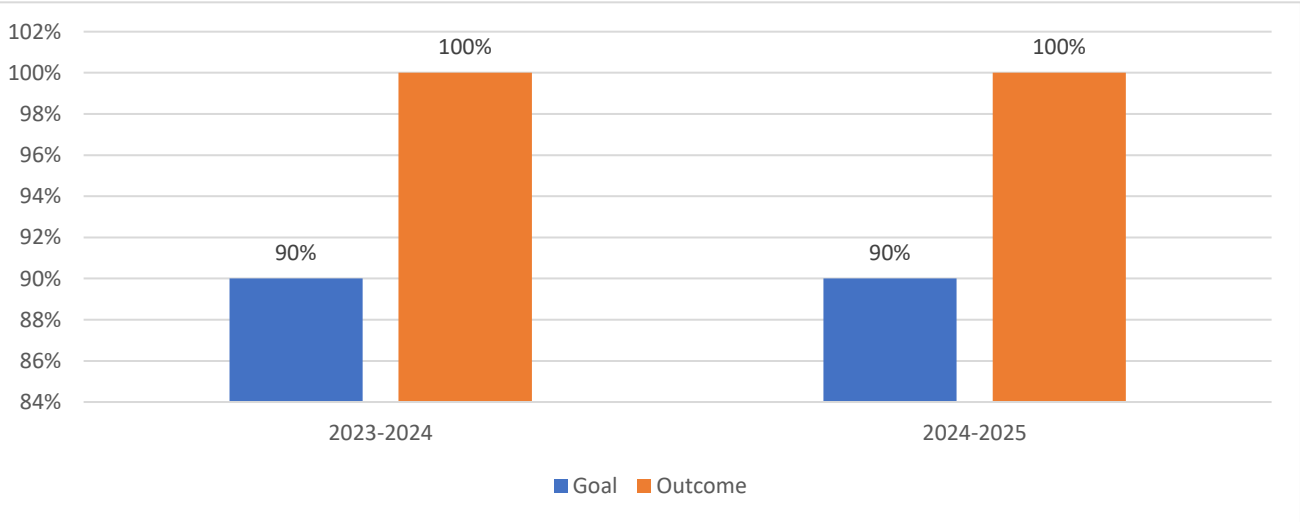
Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

Family satisfaction is a key measure of program quality and effectiveness. When families feel supported and valued, they are more likely to stay engaged and follow through with developmental strategies, leading to better outcomes for their child.

A 100% satisfaction rate indicates that families feel highly supported and positive about their experience with the program. This reflects strong relationships between consultants and families and reinforces the program's ability to meet families' needs in a meaningful and respectful way.



Stakeholders

Objective: Community stakeholders feel they have a collaborative partnership with the Infant Development Program.

Indicator: % of stakeholders who indicate they have a collaborative partnership with IDP

Goal: 90%

Outcome: 85.72%

Analysis: **GOAL NOT MET**

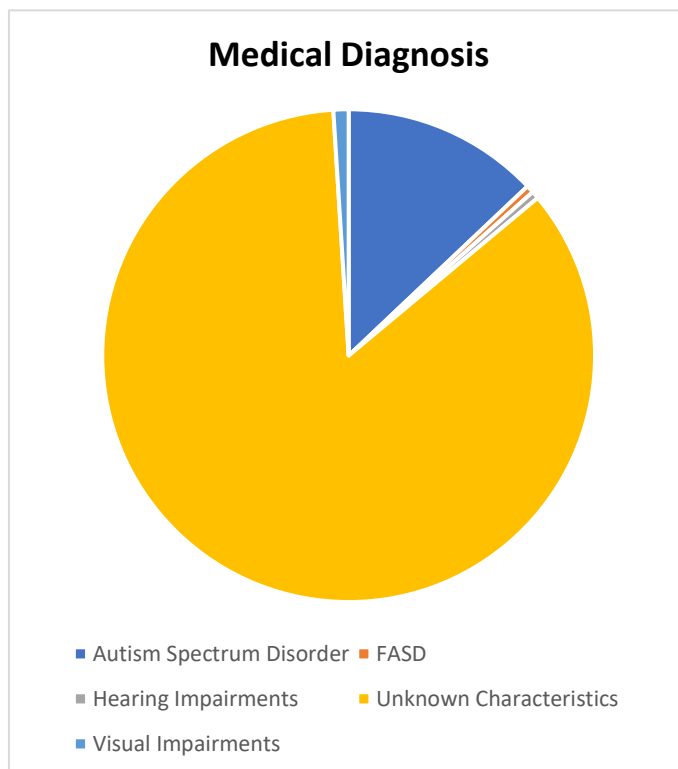
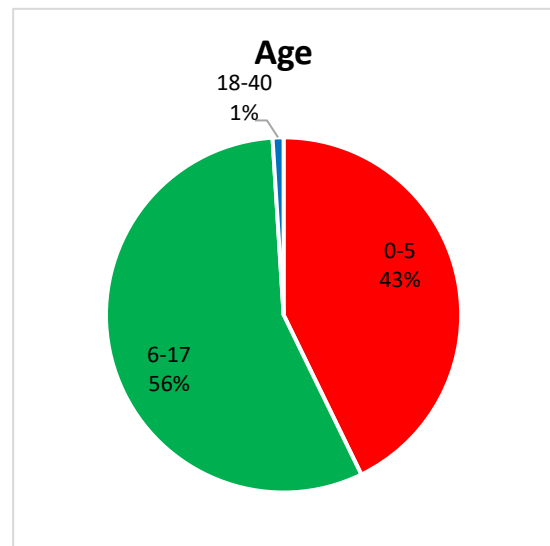
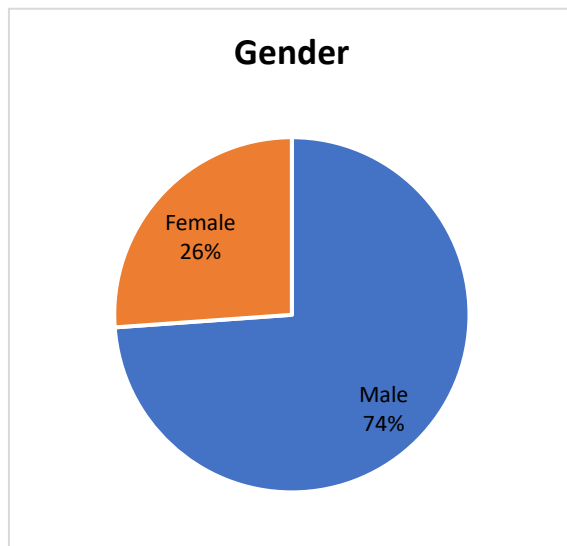
Collaboration with community stakeholders is crucial for ensuring that families receive well-rounded and coordinated support. By fostering strong partnerships, the program can improve service delivery and ensure that families benefit from a network of resources that work together seamlessly.

Since this is the first time collecting this data, the result of 85.72% serves as a useful benchmark for future assessments. While the goal was not met, the positive outcome indicates that most stakeholders feel they have a collaborative relationship with the program. Moving forward, this data provides a starting point for strengthening those partnerships and addressing areas where communication or coordination could be improved.

Supported Child Development Program (SCDP)

Together with families, daycares, preschools, and other community professionals, Supported Child Development ensures that children, birth to 19 years of age, can be included fully in childcare settings of the families' choice. Consultation services, and in some cases extra staffing assistance, are provided to ensure inclusive practices for children who have a demonstrated need for extra support.

Characteristics of clients in the program:



The Supported Child Development Program does not fully collect characteristics on ethnicity and medical diagnosis, for the individuals that receive service. As long as the children who are referred to the program meet the criteria for receiving support, then characteristics of those individuals are not important, as they would receive service regardless of their ethnicity and medical diagnosis. Referrals for the program can be self-referred or received from child-care centres, The children that get referred into this program are in need of additional support in their child-care centre.

Results achieved for the persons served (effectiveness):

Objective #1: Children and/or families/caregivers will gain skills identified in their child's Individual Family Services Plan (IFSP), that will result in the child becoming more independent within their child-care settings.

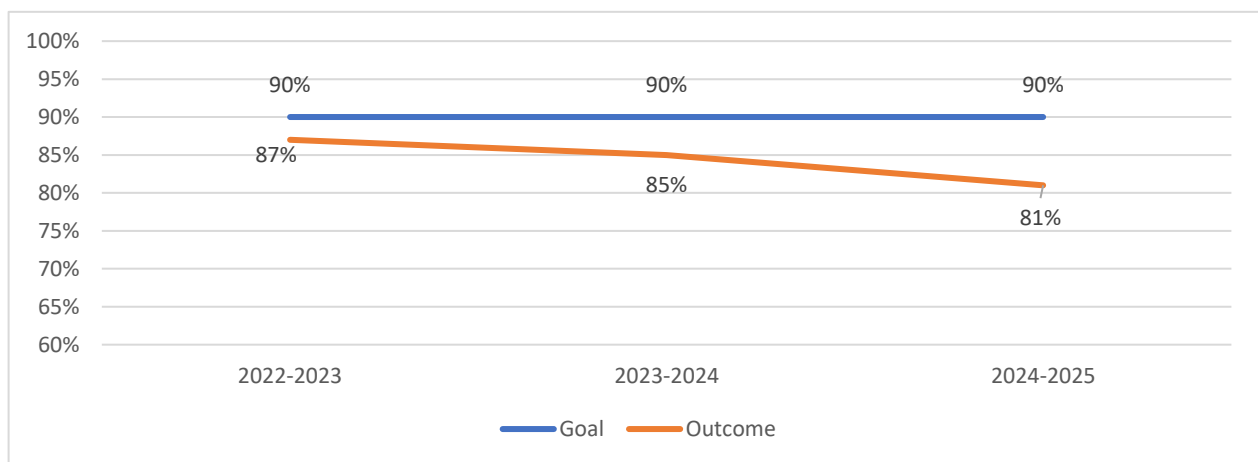
Indicator: % of children increasing their independence within their child-care setting

Goal: 90%

Outcome: 81%

Analysis: **GOAL NOT MET**

SCDP is hearing child-care centre's say that they are seeing a difference in children that are attending centres from that of a few years ago, and state that "children's needs are changing." Some of these children are "Covid children" or may not have had the same social opportunities due to lack of child-care. Or possibly, they have had different experiences due to family changes and/or stressors. These extenuating circumstances are suspected to be due to very minimal socialization and preschool experience.



Objective #2: Child-care staff will increase competency in supporting children with extra support needs.

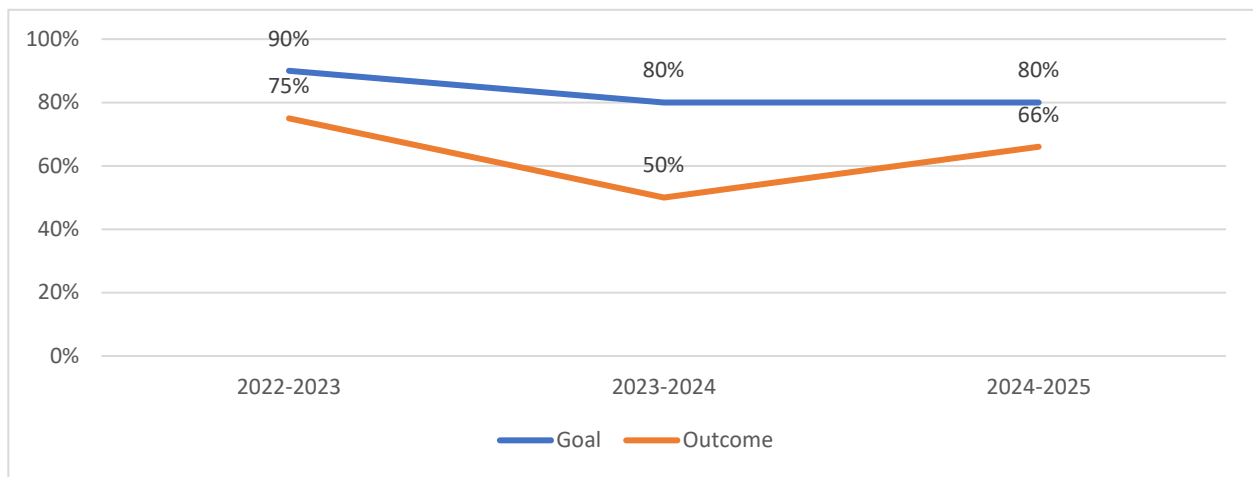
Indicator: % of respondents that indicate 'most of the time', 'all the time', 'I have gained knowledge from the strategies and suggestions provided by the SCDP consultant', on the Stakeholder Experience of Services Survey

Goal: 80%

Outcome: 66%

Analysis: **GOAL NOT MET**

There was a low response rate from the child-care centre's on the Experience of Services Survey. Even though there was an increase in competency from last year, have low responses doesn't provide a fulsome representation of how child-care staff are feeling in their knowledge of strategies. Additionally, it is noted that it is quite possible that the manager at the child-care centre is completing the survey on behalf of the staff that work there. The questions asked on the survey are too objective to represent multiple people's feelings. Relooking at the survey to more direct questions that don't represent multiple people is suggested.



Resources used to achieve results for the persons served (efficiency):

Objective #1: Intake percentage of group intervention situations will be maintained.

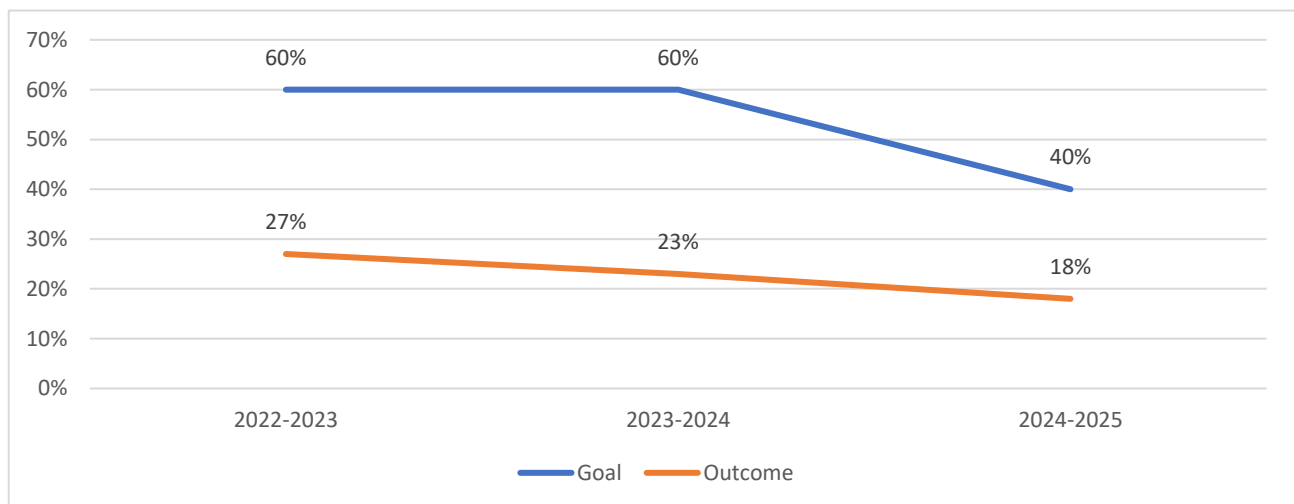
Indicator: % of children receiving group intervention

Goal: 40%

Outcome: 18%

Analysis: **GOAL NOT MET**

The program's last contract in funding has provided the opportunity for more 1-to-1 supports for those receiving service. Additionally, the child-care centres have been requesting more 1-to-1 support, due to burn out and stressors with their staff. These changes all affect how group intervention is handled.



Objective #2: Program will provide direct client related service hours.

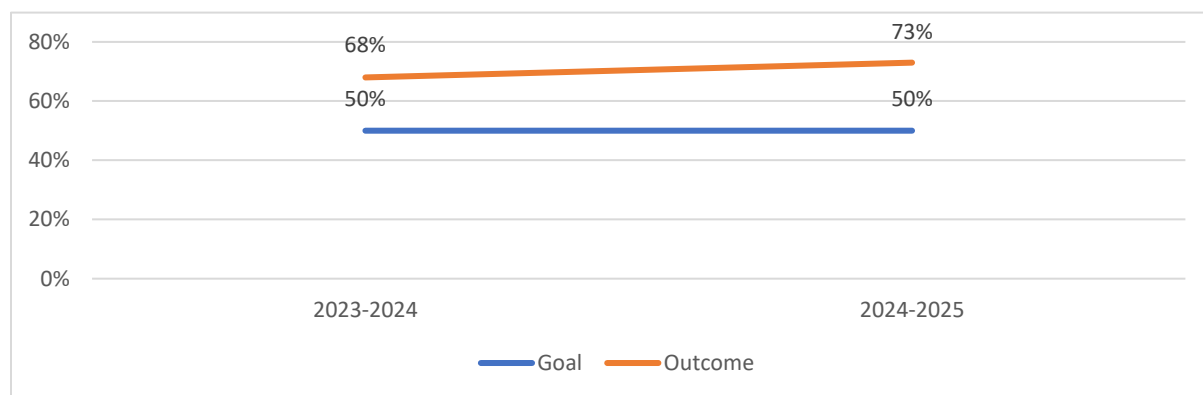
Indicator: # of direct service hours (percentage based on consultant hours worked)

Goal: 50%

Outcome: 73%

Analysis: **GOAL MET**

SCDP has been providing more direct service hours than in office hours due to more active caseloads.



Service Access:

Objective #1: Will attend community events and liaison with community programs to communicate and share SCDP and ASQ (Ages and Stages Questionnaire) information to families.

Indicator: # of events and families that SCDP connects with

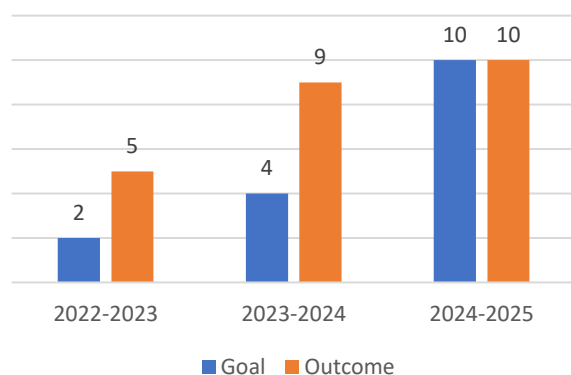
Goal: 10 community events and 60 families complete ASQ's

Outcome: 10 community events and 36 families completed ASQ's

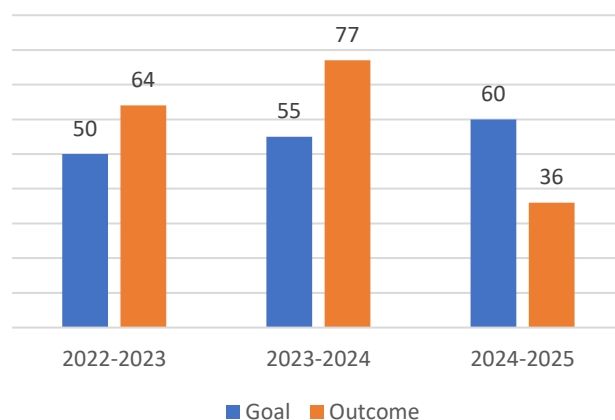
Analysis: **GOAL NOT MET**

More information about Ages and Stages Questionnaire's (ASQ's) needs to be presented to the community to ensure that more families are aware of the services we provide. The Supported Child Development Program hosts and completes ASQ's at the Campbell River Health Fair every year. The Campbell River Health Fair attendance has been lower the past two years than historically before. This results in less families completing ASQ's for their children.

Community Events attended by SCDP



ASQ's completed by families



Objective #2: Child-care providers will have access to training and resources in promoting capacity building within centre's

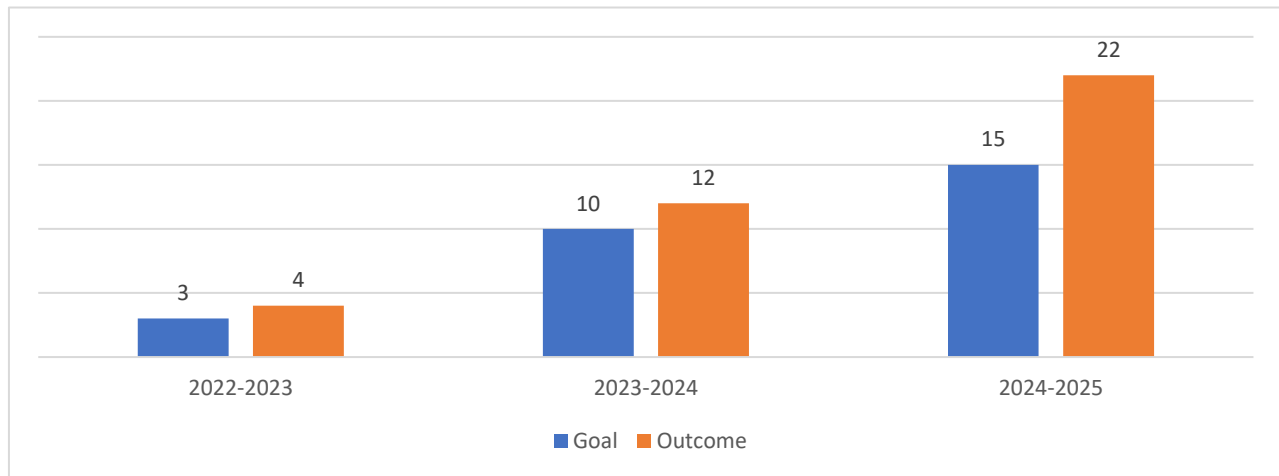
Indicator: # of centre's who receive resources or trainings to build capacity for inclusion of all children

Goal: 15

Outcome: 22

Analysis: **GOAL MET**

A variety of child-care centre's have attended the SCDP hosted workshops and/or training sessions. They also have been open to additional resource opportunities through staff meetings or informal situations.



Experience of Services and other feedback:

Persons Served

Objective: Families will indicate satisfaction with SCDP services.

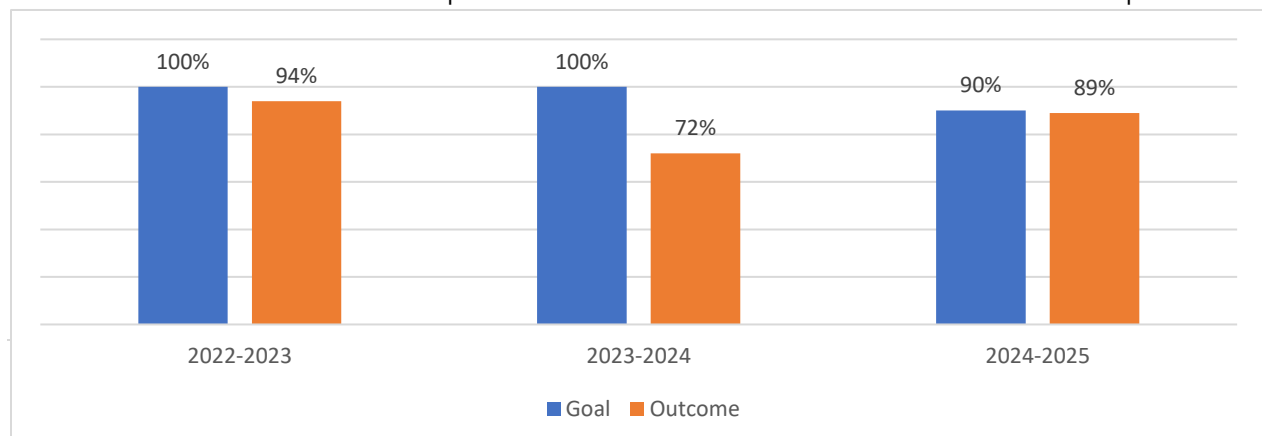
Indicator: % of families that indicated satisfaction with SCDP services, on the Experience of Services Survey

Goal: 90%

Outcome: 89%

Analysis: **GOAL NOT MET**

SCDP sent out 91 Experience of Services Survey's to families and only 9 families responded – this is a very low response rate. Of the nine families that responded, 89% were satisfied with SCDP services. According to the survey, the families who indicated they were not satisfied with SCDP services also indicated they were not attending child-care. It could be assumed that most families that did not respond are satisfied with their services and didn't feel the need to respond.



Stakeholders

Objective: Child-care centers will indicate satisfaction with SCDP services.

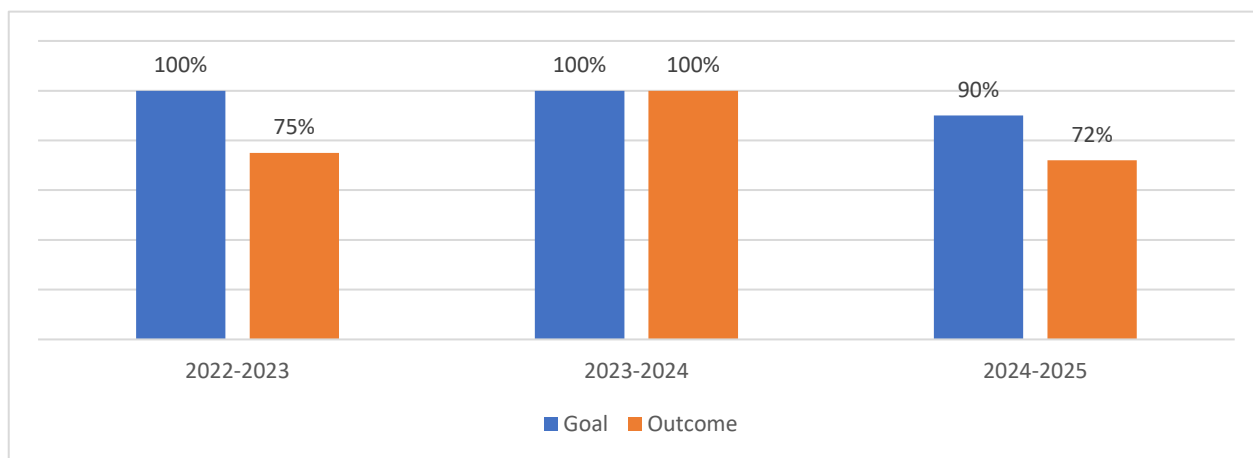
Indicator: % of stakeholders that indicate satisfaction with SCDP services

Goal: 90%

Outcome: 72%

Analysis: **GOAL NOT MET**

SCDP sent out the Experience of Services Survey to 19 child-care centre's and only 6 replied, which has skewed the results. One comment provided on the survey skewed the results, as the comment was specific to a service that SCDP does not provide.



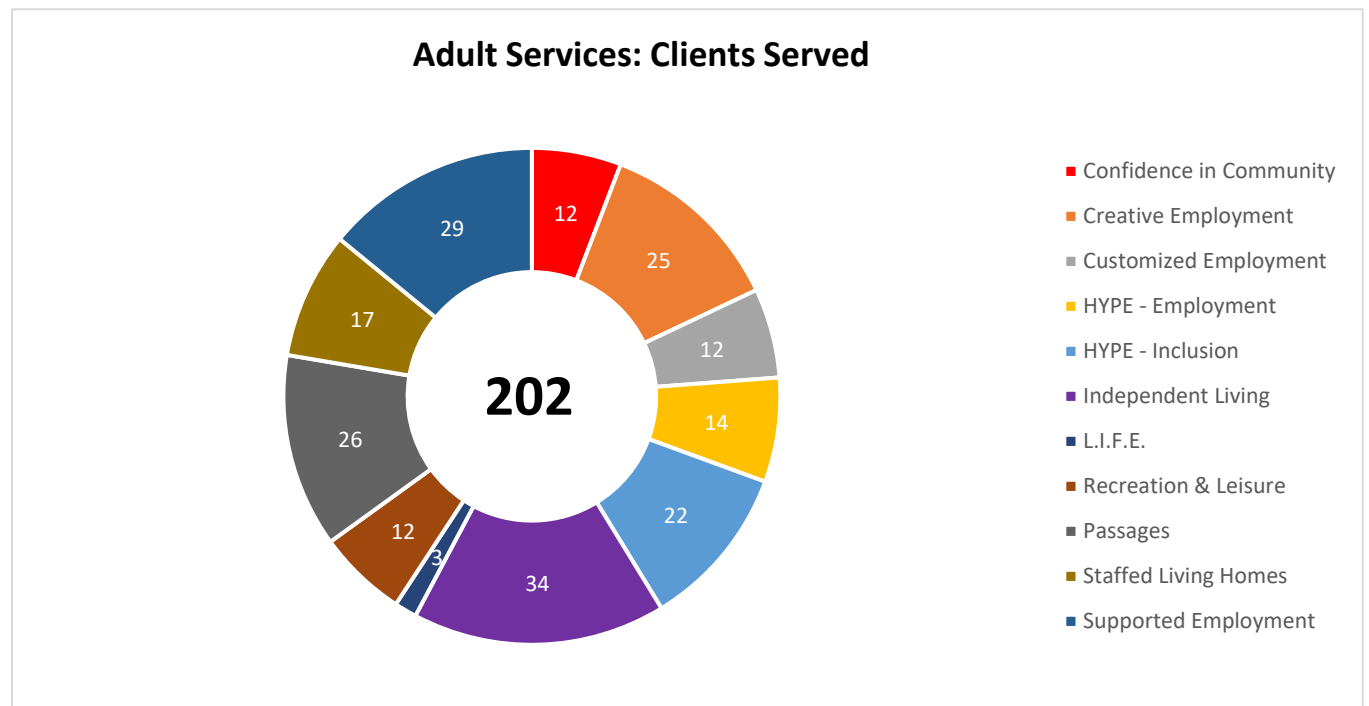
Adult Services

Specific characteristics of the individuals served in all the programs are below:

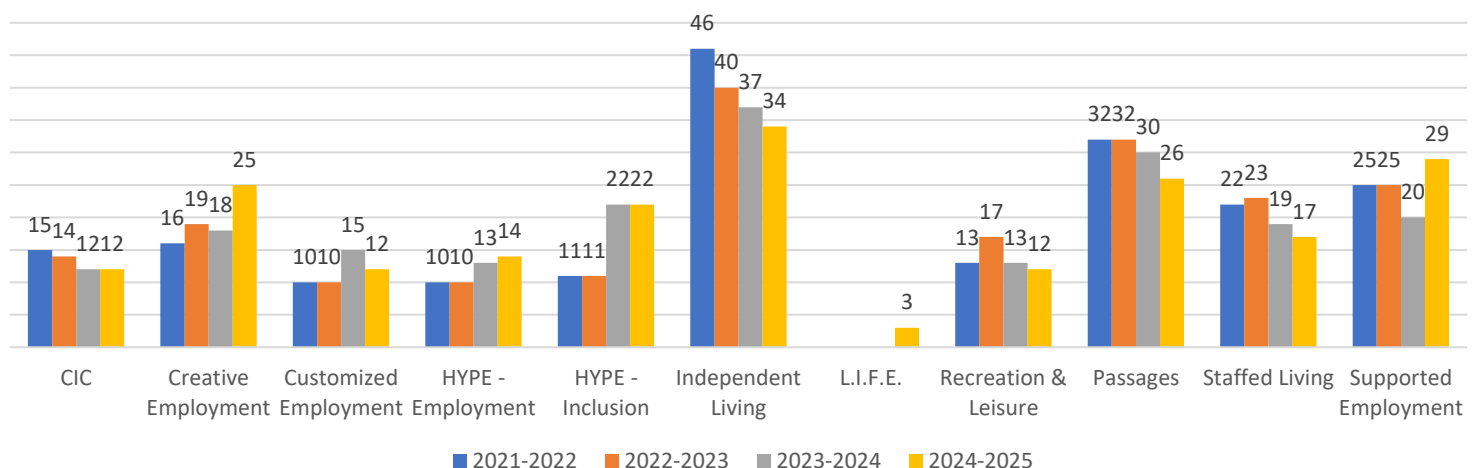
It's important to note that clients in some of these programs may not only attend just one of the programs, but possibly several of them. This is reflected in the "Clients Served Charts" below, which could indicate one individual in multiple programs, therefore being counted multiple times.

Furthermore, each program has characteristics for the individuals served directly in their programs, which can be found in their specific program report. Percentages are not displayed for the 'medical diagnosis' chart in order to maintain confidentiality for the individuals in that program.

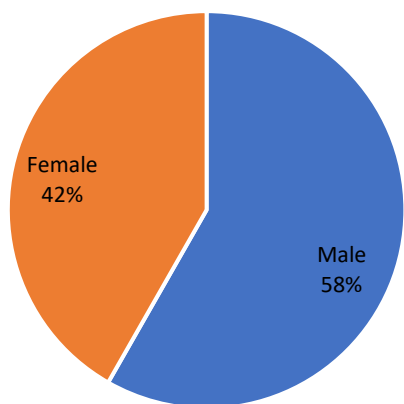
Client Characteristics:



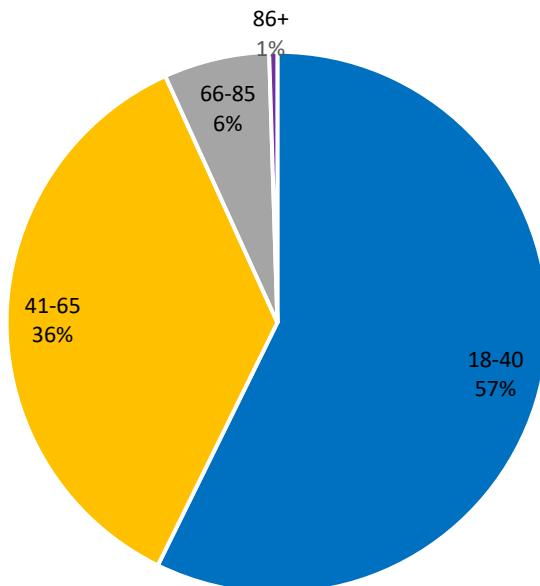
Number of Clients Served in Adult Services (totalled by program area)



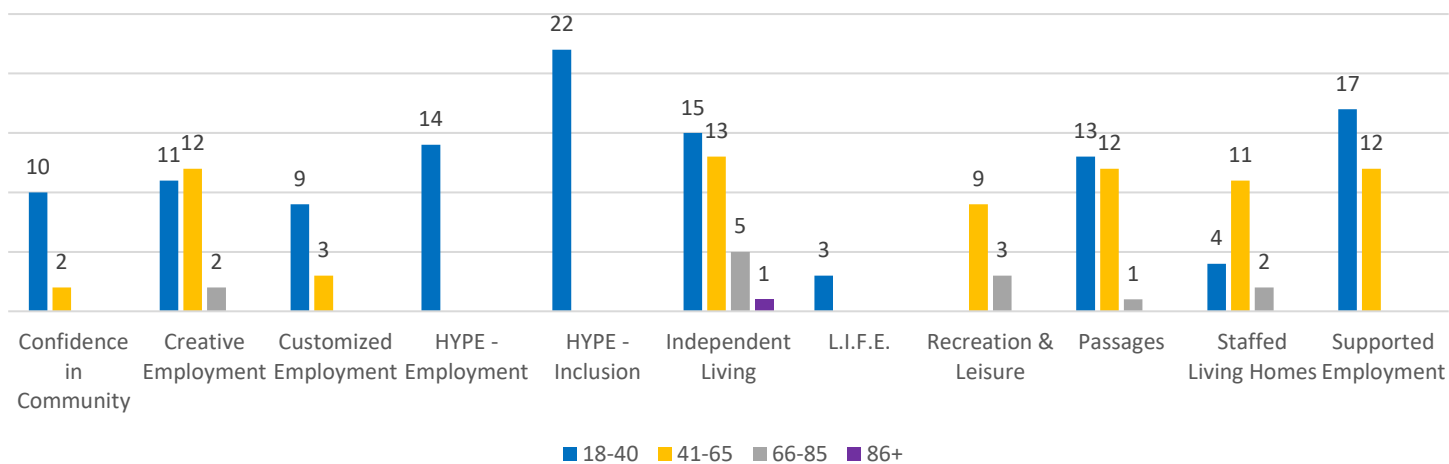
Gender



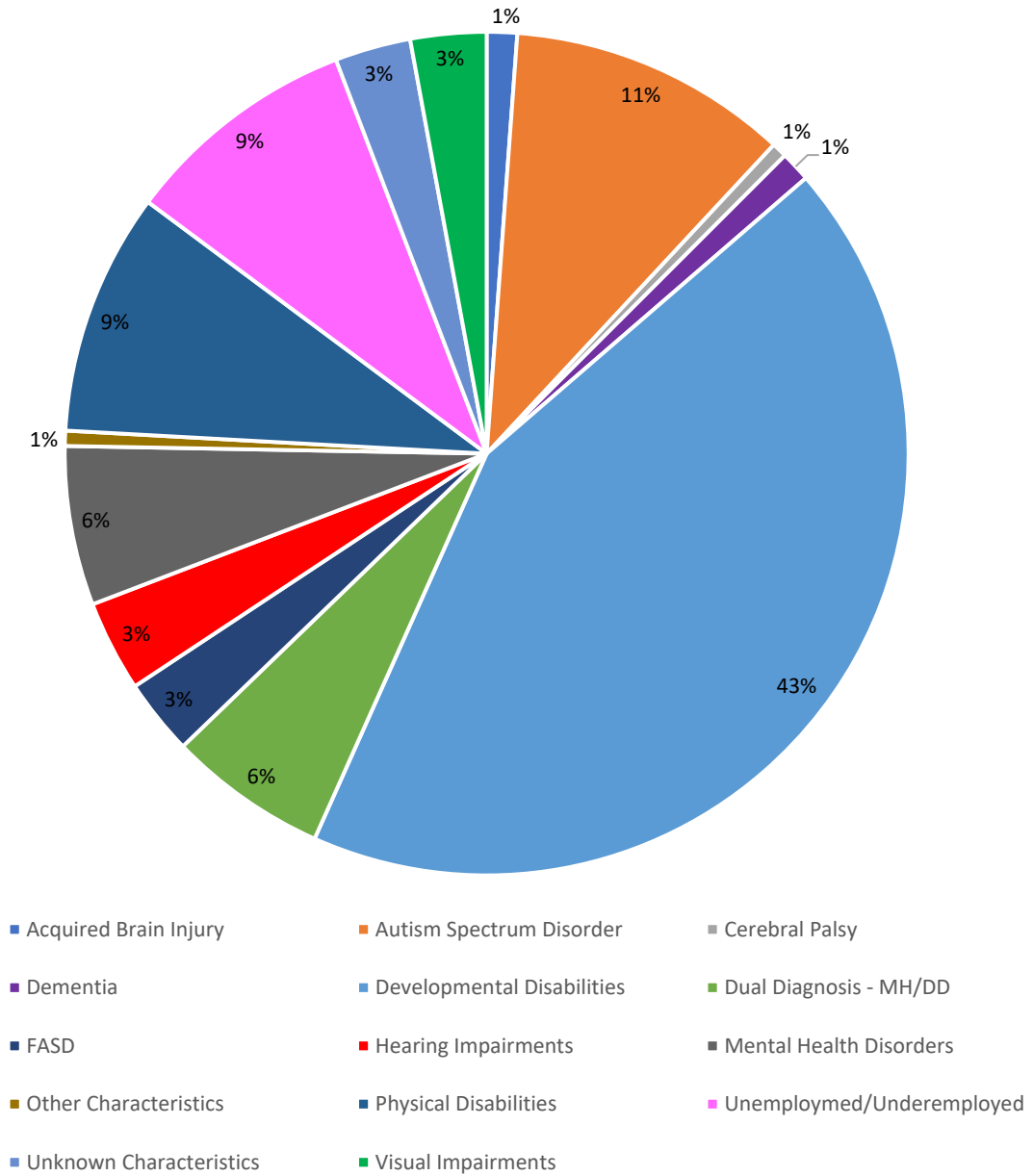
Age for all Adult Services Clients



Age per Program



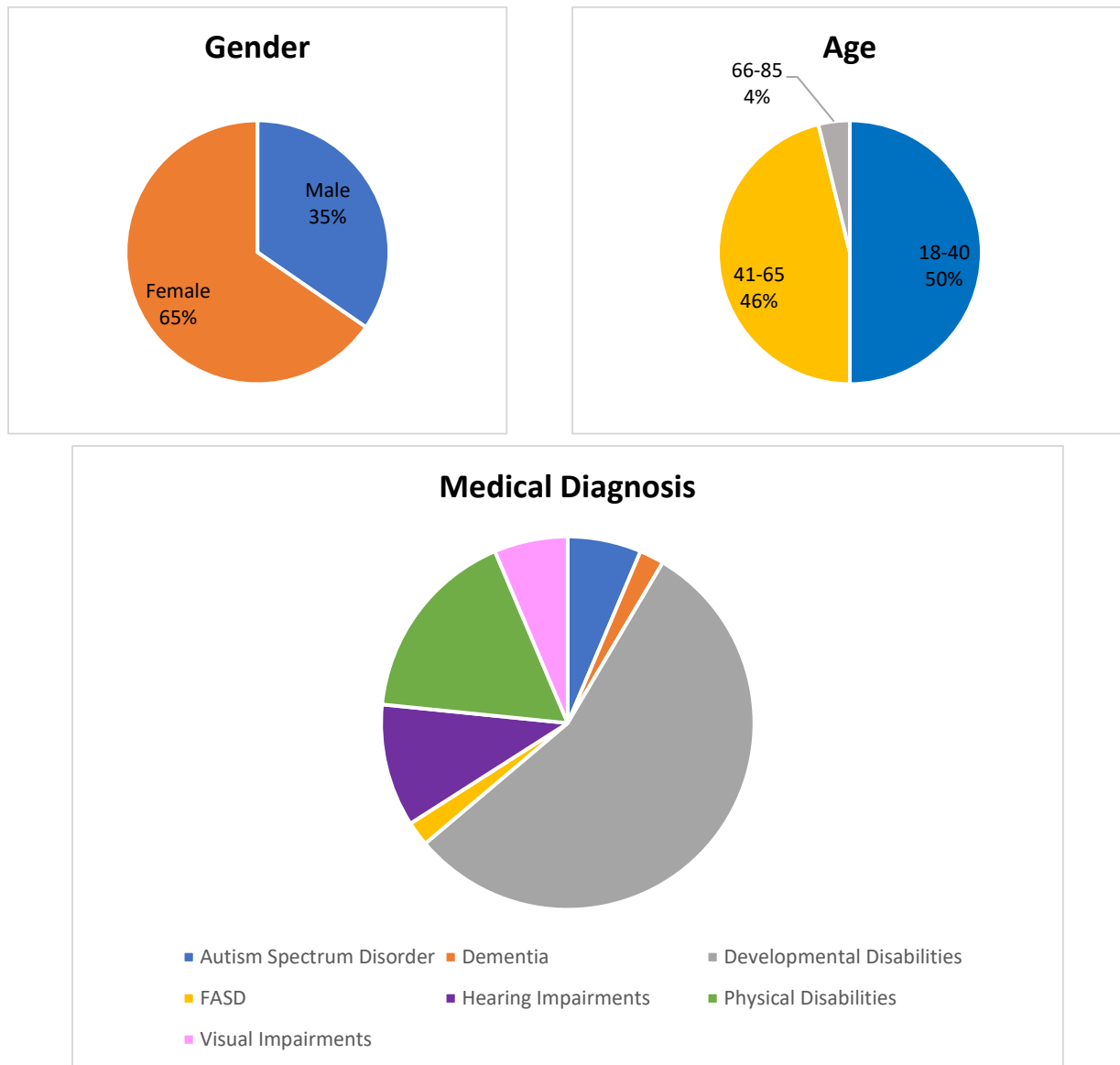
Medical Diagnosis



Passages

A fun and casual setting for building life skills and creating community. This program focuses on enhancing skills like - daily living, social, communication and pre-vocational. It has a large component of recreation and leisure activities as well as provides opportunities to access our community.

Characteristics of clients in the program:



Referrals into the Passages Program come in from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Each individual client tries one new activity and would like to continue to attend on a regular basis

Indicator: % of individuals who try a new activity

Goal: 85%

Outcome: 87%

Analysis: **GOAL MET**

For the Passages Global clients, 13 out of the 16 individuals tried a new activity and continued on a regular basis. That is an 81% completion rate.

Out of the Passages one-to-one clients, all 7 individuals tried a new activity, resulting in a 100% completion rate. However, those 7 individuals did not continue on with that new activity on a regular basis.

This objective will remain in the 2025-2026 Performance Measurement and Management Plan to continue to work on clients continuing on with their new activity regularly.

Resources used to achieve results for the persons served (efficiency):

Objective: Program funds for accessing community is maximized

Indicator: % of actual program expenses used

Goal: 95%

Outcome: 162%

Analysis: **GOAL MET**

The Passages Program overspent in the program expenses, well above achieving their goal. However, the budget item "program expenses" also includes regular program items as well, not just community outings and activities. It is difficult to know how much of the program expenses were specific to community outings and activities. Therefore, this objective will be changed in the 2025-2026 Performance Measurement and Management Plan to focus on achieving a goal that can reflect true numbers.

Service Access:

Objective: First contact from date of referral is made in adequate time

Indicator: % of new referrals that have first contact within 7 days

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

Both Passages Global and Passages 1:1 had two new referrals into the program. All four clients were contacted within the 7 day goal.

Experience of Services and other feedback:

Persons Served

Objective: Clients look forward to coming to the program

Indicator: % of clients that indicate they enjoy coming to the program, as indicated on the Experience of Services Survey

Goal: 95%

Outcome: 96.43%

Analysis: **GOAL MET**

The Client Experience of Services Survey for this program was included in the Community Inclusion Survey, which also had responses from: Confidence in Community, Recreation & Leisure, and HYPE – Inclusion. Unfortunately, it was discovered that this does not provide true and accurate results, as there are several programs included in this one survey. However, all the Inclusion Programs did have a successful outcome on this question!

Stakeholders

Objective: Stakeholders are satisfied with the services provided.

Indicator: % of families/caregivers that feel staff support individual strengths and abilities, as indicated on the Experience of Services Survey

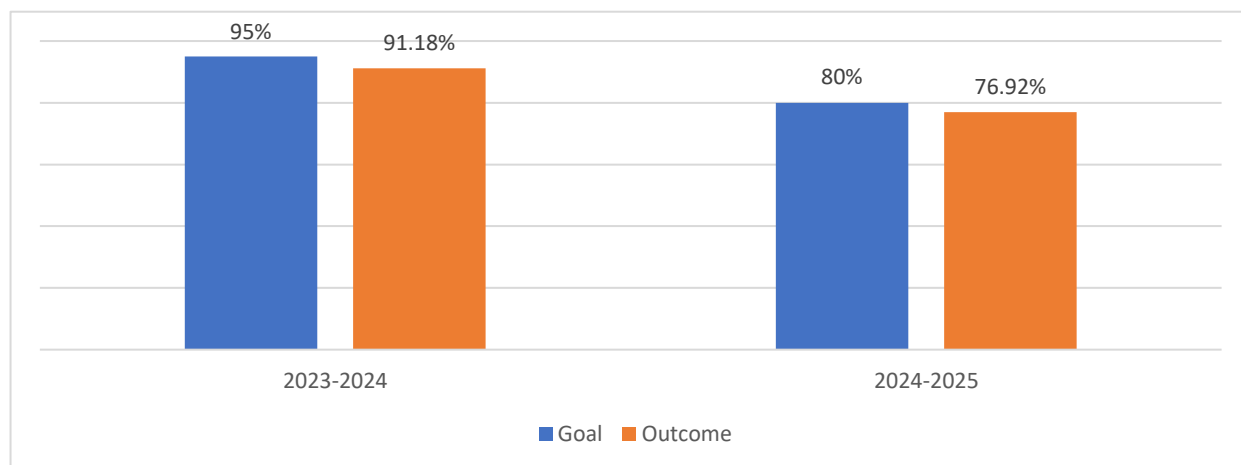
Goal: 80%

Outcome: 76.92%

Analysis: **GOAL NOT MET**

The Stakeholder Experience of Services Survey was sent directly from Survey Monkey this year, which allowed the ability to filter out results by program. The result of 76.92% is specific to just the Passages Program, whereas in the 2023-2024 result of 91.18% that also included the other Inclusion Programs.

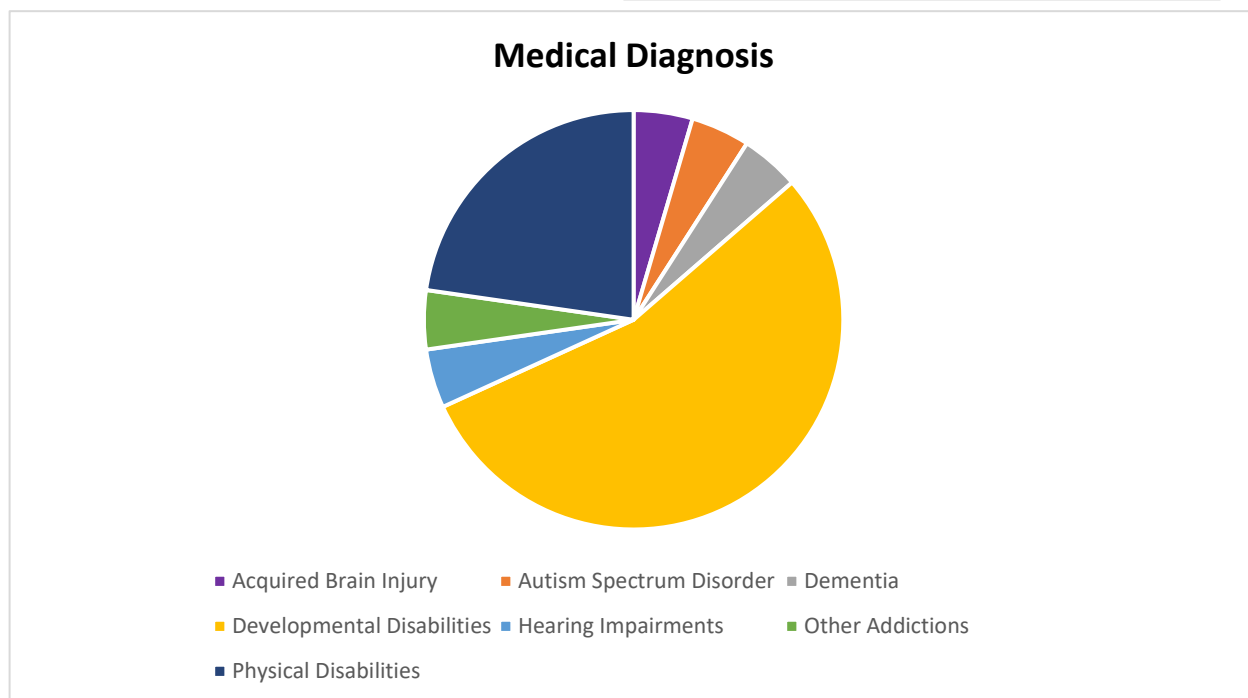
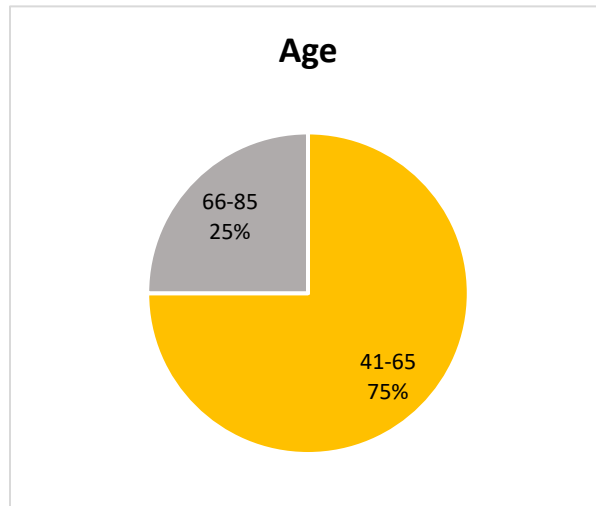
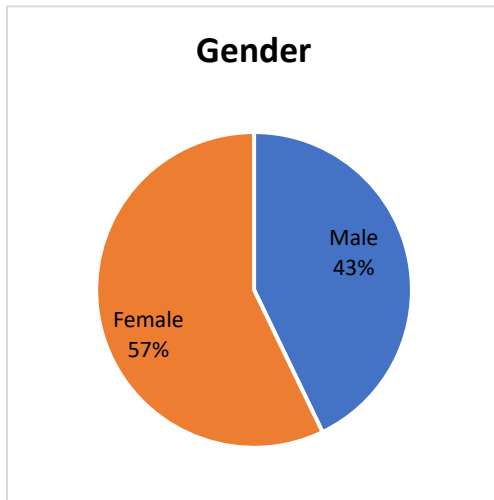
The goal of 80% was reduced from 95% to allow variable results from stakeholders. Achieving a higher goal is always the intention, but 80% is more reasonable to start with for true accurate results.



Recreation and Leisure

A laid-back atmosphere where participants are typically older adults who are retired from work or are seeking support in a relaxed and age friendly environment. Services are offered in a smaller group setting. The program provides an opportunity to explore and access community resources and events.

Characteristics of clients in the program:



Referrals into the Recreation & Leisure Program come in from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Increase community involvement

Indicator: # of new opportunities offered to program clients

Goal: 15

Outcome: 8

Analysis: **GOAL NOT MET**

This objective was briefly changed from the 2024-2025 Performance Measurement and Management Plan, which was more focused on individual client activities. This year, the objective was changed to increase community involvement for all the clients in the program. Some of the new opportunities that were offered were going to the Elk Falls trails, Comox Air Museum, Courtenay Air Park, and a tour of the MARS facility.

Resources used to achieve results for the persons served (efficiency):

Objective: Program funds allocated for accessing community is maximized

Indicator: % of actual program expenses used

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

Some of the programs funds used to access community was for:

- New pots for the indoor trees, which all clients helped transplant with staff. This included trips to Canadian Tire for supplies.
- Blackberry picking, which was a huge success! The staff and clients made blackberry jam and the clients were able to take extra jam home to enjoy. This also included trips to the grocery store for supplies. Also with the blackberries, they were able to make blackberry shortcakes with whip cream – this was a huge hit!

Even though the program utilized all their budget program expenses, the budget item “program expenses” actually also includes regular program items as well, not just community outings and activities. So it is difficult to know how much of the program expenses were specific to community outings and activities. Therefore, this objective will be changed in the 2025-2026 Performance Measurement and Management Plan to focus on achieving a goal that can reflect true numbers.

Service Access:

Objective: First contact for new referrals is made in adequate time

Indicator: % of new clients that have first contact from the program within 7 days

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

This was a new objective that was set for this performance plan, therefore there is no comparative data from last year. However, there were three new referrals made into the Recreation and Leisure Program and all three were contacted by

the Program Supervisor within 2 days of receiving the referral, well achieving the goal. Those three new clients then started attending the program within two weeks of first contact.

This objective will remain in the 2025-2026 Performance Measurement and Management Plan, to ensure we are doing everything possible for new clients to hear from the organization in a timely manner of receiving their referral.

Experience of Services and other feedback:

Persons Served

Objective #1: Clients feel listened to.

Indicator: % of clients that feel listened to, as indicated on the Experience of Services Survey

Goal: 95%

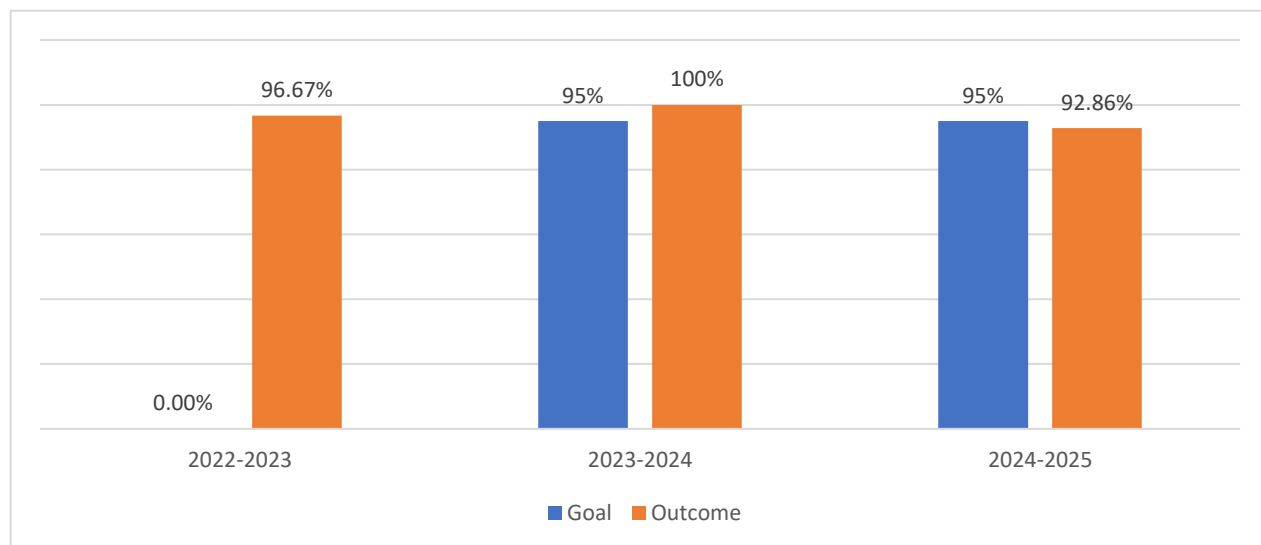
Outcome: 92.86%

Analysis: **GOAL NOT MET**

The program did not meet its goal of 95% in clients indicating that they feel listened to, in comparison to 2023-2024 when clients all indicated they did feel listened to. In the 2022-2023 Performance Measurement and Management Plan, there was no goal set for “clients feeling listened to”, however the question was still asked on the Experience of Services Survey; which is why the goal is 0% on the above chart.

The Client Experience of Services Survey for this program was included in the Community Inclusion Survey, which also had responses from: Passages, Confidence in Community, and HYPE – Inclusion. Considering this, that 92.86% result is slightly skewed as this also represents a few other programs.

The Administration team will continue to collaborate on ideas to identify and improve ways to get the most accurate results from clients in the programs, as their input and feedback is incredibly important.



Objective #2: Clients feel the program helps them be included in the Campbell River community

Indicator: % of clients who feel the program helps them feel more included in the community, as indicated on the Experience of Services Survey

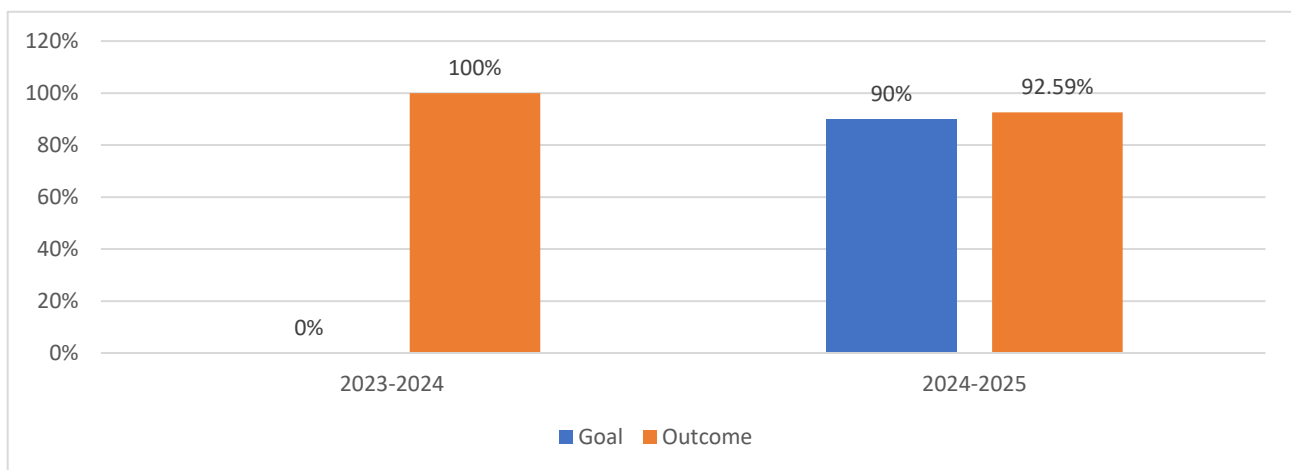
Goal: 90%

Outcome: 92.59%

Analysis: **GOAL MET**

This was a new objective the program wanted to track this year. There is comparative data though for last year, as this was already a question on the Client Experience of Services Survey. It's important to note that Passages, Confidence in Community and HYPE-Inclusion are also included in this survey, which does slightly skew the true results. Either way, the program has achieved its goal of 90% this year.

The Administration team will continue to collaborate on ideas to identify and improve ways to get the most accurate results from clients in the programs, as their input and feedback is incredibly important.



Stakeholder

Objective: Families/caregivers are satisfied with the program

Indicator: % of families/caregivers who feel staff support individual strengths and abilities, as indicated on the Experience of Services Survey

Goal: 80%

Outcome: NIL

Analysis: **GOAL NOT MET**

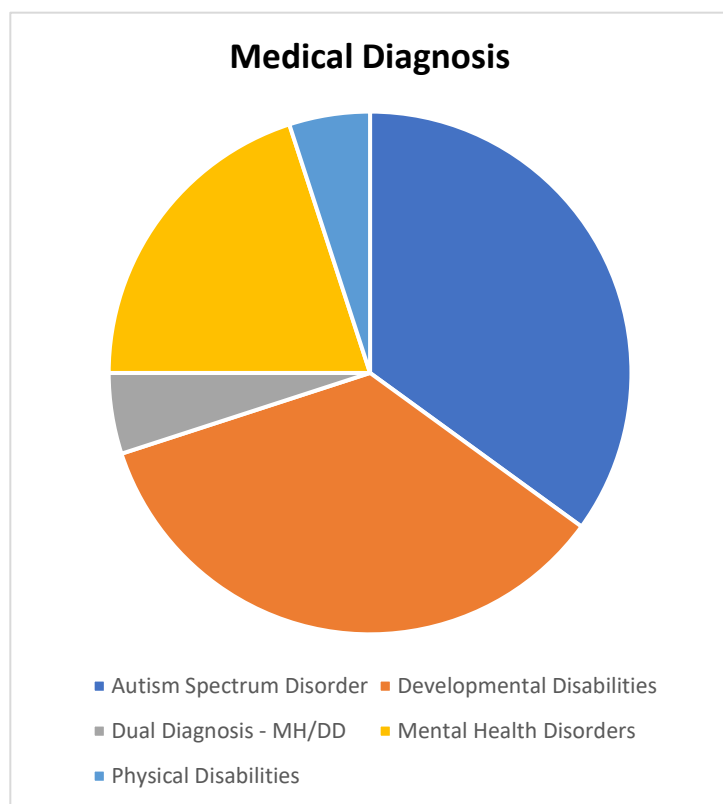
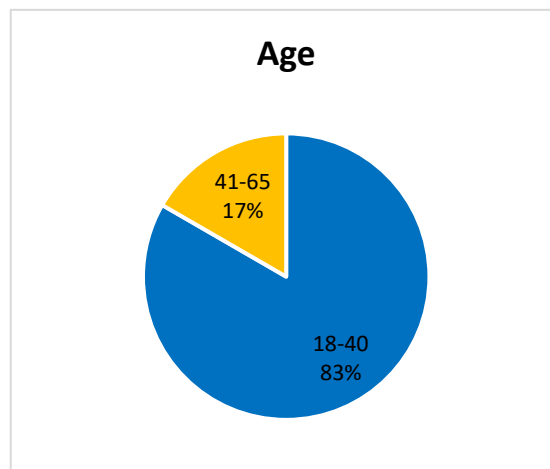
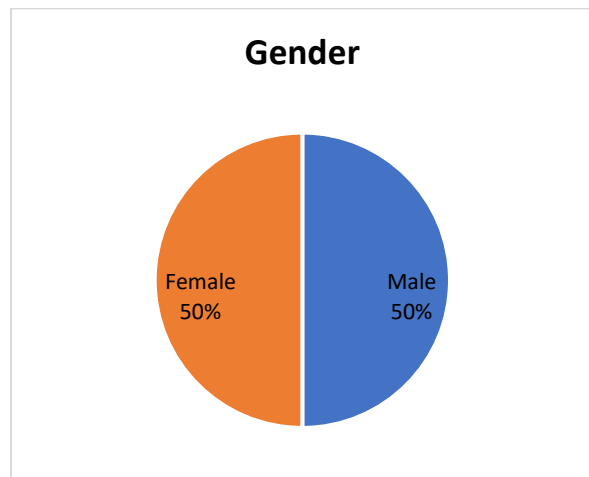
The Stakeholder Experience of Services Survey was sent directly from Survey Monkey this year. This allowed for the ability to filter out program specific results, as stakeholders were asked which program their individual participant in but still keeps confidentiality, as answers are unable to be seen for that respondent.

Through that filter, there were no families/caregivers attached to the Recreation and Leisure Program who responded to the survey, resulting in no data to review.

Confidence in Community (CIC)

Individual services are developed in response to the unique needs of the participant, helping to increase independence and connection to their community. Service supports focus on community recreation, developing life and money management skills, accessing personal development activities, establishing healthy relationships and support to access generic resources. Services are provided during hours that are agreeable to the person being supported.

Characteristics of clients in the program:



Referrals into the CIC Program come in from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Individuals will have opportunities to connect with community

Indicator: % of individuals who report that they have made connections as a result of their participation in the program

Goal: 75%

Outcome: 50%

Analysis: **GOAL NOT MET**

Many of the clients in this program are not comfortable with changing their participation in the community. We are going to change this objective for the 2025-2026 Performance Measurement and Management Plan, as we do not want to make individuals feel uncomfortable doing something they don't want to.

Resources used to achieve results for the persons served (efficiency):

Objective: Maintain direct service hours for the program

Indicator: % of reduced client cancellations

Goal: 20%

Outcome: 15%

Analysis: **GOAL NOT MET**

The program was incredibly close to achieving this goal, however there are still two clients in the program that have ongoing cancellations. We will continue on with this goal in the 2025-2026 Performance Measurement and Management Plan, as this is an important objective for the program.

Service Access:

Objective: The participants who have a LIFE pass, are utilizing as much as possible during service time.

Indicator: % of clients who are using their LIFE pass during service time, for recreational activities

Goal: 75%

Outcome: 50%

Analysis: **GOAL NOT MET**

In the 2025-2025 Performance Measurement and Management Plan, this objective was focused on all clients obtaining a LIFE pass. This year, the objective was changed to focus on those individuals who do have LIFE passes, utilizing them as much as possible for their recreational activities. Half of the clients who have these passes are using them on a regular basis. The program will continue to work with those individuals who are not using their passes to maximize the benefits of them.

Experience of Services and other feedback:

Persons Served

Objective: Clients feel satisfied with the program

Indicator #1: % of clients that indicate they are happy with the support they receive, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 96.43%

Analysis: **GOAL MET**

Indicator #2: % of clients that feel their needs are being met with: Respect, Fairness, Belonging and Inclusion

Goal: 85%

Outcome: 100%

Analysis: **GOAL MET**

The Client Experience of Services Survey does also include Passages, Recreation and Leisure, and HYPE-Inclusion. Therefore, the results are slightly skewed considering this, however the program has achieved their goals.

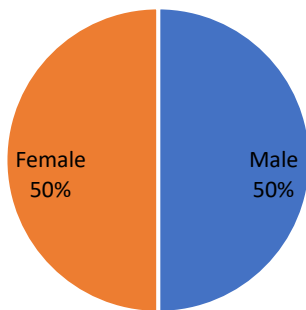
The Administration team will continue to collaborate on ideas to identify and improve ways to get the most accurate results from clients in the programs, as their input and feedback is incredibly important.

Independent Living

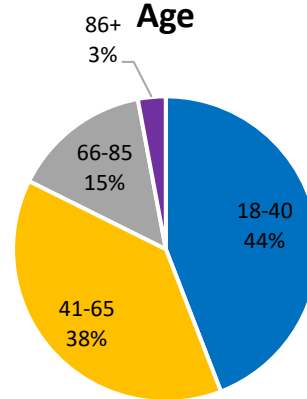
Independent Living Services provide support to adults who live independently in their own home. A wide range of supports are available to promote skill development and assistance to manage health and mental health well-being. Supports often include things like cooking, budgeting, household tasks, and connecting to other supports in your community.

Characteristics of clients in the program:

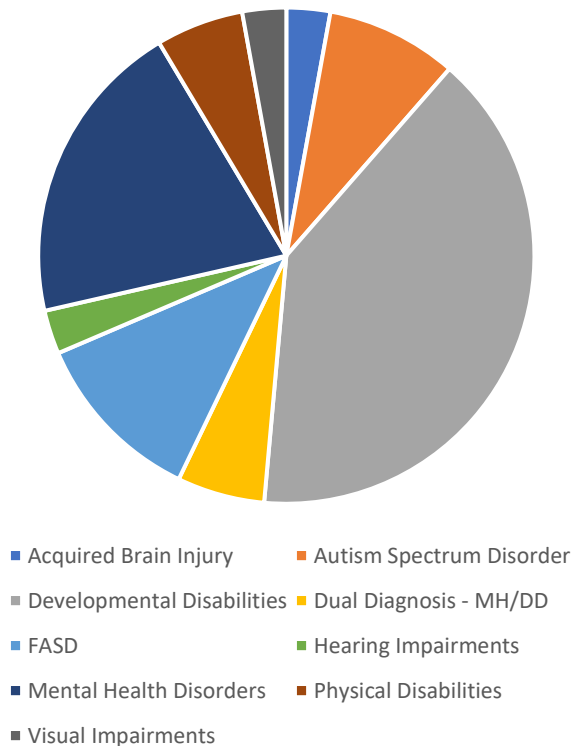
Gender



Age



Medical Diagnosis



Referrals into the Independent Living Program come from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Increased participation in the Healthy Lifestyle Program activities.

Indicator: % of participants that attend a new activity

Goal: 75%

Outcome: 0%

Analysis: **GOAL NOT MET**

Out of the 34 clients in the Independent Living Program, 10 of them consistently attend the Healthy Lifestyle Program. However, those individuals that attended the Healthy Lifestyle Program did not participate in a new activity.

The Program Supervisor is going to create a monthly calendar of events for the clients, to increase their awareness of what's happening in this program.

Resources used to achieve results for the persons served (efficiency):

Objective: Maintain staff time spent with participants.

Indicator: # of monthly average contact hours, per participant

Goal: Create benchmark

Outcome: 60%

Analysis:

This objective was important to set and review, as using weekly staff schedules, as a baseline and client binder log notes, we could monitor the actual time spent with each individual client, per month. This helps ensure that the time per individual can have further adjustments made, if needed.

Service Access:

Objective: First contact from date of referral is made in adequate time.

Indicator: % of new participants that have first contact within 7 days of referral

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

Independent Living received three new referrals into the program, all of which were contacted within 7 business days.

Experience of Services and other feedback:

Persons Served

Objective #1: Clients feel satisfied with the program

Indicator #1: % of clients that indicate they are happy with the support they receive, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

Indicator #2: % of clients that feel their needs are being met with: Respect, Fairness, Belonging and Inclusion

Goal: 85%

Outcome: 100%

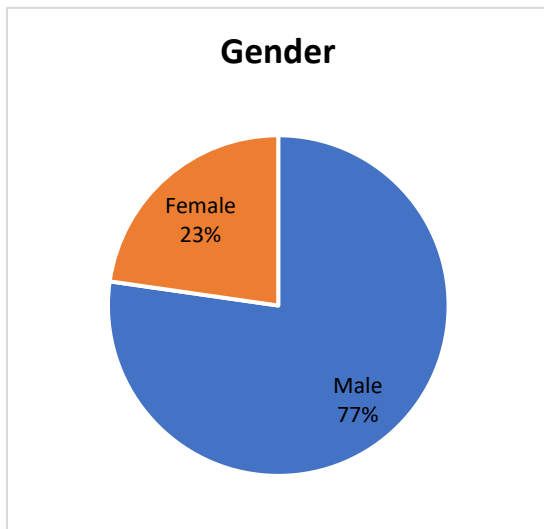
Analysis: **GOAL MET**

This Client Experience of Services Survey was specific just to the Independent Living Program. The results of this objective are true reflections of the program. This objective will continue in the 2025-2026 Performance Measurement and Management Plan, but each indicator goal will increase by 5%.

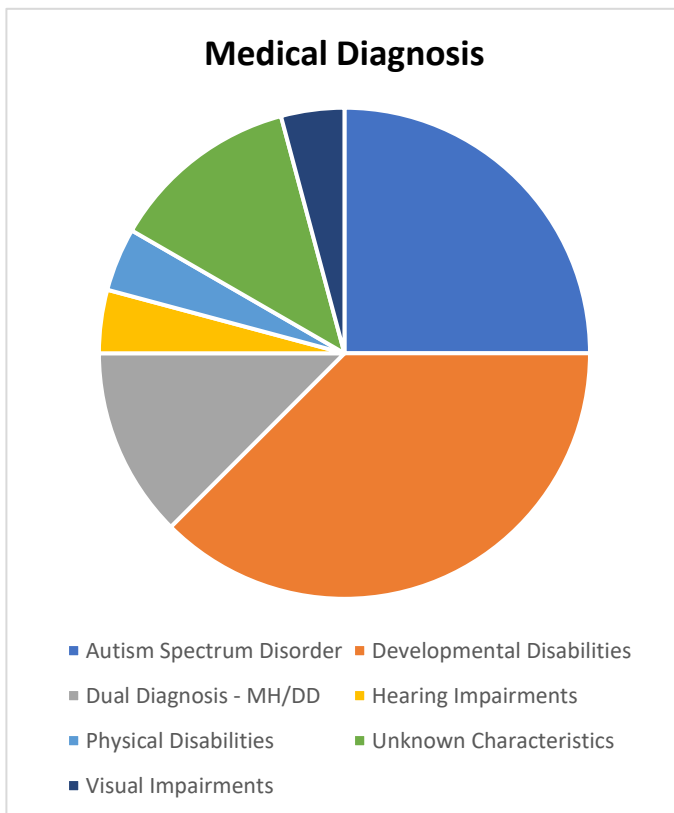
HYPE – Inclusion

A program for young adults that has a mix of community inclusion with an element of preparation for future employment. The program offers community inclusion activity and personal development, while assisting with gaining new life skills needed for exploring employment within the community.

Characteristics of clients in the program:



All clients that participate in this program, are in the 18-40 age group.



Referrals into the HYPE – Inclusion Program come in from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Introduce new life skills.

Indicator: # of life skill learning opportunities

Goal: 4

Outcome: 5

Analysis: **GOAL MET**

There were five new life skill opportunities available to the individuals in the program. These included:

1. **Voting** - understanding civic rights and responsibilities, understanding of ballots and candidates, decision-making, empowering individuals to have a voice in their community, confidence and self-advocacy
2. **Dating and relationships**- social skills, communication, recognizing emotions, encouraging healthy interpersonal connections. This topic was to help individuals navigate romantic interests safely and respectfully.
3. **Boundaries** - self advocacy, self-awareness, understanding personal space and consent, identifying healthy vs unhealthy behavior. This helps build confidence in saying 'no' or setting limits, while teaching safety and respect in all types of relationships.
4. **Food Safe** - hygiene and sanitation processes, safe food handling, food storage and preparation. The individuals learnt about foodborne illness risks and basic kitchen safety. This promotes health and safety in the home or in a work setting, while building confidence and independence in their cooking.
5. **Class 7 Drivers License** - understanding driving rules and signs, responsibility and safety awareness, test taking strategies. This topic was to increase independence and mobility, opens doors to employment and community access, and build a sense of responsibility and accomplishment.

Resources used to achieve results for the persons served (efficiency):

Objective: Maximize attendance rates of clients.

Indicator: % of reduced unplanned absences of clients

Goal: Create benchmark

Outcome: 14%

Analysis:

This objective was to increase attendance by reducing those unplanned absences of clients. As this was a new objective, and there was no data previously there was no goal set. Instead, for this year we wanted to create a benchmark for how many people don't call in when they are away from the program. Moving forward, this data will help us assess if there is a need for people to have IPP (Individual Program Planning) goals of calling in to program. It may also be an indicator of client engagement and interest in attending the program.

Service Access:

Objective: First contact from date of referral is made in adequate time.

Indicator: % of new clients that have first contact within 7 days of referral

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

There were six new referrals into the program for this year, however most of those individuals were current clients and they were requesting to add additional days to their attendance at HYPE. The intent behind measuring this objective is to ensure that we reach out to new referrals as quickly as possible. If there is too long of a delay, new referrals may lose interest in attending the program. Furthermore, some of these individuals have been waiting for services for an entire year, as they transition from child/youth services into adult services.

Experience of Services and other feedback:

Persons Served

Objective: Clients are happy with the program.

Indicator: % of clients that are happy with the program, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 96.43%

Analysis: **GOAL MET**

The Client Experience of Services Survey for this program was included in the Community Inclusion Survey, which also had responses from: Passages, Recreation & Leisure, and Confidence in Community. Unfortunately, it was discovered that this does not provide true and accurate results, as there are several programs included in this one survey.

Considering this however, the program has achieved its goal of 90%. The Administration team will continue to strategize on ways to receive accurate results and feedback from clients, so we can gather information specific to the program.

Stakeholders

Objective: Stakeholders are satisfied with the service in the program.

Indicator: % of families/caregivers that are satisfied with the program, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 80%

Analysis: **GOAL NOT MET**

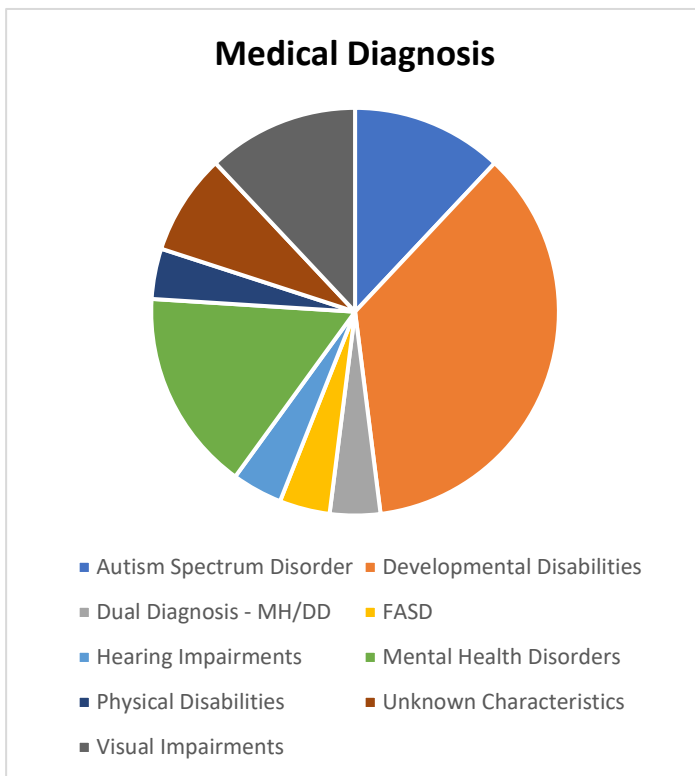
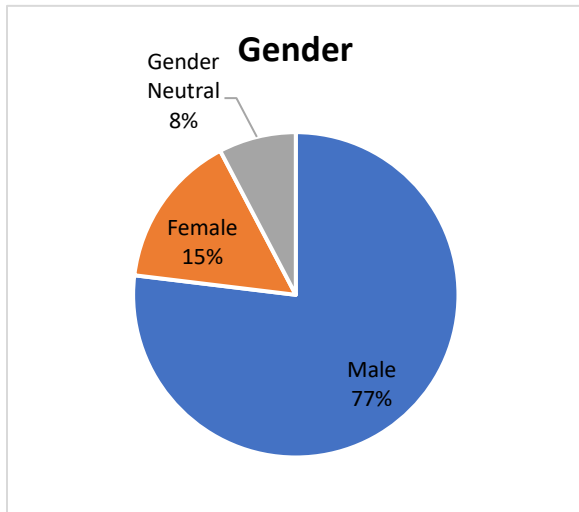
The Stakeholder Experience of Services Survey was sent directly from Survey Monkey this year. This allowed for the ability to filter out program specific results, as stakeholders were asked which program their individual participates in but still keeps confidentiality, as answers are unable to be seen for that respondent.

Through that filter, the respondents for this program indicated a 80% satisfaction with HYPE – Inclusion, which did not meet it's goal of 90%.

HYPE – Employment

A program for young adults that has a mix of community inclusion with an element of preparation for future employment. The program offers community inclusion activity and personal development, while assisting with gaining new life skills needed for exploring employment within the community.

Characteristics of clients in the program:



All clients that participate in this program, are in the 18-40 age group.

Referrals into the HYPE – Employment Program come in from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Clients are employment ready through the participation of job club.

Indicator: # of clients attending job club at any given time

Goal: 5

Outcome: 3.5

Analysis: **GOAL NOT MET**

This goal of 5 clients attending job club might have been set too high initially, however we will continue to work on this objective in the 2025-2026 Performance Measurement and Management Plan.

Attending job club is an important part of our employment program for those that like working with other people. Job club can help build confidence around getting and keeping a job. It promotes independence and helps job seekers feel prepared and ready for the work force. Working together in a group allows for a lot of great conversations around employment and brainstorming solutions and problem solving that might not happen as naturally as it would working 1:1.

Resources used to achieve results for the persons served (efficiency):

Objective: Job discovery process is completed within 6 months of date of referral.

Indicator: % of completed discovery profiles

Goal: 75%

Outcome: 100%

Analysis: **GOAL MET**

Five discovery profiles were completed for individuals seeking employment, which took anywhere between 1-5 months to complete. Two profiles were completed quite quickly in just 1-month; 1 profile was completed in 2-months; another profile was completed in 4- months; and the fifth profile took 5-months. The length of time to efficiently complete a discovery profile depends on how motivated the person is to attend their meetings with the staff. The discovery profile is a tool to help the individual discover where their interests are in their employment search.

This objective will remain in the 2025-2026 Performance Measurement and Management Plan.

Service Access:

Objective: First contact from date of referral is made in adequate time.

Indicator: % of new clients that have first contact within 7 days of referral

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

There were five new referrals into this program, and all of whom were contacted within 7 days of receiving the referral.

Experience of Services and other feedback:

Persons Served

Objective: Clients are happy with the program.

Indicator: % of clients that indicate they are happy with the program, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

The Client Experience of Services Survey for this program was included with Creative, Customized and Supported Employment. Unfortunately, it was discovered that this does not provide true and accurate results, as there are several programs included in this one survey.

Considering this however, the program has achieved its goal of 90%. The Administration team will continue to strategize on ways to receive accurate results and feedback from clients, so we can gather information specific to the program.

Stakeholders

Objective: Stakeholders are satisfied with the service in the program.

Indicator: % of families/caregivers that are satisfied with the program, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 91.67%

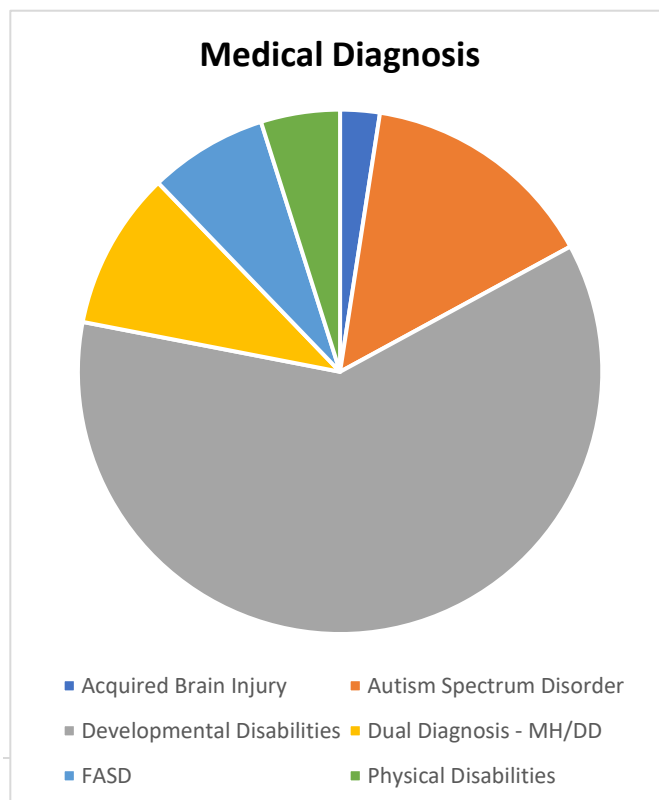
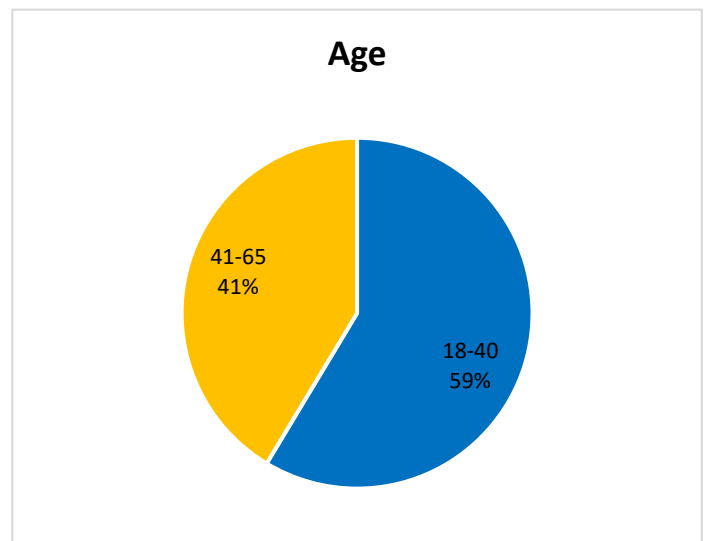
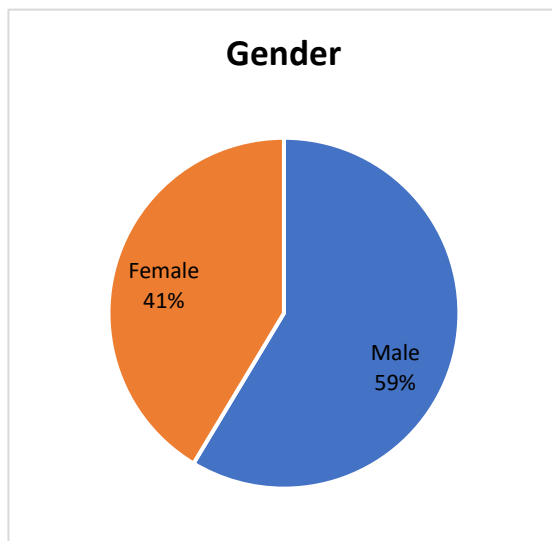
Analysis: **GOAL MET**

The Stakeholder Experience of Services Survey was sent directly from Survey Monkey this year. The stakeholder survey also included the other Employment programs: Creative, Customized and Supported. 15.38% of respondents on this survey indicated they were part of the HYPE – Employment Program. The Administration team will continue to strategize on ways to receive accurate results and feedback from stakeholders, so we can gather information specific to the program.

Supported Employment

Rivercity Inclusion partners with job seekers, families, personal networks, and the business community to ensure quality supports and services for both the employee and employer. Some of the services offered are, but not limited to, employment planning, business planning, resume preparation, interview skills, employment counseling, marketing/job searching, job orientating, job coaching, and follow-up for both the employer and employee. Job seekers may utilize all services or choose the service they need to pursue and attain their career goals.

Characteristics of clients in the program:



Referrals into the Supported Employment Program come in from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Obtain new employers for clients to work with.

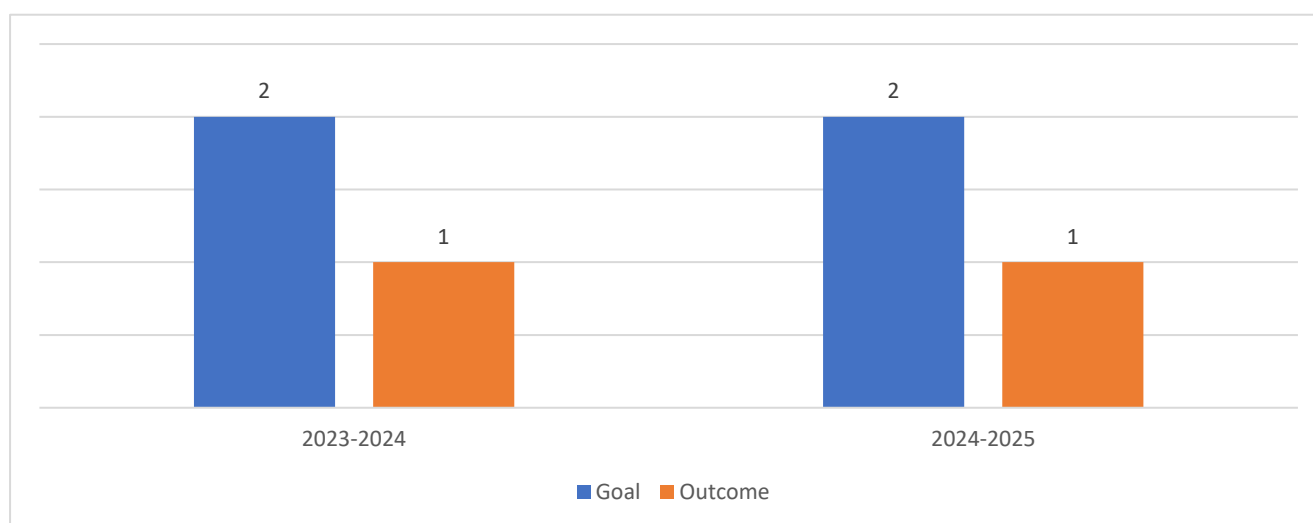
Indicator: # of new employers for the clients seeking employment

Goal: 2

Outcome: 1

Analysis: **GOAL NOT MET**

One new employer, Naturally Pacific, has joined the Supported Employment Program. Obtaining new local businesses provides the opportunity for clients seeking employment, to enter the workforce, or alternatively try a new employment opportunity. There are great benefits for local businesses in hiring our clients. This objective will remain in the 2025-2026 Performance Measurement and Management Plan, as this is a meaningful objective to strive for and very focused on what the program does.



Resources used to achieve results for the persons served (efficiency):

Objective: Job seekers are placed in successful employment.

Indicator #1: Average number of days from intake to employment for new referrals

Goal: 243

Outcome: 108

Analysis: **GOAL MET**

The goal of 243 days is the current provincial average for individuals obtaining employment from the time they start their job search, once they have completed the discovery process with a staff person. For our individuals that were seeking employment, the average was 108 days from intake to that person obtaining employment in the community. This was much sooner than the provincial average! It's important to track this objective, as it highlights the effectiveness of the job developers search, with that individual seeking employment. We will continue to track this in the 2025-2026 Performance Measurement and Management Plan.

Indicator #2: Average number of days from start of new job search to employment, for clients seeking other employment opportunities

Goal: 243

Outcome: NIL

Analysis:

There were no clients in the program that were seeking other employment opportunities, therefore no data. This specific indicator will be removed in the 2025-2026 Performance Measurement and Management Plan, as this is too unpredictable and variable to measure, due to clients that may not want to seek other employment opportunities.

Service Access:

Objective: First contact from date of referral is made in adequate time.

Indicator: % of new clients that have first contact within 7 days of referral

Goal: 100%

Outcome: 80%

Analysis: **GOAL NOT MET**

There were five new referrals into the program; four of which were contacted within 7 days of receiving their referral. One referral was contacted outside of the 7 days, due to internal miscommunication, however that client didn't end up joining the program.

Experience of Services and other feedback:

Persons Served

Objective: Job seekers are satisfied with services received.

Indicator: % of clients who are happy with services received, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

The Client Experience of Services Survey for this program was included in the Employment Survey, which also had responses from: Creative Employment, Customized Employment, and HYPE - Employment. Unfortunately, it was discovered that this does not provide true and accurate results, as there are several programs included in this one survey. The Administration team will continue to strategize ways to effectively gather accurate results and feedback from clients.

Stakeholders

Objective: Employers are satisfied with the support received.

Indicator: % of employers who are happy with the support received, as indicated on the Experience of Services Survey

Goal: 85%

Outcome: 100%

Analysis: **GOAL MET**

An Experience of Services Survey was created for the inclusive employers in the community, who provide employment opportunities for clients in the program. There were 10 inclusive employers who responded to the survey, all indicating they were satisfied with the support they received from employment staff. Although the specific question “are you happy with the support received” was not asked on the survey, every question answered received 100%.

Some testimonials:

“RCIS employment services program facilitators take time to understand the needs of the employer and work hard to match an employee candidate. The support for the employee is tremendous. We are incredibly fortunate to have this program and its people in our community of Campbell River.”

“This program is the heart of what makes Campbell River such a great place to be.”

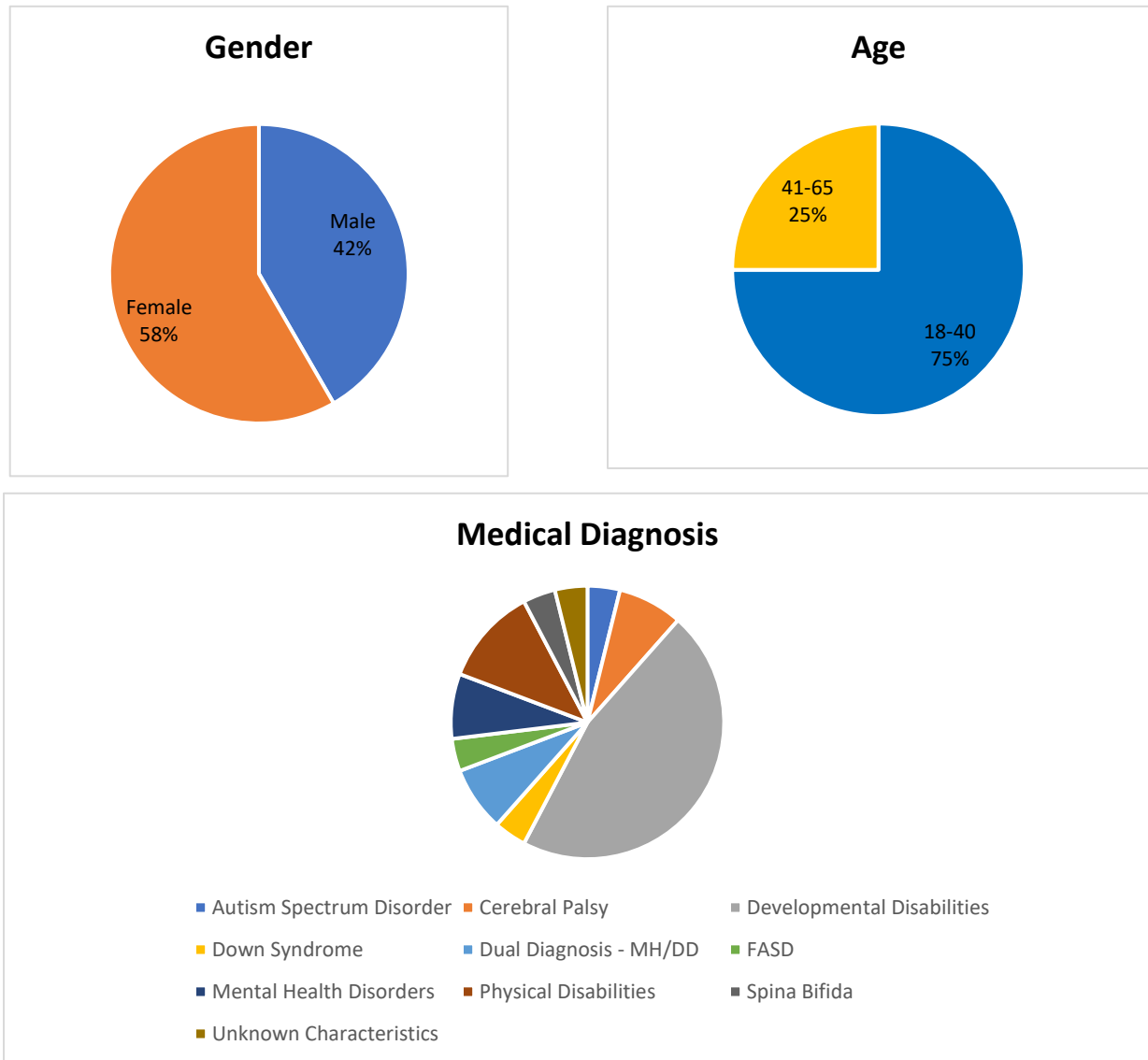
“Working with Rivercity Inclusion job coaches has been beneficial to our business. It has been a great addition to our team.”

“The Employment Services Program has been a great experience. The employee they provided is a hard worker and can be independent due to the organization. This is a great opportunity for him to be independent and be proud of his work. Thank you for setting him up for success!”

Customized Employment

Rivercity Inclusion partners with job seekers, families, personal networks, and the business community to ensure quality supports and services for both the employee and employer. Some of the services offered are but not limited to, employment planning, business planning, resume preparation, interview skills, employment counseling, marketing/job searching, job orientating, job coaching, and follow-up for both the employer and employee. Job seekers may utilize all services or choose the service they need to pursue and attain their career goals.

Characteristics of clients in the program:



Referrals into the Customized Employment Program come in from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Obtain new employment opportunities for clients

Indicator: # of new employment opportunities for the clients seeking employment

Goal: 2

Outcome: 2

Analysis: **GOAL MET**

There were two new local businesses that benefited this year from employing the people we support. Additionally, a few businesses that were already benefiting from employing our clients, expanded internally their employment opportunities in different departments. This allowed greater employment opportunities for those individuals but still working with that same employer. Those businesses were not included in the outcome results, as they were already employers.

Resources used to achieve results for the persons served (efficiency):

Objective: Job seekers are placed in successful employment.

Indicator #1: Average number of days from intake to employment

Goal: 243

Outcome: 108

Analysis: **GOAL MET**

The goal of 243 days is the current provincial average for individuals obtaining employment from the time they start their job search, once they have completed the discovery process with a staff person. For our individuals that were seeking employment, the average was 108 days from intake to that person obtaining employment in the community. This was much sooner than the provincial average! It's important to track this objective, as it highlights the effectiveness of the job developers search, with that individual seeking employment. We will continue to track this in the 2025-2026 Performance Measurement and Management Plan.

Indicator #2: Average number of days from intake to employment

Goal: 243

Outcome: 108

Analysis: NIL

There were no clients in the program that were seeking other employment opportunities, therefore no data. This specific indicator will be removed in the 2025-2026 Performance Measurement and Management Plan, as this is too unpredictable and variable to measure, due to clients that may not want to seek other employment opportunities.

Service Access:

Objective: First contact from date of referral is made in adequate time.

Indicator: % of new clients that have first contact within 7 days of referral

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

We received three new referrals into the program, all of whom were contacted within 7 days after receiving the referral.

Experience of Services and other feedback:

Persons Served

Objective: Job seekers are satisfied with services received.

Indicator: % of clients who are happy with services received, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

The Client Experience of Services Survey for this program was included in the Employment Survey, which also had responses from: Supported Employment, Creative Employment, and HYPE - Employment. Unfortunately, it was discovered that this does not provide true and accurate results, as there are several programs included in this one survey. The Administration team will continue to strategize ways to effectively gather accurate results and feedback from clients.

Stakeholders

Objective: Employers are satisfied with the support received.

Indicator: % of employers who are happy with support received, as indicated on the Experience of Services Survey

Goal: 85%

Outcome: 100%

Analysis: **GOAL MET**

An Experience of Services Survey was created for the inclusive employers in the community, who provide employment opportunities for clients in the program. There were 10 inclusive employers who responded to the survey, all indicating they were satisfied with the support they received from employment staff. Although the specific question "are you happy with the support received" was not asked on the survey, every question answered received 100%.

Some testimonials:

"RCIS employment services program facilitators take time to understand the needs of the employer and work hard to match an employee candidate. The support for the employee is tremendous. We are incredibly fortunate to have this program and its people in our community of Campbell River."

"This program is the heart of what makes Campbell River such a great place to be."

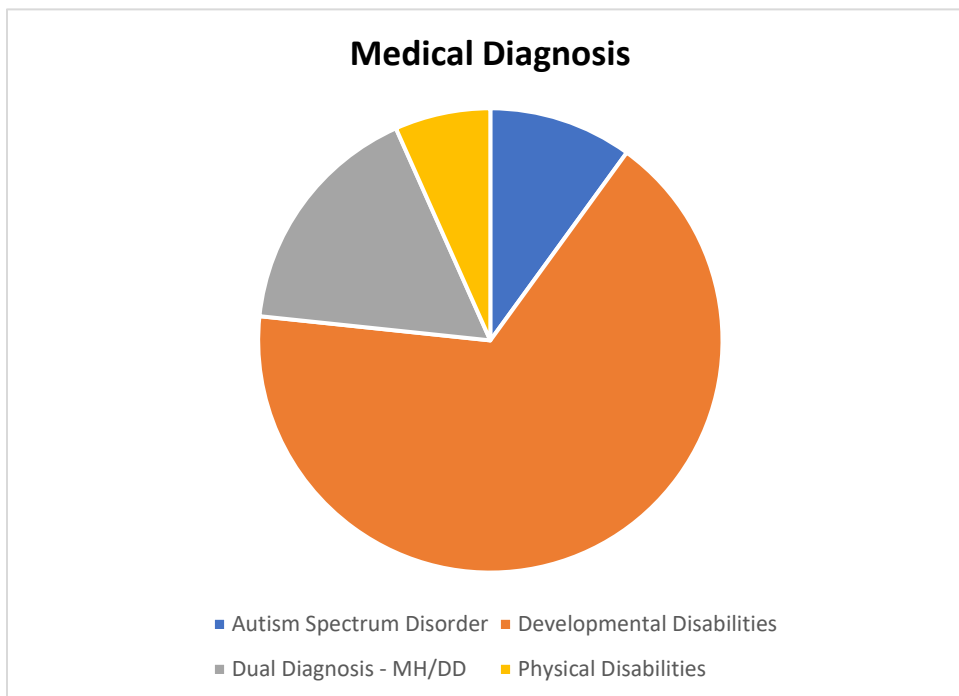
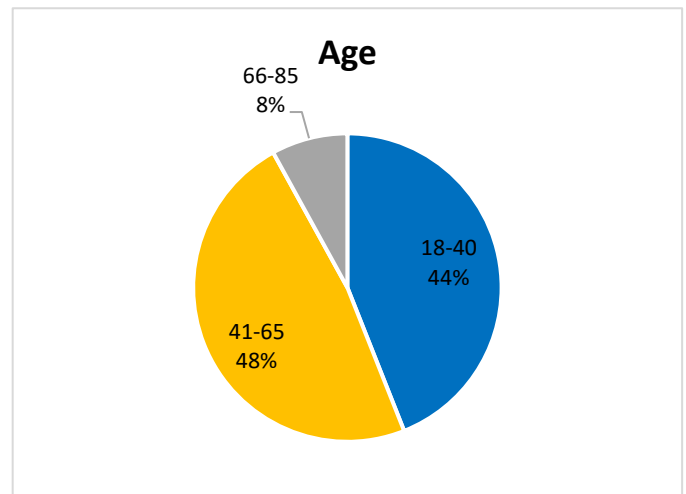
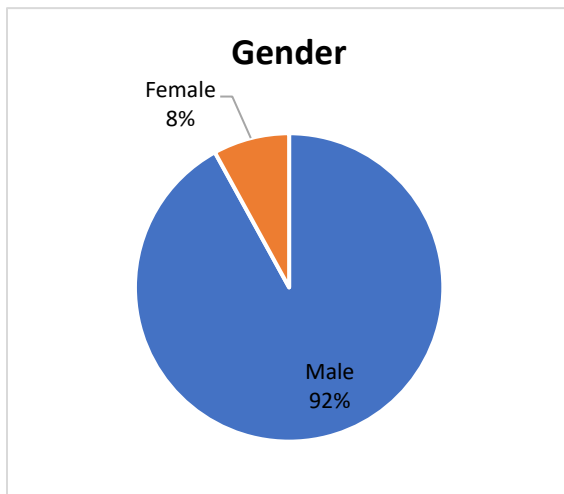
"Working with Rivercity Inclusion job coaches has been beneficial to our business. It has been a great addition to our team."

"The Employment Services Program has been a great experience. The employee the provided is a hard worker and can be independent due to the organization. This is a great opportunity for him to be independent and be proud of his work. Thank you for setting him up for success!"

Creative Employment

At Rivercity Inclusion we have 3 social enterprises that form Skyline Productions: Confidential Paper Shredding, Boom Board Production, and lawn mowing. Each of these employment opportunities offers real employment to many individuals in our community.

Characteristics of clients in the program:



Referrals into the Creative Employment Program come in from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Client employment hours within Skyline Productions are increased

Indicator: # of new vendors that obtain services from Skyline Productions

Goal: 10

Outcome: 14

Analysis: **GOAL MET**

Confidential Paper Shredding received 12 new customers this past year, and Boom Boards received 2 new customers. Obtaining new customers will demand additional employment hours to meet the needs of the business. This directly benefits the individuals in this program, as those hours become direct employment. We will continue with this objective in the 2025-2026 Performance Measurement and Management Plan, as the goal of new vendors directly benefits the individuals in this program.

Resources used to achieve results for the persons served (efficiency):

Objective: Increase revenue to provide additional employment opportunities.

Indicator: % of increase in revenue for boom boards, shredding and lawn mowing

Goal: 5%

Outcome: 8%

Analysis: **GOAL MET**

The increase in revenue provides more hourly wages to pay the individuals working in this program. This objective relates to our effectiveness goal, as the increase in sales provides the opportunity to increase hours of employment. The Creative Employment Program is a social enterprise that employs clients in the program to have opportunities working in Confidential Paper Shredding, Boom Boards, and Lawn Mowing.

Service Access:

Objective: First contact from date of referral is made in adequate time.

Indicator: % of new clients that have first contact within 7 days of referral

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

There was one new referral in the Creative Employment Program, who was contacted at least 7 days after receiving the referral.

Experience of Services and other feedback:

Persons Served

Objective: Client employees are satisfied with services received.

Indicator: % of clients who indicate they are happy with services, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 100%

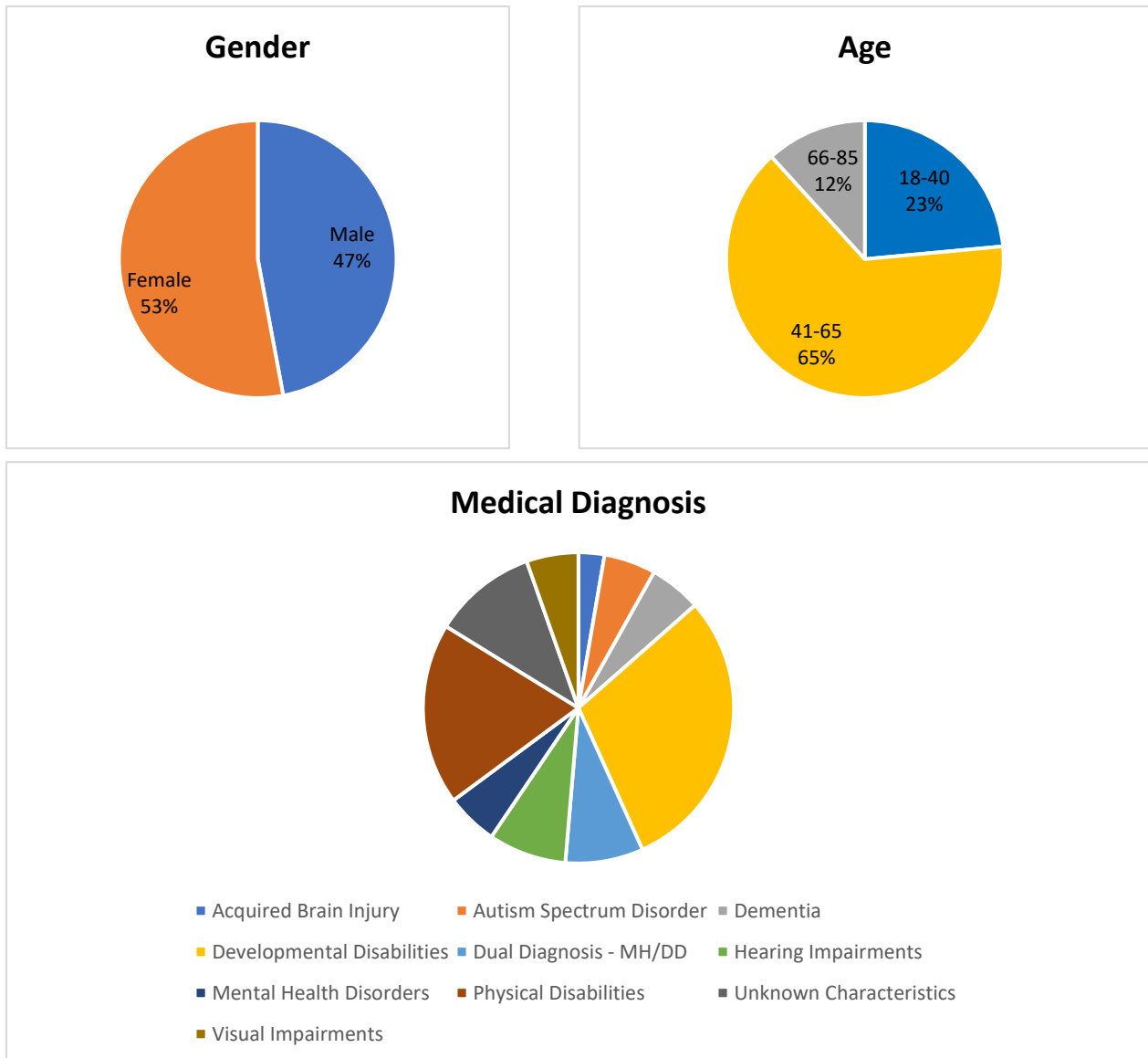
Analysis: **GOAL MET**

The Client Experience of Services Survey for this program was included in the Employment Survey, which also had responses from: Supported Employment, Customized Employment, and HYPE - Employment. Unfortunately, it was discovered that this does not provide true and accurate results, as there are several programs included in this one survey. The Administration team will continue to strategize ways to effectively gather accurate results and feedback from clients.

Staffed Living

Rivercity Inclusion offers a variety of Staffed Living homes which provide personal care and daily living support from one to five individuals per home. The homes are personalized and reflect the tastes, interests and wishes of those who live there. Family and friends are welcome, and staff offer opportunities to get involved in activities within the home, learn new things, and take part in things that are happening in our community.

Characteristics of clients in the program:



Referrals into the Staffed Living Homes come in from Community Living BC (CLBC), the funder for all Adult Services Programs.

Results achieved for the persons served (effectiveness):

Objective: Individual goals are achieved.

Indicator: % of residents' individual goals that are achieved

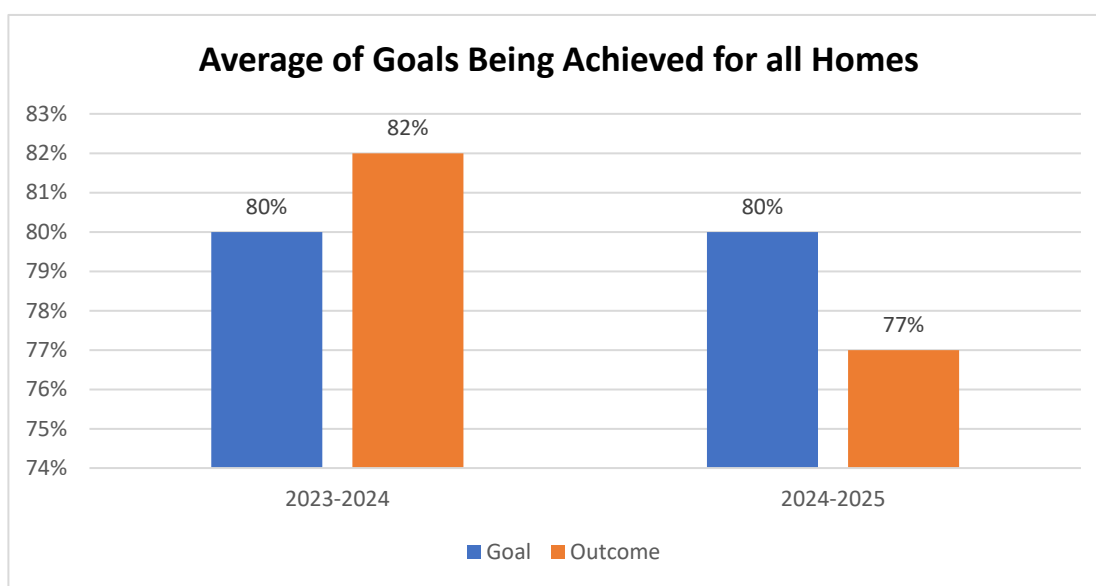
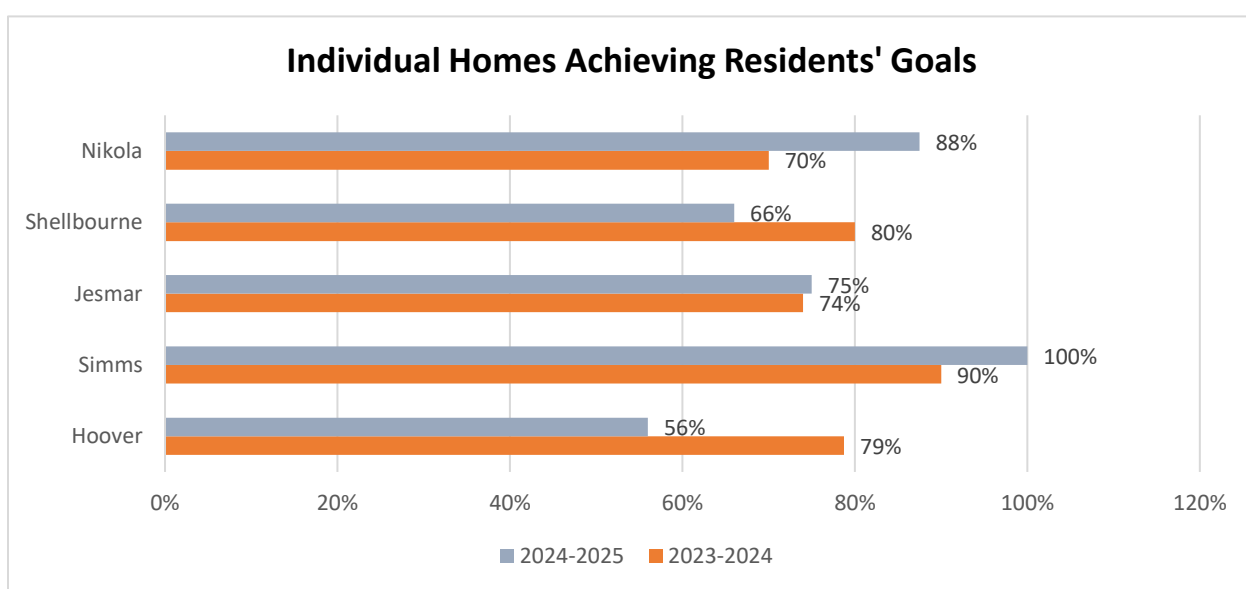
Goal: 80%

Outcome: 77%

Analysis: **GOAL NOT MET**

As there are five staffed living homes included in this Performance Measurement and Management Plan objective, the 77% outcome is the average number of residents achieving their goals at the home. By looking at each individual home, which represents the residents in that home, some homes did achieve the goal set of 80% for the residents living there.

Hoover – 56%; Simms – 100%; Jesmar – 75%; Nikola – 87.5%; Shellbourne – 66%



Resources used to achieve results for the persons served (efficiency):

Objective: Person Centered Plans are completed at least 30 days after expiry.

Indicator: % of average number of days Person Centered Plans (PCP) are completed

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

For all the residents' living in the five staffed living homes, Person Centered Plans were all completed at least 30 days after their annual expiration date. This objective will remain in the 2025-2026 Performance Measurement and Management Plan, as person centered and goal planning is an important experience of the persons life. This objective also correlates to the Effectiveness goal set for this program.

Service Access:

Objective: Follow-up is completed for residents waiting for external services.

Indicator: % of follow-ups being completed every 4 months

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

As turnover in the Staffed Living Homes is very minimal, and highly unlikely to change on an annual basis, it didn't make sense to set an objective that wouldn't provide information around service access into our organization. The objective of measuring service into external services for the residents was to ensure that staff and/or supervisors are making contact and following up on waitlists. External services included mainly medical professionals, such as surgeons, specialized denturists, etc.

For the residents that are waiting for external services, follow-up was completed within 4 months for each resident. This objective will remain in the 2025-2026 Performance Measurement and Management Plan, to help ensure our residents are not forgotten on those external waiting lists.

Experience of Services and other feedback:

Persons Served

Objective: Residents are happy.

Indicator: % of residents who indicate they are happy, as indicated on the Experience of Services Survey

Goal: 80%

Outcome: 100%

Analysis: **GOAL MET**

The Client Experience of Services Survey titled Staffed Living Homes, was specific to all five homes, which resulted in program specific results. For the residents that completed the survey, 100% of them indicated that they are happy – which is a wonderful response!

Stakeholders

Objective: Families are happy with the communication they receive from the home.

Indicator: % of family members who answer the survey question: "I am happy with the communication I receive from the home", as indicated on the Experience of Services Survey

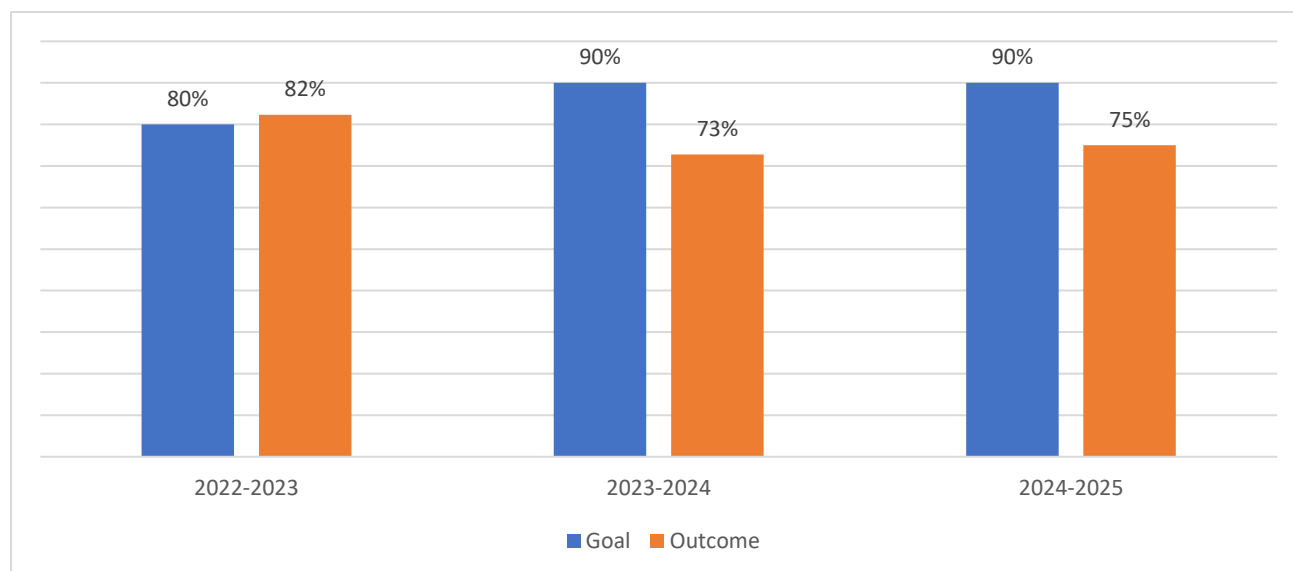
Goal: 90%

Outcome: 75%

Analysis: **GOAL NOT MET**

The Stakeholder Experience of Services Survey was sent directly from Survey Monkey this year. This allowed for the ability to filter out program specific results, as stakeholders were asked which program their individual participates in but still keeps confidentiality, as answers are unable to be seen for that respondent.

Through that filter, we were able to gather feedback specifically to those who responded they are part of the Staffed Living Homes. In 2022-2023, 82% of respondents indicated they were happy with communication from the home, achieving the goal set of 80%. From that achievement, in 2022-2023 we increased our goal to 90%, but unfortunately have not met that goal since that year. There has been a very slight increase in satisfaction around communication since 2023 but will continue to work on that. Unfortunately however, due to specific and personal circumstances, a resident might not have a family member that we are in contact with. This objective will be removed from the 2025-2026 Performance Measurement and Management Plan, and an objective focused on satisfaction with families will be further measured.



Business Functions

Accessibility:

Objective: Program identified accessibility barriers are removed/completed.

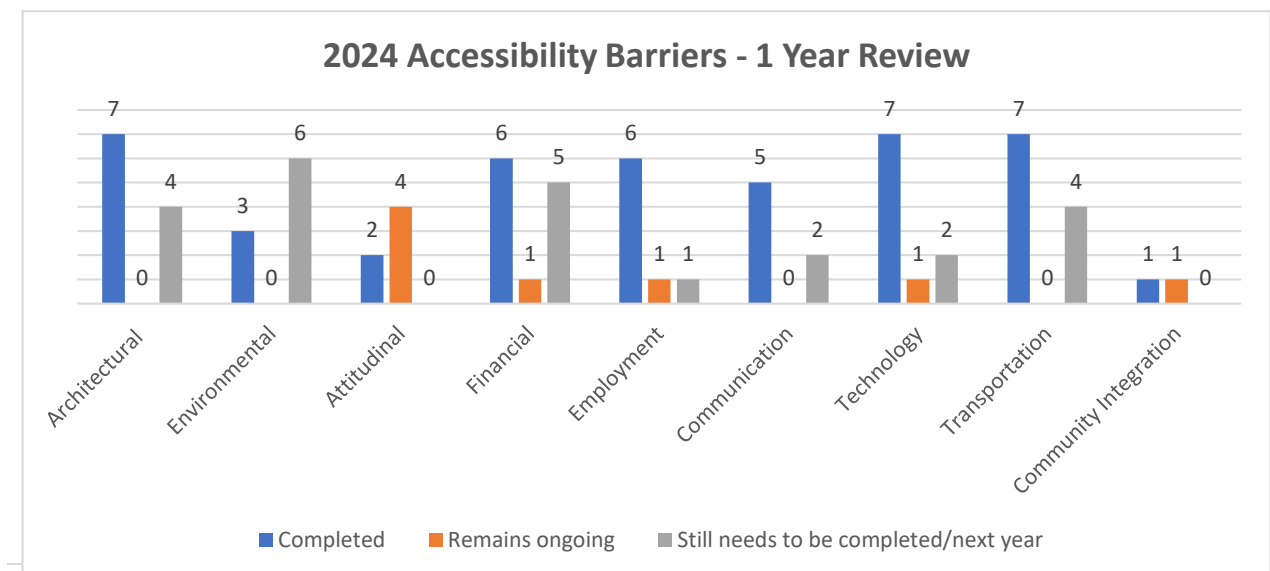
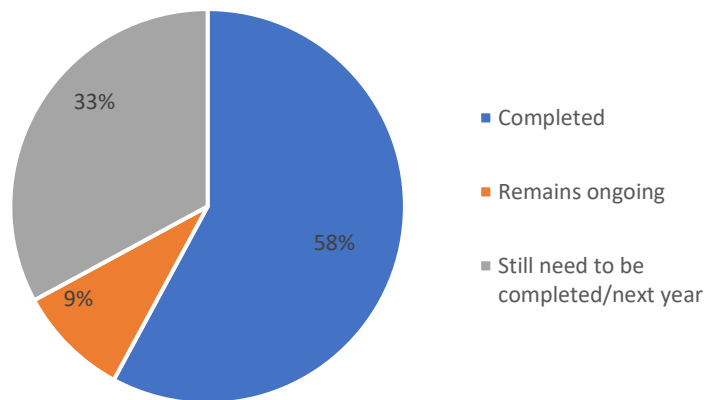
Indicator: % of barriers completed

Goal: 70%

Outcome: 58%

Analysis: **GOAL NOT MET**

There were 74 barriers identified from programs in the 2024 Accessibility Plan, with Architectural and Transportation categories having the most identified barriers. Out of 74 barriers identified, 58% were completed, 9% will remain as ongoing barriers – meaning they won't have an actual completion, and 33% still need to be completed on the 2025 Accessibility Plan.



Education:

Objective: Management coordinates professional development for the staff.

Indicator: # of professional development opportunities facilitated

Goal: 1

Outcome: 0

Analysis: **GOAL NOT MET**

The intent behind this objective was to internally provide staff with an educational opportunity. This was not completed, however something that would still be meaningful. The Cultural Competency, Diversity and Inclusion Committee also has been researching the same opportunity. The Management team will continue to look into providing this to our staff.

Fundraising:

Objective 1: Financial revenue through grants and donations increases, to support fundraising needs.

Indicator: \$ value of grants and donations that are received

Goal: \$250,000

Outcome: \$139,133

Analysis: **GOAL NOT MET**

Unfortunately, we did not meet this goal of \$250,000, as we did receive 55% of that target through grants and donations during the 2024-2025 fiscal year.

The \$139,133 including funding supported from: Altrusa Club, BC Association of Aboriginal Friendship Centres, BC Housing, Boston Pizza, Campbell River Community Foundation, Fraternal Order of Eagles, Equip BC, Island Health Community Wellness.

Through these grants and donations, funding is able to support programs, as well as client needs through that program. We will continue to measure this objective, as grant writing and donations will remain an ongoing commitment to support our organization.

Health and Safety:

Objective 1: Reduction in musculoskeletal injuries in staff.

Indicator: # of decreases musculoskeletal injuries from 2024

Goal: 2

Outcome: 7

Analysis: **GOAL NOT MET**

The Occupational Health and Safety Committee has been reviewing this type of injury for many years. Across the sector, musculoskeletal injuries are a larger contributing factor to staff injuries. In 2024, the goal was set to reduce these injuries by the number of two. Unfortunately, however, we had an increase in these injuries for a total of 7. The OHS Committee is researching musculoskeletal injury prevention courses for staff or possibly OHS Representatives to take. We will continue to monitor this objective, as this is also in the Health and Safety Plan for Rivercity Inclusion.

Objective 2: There are no injuries due to inattentiveness “not in the moment”.

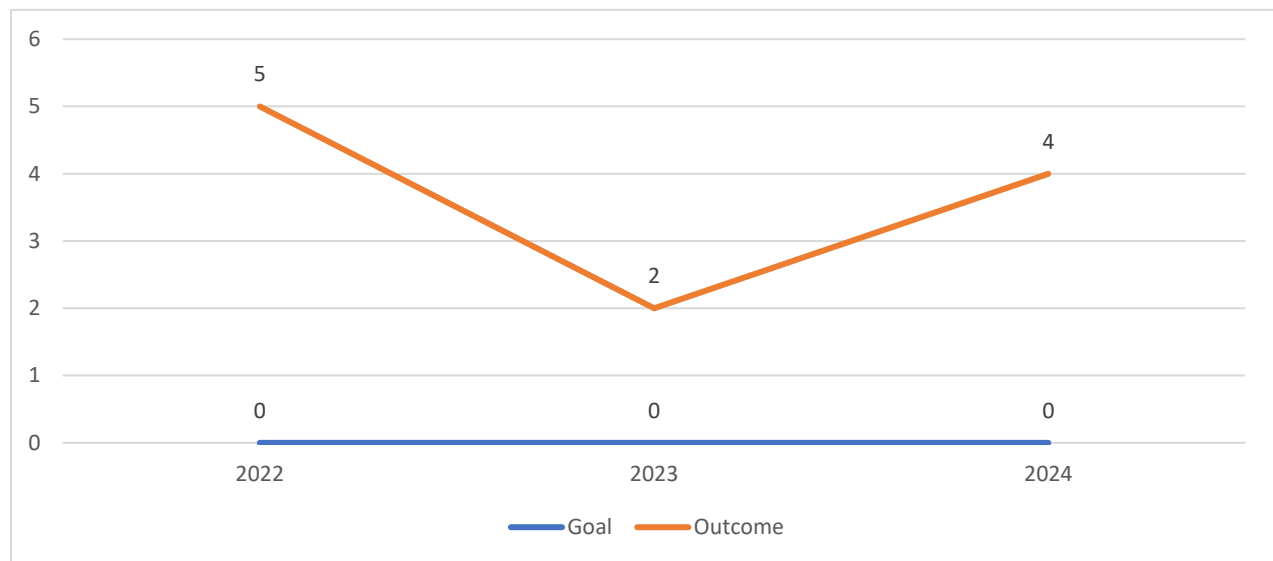
Indicator: # of decreases in injuries due to inattentiveness

Goal: 0

Outcome: 4

Analysis: **GOAL NOT MET**

The intent behind having zero injuries due to staff being inattentive at work is set this way, as the Occupational Health and Safety Committee does not want to see any injuries for this reason. While on shift, all staff should be present and, in the moment, while working. Unfortunately, over the last few years we have been unsuccessful in reaching this goal. This objective has remained in the 2025 Health and Safety Plan but changed the goal from 0 to 2 and will continue to be measured additionally in the Performance Measurement and Management Plan.



Objective 3: More precise medication administration to residents in our care.

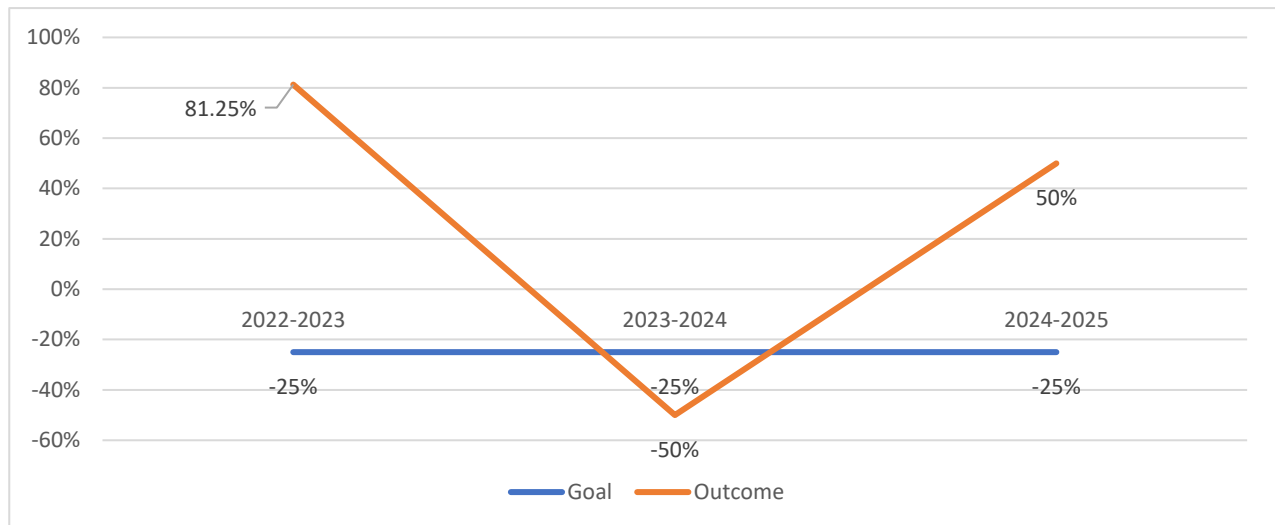
Indicator: % of medication errors that decreases from last calendar year

Goal: 25% decrease

Outcome: 50% increase

Analysis: **GOAL NOT MET**

This objective was moved from the Staffed Living Homes Efficiency goal from last year, into a Business Function goal. Effective medication administration is incredibly important to ensure great service delivery to our clients. In 2023-2024 we did meet our targeted goal, however in 2024-2025 we actually had quite a large increase in medication errors. There are a few variables however that could affect this number: incorrect reporting, new medications/procedures, and internal procedural unawareness. For example, there has been a large number of new staff working in the homes, which could impact on these errors. Employees are required to take the Medication Administration Course before administering any medications to a client. This is an important objective to measure.



Human Resources:

Objective #1: Staff have a current class 4 driver's license.

Indicator: % of staff that have their class 4 driver's license

Goal: 85%

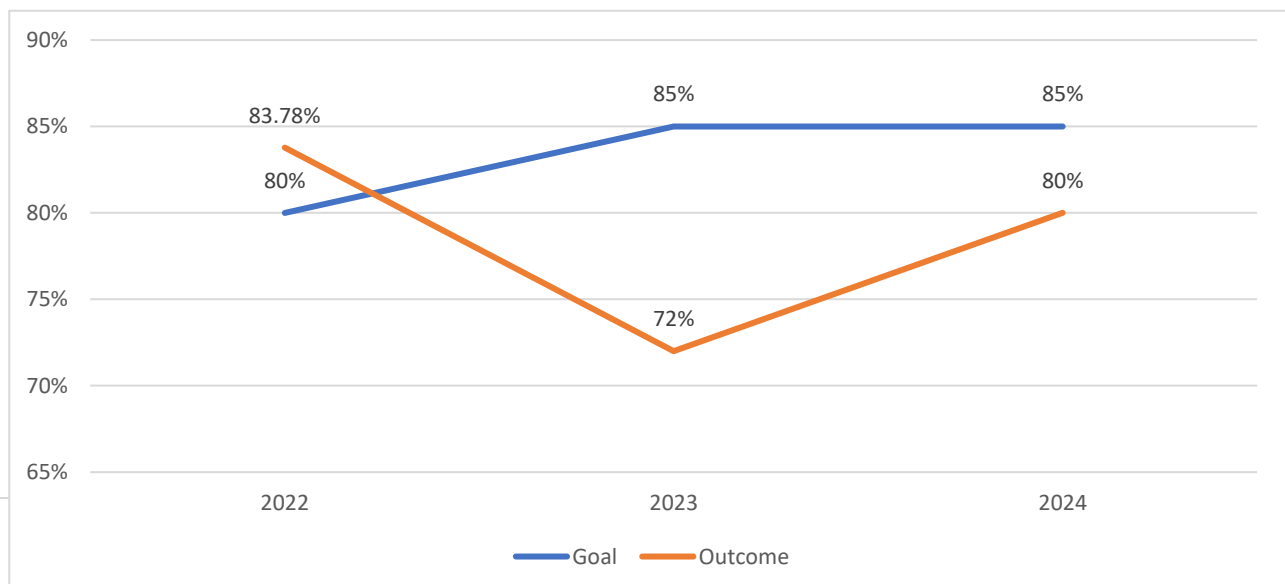
Outcome: 80%

Analysis: **GOAL NOT MET**

There are a few variables that impact why the Society was unable to obtain its targeted goal. There has been a significant number of new employees hired, which is great for all the programs, however they are given 6-months to obtain their class 4 driver's license.

In 2023, there were quite a few new employees hired that are international. The majority of these new employees were unable to obtain a driver's license, unless they surrender their driver's license from the country they are from. This applies to the international students that are working for the Society, which also affects the results.

In 2024, recruitment continued to become more and more successful, and many employees were able to obtain their class 4 driver's license; which shows an increase of 8% from 2023.



Objective #2: Employees are current in their CPI training.

Indicator: % of employees who have current CPI

Goal: 75%

Outcome: 65%

Analysis: **GOAL NOT MET**

The Occupational Health and Safety (OHS) Committee put this objective in place for their 2024 Health and Safety Plan. Having employees current in non-violent crisis intervention training enforces positive and preventative measures for their safety. Knowing preventative strategies for when a client's behaviour becomes heightened, enforces practices to keep everyone safe. This objective will remain in the 2025-2026 Performance Measurement and Management Plan to ensure employees compliance with this training.

Objective #3: Program Supervisors understand the importance of their position for their team.

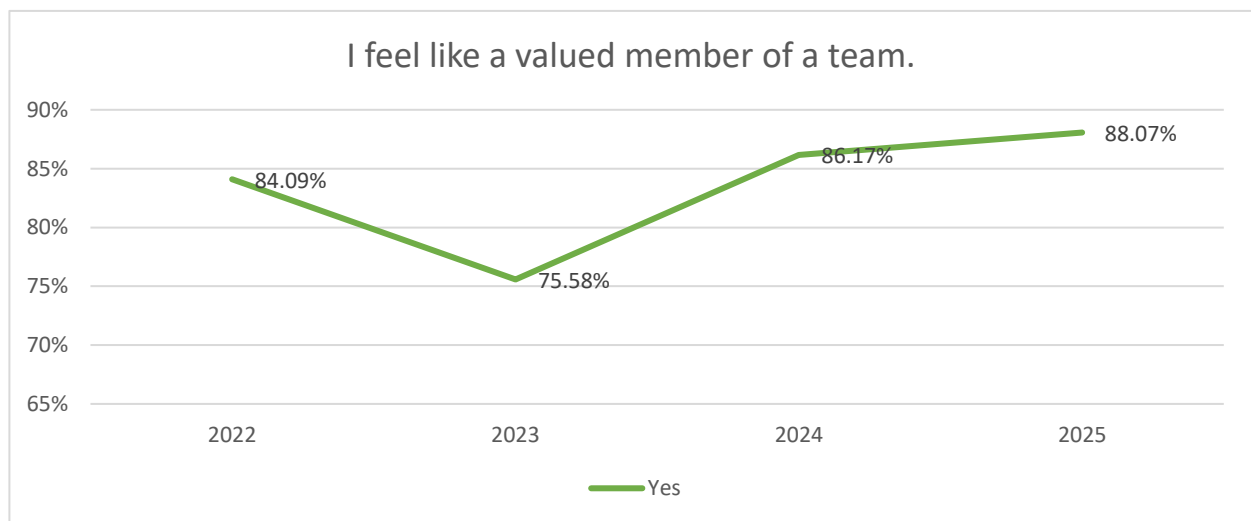
Indicator #1: % of responses to the question - "I feel like a valued member of a team", on the Staff Satisfaction Survey

Goal: 90%

Outcome: 88%

Analysis: **GOAL NOT MET**

Rivercity Inclusion completes a Staff Satisfaction Survey every year. One of the questions on the survey is: "I feel like a valued member of a team". This question has been asked for many years, and in 2023 there was a decline in staff indicating they felt like a valued member, however since then, there has been an increase in staff feeling valued. This is great news and will continue to be tracked to ensure employees continue feeling valued.



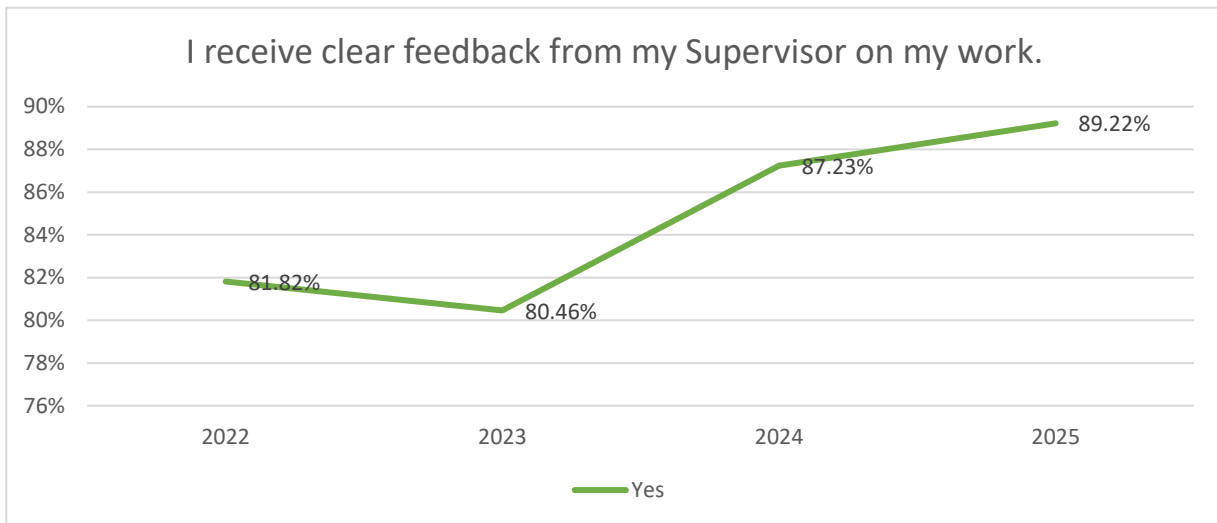
Indicator #2: % of responses to the question - "I receive clear feedback from my Supervisor on my work", on the Staff Satisfaction Survey

Goal: 90%

Outcome: 89%

Analysis: **GOAL NOT MET**

For years Rivercity Inclusion has been asking staff if they receive clear feedback from their supervisor. Since 2023, there has been a steady increase in this area. This indicator will be removed from the 2025-2026 Performance Measurement and Management Plan and will be focused on a question that is more specific to employees feeling satisfied in their employment with the organization.



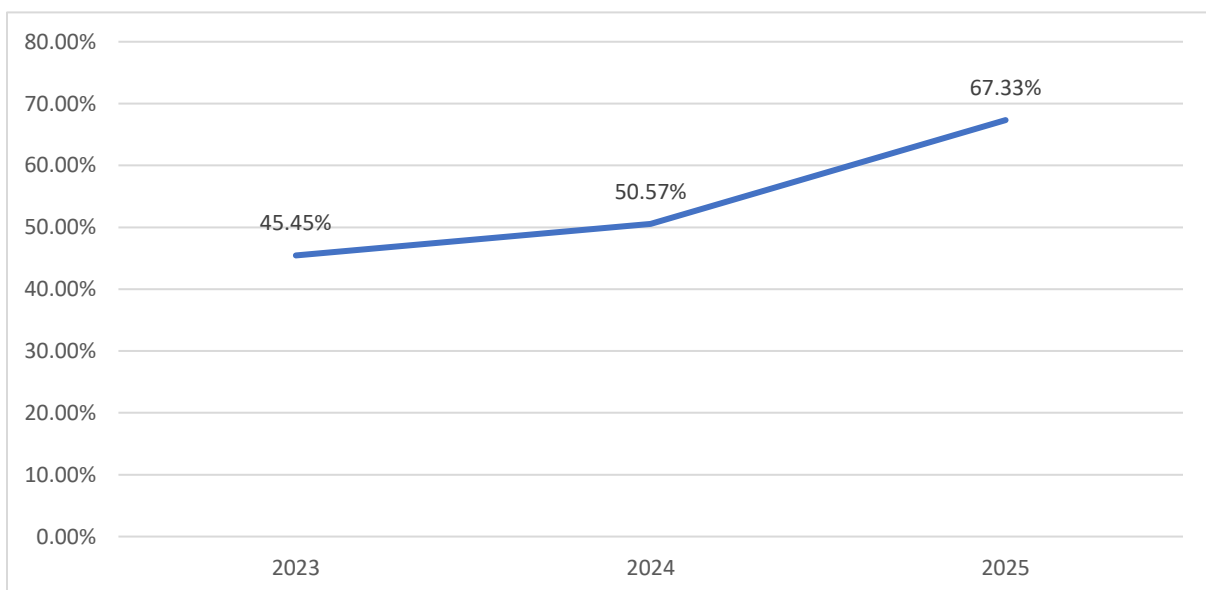
Indicator #3: % of responses to the question - "What makes you happy at work - colleagues/teamwork", on the Staff Satisfaction Survey

Goal: 73%

Outcome: 67%

Analysis: **GOAL NOT MET**

This specific question was removed from the 2025 Staff Satisfaction Survey, however the question "What makes your job/work rewarding" was asked, with colleagues/teamwork still as one of the selections. There has been a steady increase in staff indicating that colleagues/teamwork is rewarding to them in their employment at Rivercity Inclusion. This will continue to be asked on the annual survey and tracked.



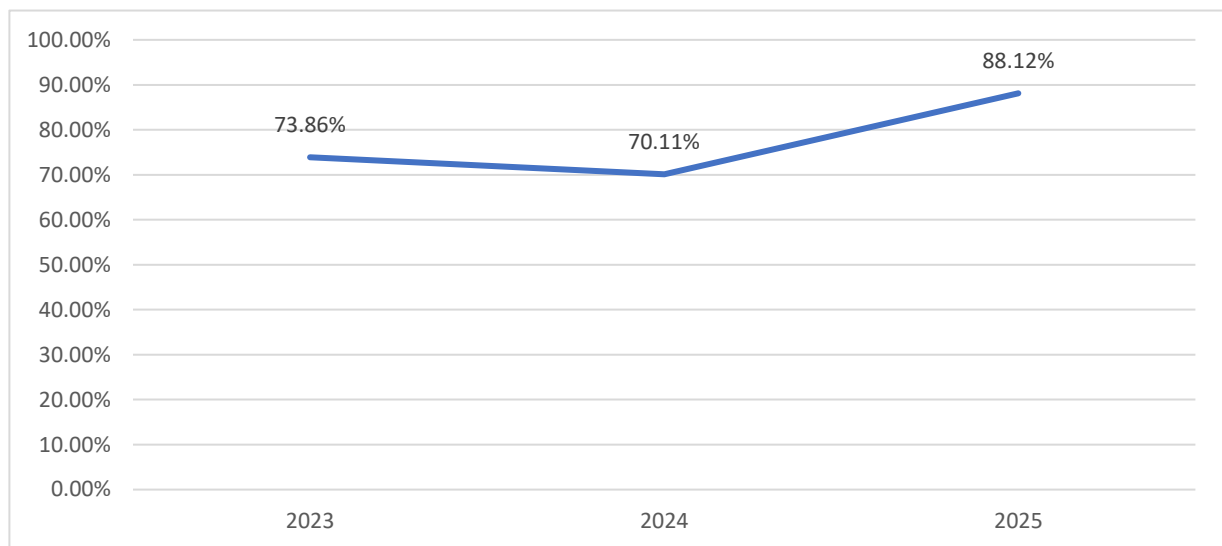
Indicator #4: % of responses to the question - "What about your job/work is rewarding - clients", on the Staff Satisfaction Survey

Goal: 74%

Outcome: 88%

Analysis: **GOAL MET**

There was an 18% increase in employees indicating that clients are important to their job/work, since 2024. This is a huge increase and a wonderful response! The clients are the reason we are here and our work is to support them, so staff indicating such a high percentage in this area shows the dedication our staff have to the people we support. We will continue to measure this indicator in the 2025-2026 Performance Measurement and Management Plan.



Objective #4: Casual employees respond to the new survey question, specifically for them.

Indicator: % of responses to the question - "Do you feel you have knowledge of what's happening in the Society", on the Staff Satisfaction Survey

Goal: 80%

Outcome: NIL

Analysis: **NO RESULTS**

Unfortunately, this question was overlooked to be put on the Staff Satisfaction Survey in 2025. The question of whether an employee is 'full-time', 'part-time', or 'casual' was added, we were able to filter out just compiled casual responses. Even though this filter option for casual responses was added, the question of "Do you feel you have knowledge of what's happening in the Society" was missed. This objective will be removed from the 2025-2026 Performance Measurement and Management Plan, as the Administration team has many communication avenues put in place to communicate to all employees.

Objective #5: Casual employees are included in communication throughout the Society.

Indicator: % of responses new question on survey - "Do you feel you have knowledge of what's happening in the Society", on the Staff Satisfaction Survey

Goal: 80%

Outcome: NIL

Analysis: NO RESULTS

Unfortunately, this question was overlooked to be put on the Staff Satisfaction Survey in 2025. The question of whether an employee is 'full-time', 'part-time', or 'casual' was added, we were able to filter out just compiled casual responses. Even though this filter option for casual responses was added, the question of "Do you feel you have knowledge of what's happening in the Society" was missed. This objective will be removed from the 2025-2026 Performance Measurement and Management Plan, as the Administration team has many communication avenues put in place to communicate to all employees.

Strategic Plan:

Objective: Awareness of our organization in the community, through the number of followers on social media.

Indicator: # of new followers on social media

Goal: 8 per month

Outcome: April 2024 – 8; May 2024 – 6; June 2024 – 4; July 2024 – 19; August 2024 – 21; Sept 2024 – 26; Oct 2024 – 43; Nov 2024 – 28; Dec 2024 – 31; Jan 2025 – 14; Feb 2025 – 14; March 2025 - 13

Analysis: GOAL MET

Every month, the Society met its goal of eight new followers on social media (Facebook and Instagram). In April 2023, a client in the Customized Employment Program, was hired to oversee and manage the social media accounts for the Society. From this, we have had an increasingly high number of new followers which directly affects the community's awareness of our organization. It also provides a great communication tool for staff, clients, stakeholders, and the community at large.

This objective will remain in the 2025-2026 Performance Measurement and Management Plan, but may look at a different way to measure this rather than on a monthly basis.

2024 - 2025 Improvement Plan

There were 38 objectives with goals set out in the Performance Measurement and Management Plan that were not met for the period April 2024 – March 2025. An action plan to remedy these goals for the following year is as follows:

| Objective Domain | Program | Objective | Action Plan |
|--|-------------------------------------|---|---|
| Results achieved for persons served (Effectiveness) | Infant Development Program | Families will find the information and resources provided by their consultant meaningful, through progress notes and their service plan. | As part of IDP meetings: regularly review the structure and language of progress notes and service plans to ensure they are clear, and concise. Make sure they reflect families' specific needs and priorities. |
| | Supported Child Development Program | Children and/or families/caregivers will gain skills identified in their child's Individual Family Service Plan, that will result in the child becoming more independent within their child-care setting. | Consultants will ensure that SCDP specific strategies meet the family goals to ensure the best outcome that and be achieved. This goal has also been revised to focus on achieving the child's goal(s), rather than independence for the 2025-2026 Performance Measurement & Management Plan. |
| | Supported Child Development Program | Child-care staff will increase competency in supporting children with extra support needs. | This goal is too objective and has too many variables to gather accurate results. This has been changed in the 2025-2026 Performance Measurement & Management Plan, with a focus on capacity building in the centres. |
| | Recreation and Leisure | Increase community involvement | The goal will remain in the 2025-2026 Plan, however the target will decrease to 10 to make the objective more realistic to work towards achieving. |
| | Confidence in Community | Individuals will have opportunities to connect with community | This objective has been rewritten for the 2025-2026 Performance Measurement & Management Plan. |
| | Independent Living | Increased participation in the Healthy Lifestyle Program activities. | The Program Supervisor is going to create a monthly calendar of events for the clients, to increase their awareness of what's happening in this program. |

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| | HYPE - Employment | Clients are employment ready through the participation of job club | This objective will remain in the 2025-2026 Performance Measurement & Management Plan. |
| | Supported Employment | Obtain new employers for clients to work with | The Supported Employment, PSI Employment and Customized Employment Programs will become one Performance Measurement & Management Plan, rather than separated, as these programs focus on the same objectives. This will hopefully also increase more achievable outcome results. |
| | Creative Employment | Clients employment hours within Skyline Productions are increased. | This objective will remain in the 2025-2026 Performance Measurement & Management Plan, as bringing on new customers increases employment hours for the client employees. This is an important goal to work on as it directly benefits our clients. |
| | Staffed Living Homes | Individual goals are achieved. | This objective will remain in the 2025-2026 Performance Measurement & Management Plan, as goals are very important and client focused. |
| Resources used to achieve results for persons served (Efficiency) | Community Access Services | Program funds allocated for community activities are maximized | There has been a separate new line created in the accounting software to code community activities, and therefore clearly track this objective |
| | Infant Development Program | Maximize service for each client by the number of consultant visits attended per day | As part of IDP meetings: regular review to ensure that consultants are maximizing their daily visits. This could include better coordination of visit times, locations, and travel routes. |
| | Supported Child Development Program | Intake percentage of group intervention situations will be maintained. | The program will review funding situations with centres through the year to ensure they are maximizing situations. Additionally, discuss more shared scenarios with centres. |
| | Confidence in Community | Maintain direct service hours for the program | This objective will remain in the 2025-2026 Performance Measurement & Management Plan and will continue to focus on reducing client cancellations. |
| Service Access | Community Access Services | First contact from date of referral is made in adequate time | This objective will remain in the 2025-2026 Performance Measurement & Management Plan, with a focus to ensure first |

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| | | | contact is made to the referral, even if there is no immediate placement available. |
| | Infant Development Program | Children who are referred will be seen within 3 months from date of referral | As part of IDP meetings: regular review intake process to ensure faster acknowledgment and follow-up of new referrals. |
| | Supported Child Development Program | SCDP will attend community events to assist families in completing ASQ's. | The program will provide ASQ's to centre's to encourage families in completing these. This objective will continue in the 2025-2026 Performance Measurement & Management Plan, as this is a meaningful goal to track. |
| | Confidence in Community | The participants who have a LIFE pass, are utilizing as much as possible during service time. | Program staff will work with those clients who have a LIFE pass to utilize this as much as possible for recreational activities. |
| | Supported Employment | First contact from date of referral is made in adequate time. | This will remain in the 2025-2026 Performance Measurement & Management Plan to continue to strive and measure this objective. |
| Experience of Services and other feedback – persons served | Supported Child Development Program | Families will indicate satisfaction with SCDP services. | A new objective has been written in the 2025-2026 Performance Measurement & Management Plan, about families indicating they are included in planning services. |
| | Recreation and Leisure | Clients feel listened to. | The Administration team will continue to strategize ways to get true accurate results and feedback from clients, especially considering the Client Experience of Services Survey is categorized by program, and not by individual programs. |
| Experience of Services and other feedback – stakeholders | Infant Development Program | Community stakeholders feel they have a collaborative partnership with the program | Establish clearer and more frequent communication with community stakeholders to ensure they feel engaged and valued in the partnership. |
| | Supported Child Development Program | Child-care centres will indicate satisfaction with SCDP services. | A new objective has been written in the 2025-2026 Performance Measurement & Management Plan. Satisfaction being weighted on the survey has too many variables and yields a low response rate. A new objective about centres indicating they have had a positive experience with SCDP staff will be measured. |

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| | Passages | Stakeholders are satisfied with the services provided. | This objective will remain in the 2025-2026 Performance Measurement & Management Plan, as this is meaningful information. |
| | Recreation and Leisure | Families/caregivers are satisfied with the program. | This objective will remain in the 2025-2026 Performance Measurement & Management Plan, as this is meaningful information. The program will work on getting stakeholders to complete this survey, as this year there were no responses from program stakeholders. |
| | HYPE – Inclusion | Stakeholders are satisfied with the service in the program. | The program supervisor is planning to create a more streamlined and effective way of communication to the families/caregivers. This goal will remain for the 2025-2026 Performance Measurement & Management Plan, to analyze satisfaction over the years. |
| | Staffed Living Homes | Families are happy with the communication they receive from the home. | This objective will be removed from the 2025-2026 Performance Measurement & Management Plan. |
| Business Functions | Accessibility | Program identified accessibility barriers are removed/completed. | The Quality Assurance Director will complete more frequent check-in's with program supervisors to ensure barriers are not forgotten about. |
| | Education | Management coordinates professional development for the staff. | Administration will continue to work on putting together a professional development course for staff. This objective is also in the Cultural Competency, Diversity & Inclusion Plan. |
| | Fundraising | Financial revenue through grants and donations increases, to support fundraising needs. | Grant writing continues to become more detailed and more grants are being written than ever before. We will continue to write grants for the organization's needs. |
| | Health and Safety | Reduction in musculoskeletal injuries in staff. | The OHS Committee is researching educational courses around musculoskeletal injury prevention. This objective is being closely monitored by the OHS Committee and is in the Health and Safety Plan. |
| | | There are no injuries due to inattentiveness "not in the moment". | The OHS Committee tracks these types of injuries and works hard on reducing them. This |

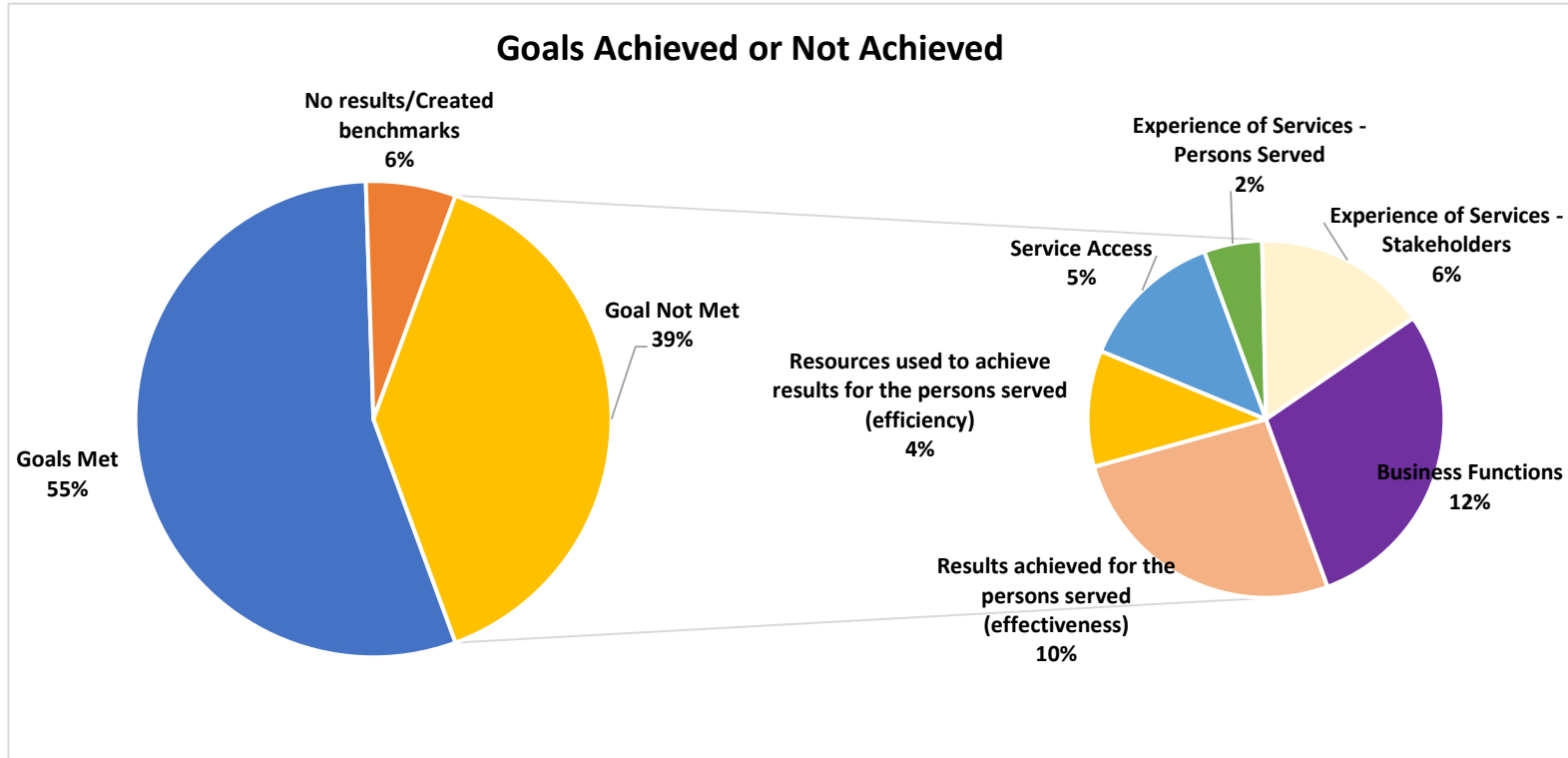
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| | | | objective is also in the Health and Safety Plan. |
| | | More precise medication administration to residents in our care. | This objective will be removed from the 2025-2026 Performance Measurement & Management Plan. |
| | Human Resources | Staff have a current class 4 driver's license. | This objective will be removed from the 2025-2026 Performance Measurement & Management Plan. |
| | | Employees are current in their CPI training. | This objective will continue to be worked for increasing compliance. This goal is being monitored through the Health and Safety Plan by the OHS Committee. |
| | | Program Supervisors understand the importance of their position for their team. | This objective has been reworded to focus on a more accurate description that matches the indicators for the measurement. |
| | | Casual employees respond to the new survey question, specifically for them. | This objective will be removed from the 2025-2026 Performance Measurement & Management Plan. |
| | | Casual employees are included in communication throughout the Society. | This objective will be removed from the 2025-2026 Performance Measurement & Management Plan. |

Summary

The Children's Services and Adult Services Programs had a variety of objectives that were established for this Performance Measurement and Management Plan, to work towards achieving the best possible service delivery outcomes for the clients in the programs.

A total of 98 objectives were identified for all the programs: 54 objectives achieved their performance targets; 38 did not hit their mark and 6 objectives yielded no responses/created benchmarks for future tracking. The 38 objectives that did not meet their goal, have an action plan on the previous pages "Improvement Plan". Some of those objectives have identified ways of working towards the objective for the following year, and some objectives have been removed for the 2025-2026 Performance Measurement and Management Plan.

Going forward, a new Performance Measurement and Management Plan has been developed for April 2025 – March 2026. Objectives have been categorized in their domains and will be worked on throughout the year. For those objectives that will remain from this current Performance Measurement and Management Plan, trends will begin to showcase from year to year and will be analyzed further in future reports.



Report Completed: June 16, 2025

Completed by: Jennifer Harms, Quality Assurance Director