



"HELPING PEOPLE HELP THEMSELVES"

Performance Outcomes and Improvement Plan

April 2025 – March 2026

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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
- Recreation and Leisure
- Confidence in Community
- Independent Living
- LIFE Services
- HYPE – Inclusion
- HYPE - Employment
- Customized, PSI & Supported Employment
- Creative Employment
- Staffed Living Homes

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 2024-2025 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.

2024 – 2025 Improvement Plan Results

At the end of the 2024-2025 Performance Outcomes and Improvement Plan, 38 action plans were created for the objectives that did not meet their goals. There were 11 objectives identified to be removed from the 2024-2025 Performance Management Plan, and new objectives were created or the objective was reworded with a shift in focus. Below are the results on the remaining 27 objectives that stayed in the plan, and whether the goals were achieved or not.

Objective Domain	Program	Objective	Action Plan	Goal Achieved/Not Achieved
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.	Goal Not Achieved
	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.	Goal Not Achieved
	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.	Goal Achieved
	HYPE - Employment	Clients are employment ready through the participation of job club	This objective will remain in the 2025-2026 Performance Measurement & Management Plan.	Goal Achieved
	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.	Goal Achieved
	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.	Goal Achieved
	Staffed Living Homes	Individual goals are achieved.	This objective will remain in the 2025-2026 Performance Measurement & Management Plan,	Goal Achieved

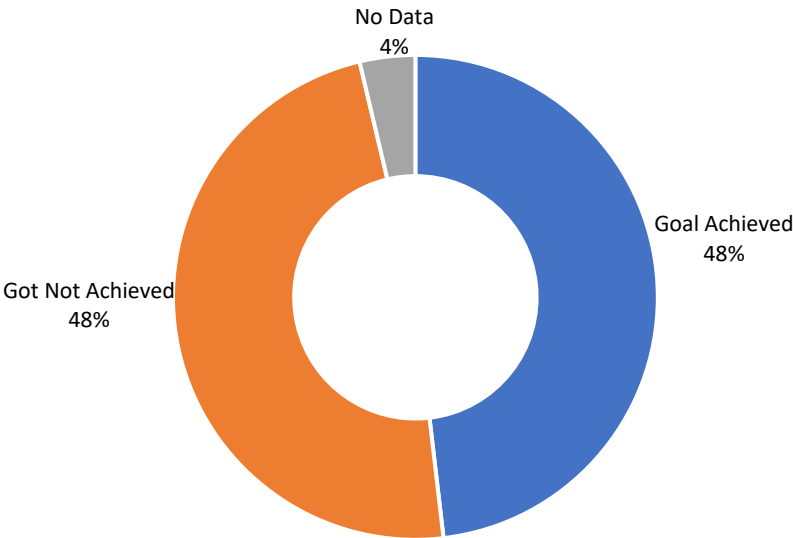
			as goals are very important and client focused.	
Resources used to achieve results for persons served (Efficiency)	Community Access Services	Program funds allocated for community activities are maximized	There has been a separate new line created in the accounting software to code community activities, and therefore clearly track this objective	Goal Achieved
	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.	Goal Not Achieved
	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.	Goal Not Achieved
	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.	Goal Achieved
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 contact is made to the referral, even if there is no immediate placement available.	Goal Achieved
	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.	Goal Achieved
	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.	Goal Not Achieved
	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.	Goal Not Achieved
	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.	Goal Achieved
Experience of Services and other feedback – persons served	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	Goal Not Achieved

			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.	No Data
	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.	Goal Achieved
	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.	Goal Achieved
	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.	Goal Not Achieved
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.	Goal Not Achieved
	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.	Goal Achieved
	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.	Goal Not Achieved
	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.	Goal Not Achieved
		There are no injuries due to inattentiveness "not in the moment".	The OHS Committee tracks these types of injuries and works hard on	Goal Not Achieved

			reducing them. This objective is also in the Health and Safety Plan.	
	Human Resources	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.	Goal Not Achieved

Out of the 27 objectives from the 2024 – 2025 Performance Measurement and Management Plan that remained in this year's 2025 – 2026 Performance Measurement and Management Plan, 48% achieved their goal from the action plan that was created. 48% 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. There was one objective that did not yield any results due to some program changes that occurred throughout the year.

2024-2025 Objectives that were brought forward into the 2025-2026 Plan



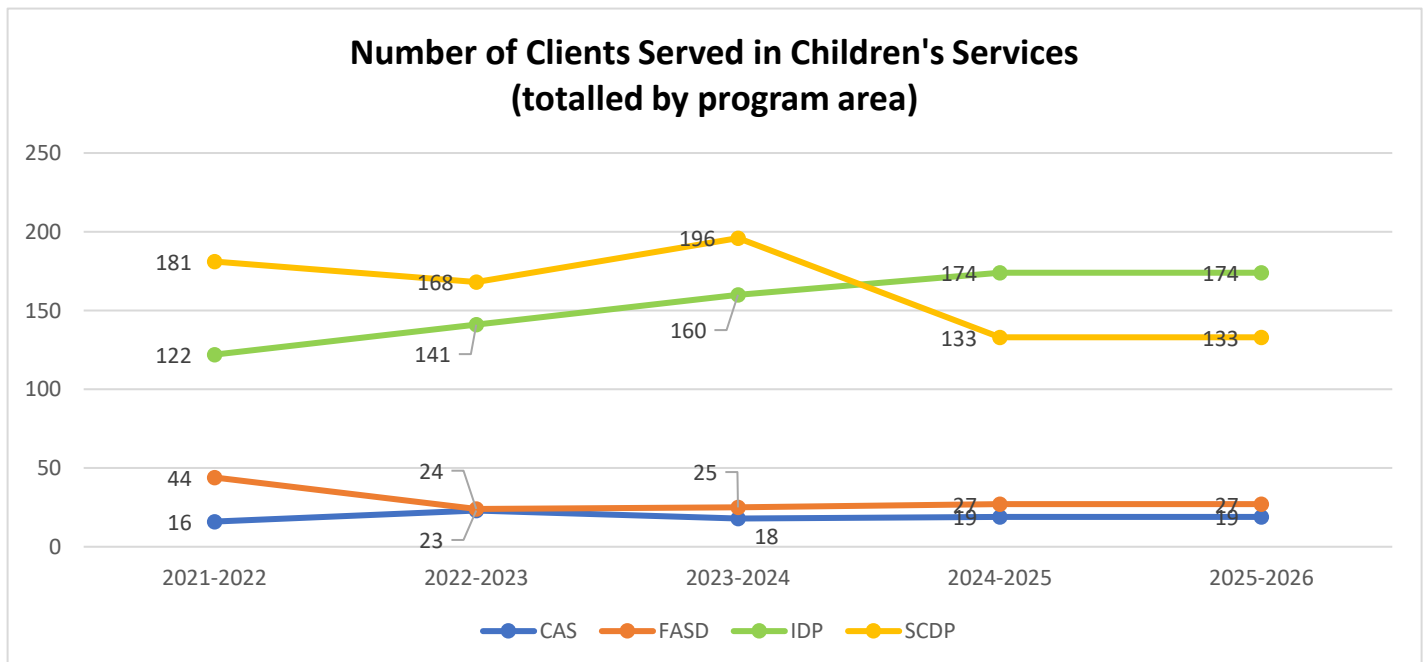
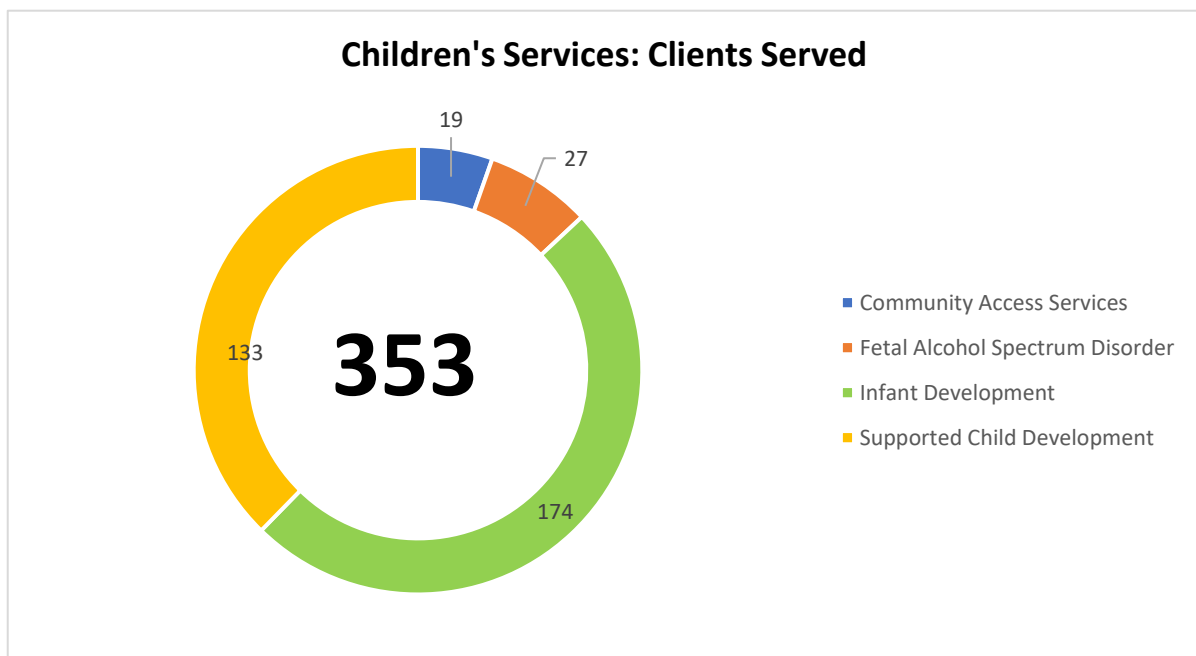
Children's Services

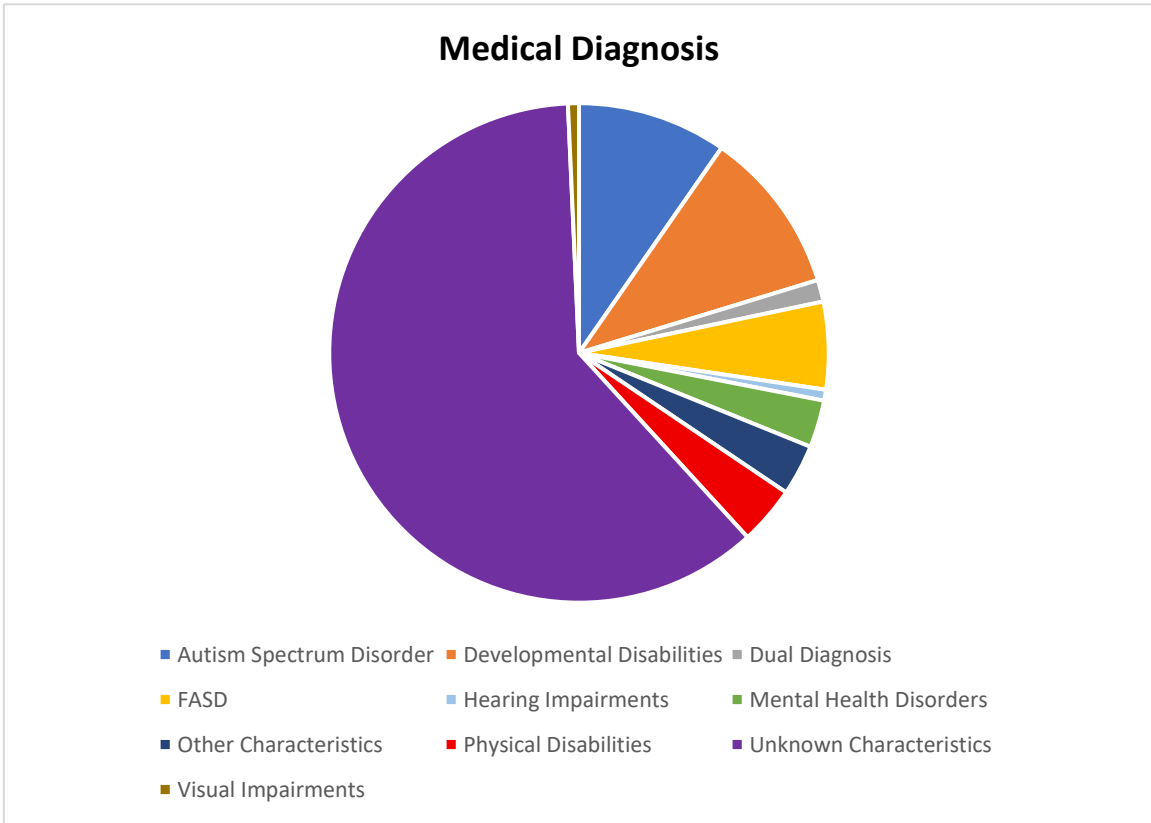
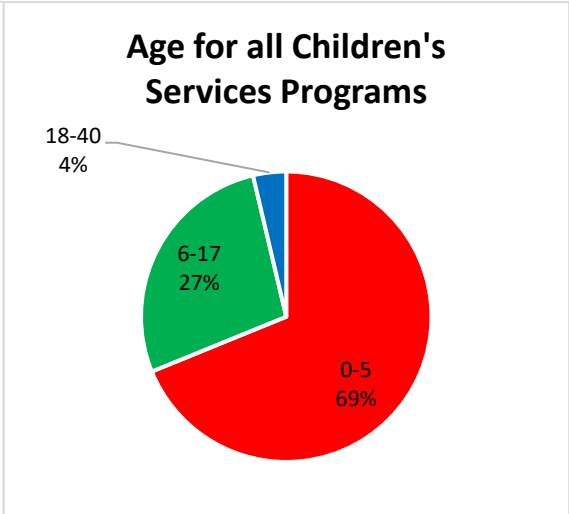
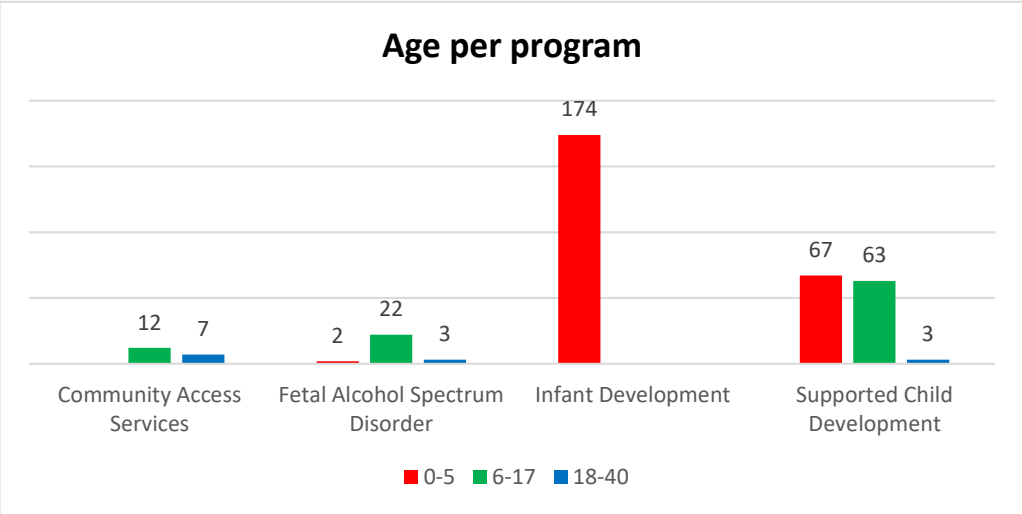
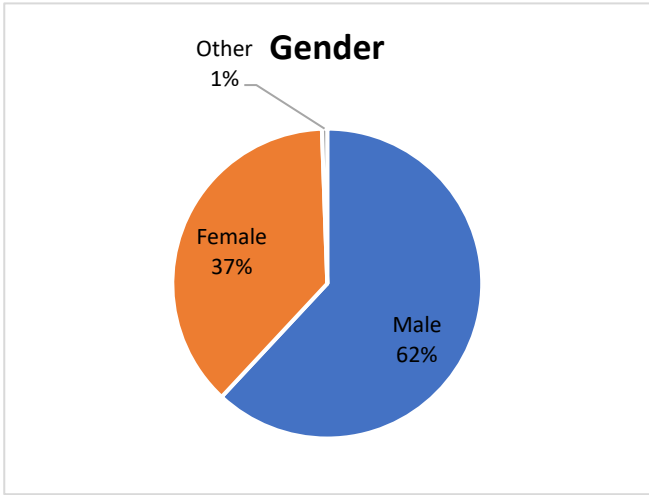
Specific characteristics of the individuals served in all the programs are below:

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:



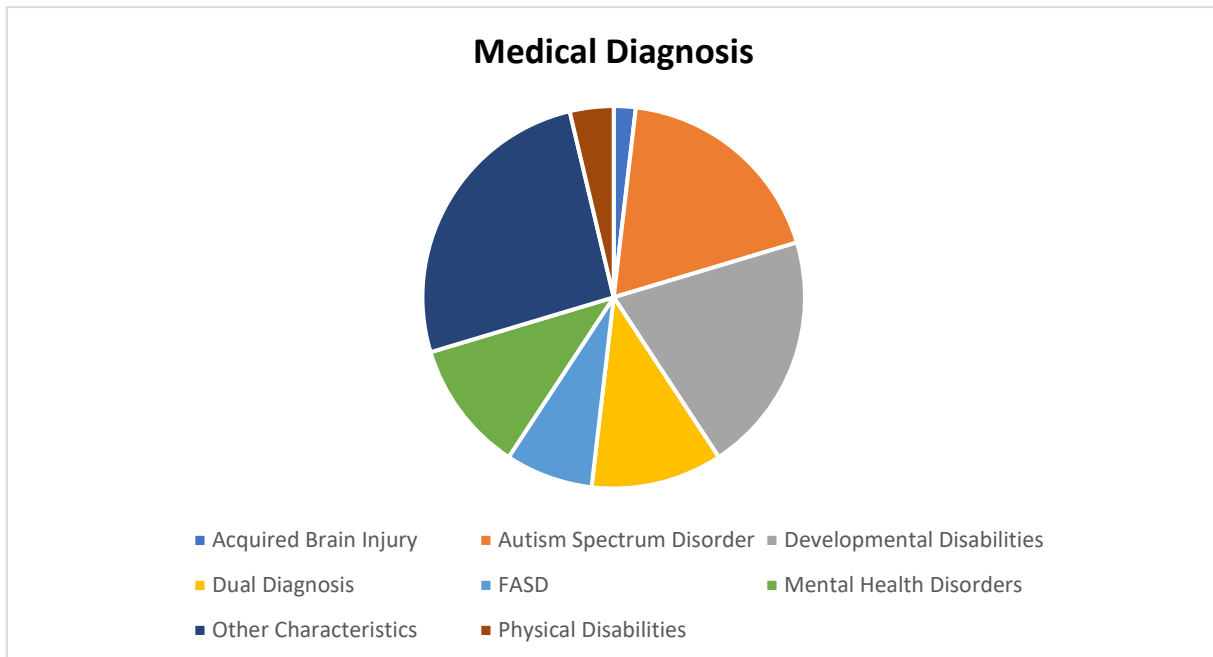
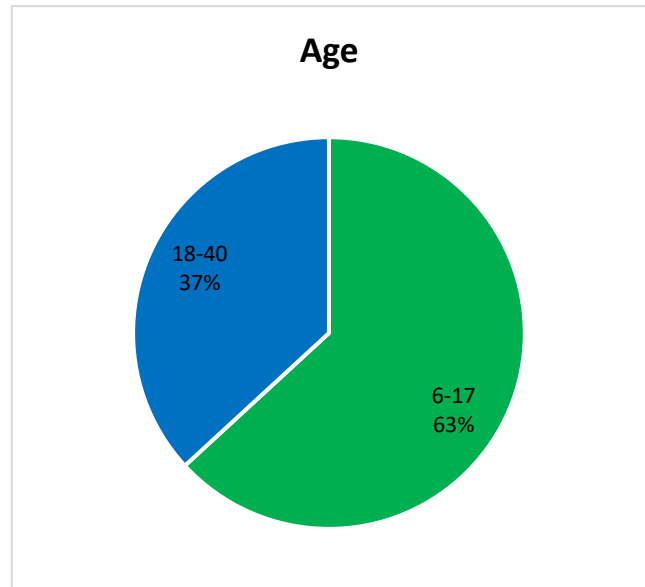
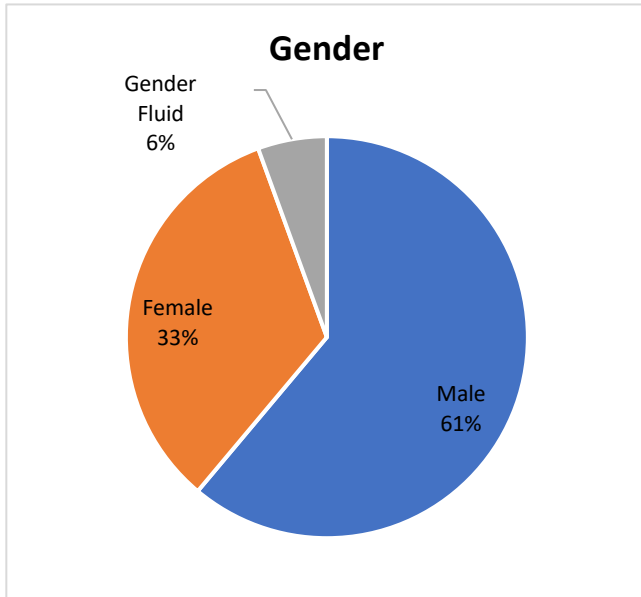


“Unknown characteristics” shows one the largest percentages. The reason for this is the Children’s Services programs do not fully track medical diagnoses, as services are offered to any child/youth who’s in need of support, regardless of their diagnosis.

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):

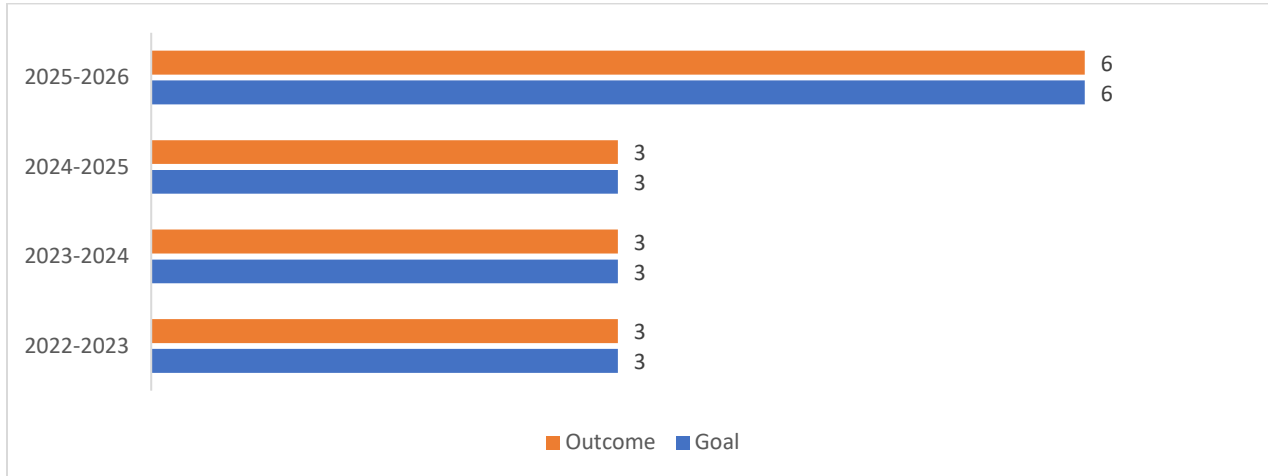
Objective: Participate in activities or projects that give back to the community.

Indicator: # of community projects or activities participated in

Goal: 6

Outcome: 6

Analysis: **GOAL MET**



For the last several years, the CAS Program consistently achieved its goal of participating in activities or projects that give back to the community. For this Performance Measurement & Management Plan, we decided to increase our goal by double; which was met! The program completed two shoebox projects, two crafts days with the seniors at Ironwood Place, and two beach clean up days.

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

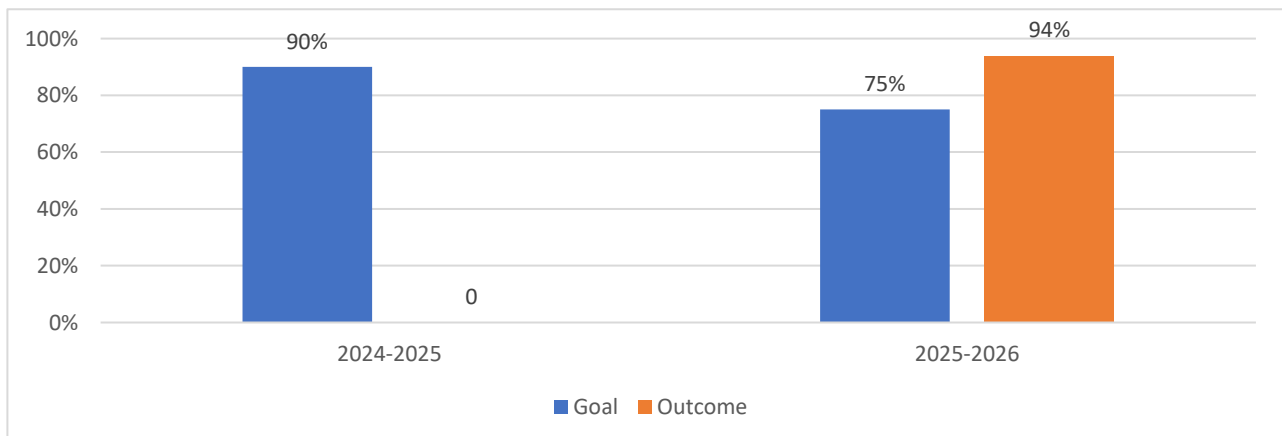
Objective: Program funds allocated for community outings is maximized

Indicator: % of actual program expenses used

Goal: 75%

Outcome: 94%

Analysis: **GOAL MET**



In the 2024-2025 Performance Measurement & Management Plan, a goal of 90% was put in place however the expenditures specific to community outings were not separately accounted for, therefore we did not accurately know the results. For the 2025-2026 Plan, a separate line item was created to allocate these specific expenses but a budget to compare against was not specified. This data is slightly skewed due to this, however 94% of program expenses was used. Knowing that community outings was well maximized, this goal is fairly met.

For the 2026-2027 Plan, a focus will be redirected to maximizing activities rather than only community outings.

Service Access:

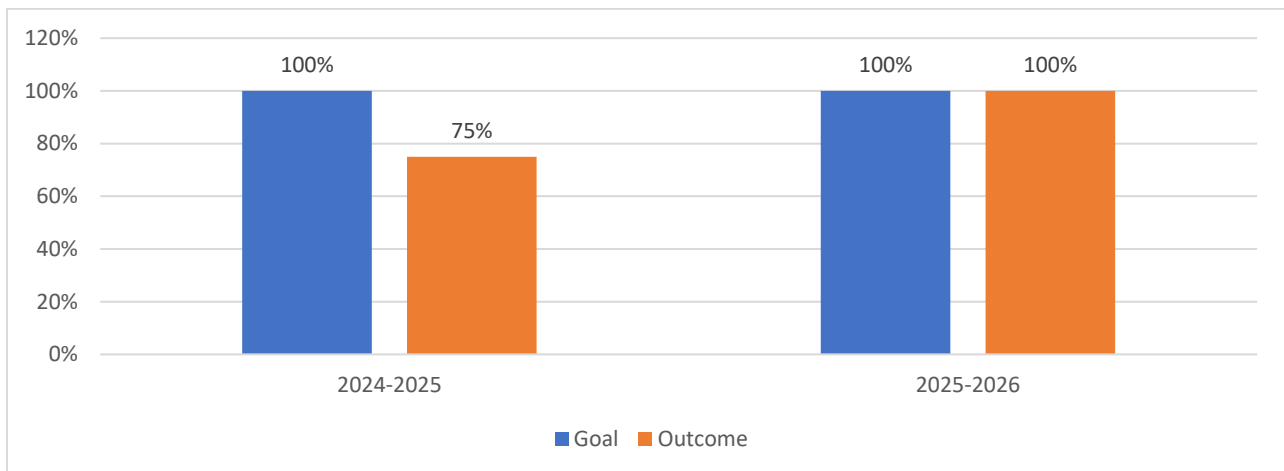
Objective: First contact from date of referral is made in adequate time

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

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**



There were two new referrals into the CAS Program for this Plan. The Program Supervisor reached out to those referrals within 14 days of receiving the referral. For the 2026-2027 Performance Measurement & Management Plan, this indicator will be changed to 7 days from referral rather than 14 days, to be consistent with some of the other programs.

Experience of Services and other feedback:

Persons Served

Objective: Program helps the youth feel included in the Campbell River community

Indicator: % of youth that indicate the program helps them feel included in the community, on the Experience of Services Survey

Goal: 90%

Outcome: 80%

Analysis: **GOAL NOT MET**

This objective was changed for this Performance Measurement & Management Plan. Not all the youth feel that the program helps them feel included in the community. As this is an important objective, this will remain in the 2026-2027 Plan to measure over time.

Stakeholders

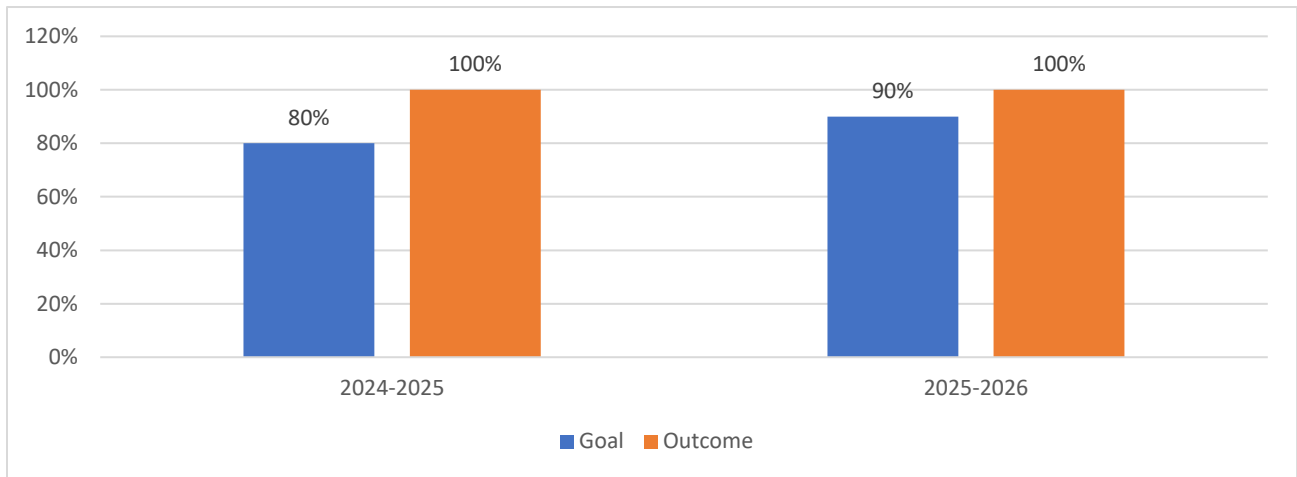
Objective: Stakeholders are satisfied with the program

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

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

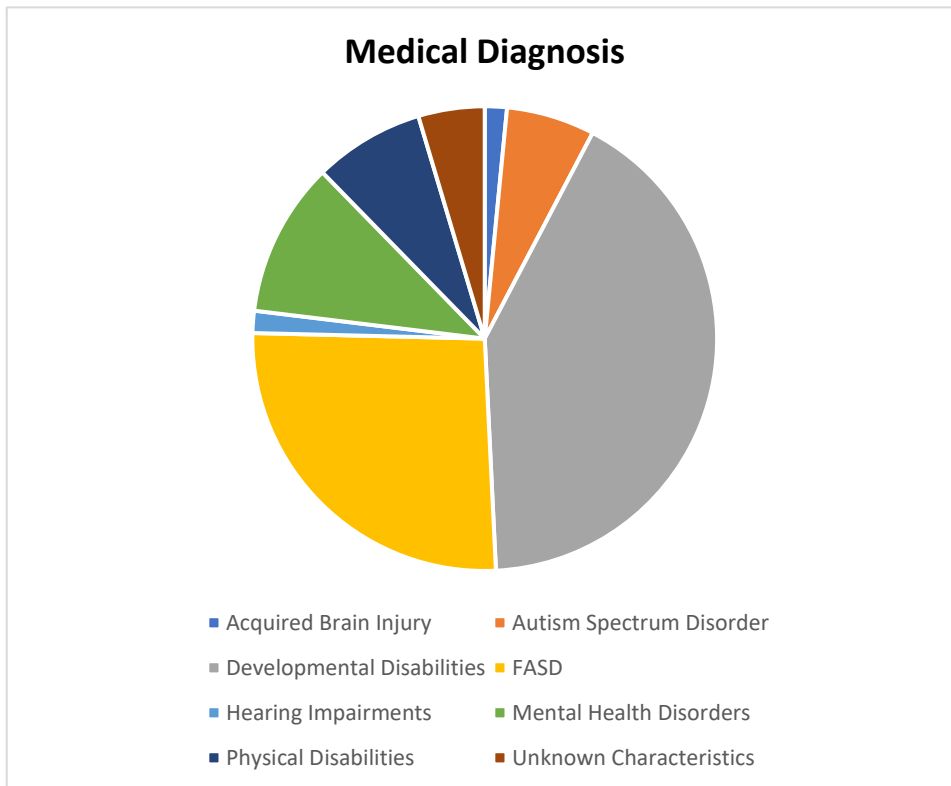
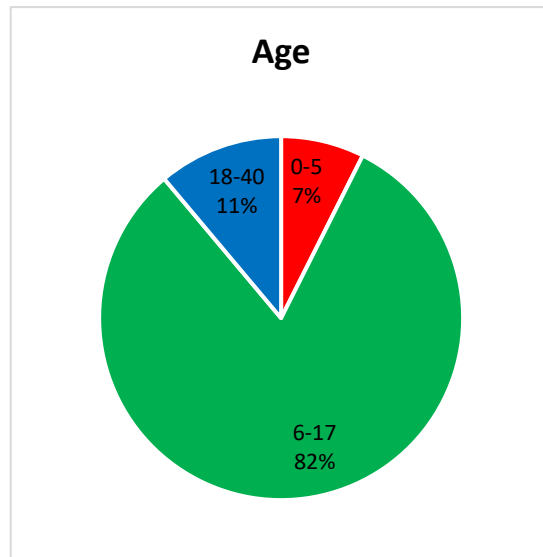
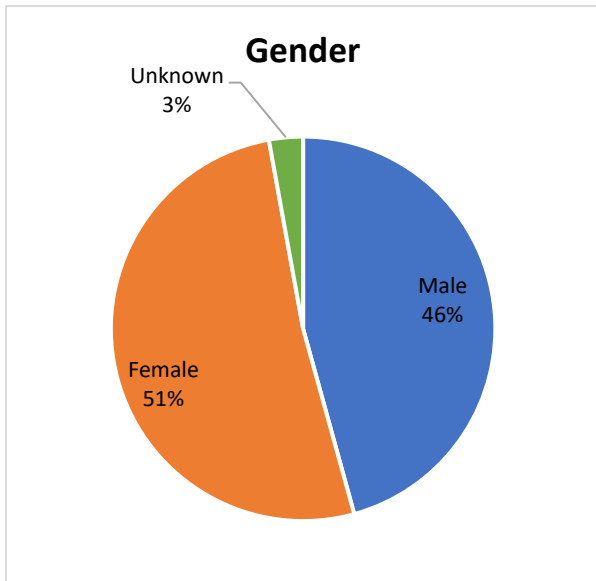


There was a 33% response rate from families/caregivers for this years' Experience of Services Survey, and all respondents indicated they are satisfied with the CAS Program. For the 2024-2025 Performance Measurement & Management Plan, a goal of 80% was set and achieved, so for this 2025-2026 Plan the goal was increased to 90%, which was also achieved.

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: The program is promoted through community participation

Indicator: # of events the Keyworker participates in

Goal: 6

Outcome: 8

Analysis: **GOAL MET**

The FASD Program participated in:

- April 2, 2025 – Children’s Health Fair
- May 9, 2025- FASD Presentation: Through the Lens of Myles Himmelreich
- June 4, 2025 – MCFD Youth in Care event
- June 9, 2025 – Kindship Gathering: FASD Keyworker Services Presentation
- September 9, 2025 – FASD Awareness Campaign – Quadra Island
- November 26, 2025 – FASD Keyworker Services Presentation – Carihi School
- January 28, 2026 – FASD Presentation – Pacific Coast Children’s Resources staff
- March 16, 2026 – FASD Keyworker Services Presentation – Homalco Health Centre

An additional presentation was put on regarding FASD with the staff at Rivercity Inclusion’s CAS Program.

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: 60%

Outcome: 58%

Indicator #2: % of indirect hours per client

Goal: 40%

Outcome: 27%

Analysis: **GOAL NOT MET**

In the 2024-2025 Performance Measurement & Management Plan, this objective was first created for the program. At that time, direct and indirect hours were not being tracked so there was no benchmark to measure against when establishing a target. At the end of March 2025, direct hours were 47% and indirect hours were 45% which provided us with an idea for setting a goal for the 2025-2026 Plan.

In direct hours, which came in at 58% came very close to it’s goal of 60%. Indirect hours were still a bit apart with an outcome of 27% when a goal of 40% was trying to be achieved.

Going forward, a more clear and definitive criteria of what is considered direct and indirect hours will be created to better define a more accurate goal.

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**

There were nine new referrals into the FASD Program, all of which were contacted within 30 days from receiving the referral.

Experience of Services and other feedback:

Persons Served

Objective: Families feel the Keyworker understands their family's needs

Indicator: % of families who indicate that they Keyworker understands their family's needs, on the Experience of Services Survey

Goal: 90%

Outcome: 100%

Analysis: **GOAL MET**

The Client Experience of Services Survey was sent to 21 families, and there was a response rate of 29%. 83% of respondents indicated that they 'strongly agree' with the Keyworker meeting their family's needs, and 17% indicated that they 'agree'.

The 2025 Client Experience of Services Survey yielded the same responses.

This objective will be continued to be measured as this is an important goal to strive towards.

Stakeholders

Objective: Community organizations recommend the FASD Program to the families they support.

Indicator: % of other organizations that indicate they would recommend the FASD Program, on the Experience of Services Survey

Goal: 90%

Outcome: 100%

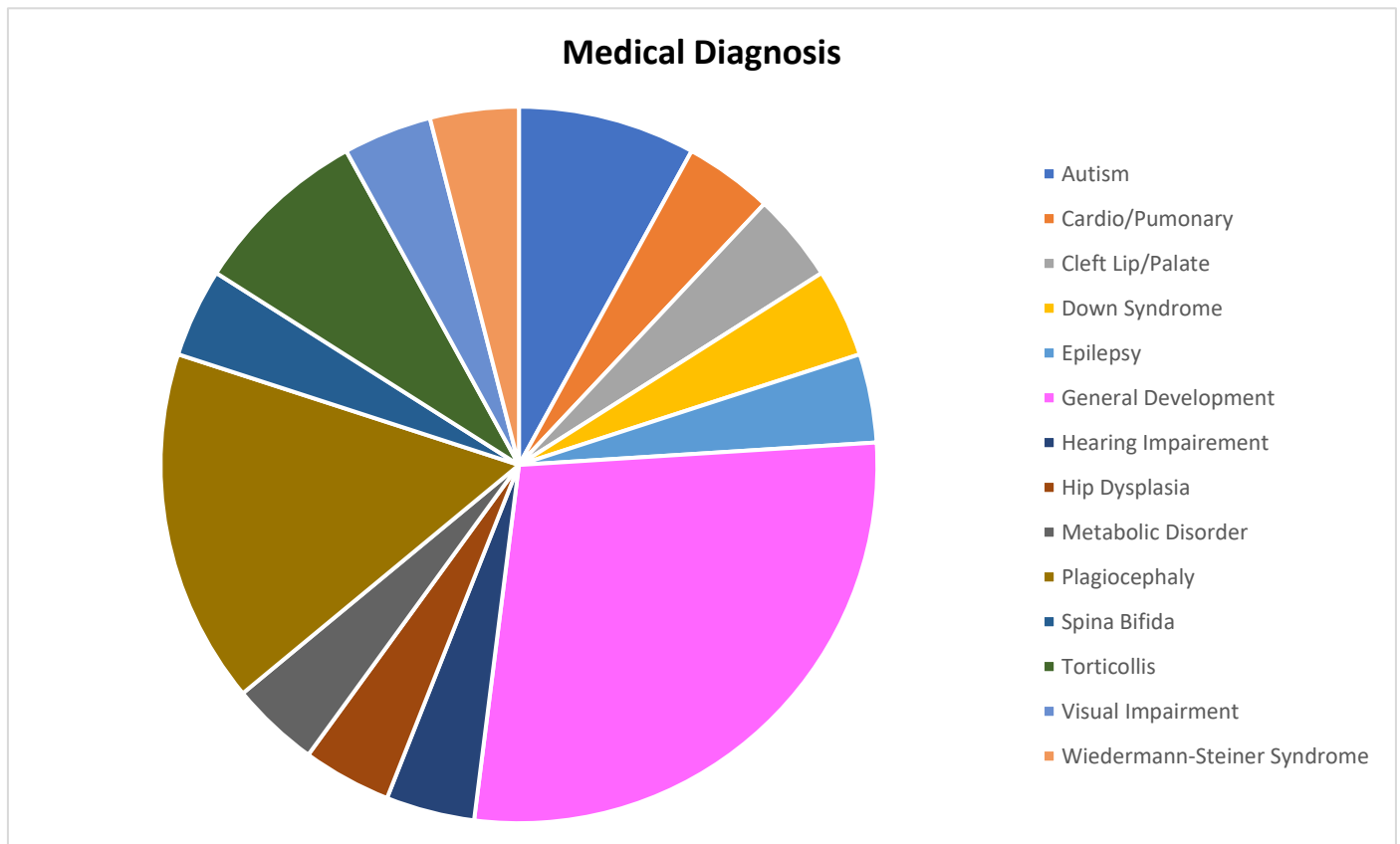
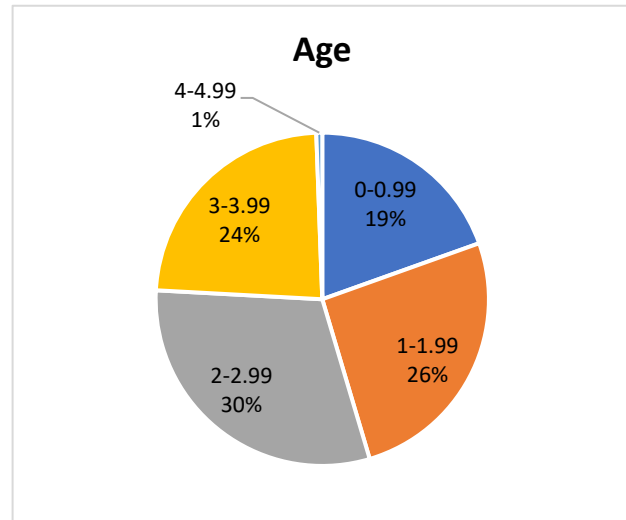
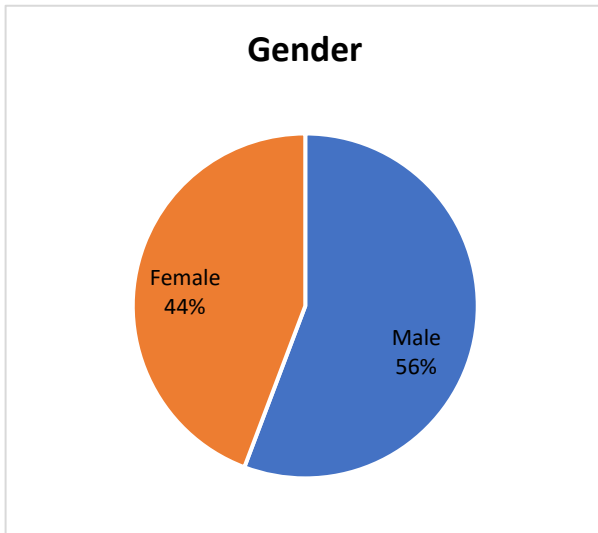
Analysis: **GOAL MET**

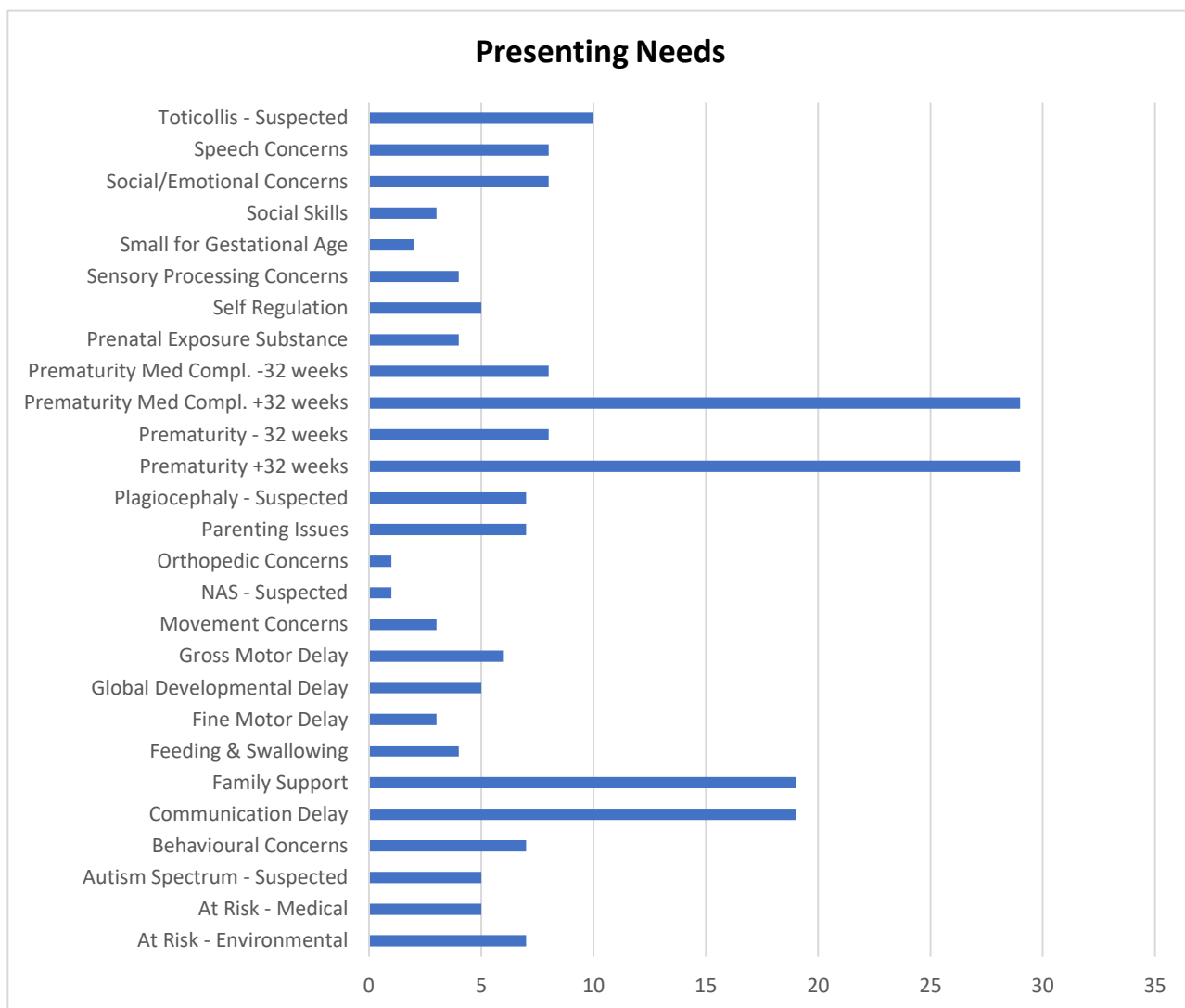
The Stakeholder Experience of Services Survey was sent to organizations that the Keyworker has worked with in the last year, through awareness campaigns, events, and more. All the respondents indicated that they 'strongly agree' with recommending the program to others. The Keyworker will continue to advocate and support organizations in the community and surrounding areas, in promoting the program and the work that is done.

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:





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: Consultants are providing service coordination for the family to obtain their child's goal(s)

Indicator #1: % of families that indicate on the Experience of Services Survey, that the consultant supported them in reaching their child's goal(s)

Goal: 90%

Outcome: 75%

Analysis: **GOAL NOT MET**

During this past year, all IDP consultants were out on leave in various, and at times overlapping, periods. Due to this, the program was on pause for about half the year. Since IDP is interconnected with other children's services programs, the service coordination role became part of these other programs. It has been gradually re-introduced to the Infant Development program but takes time to be reinstated due to the nature of referrals, caseloads and other programming factors.

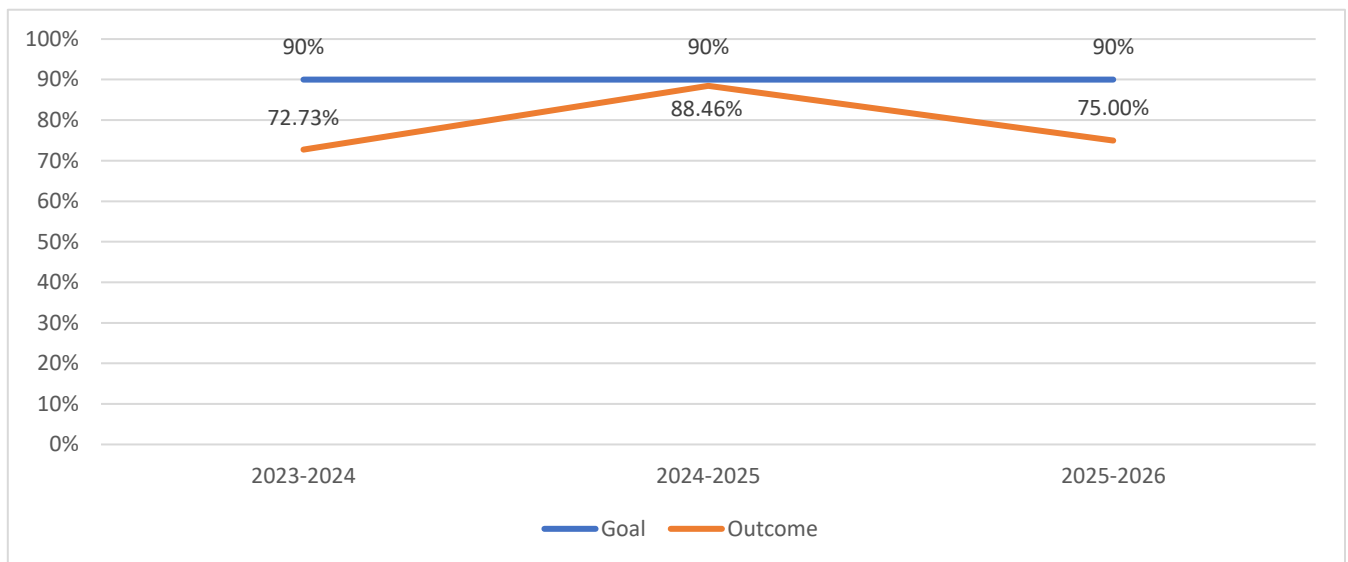
Objective #2: Families will find the information and resources provided by their consultant meaningful

Indicator #1: % of families who find the IDP progress notes and service plan helpful, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 75%

Analysis: **GOAL NOT MET**



The Client Experience of Services Survey received a 12% response rate. For the past few years, respondents have indicated below our goal of progress notes and the service plan being helpful.

50% of families indicated they 'strongly agree', 25% 'agree', and 25% indicated 'neither agree nor disagree'.

Due to the program being on pause for half the year impacted the distribution and use of progress notes/service plans. Analysis of the progress notes, in conjunction with all other IDP documentation and reporting, indicated that progress notes are not an efficient use of staff time and not meaningful to families. Future goals will focus on the distribution of Individual

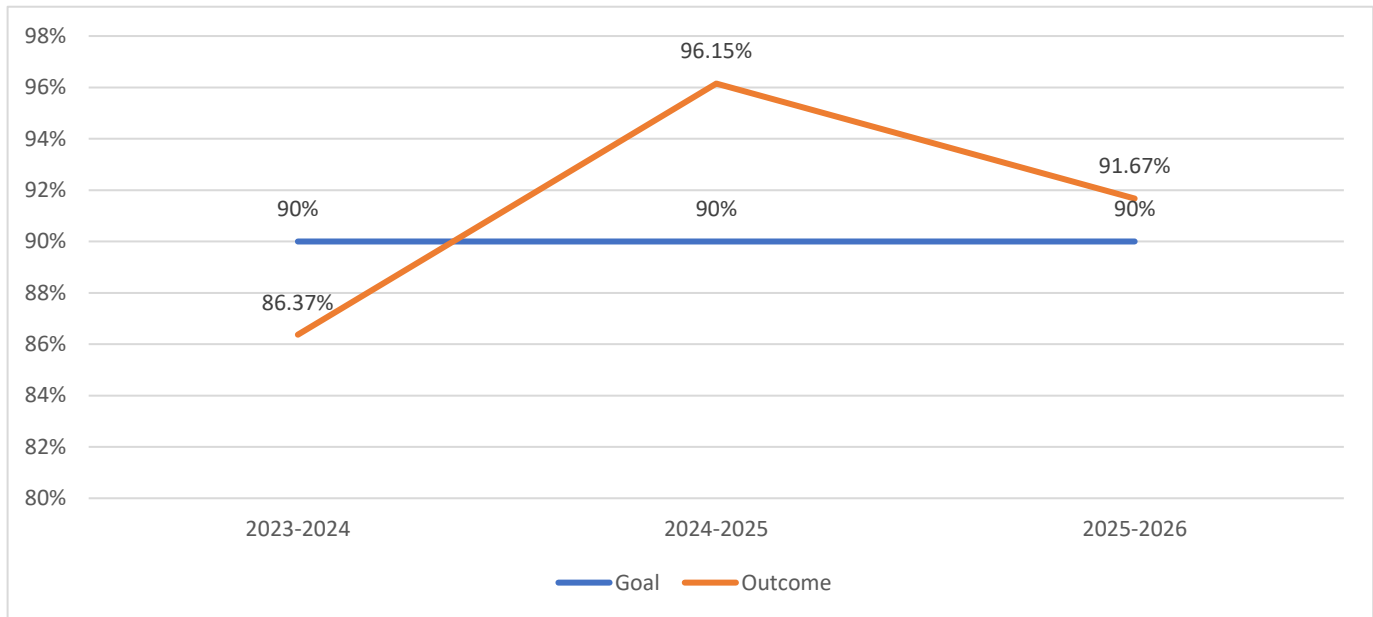
Family Service Plans (IFSPs) to families. Progress notes will be reviewed this year as to whether this is meaningful or helpful in sharing with families.

Indicator #2: % of families who find the resources and information useful, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 91.67%

Analysis: **GOAL MET**



Out of the families who responded on the Experience of Services Survey, 41.67% indicated 'strongly agree', 50% 'agree', and 8.33% 'neither agree or disagree'.

This year's outcome has a decline from the 2024-2025 results, and there are a few factors that could be contributing to this. The Infant Development Program unfortunately had to pause on service delivery for about 6 months this past year due to staffing, however, has since resumed. Many families needing support for their children were not receiving the support they needed, and this result could be affected by that. Even though our goal of 90% was achieved, the decline from the previous year needs to be considered.

Indicator #3: % of families who indicate they have learnt new skills and/or knowledge about their child's development, as indicated on the Experience of Services Survey

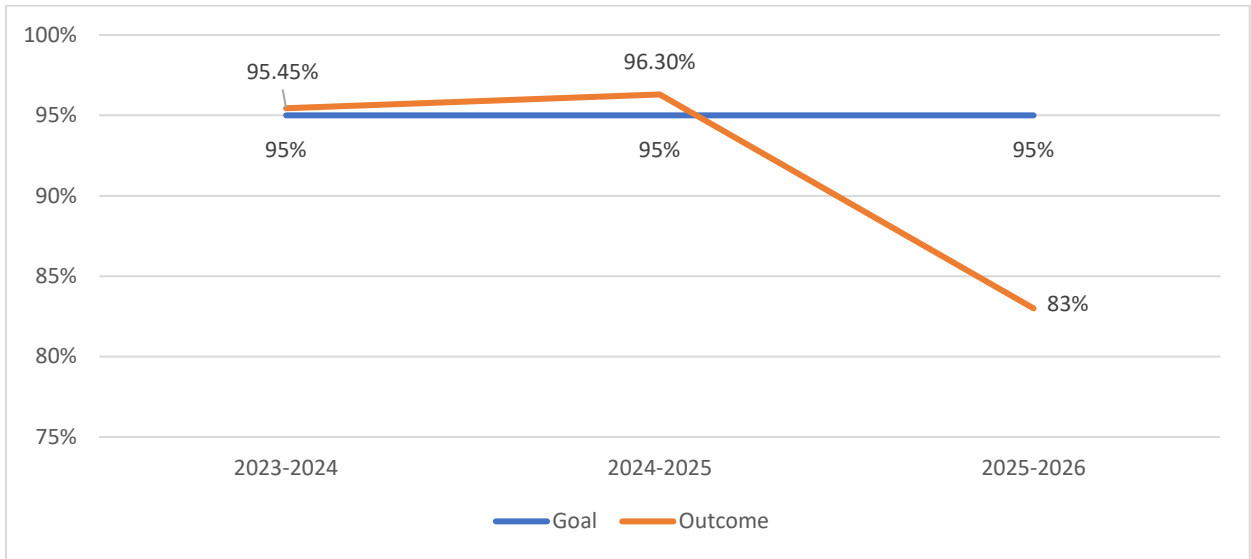
Goal: 95%

Outcome: 83%

Analysis: **GOAL NOT MET**

As shown in the chart below, this year's outcome is similar to our previous indicator, also having a large decline from the 2024-2025 results. This would also be due to the program pausing service delivery for about 6 months largely contributed to change. Additionally, clients transferred between different consultants and contractors

throughout the year to attempt to maintain service delivery for clients. As this is such an important objective for this program, this goal will continue in the 2026-2027 Performance Measurement & Management Plan.



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

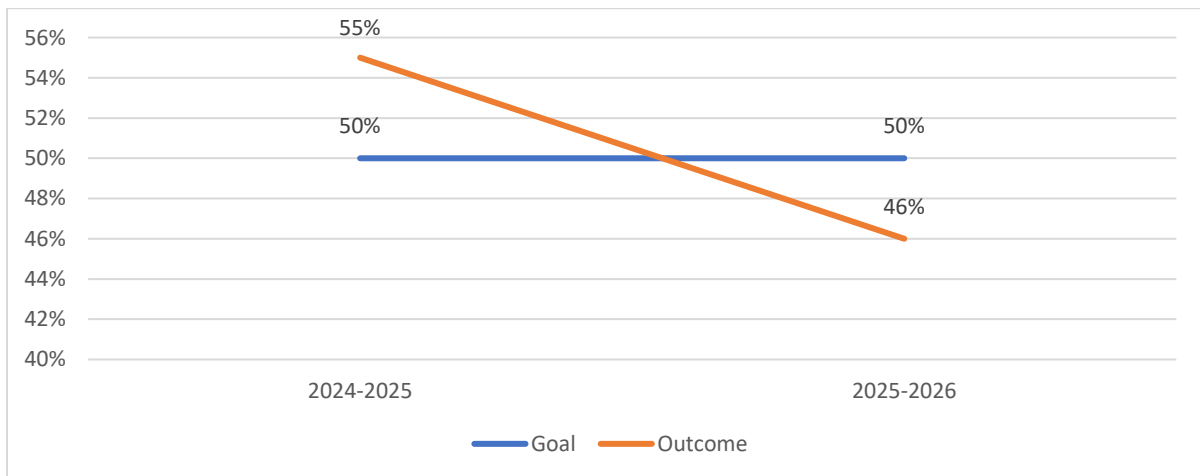
Objective: Maximize service for each client.

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

Goal: 50%

Outcome: 46%

Analysis: **GOAL NOT MET**



Due to the program pausing for half of the year, not nearly as much direct service was provided to families, which is shown in the above chart. As previously mentioned, clients transferring between consultants/contractors also correlated with higher indirect time per client while staff became knowledgeable on the client’s history, needs and so forth. Direct service includes in-person visits, home visits, community visits with the family and group services.

For the 2026-2027 Performance Measurement & Management Plan, this goal will actually be increased to 75% as that is the direct service percentage that should be provided to families.

Indicator #2: # of consultation visits attended by each consultant

Goal: 400

Outcome: 264

Analysis: **GOAL NOT MET**

This was the first year that service delivery time was measured in the number of consultation visits. That's not to say that the information wasn't being tracked directly within the program, but was not previously measured as a program objective for this Plan. Due to the contributing factor of the program being paused for a significant amount of time, the targeted goal of 400 visits was not provided.

This goal will actually increase to 500 in the 2026-2027 Performance Measurement & Management Plan, to accommodate the need for service for families.

Service Access:

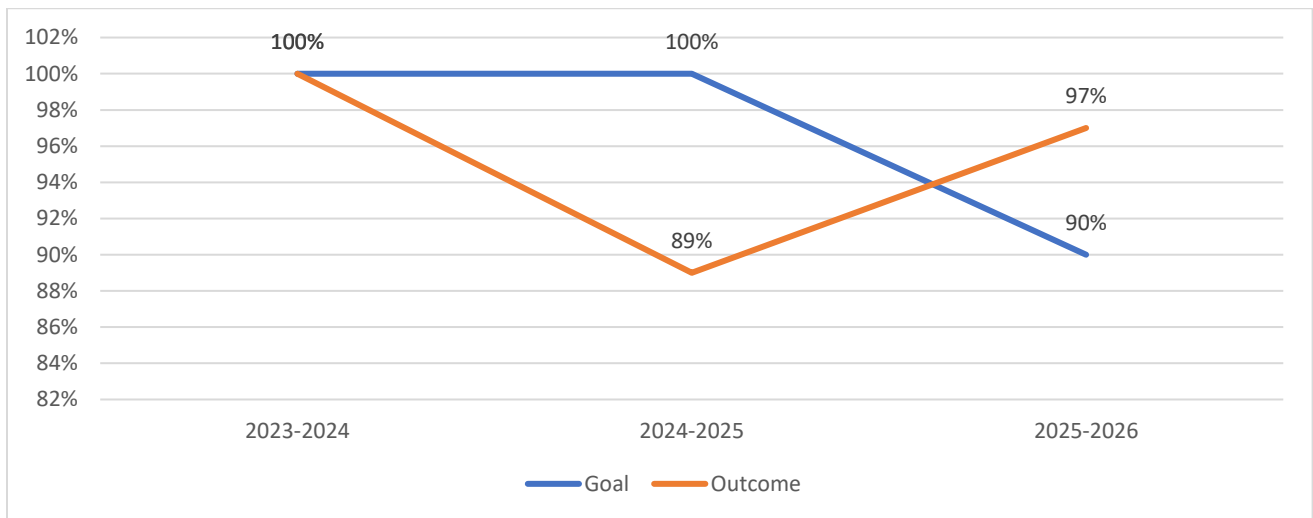
Objective: Children who are referred will be seen within 3 months from referral

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

Goal: 90%

Outcome: 97%

Analysis: **GOAL MET**



From April 1 to October 2025, the Infant Development Program was on pause due to staffing. There were no intakes being completed during this time.

In October 2025 an Intake Coordinator was hired for Dogwood Place to complete intakes for referrals. From October 2025 to March 2026, 97% of families referred to the program had their intake completed within an average of 2 weeks.

In the 2026-2027 Plan, this objective will be shifted to focus on children/families being seen within 3 months from intake to initial consultation, rather than from referral to intake.

Experience of Services and other feedback:

Persons Served

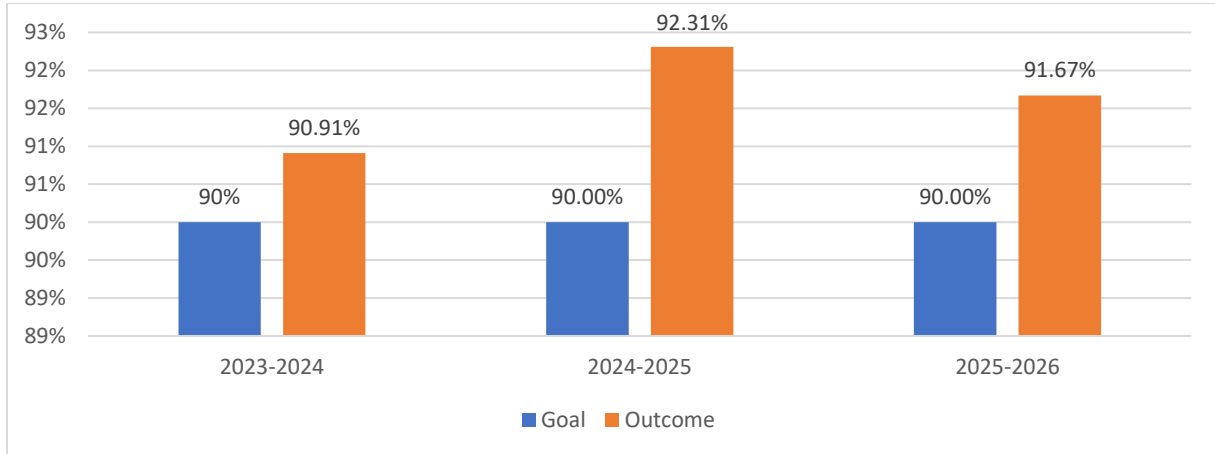
Objective #1: Consultants are flexible in scheduling visits to meet the family's needs (location, time of day, day of week).

Indicator: % of families who indicate on the Experience of Services Survey, that the program provided flexible scheduling to meet their needs

Goal: 90%

Outcome: 91.67%

Analysis: **GOAL MET**



On the Client Experience of Services Survey, 41.67% of respondents indicated 'strongly agree', 50% 'agree', and 8.33% 'neither agree nor disagree'. For several years now, the results have shown that the families that responded to the survey have consistently 'agreed' with consultants being flexible in scheduling visits to meet their needs. This is great to know, as it reflects that staff are focused with the family in mind.

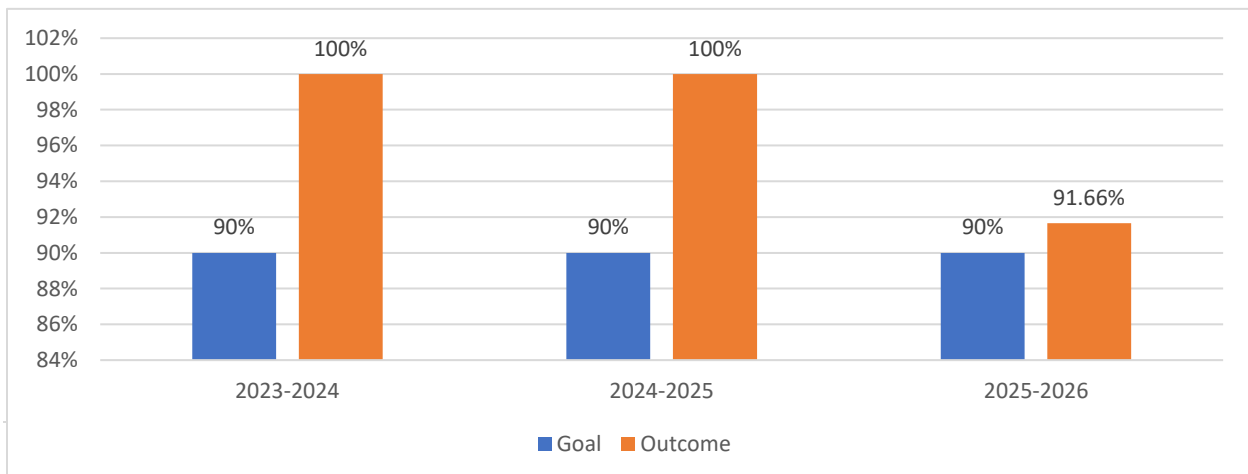
Objective #2: Families are satisfied with the services provided by the Infant Development Program.

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

Goal: 90%

Outcome: 91.66%

Analysis: **GOAL MET**



On the Client Experience of Services Survey, 58.337% of respondents indicated 'strongly agree', 33.33% 'agree', and 8.33% 'neither agree nor disagree'. Totally the 'strongly agree' and 'agree' results, provides a 91.66% overall outcome or satisfaction.

It's not surprising to see a decline from last year, and even the year before, due to the fact that the program was paused for 6 months, so families were not receiving service. Since service delivery has resumed, we are hopeful that this satisfaction will increase.

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: NIL

Analysis: **NO DATA**

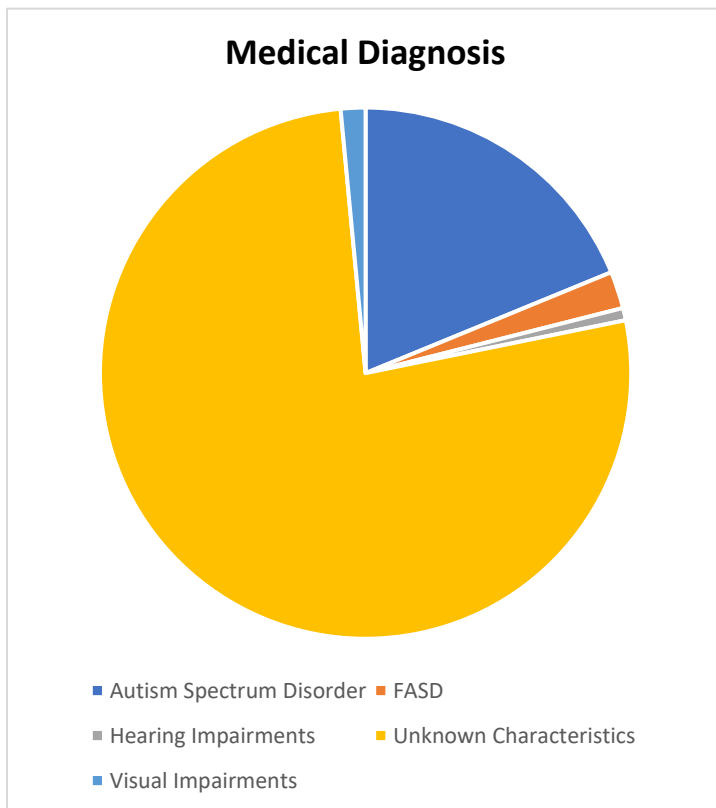
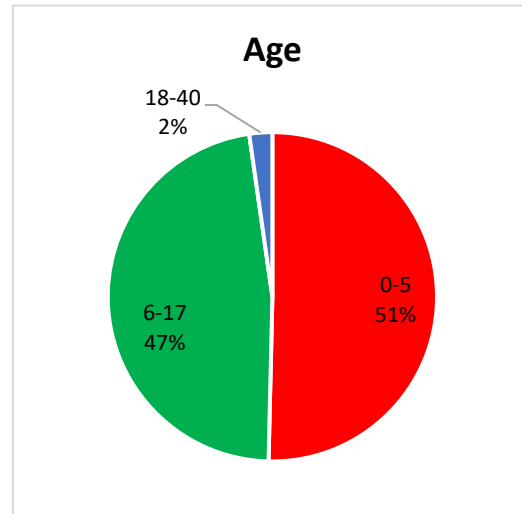
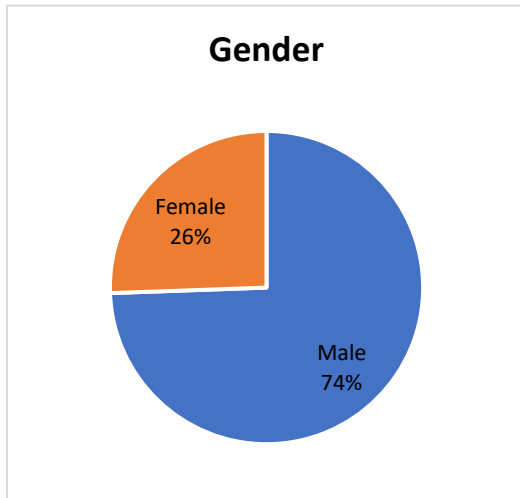
The Community Stakeholder Survey was not sent out this year. Due to the fact that the program was on pause for 6 months, and upon staffing returning in October 2025 their main focus was on family's needs and providing them support. Building upon those community partnerships and networking opportunities was not the main focus for the program during this past year.

Going forward, this objective will remain and the survey will be sent out next year, since the program has resumed service delivery and collaborative partnerships within the community will be interacted with again.

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 are achieving their goal(s)

Indicator: % of children achieving their goal(s) identified in their SCDP goals form

Goal: 70%

Outcome: 76%

Analysis: **GOAL MET**

Personal goals are essential in planning meaningful service, as goals help determine whether the supports, plans, and strategies put in place are effective and even relevant. As this is a new objective for the Performance Measurement & Management Plan, the program will continue to measure the achievement of goals for the children and families.

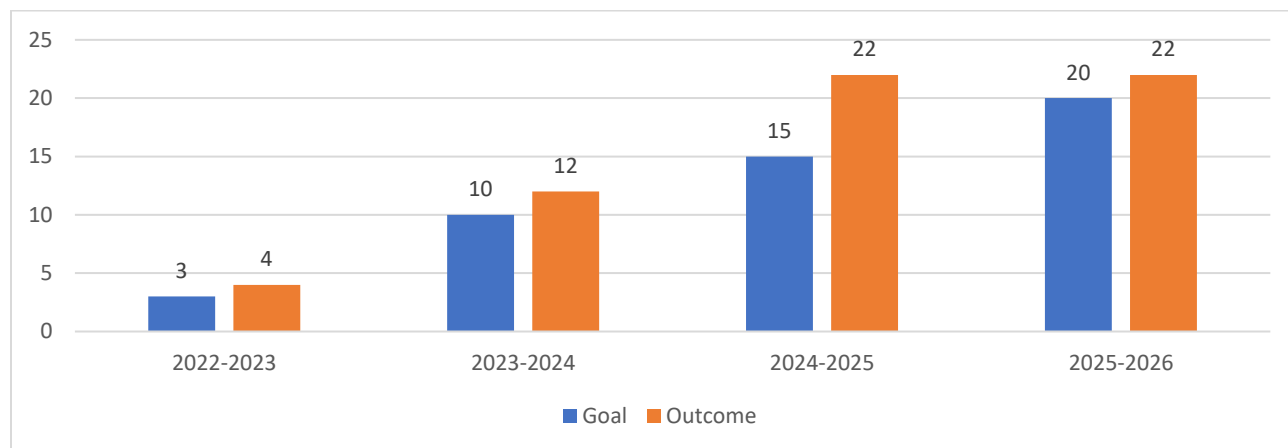
Objective #2: Child-care providers will have access to training and resources in promoting capacity building within centres

Indicator: # of centres who receive resources or training to build capacity for inclusion of all children

Goal: 20

Outcome: 22

Analysis: **GOAL MET**



In the previous Performance Measurement & Management Plans, this objective was under the domain of a Service Access Goal. For this current Plan, the goal was moved into the 'Results achieved for the persons served (effectiveness)' domain.

When child-care providers are equipped with the tools to support inclusion, children experience improved participation and success in their environments.

For the 2026-2027 Plan, this objective will be reworded to focus on the training element for child-care providers. Rather than focusing on how many centres are promoting capacity building, we will turn our focus to how many hours are provided by consultants for these centres in providing training. The number of centres using our supports never changes, as there are only so many child-care providers in the community, but consultant time and knowledge can be shared and tracked.

Objective #3: Children with support needs will attend a child-care centre

Indicator: % of children attending a child-care centre

Goal: 80%

Outcome: 87%

Analysis: **GOAL MET**

Ensuring that children with support needs are attending a child-care centre, means that our services can therefore be accessed for those children. Supported Child Development provides support to children who are attending a child-care centre, and the children on our waitlist who are not in attendance at a centre, remain on our waitlist until they can access those supports. The more children who are in attendance at a centre that also needs additional support, can therefore access Supported Child Development.

Considering this objective, this goal will be moved into the Service Access domain for the 2026-2027 Performance Measurement & Management Plan.

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

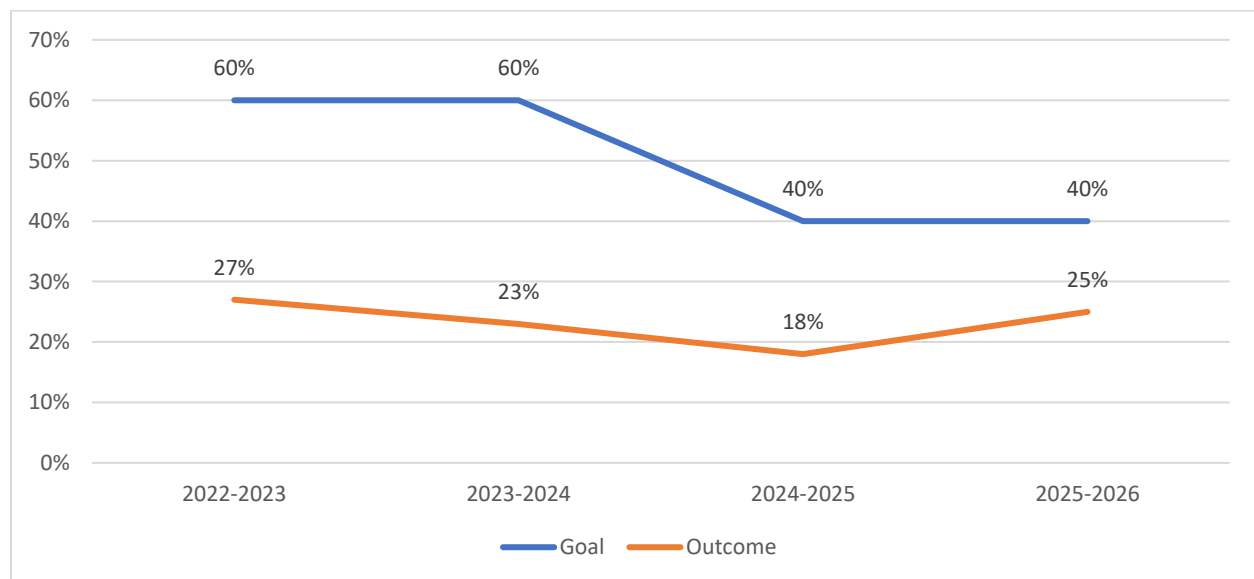
Objective #1: Intake percentage of group intervention situations will be maintained.

Indicator: % of children receiving group intervention

Goal: 40%

Outcome: 25%

Analysis: **GOAL NOT MET**



Measuring the percentage of children receiving group intervention helps the program understand how resources are being used. Group scenarios are no longer requested by the centres, as more one-to-one support is preferred.

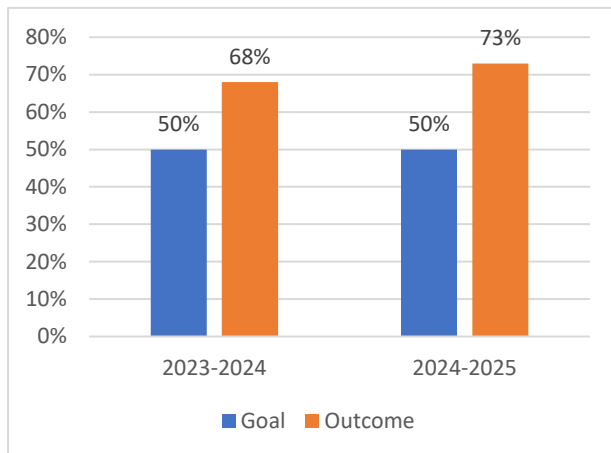
Objective #2: Staff time is maximized for clients

Indicator: # of total contracted hours on SIRF report

Goal: 17,100

Outcome: 27,467.90

Analysis: **GOAL MET**



For the last few years, the program looked at this objective from a percentage perspective, which for both reporting years achieved its goal well beyond 50%. For this current Plan, the goal was changed to focus on consolidated consultant hours to ensure we are meeting our contracted hours.

This objective is important because it helps confirm that the program is delivering the level of service it is contracted to provide. As we are exceeding our allotted contracted hours, there is a need for additional staff support to serve children with support needs.

This will remain in the 2026-2027 Performance Measurement & Management Plan.

Service Access:

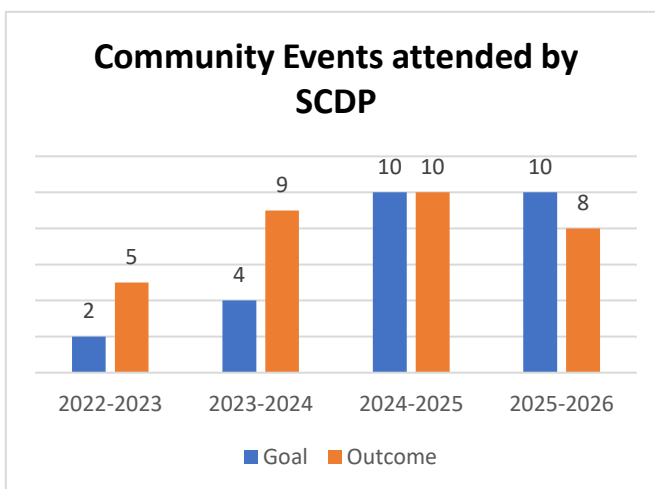
Objective: Will attend community events and liaison with community programs to communicate and share SCDP and ASQ (Ages and Stages Questionnaire) information to families.

Indicator #1: # of community events and families that SCDP connects with

Goal: 10

Outcome: 8

Analysis: **GOAL NOT MET**



For several years, the program has been achieving its goal of attending community events and connecting with community members to share information to families.

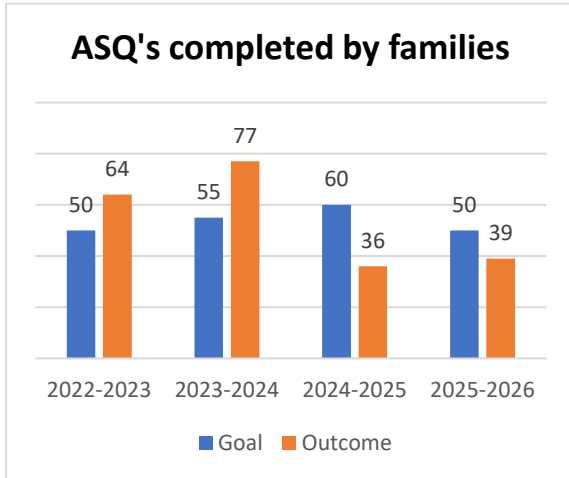
Unfortunately, the goal this year was not quite met as fewer meetings were attended due to some staffing changes at a few community programs.

Indicator #2: # of ASQ's that are completed at the community event

Goal: 50

Outcome: 39

Analysis: **GOAL NOT MET**



Since the program did not attend as many community events as hoped for, the ASQ's were not completed as targeted due to this. These two indicators naturally align with each other, and both will continue to be measured in the 2026-2027 Plan.

Experience of Services and other feedback:

Persons Served

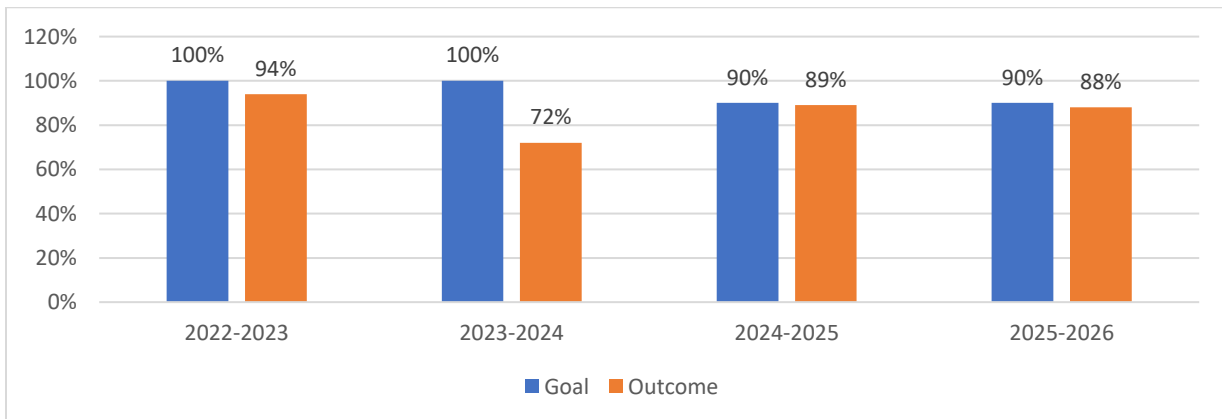
Objective: Families are included in planning services

Indicator: % of families that indicate they are "very satisfied" or "satisfied" on the Experience of Services Survey, to the question "are you included in planning services?"

Goal: 90%

Outcome: 88%

Analysis: **GOAL NOT MET**



To account for the variability of not always being able to satisfy every person, the goal of 100% was decreased in the 2024-2025 period. Unfortunately, the program did not meet its target of 90%, however they came extremely close at 88% satisfaction in families feeling including in planning services.

Stakeholders

Objective: Child-care centres will have a positive interaction with SCDP staff

Indicator: % of child-care centres that indicate on the Experience of Services Survey, they had a “positive interaction with SCDP staff”

Goal: 80%

Outcome: 100%

Analysis: **GOAL MET**

This was a new objective to measure for this 2025-2026 Plan, to focus more on centres experience with SCDP staff rather than their satisfaction with the program. We want to know that staff at the child-care centres are experiencing positive and valuable contact with our program staff.

The response rate for this survey to centres was 21%, which is a low response rate. We will continue to work on increasing this response from centres to allow for the avenue of feedback to our program.

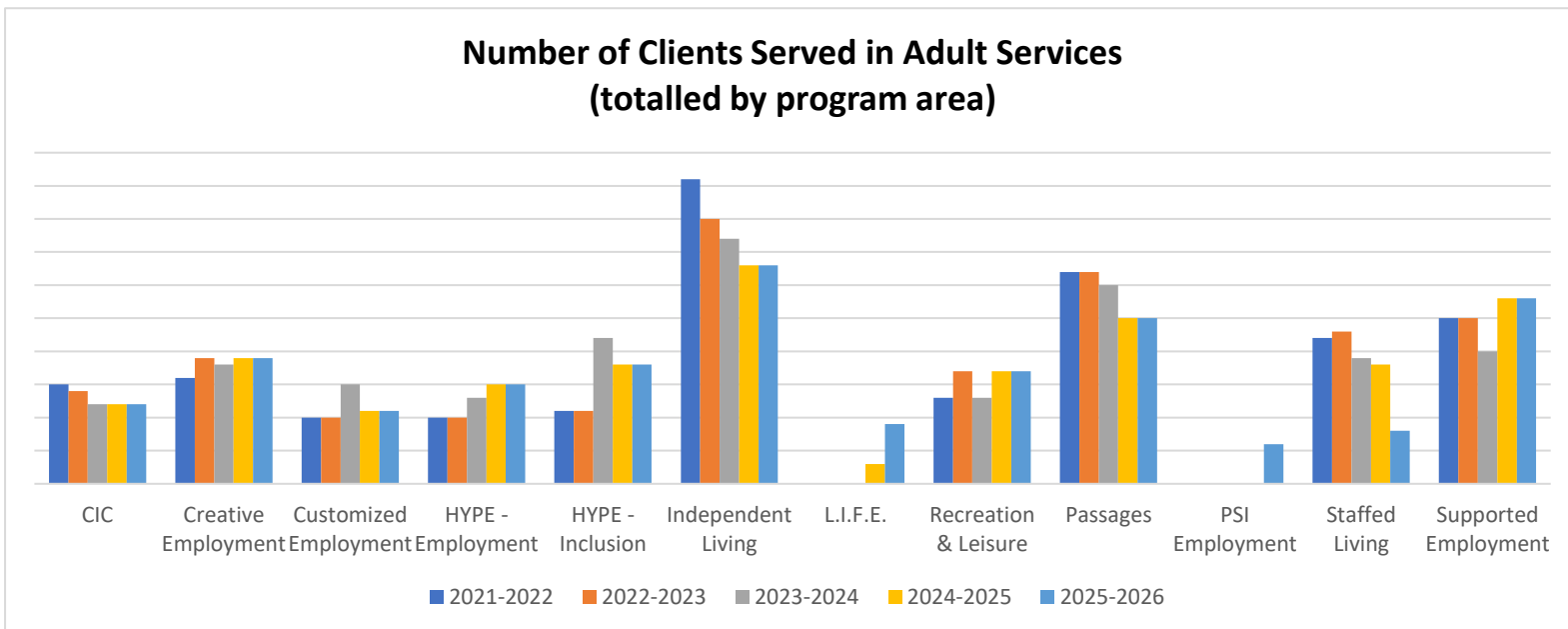
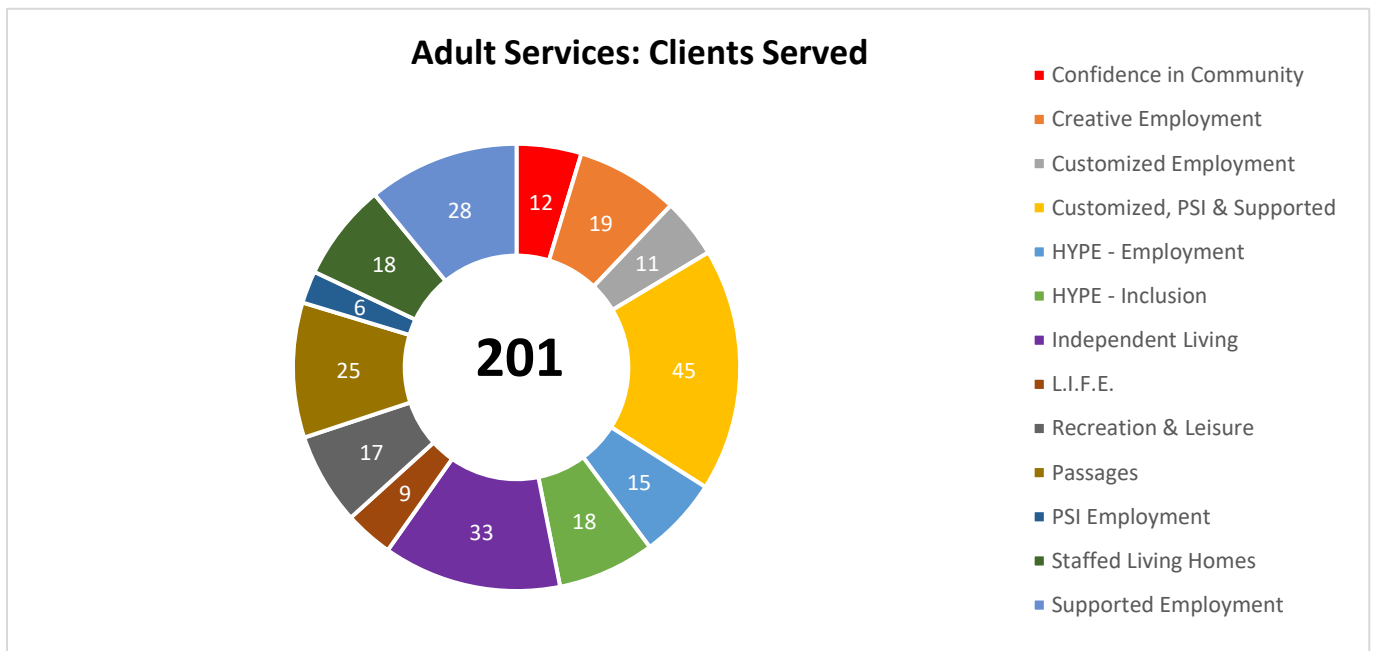
Adult Services

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

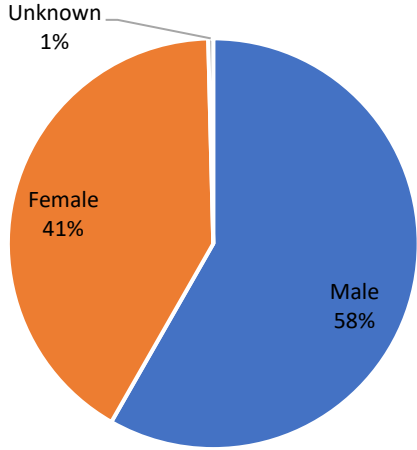
It's important to note that clients in some of these programs may not only attend just one of the programs, but possibly several of them. This is reflected in the "Clients Served Charts" below, which could indicate one individual in multiple programs, therefore being counted multiple times.

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.

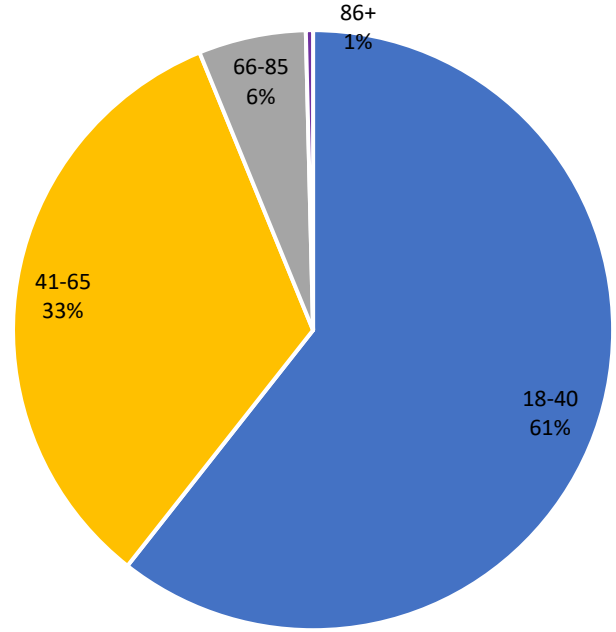
Client Characteristics:



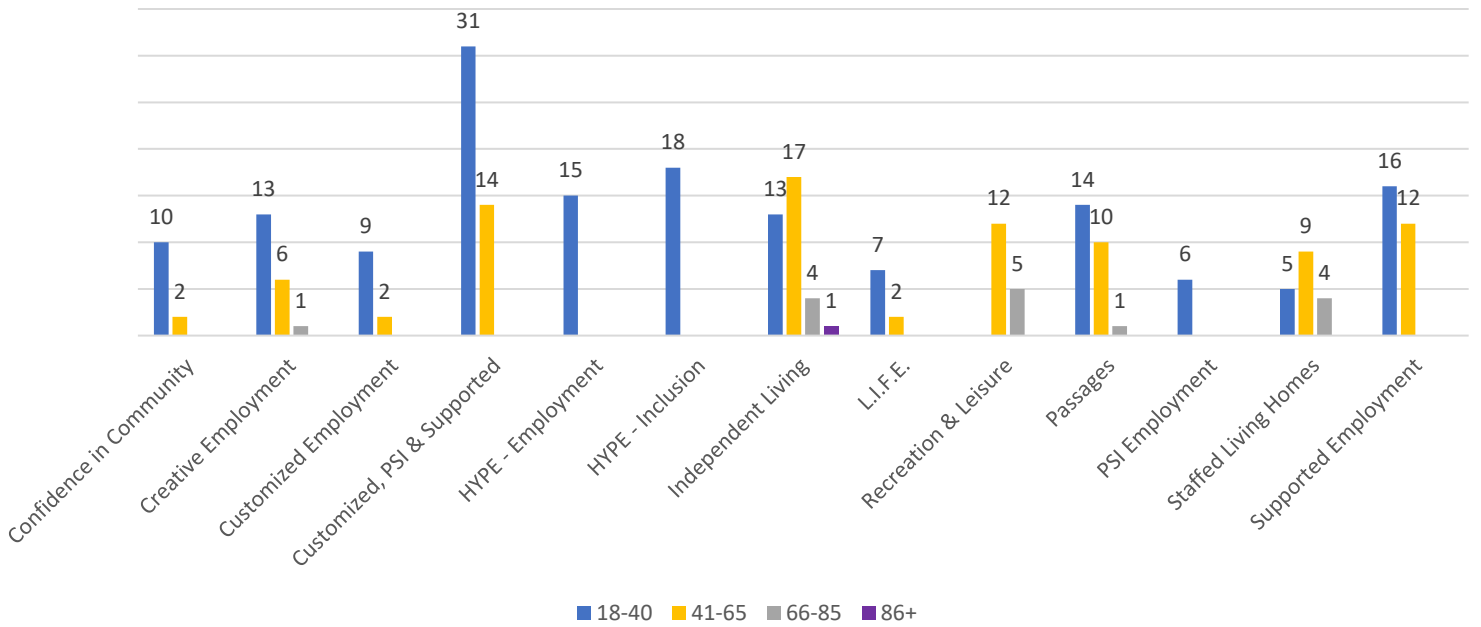
Gender



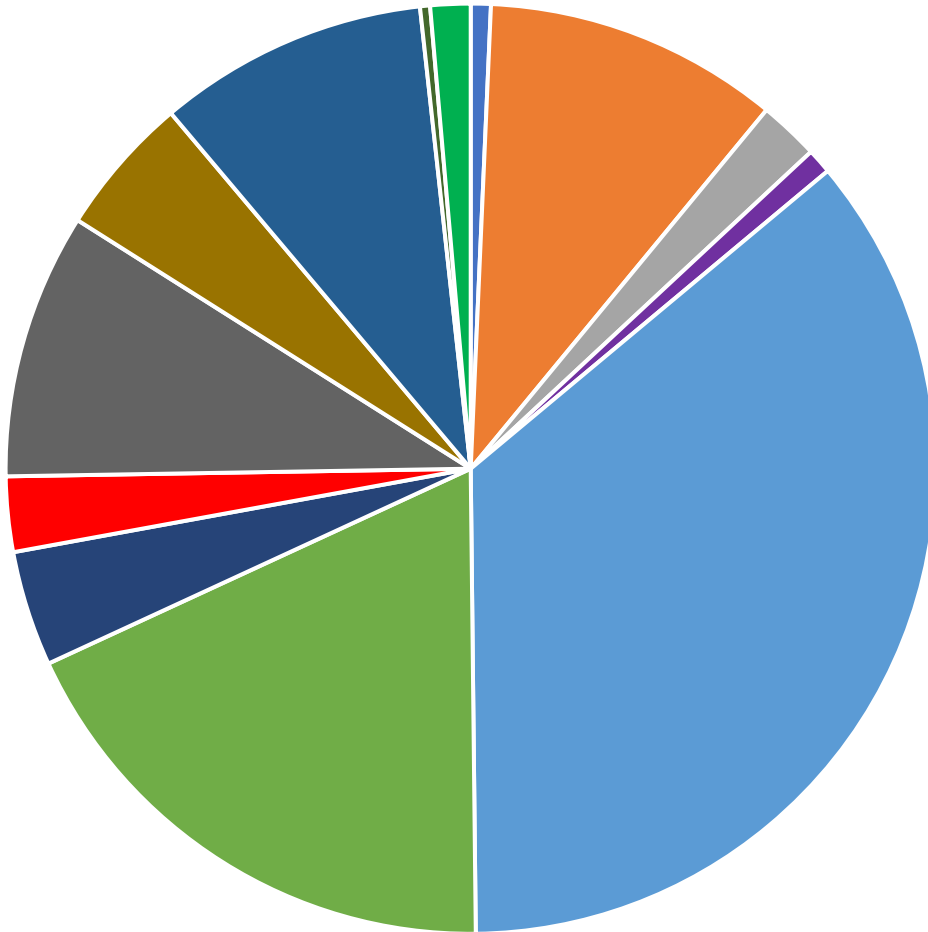
Age for all Adult Services Programs



Age per Program



Medical Diagnosis

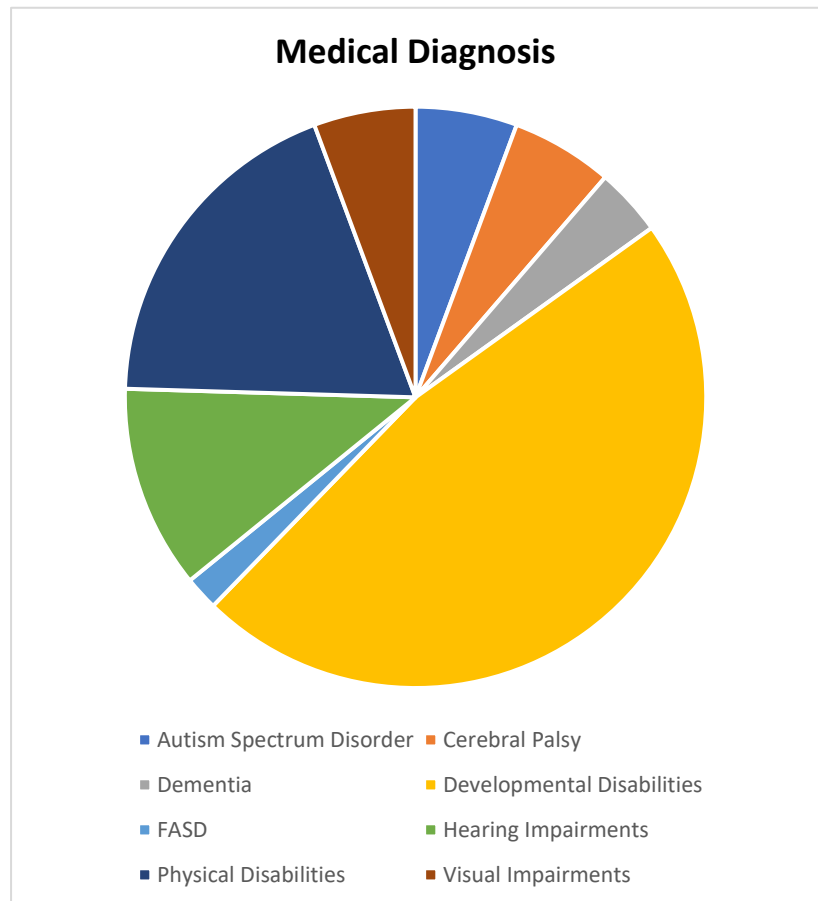
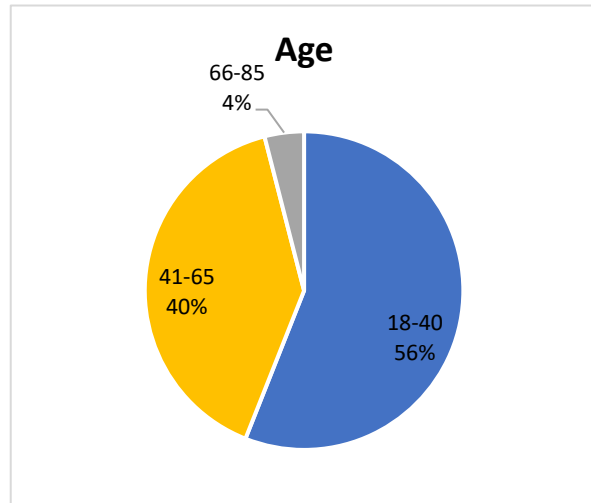
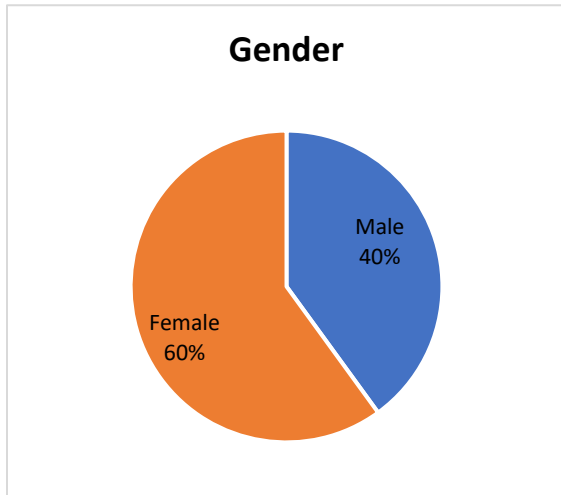


- Acquired Brain Injury
- Autism Spectrum Disorder
- Cerebral Palsy
- Dementia
- Developmental Disabilities
- Dual Diagnosis
- FASD
- Hearing Impairments
- Mental Health Disorders
- Other Characteristics
- Physical Disabilities
- Unknown Characteristics
- Visual Impairments

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):

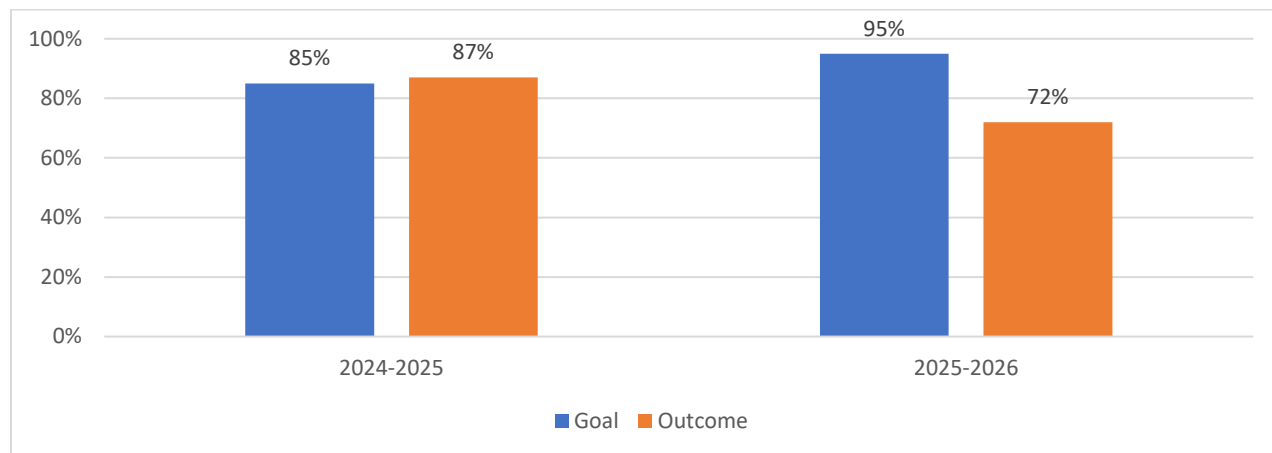
Objective: Each individual client tries one new activity and would like to continue to attend on a regular basis

Indicator: % of individuals who try a new activity

Goal: 95%

Outcome: 72%

Analysis: **GOAL NOT MET**



There are two streams of service provided in Passages: Global and 1:1 service delivery.

Passages – Global had 100% of the new activities offered to clients attend at least once after trying the activity.

Passages – 1:1 had 44% of the new activities offered to clients attend and try the activity again.

This brings the average outcome to 72%, not quite achieving the goal of 95%. This can be quite an ambitious goal to work towards because the main focus in this objective is that the client attends that new activity on a regular basis. This objective will be slightly switched for the 2026-2027 Plan, to focus on new activities being offered and not include the attendance element.

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

Objective: Person Centered Plans (PCP) are completed at least 30 days after expiry

Indicator: % of average number of days PCP's are completed

Goal: 90%

Outcome: 68%

Analysis: **GOAL NOT MET**

Passages – Global had 80% of person-centered plans completed no more than 30 days after expiration

Passages – 1:1 had 56% of person-centered plans completed no more than 30 days after expiration

This brings the average outcome to 68%, not quite achieving the goal of 90%. As this is an important review to complete with the clients in the programs, supervisors will begin to start the process much earlier than waiting for the expiry to come near.

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**

Passages Global did not receive any new referrals for this time period.

Passages 1-1 received three new referrals, and of which were contacted within 7 business days of receiving the referral.

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: NIL

Analysis: **NO DATA**

Unfortunately, this question was missed in being added on the Client Experience of Services Survey. Therefore there are no direct results to knowing this question. This objective will change in the 2026-2027 Plan, to focus on an experience objective that is already being asked on the client survey.

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: 86%

Analysis: **GOAL MET**

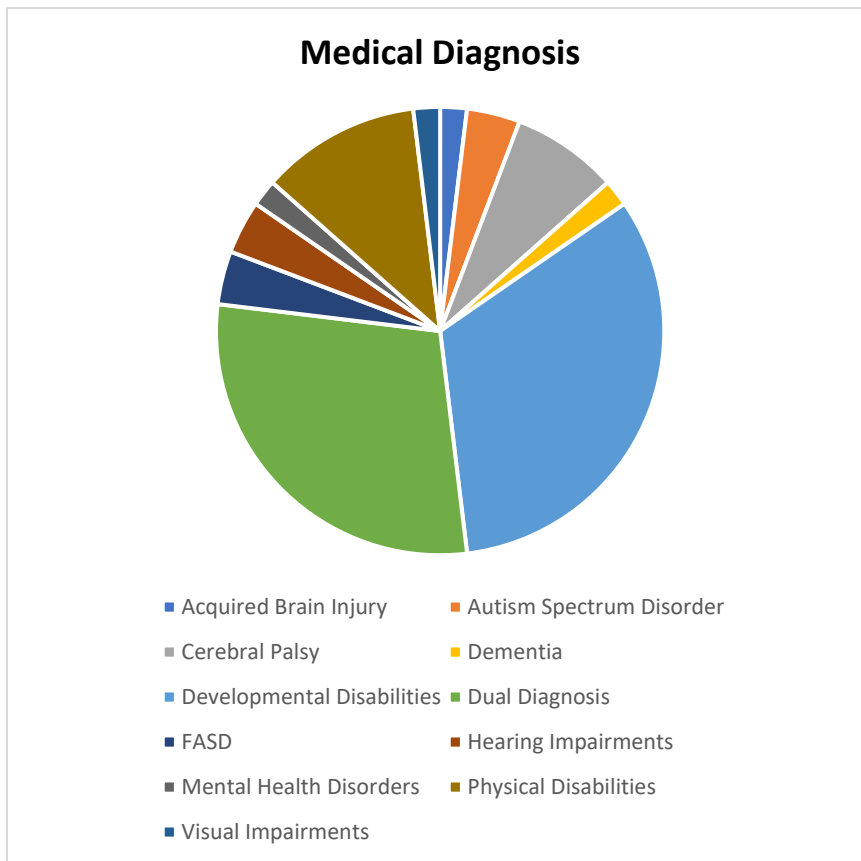
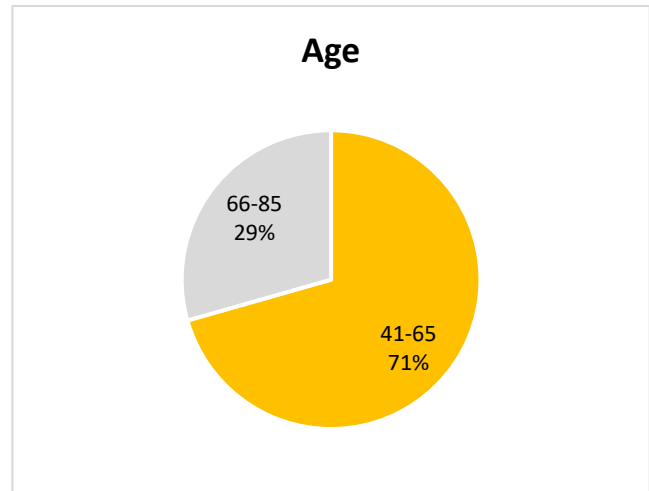
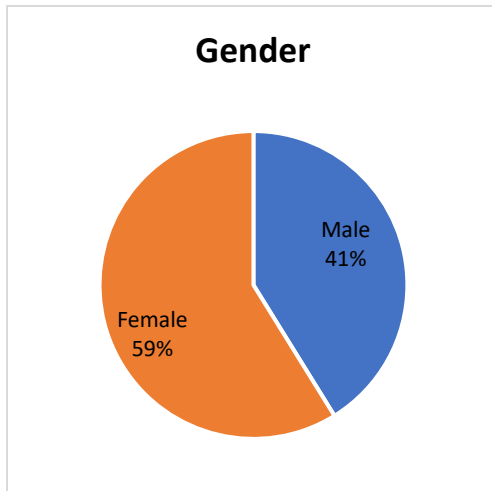
In the 2024-2025 Performance Measurement & Management Plan, this objective was asked, but the indicator to focus on our goal was missed on the Experience of Services Survey. This year, the indicator to yield the results of: "I believe that the staff support individual strengths and abilities" was asked, yielding a response of 86% from respondents.

The Recreation & Leisure Program is included in the Community Inclusion Experience of Services Survey, which also includes: Confidence in Community, Recreation & Leisure, and HYPE Inclusion. The overall response rate was 49% from stakeholders, with a 62% response rate specific to Passages.

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):

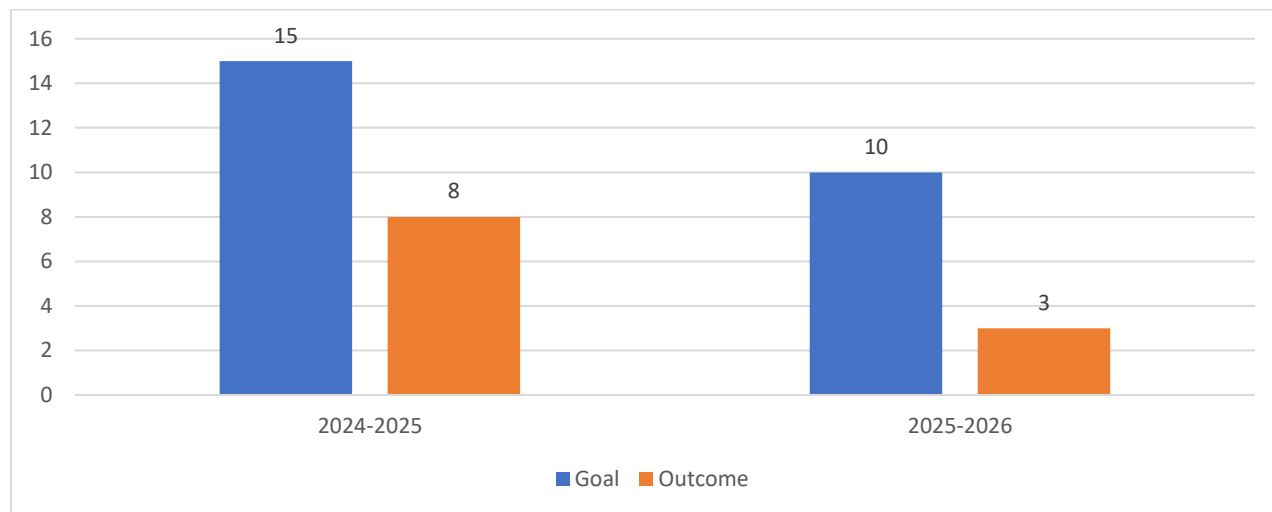
Objective: Increase community involvement

Indicator: # of new opportunities offered to program clients

Goal: 10

Outcome: 3

Analysis: **GOAL NOT MET**



In the 2024-2026 Performance Measurement & Management Plan, a goal of 15 new opportunities being offered to clients was very ambitious; especially considering when the objective specifically specifies 'new' activities. For the 2025-2026 Plan, the goal was decreased to 10 new opportunities. Unfortunately, this goal was still a bit too ambitious as three opportunities were offered:

1. Duck pond at the ERT
2. Pumpkin patch at Coastal Black
3. Created a bird feeder for the clients to feed birds

For the 2026-2027 Plan, this goal will continue but a goal of 4 new opportunities will be targeted – to focus on more per season.

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

Objective: Person Centered Plans (PCP) are completed at least 30 days after expiry

Indicator: % of average number of days PCP's are completed

Goal: 90%

Outcome: 59%

Analysis: **GOAL NOT MET**

This was a new goal for the 2025-2026 Performance Measurement & Management Plan, to ensure that clients goals are being reviewed and updated in a timely manner. Unfortunately, the program only got 59% of their Person Centered Plans completed within at least 30 days after their expiration date. This will continue to be worked on in the 2026-2027 Plan.

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**

There were two new referrals into the Recreation & Leisure Program for this period of time. Both individuals and/or families were contacted within 7 days of receiving the referral.

Experience of Services and other feedback:

Persons Served

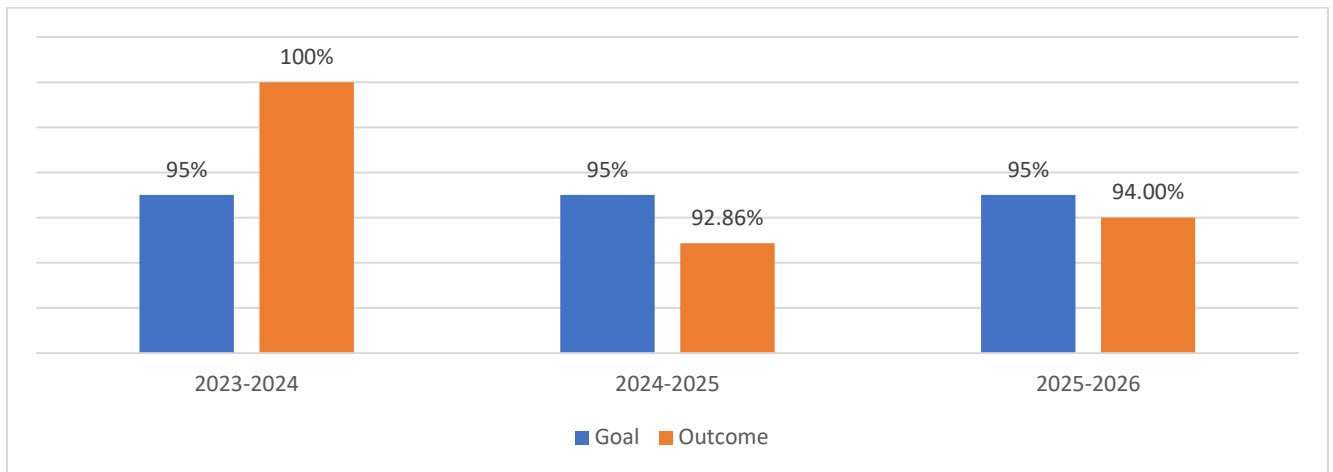
Objective #1: Clients feel listened to.

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

Goal: 95%

Outcome: 94%

Analysis: **GOAL NOT MET**



The Recreation & Leisure Program is included in the Community Inclusion Experience of Services Survey, which also includes: Confidence in Community, Passages, and HYPE Inclusion.

There was a 49% response rate from the individuals in these programs. 94% of them indicated that they feel listened to on the survey. Now even though there are respondents from three other programs included in these results, it does provide a bit of an idea on how clients feel in this regard. The data is also slightly skewed due to having other programs included in this survey.

There is a slight increase from the 2024-2025 Plan in aspect to this specific objective, regarding the question to: "The staff listen to me."

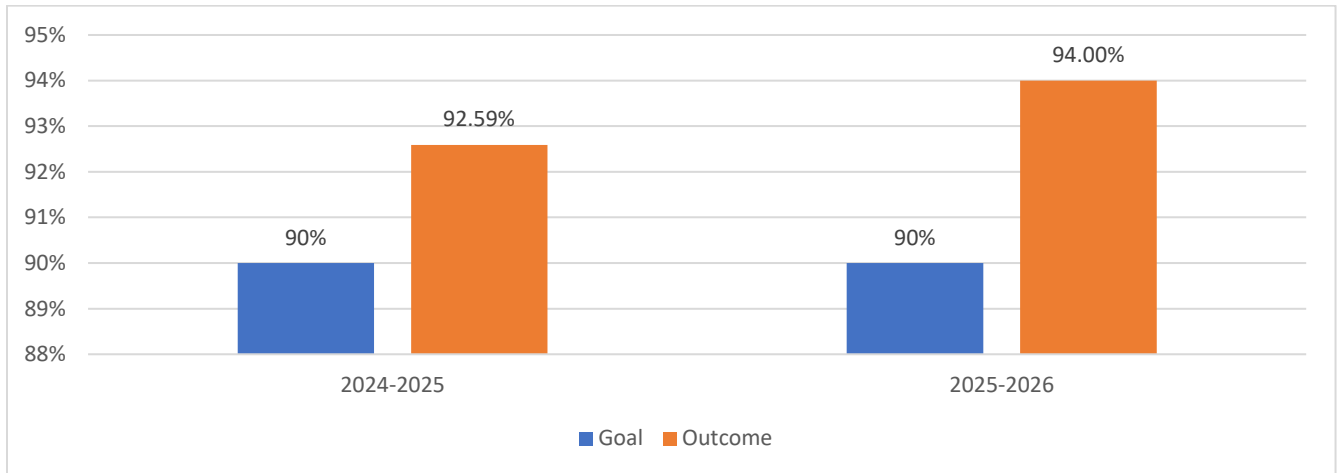
Objective #2: Clients feel the program helps them be included in the Campbell River community

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: 94%

Analysis: **GOAL MET**



The Recreation & Leisure Program is included in the Community Inclusion Experience of Services Survey, which also includes: Confidence in Community, Passages, and HYPE Inclusion.

There was a 49% response rate from the individuals in these programs. 94% of them indicated that they feel the program helps them be included in the Campbell River community. Now even though there are respondents from three other programs included in these results, it does provide a bit of an idea on how clients feel in this regard. The data is also slightly skewed due to having other programs included in this survey.

There is a slight increase from the 2024-2025 Plan in aspect to this specific objective, regarding the question to: “Do you feel this program helps you to be included in your community?”

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: 86%

Analysis: **GOAL MET**

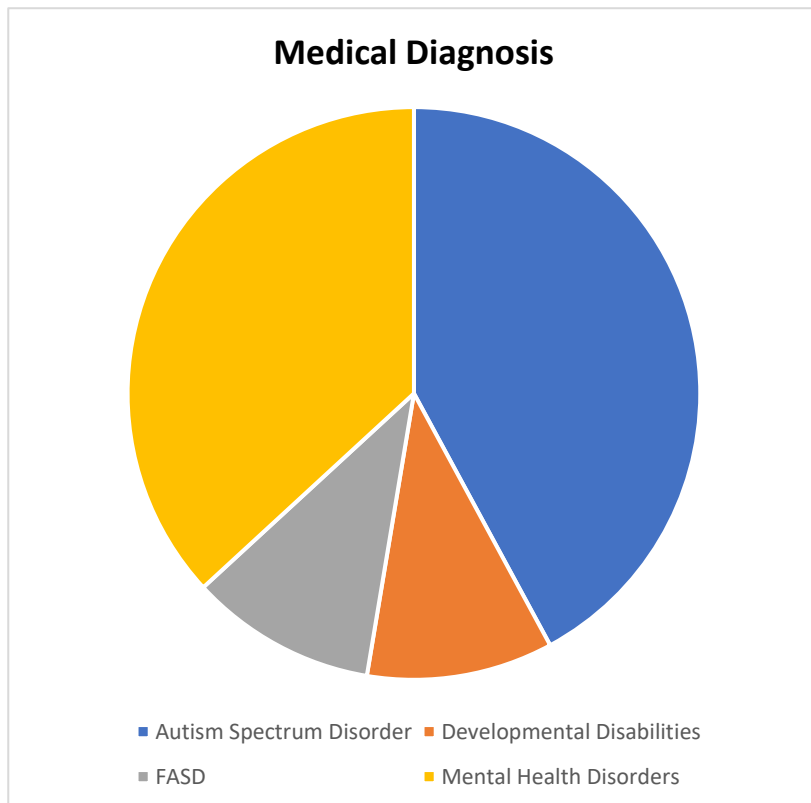
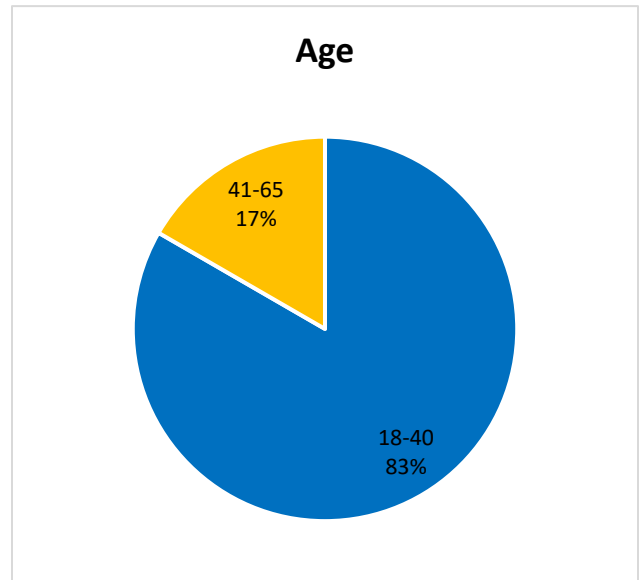
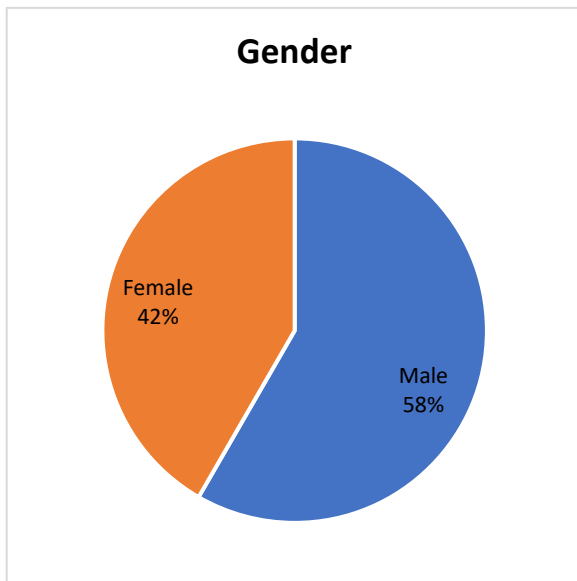
In the 2024-2025 Performance Measurement & Management Plan, this objective was asked, but the indicator to focus on our goal was missed on the Experience of Services Survey. This year, the indicator to yield the results of: “I believe that the staff support individual strengths and abilities” was asked, yielding a response of 86% from respondents.

The Recreation & Leisure Program is included in the Community Inclusion Experience of Services Survey, which also includes: Confidence in Community, Passages, and HYPE Inclusion. The overall response rate was 49% from stakeholders, with a 15% response rate specific to Recreation & Leisure.

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: Clients will have increased confidence when making choices in their activities

Indicator: % of clients that indicate an increase in their confidence in choosing activities, as indicated on the Experience of Services Survey

Goal: 75%

Outcome: NIL

Analysis: **NO DATA**

Unfortunately, this objective yields no results, as a question related to 'increased confidence' was not asked on the Client Experience of Services Survey. The intention behind this objective was to know whether the individuals in this program feel confident when making choices in their activities during their service time, as the program is a one-to-one staff to client professional relationship.

Confidence is a difficult feeling to measure, and this objective will be removed on the 2026-2027 Performance Measurement & Management Plan.

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

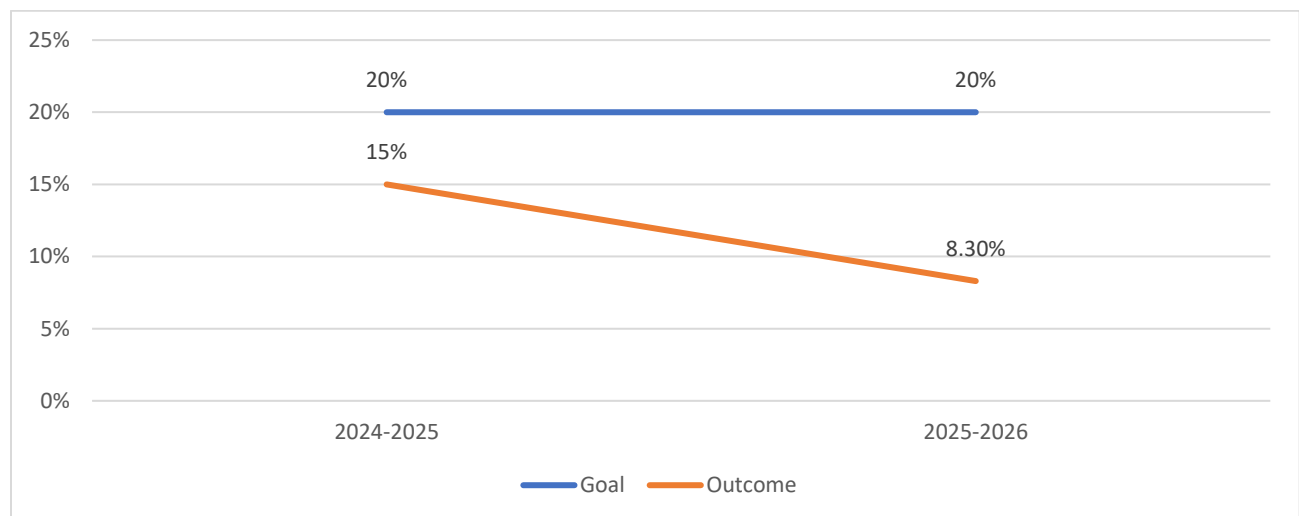
Objective: Maintain direct service hours for the program

Indicator: % of reduced client cancellations

Goal: 20%

Outcome: 8.3%

Analysis: **GOAL MET**



This objective is important as we are tracking client cancellations, to ensure all individuals meet their allotted service delivery hours. The program averages about 10 cancellations per month. For the 2026-2027 Plan, the indicator will be revised to remove the word 'reduced' as the way this is currently written makes the objective sound like we are reducing by 20%, however the intention is to maintain at 20% or less.

Service Access:

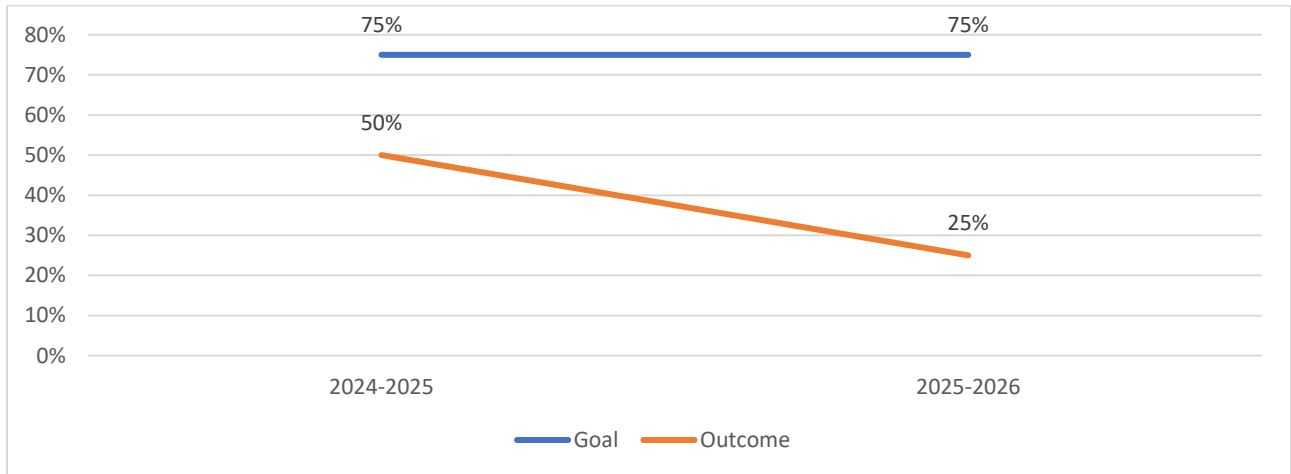
Objective: The participants who have a LIFE pass are utilizing as much as possible during service time.

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

Goal: 75%

Outcome: 25%

Analysis: **GOAL NOT MET**



For the clients who have a LIFE pass, only 25% of them use their LIFE pass during service delivery time – last year this was at 50%. The remaining individuals that have a LIFE pass, do not have any interest in using this. As staff will continue to encourage these clients to use their pass, this objective will be rewritten for the 2026-2027 Performance Measurement & Management Plan to focus on an objective that is something within our control.

Experience of Services and other feedback:

Persons Served

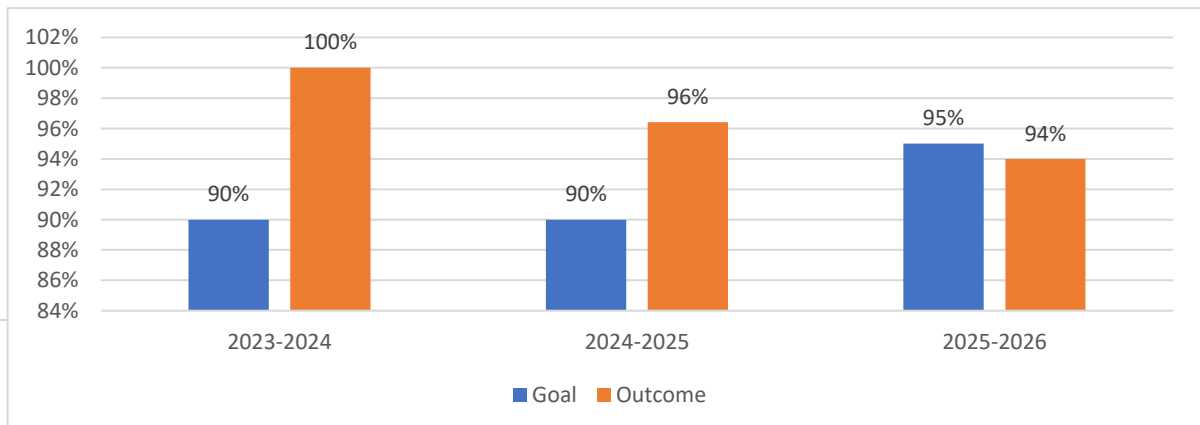
Objective: Clients feel satisfied with the program

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

Goal: 95%

Outcome: 94%

Analysis: **GOAL NOT MET**



For the 2023-2024 and 2024-2025 Plans, this target was set at 90%, which the program exceeded both years. For this current Plan, the target was increased to accommodate these achievements, however due to variabilities the goal was not met this year. The Community Inclusion Experience of Services Survey includes other programs; Passages, Recreation & Leisure, and HYPE-Inclusion. As survey results also includes clients from these other programs, this affects the Confidence in Community Program outcome results.

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

Goal: 90%

Outcome: NIL

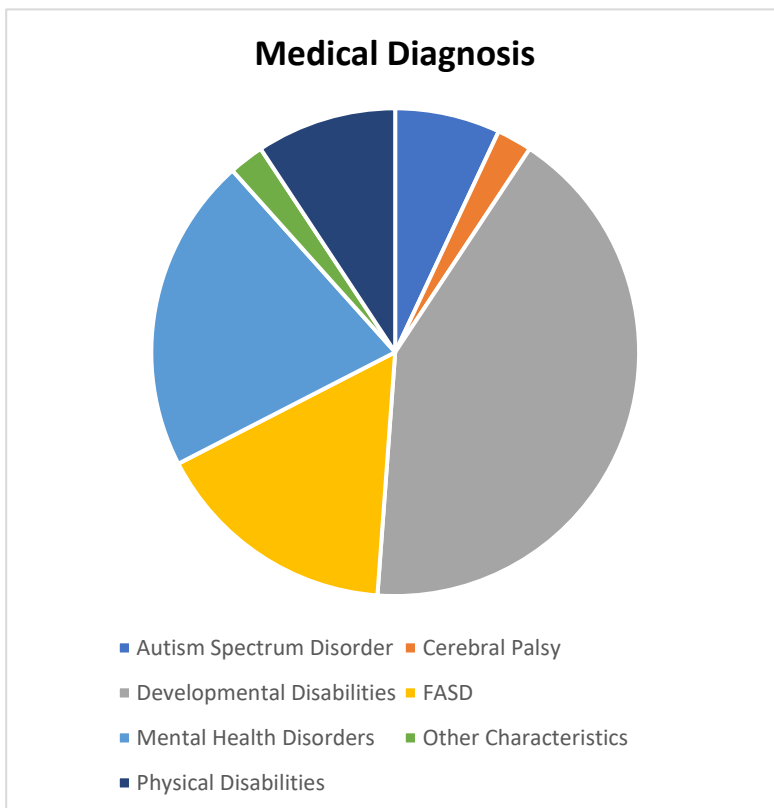
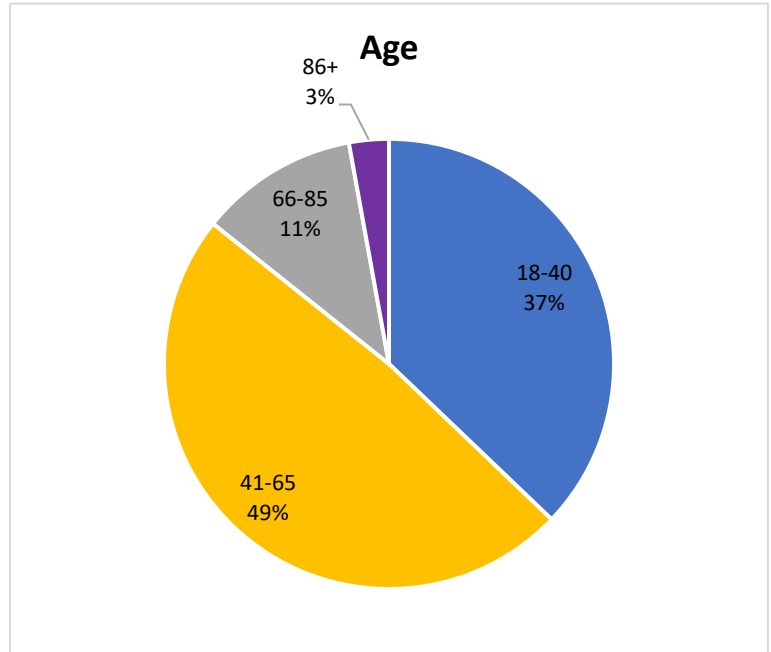
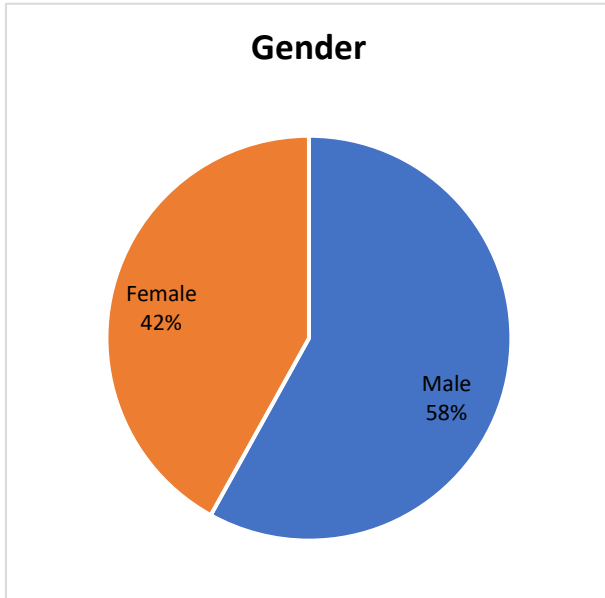
Analysis: **NO DATA**

There was no question on the Experience of Services Survey in regards directly to our values, therefore yielding no results for this objective. This objective will be reworded to focus on clients feeling respected by staff, as this question is asked on the survey.

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:



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):

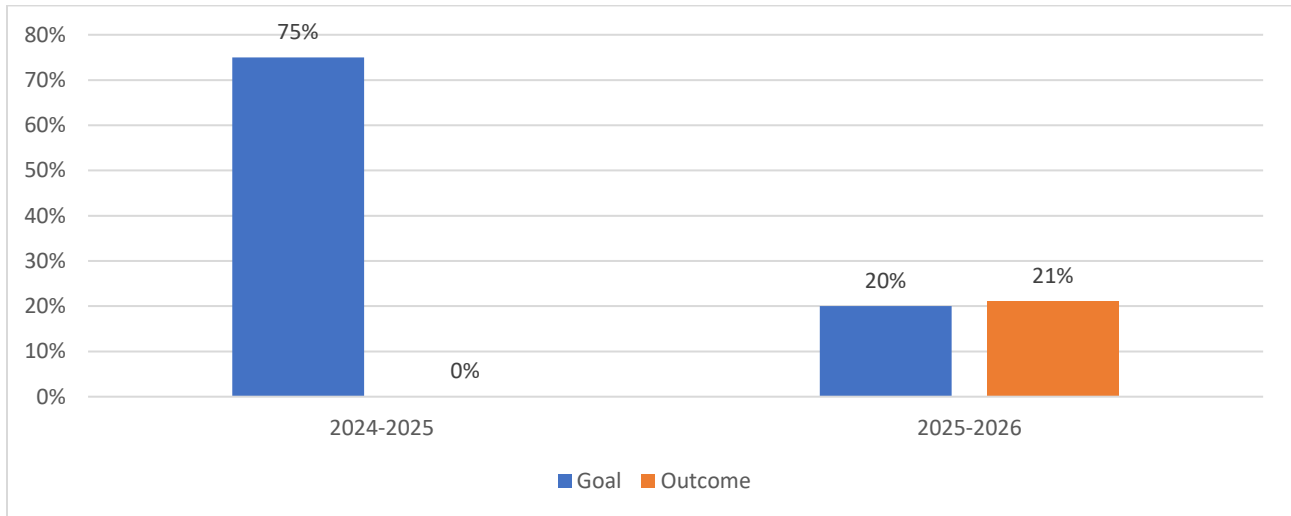
Objective: Increased participation in the Healthy Lifestyle Program activities

Indicator: % of participants that attend a new activity

Goal: 20%

Outcome: 21%

Analysis: **GOAL MET**



The focus of this objective is that participants in the Healthy Lifestyle Program attend a new activity. The program was able to attain 21% of those participants to attend a new activity, surpassing our goal of 20%. The Healthy Lifestyles Program is an internal 'program' that Independent Living offers to the clients, so not necessarily every client in Independent Living attends Healthy Lifestyles.

The reason that in 2024-2025 the goal was 75%, was because as a new goal that was created, we didn't have a clear idea of what was attainable. Yielding a 0% outcome for that year, made us realize that a much smaller goal was needed, hence why 20% was set for the 2025-2026 year.

This objective will continue in the 2026-2027 Performance Measurement & Management Plan.

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

Objective: Maintain staff time spent with participants

Indicator: # of average contact hours, per participant

Goal: 60%

Outcome: 83%

Analysis: **GOAL MET**

The program was able to maintain an average of 83% of staff time being spent with participants. A large contributing factor in not being able to maintain a 100% average (which would also be unrealistic) is cancellations. Cancellations are also something outside of the control of the program, as clients do need to cancel service from time to time. This objective will remain in the 2026-2027 Performance Measurement and Management Plan.

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: 83%

Analysis: **GOAL NOT MET**

There were 6 new referrals into the Independent Living Program, and 83% of them had first contact made within 7 business days of the program receiving the referral.

Experience of Services and other feedback:

Persons Served

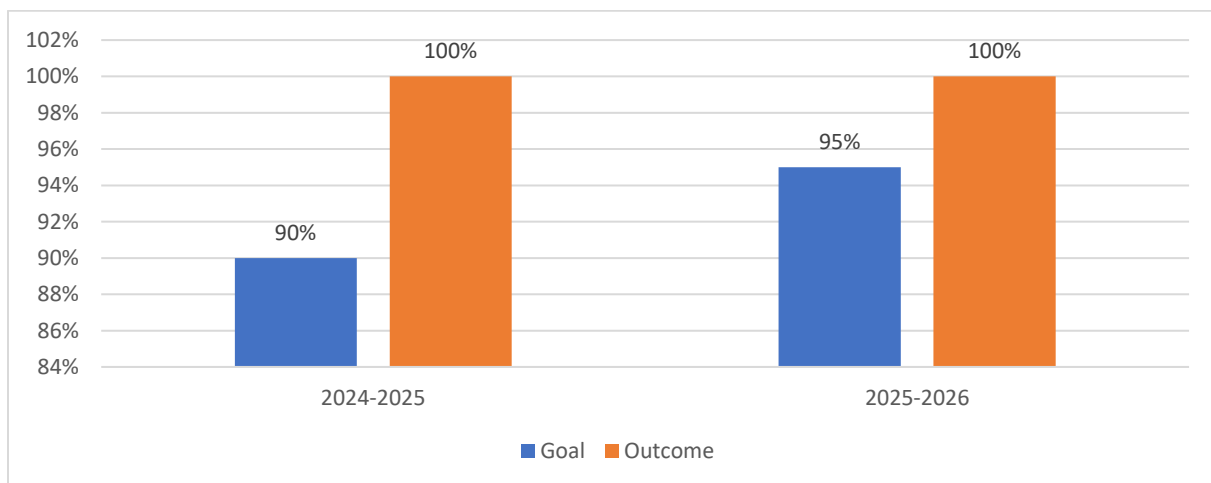
Objective #1: Clients feel satisfied with the program

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

Goal: 95%

Outcome: 100%

Analysis: **GOAL MET**



Independent Living is the only program included in their own Client Experience of Services Survey. The survey had an 85% response rate, which is great because this provides a more accurate depiction of feedback. Out of the 85% of respondents, all of them indicated they were happy with the support they receive from the program.

In the 2024-2025 Plan, this same question also had a 100% satisfaction in this question, but there was a lower goal of 90%. Because of the high satisfaction outcome, the targeted goal was increased to 95% for this year.

This objective will remain in the 2026-2027 Performance Measurement & Management Plan to continue measuring the satisfaction in this area.

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

Goal: 90%

Outcome: NIL

Analysis: **NO DATA**

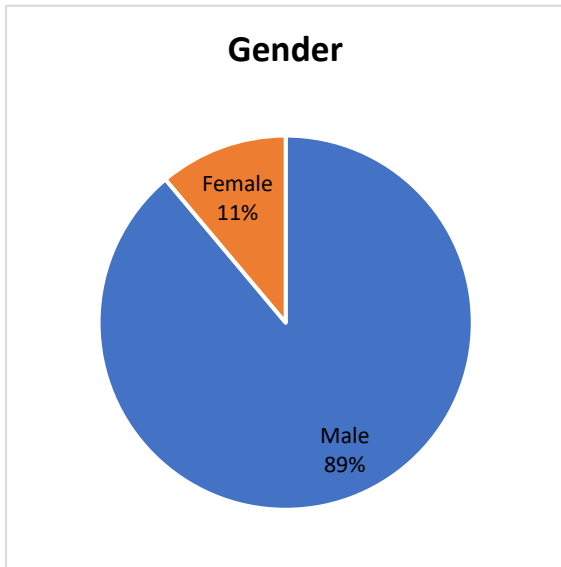
Unfortunately, this direct question was not put on the 2026 Client Experience of Services Survey, therefore resulting in no outcome data for this objective. There was a question asking client's if they feel respected by staff, however it did not include the other Society values of 'Fairness', 'Belonging', and 'Inclusion'.

This indicator will be changed to only focus on the value of 'Respect' for the 2026-2027 Performance Measurement & Management Plan.

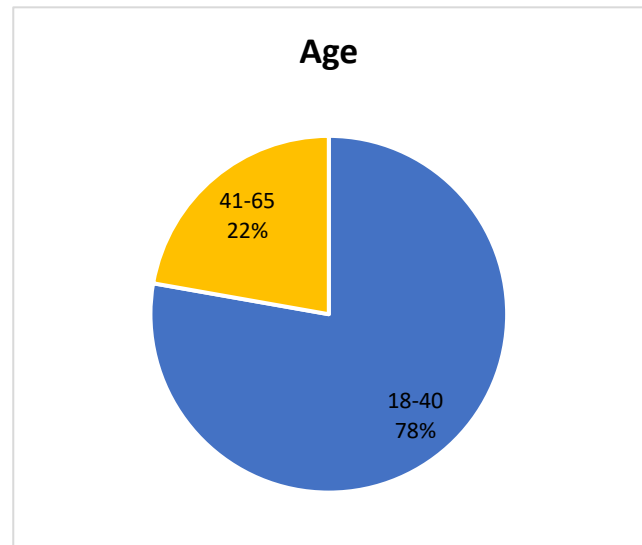
LIFE Services

The L.I.F.E. Service responds to the natural rhythm of a person's life (for example, does not have to be a set schedule of 9AM-3PM during the day) and adjusts over time in response to their changing goals and needs. The service enables people to personalize, direct and evaluate their services in a way that works for them. People receiving service and their staff work together to establish ongoing check-ins and adjustments to services that evaluate the support being given and the difference the service is making in the person's life. Evaluation is part of the service for each person.

Characteristics of clients in the program:



All individuals accessing services in this program have a developmental disability.



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

Results achieved for the persons served (effectiveness):

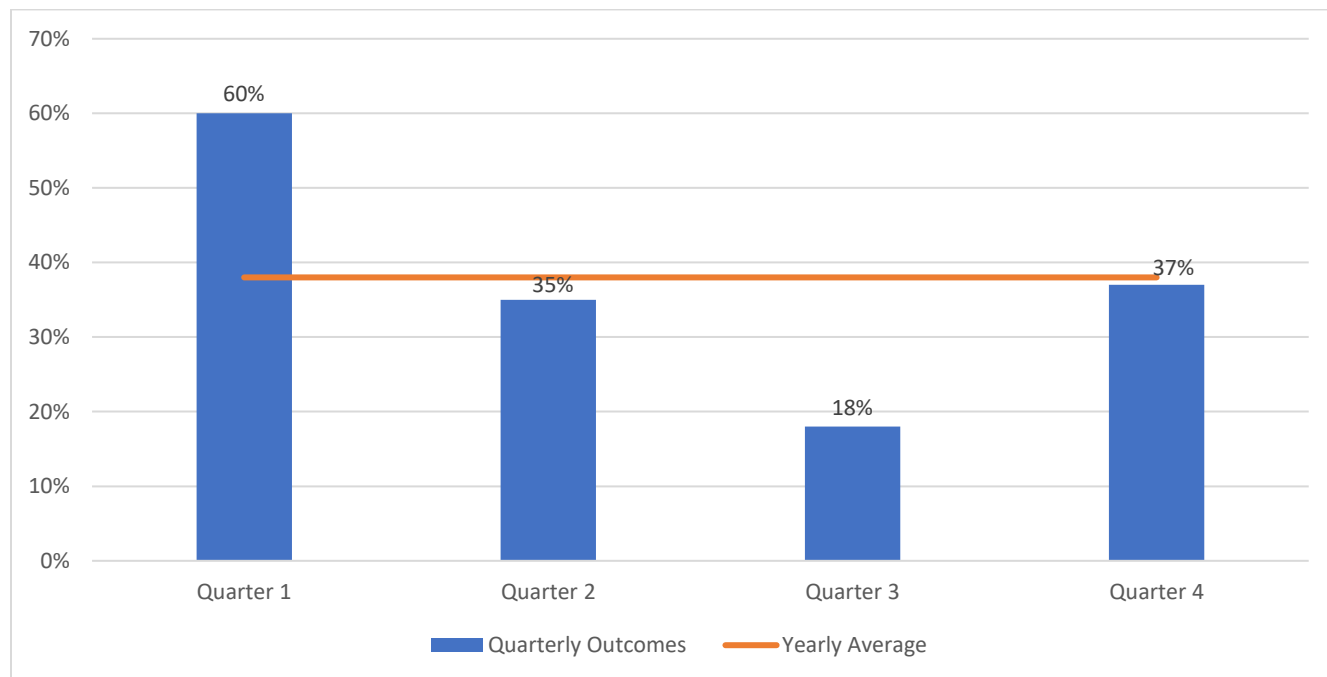
Objective: Clients are achieving their goal(s)

Indicator: % of goals achieved for all clients

Goal: Create benchmark

Outcome: 38%

Analysis:



As this was the first year for LIFE Services to create Performance Measurement & Management Plan goals, clients achieving their goals is important however there was no benchmark to measure against for this first year; as this program is a new service with Rivercity Inclusion.

A yearly average for clients (in this program) achieving their goals was 38%. The difficult variability in this, is clients can have long-term goals in this program and not always achieved even in that yearly timeframe. Due to the way reporting is completed in this program, goals are tracked and documented on a quarterly basis. A breakdown is included in the above chart to show goal completion, per quarter, along with the annual average of goal completion.

Quarter 1 – 60% of clients achieved their goals. The reason this is so high, is there were less individuals receiving service in the program at that time, as it had just started. The staff in the program had more time available to provide service delivery to the clients, as there weren't as many individuals.

Quarter 2 – 35% of clients achieved their goals. This completion rate is more realistic to achieve.

Quarter 3 – 18% of clients achieved their goals. As this time was October – December, naturally services can slow down during this time due to clients availability, holidays, etc.

Quarter 4 – 37% of clients achieved their goals. This completion rate is similar to Quarter 2 and is more attainable and realistic.

This timeline of measure will change in next year's Plan to be quarterly, rather than annually.

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

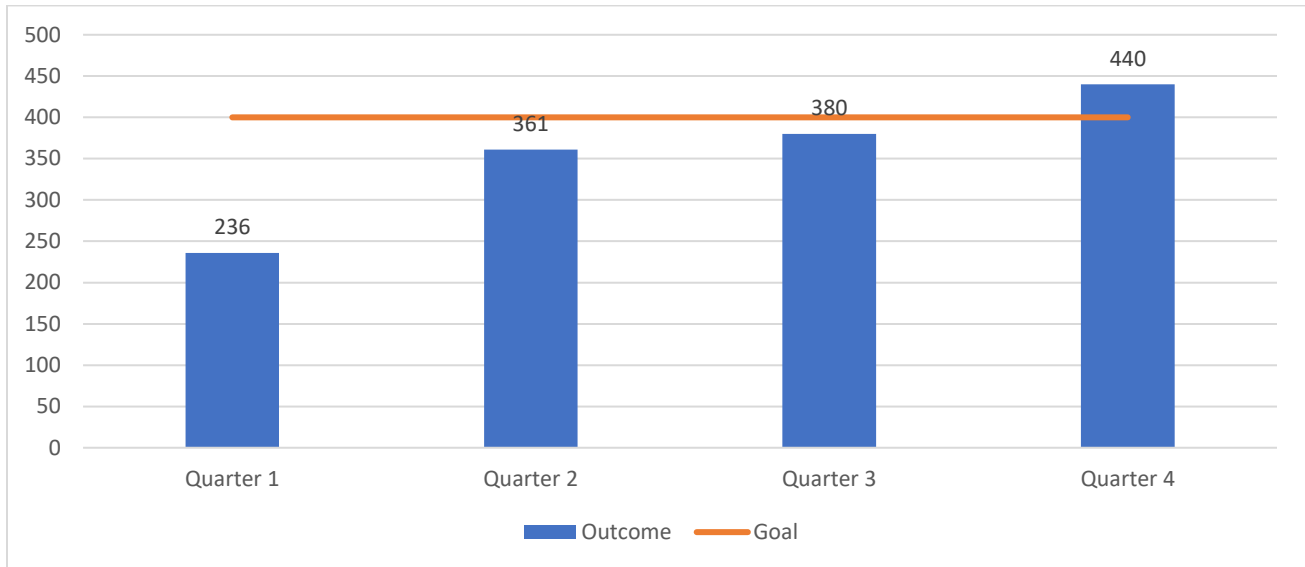
Objective: Staff time is maximized by providing direct A and B support

Indicator: # of hours provided by the staff person, through direct A and B supports, quarterly

Goal: 400

Outcome: Quarter 1 – 236; Quarter 2 – 361; Quarter 3 – 380; Quarter 4 - 440

Analysis: **GOAL NOT MET**



A goal of 400 hours was set to be achieved on a quarterly basis. The above chart shows the quarterly outcome of staff time spent on both direct and indirect hours. Quarter 4 (January to March 2026) shows total of 440 hours being spent through these two types of service hours: 294 hours spent on direct A support and 146 hours spent on direct B support. The quarters are based on the fiscal year (April to March) and not on a calendar year.

Direct A – in person support provided by staff to an individual

Direct B – research, planning, and coordination conducted by staff on behalf of an individual to inform the development and tune-up of their direct A support

LIFE Services is a newer program with Rivercity Inclusion and staff were still getting comfortable with understanding the program and how to optimally utilize supports for the clients.

This objective will remain in the 2026-2027 Performance Measurement & Management Plan to measure these supports hours over time.

Service Access:

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

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

Goal: 100%

Outcome: 100%

Analysis: **GOAL MET**

The program received 7 new referrals for service, all of which were contacted within 7 business days of receiving the referral.

Experience of Services and other feedback:

Persons Served

Objective #1: Clients feel included in the Campbell River community

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

Goal: 90%

Outcome: 80%

Analysis: **GOAL NOT MET**

This year was the first time an Experience of Services Survey was sent out to clients in LIFE Services, as this is a new program for Rivercity Inclusion. We received a 63% response rate – 80% of those respondents indicated the program helps them feel included in the Campbell River community.

Stakeholders

Objective: Families/caregivers are satisfied with the program

Indicator: % of stakeholders who indicate they are satisfied with the program, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 80%

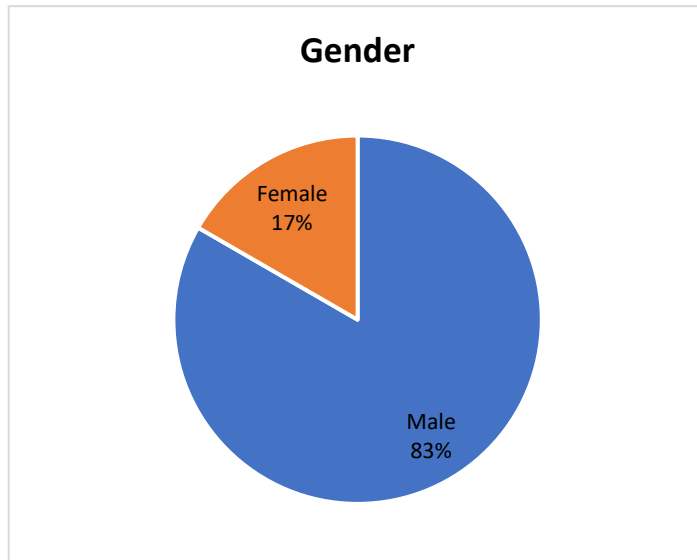
Analysis: **GOAL NOT MET**

This year was the first time an Experience of Services Survey was sent out to families & caregivers in LIFE Services, as this is a new program for Rivercity Inclusion. We received a 63% response rate – 80% of those respondents indicated that they are satisfied with the program.

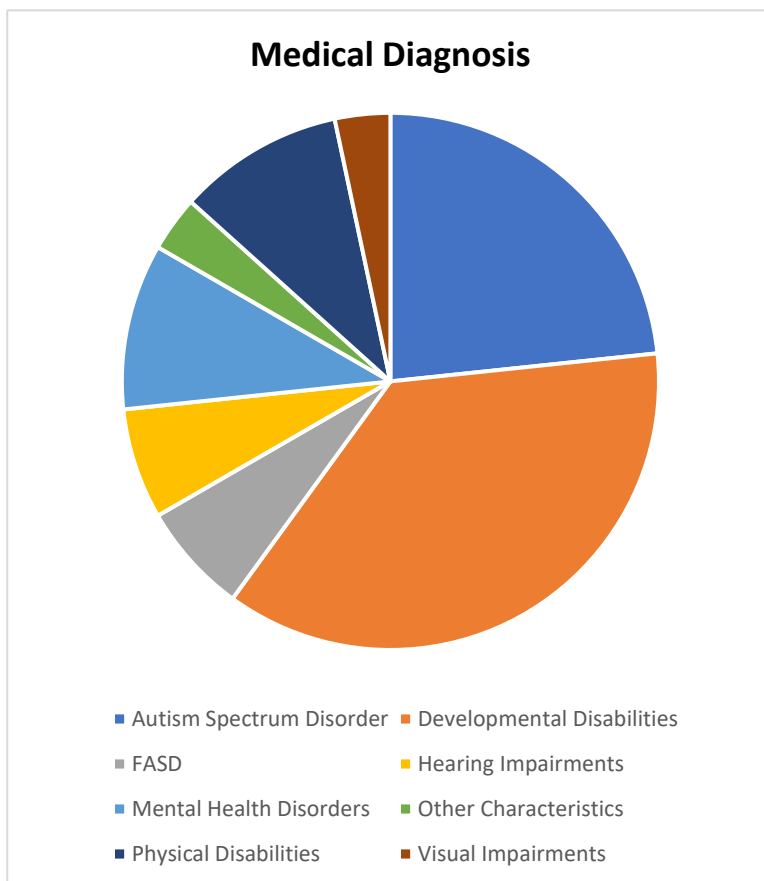
HYPE – Inclusion

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):

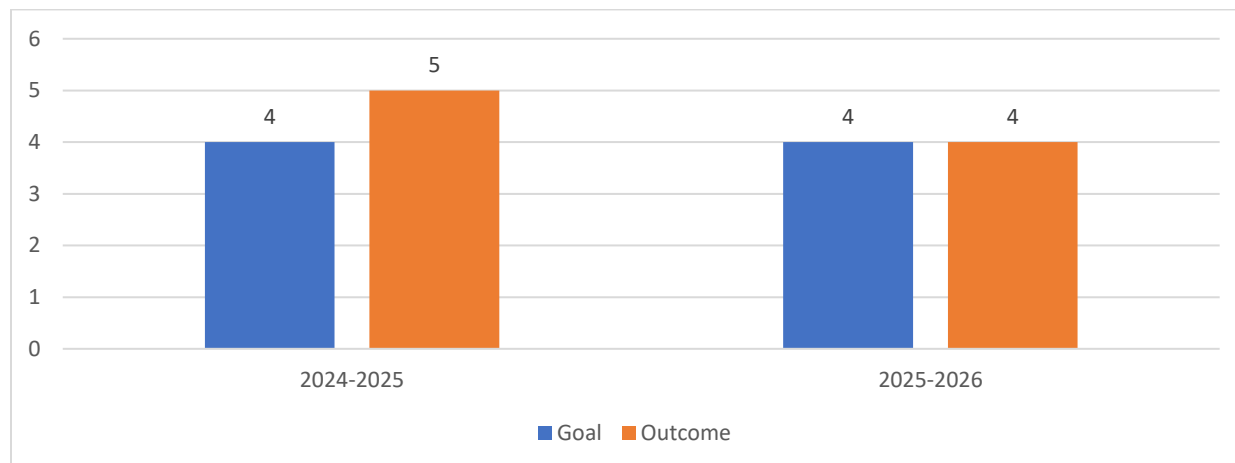
Objective: Introduce new life skills.

Indicator: # of life skill learning opportunities

Goal: 4

Outcome: 4

Analysis: **GOAL MET**



The key importance with this objective, is the word 'new' – the goal is to introduce new life skills learning opportunities for the clients in this program.

The new opportunities included:

1. BC Transit – going to Courtenay and back – this was done twice!
2. Making homemade holiday decorations
3. Online Safety with the RCMP – this also was done twice!
4. Learning to cook/bake

For the past two years, the program has successfully achieve it's goal of offering new learning opportunities. This is a wonderful chance to teach the individuals new skills in this program.

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

Objective: Maximize attendance rates of clients.

Indicator: % of reduced unplanned absences of clients

Goal: 10%

Outcome: 2%

Analysis: **GOAL MET**

Attendance is tracked diligently with the program, and only 2% of absences were due to being 'unplanned'. The goal was to keep these types of absences under 10%, which was successfully achieved. Historically, there has been a large number of unplanned absences, which is why this objective is important to keep track of.

For the 2026-2027 Plan, the indicator will have the word 'reduced' removed, as we are focusing on keeping these unplanned absences under 10%, and not reduce by 10%.

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 3 new referrals into the program; one person increasing their hours, one referral never showed; and one started working right away. All individuals were contacted within 7 business days of receiving their referral.

Experience of Services and other feedback:

Persons Served

Objective: Clients are happy with the program.

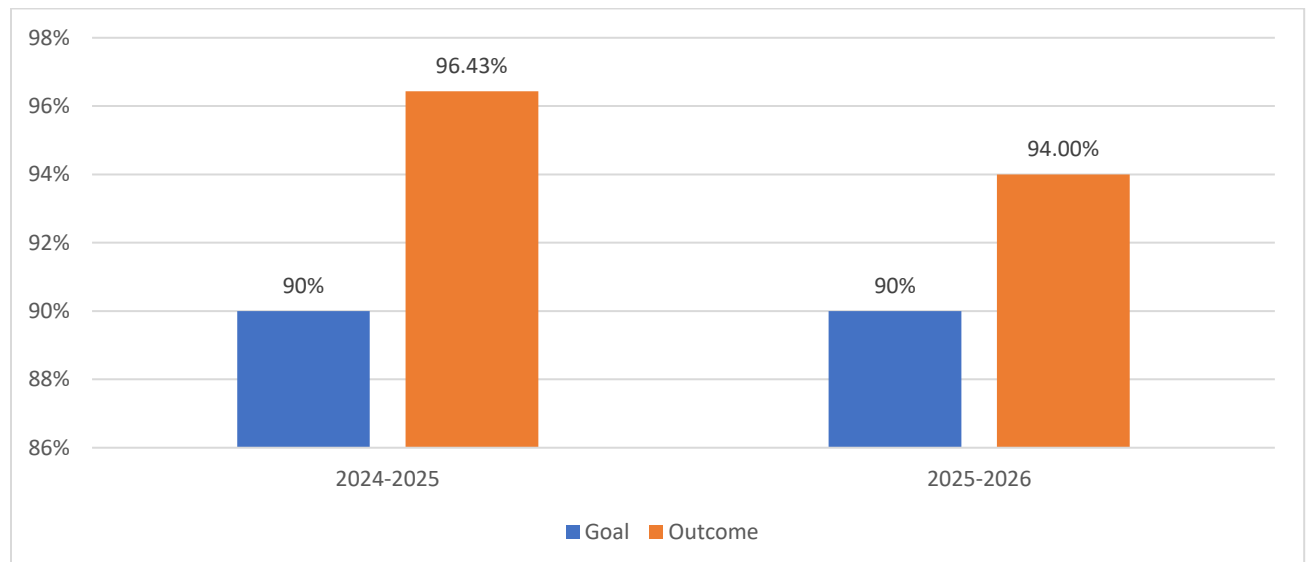
Indicator: % of clients that are happy with the program, as indicated on the Experience of Services Survey

Goal: 90%

Outcome: 94%

Analysis: **GOAL MET**

The Client Experience of Services Survey for Community Inclusion Programs includes Confidence in Community, Passages, and Recreation & Leisure. Even though the program exceeded its goal, it doesn't necessarily mean that 94% is exclusive to HYPE-Inclusion, as there are other programs included in the results of this survey.



Stakeholders

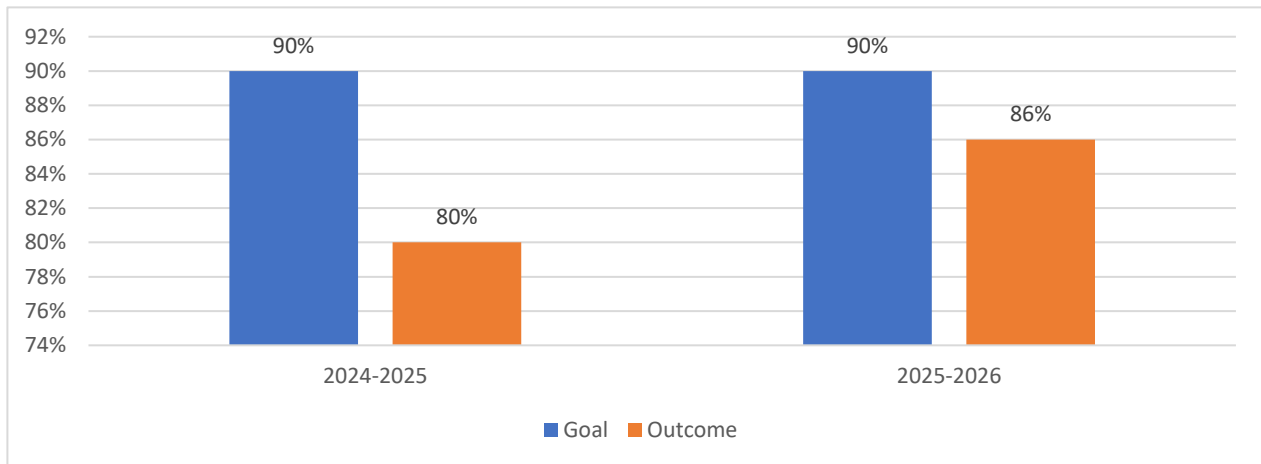
Objective #1: Stakeholders are satisfied with the service in the program.

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

Goal: 90%

Outcome: 86%

Analysis: **GOAL NOT MET**



Similar to the Client Experience of Services Survey, the Stakeholder survey is sent in a similar manner. The Community Inclusion Survey for Stakeholders received a 49% response rate; 19% from HYPE-Inclusion. As there are other programs included in the survey results, this can skew the outcome for this objective.

Objective #2: Stakeholders feel they are kept informed of what is happening in the program

Indicator: % of families/caregivers that indicate they are kept informed of what is happening, as indicated on the Experience of Services Survey

Goal: 70%

Outcome: 73%

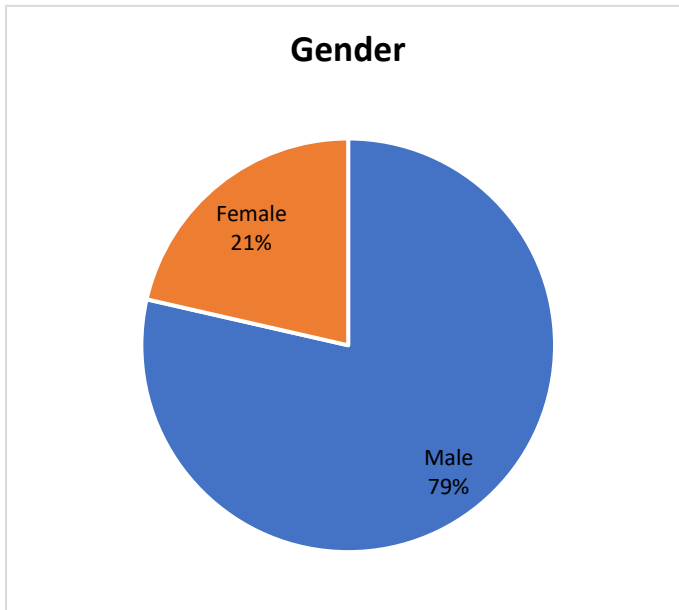
Analysis: **GOAL MET**

For the 2025-2026 Performance Measurement & Management Plan, this was a new objective the program began measuring. The results are reflective of the other Inclusion Programs, which can skew the outcome, even though the goal was achieved.

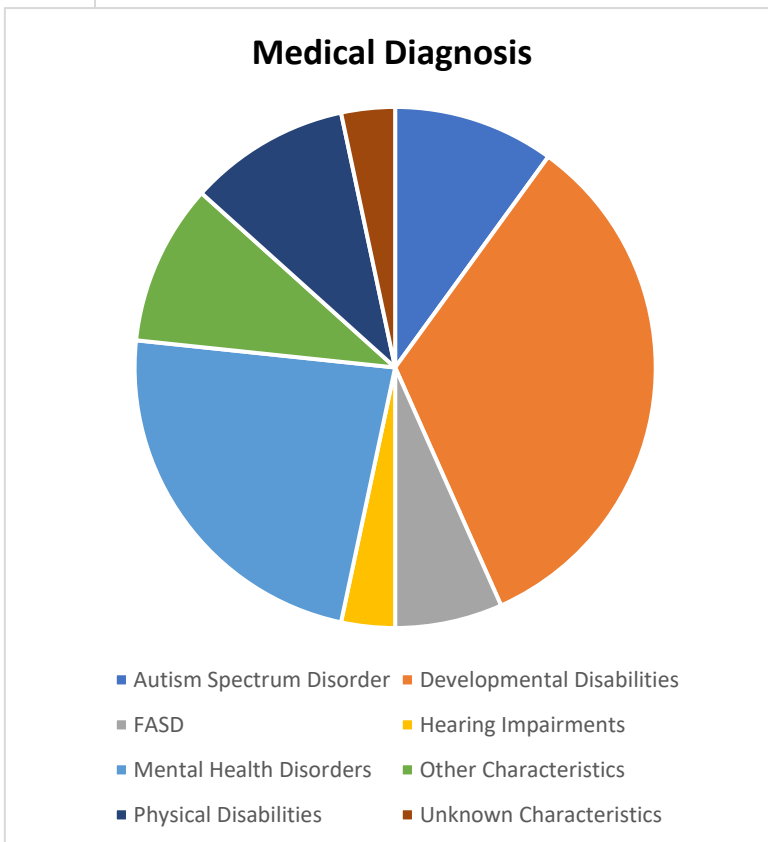
HYPE – Employment

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):

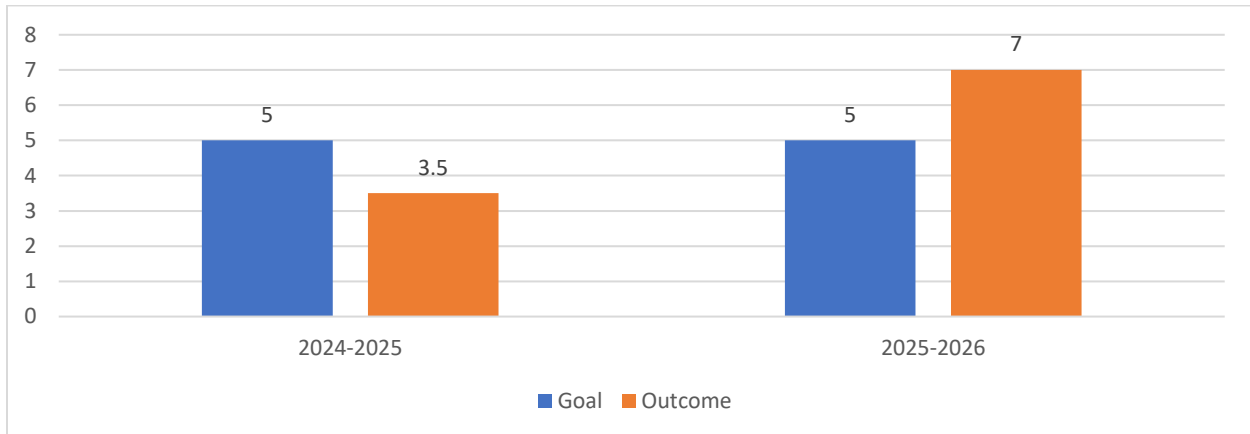
Objective: Clients are employment ready through the participation of job club.

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

Goal: 5

Outcome: 7

Analysis: **GOAL MET**



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.

As you can see, we had quite a few more clients attending job club than in the previous year. Having more clients attend job club helps staff prepare those individuals for the work force.

Job club happens weekly, and important discussions and includes learning opportunities, such as: FoodSafe and WHMIS.

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

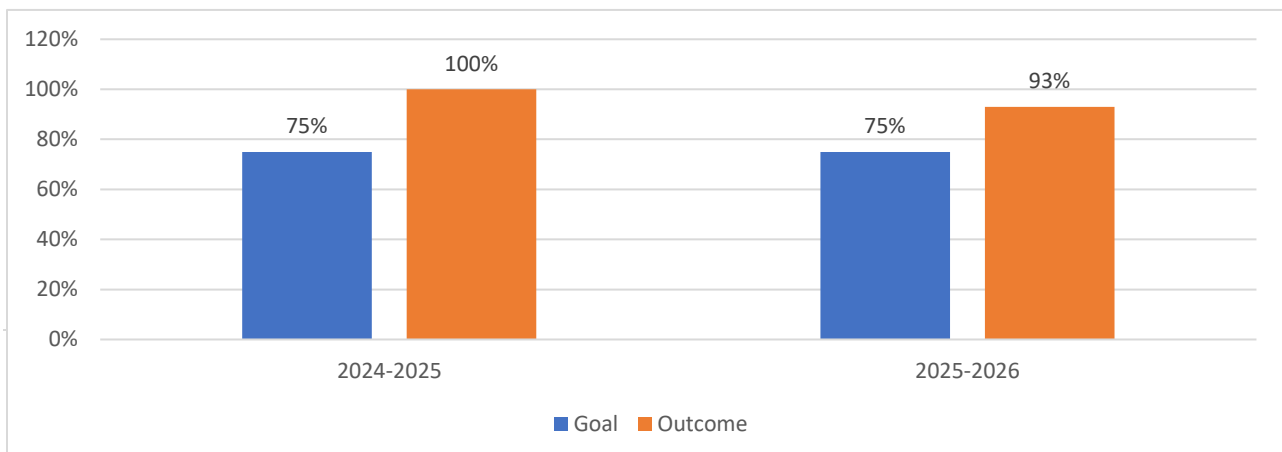
Objective: Job discovery process is completed within 6 months of date of referral.

Indicator: % of completed discovery profiles

Goal: 75%

Outcome: 93%

Analysis: **GOAL MET**



Thirteen discovery profiles were completed for individuals seeking employment, which took anywhere between 1-5 months to complete. 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.

There was a decrease in completing these profiles compared to the previous year, however there was also a significant increase in how many discovery profiles were needed to be completed.

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 four referrals in the program, all of which were contacted within 7 days from receiving the referral.

Experience of Services and other feedback:

Persons Served

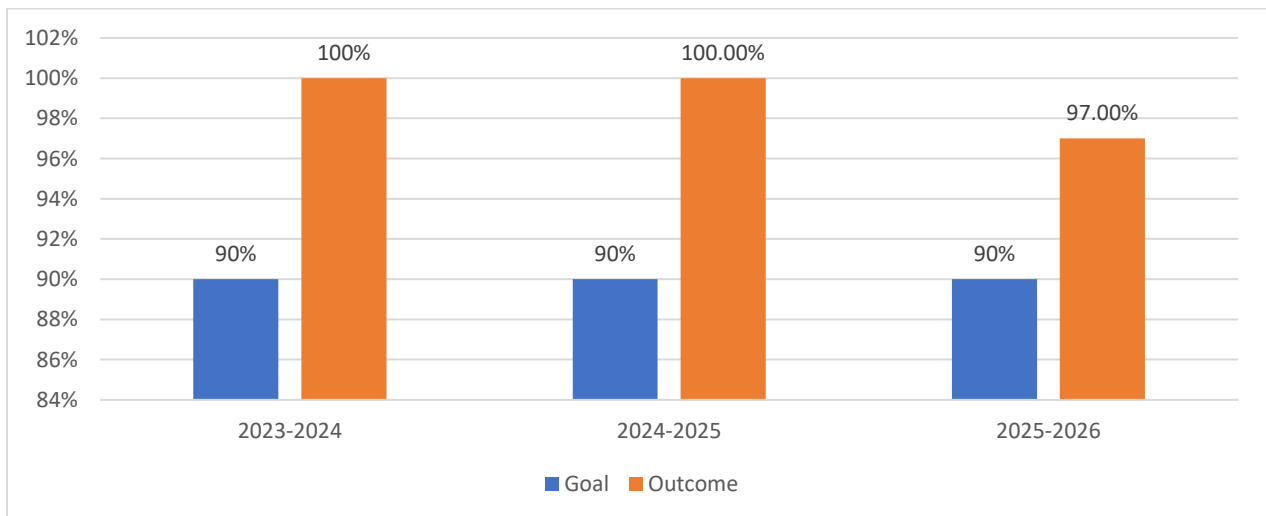
Objective: Clients are happy with the program.

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

Goal: 90%

Outcome: 97%

Analysis: **GOAL MET**



The Client Experience of Services Survey for HYPE-Employment, also includes feedback from the other Employment Programs: Customized, PSI, Creative and Supported. Since feedback is included with these other programs, this can alter the true results for HYPE-Employment.

There was a 58% response rate from clients in these programs. 97% of those respondents indicated they are happy with the program – however, it’s important to remember that the 97% includes the other Employment Programs.

Stakeholders

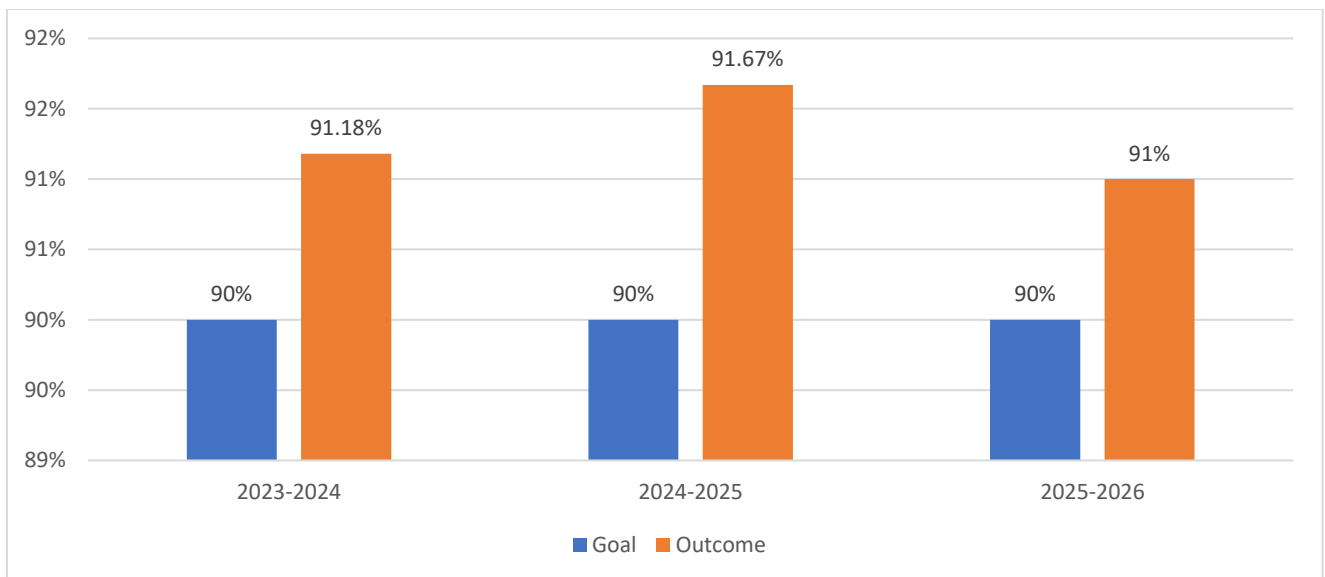
Objective: Stakeholders are satisfied with the service in the program.

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

Goal: 90%

Outcome: 91%

Analysis: **GOAL MET**



Just like the Client Experience of Services Survey, stakeholders also complete their survey based on the category; all the Employment Programs are included in the survey together.

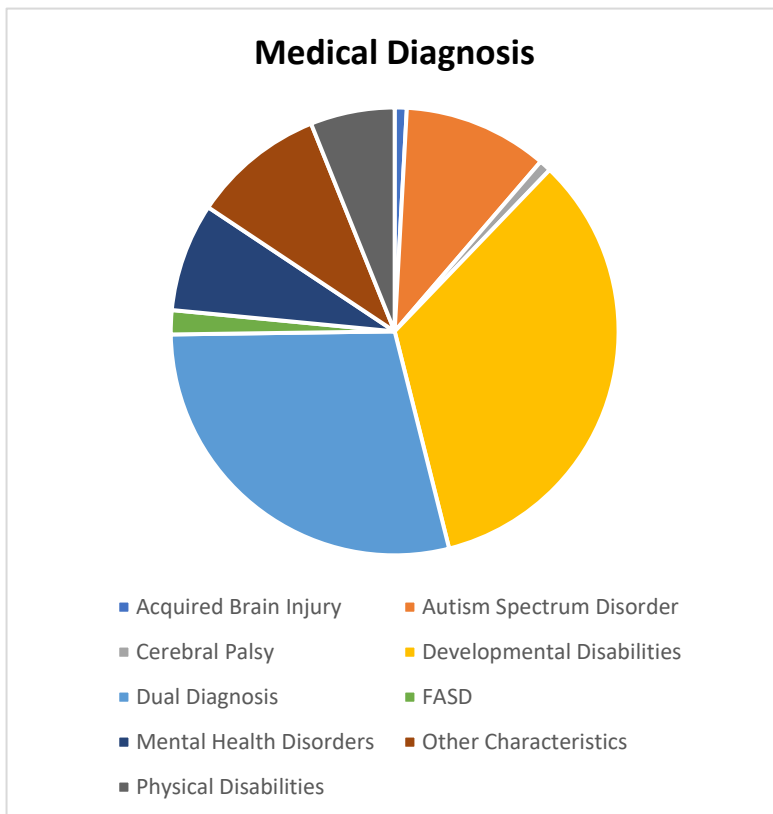
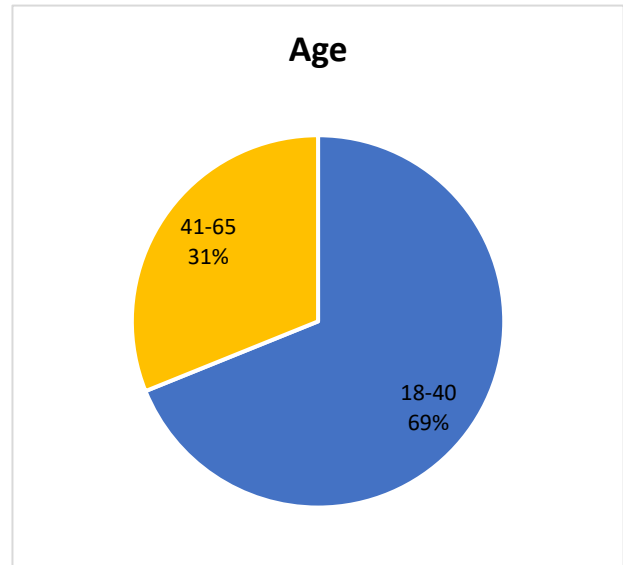
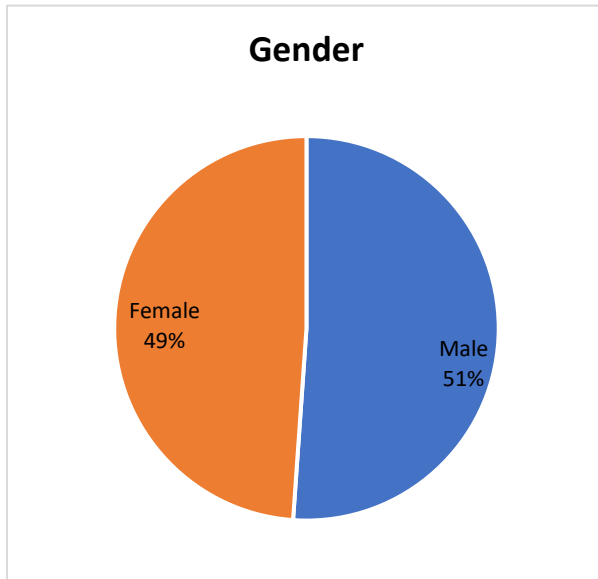
There was a 27% response rate for stakeholders completing the survey in the Employment Programs. Furthermore, 27% of that response rate was feedback from stakeholders in the HYPE-Employment Program.

The goal of reaching 90% in stakeholders being satisfied with the program has been consistently met for the past few years. The fluctuation is incredibly small over those years, with it being less than a 1% change.

Customized, PSI and 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 Customized, Supported & PSI Programs come 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: 3

Outcome: 3

Analysis: **GOAL MET**

For the 2025-2026 Performance Measurement & Management Plan, we combined the Customized, Supported & PSI Employment Programs into one plan, rather than keeping them separate, as their objectives are so similar. Considering this reporting change, the goals are set based on all of the programs together.

The programs received three new inclusive employers for clients seeking employment (job seekers) – Tim Hortons; Canadian Tire; and No Frills.

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

Objective: Job seekers are placed in successful employment.

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

Goal: 256

Outcome: 195

Analysis: **GOAL MET**

It took an average of 195 days from intake to employment for job seekers to be placed in successful employment opportunities. Unfortunately, our periodic reports are completed based on all job seekers, not just new referrals, in which this outcome is based on this consideration. The goal of 256 days is an average goal set by the province for job seekers to be placed in employment.

Going forward into the 2026-2027 Plan, new referrals will be tracked separately to account for this.

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 10 new referrals into these programs, all of which were contacted within 7 business days of receiving the referral.

Experience of Services and other feedback:

Persons Served

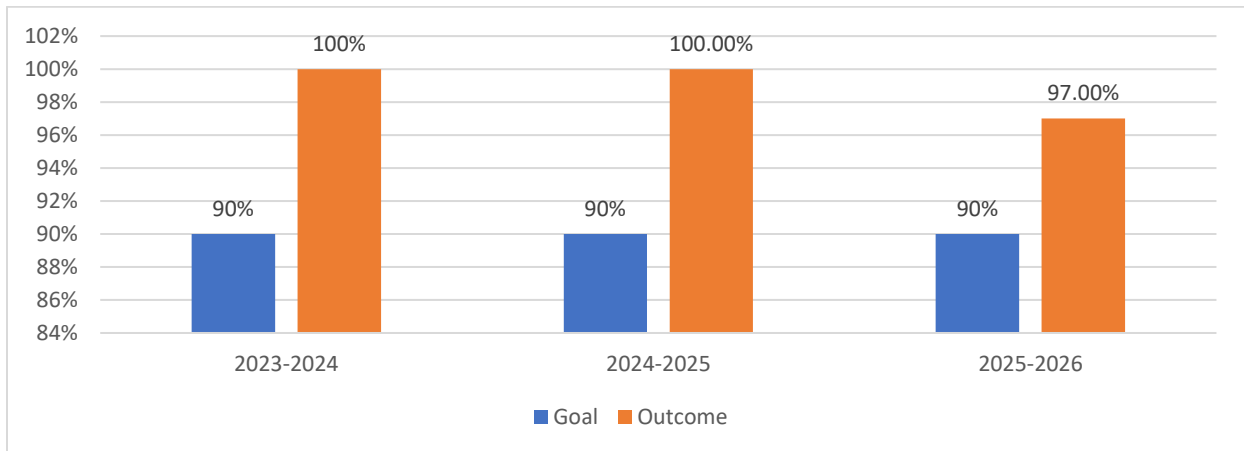
Objective: Job seekers are satisfied with services received.

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

Goal: 90%

Outcome: 97%

Analysis: **GOAL MET**



The Client Experience of Services Survey for Employment includes Skyline Productions and HYPE-Employment. There was a 58% response rate and 97% of those respondents indicated they were happy with the services provided by the Employment Program. There was a slight decrease from the 2024-2025 year, however there was also a 39% response rate for the year, therefore less responses to that survey in 2025 which is a consideration to the satisfaction.

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 the clients in these programs. The survey was sent to 27 inclusive employers and 9 of them responded; yielding a 33% response rate.

Although the specific question “are you happy with the support received” was not directly asked on the survey, the majority of responses answered yes to the questions.

Some testimonials we received:

“The Employment Services Program has been an amazing program to work with. They are quick to answer questions and are so helpful at making the training process seamless. We are so happy to see our new team members fitting in so well and have become an integral part of our team.”

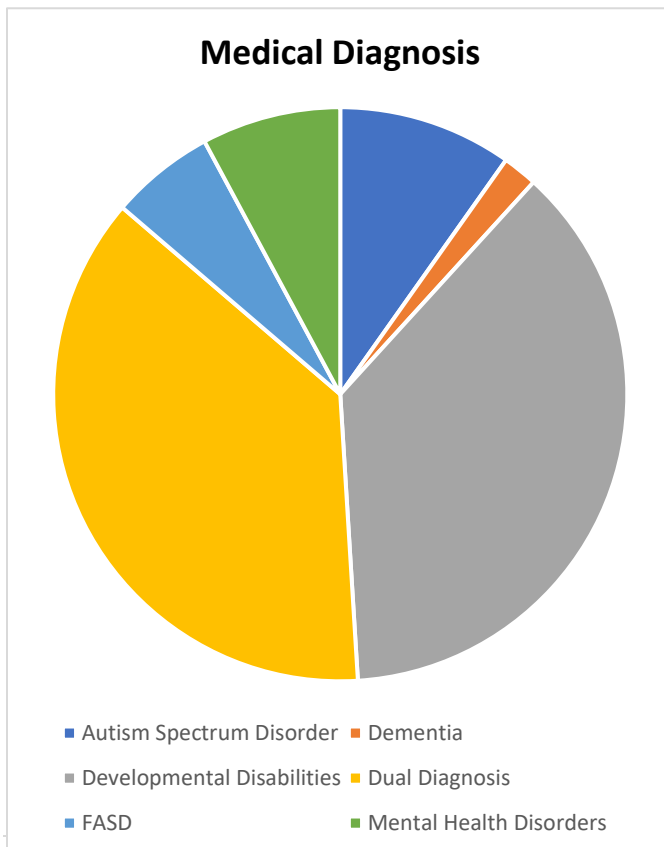
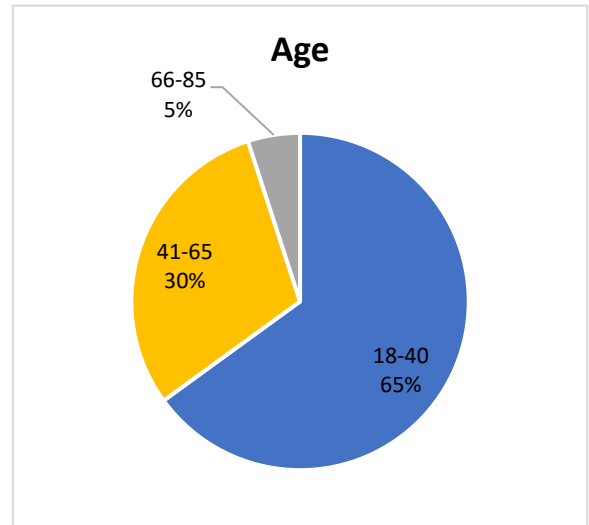
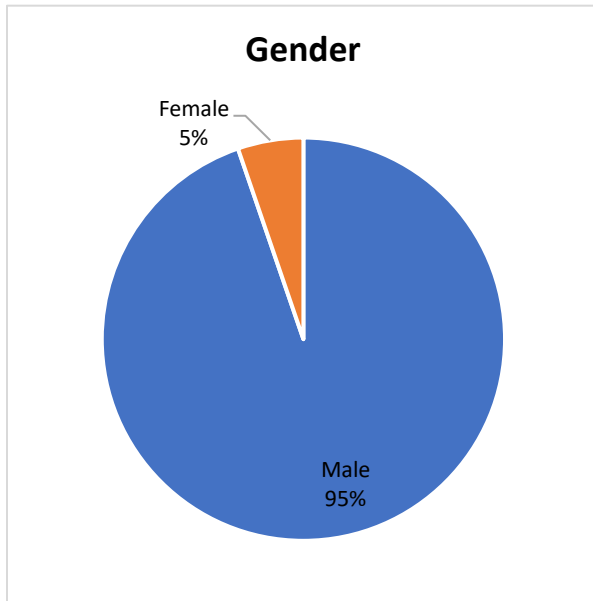
“Job developers have all been excellent to work with. Watching the positive impact on the individuals that we have hired has been truly rewarding.”

“The job developers take the time to get to know our business and how they can help the employee succeed. The relationship extends throughout the time the individual is working.”

Creative Employment

At Rivercity Inclusion we have 3 social enterprises that form Skyline Productions: Confidential Paper Shredding, Boom Board Production, and lawn mowing; also known as Creative Employment. 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):

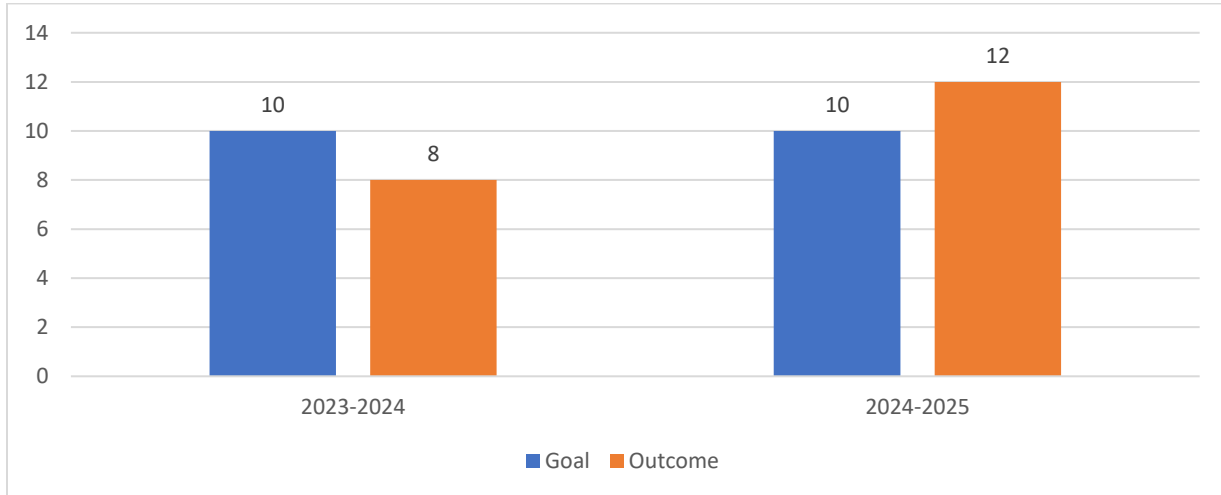
Objective: Client employment hours within Skyline Productions are increased

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

Goal: 10

Outcome: 12

Analysis: **GOAL MET**



Confidential Paper Shredding received 9 new customers this past year, and Boom Boards received 3 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 2026-2027 Performance Measurement and Management Plan but will change the indicator to the percentage of overall weekly hours as hours directly correlate with the actual objective.

Additionally, we will continue with this objective to focus on new customers being obtained.

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%

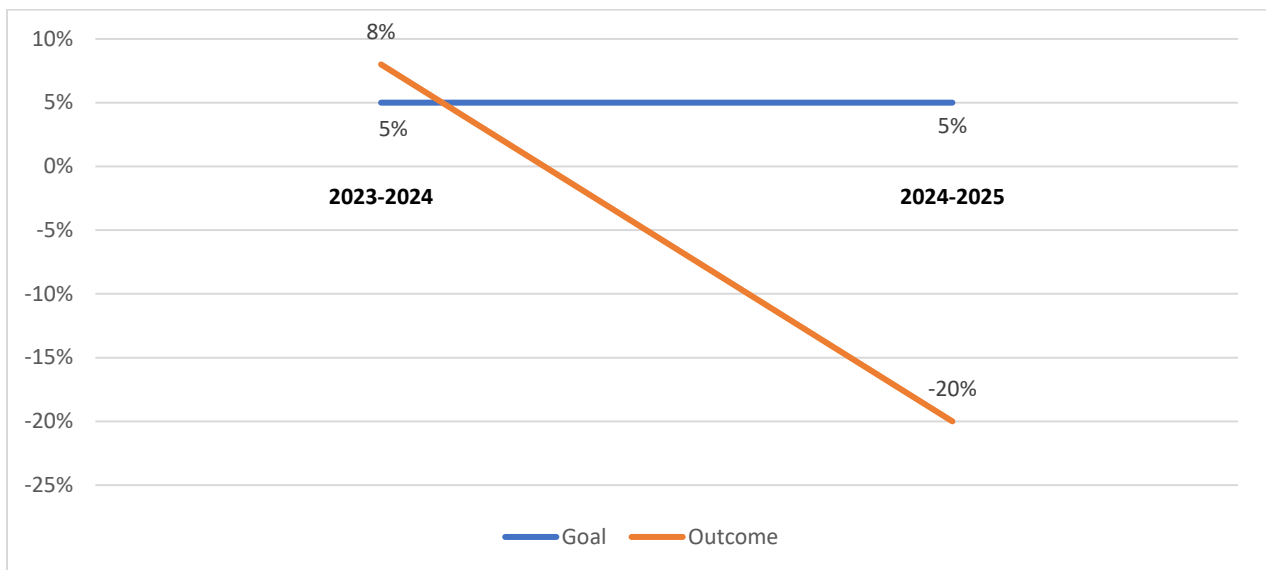
Outcome: -20%

Analysis: **GOAL NOT MET**

Unfortunately, this year we had the opposite outcome – the program was not able to increase their revenue, but actually had a decrease in revenue from the year prior. There are many contributing factors that affected this result:

- Western Forest Products was on strike from June 2025 to February 2026 resulting in no boom board orders
- Confidential Paper Shredding customers changed significantly from the year before, due to customer changes

Given these variables we will still continue to have this as an objective in the 2026-2027 Plan, as revenue is an important factor in the success of this 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**

Creative Employment received three new referrals, all of which were contacted within 7 business days.

Experience of Services and other feedback:

Persons Served

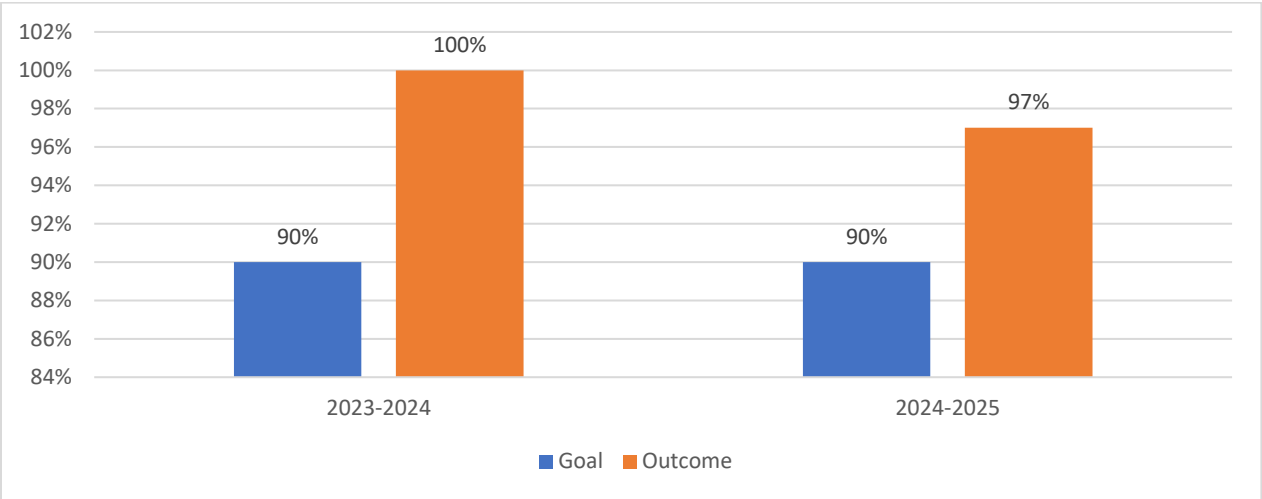
Objective: Client employees are satisfied with services received.

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

Goal: 90%

Outcome: 97%

Analysis: **GOAL MET**



The Client Experience of Services Survey for Creative Employment also includes feedback from the other Employment Programs: Customized, PSI, Supported and HYPE-Employment. Since feedback is included with these other programs, this can alter the true results for Creative Employment.

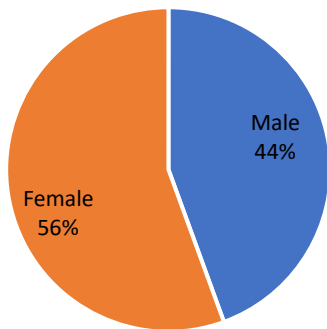
There was a 58% response rate from clients in these programs. 97% of those respondents indicated they are happy with the program – however, it’s important to remember that the 97% includes the other Employment Programs.

Staffed Living

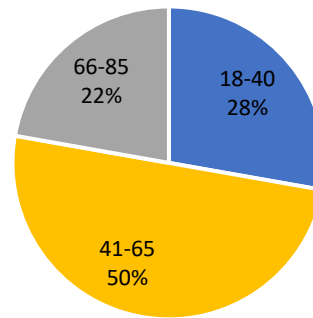
Rivercity Inclusion offers a variety of Staffed Living homes which provide personal care and daily living support from one to five individuals per home. The homes are personalized and reflect the tastes, interests and wishes of those who live there. Family and friends are welcome, and staff offer opportunities 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:

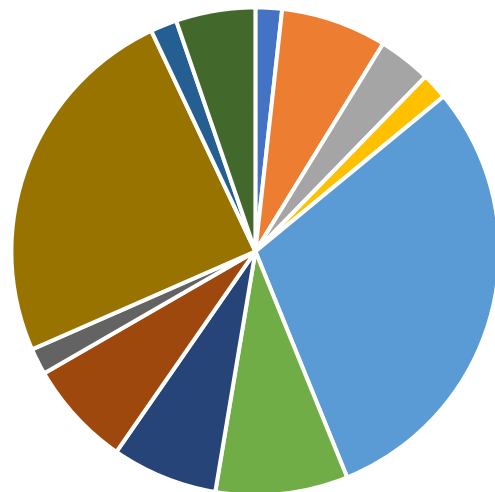
Gender



Age



Medical Diagnosis



- Acquired Brain Injury
- Cerebral Palsy
- Developmental Disabilities
- Hearing Impairments
- Other Characteristics
- Unknown Characteristics
- Autism Spectrum Disorder
- Dementia
- Dual Diagnosis
- Mental Health Disorders
- Physical Disabilities
- Visual Impairments

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

Results achieved for the persons served (effectiveness):

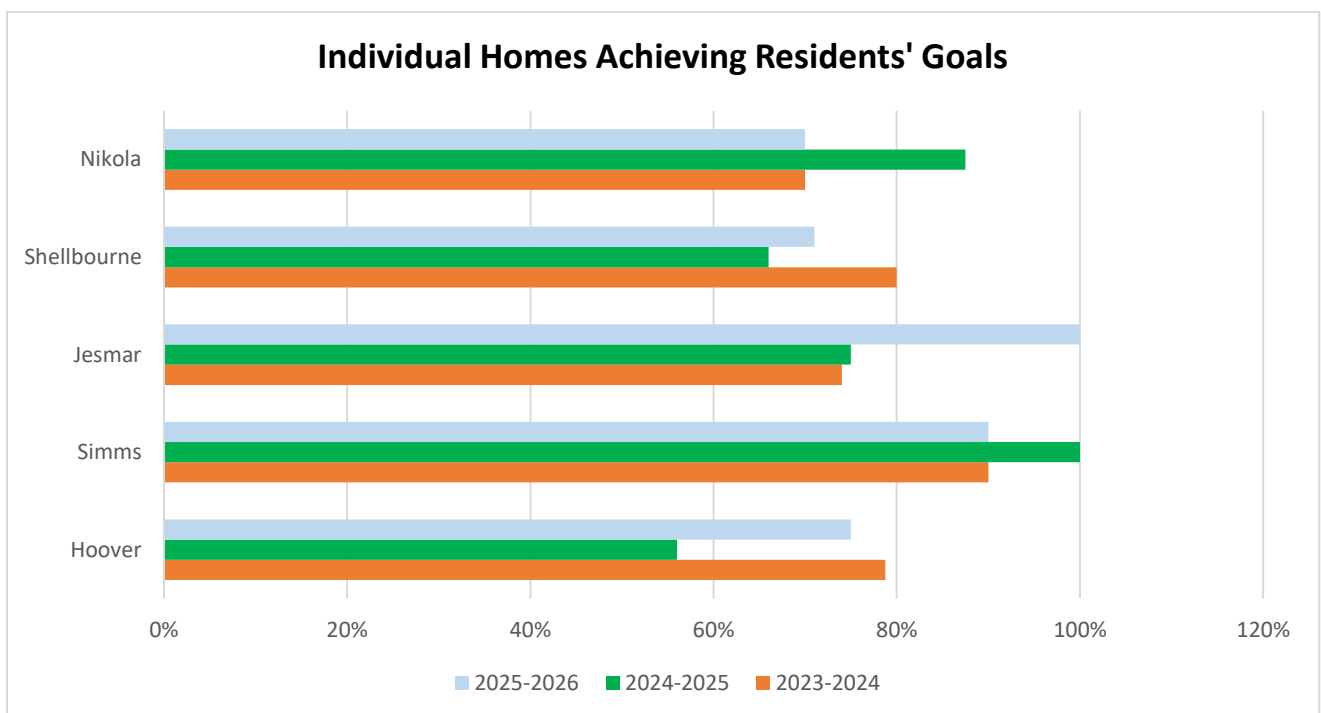
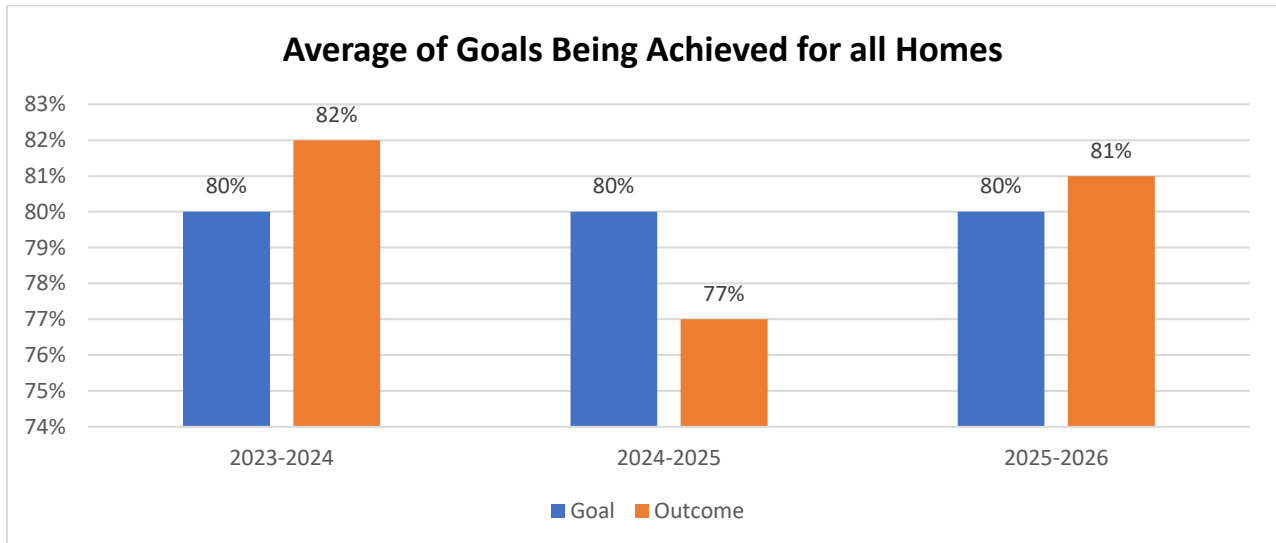
Objective: Individual goal(s) are achieved.

Indicator: % of residents' individual goals that are achieved

Goal: 80%

Outcome: 81%

Analysis: **GOAL MET**



Resident goals are identified in their person-centered plan, that is reviewed on a regular basis and updated annually. These charts show the overall completion as all the homes together, showing an average, and a further breakdown per home of goals being completed.

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

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

Indicator: % of average number of days PCP's are completed

Goal: 90%

Outcome: 72%

Analysis: **GOAL NOT MET**

This is the first year the Staffed Living Homes began to track the completion of Person-Centered Plans being completed no more than 30 days after they expiry. Some homes were able to complete all their resident's PCP's before they expiry and some homes did not quite reach that target.

This objective will continue in the 2026-2027 Performance Measurement & Management Plan. Supervisors will begin the process of planning to review these plans much sooner than waiting for the expiration to help achieve this target.

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**

This objective did not apply to each resident, as not everyone is waiting for external services outside of Rivercity Inclusion. The intention with this objective was to ensure follow-up was being completed to that service (specialist, etc) every 4 months. Unfortunately, follow up being completed for these external services does not make any difference in getting that resident in for that service any sooner, as this is completely out of our control.

A new objective will be created for the 2026-2027 Performance Measurement & Management Plan to something that is meaningful but yet, still within the control of staff.

Experience of Services and other feedback:

Persons Served

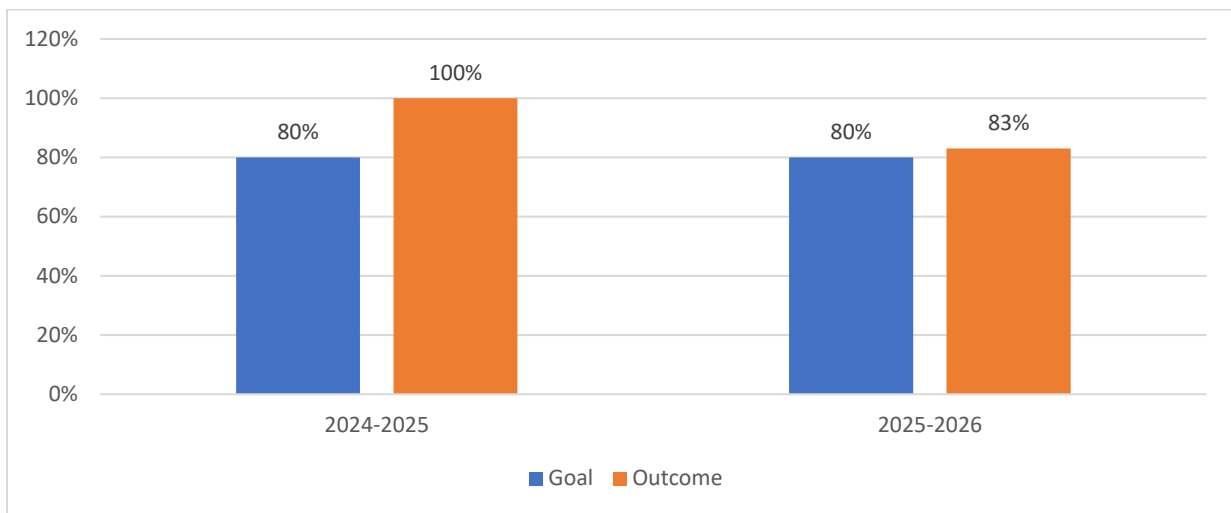
Objective: Residents are happy.

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

Goal: 80%

Outcome: 83%

Analysis: **GOAL MET**



The Client Experience of Services Survey for the homes received a 33% response rate. Out of the respondents from the survey, 83% of them indicated they are happy with the support they receive at their home. There is a decline of 17% from last year in this question, so further work will be done in the homes to help increase this satisfaction.

This objective will continue to be measured in the 2026-2027 Performance Measurement & Management Plan, as the main goal is for residents to be happy in their home.

Stakeholders

Objective: Families are happy with the services the home provides

Indicator: % of family members who indicate on the Experience of Services Survey, that they are satisfied with the services provided by the home

Goal: 80%

Outcome: 100%

Analysis: **GOAL MET**

This is the first year that this objective was included in the Performance Measurement & Management Plan. Unfortunately, there was only a 2% response rate for the Stakeholder Experience of Services Survey, so knowing whether that 100% outcome is truly an accurate reflection on this question is difficult.

This objective will remain in the 2026-2027 Performance Measurement & Management Plan, and we will work on increasing that overall response rate to gather more accurate results.

Business Functions

Accessibility:

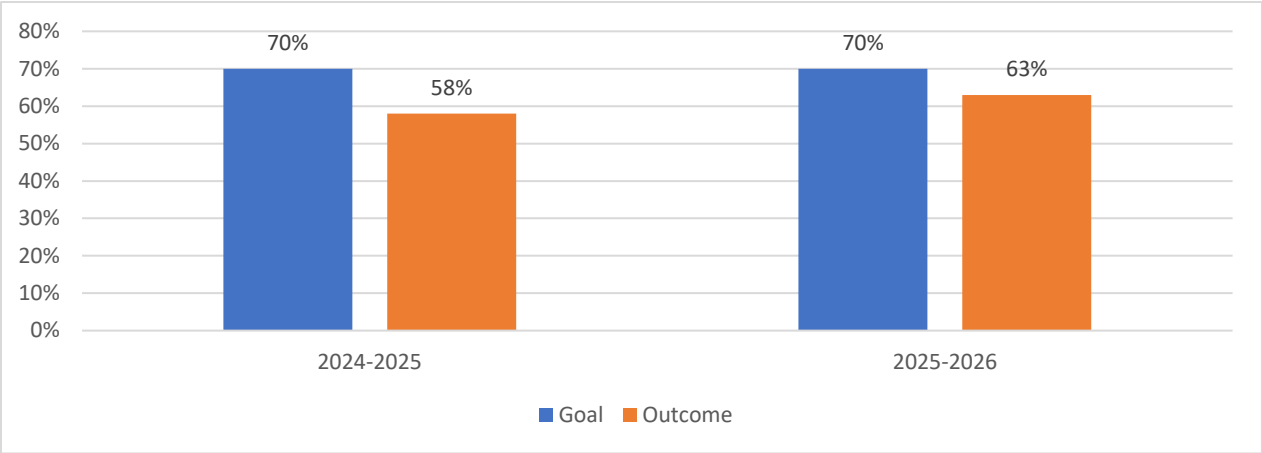
Objective: Program identified accessibility barriers are removed/completed.

Indicator: % of barriers completed

Goal: 70%

Outcome: 63%

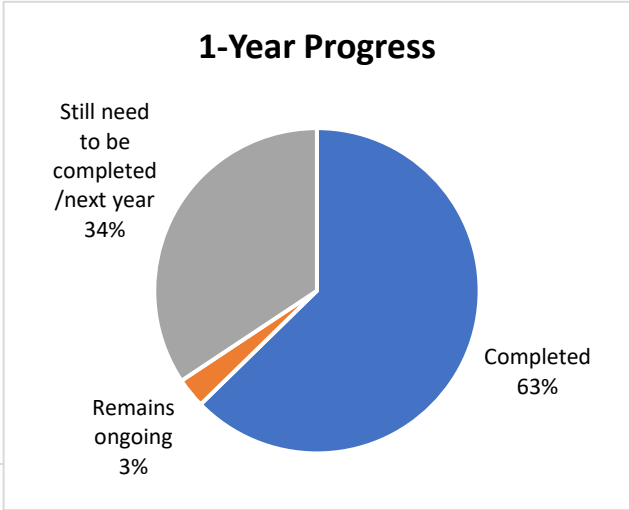
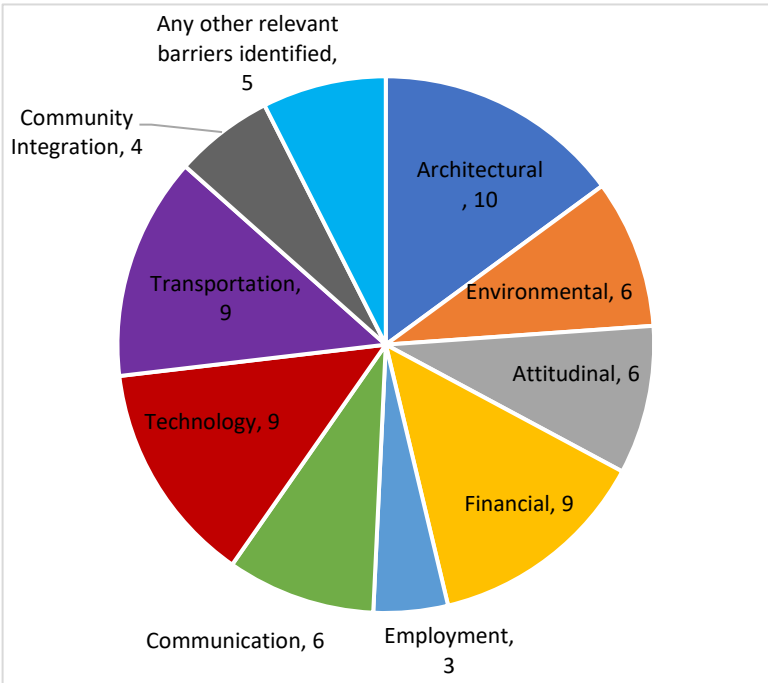
Analysis: **GOAL NOT MET**

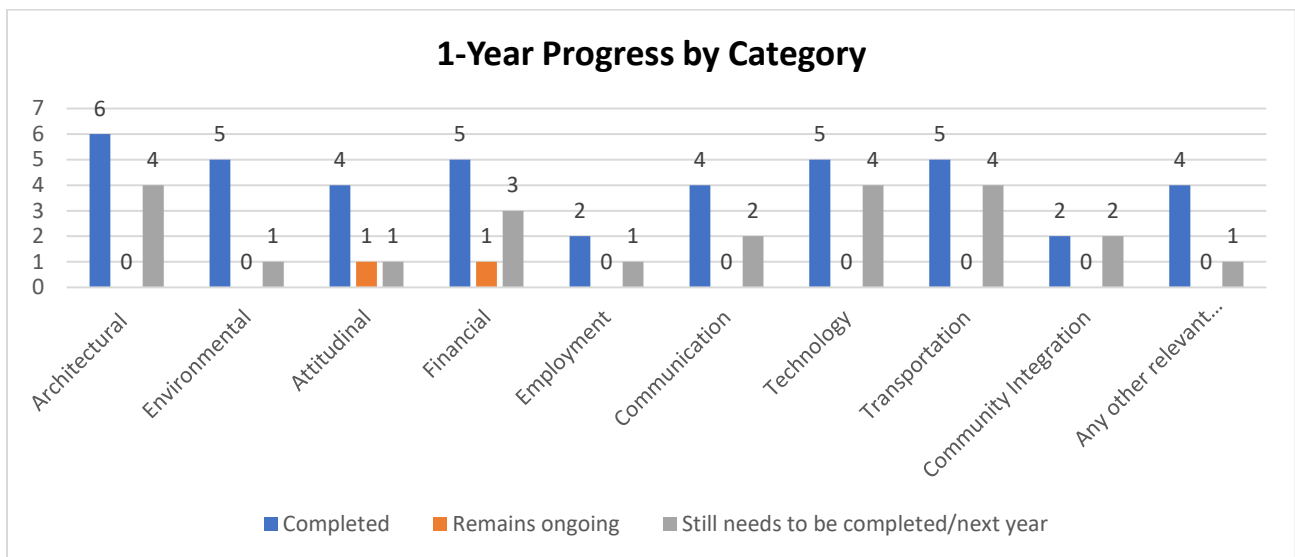


Each year, every program completes an Accessibility Questionnaire with input from staff, clients and stakeholders to identify barriers that could be impeding service delivery. The identified barriers are combined into a Society-wide Accessibility Plan that is worked on throughout the year and updated as necessary.

The 2025 Accessibility Plan had 67 barriers identified from the programs. At the end of 2025 (which is the end of the

Accessibility Plan’s timeline), 63% of the barriers were completed, 34% still needing to be completed at the end of 2025 and 3% of the barriers are ongoing. This objective remains meaningful to measure to ensure that the accessibility barriers are being rectified and completed.





Education:

Objective: Management coordinates professional development for the staff.

Indicator: # of professional development opportunities facilitated

Goal: 1

Outcome: 3

Analysis: **GOAL MET**

Management successfully organized three professional development opportunities for program supervisors.

1. SMART Goals writing was discussed with program supervisors
2. Conflict Resolution
3. Harley Eagle – topic discussed was around cultural safety and humility

The quarterly supervisor meetings have had a shift in the agenda and functionality of the meetings. Management now provides a professional development opportunity during the first half of the meeting, and the second half of the meeting is hearing program updates.

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: \$31,636.52

Analysis: **GOAL NOT MET**



In the 2024-2025 Performance Measurement & Management Plan, the objective was written specifically on grants, however for this 2025-2026 we added in a focus of donations as well. Unfortunately, we did not come close to our goal. In the last Plan, we did receive a large one-time grant from BC Housing for \$100,000 to be used for new IT hardware in the programs. This was a signification grant to help us get closer to our objective.

This year however, we applied for \$84,500 in grant applications but were successful in receiving \$6,600. We received \$25,036.52 in donations; totaling \$31,636.52.

We will need to review whether a goal of \$250,000 is too ambitious for this objective and may need to decrease it to something more tangible to strive towards.

Health and Safety:

Objective 1: Reduction in musculoskeletal injuries in staff.

Indicator: # of decreases musculoskeletal injuries from previous year

Goal: 2

Outcome: 5

Analysis: **GOAL NOT MET**

The OHS Committee refocused this goal to be a reduction in the number of musculoskeletal injuries, rather than a reduction in the percentage of these injuries. The goal was to reduce the number of injuries from the previous year by two, but unfortunately there was an increase of 5 from the previous year, resulting in a total of 7 musculoskeletal injuries.

Towards the end of 2025, the OHS Committee made quite a few changes in the area of ergonomics.

- Ergonomics Policy was updated
- Informal Point-of-Care Risk Assessments implemented
- Formal Client Handling Risk Assessment implemented – specific to client handling tasks
- Job specific ergonomics training videos updated on the WorkHub

With these new initiatives, the Committee is hopeful that for the next year we will see a reduction in these injuries. Over several years, these injuries have reduced significantly, however in the short-term, there has not been a reduction.

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

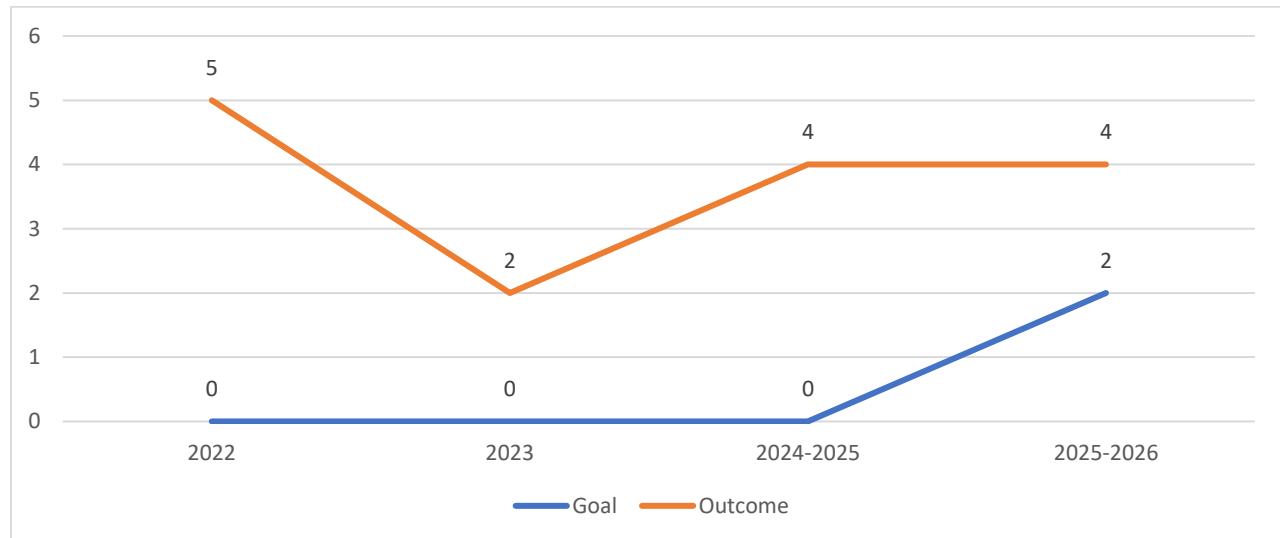
Indicator: # of decreases in injuries due to inattentiveness from previous year

Goal: 2

Outcome: 2

Analysis: **GOAL NOT MET**

Unfortunately this goal was not met. The OHS Committee is working on reducing the number of staff injuries that are caused by employees ‘not being in the moment’ or focused on the task that they are completing. The goal was to reduce these injuries by two, but rather the outcome was the opposite - we had an increase of 2 injuries caused by this, totaling 4 employee injuries in 2025 caused by employees not focused on the task at hand.



The chart tells us that from 2022-2024/25, the Committee had a goal of zero injuries caused by employees ‘not being in the moment’. As this seemed unrealistic to attain, for this year the shift of reducing by 2 zeros was being worked towards. Unfortunately, this was not achieved and the Committee will continue to strive towards reducing these types of injuries.

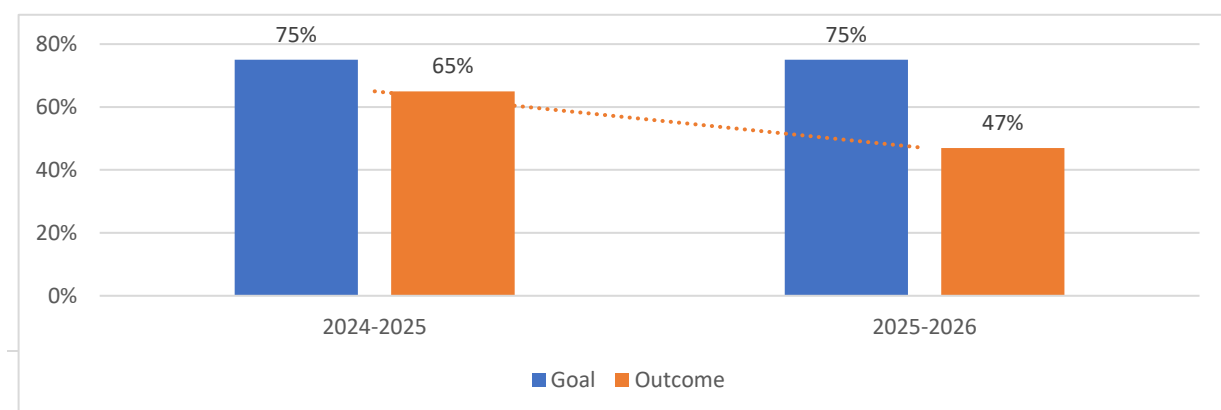
Objective 3: Employees are current in their CPI training

Indicator: % of employees who have current CPI

Goal: 75%

Outcome: 47%

Analysis: **GOAL NOT MET**



There is a significant difference between 2024-2025 and 2025-2026 years, mostly due to the fact that Dogwood staff now have to complete Non-Violent Crisis Intervention Training on an annual basis, per accreditation. Internally, we have a staff person who is trained to teach this course with the CPI program, however the content is not the most effective for the programs at Dogwood. The Children's Services Manager is working on collaborating with another non-profit organization (hopefully in Campbell River) to deliver this course to the staff at Dogwood.

Human Resources:

Objective #1: Employees indicate they have the technology in place to complete their work

Indicator: % of employees who indicate on the Staff Satisfaction Survey that they have the technology needed to complete their work

Goal: Create benchmark

Outcome: 87%

Analysis:

There is a question on the Staff Satisfaction Survey, asking staff to select the specified 'options' for what is most challenging in their day-to-day work. 13% of respondents selected 'technology' as being a challenge in their work, which means that 87% of those respondents who did not select technology as a challenge, are satisfied with the technology that is in place.

Last year, Rivercity Inclusion received a \$100,000 IT grant from BC Housing which provided us the ability to purchase new laptops, monitors and (some) printers for each program. There was over 45 new laptops purchased; new laptops for supervisors and laptops specifically for the staff to use.

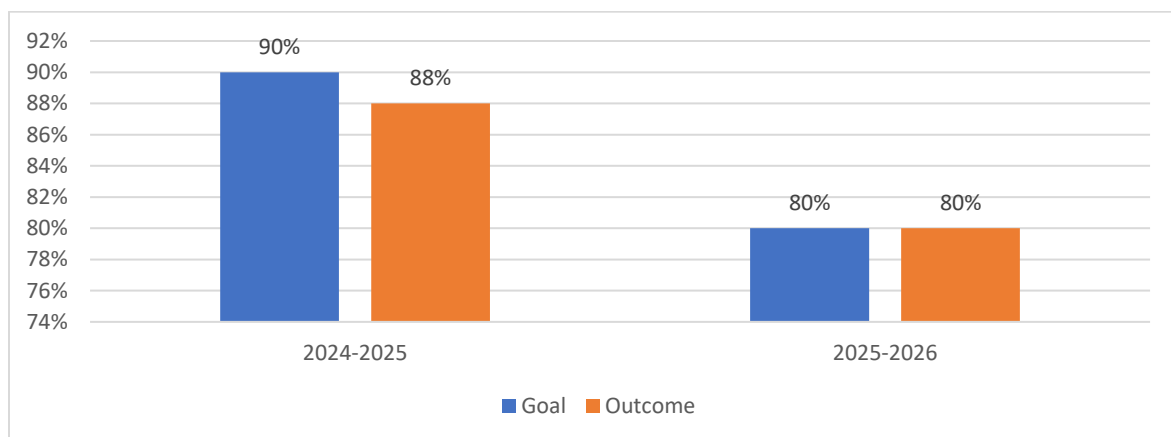
Objective #2: Employees are satisfied working at Rivercity Inclusion.

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

Goal: 80%

Outcome: 80%

Analysis: GOAL MET



Even though this goal was met for this year, there was a reduction in respondents in the Staff Satisfaction Survey feeling valued. We will make time to check in with staff, listen to their feedback, and be clear about what we heard and what we're doing next.

Indicator #2: % of responses to the question - "I feel I make a positive difference", on the Staff Satisfaction Survey

Goal: 90%

Outcome: 98%

Analysis: **GOAL MET**

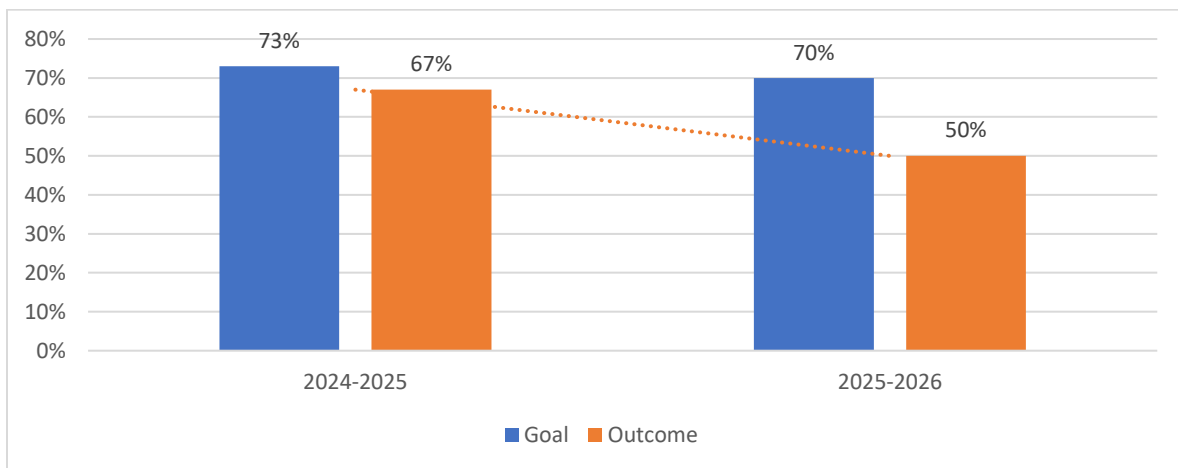
The Staff Satisfaction Survey had a 49% response rate – 98% of those respondents stated that they feel they make a positive difference through their work at Rivercity Inclusion.

Indicator #3: % of responses to the question - "What about your job/work is rewarding – colleagues/teamwork", on the Staff Satisfaction Survey

Goal: 70%

Outcome: 50%

Analysis: **GOAL NOT MET**



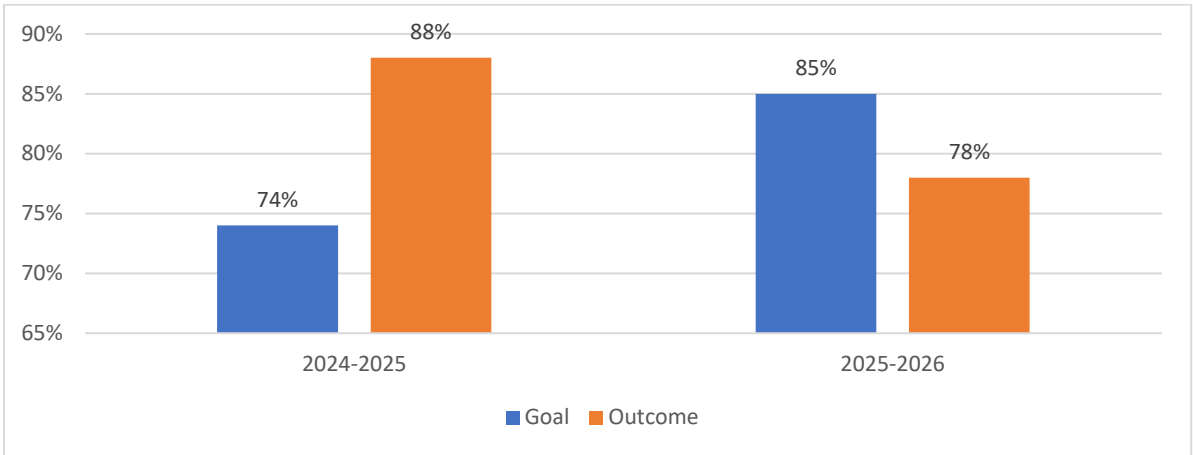
As you can see from the above chart, there is a 17% decrease from respondents in stating that 'colleagues/teamwork' are rewarding in regards to their job/work. There is a slight variable to this data, as the response rate is 9% lower than 2025. This means that there were less employees who responded to the 2026 Satisfaction Survey, which can make a difference slightly in this regard.

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

Goal: 85%

Outcome: 78%

Analysis: **GOAL NOT MET**



Unfortunately, we saw a decrease in respondents on the Staff Satisfaction Survey who indicated that 'clients' is most rewarding to their job/work. This could be reflected due to the lower response rate compared to 2025. We will continue to monitor this objective.

Strategic Plan:

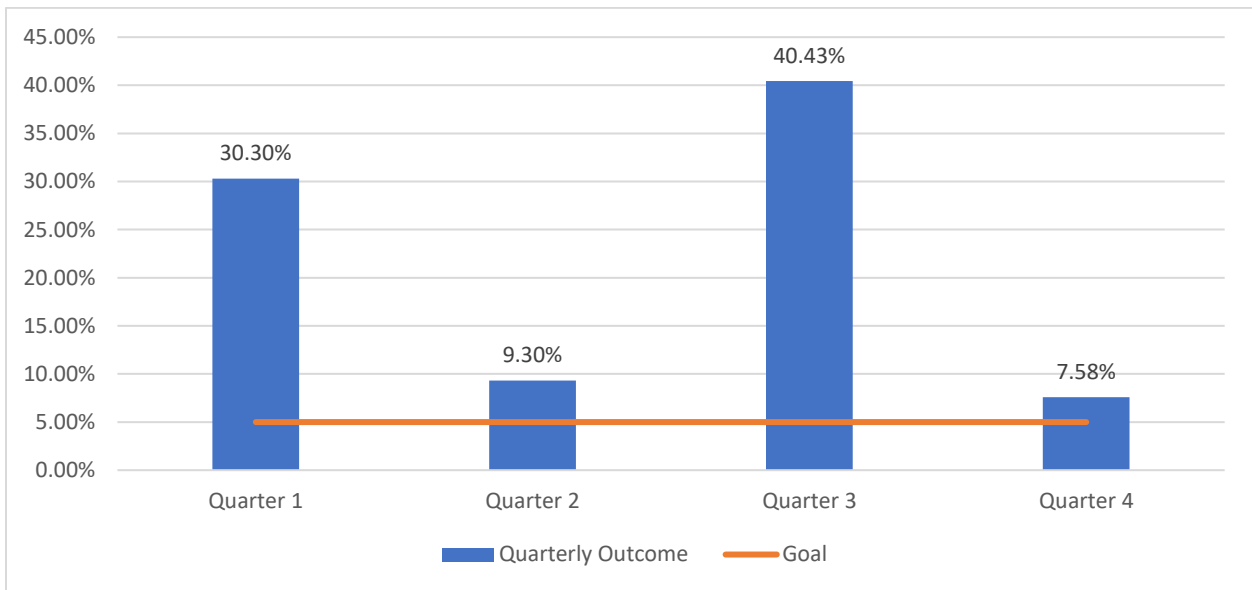
Objective: Awareness of our organization in the community, through the number of followers on social media.

Indicator: % of new followers on social media, per quarter

Goal: 5%

Outcome: Quarter 1 – 30.3%; Quarter 2 – 9.3%; Quarter 3 – 40.43%; Quarter 4 – 7.58%

Analysis: GOAL MET



For this current Plan, this goal was changed to focus on an increase in followers quarterly, instead of monthly. We achieved our goal of increasing by 5% in Facebook followers in each quarter; as shown in the chart. There is a big variance between quarter 1 & 3 compared to quarter 2 & 4. This could be caused due to events that we were posting trying to get awareness in those time frames; or general information that was being shared.

2025 - 2026 Improvement Plan

There were 31 objectives with goals set out in the Performance Measurement and Management Plan that were not met for the period April 2025 – March 2026. Out of those 31 objectives, two of those objectives had multiple indicators with their own set goals to reach, resulting in a total of 33 ‘goals’ that were not met. However, those two indicators have been assigned action plans under their main objective, which is why there are only 31 objectives identified in the below action plan. 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	Consultants are providing service coordination for the family to obtain their child’s goal(s)	This objective has been rewritten for the 2026-2027 Performance Measurement & Management Plan, to remove the element of service coordination.
	Infant Development Program	Families will find the information and resources provided by their consultant meaningful	The objective will be refined to focus only on the indicator of “families have learnt new skills and/or knowledge”, as that objective is what is truly meaningful in obtaining.
	Passages	Each individual client tries one new activity and would like to continue to attend on a regular basis	The objective will remain but will remove the part about attending on a regular basis and focus only on new activities being offered.
	Recreation & Leisure	Increase community involvement	This objective will remain in the 2026-2027 Performance Measurement & Management Plan, but the goal has been reduced as the number was not viable in achieving.
	Confidence in Community	Clients will have increased confidence when making choices in their activities	This objective will be removed in the 2026-2027 Plan as measuring someone’s independence is difficult. A new objective will be written.
Resources used to achieve results for persons served (Efficiency)	Fetal Alcohol Spectrum Disorder Keyworker (FASD)	Maintain staff hours for each client	The program will define what is direct A and direct B hours, to ensure accurate hours are being logged for each client.
	Infant Development Program	Maximize service for each client	This objective will remain in the 2026-2026 Plan, as staffing has resumed. Additionally, the direct and indirect goals have been increased to align better with contractual agreements.
	Supported Child Development Program	Intake percentage of group intervention situations will be maintained	This objective will be removed from the 2026-2027 Plan, as group interventions are not as

			requested or appropriate for the child.
	Passages	Person Centered Plans (PCP) are completed at least 30 days after expiry	This objective will remain in the 2026-2027 Performance Measurement & Management Plan. Planning will begin before the expiration date is approaching to allow for flexibility in completing these PCP's on time.
	Recreation & Leisure	Person Centered Plans (PCP) are completed at least 30 days after expiry	This objective will remain in the 2026-2027 Performance Measurement & Management Plan. Planning will begin before the expiration date is approaching to allow for flexibility in completing these PCP's on time.
	LIFE Services	Staff time is maximized by providing direct A and B support	This objective will remain in the 2026-2027 Plan to measure over time the support that is being provided for each client in the program.
	Creative Employment	Increase revenue to provide additional employment opportunities.	With the forestry strike over, normal production has resumed and order will begin coming in again. This objective will remain in the 2026-2027 Plan, as this is meaningful for the program.
	Staffed Living	Person Centered Plans (PCP) are completed at least 30 days after expiry	This objective will remain in the 2026-2027 Performance Measurement & Management Plan. Planning will begin before the expiration date is approaching to allow for flexibility in completing these PCP's on time.
Service Access	Supported Child Development Program	Will attend community events and liaison with community programs to communicate and share SCDP and ASQ (Ages and Stages Questionnaire) information to families	This objective will remain in the 2026-2027 Plan and staff will continue to work on achieving this goal, as it is meaningful for the program.
	Confidence in Community	The participants who have a LIFE pass are utilizing as much as possible during service time	This objective has been removed for the 2026-2027 Plan, and a new goal has been written.
	Independent Living	First contact from date of referral is made in adequate time	This objective will remain in the 2026-2027 Plan, and staff will work on ensuring all clients are contacted within 7 days from date of referral.
Experience of Services and other feedback	Community Access Services (CAS)	Program helps the youth feel included in the Campbell River community	This objective will remain in the 2026-2027 Plan, to ensure all the youth feel included in the CR

– persons served			community by providing more community activities and programming.
	Supported Child Development Program	Families are included in planning services	This objective will remain in the 2026-2027 Plan and staff will work on ensuring families feel included in planning their child's services.
	Passages	Clients look forward to coming to the program	This objective has been removed from the 2026-2027 and a new goal has been written, to shift focus on clients feeling included in the Campbell River community.
	Recreation & Leisure	Clients feel listened to	This objective will remain in the 2026-2027 Plan and staff will work hard on ensuring all clients feel listened to.
	Confidence in Community	Clients feel satisfied with the program	This objective will remain in the 2026-2027 Plan and staff will work on ensuring all clients feel satisfied with the program.
	LIFE Services	Clients feel included in the Campbell River community	This objective will remain in the 2026-2027 Plan, and we will work on increasing the response rate for the Client Experience of Services Survey to gather more feedback.
Experience of Services and other feedback – stakeholders	Infant Development Program	Community stakeholders feel they have a collaborative partnership with the Infant Development Program	This objective will remain in the 2026-2027 Plan, and a survey will be sent out in early 2027 to community stakeholders.
	LIFE Services	Families/caregivers are satisfied with the program	This objective will remain in the 2026-2027 Plan, and we will work on increasing the response rate for the Client Experience of Services Survey to gather more feedback.
	HYPE-Inclusion	Stakeholders are satisfied with the service in the program	This objective will remain in the 2026-2027 Plan to measure family satisfaction with the program over time.
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.
	Fundraising	Financial revenue through grants and donations increases, to support fundraising needs	Grant writing continues to become more detailed to ensure we are providing as much information to possible funders as possible. We will continue to write grants for the organization's needs as this is very important.

	Health & Safety	Reduction in musculoskeletal injuries in staff	This past year, Client Handling Risk Assessment is being completed for programs that complete these tasks. Informal Point-of-Care Risk Assessment Posters have been handed out to those programs. New ergonomics courses have been provided on WorkHub. Hopefully with these initiatives, this will work towards this goal. This objective is being closely monitored by the OHS Committee and is in the Health and Safety Plan.
	Health & Safety	There are no injuries due to inattentiveness and “not in the moment” are reduced	The OHS Committee tracks these types of injuries and works hard on reducing them. This objective is also in the Health and Safety Plan.
	Health & Safety	Employees are current in their CPI training	This objective will continue to be worked on to increase compliance. This goal is being monitored through the Health and Safety Plan by the OHS Committee.
	Human Resources	Employees are satisfied working at Rivercity Inclusion	Management will make time to check-in, listen to feedback, and be clear about what we heard and what we’re doing next. RCIS values will be applied in everyday decisions. Consistent recognition for contributions will happen during team meetings, communication and leadership practices.

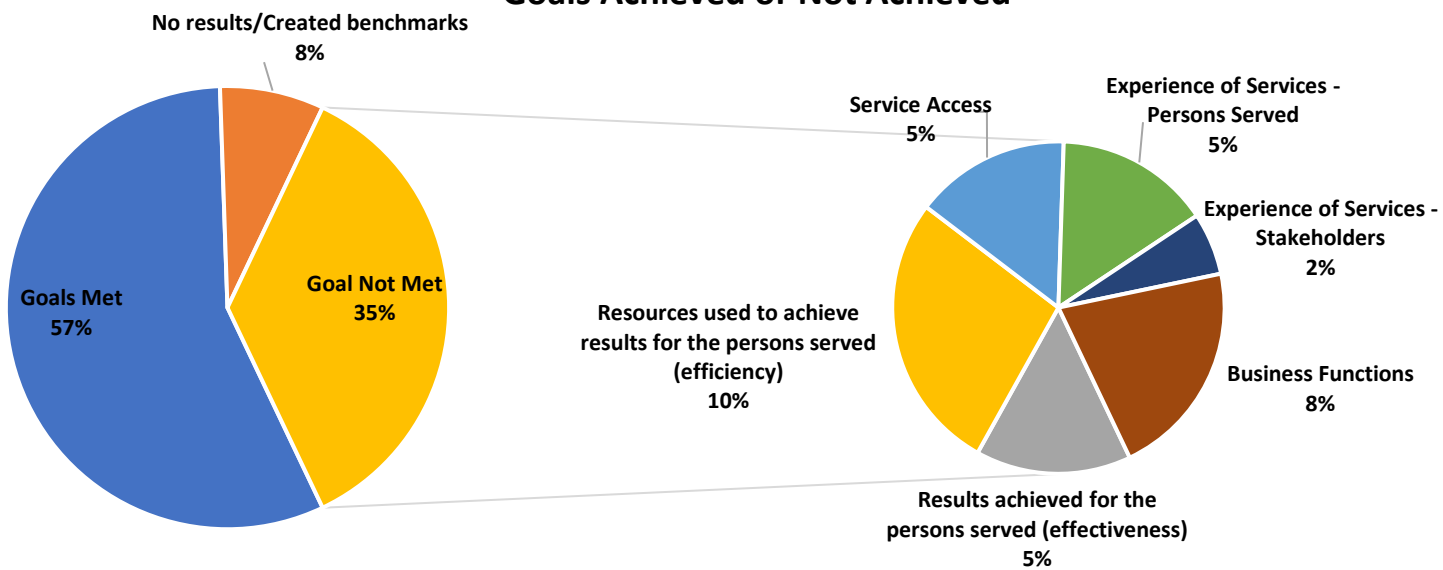
Summary

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 92 objectives (including the objectives that had multiple indicators with their own goals) that were identified for all the programs: 52 objectives achieved their performance targets; 33 did not hit their mark and 7 objectives yielded no responses/created benchmarks for future tracking. The 33 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 2026-2027 Performance Measurement and Management Plan.

Going forward, a new Performance Measurement and Management Plan has been developed for April 2026 – March 2027. 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.

Goals Achieved or Not Achieved



Report Completed: June 9, 2026

Completed by: Jennifer Harms, Quality Assurance Director