

**Burnaby Association for Community Inclusion
Outcomes Measurement Report – 2010**



**Burnaby Association
for Community Inclusion**

Approved March 1, 2011

Each year, we learn so much through the Outcomes Measurement Report. It's a part of the road we walk (and often run, or even sprint) to be better at what we do – provide services and supports to individuals with disabilities, their families, and all children.

One thing that tends to happen during a self-evaluation process, like outcomes measurement, is that the focus is more on the negative or on what's not working. However, as you'll see from this report, there are many successes and achievements to celebrate and acknowledge. We want to recognize all of the hard work and effort of our employees in providing the services to children, youth, adults, and families in ways that make them happy, but are also effective and efficient.

Continual quality improvement (the goal of always trying to get better) is about making good decisions and doing our best to improve the supports and services at BACI. But trying to be the best does not always mean being perfect. There are only a few 100% results in the satisfaction, efficiency, and effectiveness ratings. At the same time, there are many very high achievements (over 85%) in many different areas, which is good news indeed.

Ultimately, our goal would be to achieve 100% in all areas of satisfaction, effectiveness, and efficiency, but we know that is not always possible. What BACI wants to do is get better, grow, evolve, and learn as an organization – based on the expectations and goals of the people we support. Part of growth and learning is sometimes making mistakes and/or dealing with changes that are in our control (e.g. new policies) or out of our control (e.g. funding) – in the best possible way. The Outcomes Measurement Report is a valuable document to use for reflecting on, learning about, and celebrating the accomplishments and challenges at BACI on a year-to-year basis. And it greatly informs our future planning processes.

“It is good to have an end to journey toward; but it is the journey that matters, in the end.” Ursula K. LeGuin

This report is available at www.gobaci.com.

Thank you...

The Burnaby Association for Community Inclusion wants to acknowledge and thank the individuals, families, and community professionals who gave their input and ideas. BACI is an organization driven by the individuals and families we serve. Their feedback and contributions are what keep BACI moving forward.

The organization also wants to thank all of the employees who helped to create this report.

Each year, we learn more efficient ways to write the report. However, it is and will always be a great deal of work. The long hours and extra efforts employees contributed to make this report a success is greatly appreciated!

Merci

THANK
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Introduction

The Burnaby Association for Community Inclusion (BACI) has dedicated over fifty years to supporting people with developmental disabilities and all children to become fully participating members of the Burnaby community. BACI advocates that all individuals are accepted and valued members of the community who, in their own way, contribute to society.

As an organization that supports over 900 children and adults, most of whom are citizens of Burnaby, BACI must demonstrate how it is accountable and responsible on an organizational level. An **OUTCOMES MEASUREMENT REPORT** is one way BACI can convey its achievements and outline areas for further growth.

The report fulfills one part of BACI's commitment to be an organization continually evaluating itself and trying to improve its services and supports.

The 2010 Outcomes Measurement Report and Business Improvement Plan are similar in format to the 2009 Report.

The Outcomes Report is one way the Association can demonstrate how it gathers information and feedback from its stakeholders. The methods of collecting the feedback/information reported this year includes satisfaction surveys, service evaluations, health and safety and human resource data analysis, and complaints and concerns.

One thing to note is formal feedback tools like satisfaction surveys cannot and will not replace the impact and importance of our daily conversations and the feedback we receive from families and other stakeholders on an ongoing basis. Relationships are a key foundation of the Association and building trust with our stakeholders, through day to day conversations and interactions, will only make BACI stronger.

Each section of the report has a **data analysis** section - a description of what the information from the surveys and focus groups says, and any trends or key findings we need to talk about. The data analysis is the basis for recommendations made by the Management Team and approved of by BACI's Board of Directors.

The other important part of this report is the section on Human Resources and Health and Safety. This information is included in the report because both areas affect the quality of services provided by the Association. BACI's employees are essential to the quality of services and supports provided to our children, youth, adults, and families. Therefore, it's important to know the training, turn-over rates, accident rates and other related workforce indicators (information that tells us how our employees are doing) so that the Association can support the link between human resources (the department that takes care of employees) and the quality of services. This information is also used to set goals for the Business Improvement Plan.

The Business Improvement Plan is reviewed and updated every three months by the Management Team and Board of Directors. The 2010 Outcomes Measurement Report will update the goals achieved in the 2009 Business Improvement Plan and list the information about new recommendations for 2011.

What is an Outcomes Measurement Report?



One way BACI can demonstrate how it meets the expectations of the children and adults receiving services and be accountable to other stakeholders like funders, is through an Outcomes Measurement Report. An “outcome” is an end result. BACI wants to know what goals the organization is meeting, and how. The Outcomes Report helps the Board of Directors see what’s working and what needs to change. For more detailed information, please see the Outcomes Management Policy (6.1) in the BACI Policy Manual at www.gobaci.com.

An Outcomes Measurement Report is also a requirement of an accredited organization. BACI has been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) from 2008-2011.

The Report gives information comparing this year to last year in the following areas:

- Satisfaction – the stakeholders are happy with the services they are receiving.
- Effectiveness – the service is doing what it is supposed to do (e.g. support personal growth, help people get jobs, make friends, etc).
- Efficiency – using the resources (e.g. money, staff, equipment, etc) in the best possible way.
- Access – identifies the availability of a service based on enrollment and capacity (measured alongside the efficiency)

The Outcomes Measurement Report also gives information about BACI’s operations in: human resources, health and safety, critical incidents, complaints/concerns and the achievement of goals set in BACI’s 2009 Outcomes Measurement Report.

The information collected is both qualitative and quantitative. Qualitative information can be: written comments, opinions, and feedback that cannot be measured with a number or rating. Quantitative information is numbers or percentages (%). This information is directly taken from the surveys or reports.

BACI must report on at least one outcome in each program area, but often reports on more than one outcome in many areas.

Data Analysis

The data (information) we collect is the main source of learning for BACI.



BACI collects data to measure satisfaction and effectiveness through written surveys. Other effectiveness data is collected through evaluation processes we have

(i.e. service evaluations, program reviews, Individual Support Plan reviews, etc.). The Program Managers complete reviews in the areas of personal planning and health and safety. Their staff teams pull the information together and the Program Managers checks to make sure the information is **relevant** (important to the person), **accurate** (the right information for that person), **current** (up-to-date), and **complete** (all the information is there). Then the data can be **analyzed** (looked at) in a relevant and **credible** (honest or reasonable) way.

The data analysis is what we do with the information we receive. We try to figure out what the information means and what people are trying to tell us (for example: are they satisfied with a program, do they want changes, etc). Therefore, the data analysis is very important and we have to use good ways to review the surveys and other feedback tools.

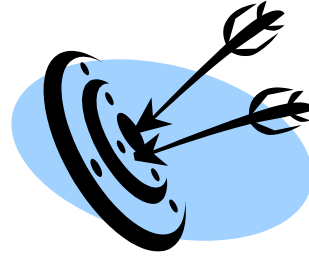
Once the data is collected (for example, through a survey), it is put into BACI's Intranet system and calculated (added up) through the SharePoint computer software system. The quantitative information (i.e. comments from families) is calculated through this system and is reviewed by the Management Team. The team looks for trends and patterns of information from families. This process is not perfect, but we feel good about the way we look at the comments and feedback families verbally give us.

We know that we have biases when we collect data and try to find out what it means. This could lead us to read information differently, or make assumptions from the perspective of a BACI employee, Board member, etc. The reader must also understand that there may be information in this report which may be not correct due to human error.

The qualitative information was summarized – by putting the information into categories (this is called “clustering”) – to protect confidentiality and to put the same ideas together. We are looking for patterns or common ideas from many people. The information was clustered into categories by a BACI employee and not by someone outside of BACI. We only interpret the comments and feedback from families and individuals.

The Targets for Achievement

The target is the goal that BACI wants to achieve in each area of satisfaction, effectiveness, efficiency, and access. For example, the ideal target would be 100%, where BACI achieves each outcome 100% of the time. We may not always be able to do that, but BACI still wants to achieve a very high percentage of satisfaction, effectiveness, and efficiency in its services.



In previous years, our minimum standard of achievement was 80%. In last year's report, we moved the achievement goal to at least 85%, or to either meet or exceed the percentages for satisfaction, effectiveness, and efficiency reached in previous years. This change also reflects our commitment to continuous quality improvement. The comparison in data is reflected in this report in all program areas.

What to Consider When Reading This Report?

This report is not in plain language. It is our hope that people will get help from their families, friends, or staff to read the report. BACI is a big organization and there is a lot of interesting information to report on.

If you would like to meet in person to further discuss the report, please contact Richard Faucher, Tanya Sather or Leslee Madore at 604-299-7851 or e-mail leslee.madore@gobaci.com, richard.faucher@gobaci.com or tanya.sather@gobaci.com .

Thank you!

The Children and Families Supported at BACI – Demographics

Age	Number of Individuals Receiving Service
0-5 yrs	289
6-18 yrs	116
19-40 yrs	181
41-64	158
65 yrs and older	11
Unknown (AHA & Ed Centre)	215
TOTAL	970

Gender (Does Not Include Infant Development Program, AHA & Education Centre)	Number of Individuals
Female	241
Male	317

Cultural Heritage (Does Not Include Infant Development Program, AHA & Education Centre))	Number of Individuals
First Nations	25
Chinese	85
Korean	3
Japanese	18
Vietnamese	3
African Canadian	10
Italian	36
Caucasian	288
South Asian	22
French	4
Portuguese	6
Filipino	7
Polish	1
Russian	1
Other	49

Reporting – Services

Adult & Youth Services

The following services are provided in Adult & Youth Services: Day Services, Outreach Services, Residential Services, Youth Services, and Life Sharing.



Residential Services

This service is provided to individuals who require 24 hour support in their home. BACI is committed to providing the means for making a genuine “home” to those who receive our residential services.

Youth Services

This service is offered to individuals under the age of 19 who are exploring individualized options – along with the support of their families or caregivers -in both their day and living situations.

Community Day Programs

BACI offers a wide variety of Community Day Programs – community integration activities & education, leisure/recreational activities and finding work. Good person-centered practices ensure that programs change to meet the interests and needs of the people attending them. This year, our continued focus on economic inclusion has meant that our Day Services has continued to evolve in order to provide greater opportunities for the people we serve to have real work for real pay.

BACI opened a new service to support individuals to find customized employment – BEST. Employment achievements are not captured in this report, but ‘Employment’ was added as a new Quality Assurance Indicator in 2010. Therefore, ‘Employment’ will be measured along with the other QA indicators via the satisfaction surveys..

Life Sharing Network

The Life Sharing Network offers an alternative to staffed residential homes by providing an individual with living and/or respite supports within the home of non-natural family. BACI contracts with families (including single persons or couples) who are interested in welcoming an individual into their home and assisting him or her to:

- develop and maintain a personal network of friends and family
- find and participate in meaningful activities
- obtain a genuine sense of belonging within the home and community in which he or she now lives.

Outreach Services

Individuals may receive long or short-term supports, with the goal being to develop the skills that will help them become more independent, lead more meaningful lives, and be able to more fully participate in their community. The hours of support per month vary based on the needs and goals of each individual, but typically would not exceed 20 hours per month. In addition to one-to-one supports, the Outreach department offers three

classes: “Simple Steps to Good Hygiene“, “Simple Steps to Healthy Relationships” and “Simple Steps to Street Safety” along with three Community Kitchens.

In Adult & Youth Services, BACI measures satisfaction, effectiveness, and efficiency through the *Quality Assurance Indicators* (the areas we support people in to have good lives). These include:

Relationships
Communication
Health & Safety
The Association,
Community
Personal Growth & Development
Home Life
Support Staff

NOTE: And new indicator added this past year - Employment

Satisfaction Report – Adult & Youth Services

In order to measure **satisfaction** with service, individuals we support and their family members/friends were asked to complete a satisfaction survey. The survey questions covered each of the Quality Assurance Indicators. As well, surveys were given out to community professionals that collaborate in the services provided by BACI.

Although there were no formal ‘data collection’ meetings this year, we met with families and the individuals we serve many times to discuss the Day Services Resign Process. Feedback collected at these meetings was welcomed and used to ensure the process was relevant and meaningful to the people directly impacted by the change.

Satisfaction with Service – Surveys Conducted with Individuals Receiving Service

Satisfaction surveys were sent to the individuals receiving services in any of the following: Residential Services, Day Services, Life Sharing, and Outreach Services.

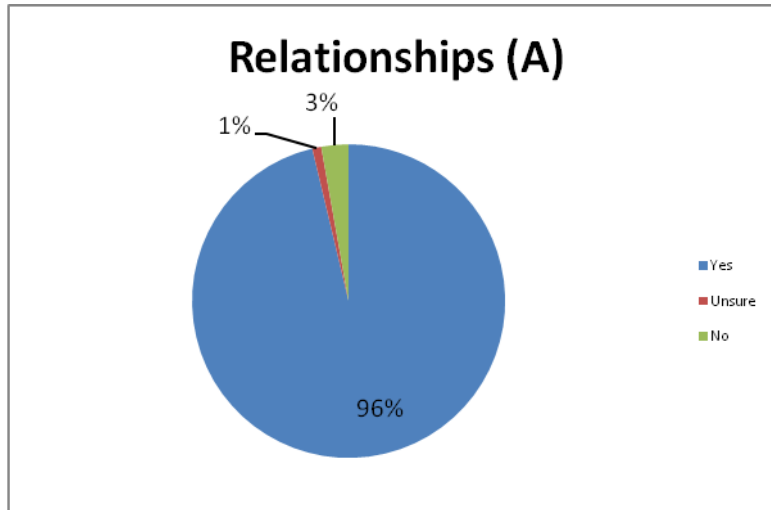
Please see “Satisfaction Survey: Individuals We Support”, in BACI’s Adult and Youth Services Procedures Manual. 279 surveys were mailed or given out and 108 were returned via a self-addressed stamped envelope for a 39% return rate.

	Full	Some	None	No Info
Assistance Completing Survey	37%	40%	13%	10%

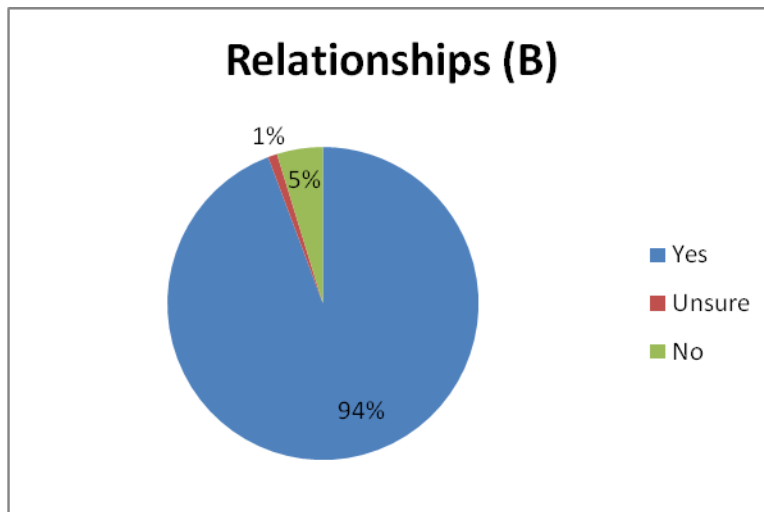
Of those individuals who received assistance in completing the survey:

- 40% of the individuals received support from a family or friend to complete the survey.
- 16% of the individuals received support from a staff member to complete the survey.
- 31% no information.
- 13% of individuals received no assistance.

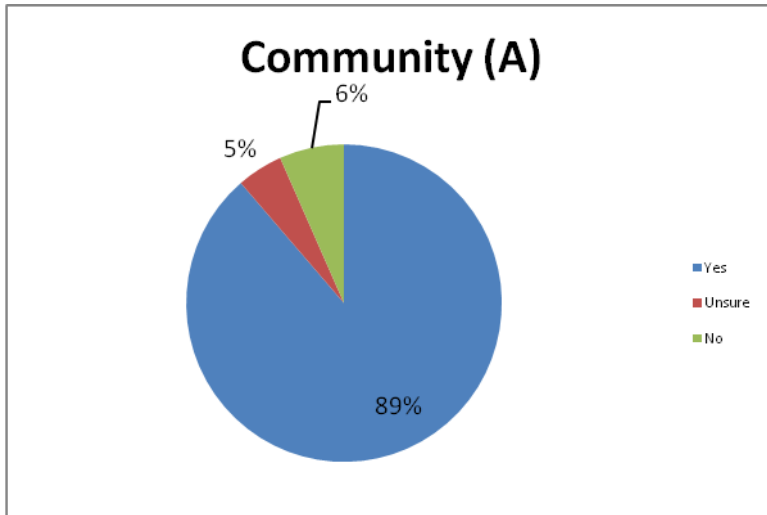
The individual could respond to each question with: “yes (satisfied)”, “no (not satisfied)”, or “unsure”. The following charts and matching tables provide a breakdown of the total number of responses to each question of the survey in each category.



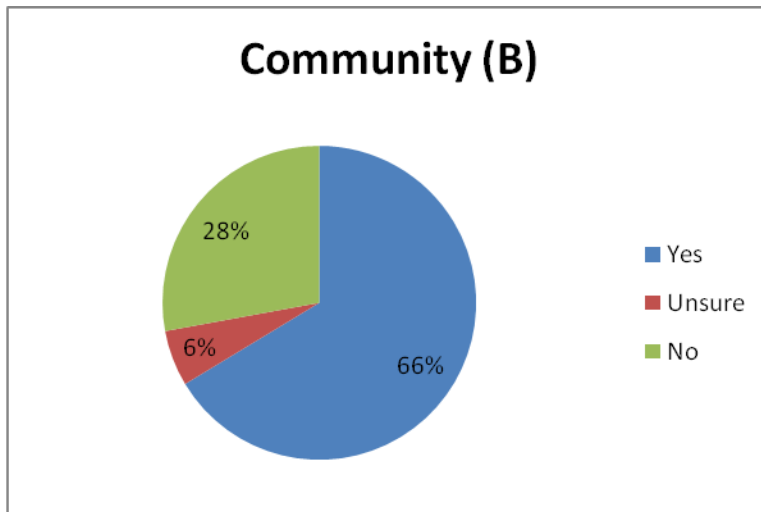
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Relationships (A)	103	1	3	89%	96%



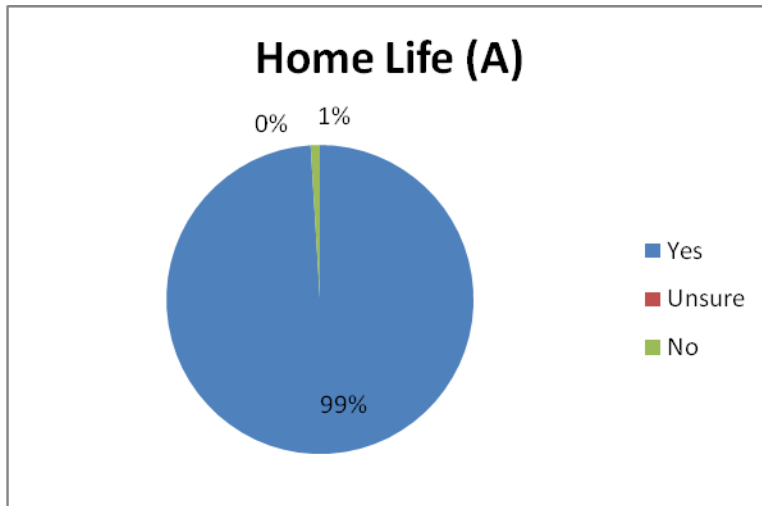
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Relationships (B)	99	1	5	NEW	94%



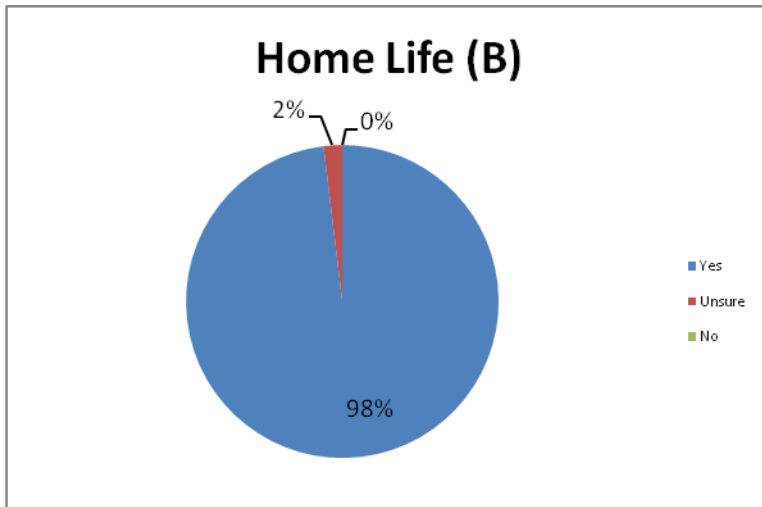
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Community (A)	94	5	7	94%	89%



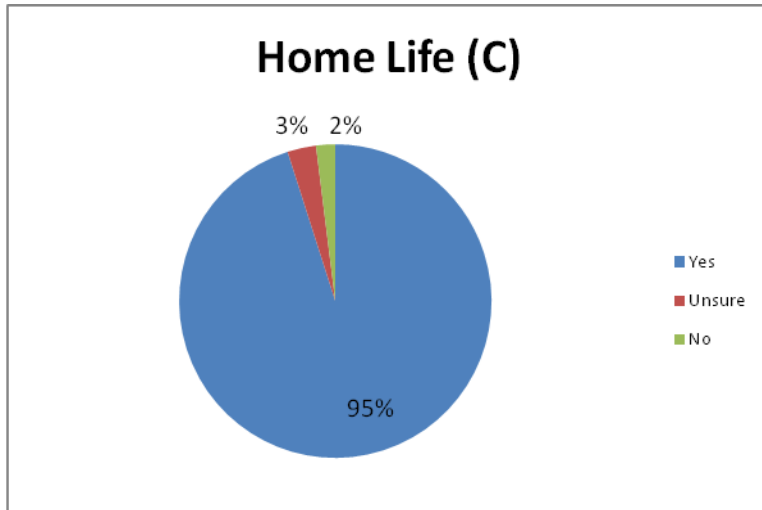
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Community (B)	69	6	29	NEW	66%



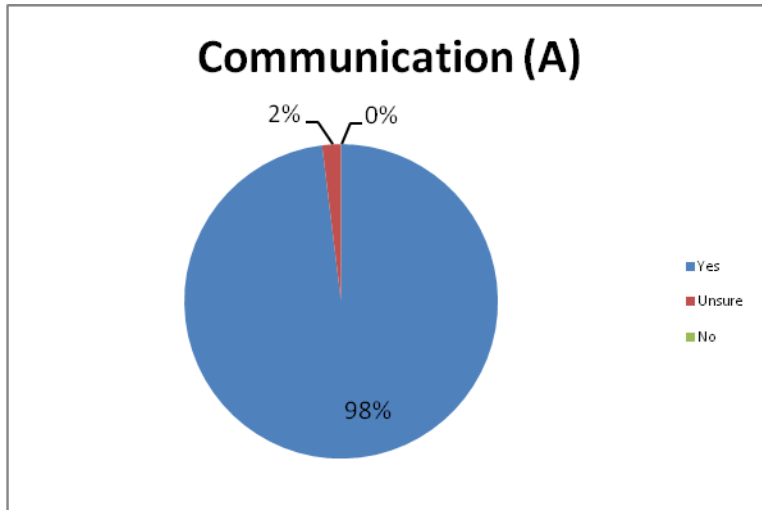
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Home Life (A)	102	0	1	93%	99%



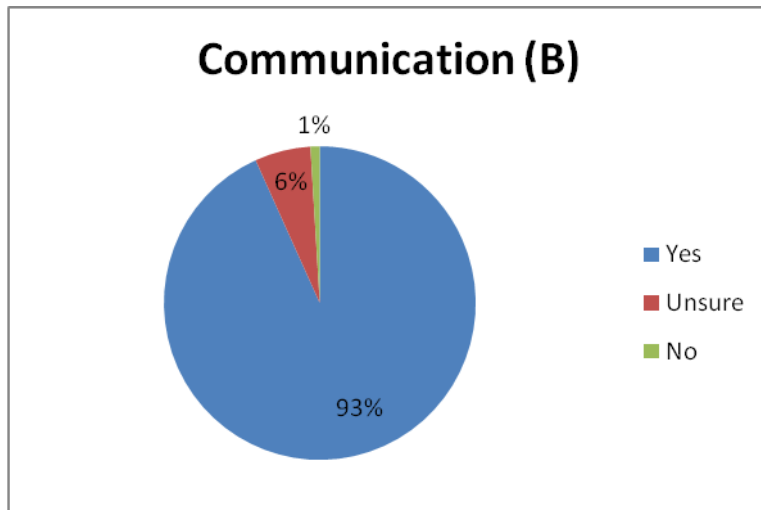
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Home Life (B)	102	2	0	90%	98%



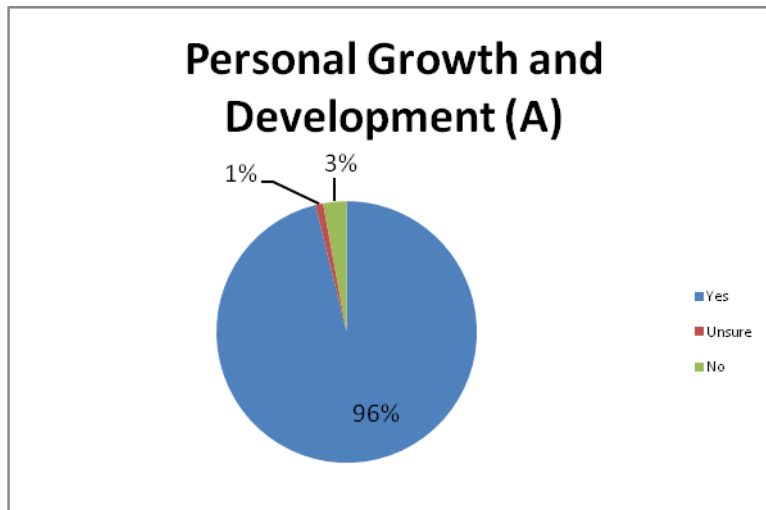
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Home Life (C)	96	3	2	NEW	95%



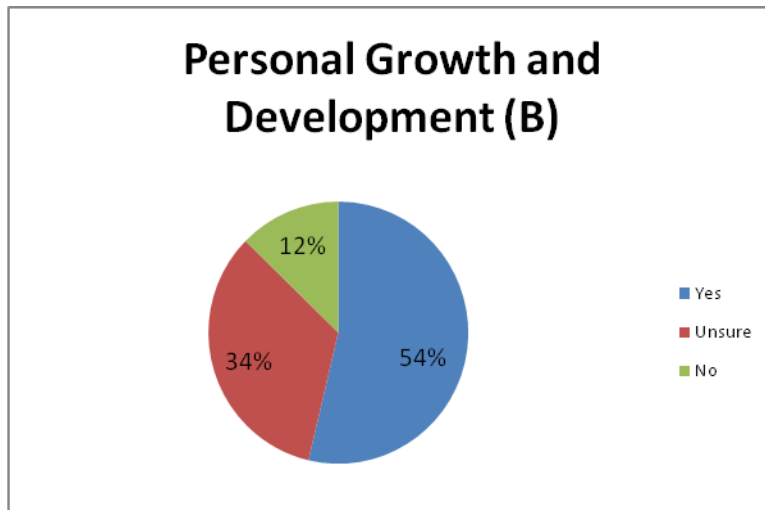
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Communication (A)	101	2	0	90%	98%



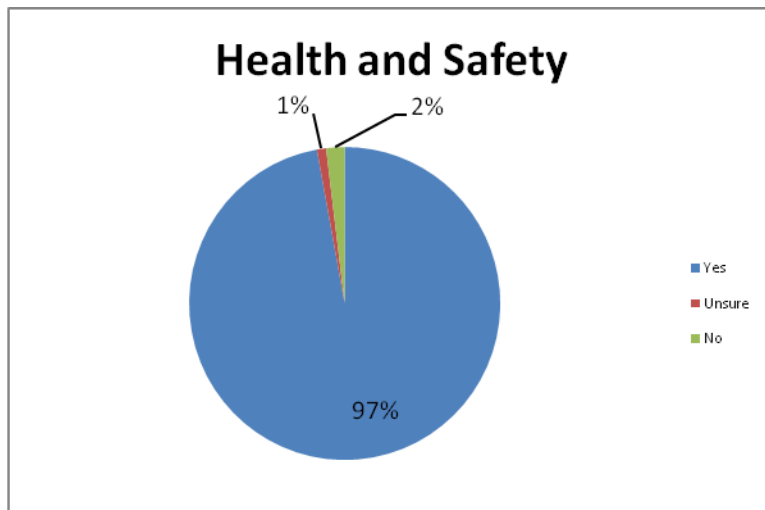
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Communication (B)	97	6	1	NEW	93%



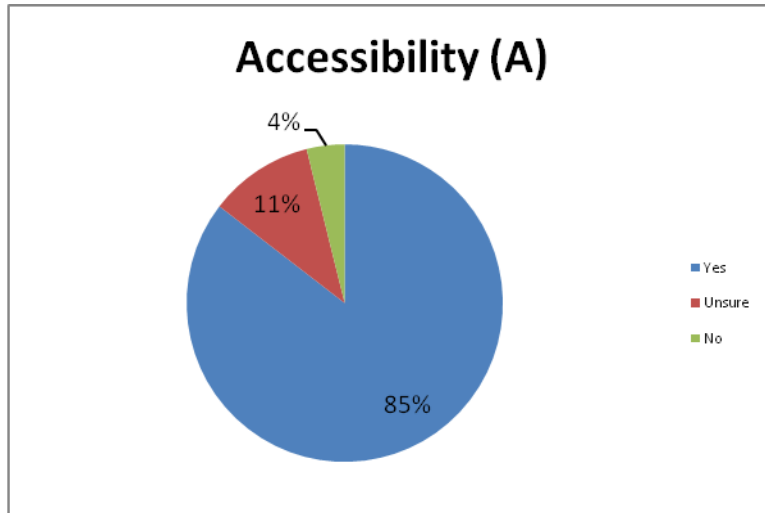
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Personal Growth and Development (A)	100	1	3	95%	96%



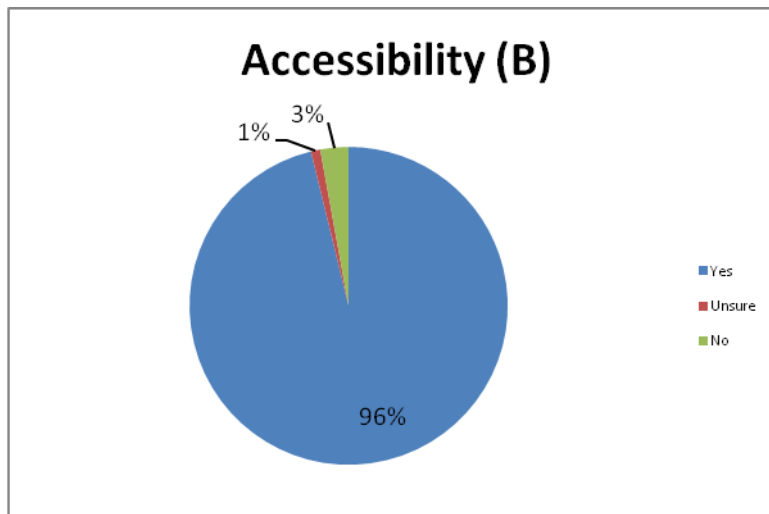
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Personal Growth and Development (B)	51	32	12	61%	54%



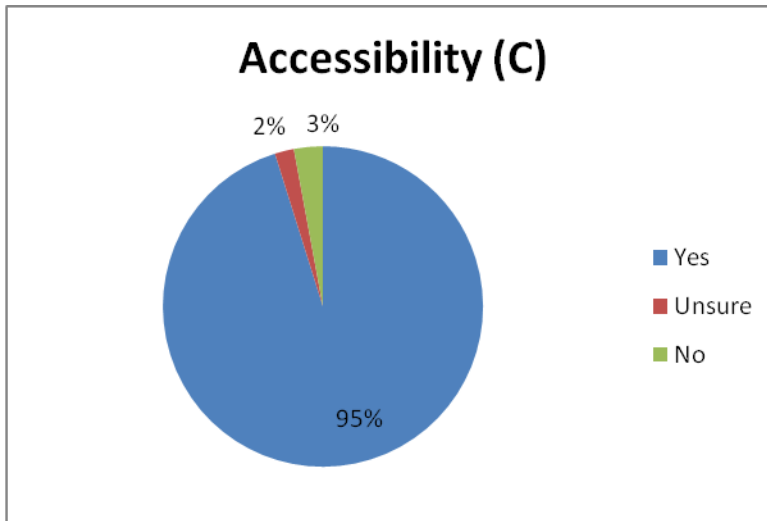
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Health and Safety	102	1	2	97%	97%



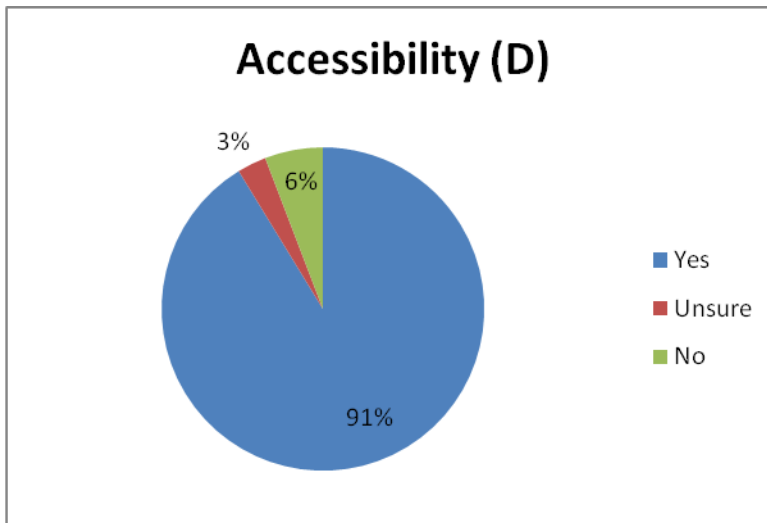
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Accessibility (A)	88	11	4	85%	85%



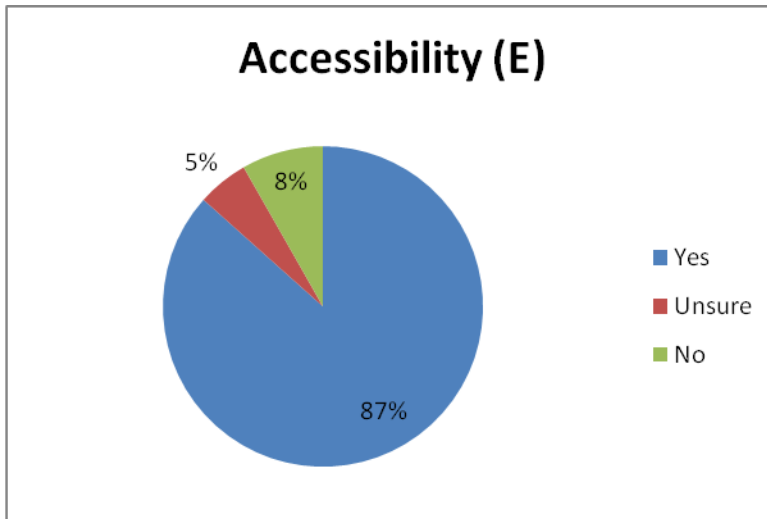
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Accessibility (B)	101	1	3	98%	96%



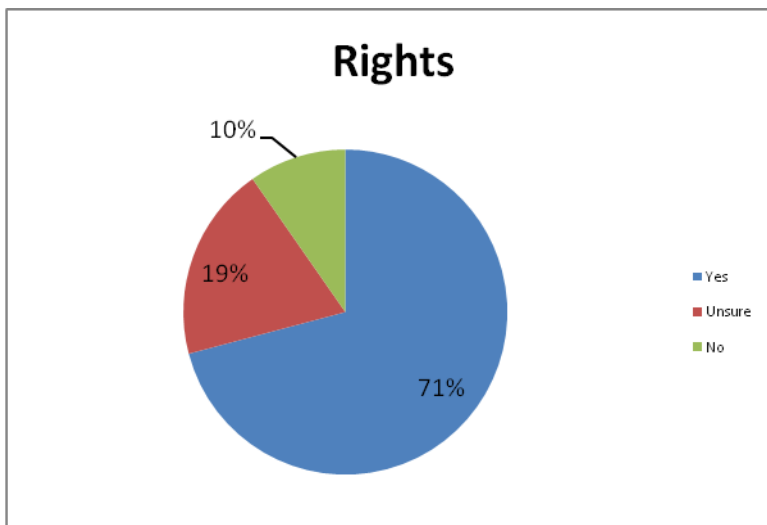
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Accessibility (C)	98	2	3	NEW	95%



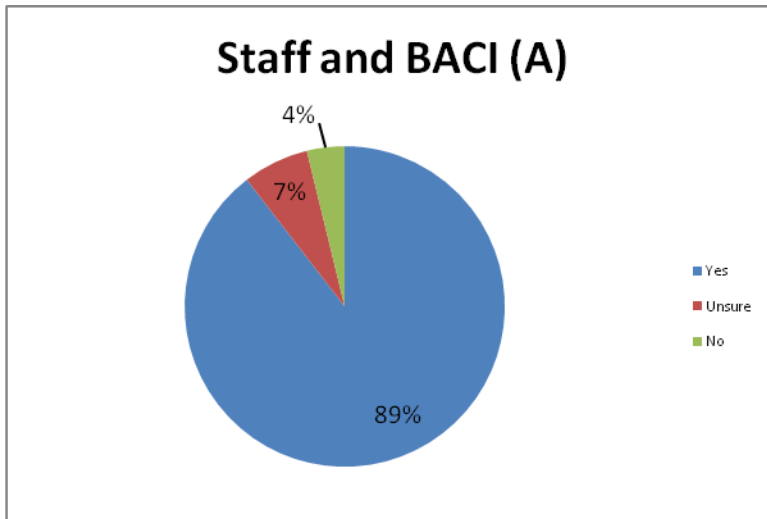
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Accessibility (D)	94	3	6	NEW	91%



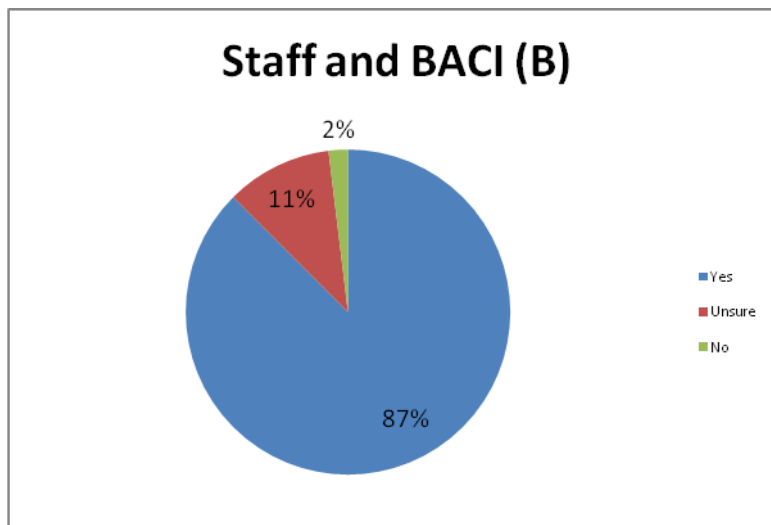
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Accessibility (E)	84	5	8	NEW	87%



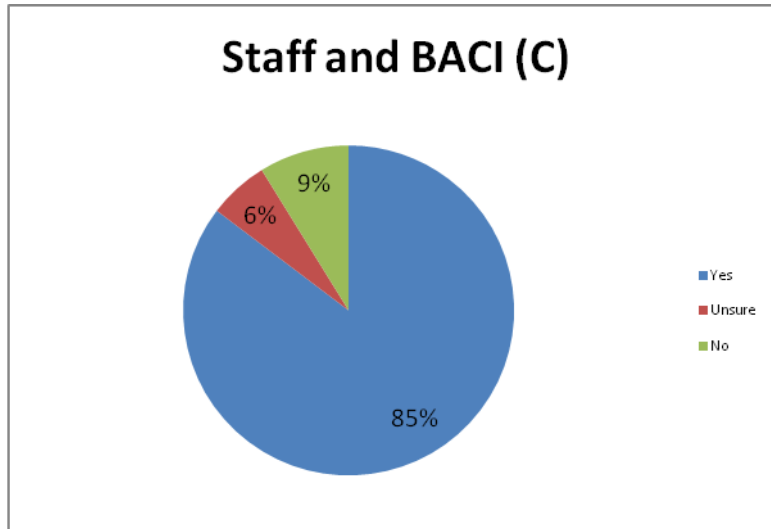
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Rights	73	20	10	78%	71%



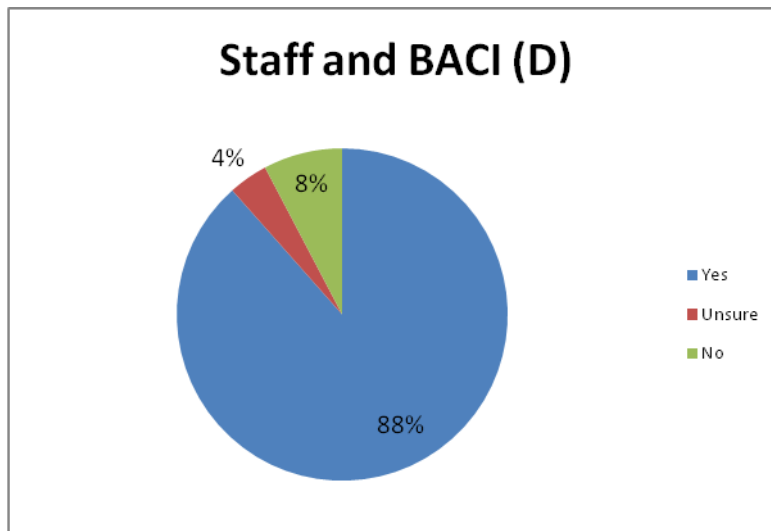
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Staff and BACI (A)	94	7	4	94%	89%



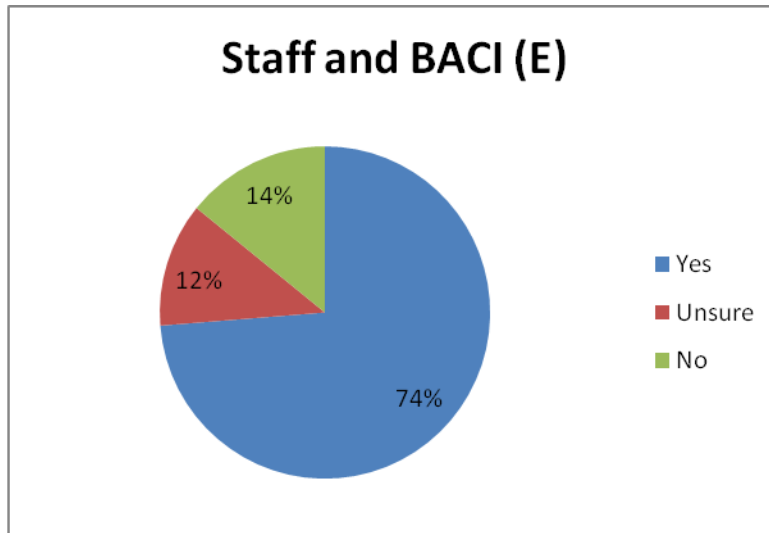
Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Staff and BACI (B)	91	11	2	91%	87%



Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Staff and BACI (C)	87	6	9	82%	85%



Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Staff and BACI (D)	92	4	8	89%	88%



Satisfaction with services in:	Yes	Unsure	No	2009 Approval Rating	2010 Approval Rating
Staff and BACI (E)	73	12	14	NEW	74%

Interpretation of the Data

This year, several new questions were added to the Individuals’ Satisfaction Survey. Every year, we learn more and more about the individuals we serve via the satisfaction surveys. We realize the information we gather is most useful and relevant when we ask the right questions in an evolving way. For example, BACI’s participation in the Quality of Life Initiative shaped the new questions asked in this year’s survey and brought us new information we would have not asked about otherwise. Furthermore, as the Association grows and changes/modifies its priorities, it’s important to ask questions that reflect what our individuals think about the changes and new priorities. Again, we believe this survey achieves that, especially with the new questions about Accessibility, Personal Growth, and Community.

Ideally, we would like all of the individuals completing this survey to either fill it out independently or with a family member or friend. Of course, we appreciate the staff’s support and know they do their best to support the individual to complete the survey from the individual’s perspective. However, there remains a potential (even if unintended) bias with the survey outcomes. We must continue to emphasize how important it is for the individuals we serve to have family and friends in their lives. Completing a satisfaction survey is one small illustration of what role family members or friends can play. We are pleased to report that the individuals continue to have a high satisfaction level in the areas of Relationships (96%), Home Life (99%, 98%, 95%) , Communication (98%,

93%), Personal Growth & Development (A) (96%), Health & Safety (97%), Community (A) (89%), Staff Support (A&B) (89%, 87%), and Accessibility (85%, 96%, 95%, 91%, 87%).

For many years, Health & Safety has received a great deal of focus on a program as well as an agency-wide level. Individuals and their families feel confident BACI will address their needs in this area (as reported across all programs). Likewise, BACI has dedicated a great deal of training and work towards understanding the communication styles/preferences of the individuals and in turn, ensuring we communicate with them in their preferred ways. The individuals are satisfied that their support staff will communicate with them on a personal level as well as ensure the other people in their lives (new and current) understand them as well.

Home Life is another area the individuals are satisfied with. Having a house and place to live is not the same as having a home. This has been a key message for the Association for many years. We want the individuals to not only be happy in their homes, but to be the owners and decision-makers too. Like anything, this is a work in progress and although the individuals indicated a high level of satisfaction in this area, we must maintain this commitment and focus.

One of the key recommendations from the 2009 report was to build in more questions about Accessibility. Not only will this strengthen our learning about accessibility via the outcomes analysis, this information will also inform BACI's Annual Accessibility Plan. Through the survey, the individuals indicated a high level of satisfaction in many different areas of accessibility – from knowing someone is there to help them to physically accessing their surroundings to feeling their personal diversity and right to be included is respected by the people in their lives. These findings will be further discussed in the 2011 Accessibility Report. With a policy change and annual evaluation of Accessibility (i.e. Accessibility Plan and Report), this area will continue to be another 'work in progress' for BACI.

BACI's Accessibility Report is available at www.gobaci.com.

There are a few areas that the individuals continue to have a lower satisfaction with – Rights and Personal Growth (B). With regards to new questions asked, the individuals' overall satisfaction with Community (B) and Staff Support (E) is also low.

Supporting the individuals to first of all, know their rights and secondly, feel their rights are respected and acknowledged continues to be a challenge. Since we started asking the individuals about their rights via the satisfaction survey, BACI has yet to achieve its minimum target (80%). This year, there was a decrease in the satisfaction rating – from 78% to 71%.

Despite efforts to improve this via training, handbooks, personal planning, and ongoing discussions with our individuals, they still don't know their rights and responsibilities as fully as they should. There may be other reasons for this continued response (e.g. wording of the question, understanding the question, etc). Regardless, this is such an important indicator of the service quality and overall quality of life; it must be addressed

as a recommendation in the Business Improvement Plan. However, this year, under the auspice of “Inclusion Through Innovation” we must challenge ourselves to find more innovative and creative ways to address this recommendation.

Other areas the individuals indicated they are not satisfied with are: Community (B) – “I take part in my community (I belong to the senior’s centre, scrapbooking club, sports team, swimming)” and Personal Growth & Development (B) – “BACI supports me if I want to find a paid job.”



Although these areas seemingly apply more to Day Services than Residential, there is a shared responsibility. Individuals are communicating they want to participate in fully inclusive activities and programs in the community. This is not just in the day or evening – it’s when the activity is happening and at the best time for the individual. Effective and meaningful personal planning is one way to ensure this. Exploring the community to help the individual find the activities or opportunities they want and in turn, access those activities, is one of the most important jobs a support person has. Based on the feedback we received, this goal must be a key focus for the not only for the individuals’ support teams, but the Association as a whole. Again, this is a ‘work in progress’ and based on the satisfaction ratings, a main ‘work in progress’ for the upcoming year.

There is one other point to add in this area. BACI offers a variety of classes at Still Creek. The individuals are very satisfied with those classes (as indicated on those satisfaction surveys). However, the question remains – do these classes create an unintended barrier (whether it’s attitudinal, access, safety, etc) for the individuals to access community-based classes? This is a question that requires some thought and reflection by all stakeholders. Individuals are starting to access more community-activities (e.g. yoga), but based on their satisfaction rating from this satisfaction survey, it’s clearly not enough. This is a question and issue that needs more attention over the next year and possibly beyond (i.e. through the next strategic plan.)

The issue of supporting the individuals to find ‘real work for real pay’ continues to come up in many different ways (i.e. satisfaction surveys, personal planning, day to day feedback, strategic planning ‘Hopes & Dreams’ session, etc). The individuals are telling us they want to work and get paid accordingly. The Association, Board, and employees should be acknowledged for the commitment and work towards employment for people with disabilities thus far (e.g. Employment Statement, Transformation in Day Services, new Quality Assurance Indicator, offering new employment service – BEST, etc). However, there is more work to do.

Like all other Quality Assurance Indicators, employment and supporting someone to find a job, comes through effective planning and asking the right questions. Now that BEST (BACI Employment Services) is fully staffed and operating, the satisfaction survey results should be different next year. Similarly, with the new Quality Assurance Indicator of Employment, this should also change the results. Personal expectations about employment have to be explored for each individual. They may not have any at the time, but the questions have to be asked and answers honoured.

Congratulations to the entire Adult Services team this year!! Many great accomplishments took place!! The employees worked hard to support the individuals and meet their personal needs and objectives – to have a good life. Of course, there are goals to work on and improvements to be made, but like any evaluation, it’s imperative we celebrate what’s working and plan for the “what’s not?”

Satisfaction with Service – Surveys Conducted with Family Members

Satisfaction surveys were mailed or given out to family members of individuals receiving services in the following programs: Residential Services, Day Services, Life Sharing, and Outreach Services.

263 surveys were distributed and 88 were returned via a self-addressed stamped envelope for a 33% return rate.

Please see “Satisfaction Survey Adult & Youth Services (Family Member)”, in the Adult & Youth Services Procedures Manual, available on BACI’s Intranet.

15 surveys were also circulated to the families receiving services through the Integrated Family Support Program. 8 were returned for a 53% return rate.

Results from Family/Friend Survey

Satisfaction	Yes	No	Unsure	2009 Approval Rate	2010 Approval Rate
Relationships (A)	81	1	6	98%	92%
Relationships (B)	62	3	23	NEW	70%
Communication Styles	80	1	7	96%	91%
Personal Health and Safety	83	0	5	96%	94%
The Association	55	7	26	93%	63%
Being part of the Community (A)	74	3	11	95%	84%
Being part of the Community (B)	74	2	12	NEW	84%
Personal Growth and Development (A)	66	6	16	94%	75%
Personal Growth and Development (B)	36	23	29	NEW	41%
Personal Growth and Development (C)	69	4	15	NEW	78%
Home Life	78	0	10	91%	89%
Accessibility (A)	64	1	23	NEW	89%
Accessibility (B)	64	5	19	NEW	73%
Support Staff (A)	79	0	9	94%	90%
Support Staff (B)	44	9	35	NEW	50%

Planning	74	3	11	97%	84%
Person Centered Services (A)	79	0	9	96%	90%
Person Centered Services (B)	78	1	9	NEW	89%
				95%	79%

Interpretation of the Data

The survey return rate for families is consistent with last year. We appreciate families taking the time to complete the survey. Family involvement is one of the driving forces within the Association so their feedback is vital at all times.

As with the Individuals’ Satisfaction Surveys, new questions were added to the Family Satisfaction Survey to incorporate the new Quality Assurance Indicator (Employment), BACI’s participation in the Quality of Life Initiative, and new/current priorities within the Association.

Overall, the families communicated a high level of satisfaction in the same areas as the individuals – Relationship (A) (92%), Communication (91%), Health & Safety (94%), Home Life, Accessibility (A) (89%), and Support Staff (A) (90%.) These are very positive results and confirm many of the focus areas discussed in the Individuals’ Section of this report. Families are also satisfied with the personal planning, their involvement, and the response to their loved ones’ needs (90%, 89%). However, compared to last year’s results, the families’ overall satisfaction rating is lower than last year (95% to 79%). One thing to consider though is the impact of the new questions on the numerical calculations and comparison.

There was a 30% decrease in the families’ satisfaction with the Association and believing their loved ones know where to get support when they need it. This is a question we’ve asked for years and the satisfaction levels have always been high. With no apparent or obvious change in this area, such a significant reduction in satisfaction needs further analysis. This is recommended goal for the 2011 Business Improvement Plan.

One important point to address about the families’ survey is the number of ‘unsure’ responses. This too requires further discussion and analysis. It’s concerning so many families cannot answer so many questions about their loved ones’ care and services. For examples, almost one third responded ‘unsure’ to the statement, “My son/daughter/friend is encouraged to make friends with people who do not work for the Association.”

Similarly, approximately one third of the families were not sure if the Association was supporting their loved ones to find employment. With the “Re-Inventing of Day Services” work this past few years and the Association’s focus on employment (i.e. 2006-2010 Strategic Planning Priority, Board Statement on Employment, etc), one would assume that families would feel more informed and confident knowing BACI is supporting their loved ones to explore and find real work. However, this seems not to be case.

With ‘Employment’ now a Quality Assurance Indicator and key focus of personal planning, the survey results should be different in 2011. Families are satisfied with BACI’s personal planning so ideally, if employment is consistently a part of the planning process, families should be more satisfied next year.

There was a 19% decrease in families’ satisfaction with their loved ones accessing the community. This is consistent with the results from the individuals’ survey. The numbers are not exact, but the message is – people are not accessing inclusive and meaningful activities to our individuals and families’ satisfaction. As discussed in the Individuals’ section, this is an area to address in both Day and Residential Services through effective personal planning.

Although this was not addressed in the ‘Individuals’ Section of this report, the individuals and families are both dissatisfied with the lack of choice regarding staff selection. Being a unionized setting, there are limitations. Nonetheless, we want to acknowledge that this is an important issue for our families and individuals; therefore, we must find creative ways to work within the set parameters of employee selection to ensure there is choice and involvement for the families and individuals.

Like the individuals’ survey, the families’ feedback regarding Accessibility should be included in BACI’s Accessibility Report.

Satisfaction with Service – Surveys Conducted with Professionals

Satisfaction surveys were sent to professionals, who collaborate with BACI departments in service delivery, including: Residential Services, Day Services, Life Sharing, Outreach Services and Children’s Services. External professionals include: Community Care Licensing, Community Living BC, mental health, behavioural support, health professionals, and other service providers.

Of 76 surveys mailed, 7 were returned for a 9% response rate.

Surveys were also sent to Professionals with the Infant Development Program, and the results are discussed later in this report.

Please see “Service Satisfaction Survey – Professional Supports/Consultants”, in the Adult & Youth Services Procedures Manual, available on BACI’s website at www.gobaci.com

Results from Professionals Survey

Satisfaction	Strongly Agree	Agree	Disagree	2009 Approval Rate	2010 Approval Rate
Made Welcome by Staff	1	5	0	100%	86%
Relationship Support	3	4	0	100%	100%
Individuals supported to communicate in ways they prefer	3	3	1	100%	86%
Staff communicates with individual's chosen style	2	5	0	100%	100%
Commitment to Health & Safety	3	4	0	100%	100%
Support with chosen activities	4	3	0	100%	100%
Opportunities for individuals to develop skills	3	4	0	100%	100%
Home Support	3	4	0	100%	100%
Professionalism	2	3	1	100%	71%
Advocate for Individuals & their families	4	3	0	100%	100%
Individuals & families can express their opinion & ask for support from professional consultants	2	5	0	100%	100%
External people aware of BACI's Mission, Vision, Values	0	5	0	80%	71%
Community awareness of BACI & its services	1	4	0	100%	71%
Made Welcome by BACI Employees	1	5	0	100%	86%
Staff helps individuals communicate their needs of support	4	3	0	100%	100%
Promotes & values partnership with other organizations	2	5	0	100%	100%
Responds to needs of individuals with disabilities & their families	3	4	0	100%	100%
Staff open to learning new techniques/support	3	4	0	100%	100%
Responsive to critical feedback	2	4	0	100%	86%
Aware of opportunities to help BACI improve its services	1	4	1	75%	71%
BACI works with other organizations to benefit the individuals served	2	5	0	100%	100%
Would recommend BACI services to others	2	5	0	100%	100%
Overall Approval Rating				2009 98%	2010 92%

Interpretation of the Data

Achieving a high response return rate with professional surveys (at least 30%) continues to be a challenge. Although the response rate was low again this year, we appreciate those who completed the survey and their feedback.

The professional survey is another area where we've taken the same approach with year after year (i.e. circulating paper surveys). Yet, once again, we achieved the same results. It's time to take a different approach. One suggestion is to build on the success we had when we invited external professionals and community partners to participate in our 2011-2016 Strategic Planning Process. In November, we invited a variety of people from the community to share their 'Hopes & Dreams' for BACI. The turnout was high (approximately 30) and the representation was diverse (ranged from business to health to education to finance).

The process of meeting in person was beneficial for many reasons. Not only did we collect their feedback, we strengthened our existing relationships, and left the door open for further consultations. Building on this success, it's recommended we use a similar process in 2011 to gather our community partners' feedback for the outcomes report.



Effectiveness Report - Adult & Youth Services

This year, the effective measures are: the Individual Support Plan review, the Personal Goal Measurement Charts, the Service Evaluation Review and results from the Satisfaction surveys (as related to our contract outcomes with Community Living BC).

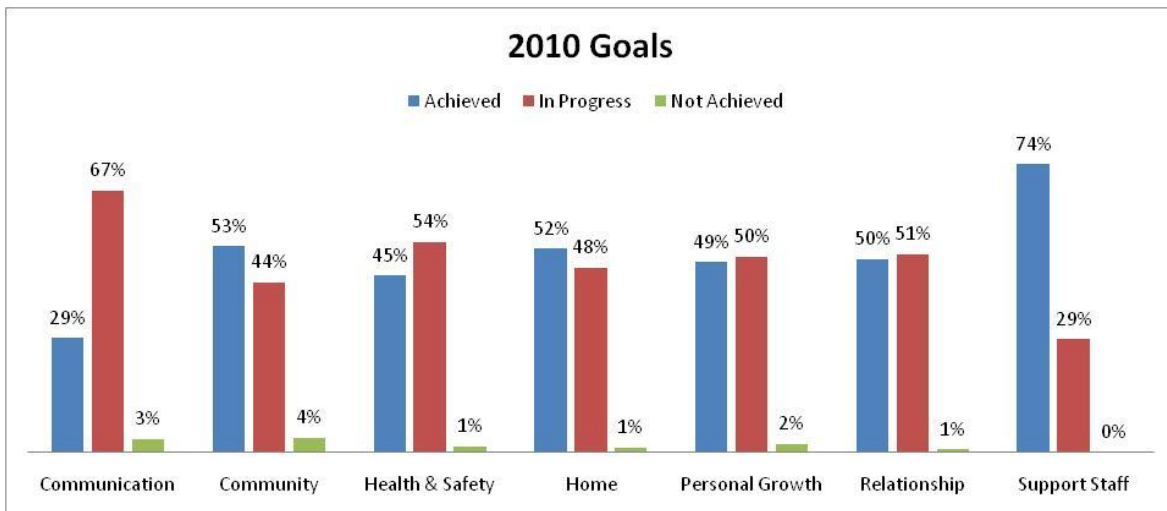
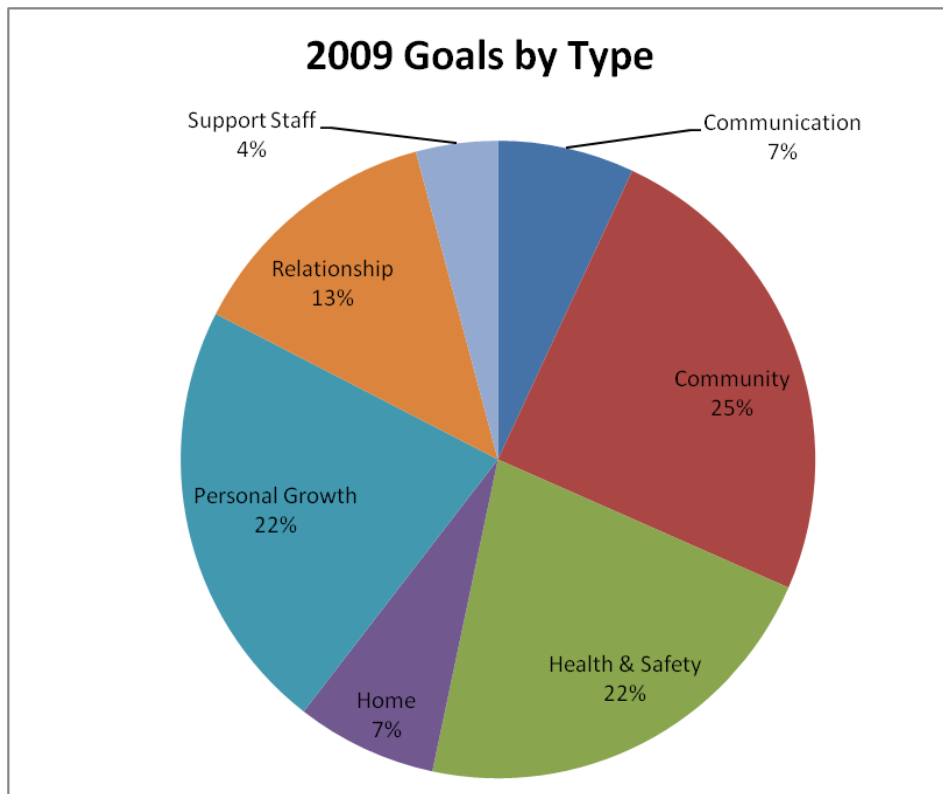
All areas of effectiveness are based on BACI's Quality Assurance Initiative – Relationships, Community, Communication, Health & Safety, Personal Growth & Development, Home Life, Staff Support, Employment, and the Association.

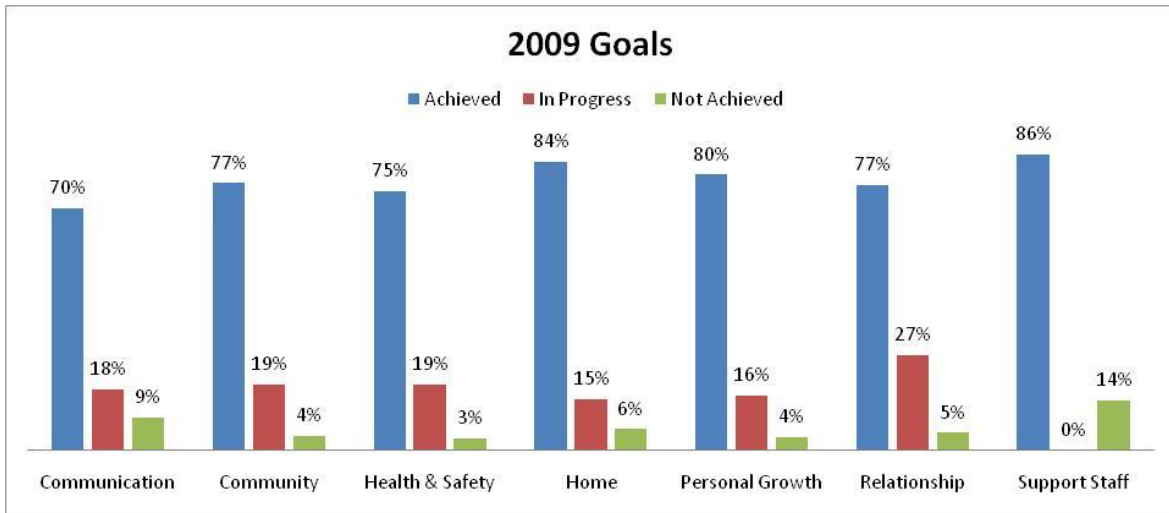
This year, we have made a significant change to the way we are reporting on the achievement of goals. The goals now include Residential, Day, and Outreach Services, whereas previously, only Day and Residential Services were.

As in last year, the goal charts in this report show goals “in progress”, along with goals “achieved”, and goals “not achieved”. This gives an accurate picture of the accomplishments made towards achieving goals. This also helps to identify where additional effort is needed to help achieve goals. It should be noted that a goal “in progress” is still considered an achievement.

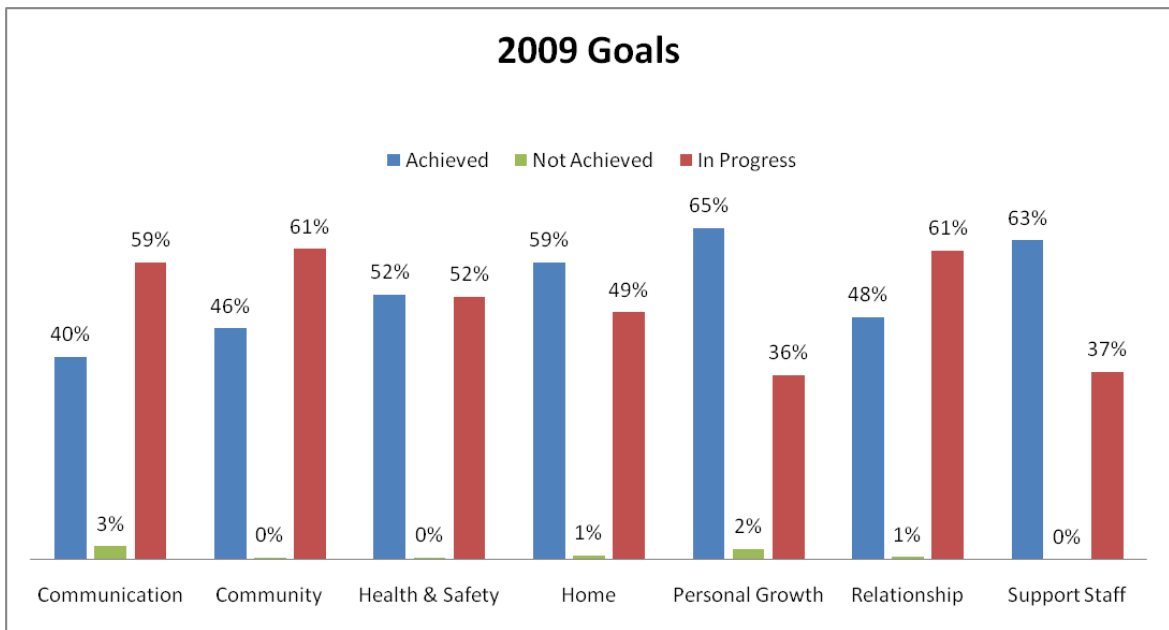
Another change included in this year's report is that we are including progress made on goals for the current year (i.e. 2010) and *also* reporting on the accomplishment of the previous year's goals (i.e. 2009)., This is important, because planning meetings take place throughout the year and we want to see how well we do at accomplishing each year's goals during the same timeframe.

One final change to the effectiveness reporting is how the Service Evaluations were conducted. In previous years, Service Evaluations were conducted in all programs and reviewed for service quality on both a personal and program level. This year, a hybrid approach was taken – only a few number of programs in Day and Residential Services were reviewed.





2009 Goals as of December 2010



2009 Goals as of December 2009

Measurement	Achievement 2009, end of year	Achievement 2009, one year later
Guidelines for Planning (Goal Achievement)	Relationships – 48% Community – 46% Communication – 40% Health and Safety – 52% Personal Growth & Development – 65% Home Life – 59% Support Staff & BACI – 63%	Relationships – 77% Community – 77% Communication – 70% Health and Safety – 75% Personal Growth & Development – 80% Home Life – 84% Support Staff & BACI – 86%

	Achievement 2009	Achievement 2010

Guidelines for Planning (Goal Achievement)	Relationships – 48% Community – 46% Communication – 40% Health and Safety – 52% Personal Growth & Development – 65% Home Life – 59% Support Staff & BACI – 63%	Relationships – 50% Community – 53% Communication – 29% Health and Safety – 45% Personal Growth & Development – 49% Home Life – 52% Support Staff & BACI – 74%
Annual Individual Support Plan Review – conducted by Program Manager - Adult & Youth Services.	55 out of 55 plans reviewed and in place (Adult & Youth Services – Residential) 100%	53 out of 55 plans reviewed and in place (Adult & Youth Services – Residential) 96%
Guidelines for Planning	96% of the planning meetings were complete – Residential. 78% of the planning meetings were complete – Day Services 82% of the planning meetings were complete – Life Sharing Network	73% of the planning meetings were complete (Adult & Youth Services – Residential) 41% of the planning meetings were complete – Day Services 98% of the planning meetings were complete – Life Sharing Network
Guidelines for Service Evaluation	70% evaluations complete – residential & day services 97% evaluations complete – Life Sharing Network	– NEW: Service evaluations are complete residential & day services based on a hybrid model approach. 88% evaluations complete – Life Sharing Network
Guidelines for Service Evaluation, Residential Only - Current	81% Personal Support 74% Personal Activity 100% Health Care	NEW: Rating is only a complete or not complete; based on the hybrid model approach to the Service Evaluation. Complete
Guidelines for Service Evaluation, Residential Only - Relevant	89% Personal Support 91% Personal Activity 100% Health Care	Complete
Guidelines for Service Evaluation, Residential Only - Accurate	84% Personal Support 81% Personal Activity 100% Health Care	Complete
Guidelines for Service Evaluation, Residential Only - Complete	72% Personal Support 61% Personal Activity 98% Health Care	Complete

Burnaby Association for Community Inclusion – Outcomes Measurement Report 2010

Desired Outcomes - CLBC	Measurement	Residential Services	Day Services	Life Sharing Services	Out-reach	Achievement 2009	Achievement 2010
Individuals are safe, secure and receive good health care	Question #4 Family/Friend Satisfaction Survey	97%	88%	96%	100%	98%	95%
	Question #12 Individual Satisfaction Survey	100%	88%	100%	96%	94%	96%
Individuals and their families experience full citizenship through inclusion in their community	Question # 6,7 Family/Friend Satisfaction Survey	86%	79%	83%	100%	93%	87%
	Question #3,4 Individual Satisfaction Survey	84%	78%	59%	71%	92%	73%
Individuals and families take a lead role in the planning of supports and services that meet the unique needs of each individual	Question #16 Family/Friend Satisfaction Survey	86%	75%	92%	71%	94%	81%
	Question # 21 Individual Satisfaction Survey	83%	96%	91%	74%	79%	86%
Individuals and families make key decisions about the services and support they receive #4	Question # 16 Family/Friend Satisfaction Survey	86%	75%	92%	71%	94%	81%
	Question # 22 Individual Satisfaction Survey	94%	92%	91%	74%	88%	88%
Individuals and families have easy access to appropriate and timely supports and services that meet their needs	Question # 5 Family/Friend Satisfaction Survey	62%	50%	86%	71%	85%	67%
	Question # 14 Individual Satisfaction Survey	100%	92%	100%	100%	95%	98%
Individuals' and families' needs are responded to and met through flexible, innovative and creative supports and services#6	Question # 18 Family/Friend Satisfaction Survey	93%	75%	96%	86%	88%	88%
	Question # 20 Individual Satisfaction Survey	90%	85%	100%	77%	87%	88%

Interpretation of the Data

The above table reflects our achievements in meeting the outcomes with Community Living BC. Overall, BACI achieved its effectiveness measures regarding these outcomes. However, there was a significant drop in the effectiveness to offer access to services (Question #5 family/Friend Survey). This is likely attributed to the service reductions BACI experienced through the Service Re-Design process. Families may feel there is not

the same access and options for services as there was prior to the Service Re-Design and reduction in our funding from CLBC.

Employment for people with disabilities has been identified by the Board of Directors as one of four priorities in BACI's strategic plan. Furthermore, the individuals served in Day Services have repeatedly stated that employment is important to them (e.g. through personal planning, Strategic Planning sessions, daily conversations, etc). In support of this, the following goals were identified for 2010, as part of the Day Services Action Plan:

1. The Review and Re-focus of Community-Based Day Services
2. Staff Professional Development and Re-training
3. Social Enterprise Development
4. Strategic Family Involvement
5. Supply Chain Influence Through Purchasing
6. Revision of Internal Human Resource Practices
7. Marketplace Engagement
8. Municipal Government Engagement
9. Partnership Development

The above goals will be used as effectiveness measures in the 2011 Outcomes Report and will be an action item in the 2011 Business Improvement Plan.

For more information, please see “Re-Inventing Day Services”, available on BACI's website at www.gobaci.com

A key indicator of effectiveness is how we have supported individuals to achieve their goals. As mentioned previously, we are reporting differently on the progress made towards goals. At first glance, the goal chart for 2010 looks like we are not very effective at meeting people's goals, because the majority of goals are still “in progress. This is because planning meetings take place throughout the year. A better way to compare goal accomplishment is to monitor goal accomplishment regularly and look back at the *previous year's goals* in order to measure success.

For 2009, many goals were in progress at the end of 2009, however by December 2010, the majority of goals were achieved and few goals were “not achieved”. We can see that we need to put more energy into supporting people to achieve their goals around communication and possibly relationships and community.

In 2010, with the establishment of the Quality Assurance Committee, we reviewed goal achievement on a quarterly basis so that we could measure progress being made.

We will continue to improve how we measure goal accomplishment and further refine how we measure an individual's achievement towards goals.

Of note, in some categories, categories add up to more than 100%. This means that when an employee updated the goal chart on the intranet, more than one category was selected for the goal. A goal could be noted as both "in progress" and "achieved". In 2011, BACI will implement newer software that will not permit someone to select a category twice.

From the 2009 goal chart we see that in 3 out of 7 categories we achieved between 80-86%. In 3 categories that achieved less -- Communication, Health and Safety, Relationships, and Community -- goals have been carried forward to the next year or are considered "ongoing". It is refreshing to see that for Personal Growth and Development, the achievement rate is higher this year, as this has been identified in previous years as an area for improvement.

Another key measure of effectiveness is the Quality Service Review. This year, only a sample of programs in Day and Residential Services were reviewed. BACI's modified the Service Evaluation process to accommodate the increasing numbers of people served and the evolution of service delivery models within the agency. However the targeted/hybrid approach used this year proved ineffective. We soon realized that this model limits our ability to truly analyze the service in each program and on a personal level.

A report was drafted to summarize the findings from the 2010 Quality Service Review. The recommendations from this report will be added to the 2011 Business Improvement Plan.

The following is a list of key findings from this year's review:

1. The leadership team at BACI targeted the daytime services for evaluation because they are going through transition (from recreationally based/sheltered employment to employment focused/social enterprise). The programs were also included in last year's service evaluation and while several improvements were recommended, there was no significant progress. The number of program participants and the applicability of the general expectations for service delivery and corresponding personal planning processes as developed in 1999, were cited as challenges for the day program staff; there are too many people, too much paper, and too little time.
2. The Guidelines for Service Evaluation were designed to evaluate the quality of services provided at a personal and program level. The evaluations should occur annually and be collaborative in nature as well as include the person's network and multiple service providers if required. The hybrid concept – combining personal and program evaluations - resulted in service evaluation that was not collaborative and only minimally focused on personal service delivery. The targeted approach and criteria for target group is reasonable, but the findings cannot be assumed to be valid across other services.

3. Another year of service evaluation in Day Services revealed that performance appraisals and other evidence-based documentation (to confirm a high quality of service) were either not in place, relevant, or current. Despite many attempts to change or streamline documentation processes, the essence of effective program and personal planning was not evident.

Life Sharing Network

Effectiveness Report – Life Sharing

The Life Sharing Network uses a self-assessment monitoring tool to evaluate the quality of services provided to individuals, to support them to lead happy, healthy and safe lives. The services are measured according to BACI's Quality Assurance Indicators and Community Living British Columbia's (CLBC's) requirements.

Please see “Life Sharing Monitoring Tool” in the Life Sharing Network Policy Manual, available on BACI's website at www.gobaci.com

Interpretation of the Data

Each Life Sharing Network support provider was given the opportunity to complete a self assessment of the LSN Monitoring Tool. Then the assigned manager met with each Support provider to review the tool. Each indicator in the tool includes service expectations and whether improvement is required. Where the Support provider replies “yes”, there must be evidence reported or attached. Where they reply “no” they are required to provide an explanation or plan to meet this standard. If indicators are left blank, an explanation must be provided.

There are certain criteria that must be met by all Support providers (e.g. must know who the legal authority is to make health-related decisions for the individual, to complete Semi-Annual reports, to promptly report any CIR's, etc.) and therefore, should not have a “no” marked beside the indicator of service review. In instances where a “no” is marked, the Managers of Community Development must meet with the Support provider to ensure they understand what the question is asking and requiring of them. Despite the clarification, if the answer still remains “no”, the Managers will develop a plan with them to address the matter as soon as possible.

88% of the Life Sharing Network is represented in these findings. This is a slightly lower response than last year. The Managers of Community Development identified trends and actions for follow-up, both on a service level as well as with individual Support Providers.

As some sections of the monitoring tool were left unanswered last year, a plan was developed to ensure these areas were addressed. This year the tool was revised, condensed, and made more comprehensive (although it still remains a healthy 6 pages long). Due to these changes the documents were completed and fewer sections were left unanswered.

Key Findings or Trends

This year there was a renewed focus on everyone having a planning meeting, and 98% of all individuals being supported through the LSN department had planning meetings in 2010. Under Health and Safety, there were a few trends: LSN Support providers are required to have first aid kits and fire extinguishers and 9% of LSN Support Providers did not have first aid kits, and 4% of them did not have fire extinguishers. Another area of attention is safety plans. These plans are required for Individuals who demonstrate risky behavior. This behavior requires a protocol or plan for the Support Providers to follow when the individuals in their care are putting themselves at risk. Of the individuals in Life Sharing have been identified by the Support Provider and the Manager as needing a safety plan, 12% need to have safety plans.

2% of Support Providers using respite do not have written information about the individual being supported. Contact information and in some areas support plans and protocols need to be documented and shared with Respite providers.

There are several individuals living in Life Sharing who have significant health care issues. It is advised that these individuals have Health Care Plans in place. Currently 4% of the Individuals in Life Sharing do not have HCP's and would benefit from having one.

Follow up and Proposed Action

Support providers who were missing fire extinguishers or first aid kits have set deadlines to purchase these items and the assigned managers will follow up. Time lines were set, qualified professionals will develop Safety Plans along with the individuals and their support networks for those who demonstrate risky behavior. Timelines were set for Support plans to be developed for Respite Support Providers. LSN Managers will continue to review trends on a semi-annual basis. The appropriate manager has contacted the Health Care Nurse in the areas where the individuals live. In one case there is no HSCL nurse in that area at this time, so the Support Provider is given guidelines from the GP. In a few other cases the individuals are on waitlists.

Efficiency & Access Report – Adult & Youth Services

# of individuals served (occupancy)	2009 Achievements (Based on Funding Agreement)	2010 Achievements (Based on Funding Agreement)
Residential Services	55 individuals served out of 55 contracted spots 100%	56 individuals served out of 56 contracted spots 100%
Day Programs	303 individuals served out of 243 contracted spots 124%	240 individuals served out of 230 contracted spots 104%
Outreach Services/Integrated Family Support	100 individuals served out of 75 contracted spots 133%	85 individuals served out of 76 contracted spots 112%
Children’s Respite		26 individuals served out of 25 contracted spots 104%
Life Sharing Network	87 individuals served out of 83 contracted spots 105%	88 individuals served out of 88 contracted spots. 100%

Children’s Services

BACI operates 8 inclusive child care centers – Fairhaven Infant/Toddler, Fairhaven Three-Five Program, Variety Infant/Toddler Program, Variety Three-Five Program, Twelfth Avenue Out of School Care, Brentwood Park Plus Out of School Care, South Slope Out of School Care, and Suncrest School Age Care program. The Quality Assurance Indicators for Children’s Services are:

Health & Safety
Positive Social Atmosphere
Child Development
Diversity & Inclusion
Families as Partners
The Childcare Team



Satisfaction Report – Children’s Services

Surveys were handed out to all parents receiving child care services through BACI – Brentwood Park Plus, Fair Haven (Infant/Toddler & 3 to 5), Twelfth Ave, South Slope, and Variety Hotelier House (Infant/Toddler & 3 to 5). For the first time, surveys were also handed out to families at Suncrest. Surveys were available at the centers and also circulated via an on-line survey.

BACI also circulates Exit Surveys to families when they leave the centres. This year, we had 7 surveys returned. This is a small number of surveys. For that reason, along with the fact that the Exit Survey format is based on last year’s indicators, this survey information is not included in this report.

This year, a new survey was created to directly link to the indicators of the Quality Assurance in Children’s Services.

Please see Children’s Services Parent Satisfaction Survey, found in the Children’s Services Procedures Manual.

The survey return rate was 32%.

Overall response rate:		
	Response Percent	Response Count
Variety - Under 3	6.4%	3
Variety - Over 3	29.8%	14
Fair Haven - Under 3	8.5%	4
Fair Haven - Over 3	8.5%	4
Brentwood Park Plus	17.0%	8
Twelfth Avenue	12.8%	6
South Slope	6.4%	3
Suncrest	10.6%	5

Satisfaction Report – Children’s Services 2010

Quality Assurance Indicator – Families as Partners

1. I have regular communication with the staff about my child.		
Answer Options	Response Percent	Response Count
Strongly Agree	30.4%	14
Agree	58.7%	27
Disagree	10.9%	5
Strongly Disagree	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		46
<i>skipped question</i>		1

2. The staff is approachable and listens to me about concerns or questions I may have about my child and/or the Centre.		
Answer Options	Response Percent	Response Count
Strongly Agree	52.2%	24
Agree	45.7%	21
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Not Sure	2.2%	1
<i>answered question</i>		46
<i>skipped question</i>		1

3. Staff provides me with information or resources about my child's development and needs.		
Answer Options	Response Percent	Response Count
Strongly Agree	19.6%	9
Agree	43.5%	20

Disagree	26.1%	12
Strongly Disagree	0.0%	0
Not Sure	10.9%	5
<i>answered question</i>		46
<i>skipped question</i>		1

4. Staff consults with my family regularly about my child's participation and progress.

Answer Options	Response Percent	Response Count
Strongly Agree	20.0%	9
Agree	48.9%	22
Disagree	28.9%	13
Strongly Disagree	0.0%	0
Not Sure	2.2%	1
<i>answered question</i>		45
<i>skipped question</i>		2

5. The staff develops and maintains positive interactions with my family.

Answer Options	Response Percent	Response Count
Strongly Agree	37.0%	17
Agree	60.9%	28
Disagree	2.2%	1
Strongly Disagree	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		46
<i>skipped question</i>		1

6. The Burnaby Association for Community Inclusion recognizes and respects my family as a partner in the provision of childcare.

Answer Options	Response Percent	Response Count
Strongly Agree	30.4%	14
Agree	58.7%	27
Disagree	2.2%	1
Strongly Disagree	0.0%	0
Not Sure	8.7%	4
<i>answered question</i>		46
<i>skipped question</i>		1

7. I can make choices about the activities my child participates in.

Answer Options	Response Percent	Response Count
Strongly Agree	17.4%	8
Agree	37.0%	17
Disagree	13.0%	6
Strongly Disagree	4.3%	2
Not Sure	28.3%	13

<i>answered question</i>	46
<i>skipped question</i>	1

Quality Assurance Indicator – Positive Social Atmosphere

8. The staff treats my child with dignity and respect.		
Answer Options	Response Percent	Response Count
Strongly Agree	56.5%	26
Agree	39.1%	18
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Not Sure	4.3%	2
<i>answered question</i>		46
<i>skipped question</i>		1

9. I am satisfied with the staff's qualifications and skills.		
Answer Options	Response Percent	Response Count
Strongly Agree	41.3%	19
Agree	56.5%	26
Disagree	2.2%	1
Strongly Disagree	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		46
<i>skipped question</i>		1

10. The staff demonstrates a friendly approach with children.		
Answer Options	Response Percent	Response Count
Strongly Agree	48.9%	22
Agree	51.1%	23
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		45
<i>skipped question</i>		2

11. The staff demonstrates an accepting, non-judgmental approach with children.		
Answer Options	Response Percent	Response Count
Strongly Agree	56.5%	26
Agree	39.1%	18
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Not Sure	4.3%	2

<i>answered question</i>	46
<i>skipped question</i>	1

12. My child learns in a nurturing and supportive environment		
Answer Options	Response Percent	Response Count
Strongly Agree	43.5%	20
Agree	52.2%	24
Disagree	2.2%	1
Strongly Disagree	0.0%	0
Not Sure	2.2%	1
<i>answered question</i>		46
<i>skipped question</i>		1

Quality Assurance Indicator – Child Development

13. The staff design and implement programs that promote and enhance	
Answer Options	
a) my child's social development	
Strongly Agree	48%
Agree	41%
Disagree	2%
Strongly Disagree	0%
Not Sure	9%
b) my child's emotional development	
Strongly Agree	37%
Agree	48%
Disagree	7%
Strongly Disagree	0%
Not Sure	8%
c) my child's intellectual development	
Strongly Agree	28%
Agree	57%
Disagree	7%
Strongly Disagree	0%
Not Sure	8%
d) my child's skill development	
Strongly Agree	33%
Agree	49%
Disagree	9%
Strongly Disagree	0%
Not Sure	9%
<i>answered question: 46</i>	

14. I am satisfied with the activities my child participates in at his/her Child Care Center.		
Answer Options	Response Percent	Response Count
Strongly Agree	39.1%	18
Agree	52.2%	24
Disagree	2.2%	1
Strongly Disagree	0.0%	0
Not Sure	6.5%	3
<i>answered question</i>		46
<i>skipped question</i>		1

Quality Assurance Indicator – Diversity & Inclusion

15. The staff conducts themselves in ways that promote the inclusion of all children within the center at all times.		
Answer Options	Response Percent	Response Count
Strongly Agree	41.3%	19
Agree	52.2%	24
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Not Sure	6.5%	3
<i>answered question</i>		46
<i>skipped question</i>		1

16. The Burnaby Association for Community Inclusion provides child care in ways that value my child's individuality.		
Answer Options	Response Percent	Response Count
Strongly Agree	28.3%	13
Agree	58.7%	27
Disagree	2.2%	1
Strongly Disagree	0.0%	0
Not Sure	10.9%	5
<i>answered question</i>		46
<i>skipped question</i>		1

17. The staff incorporates activities and adapt/choose curriculum that promote the exploration and celebration of multiculturalism and diversity.		
Answer Options	Response Percent	Response Count
Strongly Agree	39.1%	18
Agree	52.2%	24
agree	0.0%	0
Strongly Disagree	0.0%	0
Not Sure	8.7%	4
<i>answered question</i>		46
<i>skipped question</i>		1

18. I have opportunities to meet other parents.		
Answer Options	Response Percent	Response Count
Strongly Agree	2.2%	1
Agree	58.7%	27
Disagree	28.3%	13
Strongly Disagree	0.0%	0
Not Sure	10.9%	5
<i>answered question</i>		46
<i>skipped question</i>		1

Quality Assurance – Health & Safety

19. My child's medical needs are supported and cared for by the staff and Center.		
Answer Options	Response Percent	Response Count
Strongly Agree	28.9%	13
Agree	55.6%	25
Disagree	4.4%	2
Strongly Disagree	0.0%	0
Not Sure	11.1%	5
<i>answered question</i>		45
<i>skipped question</i>		2

20. The Center is clean.		
Answer Options	Response Percent	Response Count
Strongly Agree	41.3%	19
Agree	56.5%	26
Disagree	2.2%	1
Strongly Disagree	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		46
<i>skipped question</i>		1

21. The Center is maintained in a safe manner.		
Answer Options	Response Percent	Response Count
Strongly Agree	42.2%	19
Agree	57.8%	26
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		45

skipped question **2**

22. The toys games and equipment are safe.

Answer Options	Response Percent	Response Count
Strongly Agree	39.1%	18
Agree	58.7%	27
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Not Sure	2.2%	1
<i>answered question</i>		46
<i>skipped question</i>		1

23. The toys, games and equipment are clean.

Answer Options	Response Percent	Response Count
Strongly Agree	32.6%	15
Agree	60.9%	28
Disagree	2.2%	1
Strongly Disagree	0.0%	0
Not Sure	4.3%	2
<i>answered question</i>		46
<i>skipped question</i>		1

24. Overall, I am satisfied with the service my child receives at the Child Care Center he/she attends.

Answer Options	Response Percent	Response Count
Strongly Agree	56.5%	26
Agree	39.1%	18
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Not Sure	4.3%	2
<i>answered question</i>		46
<i>skipped question</i>		1

Achievement 2009 - Satisfaction	Measurement	Achievement
98.5%	Question # 24	92% Satisfaction

Interpretation of the Data

The survey return rate decreased by 10% this year. Although it's disappointing there was a decrease, the return was over 30% which is still a good rate. Once again, parents could complete the survey either via an on-line link or through a paper version. If parents completed the survey, they could enter their name for a gift card draw.

Year after year, Children's Services faces challenges like a higher turnover rate and lower wages and benefits (as compared to the rest of the agency) as well as recruitment and funding. However, despite those challenges, the child care employees continue to provide high quality services. The parents, via the survey, report a very high satisfaction level with the employees. The families believe the child care employees are nurturing, friendly, and create a safe environment for their children.

It's a testimony to the employees' commitment and passion for child care. With ongoing challenges, it's easy for morale and job performance to suffer. However, the employees and their supervisors continue to find ways to creatively provide services and meet the children's needs.

Families' feedback is also monitored and welcomed throughout the year. At each supervisors' meeting, parent 'complaints and concerns' are reviewed to ensure follow up and areas patterns to address.

The child care employees work closely with a variety of community professionals. Satisfaction surveys were circulated to the professionals, but none were returned. This is disappointing, but the employees continue to receive ongoing positive feedback. For example, this year, the Centre for Ability and Burnaby Supported Child Development Program awarded BACI's child care employees a Community Support Award for their commitment and support of children with special needs and families. Nevertheless, we want the community professionals' feedback and should try a different approach (i.e. host a community gathering of professionals and partners as described in the Adult & Youth section).

Another source of input for Children's Services is the Parent Advisory Committee (PAC). This committee met three times in 2010. Information shared at these meetings is reported to the Board of Directors. Some meetings were cancelled due to a lack of attendance, but the meetings that did take place focused on the following: operations, planning at Suncrest (being a new program), the waitlist, summer program planning, health and safety, and communication.

Effectiveness Report – Children’s Services

Achievement 2009	Measurement - Question	Achievement 2010
<p>Child Development</p> <p>n/a (due to survey form change)</p>	<p>Question #13 (a-d)</p>	<p>Child Development</p> <p>Social Development 89% Emotional Development 85% Intellectual Development 85% Skill Development 82%</p>
<p>Diversity and Inclusion</p> <p>94%</p>	<p>Question #15</p> <p>The staff conducts themselves in ways that promote the inclusion of all children within the center at all times.</p>	<p>Diversity & Inclusion</p> <p>94%</p>
<p>Health & Safety</p> <p>96%</p>	<p>Question #19-23 (average)</p> <p>The centres provide services and activities in a safe manner.</p>	<p>Health & Safety</p> <p>95%</p>
<p>98% of the goals in the children’s support plans were met or are in progress.</p>	<p>Annual Individual Support Plan Review</p>	<p>94% of the goals in the children’s support plans (receiving support from Supported Child Development) were met or are in progress.</p> <p>Note: 3 of the support plans were under review and not included in the overall totals reported.</p>

This year, 13 children in the centers had with funding from Supported Child Development for one-to-one staffing. In addition, the centers provided support to 9 children identified as needing support. A care plan is in place, but no additional funding is available due to lack of funding and wait lists.

Interpretation of the Data

This year, with the change in the survey and data measured (directly linked to the Quality Assurance Indicators), there is an even better measurement of families’ rating regarding the effectiveness of the child care centres. Overall, families communicated their high satisfaction with the effectiveness of the child care programs. This was measured in the areas of social, emotional, intellectual, and skill development (benchmarks for Early Childhood Education).

When measuring any new indicators, 85% is the identified goal. In the area of development, this goal was achieved with the exception of ‘skill development.’ Families were satisfied with their child’s development. However, because this is a new measurement, we should continue to build on the achievements. Therefore, a goal in this area is to help families recognize what child development indicators to look for with their child and how they link to their service/learning at the child care centre. Each supervisor should post information about each area of development (e.g... on the parent board) as well as speak with families about their child’s progress so families are more knowledgeable about these areas. In turn, when the surveys are circulated next year, families will ideally have more information about their child’s development (and the indicators of social, emotional, intellectual, and skill development) and therefore, be more knowledgeable about commenting/rating the centre’s effectiveness.

Diversity and Inclusion as well as Health & Safety are also important measures of effectiveness. Families’ satisfaction in these areas is consistent with last year’s results – very high. The staff work hard to follow licensing guidelines, internal policies and procedures, and the overall vision of BACI to ensure safe, inclusive, and quality child care. The large majority of families agree and commend the child care employees for the work they do.

One of the key goals of our child care centres is to provide inclusive, quality services to all children, including children with special needs. Every child with special needs has a support plan with specific goals related to their social, emotional, physical, and intellectual development. Each goal is reviewed with the families and support team to determine if the goal has been achieved. Currently, all goals (unless under review) are either achieved or in progress.

Another key measure and indicator of effectiveness in Children’s Services is the ‘Program Service Evaluation.’ Twice a year, the supervisors review their program, based on a number of specific indicators, and document at least three pieces of evidence to demonstrate that the indicator is met. The areas evaluated range from Health & Safety, to Program Planning, to Diversity. In 2010, the service evaluations were completed in all centres and the achievement rating was over 90%. In areas where three pieces of evidence were not available, the program supervisors followed up to ensure the program indicator was met.

Another measure of effectiveness in Children’s Services is making sure all families know their rights and the program’s procedures. Each family receives a Family Handbook when their child starts at the centre. This year, there were two revisions and re-circulations of the Family Handbook. Each family received a copy (with a signing sheet indicating they received it) of the revised documents. Previously, the handbook was translated into Chinese. However, the most recent handbook is not and should therefore, be done as soon as possible (with the usual consideration of costs and resources).

A special acknowledgement should be given to the supervisors’ team for their hard work and leadership in the all areas of Quality Assurance and overall child care centre operations. They are a strong team and very committed to the vision and values of not only Early Childhood and School-Age Education, but the vision and values of BACI as

well. They work with their individual teams and families to ensure the centre is operating well and providing the best service possible.

Efficiency & Access Report – Children’s Services

The efficiency measurement is the occupancy of individual childcare spots at each centre (average throughout the year).

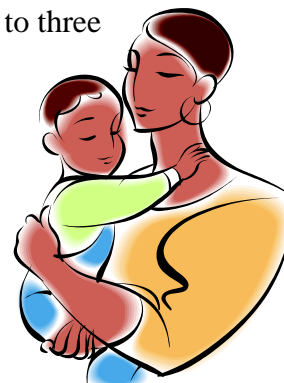
Child Care Centre	Achievement 2009	Achievement 2010
Fair Haven – Under Three	100% occupancy	100%
Fair Haven – Over Three	100% occupancy	100%
Variety - Under Three	100% occupancy	100%
Variety - Over Three	90%	96%
Twelfth Avenue	8/25 spots are full time 11/ 25 spots are part time	10/25 Part Time 12/25 Full Time
South Slope	100% occupancy	100%
Brentwood	98% occupancy	80%
Suncrest	n/a	95%

It should be noted that 100% is always the target in child care because the maximum amount of fees are needed to operate the centers in the best way.



Infant Development Program

Our Infant Development Program (IDP) serves children from birth to three years old who are born with or are at risk of having a delay in their development. The families served live in Burnaby. IDP is a program funded by the provincial government. The service is voluntary so it is the family’s decision whether they use the program. IDP is also free of charge. Referrals to the program come from doctors, public health nurses, community professionals, or directly from the family. For more information about the program, please go to www.idpofbc.ca.



Satisfaction Report – Infant Development Program

Satisfaction surveys were conducted with parents of infants/children currently receiving services through the Burnaby Infant Development Program and those families who finished with the IDP during the year.

The surveys were also circulated to community professionals who work closely with the program.

Satisfaction – Parents of Infants/Children Receiving Service

For the purpose of this report, satisfaction surveys were sent out to parents currently receiving service in the Burnaby IDP program:

156 were mailed out and 31 were returned via a self-addressed stamped envelope – a 20% return rate.

Please see “Parent Survey - Parents Receiving Service”, in the IDP Services Procedures Manual, available on the BACI website at www.gobaci.com

The questions asked address areas related to the satisfaction and effectiveness of the service.

Question	No	Some	Great Deal	No info
1. The Infant Development Consultant (IDP) supported my family in developing and maintaining a positive relationship with my child.	0%	26%	74%	0%
	2009 Percentages	0%	27%	72%
2. My knowledge of my child's development as a	Remained the same	Grew some from the information I received	Grew a great deal above what I already knew	No info

Burnaby Association for Community Inclusion – Outcomes Measurement Report 2010

result of participating in the IDP	2010 Percentages	0%	42%	58%	0%
	2009 Percentages	0%	51%	47%	

Question		Remained the same	Grew some from the information I received	Grew a great deal above what I already knew	No info
3. My awareness of other services in my community for my child and family as a result of participating in the IDP	2010 Percentages	3%	71%	26%	0%
	2009 Percentages	12%	53%	34%	

Question		Did not improve	Improved some	Improved a great deal	No info
4. My ability to help my child learn	2010 Percentages	0%	39%	58%	3%
	2009 Percentages	0%	50%	49%	

Question		Poor	Fair	Good	Excellent	No info
5. The quality of Services provided by the IDP to my family was	2010 Percentages	0	0	10%	21%	0
	2009 Percentages	0%	4%	32%	62%	

Question		Poor	Fair	Good	Excellent	No info
6. The skills of the IDP consultant were	2010 Percentages	0%	0%	35%	65%	0%
	2009 Percentages	0%	7%	30%	62%	

Question		No	Some	Great Deal	No info
7. The Consultant was sensitive to the needs and wishes of my family	2010 Percentages	0%	3%	97%	0%

Burnaby Association for Community Inclusion – Outcomes Measurement Report 2010

	2009 Percentages	0%	14%	85%
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8. To what extent did you feel you had control over the help you received from staff and/or the Program?			
Scale	Sum	2010 Percentages	2009 Percentages
No control (1)	0	0%	0%
(2)	0	0%	0%
(3)	0	0%	1%
(4)	0	0%	2%
(5)	0	0%	1%
(6)	0	0%	2%
(7)	5	16%	12%
(8)	10	32%	28%
(9)	3	10%	20%
A great deal of control (10)	12	39%	27%
No info	1	3%	

Average (2010): 8.733

Question	No	Some	A great deal	No info	
9. My privacy was respected by the agency/program					
	2010 Percentages	0%	0%	100%	0%
	2009 Percentages	0%	8%	91%	

Professional Survey

The Professional Satisfaction Survey was also circulated to the professionals that work with the Infant Development Program.

38 surveys were sent out and 16 were returned via self-addressed stamped envelope - return rate of 42%.

Question		Yes	No			
1. Are you aware of the services of the Infant Development Program?						
	2010 Percentages	100%	0%			
	2009 Percentages	88%	13%			
Question		Yes	No			
2. Do you have families who receive(d) services from the IDP?						
	2010 Percentages	88%	13%			
	2009 Percentages	100%	0%			
Question		Yes	No	Average # of referrals		
3. Have you made referrals to the IDP in the past 2 years?						
	2010 Percentages	80%	20%			
	2009 Percentages	86%	14%			
Question		Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	N/A
4. Does the Programme respond promptly to your referrals?						
	2010 Percentages	0%	0%	40%	20%	40%
	2009 Percentages	0%	14%	86%	0%	
Question		Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	N/A
5. Do you get sufficient information on the progress of the child?						
	2010 Percentages	0%	0%	33%	40%	27%
	2009 Percentages	0%	0%	86%	0%	

Burnaby Association for Community Inclusion – Outcomes Measurement Report 2010

Question		Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	N/A
6. Does the Programme provide competent services to families?	2010 Percentages	0%	0%	27%	53%	20%
	2009 Percentages	0%	0%	71%	29%	

Question		Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	N/A
7. Does the Programme bring about positive developmental changes in the children that it serves?	2010 Percentages	0%	0%	53%	33%	13%
	2009 Percentages	0%	0%	71%	29%	

8. Does the Program contribute in a positive way to parents' awareness of:

Question		Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	No info
a) The importance of their relationship with their child?	2010 Percentages	0%	0%	33%	60%	7%
	2009 Percentages	0%	0%	57%	29%	

Question		Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	No info
b) Stages of their child's development?	2010 Percentages	0%	0%	33%	60%	7%
	2009 Percentages	0%	0%	57%	29%	

9. Does the Program contribute in a positive way to parents' awareness of:

Question		Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	No info
c) Community resources available?	2010 Percentages	0%	7%	33%	53%	7%
	2009 Percentages	0%	0%	71%	14%	

Question		Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	No info
d) Their role as advocates for their child?	2010 Percentages	0%	0%	33%	53%	13%
	2009 Percentages	0%	0%	71%	14%	

Burnaby Association for Community Inclusion – Outcomes Measurement Report 2010

Question	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	No info
10. Does the Program contribute in a positive way to the community's awareness of the needs of infants and children with developmental concerns?	2010 Percentages 0%	0%	27%	67%	7%
	2009 Percentages	0%	71%	0%	

Outcome	Measurement	2009 Achievement	2010 Achievement
To maximize the satisfaction with service with the Infant Development Consultant	Question #6 Parent Survey	92% Satisfaction (Rating of Good or Excellent)	92% Satisfaction
To maximize the satisfaction with service in the Infant Development Program	Question #7 Parent Survey	99% Satisfaction	97% Satisfaction
The Program provides competent services to families	Question #6 Professional Survey	100% Satisfaction	80% Satisfaction (20% answered n/a)

Interpretation of the Data

This year, the return rate of parent satisfaction surveys was 20%. The return rate is down 17% and the lowest it's been since we started circulating the surveys. This should be a point of discussion with the IDP consultants. As they are the ones most directly connected with the families, their feedback will be helpful to ensure the return rate is higher next year. There could be many reasons for the low return rate. Families may be overwhelmed with the information they receive or families are very satisfied with the program and therefore, don't feel it necessary to complete the survey. Regardless of the reason, this should be a point of discussion because ideally, we would like a return rate of at least 30%.

Once again, the IDP consistently received a very high rating of satisfaction from the families and professionals.. Families and professionals continue to be highly satisfied with the quality and work of the consultants. Families are gaining at least some knowledge about their child's development. Ultimately, the goals of the program are to recognize families as the experts in their child's life while at the same time, giving families more resources and knowledge to build on the experts they already are.

The consultants and program must be acknowledged and recognized again this year for the high quality of services and supports they provide. The IDP is a leader in early childhood development and family-centered practice.

One thing to note on the professional survey is the number of responses of 'no information' ranged from 7-20%. This could mean professionals make their referrals and/or do initial work with IDP and then are not aware of what happens when the family receives its services. A suggestion might be to either send the parent survey responses to the professionals or find other ways to follow up with them about the child's progress and/or families' progress with the program.

The demand for the program continues to be very high. The number of referrals is consistent with last year. The consultants continue to support families through group settings like the regular group drop-ins. However, they've expanded the group support to include the 'Nobody's Perfect Parenting Program' and connecting with the Saturday morning family drop-in offered through the Building Connections Program

Effectiveness Report – Infant Development Program

Measurement	Achievement 2009	Achievement 2010
Question #2 Parent Survey	The families’ knowledge of their child’s development was increased. 98%	The families’ knowledge of their child’s development was increased. 100%
Question #4 Parent Survey	Parents will attain and make progress towards achieving shared goals related to their relationships with their children – increased learning. 99% (Parents ability to help child learn)	Parents will attain and make progress towards achieving shared goals related to their relationships with their children – increased learning. 97% Parents ability to help child learn)
Questions #7 Professional Survey	The Program brings about positive developmental changes in the children that it serves. 100%	The Program brings about positive developmental changes in the children that it serves. 86% (14% responded n/a)

Interpretation of the Data

There are no recommendations in this area other than for the program to maintain its positive partnerships with the professionals they work with.

Efficiency & Access Report – Infant Development Program



# of children service per consultant	Target – Provincial Standards	Achievements 2009	Achievements 2009
1 child = 1 caseload	20-25 children per full-time (or equivalent) IDP consultant	<p>6.5 FTE Infant Development Consultants</p> <p>20.8 children were served per IDP Consultant</p> <p>Average # of referrals per month is 14.</p> <p>An additional 35 children/parents were supported by each IDP Consultant through group setting support.</p>	<p>5.9 FTE Infant Development Consultants</p> <p>22.8 children were served per IDP Consultant</p> <p>Average # of referrals per month is 12.25.</p> <p>An additional 29 children/parents were supported by each IDP Consultant through group setting support.</p>

Reporting – Operations

The Burnaby Association for Community Inclusion is an organization that must maintain due diligence as an employer and community agency. Therefore, it is important to evaluate and report on the areas of the agency, outside of direct service, that may directly or indirectly impact the overall service quality and capacity of the organization. This includes Human Resources, Health & Safety, and Complaints/Concerns.

Human Resources

Employees are one of the Association's greatest resources, so it is very important to the overall quality and level of service that there is a consistent, well-trained and positive workforce. This year, despite changes to programs due to service redesign and the closure of one group home, the agency worked hard to ensure no jobs were lost. Our turnover rate increased this year but is consistent with the social services sector average. We did experience a sharp rise in the turnover of childcare workers, something that will be addressed in next year's Business Improvement Plan. We recognize that Early Childhood Educators are underpaid and often undervalued as a group. However, despite this, they remain committed to their work and passionate to work with children and families.

For casual employees, BACI experienced a large increase in turnover. Many casuals simply stop submitting their availability or turn down shifts, yet they remain on payroll. In late 2010, we culled the list of inactive casuals and for 2011, the recruitment and retention of casual employees will be a priority for the organization, and especially our Children's Services and Day Services departments.

As in last year, BACI's ever growing workforce continued to reflect our commitment to the economic inclusion of people with disabilities through employing people with disabilities and providing paid work opportunities for the individuals we serve. And as our agency grows, we continue to increase our cultural diversity; there are now over 90 languages spoken by BACI employees.

The following data provides the Association with specific information about Human Resources.

<u>Human Resource Information (Union Employees) - Efficiency</u>	<u>2009 Results</u>	<u>2010 Results</u>
% of Staff Turnover – Regular Employees	6.34% 9.09% Children’s Services 5.84% Adult Services	13% 18.5% Children’s 12% Adult Services
% of Staff Turnover – Casual Employees	NEW	88% ** -please note the casual list was reviewed and anyone not working for more than 6 months was removed
% of Life Sharing Turnover	7.25%	11.5%
% of Performance Evaluations Completed	24%	43%
% of New Employees Who Attended Cornerstones (new hires)	92% Children’s Services 52% Adult Services	65% total employees attended Cornerstones

<u>Human Resource Information – Effectiveness</u>	<u>2009 Results</u>	<u>2010 Results</u>
<p>Staff qualification/credentials</p>	<p>17/20 regular employees in Children’s Services (Infant/Toddler and 3-5 Programs) have an Early Childhood Education Diploma (where required by Community Care Licensing).</p> <p>12/12 school aged regular employees have an Early Childhood Education Diploma or related education certificate, diploma, or degree).</p> <p>7/7 Infant Development Program staff have degrees</p>	<p>19/20 regular employees in Children’s Services (Infant/Toddler and 3-5 Programs) have an Early Childhood Education Diploma (where required by Community Care Licensing).</p> <p>13/15 school aged regular employees have an Early Childhood Education Diploma or related education certificate, diploma, or degree).</p> <p>7/8 Infant Development Employees have a degree.</p>

% of New Employees Who Received Performance Expectations	110/110 100%	62/62 100%
# of Languages Spoken by Employees	81	92
Gender %	Female 61% Male 39%	Female 56% Male 44%
<u>Human Resource Information – Satisfaction</u>	<u>2009 Results</u>	<u>2010 Results</u>
Workplace Wellness	48%	38%
Exit Interviews	25%	n/a

Interpretation of the Data – Human Resources

This past year, with the introduction of the Quality Assurance Committee, we tracked and monitored human resource trends quarterly, paying close attention to recruitment, hiring, training and professional development, orientations, exit surveys and performance appraisals, and we note several improvements in this area. An internal training calendar is created annually, and posted on BACI’s intranet. Employee attendance continues to improve, despite the challenges of training taking place at off-site locations, due to the shortage of available space at Still Creek. BACI’s Employee Referral Program continues to successfully recruit new employees. A significant accomplishment this year is that we nearly doubled our completion rate for employee performance appraisals, going from 24% to 43% completion, and completed appraisals are closely monitored, to ensure staff performance is measured in relation to BACI’s Quality Assurance Indicators

BACI’s annual Employee Workplace Wellness Survey was completed, with solid responses from 110 employees. The results will be reviewed by BACI’s Wellness Committee and recommendations will be included in the 2011 Business Improvement Plan.

Please see the annual “Employee Workplace Wellness Survey”, available on BACI’s website at www.gobaci.com

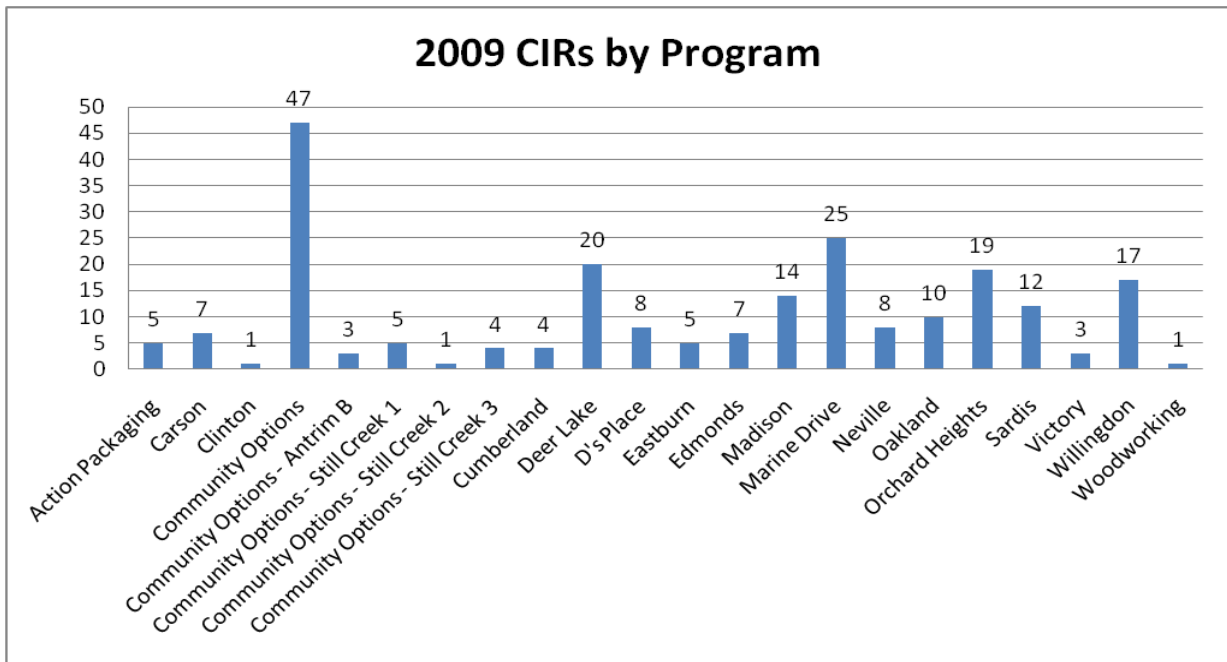
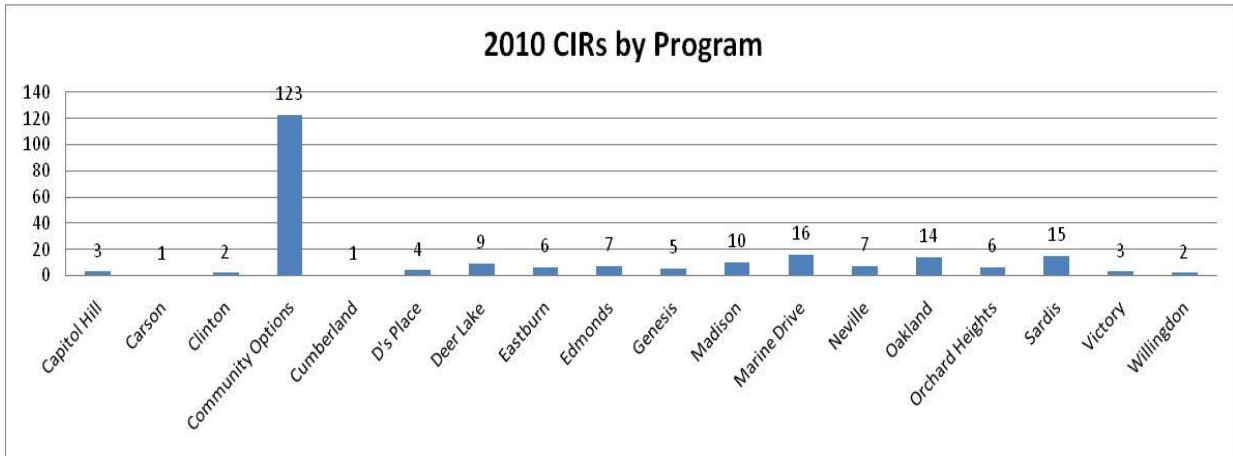
BACI’s Human Resource and Personal Planning processes are key areas of accountability, because they directly connect the quality of an individual’s service to the employees supporting them. As previously stated, BACI’s employees are one of the most important resources for providing high quality service and support to the individuals, children, and families we serve. Therefore, it is important to maintain high levels of monitoring and accountability in this area.

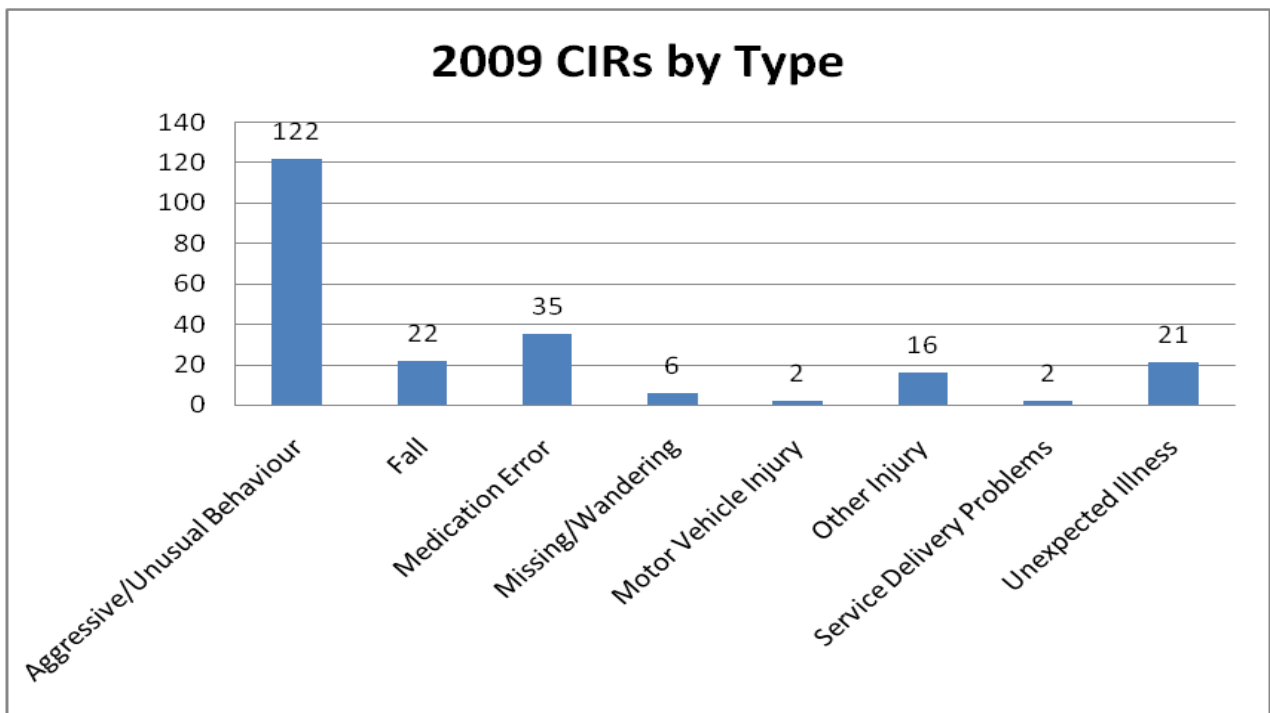
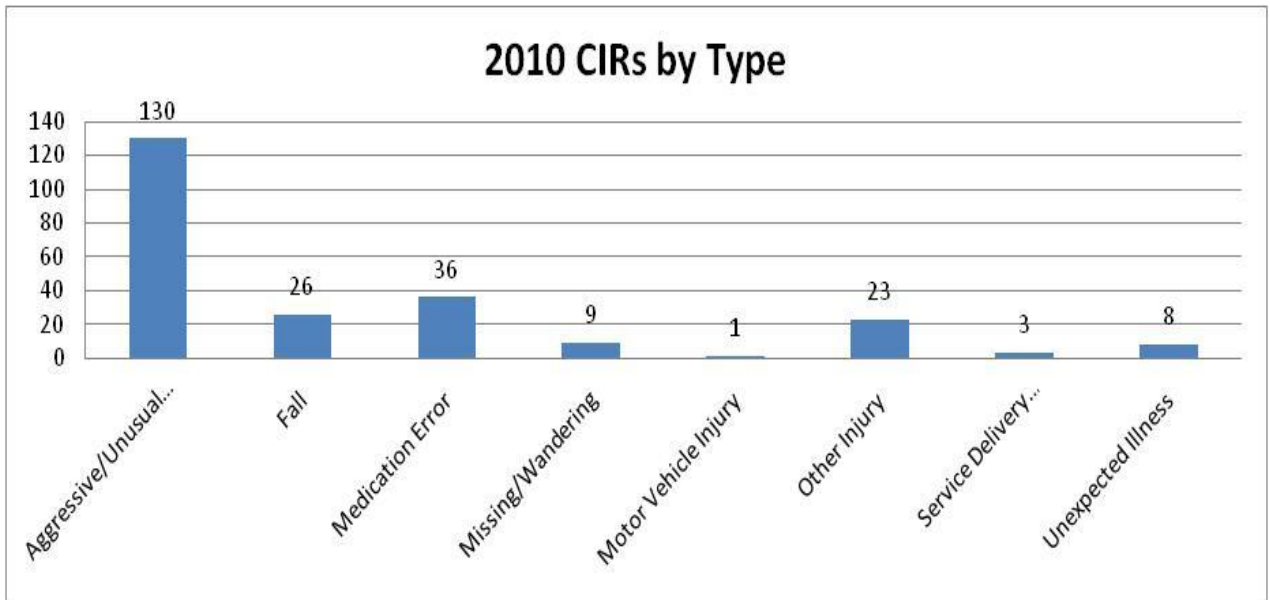
With BACI now supporting three social enterprises (Work Crew, Grape Box, and Action Packaging) and their employees, it is important to capture and analyze their related Human Resources information/outcomes. This is a recommended goal for the 2011 Business Improvement Plan.

Health & Safety

Critical Incident Reports (CIRs) are an important source of information and subsequent planning regarding health and safety – both for individuals receiving service and employees. As an organization, we can review the most common CIRs and, in turn, implement training in those areas to address the concerns.

The following charts illustrate the types of incidents and the follow-up completed for Adult & Youth Services for 2010 and 2009.





Interpretation of the Data – Critical Incident Reports

Incident reports are also documented and tracked for follow-up in Children's Services (as per Community Care Licensing requirements). These incidents are reviewed and documented at management meetings as well as the Supervisors' meeting. The incident reports from Children's Services are not included in the above graphs and are tracked separately instead. In 2010, there were 10 incidents, consistent with the few number in previous years. 100 % of incidents were followed-up and reported accordingly. All CIRs are also tracked quarterly via the Quality Assurance Committee.

In Adult Services (as reflected in the above charts), the number and type of incident reports were consistent with the previous year. There was a decrease in the number of unexpected illnesses. Although there is no obvious reason or trend for this, this is good news. However, BACI must be aware that as population we serve ages, there may be more age-related illnesses and therefore an increase in this area in the future. It should also be noted that this report, like last year, only reflects externally reported CIR's, or more serious errors where more in-depth follow-up is required (i.e. medical consultation). BACI also tracks internal CIRs but not for the purpose of this report.

As with previous years, the far majority of CIRS are in the category of 'aggressive/unusual behaviour.' We're pleased to report that the number of incidents is at least consistent with the number in 2009, as opposed to increasing. Nevertheless, it remains our goal to decrease the number of CIRs in this area every year.

BACI serves many individuals who require significant behavioural support. We once again commend their support staff for the consistent and intensive care they provide. We know individuals use challenging behaviour to communicate and get their needs met. Therefore, we must continue to provide the training and develop the strategies necessary to support the individuals to find other ways communicate. In 2011, BACI will once again be working with CBI Consulting to ensure effective personal profiles and positive behavioural support strategies are in place for the individuals we serve.

The following chart lists other indicators of effectiveness in health and safety:

<u>Health Safety- Efficiency</u>	<u>2009 Results</u>	<u>2010 Results</u>
# of Critical Incident Reports completed	208	236
# of Accident/Incident Reports completed (for employees)	44/44 100%	41/44 93%
# of WCB incidents involving time-loss	13 incidents	20 incidents
% of Health/Safety orientations completed with staff – Cornerstones	60% of orientations complete for new employees	
# of Health/Safety Committee meeting per year	11/12 92%	10/12 83%
<u>Health & Safety– Effectiveness</u>	<u>2009 Results</u>	<u>2010 Results</u>
# of follow-up completed regarding Critical Incidents	100% follow-up complete	100%
# of follow-up accident investigation completed	32/44 73%	41/44 93%

Interpretation of the Data – Occupational Health & Safety

The number of employee reported accidents/incidents is the same as last year, and again, in most instances, the employee did not miss any work. Also, once again, nearly half the incidents were preventable, meaning that the incident occurred because proper safety protocols were not followed. Early in the year, BACI’s Occupational Health and Safety Committee (OHSC) observed that a significant number of injuries occurred as a result of improper lifting, and a series of workshops on back care was made available to BACI employees.

This year, the OSHC has again noted a decrease in the number of incidents in challenging programs, with only 12 incidents occurring as a result of aggression (27%). This is testimony to the thorough orientation and training provided to employees and the individual support plans in place. BACI has continued to emphasize person-centered thinking and planning throughout the agency in order to meet the complex needs of all individuals receiving services.

Complaints & Concerns

Following the recommendation of the 2008 Outcomes Measurement Report, this year’s report of complaints/concerns is again broken down into whom brought forward the complaint/concern (the stakeholder), the type of complaint/concern, and the department impacted.

There were a total of 41 complaints/concerns reviewed by the Management Team (24 last year). Please note: The complaints results are based on 10 months of reporting in 2010.

100% of the complaints were followed up by a member of the Management Team.

The complaints were brought forward by the following stakeholders:

- Individual receiving services - 2*
- Community Member - 9*
- Family Member - 18*
- Employee - 12*

The following is a breakdown of the number, type, and area of BACI in which the complaint/concern was brought forward:

Department	Regarding Staff – Interpersonal Relations	Regarding Individual	Regarding Rights	Regarding Health & Safety	Regarding Service Quality - Internal	Regarding Service Quality - External	Regarding Property and/or Equipment
Administration					4	2	1
Adult Services - Residential	1				3	1	
Adult Services - Day		4		1	3		
Children’s Services		4		1	1	1	

Life Sharing		3	2	1	3		1
Outreach				1	2	1	
Respite							
Total:	1	11	2	4	16	5	2

Interpretation of the Data – Complaints & Concerns

The number of complaints is slightly higher than last year, likely due to increased communications with stakeholders. As with last year, the majority of the complaints came under service delivery. Although they are not included in this report, the managers review the specifics and details of each complaint to address them in the best possible way. Because there are only a few complaints each month, they are able to be immediately addressed. Each complaint is taken very seriously. This is especially important if they relate to services for an individual or a family member.

This year, 5% of complaints/concerns involved property or equipment, down from 13% last year. This can be attributed to BACI’s Work Crew, now overseeing the appearance and upkeep of the BACI properties. Ensuring BACI’s homes and properties are regularly maintained makes for more neighborly relationships, and has been a high priority this past year.

Of note is the number of complaints/concerns in the area of Service Quality, especially since this past year has placed so much emphasis on improving the quality of services delivered by BACI. It is clear that individuals and families supported by BACI have high expectations for services, and this information holds us accountable to those we serve. We will continue to provide training and development opportunities for staff whenever possible.

The complaint process requires follow-up on the issues brought forward. There was 100% follow-up this year. Another important part of the process is that the person bringing the complaint forward does not face any retaliation for bringing it forward.

One note about the complaints and concerns addressed in this report – the ones discussed are the ones brought forward to BACI staff and leadership. It does not include any complaints/concerns brought directly to the BACI Board of Directors.

Achievement - Recommendations from the 2009 Outcomes Measurement Report

The recommendations from the Outcomes Measurement Report are the basis for BACI's Business Improvement Plan. The Management Team reviews the Business Improvement Plan approximately every three months to see if the recommendations are being met and what planning is required. This past year we streamlined our focus and focused our efforts on the seven key themes developed through the BACI Strategic Planning Process. These themes were rearticulated as 'Key Goal Statements' and provided the framework through which the recommendations were addressed.

We achieved **seventeen** out of **twenty-two recommendations**, and those not achieved will be carried over to the 2011 Business Improvement Plan, as they are still in progress.

Inclusion:

3/3 recommendations achieved

Quality Services:

1/3 recommendations achieved

Person- and Family-Centered Planning, Thinking & Doing:

3/3 recommendations achieved

Employment for People with Disabilities:

3/3 recommendations achieved

Sustainability:

4/4 recommendations achieved

Social Enterprise:

1/3 recommendations achieved

Top Employer in Community Living:

2/3 recommendations achieved



Please See the Recommendations from the “2009 Outcomes Measurement Report” - Business Improvement Plan, available on BACI’s website at www.gobaci.com

Conclusion

The recommendations throughout this report will be reviewed by the Senior Management Team and developed into specific actionable initiatives that will form the basis of BACI's 2011 Business Improvement Plan (BIP). Any goals not achieved in the 2010 BIP will be added to the 2011 BIP.

Two other key reporting mechanisms - the 2011 Risk Management Plan and the 2010 Service Review Report - and their corresponding recommendations will also be included in the 2011 BIP.