



**57th**  
Annual  
Report  
**2009-2010**



Therapy, care & support under one umbrella

9460 140 Street Surrey, BC V3V 5Z4

[www.centreforchilddevelopment.ca](http://www.centreforchilddevelopment.ca)

# Executive Summary

*The Centre for Child Development of the Lower Mainland doing business as "The Centre for Child Development" achieved the following key results during the period from April 1, 2009 to March 31, 2010 (please see the related sections of the report for more information on each topic)*

## Organizational Governance, Mission and Policy Priorities

Our 2010 annual planning session brought together Board Directors and Senior Staff to optimize our Centre's ability to help children with special needs to reach their potential by focusing on improvement using a [Balanced Scorecard Approach](#).

Staffing levels have continued near full recruitment during the 2009/2010 fiscal year due to the outstanding efforts of Senior Staff across all Departments which has in turn sustained service levels. Nonetheless, given continued high intake and referral rates, waitlists have continued at similar levels to the previous year – averaging approximately 1 year. Senior Staff continue to work diligently with all staff towards improving service access and efficiency in an effort to serve as many children and youth as possible as well as possible.

## Management of Funds & Revenue Development:

Revenues: The Centre's funders and donors have been challenged in ensuring children with special needs are supported during these tough economic times resulting in a modest decline in revenues from \$8.9M in 2008/2009 to \$8.7M in 2009/2010.

Volatile economic conditions and related revenue volatility significantly increased the need for active management of The Centre's finances. Therefore, much credit is owed to Chief Financial Officer Kagnev Asaye for achieving this year's ELEVENTH consecutive annual "In the Black" Excess of Revenues Over Expenses of \$15,416, which the Board has placed in reserves.



**TONY MILES**  
Chair, Board of Directors



**GERARD BREMAULT, MSW, RSW**  
Chief Executive Officer



# Table of Contents

Executive Summary .....	Page 2
Table of Contents .....	Page 3
Introduction .....	Page 4
Agency Overview .....	Page 5
Services Today .....	Page 6
Persons Served Outcome Areas.....	Page 7
Board of Directors .....	Page 8
Board of Directors continued .....	Page 9
Programs and Services .....	Page 10
Management of Funds .....	Page 11
Management of Funds continued .....	Page 12
Communication Therapy and Developmental Medicine .....	Page 13
Communication Therapy continued .....	Page 14
Eating Skills .....	Page 15
Psychology, Family Services & FASD .....	Page 16
Psychology, Parent Support continued.....	Page 17
Physiotherapy .....	Page 18
Physiotherapy continued .....	Page 19
Occupational Therapy .....	Page 20
Occupational Therapy continued .....	Page 21
Preschool Program .....	Page 22
Recreation Services .....	Page 23
Supported Child Development Program .....	Page 24
Supported Child Development Program continued .....	Page 25
Developmental Medicine .....	Page 26
BC Government Acknowledgement .....	Page 27



# Introduction

The purpose of this Annual Report is to provide members of the society, funders, donors and the public with an account of The Centre for Child Development of the Lower Mainland's performance for the period from April 1, 2009 to March 31, 2010.

As the Broadbent Report pointed out, "voluntary organizations are self-governing agencies which hold a public trust related to a particular mission and they generally use donated funds to accomplish this mission.

As a result, these organizations are responsible for what they choose to do and how well they do it.

This means they are, at minimum, accountable for: Establishing an appropriate mission and/or policy priorities and ensuring their relevance; Sound management of funds

received from donors and governments

and of expenditures; Effective organizational

governance (including structures and

processes for managing human resources);

And the outcomes, quality and range

of their programs and services." #1

Given the above accountabilities,

this report is organized accordingly.



## *The Centre provides:*

*Casting and Splinting*

*Communication Therapy*

*Developmental Medicine*

*Eating Skills Team*

*Equipment Team*

*FASD Key Workers*

*Family Services*

*Support Groups*

*Hydrotherapy*

*Occupational Therapy*

*Physiotherapy*

*Preschool Programs*

*Psychology*

*Recreation Therapy*

*Supported Child Development*



# Agency Overview

## *Did you Know?*

The Centre was founded 56 years ago on June 17, 1953 by a group of parents in Norm and Mabel Sherritt's living room.

The Centre has been a federally registered charitable society for 55 years, since January 12, 1954.

We've had 2 legal names and 5 operating names for what our kids simply call "The Centre".

(Our original legal name was the "Lower Fraser Valley Cerebral Palsy Association"; it's now "The Centre for Child Development of the Lower Mainland"; our operating name has changed from the "Children's Treatment Centre" to "Variety Treatment Centre" to "Variety Child Development Centre" to "South Fraser Child Development Centre" to its current shortened version of the legal name: "The Centre for Child Development".)

Norm Sherritt was on the Board of Directors for 40 years and as best we can tell has attended every one of the Annual General Meetings (it's probably a record!)

The Centre has had 6 Executive Directors/Chief Executive Officers. (In November 1960, Marjorie Hardy became the first full-time Executive Director - there is a memorial scholarship in her name for UBC rehabilitation students. She retired February 1, 1971. Dorothy Ladner was Executive Director until 1974 followed by Elio Azzarra until 1981; Sharon Kreutzer until 1987/88; and Ian Moody until 1998. Gerard Bremault since 1999.

Our first Children's Treatment Centre officially opened on September 4, 1961 on the corner of the Surrey Memorial Hospital grounds.. It was a 24-foot by 60 foot prefabricated building. We had 7 staff, an active caseload of 23 children and a waitlist of 80 children. The Centre currently operates from 3 sites in Surrey, Delta and Langley. We now have 150 staff, serve 1800 children per year and have 650+ "waits for service."

We got our first eviction notice from Surrey Memorial Hospital in July 1968; it took us until November 1st, 2002 to "forgive" them and rent space to our dear colleagues in the Fraser Health Authority Assessment Network on the 2nd floor of our Surrey site, who unfortunately in 2010 "abandoned" us due to the need to centralize their services provincially.

The Surrey site is 40,000 square feet and opened as the "Variety Treatment Centre" on January 11, 1974.

Lookout Preschool in Delta opened on October 1st 1979 (yes, that's 30 years ago); no wonder the complete top to bottom renovation courtesy of the djavad mowafaghian foundation was so very welcome in 2008!

April 17th 1979 saw the opening of our first group home - Old Yale Road Residence, followed by Variety Children's Villa October 1st 1980, Guildford Glen in 1982 and Newton Place in November 1990. In light of the increasing medical needs of residents, after much heart wrenching transition planning, the transfer of remaining group homes to other specialized adult service providers was finalized in 2002-2003.

The Langley site opened in October 2001 in a "first of its kind" collaboration between two local non-profit, charitable agencies; The Centre and Options Services to Communities Society and in 2010 a Third partner will be joining us - stay tuned!

Stephanie C. won the 2007/2008 staff contest to name our electronic case management system by entering a shortened, child friendly form of our umbrella logo: UMBY

Linda W. won the 2009 summer staff party hoola hoop contest by popular acclaim

Waitlist time in 1985 was one and half to three months; it is now one year on average, somewhat improved from its peak through dedicated staff efforts to increase efficiency.

#1 Ed Broadbent, Panel on Accountability and Governance in the Voluntary Sector, Final Report, "Building on Strength: Improving Governance and Accountability in Canada's Voluntary Sector" (February 1999), p. 17



# Services Today

## ***Today's Centre for Child Development:***

operates with approximately 150 professional staff from 3 locations in Surrey, Delta and Langley reaching out to children in over 65 child care settings; in dozens of schools in all the South Fraser School Districts and in hundreds of family homes.

The Centre delivers medical rehabilitation therapy, care and support to children with disabilities and their families residing throughout the South Fraser Region in Surrey, South Surrey, White Rock, Delta and Langley. The Centre serves children from birth to 19 years of age with a variety of neurological, orthopaedic, development and learning difficulties including cerebral palsy, spina bifida, muscular dystrophy, down syndrome, autism, attention deficit hyperactivity disorder, brain injuries & infections, seizure disorders and other developmental disabilities.

## It is the only "one-stop shop"

in the South Fraser region for children with special needs and their families and one of the most comprehensive and specialized paediatric medical rehabilitation centres in the province.

### ***The Centre's professionals include specialized***

***paediatric psychologists,  
family services and  
parent support workers,  
FASD key workers,  
occupational therapists,  
speech-language  
pathologists,  
physiotherapists,  
early childhood  
educators,  
supported child  
development  
consultants  
and teachers,  
recreation specialists,  
technicians, a dietician  
and a Doctor specializing in  
developmental paediatrics.***



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# Persons Served and Outcome Areas

*The following persons served #3 and outcome areas are central to our business:*

## **Children and youth with disabilities (0-19 years of age) - Outcome Areas:**

**Ability/Skill/Knowledge:** increasing a broad range of personal skills and abilities to overcome, offset or reduce the effect of their disability

**Physical Well-being:** reducing trauma, stress, pain, deterioration; increasing comfort, strength, mobility, health

**Emotional Well-being:** reducing trauma, stress, pain, anger, frustration; increasing self-confidence, sense of success, happiness and hope

**Independence:** reducing helplessness/dependence; increasing ability to function independently

**Social Acceptance/Integration:** decreasing isolation; increasing peer acceptance, support, normal relations, participation

## **Their families and caregivers - Outcome Areas:**

**Ability/Skill/Knowledge:** increasing ability to assist and enable child/youth who has a disability

**Emotional Well-being:** reducing trauma, stress, grief, loss, pain, anger, frustration; helping to cope with the challenges of raising a child/youth with a disability & increase self-confidence, sense of success, happiness & hope

**Independence:** reducing helplessness; increasing ability to function independently

**Social Acceptance/Integration:** decreasing isolation; increasing mutual support amongst caregivers who have children with disabilities and support from caregivers who have typical children

## **Other service providers to the persons we serve - Outcome Areas:**

**Ability/Skill/Knowledge:** increasing their ability to assist and enable children in their care who have a disability

**Social Acceptance/Integration:** increasing social acceptance/ integration within these individual sites and the broader community through strategic partnerships & teamwork; creating advocates on behalf of children with disabilities.

#2 This revised "Mission" statement was adopted in 2007 by the Board of Directors. The use of the term "Ends" statement reflects the Board's adherence to a Carver model of governance and an associated set of board governance policies.

#3 The use of the term "Persons served" reflects the Association's adoption of CARF Medical Rehabilitation standards.

## Ends Statement

*Helping children with special needs reach their potential.#2*

## Values Statement

*The provision of services to children and youth with developmental disabilities and their families shall be based on the following beliefs:*

- *All children and youth with developmental disabilities have the right to high quality programs and services, which facilitate their physical, social, emotional, and intellectual development.*
- *Programs and services should be community-based, foster integration of children with disabilities into the community, readily accessible, and developed to meet the individual needs of the child and youth.*
- *Effective programs and services focus on the child and youth using a family-centered care approach.*
- *Programs and services will be provided through a collaborative team effort that includes children and youth, parents and professionals working in an atmosphere of equality and mutual respect.*

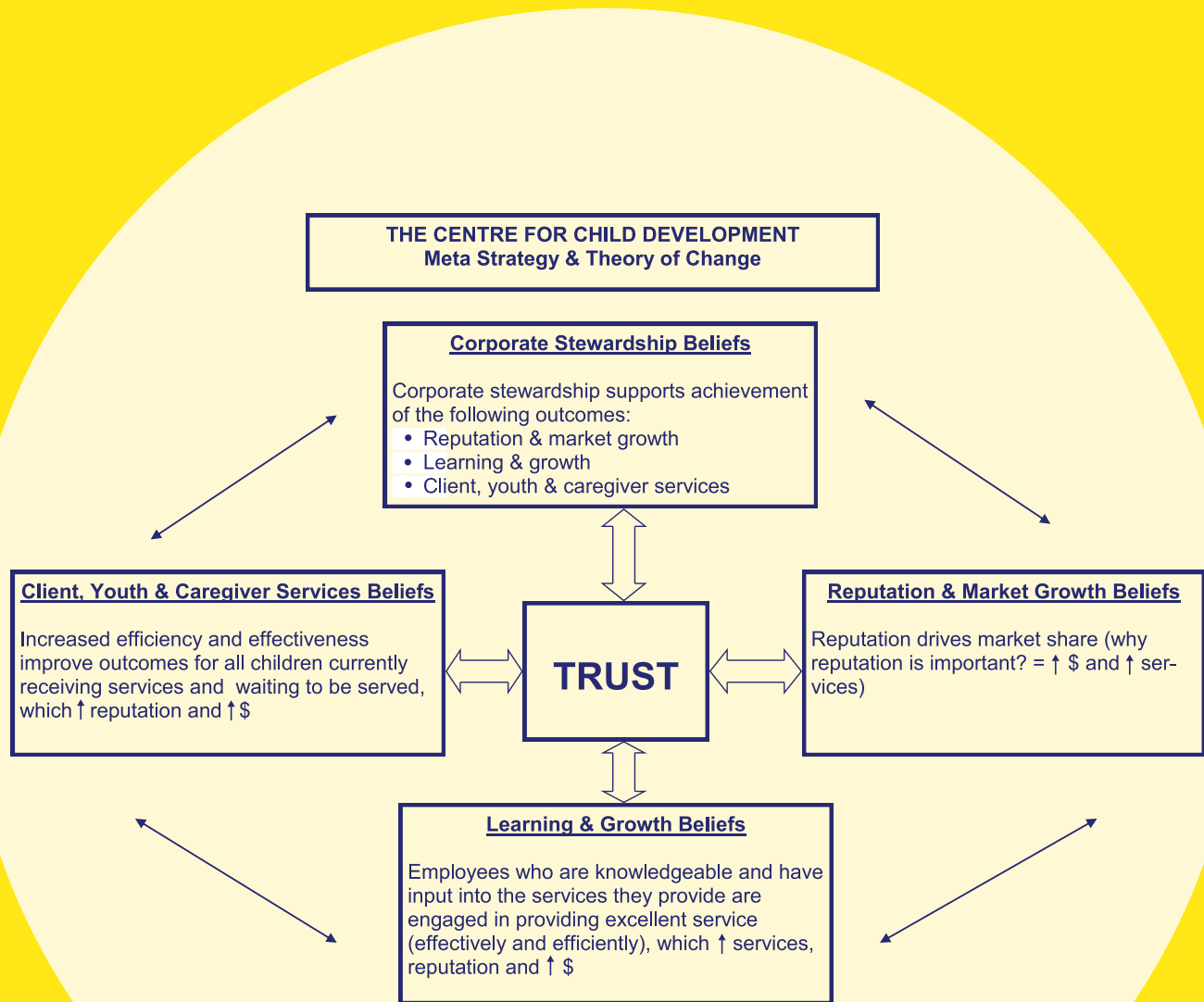


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# Board of Directors

Our 2010 annual planning session brought together Board Directors and Senior Staff to optimize our Centre's ability to help children with special needs to reach their potential by focusing on improvement using a Balanced Scorecard Approach.

The following "Meta Strategy" represents the new Balanced Scorecard Approach in its essence and will be enhanced through continuous learning to improve outcomes for children and families:

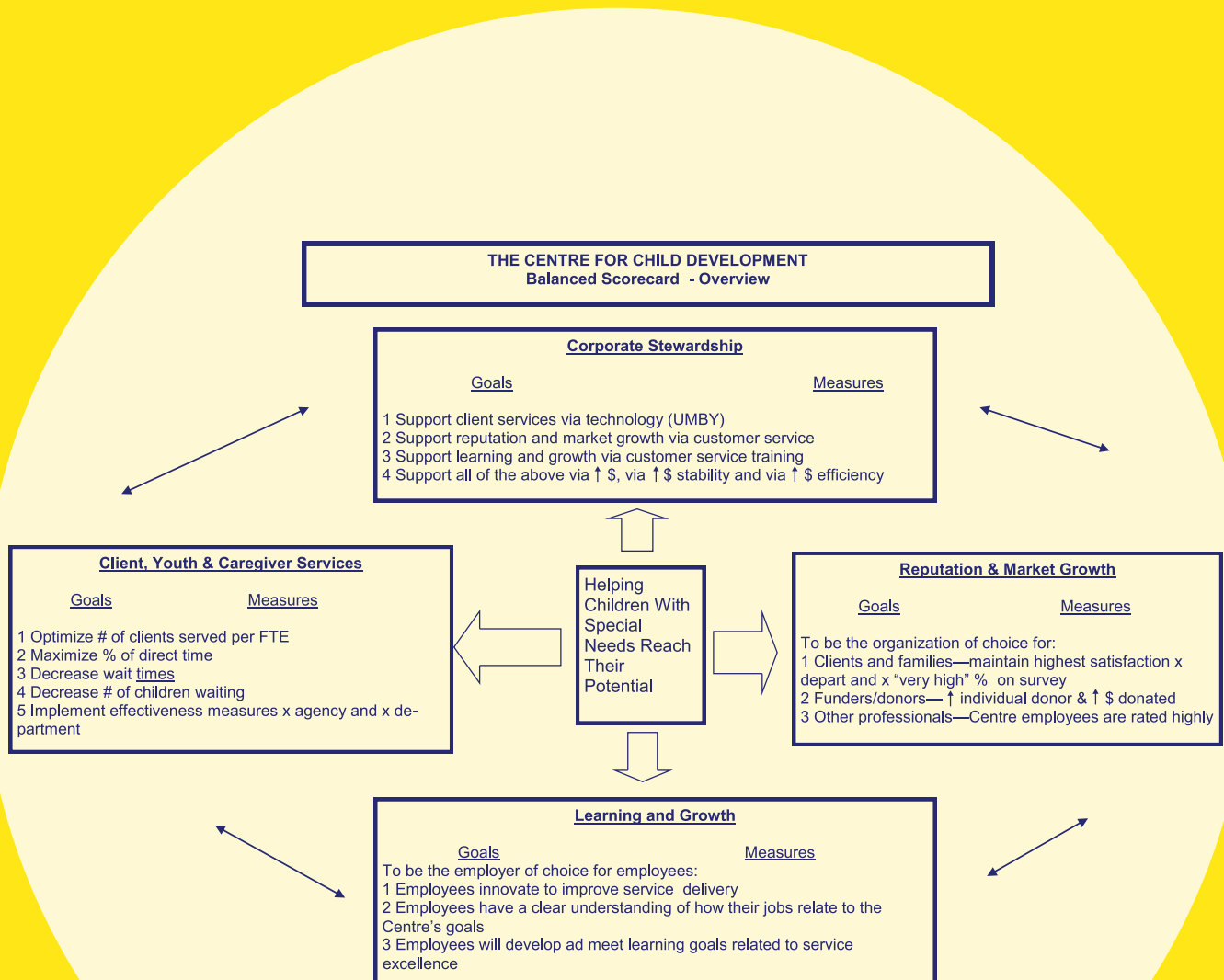




# Board of Directors *Continued*

Our 2010 annual planning session brought together Board Directors and Senior Staff to optimize our Centre's ability to help children with special needs to reach their potential by focusing on improvement using a Balanced Scorecard Approach.

The following "Balanced Scorecard" represent the new Balanced Scorecard Approach in its essence and will be enhanced through continuous learning to improve outcomes for children and families:



# Programs and Services

For a detailed description of the Programs and Services we provide, please visit [www.centreforchilddevelopment.ca](http://www.centreforchilddevelopment.ca)

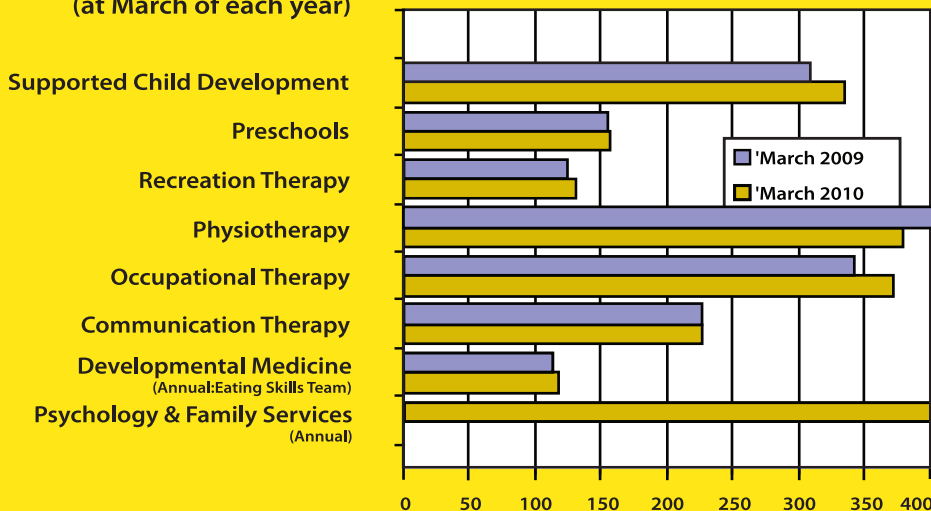
## Service Statistics

Despite reaching full staffing levels, increased intake and referral rates continue to make waitlist reduction extremely challenging; waitlists have again been restrained from expanding beyond levels of 1 year on average and in some cases are being reduced below this level.

In addition to optimizing staffing levels, optimizing efficiency while retaining best practice service quality is a high priority of our Senior Staff Team so as to serve as many children as possible as quickly as possible.



**Persons Served per Month  
(at March of each year)**



# Management of Funds

## Key Achievements:

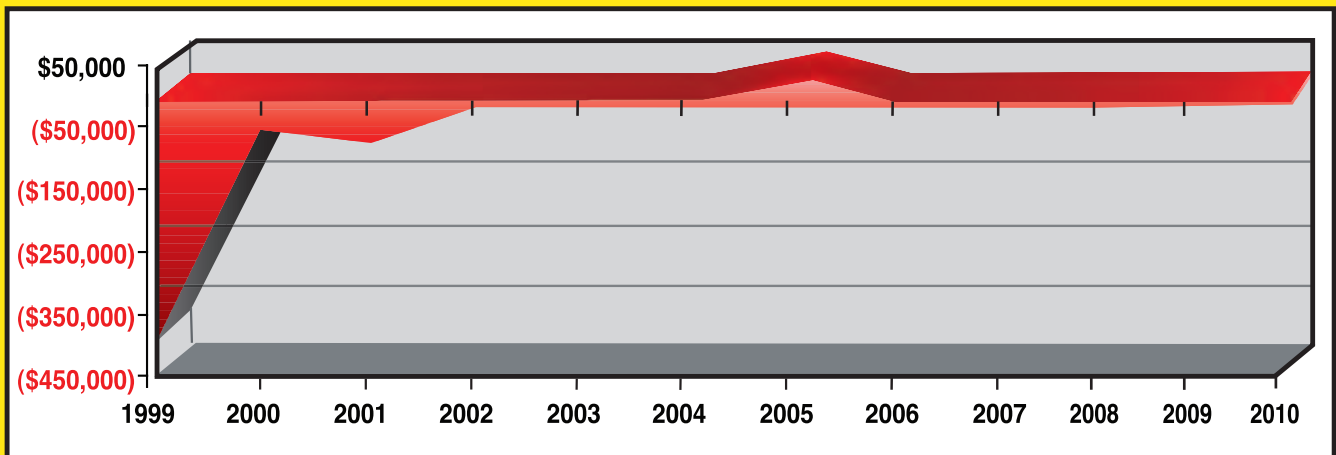
Produced ELEVENTH Consecutive Annual Excess of Revenues Over Expenses. The amount for 2009/2010 is \$15,416. Special credit is owed to Kagnew Asaye, Chief Financial Officer for his continuous diligence regarding The Centre's finances.

This is a particularly noteworthy achievement during a very challenging recession.

As can be seen from Chart 1 below, the impact of the above mentioned consecutive annual excesses of revenue was initially to eliminate the cumulative deficiency in unrestricted net assets that peaked in 1999 and subsequently to ensure a consistently positive balance sheet.



CHART 1: THE CENTRE'S UNRESTRICTED ASSETS



# Management of Funds *Continued*

## Financial & Administrative Services

The Finance & Administration Department played a key role in supporting the delivery of services to children and families within an increasingly complex set of internal and external requirements for a growing number of key stakeholders. These include persons served, funders, donors, regulators, suppliers, related service providers and staff. Finance and Administration managed thousands of clinical and financial records, while expanding, improving and maintaining the backbone of physical and electronic data and communication systems that support them. The electronic clinical records transformation launched in 07/08 with the introduction of UMBY required much additional continued evolution of hardware and software infrastructure during 09/10. Many thanks are particularly owed to Kagnev Asaye, CFO in concert with the Senior Staff Team and our KnowledgeTech Partners to ensure this continued evolution.

## Programs and Services

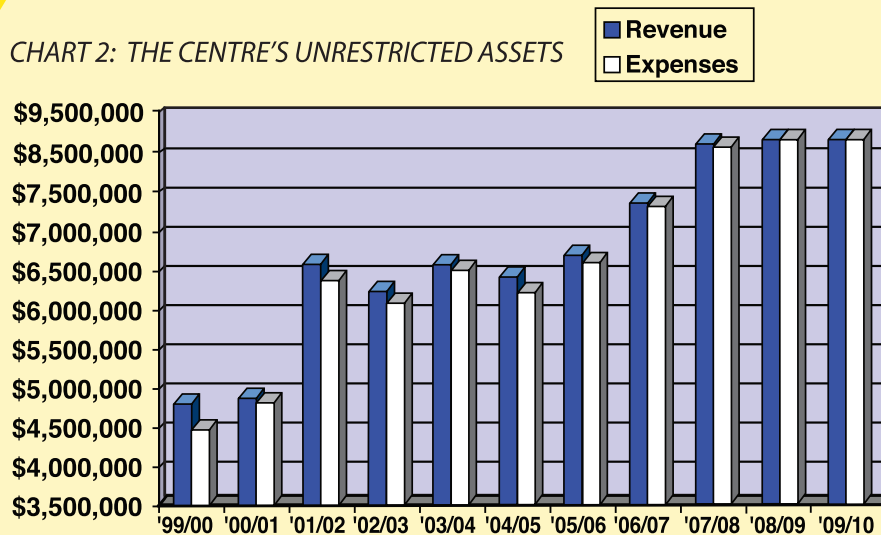
Chart 2 shows the “tight tracking” of Revenues vs Expenditures during the past several years, while also showing the general rise in the budget during this period.

Overall revenues decreased modestly from \$8.9M in '08/09 to \$8.7M in '09/10 primarily due to decreased support from Gaming.

The decline in revenues and expenditures from '01/02 to '02/03 is largely due to the transfer of adult residential services to other agencies.

Audited Financial Statements (March 31, 2010):  
To obtain a copy of the Audited Financial Statements, please contact Gerard Bremault, Chief Executive Officer.

CHART 2: THE CENTRE'S UNRESTRICTED ASSETS



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# Communication Therapy

## ***People Served:***

Between April 1, 2009 and March 31, 2010, the Communication Therapy Department served 533 children, which included a total of 2585 visits. In the month of March 2010, the Department served 219 children, including 243 service sessions. Of the children served, 90% were children with multiple needs that were seen by a team of service providers from this and other agencies. Service frequency ranged from 1 to 3 meetings/episodes per month and each service episode averaged one and one quarter hours. 56% resided in Surrey, 34% resided in Langley, 7% resided in Delta, and 3% resided in White Rock/South Surrey. Service was delivered approximately 65% of the time at one of our three sites in Langley, Surrey or Lookout Preschool in Delta and 35% of the time in homes, preschools or daycare centers. The Pediatric Dietitian, participating with the Eating Skills Team, saw an average of 23 children per month, a 21% increase over last year. 31% of those seen were new referrals with the remainder of the visits providing follow up services. Please see the Eating Skills Team report for further information.

## ***Key Achievements:***

The Centre for Child Development and the Communication Therapy Department bid farewell to long time employee of 32 years and former Director of Communication Therapy, Marie Bremner. Staffing in Communication Therapy was very dynamic this spring, recruiting for speech-language pathologists for Marie's retirement as well as for 2 maternity leaves and a long term medical leave of absence in addition to a new speech-language assistant position. By early summer, qualified candidates were successfully engaged for all positions with start dates ranging from June to mid-August.

With collaboration amongst early intervention speech and language service providers in the 4 communities served, along with support from the Ministry for Children and Families, the Regional office of Central Referral for Speech and Language Services was launched in November, 2009 and is housed at The Centre. This office provides a single point of referral for families of children age birth to Kindergarten age who have concerns about their child's speech and language skill development. Families can refer directly to the Central Referral office, no physician referral is required. Referrals are then directed to the appropriate service provider in the child's community. The Central Referral Coordinator is a Centre employee, reporting directly to the Acting Director of Supported Child Development and liaising closely with the Director of Communication Therapy.



# Communication Therapy *Continued*

## ***Professional Accomplishments:***

The Director continued as a member of the first Board of the College of Speech and Hearing Health Professionals of B.C., regulating the practice of speech-language pathologists, audiologists and hearing instrument practitioners, and serving as Chair of the Registration Committee. A staff member served on the planning committee for the 2009 Annual Fall Conference of the BC Association of Speech-Language Pathologists and Audiologists. Another staff member launched the publication of a therapy resource for young children, developing their ability to correctly produce the "r" sound in conversation, entitled, "Ready for R", published by Gumboot Books.

## ***Student and Community Training:***

CT Department hosted two speech-language pathology practicum students from University of Alberta and University of British Columbia. CT staff also participated in the Partnerships Training program with Supported Child Development Consultants to provide updated training in communication development and disorders to ECE providers in the community.

## ***Continuous Quality Improvement/Outcome Measurement:***

With the goal of reducing waiting lists for speech-language services, the CT Department instituted several changes this past year. An innovative collaboration between CT and PT resulted in a new group called "Climb and Chat". Held at community playgrounds in Langley, the group offered support for children with special needs in communicating with peers and using typical playground equipment. Feedback from families was positive. The CT Department began department-wide use of shortened report form templates to document services provided. Feedback from staff has indicated that an initial assessment report which used to take 4-6 hours to complete can now be completed in approximately 2 hours. An initial consultation report can be completed in 30-60 minutes where it used to take 2-4 hours. Random sampling of parent feedback about the new report formats has been positive. The CT Department will continue to fine tune these templates as stakeholders provide further feedback.

The speech-language pathologists also instituted a more parent-driven appointment booking philosophy where parents were given the opportunity to decide when they felt they were ready for their next intervention session. This was a departure from the previous system of booking regularly scheduled appointments at pre-determined intervals. This change was informally evaluated by the CT Department to have resulted in better use of staff time to meet the needs of parents as the family was able to manage integration and use of the strategies and techniques taught in intervention sessions.

Looking at a sample month of January 2009 as compared to January 2010, speech-language pathologists in the CT Department furthered their efficiency by reducing their indirect time by 5 % and increasing their direct time by 8%. With the shift in time afforded by these initiatives, speech-language pathologists were able to increase their caseloads from 25-30 children (for a full time equivalent) to 35 children for a full time speech-language pathologist. Additionally, there was a 29% reduction in the number of children on the waiting list for speech and language services as of March 31, 2010 when compared to March 31, 2009.

The CT Department initiated an urgency rating system to flag children seen for Initial Consultation that presented issues requiring faster response than the previous original date of referral and agency prioritization allowed. This continues the agency-wide focus of providing the right service to the right child at the right time.

CT Department continue to rate each child on the AusTOMs (Australian Therapy Outcomes Measure) at the time of initial assessment. This rating is then repeated at discharge to begin building outcomes data for services provided.



# Eating Skills Team

## **People Served:**

The Centre for Child Development Eating Skills Team serves children with multidisciplinary developmental concerns whose oral motor difficulties contribute to compromised safety and/or nutritional intake. The Team provides assessment and consultation in the area of feeding to parents and the Primary Care Team. A physician referral is required. The Team consists of a Developmental Pediatrician (.5 FTE), Speech-Language Pathologist (.4 FTE), Occupational Therapist (.2 FTE), Registered Dietitian (.31 FTE), and Psychologist (as required).

The Team's initial goal is to ensure that the child is safe to swallow. Practical strategies are provided to address identified concerns. Strategies involving food textures, positioning, utensils, feeding techniques and sensory issues are discussed.

## **Key Achievements:**

The Eating Skills Team provided consultation to 125 children this past year. Dietary consultation includes centre clients who do not require services of the entire Eating Skills Team (EST).

Joint follow up consultations with the dietitian and Eating Skills therapists have been occurring weekly, resulting in more efficient improved and service delivery. The Speech-Language Pathologist and Occupational Therapist have provided increased follow-up to children assessed by the Eating Skills Team.

Team members attended a major conference relevant to our area of expertise: Colleens conference Andrea Rowan, S-LP and Tricia Lee, Dietitian, presented Look out Stomach, Here it Comes to Langley College students, March 2009. EST therapists attended Sensory Feeding Intensive workshop by Gay Lloyd Pinder, Vancouver, BC, April 23-25, 2009. EST Therapists were part of a focus group of regional feeding teams regarding provincial pediatric videofluoroscopy procedures and assessments. A sharepoint website has been created for ongoing information sharing. This focus group will continue to meet on a semi-annual basis.

EST provided educational opportunities for Speech-Language Pathology and Occupational Therapy Students. Team members continue to participate in videofluoroscopic evaluations and team conferences at Sunny Hill Health Centre and BC Childrens Hospital.

Ongoing liaison with programs at Sunny Hill Health Centre, BC Childrens and Surrey Memorial Hospitals to streamline the referral process and reduce duplication of service. Direct communication with community Paediatricians, Childrens Hospital paediatric specialists, as well as other community professionals, to optimize quality of care.



# Psychology and Family Services

## **Overview:**

The Psychology and Family Services Department houses three main programs. The Psychology and Parent Support program provides mental health services to children and youth with a developmental disability and a significant behavioural or mental health concern and their families. When required, clinical staff in the Psychology program also provides consultation to The Centre's Eating Skills Team (EST) as well as direct intervention to families receiving services through EST.

The Family Services program provides advocacy and support for families in crisis; examples of these crises include families who are new to Canada and are not yet connected in their communities, families with Refugee status, families with immediate financial hardship, and families in need of assistance with specialized funding, such as obtaining a wheelchair accessible vehicle.

The Key Worker program services children and youth with a diagnosis of Fetal Alcohol Spectrum Disorder (FASD) and their families. There are three main components of this program, 1) direct support to families, 2) providing education and support groups to families in the program, and 3) providing education to parents, caregivers, and professionals in the community about FASD and how to work with children and youth affected by FASD.

## **People Served:**

Between April 2009 and March 2010, the department served 404 children and youth with disabilities and their families. A total of 3,560 visits were conducted during this period.

In addition to providing direct service delivery, the department is also involved in providing training to other professionals and community members about areas in which department staff have specialized expertise.

RCMP Training. The Centre provided training on Fetal Alcohol Spectrum Disorder to every front-line officer in the Langley Royal Canadian Mounted Police. Many youth with FASD come into contact with law enforcement and criminal justice authorities. Our training to the RCMP provided officers with information about the disorder and its presentation, so that officers will be better equipped to interact with the children or youth who may have FASD.





# Psychology & Family Services

**FASD Day.** September 9th marks International FASD Awareness Day. On September 9th the department hosted an acknowledgement of International FASD at Langley City Hall. This event was attended by parents, children, professionals, and dignitaries from all three levels of government, including the Mayor of the City of Langley, the Minister for Children and Family Development (who is also an MLA from Langley) and a Member of Parliament from Langley. The department also organized events in shopping centres in Surrey and Langley to raise awareness in the public about the dangers of consuming alcohol while trying to get pregnant, during pregnancy, and while breastfeeding.

**Toileting.** The Centre's parent support worker continues to periodically lead groups for parents who are having difficulty toilet training their children. This group is based on a curriculum developed at the University of British Columbia and has had significant success in helping parents to toilet train their children.

**Summer Respite.** The Centre again was successful in applying for and receiving funding from Human Resources and Social Development Canada for partial funding of our summer respite program. The Centre partners with the City of Surrey and another agency to provide individual support workers to children with disabilities. With the support of the workers, children with disabilities are able to attend programs through the City of Surrey's Parks, Recreation, and Culture Department. This program allows the children to participate in fun and inclusive recreation activities while providing parents with some respite.

**Multi-Cultural Staff.** The department includes several staff who are multilingual and are able to provide services to children and families in Punjabi and Hindi. This has allowed the department to dramatically increase the amount and range of services to the South Asian living in our community. In addition to providing clients with individual and family services in Punjabi and Hindi, the department also conducts groups for parents and siblings in these languages in order to foster relationships among families whose first language is not English and who are raising a child with a disability.

**Parent Information Sessions.** The department hosted two information sessions for families to provide them with information on the Disability Tax Credit and the Registered Disability Savings Plan. These two programs can be significantly beneficial for families raising a child with a disability, and many Centre families were not previously aware of these resources.

**Summer Camps:** Through partnerships with local charities and others, the department was able to arrange for many children and youth in our FASD Key Worker program to attend summer camp. Due to the generosity of our community, many of our families were able to attend at little or no cost. In addition to matching families with summer camps, Key Workers also provided training to camp personnel on working with children and youth affected by FASD.



# Physiotherapy

## **People Served:**

Between April 1, 2009 and March 31, 2010, the department served 842 children, which included a total of 5602 service sessions. In the month of March 2010, the department served 372 children, including 592 service sessions.

Registered physiotherapists provide individual assessment and treatment, as well as consultation to programs such as the Infant Development Program and Supported Child Development. We continue to provide training and support to family members, caregivers, school personnel and other members of the child's team. The focus of physiotherapy treatment is on any delay or disability which affects gross motor abilities, such as walking, standing or crawling.

## **Key achievements:**

Directors of PT and OT presented a proposal to increase PT and OT staffing to students in the Surrey School District. This proposal was successful, with new staff to start work in September 2010, funded by Student Support Services, SD36. Additional increased PT funding was provided in September 2009 by the Ministry of Child and Family Development. These two increases will represent a significant improvement in physiotherapy services for children and youth with physical disabilities in Surrey.

Director and department assisted in advocating for a new Cerebral Palsy (CP) Clinic at BC Children's Hospital. This new clinic has been approved, including a new part-time physiotherapy position, to liaise with community physiotherapists regarding the orthopedic needs of children with CP.

## **Staff achievements:**

Director Veronica Newell was invited by the Canadian Physiotherapy Association to write a journal article for *Alignment*, the professional journal of Canadian Orthotists. The article, "Team Effort: Orthotists, Prosthetist and Physiotherapists Working Together", is to be published in the June 2010 edition of the journal *Alignment*.

Rowan Kimball (Equipment Team PT) participated in a provincial CMERLS (Children's Medical Equipment Loan Service) strategy meeting regarding short-term loan equipment for children with special needs.

Colleen Katsube was trained as our new Casting and Splinting Physiotherapist, and attended a North American course on casting and splinting techniques.

John Cumberbirch carried the Paralympic Torch in Vancouver as a representative of Sportability (CP Sports of BC) as recognition of his long-term contribution to the support of athletes with disabilities.

## **Groups:**

This year, the department ran several groups for children: therapeutic riding program operated at Pacific Riding for Developing Abilities (PRDA), a strength-training program at the Surrey YMCA, a playground group in Langley, and two gross motor groups for different levels of gross motor ability. A new decision has been made to have more of the groups operate on a year-round basis, to improve opportunities for children to participate.



# Physiotherapy *Continued*

## **Education:**

PT Staff attended these workshops: International Seating Symposium 2010, Fundamental Skills for Using Standardized Assessments in Children; Sensory Based Motor Dysfunction; Transporting Children with Special Needs; Developmental and Closed Chain Biomechanics – Implications for Orthotic Selection, Serial Casting and Using Tape and Theratogs; Early Years 2010 Conference – The Rights of the Child; College of PT of BC Quality Assurance Program Session; Client Consent – Theoretical and Practical Issues, Managing Challenging Patients; When Not to Use Electrical Modalities; Canadian Mental Health Association Workshop on Mental Illness; Outcome Measurement Training (CARF); UBC PT Clinical Educator Workshop; Run, Jump, Throw; Hip Health in Children with Cerebral Palsy; Respecting and responding to family diversity; Vickie Meade Level 1 and 2 Courses in Pediatric Therapy; Health Sciences Association annual convention; Cities Fit for Children – Provincial Summit; The State of Children’s Development in the Fraser Region.

The department was also fortunate this year to invite an orthopedic surgeon, a physiotherapist and occupational therapist from the new Cerebral Palsy Clinic team at BC Children’s Hospital to present a PT departmental inservice on Hip Dislocation Prevention and Treatment in Children with Cerebral Palsy.

## **Community Enhancement:**

This year, PT staff members participated in the following committees:

Pediatric Physiotherapy Council of BC

Leadership Division meetings of the Physiotherapy Association of BC

Canadian Physiotherapy Association Pediatric Division – Education Committee

Pacific Infant Child Restraint Advisory Committee (PICRAC)

Ministry of Child and Family Development 2010 Advisory Committee

regarding orthotic funding for children on the At Home Program

Surrey Infant Development Program Local Advisory Committee

BC Pediatric Update Symposium Planning Committee for PT, OT and SLP

Student training: In September, we hosted a UBC pediatric training session for 56 Masters-level physiotherapy students. This has been an excellent opportunity for the department to provide training to university students, as well as to increase student exposure to our agency for future employment possibilities. This year the physiotherapists supervised one kinesiology student and two UBC physiotherapy students for full-time pediatric clinical placements.

## **Full staffing:**

The physiotherapy department has continued to be fully staffed this year, allowing uninterrupted service levels for clients. The department continues to attract high quality therapists, from a variety of backgrounds.

## **Casting and Splinting Program:**

Our Casting and Splinting Program continues to be highly respected, and is successful at assisting children and families to reach their physical goals. Through our specialized therapy team and rehab assistant, we are able to design and create products on-site for children with unique splinting and casting needs. This year, the program provided 124 splints and casts for children at The Centre, including 84 for lower extremities, and 40 for upper extremities. An additional 33 visits were booked for fittings, or cast removal appointments.

Equipment Team: Please read the OT report for details, as this is a shared PT and OT team.



# Occupational Therapy

## **People Served:**

The occupational therapy department served 369 children with disabilities during the month of March 2010 (a 7% increase from March 2009) with a total of 532 visits. Over the course of the year we saw a total of 834 clients for 5598 visits. As well as direct service visits, indirect services were also provided including preparation of materials and home programs, research of appropriate equipment and report writing. We also provided training or support to family members or caregivers during these service meetings.

Service/training to like agencies was also provided on request in areas such as fine motor development; general education on the needs of children with neurological and developmental disabilities; how occupational therapy supports development; and sensory integration. Professional mentorship was also available in areas of specialty for the department such as casting and splinting, assistive technology, eating skills and sensory development.

The Occupational Therapy staff also actively support the training of future Occupational Therapists through supervision of clinical practica for Masters of Occupational Therapy students from affiliated universities in Canada



## **Key Achievements**

### **Staffing:**

Over this year we have had one staff go off on Long term disability (Dec. 1, 2009 returning Feb. 1, 2010), two staff leave on maternity leave and three staff return from maternity leave. Nonetheless as of Mar. 31, 2009 were fully staffed.

### **Continuation of alternate models of service delivery:**

We have expanded the number of groups in our Early Intervention program this year and are continuing to explore the ways we can use groups for the population we serve. The groups offered this last year were, The Supinators, Learning through Play with Your Preschooler and a Prekindergarten fine motor group. As well, one of our staff participated in Superflex, a community group coordinated by the Langley Child and Youth Mental Health team.

### **Casting and Splinting See PT report**

### **Equipment Team:**

114 clients were seen for 182 visits for complex equipment needs, primarily wheelchairs and seating systems. The equipment team organized a number of training sessions this year to help keep the OT and PT departments up to date about the latest changes in paediatric equipment. The team also improved the efficiency of communication with the treating therapists, providing quick access to assessment findings to assist in the writing of letters of justification.

### **Eating Skills Team:**

See Developmental Paediatrician report



# Occupational Therapy *Continued*

## **Continuing Quality Improvement:**

The Occupational Therapy department continues to be committed to providing efficient and effective intervention for our clients. This year we have implemented our outcome measure, The Canadian Occupational Performance Measure and are starting to collect data for analysis. We participated in the centre focus group regarding intake and waitlist management and are supporting the changes in practice being developed by the clinical services committee as a result of the feedback from that group. Our school therapists are participating in a UBC study looking at developing an outcome measure for youth in wheelchairs. The Early Intervention team has revised their report templates, looking for ways to streamline report writing. As well, home program suggestions have been centralized to help increase the range of suggestions for families as well as make home programs quicker to produce.

## **Delivered Seminars:**

OT staff have continued to develop and deliver seminars and workshops to a variety of community groups including:  
Sensory workshops for the Langley and Surrey FAS Keyworker Education sessions.  
Fine Motor Workshop for Langley Supported Child Development Program  
Sensory training for the Langley College ECE Program  
A variety of workshops for SEAs in Langley, Delta and Surrey  
Presentation to the Child and Youth Mental Health Leadership forum

## **Clinical Education:**

Internal education and journal article reviews were completed on a monthly basis External training opportunities included courses that continue to develop our competencies in the following areas: seating, feeding, sensory issues, cortical visual impairment, hand functioning and the rights of the child and early childhood development. As well, one member of our team went to the American Occupational Therapy Association Conference this year. Information from all courses attended was shared with the rest of the department.

## **Community Involvement:**

An occupational therapist sits on the following external committees

- Paediatric OT Council
- Directors of Occupational Therapy Committee
- Surrey IDP Advisory Committee
- Langley Community Living Days Committee
- Langley Child and Youth Committee – chair
- Langley CYC forum planning Committee - chair
- Langley Early Childhood Development Committee
- Langley Special Needs Advisory Committee
- Langley SCD Advisory Committee
- Fraser East Child and Youth Mental Health Meeting



As part of the role of chair of the Langley CYC, presentations were made to the Langley City Council and the Langley Township Council. Our agency was an active participant in the creation of the Langley ECD profile. We also participated in several consultative processes including the Fit for Children Conference, the MCFD teleconference regarding orthotics definitions and a focus group to provide MCFD with input regarding the transfer of clients from CLBC. As well, the department participated in the Langley Community Living Days, FAS Awareness Day and a variety of community resource fairs.



# Preschool Program

## **People Served:**

The Centre for Child Development provides two inclusive preschool programs that are play based serving families from the Surrey, White Rock and Delta area. The structured environment and the positive teacher-child interactions promote learning and development of the whole child. Through teacher-supervised play, children gain:

Socialization skills and emotional growth  
Cognitive Development  
Language and communication skills  
Fine and Gross Motor Skills  
Independence and self-help skills for school readiness

The Centre Preschool is located in Surrey and Lookout Preschool is located in North Delta. From April 2009 to March 31, 2010, there were 281 individual children registered to attend the preschool programs and included in that number were 58 children with special needs.

The Early Childhood Educators in each preschool work in partnership with families, caregivers and other professionals. The preschools had various celebrations throughout the school year that also included sharing with the families. The preschool children and their parents enjoyed a celebration at Christmas with a Charlotte Diamond Concert held at The Centre that included both preschools. We shared food and celebrations for Diwali, Chinese New Year and had a Spring Tea Party for children and a guest. The end of the preschool year ended with a family picnic at Fleetwood Park for The Centre Preschool and Anniville Park for Lookout Preschool.

## **Student Placements:**

The preschool provided educational practicum placements for students in Basic and Post-Basic Early Childhood Education programs from various colleges.

We also work collaboratively with The Surrey School District Career Education Department and help students gain experience in the work world. We also provide practicum placements for students in the Kwantlen Access Program for people with disabilities.



# Recreation Services

## ***People Served:***

Recreation Services Department served a total of 342 clients during the year, an average of 128 clients per month and 129 during the month of March 2010. Each client received 1 – 8 service meetings or episodes per month and each service meeting or episode ranged from 45 minutes to 75 minutes. Total number of service episodes or meetings for the year was 3,774.

## ***Key Achievements:***

Scheduling of pool-based programs and activities Monday through Friday from 9 am to 5 pm with one program offered in the evening one day per week.

Offered a community-based weight-training program for Centre youth.

Continued involvement and staff support to running of many of the Physiotherapy group programs offered in house and in the community.

Operated a community information and referral system for referring clients to a variety of community programs such as tennis lessons, skiing, weight training, powersoccer, powerhockey, wheelchair basketball and community-based adapted swimming and adapted gym programs.

Offered recruitment, orientation and training to volunteers helping in various therapy and recreation programs.

Provided input and feedback into a new school-based program providing several different adapted physical activities for youth with disabilities in an after-school setting.

Facilitated a joint program with Wheelchair Sports and Sportability to provide adapted cardiovascular and skills training to youth clients of the Centre.



# Supported Child Development

## **People Served:**

From April 1, 2009 to March 31, 2010 the Supported Child Development program provided consultant services to approximately 385 children living in Surrey and White Rock. Of those children, an average of 217 children received extra staffing support within their child care setting.

In the month of March 2010, we served approximately 312 children living in Surrey and White Rock. Of those, 210 were receiving extra staffing support in the setting of their choice. Of those 210 children, 123 children were receiving their extra support through The Centre's staff, 37 were receiving funding for In Own Home support and 50 were receiving disbursement funding from The Centre to hire a caregiver in the program of their choice.

Supported Child Development Consultants provided support, training and service to approximately 70 community childcare programs and their staff in Surrey and White Rock.

In 2009/10 we had arrangements for 23 families to receive supported childcare services outside of their home region through cross boundary funding.

## **Key Achievements**

### **Staff:**

Supported Child Development staff includes forty Support teachers who, on average, worked in approximately fifty seven community programs providing ongoing care for approximately 123 children in our region.

In the past year 2 consultants returned from extended leave of absences and we welcomed Krystyna Nowak to the Consultant team. Sharon Murray took on a dual role working part time as a consultant and part time as the new Central Referral Coordinator for the Coordinated Speech and Language Central Referral project.

### **Continuous Quality Improvement:**

In continuing to work with the UMBY data system our ongoing project this past year has been how to identify families who are ready for service to start or who need help to find an appropriate community program for their child to attend. Jennifer Scott started a review of all SCD referrals upon her return to work in September 2009. On her return to work in January 2010, Diane Cox agreed to take on the task of continuing to contact families whose children are between the ages of 2 ½ and 5 and ready for service to start now or in September 2010 in order to prioritize service effectively for those children. Our goal is to identify all 3 and 4 year olds who will start a new program in September 2010 and provide them with the support they require to have a successful preschool experience. Diane will continue to contact families of all children referred to SCD in Umby to ensure that the family's needs and adequate support for the children can be identified.

## **Outcomes**

### **Assessment tool:**

In June 2009 we began using the Child Development and Support Needs Assessment tool with new clients between the ages of two to twelve who are attending community care programs.

An initial assessment is completed at start of service and the tool is updated yearly, sooner if the need arises. The SCD Consultants started using this tool in June 2009 so this spring they will be busy updating the assessments so our first full cycle of assessment and re-assessment will be completed and we will see the progress made on child specific goals.





# Supported Child Development *Continued*

## **Skill Enhancement:**

Janine Johnson and Sharon Murray worked together this year to present two sessions of the Positive Approaches to Behaviour workshop to community partners. Each workshop ran once per week for six weeks and had 22 participants attend. This represented approximately 18 different community programs. This workshop provides participants the opportunity to come away with concrete strategies that they can use in their classrooms with specific children, evaluate and make changes to the environment to promote positive behavior amongst all children and learn and implement strategies to enable the children to problem solve on their own.

The feedback received was very positive from both the participants and the consultants working with the programs who saw the adaptations and changes staff were making at their facilities after attending the workshop.

This workshop is so popular that we are maintaining a waitlist for the next session.

The Centre and SCD department also sponsors the annual community conference, "Children, The Heart of the Matter" in February and the Surrey Middle Childhood Matters Kid's conference in November with staff sitting on both conference committees.

Supported Child Development Staff were involved in a number of educational sessions throughout the year including attending the "Children, The Heart of the Matter" conference, updating first aid training, updating Early Childhood Education certification, and attendances at numerous community education training sessions.

## **Effectiveness/Efficiency:**

In previous years, Child Care Options Resource and Referral program had provided a mobile child minding program which we utilized on a regular basis at The Centre to allow parents to attend various activities at The Centre. Unfortunately this service is no longer available.

In partnership with Director of Psychology and Family Services Supported Child Development program is exploring options that will enable us to continue to provide child care service to the FASD group sessions for the coming year.

One of the challenges within the SCD program has been the ability to effectively communicate on a regular basis with the support teachers who work in the community.

Starting in October of 2009, Cathy Robinson has taken on the task of producing a departmental newsletter that is e-mailed to the staff. This has proven to be a challenge to fit into a busy schedule for Cathy however the feedback from staff has been positive. Staying connected to the overall business of The Centre, receiving updates on changes within the department, information on education sessions and cultural diversity as well as some fun quotes, ideas and projects for staff have all been part of the newsletter.



# Developmental Medicine

## **People Served:**

The Developmental Pediatrician sees children and youth 0-19 years of age who have been referred by their Family Physician or Pediatrician and who are clients of the Centre.

## **Key Achievements:**

- 1) Provided medical liaison between Clinical Services Team and CEO
- 2) Provided consultation to Senior Staff and Administration regarding clinical service delivery.
- 3) The Developmental Pediatrician provided consultation and education to Centre therapists and other professionals.
- 4) The Developmental Pediatrician provided medical leadership to The Centre for Child Development's Eating Skills Team (see Eating Skills Team section).
- 5) Actively engaged in the maintenance of Pediatric Dietary services for The Centre for Child Development.
- 6) Collaborated and communicated with community Family Physicians, Pediatricians and Pediatric Specialists at BC Children's Hospital and Sunnyhill Health Centre for Children .
- 7) Collaborated with Surrey Memorial Hospital Feeding Team, Sunnyhill Health Centre Feeding Resource Team and BC Children's Hospital Department of Occupational Therapy.
- 8) The Developmental Pediatrician maintains consulting privileges at BC Children's Hospital.



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