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EARLY INTERVENTION SERVICES 2011 ANNUAL ACTIVITY UPDATE

The Community and Health Services Committee recommends the adoption of the recommendation contained in the following report dated April 18, 2012, from the Commissioner of Community and Health Services.

1. RECOMMENDATION

It is recommended that Council receive this report for information.

2. PURPOSE

This report provides Council with an update of the activities and initiatives of Early Intervention Services in 2011.

3. BACKGROUND

York Region directly delivers Early Intervention Services (EIS) to children with special needs from birth to school entry from six offices located across the Region. While appearing seamless to clients, Early Intervention Services is an integration of two provincially funded programs; Infant Child Development provided under the *Child and Family Services Act* and Resource Teacher Special Needs programming provided under the *Day Nurseries Act.*

Early Intervention Services supports the development of children having a wide variety of special needs through direct services and family support

Families with children aged birth through six years of age who have, or are at risk of having delays in development are supported by this team of staff. Delays in development refers to activities children cannot do that their age peers can; for example, inability to stand or walk, not being able to hold a fork or cup, not speaking or even recognizing their own name. In 2011 Early Intervention Services served a total of 2,327 children. More than half of the children enrolled had a diagnosed development special need; of these, 425 (18.3% of the total) had some form of autism. Many of the children that receive services were born premature.

Children with diagnosed conditions often have other professional supports such as geneticists, neurologists, and specialized services etc. Their conditions often have very

predictable prognoses. As difficult as a diagnosis may be for families to emotionally accept, the identification can be helpful in providing a better sense of the challenges and opportunities for the future. The process of finalizing a diagnosis can be as long as one to three years, and can be an emotionally trying time for families. Community and Health Services (C&HS) staff rely on collective experiential knowledge and assessment results to inform treatment, support families and monitor change.

Children with autism and children born prematurely make up most of the caseload and are the most challenging to serve

The needs of children with autism require significant skill and time to address. In addition to the parental reactions and concerns, the children typically have communication and socialization difficulties that can isolate them from their peers. Many children with autism also have disruptive behaviours which increases the need for supports to child care providers. Direct intervention with children having autism may require occupational therapists in addition to their Early Interventionist. While not a designated “autism provider”, EIS has invested in significant training to enhance the skills of staff to provide high quality intervention.

Premature children born further from full term are more likely to be smaller in height and weight with delays in fine motor and language skills than full term babies. Many of these children will be diagnosed with a learning disability at school age. For the premature children born very early, half will have no disability, one-quarter will have some disability and one-quarter will have severe disabilities; there is no certain way to know at birth what the outcome will be for a given child. Because of these possibilities EIS has adopted and refined the PreTerm Pathways model of developmental assessment. This approach involves assessing the child’s development at set intervals to identify any areas of concern early.

Early Intervention Services supports families in accessing services that are directly related to their child’s specific needs

Many parents of children enrolled in Early Intervention Services are first-time parents who had no indication during pregnancy that their child would have any developmental or health problems. Prior to enrolling, most had never had any experience with individuals with special needs or the variety of services needed to support them. EIS provides information and emotional support to help parents during this period of adjustment.

This publicly funded system is available to all families and is not income tested. It has many pressures, and wait times of six months or more for specialized services are not uncommon.

When a child has developmental delays, time is of the essence. For families with financial means, private providers are often accessed while they wait for the public services. Private speech language assessments can cost between $400 and $1,000 while private weekly speech therapy is usually $130 an hour. Private occupational therapy or physiotherapy costs $90 - $120 per 45 minute session. Psychological diagnostic assessments can cost as much as $1,500 to $2,000. Most families cannot afford this. Early Interventionists also assist families in identifying and making application for government and/or private foundation funding, such as Special Services at Home Funding and President's Choice Children's Charity or the Jennifer Ashleigh Foundation, for specialty services not provided by EIS. The Integrated Social Work position in the Social Services Branch helps families with multiple needs access other York Region services (e.g. Social Assistance, Child Care, Housing and Early Intervention) as well as external community services.

Early Intervention Services provides a continuum of care through various services utilizing a one-stop point-of-access approach

To assist parents in reaching the right service in a timely fashion, the Social Services Branch operates a toll free telephone line, 1-888-703-KIDS (5437) for information about, and referral to, Early Intervention Services, as well as the Preschool Speech and Language, Blind Low Vision and the Tri-Regional Infant Hearing Programs, delivered by Markham Stouffville Hospital. This one-stop point-of-access helps to ensure that parents are connected quickly to Regional and community based services.

Early Intervention Services works in partnership with community based service providers to support children with multiple needs

Through a funding contract with the Children's Treatment Network of Simcoe York, occupational therapists and physiotherapists provide direct treatment for children who have severe motor and complex developmental needs. Through the Integrated Intake process with Markham Stouffville Hospital's Child Development Programs, co-location of their Preschool Speech and Language Program staff in all six EIS offices, and joint service delivery initiatives, this continuum of integrated care is maintained throughout the preschool years. EIS also collaborates with the Healthy Babies Healthy Children program in Public Health and with the 0-6 Children's Mental Health providers to ensure a better holistic approach to address the needs of children and families enrolled in EIS.

4. ANALYSIS AND OPTIONS

Growth in demand for Early Intervention Services continues to exceed the rate of child population growth in York Region

According to census data for York Region, the rate of population growth between 2001 and 2006 for children birth to four years of age was 16.5% and for children five through nine years of age, 10.1%. Early Intervention Services experienced significant increases in service demand between 2001 and 2006. Between 2006 and 2011, service demand increased 48.2% (709 – 1,051) significantly beyond the child population growth rate.

Three main factors appear to be contributing to these increases:

1. There are actual increases in the areas of incidence of some developmental conditions such as autism, the survival rate for earlier born and more fragile premature infants, etc.

2. Provincial initiatives to highlight early identification, such as Healthy Babies, Healthy Children, the Nipissing Screen, and the Enhanced 18-Month Well-Baby Visit, have raised awareness across various professional sectors.

3. Greater parental and public awareness of the benefits of intervening early encourages referrals.

Internal process revisions have made it possible to serve more families

As seen in Table 1, referrals in 2011 were essentially unchanged from 2010. However, more children were served in total throughout the year, more on a monthly average basis, and more were newly enrolled during the year. These increased service numbers were accomplished through process revisions of existing services. New processes from intake to the first service visit resulted in a reduction of children on the monthly average waitlist (-16.1%) and length of time on the wait list from first contact to first service (-7.3%). In 2011 the average wait time from Intake to first service with EIS was 8.8 weeks, a reduction in the average wait time for 2010 of 9.5 weeks.

Table 1
Service Demand and Delivery: 2010 – 2011

	2010	2011	Difference	% Increase or Decrease
Total Yearly Referrals	1,040	1,051	11	0.1%
Newly Enrolled in Year	758	782	24	3.1%
Monthly Average Served	1,568	1,659	91	5.8%
Total Served In Year	2,242	2,327	85	3.7%
Monthly Average Wait List	192	161	31	-16.1%
Average Weeks on Wait List	9.5	8.8	0.7	-7.3%

In 2011 Early Intervention Services implemented various strategies to ensure optimal customer service and address service demands

- Early Intervention Services implemented Orientation evenings as the initial entry for parents of children born premature. This expedited the entry into EIS for 137 or 18% of newly enrolled children.

- All Early Interventionists received specialized training to better serve families with children who have autism. Six Early Interventionists have completed their Level II certification with another six in process as part of the long range EIS Specialization service model change. The addition of this expertise will be of benefit to approximately 20% of children enrolled in EIS with autism.

- Early Intervention Services completed a Telework Pilot involving 17 permanent staff from each of the six EIS geographic offices. C&HS discovered that having the right mix of teleworking and office-based staff along with clear business processes allowed staff to spend less time on administrative tasks such as data entry, report writing, service coordination and more time in direct client contact. This pilot project was very successful and the model can be adapted to the needs of other Regional business units.

- Early Intervention Services continues to maximize office-based services in our team sites and approximately 20% of our office-based client services were delivered in space provided by various community agencies with which we collaboratively work.

Internationally recognized accreditation and participant surveys consistently demonstrate high quality of Early Intervention Services

Early Intervention Services received its second three-year accreditation rating from the Commission on Accreditation of Rehabilitation Facilities. In addition to the previous program areas of Early Childhood Development and Case Management/Service Coordination, a third area was added and accredited in this survey: Assessment and Referral.

In addition, Early Intervention Services regularly canvasses families to determine their needs and satisfaction with the services provided. As a result, changes have been made that resulted in the maintenance of high customer service satisfaction ratings.

Table 2 identifies key question results of customer satisfaction surveys conducted in 2011 at initiation of service and at end of service. These results are based on return rates of 63% (407) for the Initial Service Plan Meeting and 19.3% (137) for the End of Service surveys. The results show an extremely high degree of customer service satisfaction.

Table 2
Customer Satisfaction Survey Results 2011

Type of Survey	Items Rated	% of Positive Responses
Initial Service Plan Meeting Survey Positive = Satisfied to Very Satisfied	Intake was timely, easy, and helpful	94%
	Information received was helpful and clear	96%
	I left this meeting feeling encouraged and connected to services	94%
End of Service Survey Positive = Strongly Agree/Agree	Satisfied with Child Care consultation services	90%
	Quality of staff	93%
	Would recommend to others	94%
	Child made gains due to EIS	93%

A typical case history of a child receiving Early Intervention Services demonstrates the complexity of needs

A typical experience for many of the children that are seen would be like this child; the events present a true history.

This child was born in January 2007 and referred to EIS in April from Mt. Sinai Hospital. She was born prematurely, at 35 weeks gestational age. At birth she was identified as having Intrauterine Growth Retardation (IUGR), meaning she did not achieve the size and weight expected for a child at her stage of development. She was at risk for delays in development because of these risk factors.

She was enrolled in the EIS Preterm Pathways, an evidenced based method of assessing the development of "at risk" premature infants. Children are brought in for assessments at the following age-in-month milestones; 4, 8, 12, 18, 24, 30, and 36. Assessments focus on motor movement, communication, social interaction and general observations.

There were mild delays noted at the 4 month screen, the delays were enough to monitor but did not yet evidence a need for more active involvement. At 8 months of age delays in her movement patterns and social interaction skills were assessed to be enough to warrant more active EIS service. She was immediately "moved" from the Preterm Pathways into regular EIS intervention without delay or a "break" in service.

Over the next few months the delays in communication and social interaction were seen to be severe enough to warrant referrals to Markham Stouffville Speech Language Program for assessment, she was enrolled in their service at 20 months of age. By 24 months of age she was showing signs of autism. The Early Interventionist recognized the symptoms and began the difficult discussion with the parents.

The parents were initially very frightened and concerned. Their first reaction was to reject the term, not wanting to discuss this possibility with staff. The Early Interventionist understood their fear. She reassured them that she was not making a diagnosis but encouraged them to follow through with her referral to the Developmental Assessment Consolation Service, the specialty service that could make a diagnosis. The family agreed and EIS intervention continued through the year long wait for the diagnostic examination.

The child was diagnosed with autism at 39 months of age. She was then able to be referred to the Kinark Intensive Behavioural Intervention program. She continued to receive speech therapy and Early Intervention while waiting for the Kinark program to enroll her. She was enrolled part time in child care and the Early Interventionist supported the application for Enhanced Funding to hire a support worker for the child care program. Behaviour Management was also contacted and provided training and support to the child care staff.

The support to the child care staff from Early Intervention, Behaviour Management, and Enhanced Funding have been instrumental in the child being able to remain in child care. This has allowed the mother to re-enter the work force on a part time basis. This girl is currently enrolled in Junior Kindergarten on a "modified-day" basis, meaning she is in school for only part of the day, the other time she is in child care or at home. Kinark is providing Intensive Behavioural Intervention in her home setting. The Early Interventionist is supporting with intervention strategies for care at home and consultation to the Junior Kindergarten teacher.

The scheduled assessments of the Preterm Pathway were critical to identifying early on the needs of this child, which in turn led to appropriate and timely referrals to other specialized services. The Early Interventionist's tact in discussing a diagnosis, backed up by concrete help through teaching strategies and service coordination, provided the supports necessary for the family to regain and maintain the typical activities of living.

Many such parents express their gratitude for the courage and pragmatic support provided by the Early Interventionists who work with them.

Link to key Council–approved plans

Early Intervention Services' operational actions are consistent with and supportive of the Region's corporate and C&HS goals.

Specifically they are consistent with Goal 1 of Vision 2051 – A Place where everyone can thrive. The Sustainability Plan's Goal 3.1 "Human Health and Well Being" and 3.3 "the provision of Human Services" and C&HS' Multi-Year Plan Goal 4 – "Strengthen our neighbourhoods now and in the future by supporting children, families and youth to fulfill their potential".

5. FINANCIAL IMPLICATIONS

The total cost of delivering the Early Intervention Services Program in 2011 was $8,355,454 gross and $3,562,353 net tax levy.

6. LOCAL MUNICIPAL IMPACT

Early Intervention Services are delivered in a responsive and collaborative fashion in all local municipalities, benefiting special needs children and their families from across York Region.

The wide range of child needs seen by Early Intervention Services is reflected in the range of services offered, from prevention to treatment. The unique needs of each

individual child and family, even when described within a “population” requires a “family centered” approach. This approach engages the parent/family members as partners in development and delivery of their child’s interventions as well as being recipients of service.

7. CONCLUSION

The Early Intervention Services unit in the Social Services Branch plays a critical direct service and service system navigation role in the delivery of responsive and effective programming to children with special needs and their families. In a time of increasing demand, the work of this unit continues to be vitally important in helping families to manage effectively, while they are assisting children in making real gains in their day to day lives.

For more information on this report, please contact Cordelia Abankwa-Harris, Acting General Manager, Social Services, at Extension 2150.

The Senior Management Group has reviewed this report.