

Infant Development Program Review Final Report

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Prepared For:

Ministry of Children and Family Development

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Executive Summary

Purpose:

The Ministry of Children and Family Development (MCFD) in June, 2006 requested an independent review of the Infant Development Program (IDP) to include an analysis of program goals, core activities, roles and responsibilities of key players and the overall effectiveness of the program. This review focuses on confirming and building on current program strengths, identifying priority issues to be addressed and suggesting future directions to enhance the overall effectiveness and efficiency of IDP in BC. It is not intended to be an evaluation of specific IDP community programs.

Methodology:

Approximately 150 stakeholders participated in the review process (from June, 2006 to September, 2006) including members of the IDP Provincial Office, IDP Regional Advisors, the IDP Provincial Steering Committee, MCFD staff from the regions and the Provincial Office, local IDP Consultants and representatives from IDP sponsoring agencies throughout BC.

Various data collection methods were used to maximize participation of stakeholders, recognizing that the intent of the review, in the short time period provided, was a qualitative analysis of the perspectives and suggestions of the diverse stakeholders involved in IDP.

Strengths:

There was a high degree of consensus on the strengths of IDP both from internal and external stakeholders. Most significantly there is strong agreement on the efficacy of the Infant Development Program model of intervention which is family-centered, home based and voluntary. It differs significantly from a therapeutic medical model or a socio-economic high risk approach. Its success in working with families with children with special needs draws from an evidence-based approach to early childhood intervention that has provided valued service to families with children with disabilities or other special needs for over 30 years.

Stakeholders perceive IDP to be a flexible program, asset-based, individualized to meet the needs of children and families and utilizing a community-based model that links parents to a wide range of community services. They note that the IDP is supported by leading edge research, excellent professional development and knowledgeable and well educated consultants from diverse background with a low turnover rate. The IDP provincial structure is the “heart” of the program that provides a consistent philosophy and a consolidated and integrated approach to the delivery of IDP.

Challenges:

There is a strong consensus among IDP Consultants, IDP Regional Advisors and sponsoring agency representatives that the main issue for IDP is lack of sufficient resources to address the needs of the children and families referred to the program. They see an increased demand for IDP. They believe family situations have become more complex. Several areas of the province are also experiencing significant

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increases in population. They contend that funding for IDP has not increased proportionately to the population needs since it is based on a socio-economic formula which does not recognize that disability cuts across all socio-economic groups.

All of these factors together have resulted in delayed access for families to IDP (e.g. large waitlists) or more limited service (e.g. due to high caseloads) throughout province. Limited funding is also affecting recruitment and retention of new staff (i.e. wages are low and vary widely) and the ability of consultants to participate in essential professional development.

In addition, stakeholders have identified other infrastructure and operational issues that impact the efficient and effective delivery of IDP services, such as: lack of awareness and understanding of IDP; lack of clarity of roles and responsibilities of key players including the relationship of IDP to the new MCFD regional structure and the relationship of IDP to the Aboriginal Infant Development Program; inconsistent application of the IDP Policy and Procedures Manual; lack of a common accountability framework; lack of a standardized IDP contract for sponsoring agencies; excessive and uncoordinated data collection; and lack of clarity around the monitoring of program standards and program evaluation.

Recommendations:

It is recommended that a joint task group be struck by MCFD Provincial Office and the IDP Provincial Office to address the recommendations in this report.

1. Retain what is most valued about the program.

"Don't fix what isn't broken."

- Maintain the core principles and features of IDP, i.e., a flexible, voluntary, home-based, family-centred, community-based early intervention visiting program.
- Maintain the current provincial program structure that provides province wide expertise, regional support, networking and professional development opportunities.

2. Ensure that children and families receive the IDP services they need.

- Develop an overall provincial plan to enable a fair allocation of funds aimed at eliminating waitlists and reducing large caseloads by first developing an agreed to definition of waitlists and acceptable caseloads; then undertaking a review of budgets, waitlists and caseloads of each Infant Development Program in the context of the agreed to definitions; and reviewing the current regional allocation socio-economic funding formula to identify a more equitable distribution of funds to regions that recognize that disability can cut across all socio-economic lines.
- Develop a human resources plan to address such issues as salary levels and benefits, wage equity and succession planning.

3. Maintain and Enhance Program Quality.

- Ensure professional development standards are met.
- Facilitate joint planning and service delivery with Supported Child Development and the Therapies.
- Enhance the collaborative relationship between the Aboriginal Infant Development Programs and IDP.
- Engage in studies to confirm best practices and enhance service quality.

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4. **Strengthen the Service Delivery System.**

- Raise awareness and understanding of IDP among all key stakeholders.
- Implement strategies to increase collaboration and integration of IDP with other early childhood development services and committees in the community.
- Implement key processes to enhance communication and networking among IDP, MCFD and sponsoring agencies.
- Clarify key roles and relationship, in particular, enhance the role between IDP and the regional MCFD structure; reassess the role of the IDP Local Advisory Committee; clarify appropriate roles for sponsoring agencies, MCFD, IDP Regional Advisors and the IDP Provincial Advisor in monitoring and evaluation of IDP to ensure program quality.

5. **Ensure a Common and Consistent Accountability Framework.**

- Develop an up-to-date and standardized service contract for IDP sponsoring agencies.
- Institute a uniform data collection system.
- Identify and implement a consistent monitoring process for program quality control.
- Develop a common evaluation framework with agreed to outcomes and outcome measures.
- Make necessary adjustments to the IDP Policy and Procedures Manual to reflect agreed upon changes.

1.0 Introduction

1.1 Purpose of the Review

The Ministry of Children and Family Development (MCFD) in June, 2006 requested an independent review of the Infant Development Program (IDP) to include an analysis of program goals, core activities, roles and responsibilities of key players and the overall effectiveness of the program. This review focuses on confirming and building on current program strengths, identifying priority issues to be addressed and suggesting future directions to enhance the overall effectiveness and efficiency of IDP in BC. It is not intended to be an evaluation of specific IDP community programs.

More specifically, the purpose of the review is to illicit:

- Views on role and relationships among the different stakeholder groups – what is working well and what is not.
- Suggestions to improving relationships among key stakeholders and communication to enhance effectiveness of IDP.
- Improvements to IDP practices to help ensure that best practices are consistently followed.
- Suggestions regarding the relationship between IDP and Aboriginal IDP.
- Views on data collection, program monitoring, evaluation and overall accountability.

1.2 Background of the Infant Development Program

The first Infant Development Program in BC was started in 1972 with the office of the Provincial Advisor being established in 1975. IDP is the first province wide home-based early childhood intervention program of its kind in Canada and has provided a model for national and international programs over the past 30 years. The Office of the Provincial Advisor for Aboriginal IDP was established in the fall of 2002 to provide leadership and support to Aboriginal Infant Development Programs, both on or off-reserve across BC.

The overall goal of IDP program is *"to provide home-based services for infants at risk for developmental delay or a diagnosed disability and their families to optimize their development and their continuing participation in a full range of community services."*

The specific objectives of the program include working with parents to:

- Enhance the overall development of the child based on their individual needs.
- Enhance their learning about child development and community resources.
- Build their relationship with their child based on their individual needs.

MCFD has a contract with the Developmental Disabilities Association for the Office of the IDP Provincial Advisor. The IDP Provincial Office is currently staffed by a Provincial Advisor, one full time and one part time support staff, with five part-time Regional Advisors located in each of the five MCFD regions, North, Interior, Vancouver Island, Vancouver Coastal and Fraser and is supported by a Provincial Steering Committee.

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- The key roles of the IDP Provincial Advisor are to:
 - advise local communities regarding the initiation and standards of an IDP;
 - recruit and support the work of the IDP Regional Advisors;
 - support local IDP Consultants in the clinical operation of their duties
 - design and provide Provincial in-service training programs for IDP Consultants; and
 - network and keep relevant professional and interested public groups informed of developments in the area of early intervention.
- The major duties of the IDP Regional Advisors are to:
 - support local communities in the initiation of IDP;
 - advise/support local IDP Consultants in the clinical operation of their duties;
 - design and initiate regional in-service training programs for IDP Consultants;
 - advise on training of new staff and setting up of practica for new staff; and
 - participate in ongoing monitoring and program evaluation at the regional level.
- The Provincial Steering Committee meets 4 or 5 times a year with representatives from MCFD, Aboriginal IDP, the different therapies, BC Association of Infant Development Consultants, BC Children's Hospital, Sunny Hill Centre, Support Child Development, UBC research and training community as well as the IDP Regional Advisors. The main aim is to provide support and advise to the IDP Provincial Advisor, facilitate communication among stakeholders involved with special needs in infancy and childhood, and to make recommendations to the MCFD on services related to IDP.

Four years ago, the contract for the Office of the Provincial Advisor for IDP was under the responsibility of the Community Living Services Division within the Provincial Office of MCFD. Now the contract of the Provincial Advisor is managed by the MCFD Provincial Early Childhood Development team.

There are 52 Infant Development Programs providing services to nearly 6000 families in BC. These programs are sponsored by local community voluntary agencies who have contracts with MCFD in the regions. There are 185 IDP Consultants (approximately 130 full time equivalents) providing services throughout the province. All IDP service delivery contracts are under the responsibility of MCFD regions and each has a Regional MCFD manager that is responsible for all Early Childhood Development and Children and Youth with Special Needs programs. Funding for IDP service contracts is allocated regionally based on a socio-economic formula.

2.0 Methodology

Approximately 150 stakeholders participated in the review process between June, 2006 – October, 2006 including members of the IDP Provincial Office, IDP Regional Advisors, the IDP Provincial Steering Committee, MCFD staff from the regions and the Provincial Office, local IDP Consultants and representatives from IDP sponsoring agencies throughout BC.

Various data collection methods were used with a wide range of stakeholders involved in IDP not only to maximize participation in the review process, but to enhance corroboration of the findings. It should be recognized that the intent of the review, in the time period provided, was a qualitative analysis of the perspectives and suggestions of the diverse stakeholders involved in IDP.

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Stakeholders were provided with an opportunity to participate via one-on-one interviews, in-person focus groups in each region, two scheduled telephone conferences in each region for those unable to attend the face-to-face session, email survey and direct telephone contact with the researchers.

Specific details on data collection methods are identified in Appendix I. For stakeholder questionnaire and email survey, see Appendix II. See Appendix III for direct quotes from stakeholders reflecting “The Voice of IDP Stakeholders”.

This review used an iterative process. It began with interviews of a select number of individuals to identify key issues and to validate questions. Questions were tested and modified. As the review process unfolded, there was an opportunity to confirm issues and test suggested future directions with participants interviewed in the latter part of the project. The initial draft findings and recommendations were reviewed by the IDP Provincial Steering Committee. An initial draft report was sent to each of the MCFD Provincial Office, MCFD Regional Managers, the IDP Provincial Advisor, the IDP Regional Advisors and other members of the IDP Provincial Steering Committee for review and to seek final input from their constituent groups. Their feedback was incorporated into the final report submitted to the MCFD Provincial Office.

Limitations

This review process was constrained by a number of limitations:

- The short time frame to conduct the review and the time period over the summer months with many individuals being on holiday limited participation, largely from MCFD staff and sponsoring agencies. To address this, as indicated, each region was given several different options to provide input including face-to-face meeting, two conference call meetings, by email and individual interviews, if requested.
- The perception of some that the full purpose of the review was not clearly communicated by MCFD to stakeholders. This created some unease and perhaps some unwillingness to participate.
- Parents were not included as key stakeholders. The review was not intended to include parent satisfaction, but an opportunity was given to regions to organize a parent group or to provide parents with a survey questionnaire. A face-to-face meeting with parents occurred on Vancouver Island and in the Fraser Region. A number of parents completed the survey and a few parents called the researchers directly. This is by no means a representative sample. However, most of the IDP programs across the province conduct regular client satisfaction surveys which are reported by sponsoring agencies in their annual reports. This information is readily available and could be collated by MCFD, if required.
- The Therapies (e.g. occupational, physiotherapy and speech language), other health professionals (e.g. public health nurses, family physicians) and other community service providers (e.g. supported child development programs) who work collaboratively with IDP were not included in the review process.

It should be noted that the researchers were not able to obtain an up-to-date provincial list of all IDP sponsoring agencies from MCFD or the IDP Provincial Office. Some MCFD Regional Offices were able to produce this list or this list had to be developed by the IDP Regional Advisor. In addition, there was no overall list of MCFD community service managers who are managing IDP service contracts. MCFD Regional Managers were asked to provide information on this review to relevant community service managers in their region. We understand that an updated list of IDP sponsoring agencies is now being developed by the IDP Provincial Office.

3.0 Key Strengths of the Infant Development Program

"The philosophy has always promoted a home-based, family-centred approach, IDP pioneered this and other services followed."

There is an overwhelming consensus among all stakeholders on the need for IDP and the essential support it provides to families at a critical time in their lives. Stakeholders see IDP as playing a critical role in the early development of children with disability or development delay or risk of delay to maximize the potential of children, improve quality of life for families and to reduce costs of support in future years.

IDP has been operating for over 30 years providing an essential service to families. Infant Developmental Consultants have been trained to help families learn more about child development, develop skills to help their child progress and to assist families to access and use appropriate and available services in their communities.

Many of the IDP Consultants and other stakeholders closely associated with the program expressed the following view:

"Do not mess with a program that is working well, is cheap to run and produces results ...many programs come and go but this has stayed... we have it right."

There was a high degree of consensus on the strengths of IDP both from internal and external stakeholders. The following outlines the key strengths identified:

- *Voluntary, family-centered and home based approach to practice.* There is a strong agreement on the efficacy of the infant development model of intervention which is family-centered, home based and voluntary. Parents play a key role in determining what their needs are and what services would be of assistance to them. This approach acknowledges parents as agents of change empowering parents to take an active part in their child's development. IDP Consultants provide services in the child's home which is an essential ingredient to gaining the confidence of the family. This enables more valid assessments in an environment familiar to child and family and facilitates delivery of services in a confidential and comfortable setting.
- *Comprehensive, individualized, asset-based approach that is flexible, unbiased and non-judgmental.* The IDP Consultants look at the all the needs of the child within the family context and within the whole community. Service delivery is flexible enabling IDP Consultants to adapt services to meet family needs and to work within parents' schedules. They provide a response that is individualized based on the strengths of the particular child and family. The approach emphasizes the positive aspects of the child's development and encourages parents to view small changes as successes. Parents indicate they are particularly appreciative that the IPD Consultants are non-judgmental and are enthusiastic about celebrating every success.

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- *Early intervention and accessible.* Early identification enables early intervention in children with developmental delays or who are at risk for developmental delays and is critical to ensuring that issues are addressed as early as possible. This helps ensure the greatest impact to reduce increased consequences in later years for the child and family and to minimize the overall burden on the community and society in the long term. The program is accessible in that referrals are accepted from any source and self-referrals are a key component. Entry into the program is based on need and not diagnosis. By being home-based and needs-based the program aims to remove financial barriers relating to income, transportation, child care, geographic isolation, etc.
- *Community-based outreach model of service delivery.* IDP Consultants work closely with community professionals such as: physiotherapists, occupational and speech therapists, public health nurses, physicians, social workers, service providers to the hearing and visually impaired, child care and educational services, etc. They also work to coordinate services and information with other community programs. Many Infant Development Programs pride themselves in having good collaboration with other community groups. IDP has strong links with BC Children's Hospital, University of British Columbia. IDP Consultants play a large role in linking parents to these community resources and provide networking opportunities connecting parents to other parents through play groups, workshops, support groups and individual connections.
- *Leading edge research and professional development.* The program ensures that leading edge research is incorporated into training on a regular basis and used to shape program content. Stakeholders report there are excellent professional development opportunities. Provincial in-services held one or twice a year as well as yearly Regional in-services, along with the Summer Institute and other special training sessions are available for IDP Consultants.
- *Knowledgeable, well educated consultants from diverse backgrounds with a low turnover rate.* Many IDP Consultants have been practicing for many years providing consistency to the program and to the families involved. Many of the consultants have specialized expertise in particular areas such as Autism Spectrum Disorder; and have contributed to *Early Years* conferences and workshops. For the most part, families are supported by the same IDP Consultants for the duration of the time they are in the program.
- *Parent Satisfaction.* From the viewpoint of the small number of parents who participated in the review and from satisfaction surveys conducted by IDP and the sponsoring agencies, there is a very high level of satisfaction from people receiving the services. They see the program as supportive and non-threatening. While a limited number of parents participated in this review, comments received were very positive. See Appendix III for parents' comments.

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The IDP Provincial Structure

Stakeholders believe that the IDP provincial structure is a key strength of the program... *"it is the glue that holds the program together."* The very nature of IDP, its service complexity, the diversity of needs that it addresses, the requirement to ensure up-to-date specialized knowledge in a constantly changing field, requires a consolidated and integrated approach. Stakeholders indicated that the IDP provincial structure provides the following:

- A provincial program with a standardized policy and procedure manual to enhance consistency province wide enabling families to receive the 'same' IDP services anywhere in the province. This also facilitates transfer of children and families from one Infant Development Program to another within the province.
- Content expertise on infant development which is a specialized field and facilitates professional development and policy direction to enhance best practices.
- Enables ready sharing of information on low incidence disabilities. Since not all IDP Consultants can be experts in all areas of disability, being able to connect with a provincial and regional structure that can provide specific support is a significant benefit.
- Dissemination of information through the lending library of books, videos and training materials including a Resource Package for IDP.
- The Summer Institute at UBC and two Provincial in-services training sessions present current research on a variety of topics relevant to special needs populations using national and international experts.
- Networking and support to IDP Consultants across the province through the IDP Regional advisors and IDP Provincial Advisor.
- Strong leadership - The Provincial Advisor plays a key role in ensuring that IDP is at the leading edge of knowledge information, developing the provincial training and Summer Institute and providing advice on areas that cannot be easily addressed at a local level.
- The Provincial Steering Committee with its breadth of representation offers a group of extremely knowledgeable people to explore new directions, provide leadership for the program, keep up with new information, and help ensure the program is moving forward. The Provincial Steering Committee also helps link the program and establish critical networks to other key community services and therapies for infants.

The IDP Provincial Office is involved in a range of IDP related initiatives being funded by MCFD that support the IDP Consultants and the families they serve. See Appendix IV for list of other key initiatives of the IDP Provincial Office.

4.0 Key Issues and Challenges of the Infant Development Program

The following provides an overview of the common issues and challenges consistently identified by the stakeholders.

4.1 Waitlists and Caseloads

“Having a waitlist sabotages the philosophy of early intervention.”

The issue of waitlists and/or high caseloads is a major concern of the majority of stakeholders including IDP Consultants, MCFD and sponsoring agencies because they believe this program is time sensitive and early intervention is critical if desired results are to be achieved. However, there are different perspectives on the waitlist issue and this is hindering resolution.

What is clear is that who gets on waitlists may differ among the various programs and the size of the waitlists varies widely across the province. For example:

- Some programs have very large waitlists including all those families who cannot receive a home visit by the IDP Consultants. The largest total waitlist is in the Fraser Region, e.g., 200 in the Upper Fraser Valley; 144 in Surrey/White Rock with average wait time of 6.2 months.
- A number of programs do not have a waitlist because IDP Consultants and their sponsoring agencies have decided to carry larger caseloads than is recommended in the IDP Policy and Procedures Manual. For example, respondents indicate that a half-time FTE position can have a caseload of 27 families. The IDP Policy and Procedures Manual recommends a caseload range of 15-25 families per 1 full time FTE depending on types of cases and the Consultant's experience. High caseloads result in less time being spent with each family than may be required. Further, some IDP Consultants indicate that they are not receiving all the referrals that they should because service providers know the capacity of the IDP is limited.
- A number of programs have offered families the option of a group program while waiting to be scheduled for a home visit and individualized assessment. There is variation in whether these families are considered on or off the waitlist. Further, the issue of offering group sessions instead of the one-on-one family home visits is seen by IDP Consultants as troublesome. They do not believe that this is 'best practice'. They believe that group opportunities should be offered to families when they are ready and when the groups are complimentary to the individualized IDP services.

As a result of this unclear definition of waitlists, some MCFD respondents have expressed the view that the current waitlists are not credible. While there is a new MCFD statistical reporting form requesting information on waiting times, there are variations in the interpretation of how to complete this information. (See Section on Data Collection 4.8.1) At this point in time, there does not appear to be a common agreed-to understanding of who should be identified on the waitlists.

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Other identified issues further illustrate the complexity of the IDP waitlists, such as:

- Statistics indicate that overall IDP provides support for approximately 2% of the newborn/early years population while research indicates that closer to 10% of this population may have special needs.¹
- Stakeholders indicated that lengthy waiting times and limited support services in other related disciplines required by children and families such as occupational therapy and speech therapy increase the IDP workload.

4.2 Funding

“We currently service over 100 children with 1.5 staff – this is 3 times the number of children we are funded for and way beyond the suggested caseload in the IDP Policy and Program Manual.”

Most stakeholders identified under funding as the crux of the challenges facing IDP. The following are findings based on stakeholders’ discussion of funding issues:

- **Inadequate global budget** for IDP that takes into account needs throughout the province.
- **Inappropriate funding formula** for allocating funds on a regional basis. The current funding formula is based on socio economic factors and does not take into account that developmental delay and disability cuts across all socio-economic groups.
- **Additional FTE time or increased number of FTEs** is required to address the waitlists and to enable IDP Consultants to devote more time to their families and to carry out their ongoing responsibilities. Stakeholders indicate that while there has been additional funding in the past year or two, the funding has been received late in the year by most programs and it has been identified as one-time funding. As a result, this new funding has mostly been used for one-time activities such as purchase of new equipment, additional professional development, etc. In most situations, this additional funding has not been sufficient to add FTEs to address the waitlist problem.
- **Low wages and inequities in salaries** have been perpetuated by inadequate funding, variable service contracts as well as union issues. See discussion on salaries and benefits in Section 4.3 below.
- **Unequal opportunities for professional development** also result from inadequate funding, variable service contracts and differences in priority that may be given to IDP by sponsoring agencies. See Section 3.4 on professional development below.

¹ Data obtained from the IDP Provincial Office on percentage of infants served by IDP. Research on overall needs of this target population comes from the work of Dr. Clyde Hertzman, Director of the Human Early Learning Partnership (HELP) and Principal Investigator of the Provincial Early Child Development (ECD) Mapping Unit and the Child and Youth Developmental Trajectories Research Unit.

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- A number of IDP Consultants and sponsoring agencies identified that service contracts do not adequately recognize the need for **funding of infrastructure supports** including:
 - Maintaining and upgrading equipment. Additional one-time funding in the past year has been used in some programs to update and purchase new toys and books but this is an ongoing concern.
 - Purchasing resources such as toys and books.
 - Travel expenses are critical for a home-based program where the IDP Consultants often needs to travel long distances to visit the home. This is more acute in rural and remote area but also exists in large urban areas.
 - Indirect costs of meetings, preparing statistics and administrative costs such as utilities, space, telephone etc. are not sufficiently acknowledged in all contracts. These costs have all increased. This is magnified for stand alone IDPs that are not part of a larger sponsoring agency.

Other funding concerns identified by stakeholders include:

- Limited funding for therapeutic interventions to provide interdisciplinary support to children and families;
- Lack of services to address mental health issues for infants and children; and
- Lack of funding to support children with special needs from the age of 3 up until they enter school. *Note:* this is a broader issue related to what services are available in the community to support children and families with special needs between the age of 3 and school entry.

4.3 Human Resources

Wages and Salaries

"I started in IDP 20 years ago and I do not make the starting rate of an RN currently."

All staff employed as IDP Consultants are expected to have a university degree in a field related to child development or the equivalent. In addition, it is expected that IDP Consultants pursue the Certificate and Diploma in Infant Development offered through the University of British Columbia. Respondents expressed concern about the relatively low wages of IDP Consultants as compared to other professionals with similar degrees. Further they pointed to the discrepancy in wages among IDP Consultants (range: \$15/hr - \$35/hr with the same qualifications and job description). The discrepancy in wages appears to have little to do with training and experience. Salaries are largely dependent upon whether the sponsoring agency is unionized or not and which union is involved.

- Low wages and inequity in salaries has an impact on recruiting new IDP Consultants and the ability in some locations in the province to retain consultants who can obtain higher wages in other locations or in other positions (particularly after benefiting from IDP training).

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- Recruitment and retention concerns will become even more significant as a high proportion of the current workforce of IDP Consultants is older and will be retiring in the next 5-10 years.
- Stakeholders recognize the need for ongoing provincial and regional leadership for IDP and identified the need for succession planning to ensure continued leadership.
- Stakeholders also noted that the BC Association of Infant Development Consultants is in an embryonic state. Not all consultants are part of this group and it has not been able to play a role in promoting greater equity in salaries and benefits for IDP Consultants.

Professional Development

"I missed the provincial summer institute training for 18 years because of no money- finally got to go this year because of the additional one-time funding."

The following findings are based on stakeholders' discussion of professional development:

- **Specialized training for IDP needs to be acquired on the job.** Because there is no professional degree in infant development and IDP Consultants come from diverse backgrounds and varied professions, the professional development opportunities provided by IDP (such as the Summer Institute and the regular Provincial and Regional in-services) are critical to ensuring quality service. In addition, the complexity and rapidly expanding knowledge base in the early childhood development and special needs fields requires IDP Consultants to participate in ongoing professional development.
- **Professional development is not consistently available to all IDP Consultants.** While most of the individual service contracts with agencies specify that professional development should be provided, this is left up to each agency to interpret and is dependent upon available funding and sponsoring agency priorities. One IDP Consultant indicated that she has not been able to attend a Provincial in-service in 18 years because of lack of funding in her sponsoring agency. When she finally was able to attend this past year, she realized how critical the information was to her ability to provide quality service.
- Stakeholders from rural and remote areas indicate that there are **not sufficient funds to cover travel to training** provided in Vancouver or even for regional training. Limited professional development is available at a local community level.
- While some interdisciplinary training is taking place, stakeholders believe that there are **limited joint training opportunities** with such groups as Aboriginal IDP, Supported Child Development and the Therapies.

4.4 Awareness and Understanding of IDP

"We are considered by some of the other professionals to be toy ladies that come with neat toys for children to play with, and are not given credit for the expertise we have in child development and special needs."

The following findings are based on stakeholders' discussion of issues around awareness and understanding of IDP:

- Over the last number of years, increased workload and insufficient staffing has meant less time devoted to raising awareness about IDP in the community and with key service providers as well as insufficient time to participate in inter-agency meetings and community events.
- Many IDP Consultants believe that the expertise of IDP Consultants (a family-centred approach) is not as highly regarded when compared to that of professionals who work with other intervention models.
- Many IDP Consultants expressed a concern that there is a high turnover rate and a lack of awareness and understanding among the diverse MCFD staff as to the role of IDP, the essential elements of the program and what constitutes best practice.
- While stakeholders indicated many sponsoring agencies are knowledgeable and supportive of IDP, some sponsoring agencies lack a depth of understanding and this has an impact on the priority given to the program in certain communities.

4.5 Roles and Relationships

"What needs the most fixing is a better understanding of the roles and relationships between IDP and MCFD at the regional and community levels."

The following findings are based on stakeholder discussions about roles and relationships:

- **Ministry of Children and Family Development**
 - IDP Consultants, sponsoring agencies and MCFD staff all agreed that the relationship between IDP and MCFD requires further attention.
 - Many of the IDP Consultants do not fully understand the new MCFD regional structure and do not know who the current MCFD representative is in their region or who has overall responsibility in MCFD at a regional level for IDP.
 - This confusion has been magnified with structural and staff changes in MCFD. The responsibility for IDP has moved from the Community Living Service to a MCFD regionalized authority structure with Community Service Managers being responsible for contract management. Numerous players within MCFD are involved in IDP decision-making including the MCFD Regional Manager

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responsible for Early Childhood Development and Children and Youth with Special Needs, Community Services Managers, Procurement officers, MCFD program supervisors, social workers involved in protection and foster care and mental health workers.

- For most IDPs, the sponsoring agency assumes responsibility to communicate with MCFD as it relates to contract management and, at times, some of the IDP Consultants feel they are '*left out of the loop*' in discussions with MCFD.
- MCFD representation on IDP Local Advisory Committees or other local children's committees has not been consistent over the past few years. Stakeholders indicate that prior to this, the MCFD representative was better known to the IDP Consultants and was more regularly involved with the IDP Local Advisory Committee.
- In most regions, there has been limited communication between the IDP Regional Advisor and the respective MCFD Regional Manager responsible for IDP (with the exception of the Interior Region, where this relationship has been more firmly established.)². Stakeholders identified that this needs to be addressed because it has implications for a collaborative approach to planning, allocation of new funding, addressing of waitlists on a regional level and overall accountability.
- IDP Consultants specifically identified the need to clarify their role when they are asked to be involved in child protection situations. Whether IDP should be involved, at what point in time and issues of gaining family trust and cooperation require further discussion.
- IDP Consultants also raised the concern that their work with infants and children in foster care is undermined when they are not consulted on change of placement decisions.
- **IDP Local Advisory Committees**
 - Currently, the role and structure of the IDP Local Advisory Committee varies across the Province. In some communities stakeholders indicate that the Committee is operating well and as outlined in the IDP Policy and Procedures Manual. In other communities, there is no committee at all or some of the functions of the IDP Local Advisory Committee are melded with other community committees.
 - Some IDP Local Advisory Committees have been incorporated into the Board function of sponsoring agencies. Sponsoring agencies who participated in this review generally view the Terms of Reference of the IDP Local Advisory committee as being too broad. They contend that the role and structure of the IDP Local Advisory Committee needs to be reassessed and clarified in the light of new developments and the realities within each community.
 - There are a growing number of Early Childhood Development tables or committees that have been established throughout the province. While their purpose is different from the IDP Local Advisory Committee, many of the

² It was difficult for the consultants to obtain an up-to-date list of all the sponsoring agencies either from MCFD or the IDP program.

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- same individuals are involved on these committees. In some of the communities where the IDP Local Advisory Committee has folded into an Early Childhood Development Committee, IDP Consultants expressed the concern that the IDP agenda items are not given priority when so many other community issues need to be addressed.
- Stakeholders indicate that it has been difficult to involve parents on the IDP Local Advisory Committees although they generally believe it is important to maintain this feature of the program.
 - **IDP Provincial Office, IDP Provincial Advisor and IDP Regional Advisors**
 - Stakeholders identified the important **role the IDP Provincial Advisor** plays in providing leadership and support to IDP province wide. They emphasized the importance of a continued role for the IDP Provincial Advisor, the Provincial Steering Committee and the Provincial Office to ensure consistency and leadership.
 - IDP Consultants and sponsoring agencies support the current provincial structure for IDP that promotes a community-based approach and fosters a perception of independence from the MCFD government structure.
 - Most stakeholders identified a need for the IDP Provincial Advisor to develop a closer working relationship with the MCFD Regional Managers responsible for Early Childhood Development and Children and Youth with Special Needs.
 - The main issue with regard to the **role of the IDP Regional Advisors** is that there is limited time available for them to carry out their current responsibilities. Their main purpose is to act as clinical supervisors and provide mentoring and support to IDP Consultants. The IDP Regional Advisors are all part time positions and each currently has about 3 to 4 days per month to carry out a number of functions as Regional Advisors. They require more time to ensure regular contact with IDP Consultants in their region.
 - The IDP Regional Advisors are unclear as to what role they should be playing vis-à-vis the new regional structure and in relation to the MCFD Regional Managers.
 - Some sponsoring agencies feel there is a lack of clarity with regard to the IDP Regional Advisors' role – in particular when issues arise regarding the operation and monitoring of IDP. The IDP Regional Advisors indicate that when certain operational or program quality issues come to their attention, it is not always clear who they should be communicating with to facilitate resolution of the issues - e.g., the sponsoring agency, MCFD, or the IDP Provincial Advisor.
 - **Sponsoring Agencies**
 - Currently many sponsoring agencies do not feel that they are connected to the overall IDP Provincial structure – specifically to the IDP Provincial Advisor and to the IDP Regional Advisors. They most often link with their MCFD contract manager (MCFD Community Services Manager), but otherwise do not feel connected to the MCFD regional structure.

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- Many of the sponsoring agencies involved in the review process indicate that it is not clear who has what authority over IDP. Many believe that the agency, through their contractual arrangement with MCFD, should be responsible for managing IDP.
- Most IDP Consultants indicate that they have a good working relationship with their sponsoring agency. A number of IDP Consultants indicate that some sponsoring agencies lack a thorough understanding of IDP. This can impact the priority given to the program within the agency, limiting allocation of resources for professional development for IDP Consultants and resulting in program decisions being made that are not supportive of best practice.
- IDP Consultants and Supervisors in agencies indicate they have to spend time in committee meetings unrelated to IDP. While they see the value of participating, this creates an added burden for them because of their limited time and large caseloads.
- **Relationships to Other Programs**
 - **Supported Child Development (SCD) Program** – This program provides support and consultation to families and child care staff to enable children with special needs to participate in inclusive community child care setting including preschool.
 - In many situations, the relationship between SCD and IDP is close and effective and in some instance the two programs share the same advisory committee.
 - In other instances, stakeholders report that the transition of families from IDP to SCD *"is not always smooth"*. In some cases, transition planning is not started sufficiently early.
 - Stakeholders believe the two programs have distinct functions and may need to be involved with the same family (particularly when the child is involved in a child care setting in the first year or two of his/her life). In these cases a clearer delineation of roles, responsibilities, and leadership is required.
 - **Early Intervention Therapies** – The Early Intervention Therapies provide community-based physiotherapy, occupational therapy, speech-language pathology and family support worker services to preschool children who are at risk of developmental delay or who have developmental delay. The scope of this review did not include an examination of the Early Intervention Therapies, but IDP stakeholders made a number of observations including:
 - The overall view is that the Therapies are critical.
 - In many communities there is a lack of therapy services and long waitlists exist for these services.
 - Where the provision of a number of therapy services is within the mandate of IDP, that is, it is budgeted within the IDP service contract (e.g., MCFD contract for IDP in Vancouver Coastal Region), stakeholders indicate access to these services is less of an issue.
 - Some IDP Consultants conduct joint visits with the Therapies which families find very supportive.
 - Some IDP Consultants reported problems related to differences in philosophy between IDP and the Therapies.

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- A recent survey was conducted on the relationship between IDP and physiotherapy and results should be available in the fall of 2006.

4.6 Relationships with Aboriginal Infant Development Program (AIDP)

"A key focus of AIDP is to ensure cultural relevance, cultural sensitivity so that children and families feel culturally safe."

A number of different perspectives were expressed about AIDP and the relationship between IDP and AIDP. This review did not consult with staff of AIDP other than the AIDP Provincial Advisor, thus these perspectives are seen through the lens of IDP stakeholders.

- Some respondents indicate there is a good relationship between the two programs. Others question the need for AIDP as a separate program, while others recognize the importance of having a separate program, but are unclear about the role of AIDP vis-à-vis the role of IDP within the community.
- **Referrals between AIDP and IDP vary**, for example:
 - Where there is no AIDP, IDP provides services to both Aboriginal and non-Aboriginal families that come to their attention.
 - In some situations where an AIDP exists, Aboriginal families are provided the choice as to which program they wish to go to, and in some instances they choose to go to both. Where both programs are involved, they support each other (i.e., IDP may take the lead with infant development activities while AIDP provides the cultural component).
 - In other situations where an AIDP exists, IDP refers Aboriginal families to the AIDP and families do not have a choice. (*Note: Where this is practiced, respondents were unclear as to whether this was a directive or not. It should be noted that the IDP Policy and Procedures Manual does not support this practice.*)
 - In some places where there are both programs, it is not clear who has responsibility for what, how to refer, and how to ensure people do not get lost between the two systems.
- **Support between the two programs include the following:**
 - In many instances AIDP has received mentoring and assistance from IDP. Concern has been expressed that in certain situations there has been a high turnover in AIDP staff thus posing challenges to meeting mentoring needs.
 - Many stakeholders recognize there is a need for capacity building within the Aboriginal community in order to ensure the AIDP provides a similar quality of service as IDP and that this will take time. Some stakeholders express the view that this is not just a capacity issue but a difference in philosophy and best practice. They also believe that in many situations AIDP is offering a different type of service, i.e., largely providing group programs with limited, if any, home visiting; not conducting the Gesell assessment; offering services to

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all children at risk not just to children at risk for or those with a developmental delay or disability; and having an age limit that goes up to 5 or 6 years of age.

- **Funding concerns were also raised.** For example:
 - In some communities, it is not clear if the infant development program being offered is one funded by MCFD, the Federal Government or Band Office, and whether it is considered an AIDP or some other type of early childhood development program.
 - While stakeholders recognize that this is the first year that MCFD regions have been directed to allocate 50% of the new funding to develop AIDP, they are concerned that this may mean less funding will be available to address the needs of children and families already on waitlists across the province.

4.7 Accountability Framework

"Who is accountable to whom and for what is not sufficiently clear anymore."

Stakeholders raised concerns regarding a lack of a common accountability framework for IDP. Issues were identified regarding data collection, monitoring and evaluation and these are discussed in greater detail below.

4.7.1 Data Collection

"Data collection requirements are time-consuming and not always relevant."

Issues identified by stakeholders regarding data collection include:

- **Data collection is excessive and not uniform.** There is a high level of consensus that there are too many different requests for IDP statistics. There is a lack of coordination among those who are requesting the data. For example, different IPD program data is collected by IDP Consultants:
 - for their own use;
 - for accreditation purposes;
 - to submit monthly to the IDP Provincial Office for Provincial Advisor's Report (every 2 years);
 - for their sponsoring agency for management decision-making and for incorporation into the agency's annual report;
 - to report on client satisfaction survey data on an annual basis; and
 - for MCFD (new reporting form).
- **There is no consistency regarding who receives the information and how it is used.** In most situations, sponsoring agencies submit an annual report to MCFD but who receives it and how it is used varies.

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- **Data collection is time consuming.** Unnecessary data collection, duplication of information, and manual data collection systems take time away from families and create an added burden.
- **MCFD's new reporting form does not adequately reflect the work of IDP or how sponsoring agencies define direct service.** IDP Consultants and sponsoring agencies agree that the new MCFD reporting form has certain limitations including:
 - Definitions of a number of the categories are unclear and are leading to different interpretations and lack of consistency.
 - In particular, the direct service hours as defined by MCFD do not accurately reflect the true services provided by IDP to families or a best practice model. MCFD requires only direct client contact and does not recognize that there are both direct and indirect activities that are specifically client-related and essential. For example, indirect client-related activities that are essential to providing services include:
 - preparation for family visits;
 - travel to and from the home visit;
 - collaboration with other professionals and service providers directly related to the family's needs; and
 - follow-up activities directly related to the family including writing of reports on each family.

4.7.2 Monitoring the Application of the IDP Policy and Procedures Manual

To a large extent the IDP Policy and Procedures Manual is perceived to be a useful guide and is being applied; however, a number of issues have been raised:

- There is no clear indication who is responsible for and who is actually monitoring whether the standards in the Manual are being met to ensure high quality service based on best practices.
- Many of the contracts with sponsoring agencies have not been updated for many years. Not all contracts with sponsoring agencies specify that the IDP Policy and Procedures Manual is to be followed. Many of the contracts with sponsoring agencies that do make reference to the Manual leave it open to interpretation as to how the Manual is applied.
- A number of sponsoring agencies believe that the Manual does not reflect the reality of large accredited agencies with the ability to manage a wide range of programs to children including IDP.
- Sponsoring agency policy does not always correspond with the Manual and which one takes precedent can lead to tension. Most sponsoring agencies believe that their agency and/or accreditation policies and processes that apply to all of their programs are not only sufficient but preferred for ensuring accountability. Other stakeholders express the view that agency and accreditation policies are sufficient for monitoring operational and management effectiveness and efficiency, but do not adequately address program quality and content, best practices, professional development and other quality issues specific to IDP.

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4.7.3 Program Evaluation

There is no uniform approach being followed by all IDPs with regard to program evaluation.

- The Mitchell Evaluation, which provided a detailed assessment of individual Infant Development Programs, was replaced by accreditation approximately six years ago. There has not been a detailed evaluation since that time.
- Accredited sponsoring agencies believe the accreditation process provides sufficient accountability in terms of quality assurance and monitoring. Other stakeholders indicate that the accreditation process does not provide the same detailed information that is required in an evaluation which looks at program outcomes and program content.
- Some agencies are not accredited and are not engaged in any other evaluation process.
- While there is a provincial IDP Logic Model and a number of MCFD Regional Managers are beginning to develop logic models for their region, there is currently no overall agreement on the logic model or on program outcomes, measures or benchmarks to evaluate program effectiveness. This makes it difficult to conduct an overall evaluation of IDP province wide.
- Program outcomes and measures are generally not incorporated into MCFD service contracts with sponsoring agencies.

5.0 Recommendations

5.1 Retain What is Most Valued about the Program.

5.1.1 Maintain the core principles and features of IDP, i.e., a flexible, voluntary, home-based, family-centred, community-based early intervention visiting program that promotes the child's best interest and development within the family context.

This is a joint responsibility of IDP, MCFD and sponsoring agencies and should be reflected in the IPD Policy and Procedures Manual and service contracts.

5.1.2 Maintain the current provincial program structure that provides province wide expertise, regional support, networking and the necessary professional development opportunities in order to meet the demands of a small but complex and constantly changing program for infants with special needs and their families in a consistent manner province wide.

This is a responsibility of the MCFD Provincial Office in collaboration with the IDP Provincial Office to facilitate alignment between the Provincial IDP structure and a decentralized regional system of service delivery.

5.2 Ensure that Children and Families Receive the IDP Services they need.

5.2.1 Address key funding issues

MCFD Provincial Office and MCFD Regional Managers in consultation with the IDP Provincial Advisor and Regional Advisors and representatives from sponsoring agencies undertake a joint process to review the appropriateness of funding provided to IDP.

Develop an overall provincial plan to enable a fair allocation of funds aimed at eliminating waitlists and reducing large caseloads:

- Commence with determining an agreed to definition of waitlists and acceptable caseloads. (See Recommendation 5.2.2 on waitlists and caseloads below.)
- Then undertake a review of budgets, waitlists and caseloads of each Infant Development Program in the context of the agreed to definitions.
- In conjunction with the above, review the current regional allocation socio-economic funding formula to identify a more equitable distribution of funds to regions that recognizes that disability can cut across all socio-economic lines.
- In addition, give consideration to the following:
 - Entering into contractual arrangements with sponsoring agencies for three year funding to enable adequate planning and sustainability.
 - Developing contracts with sponsoring agencies that take into account funding to: meet service demands; enhance interagency collaboration and integration of service delivery, professional development standards, and decisions made around standardization of wages and benefit; and include costs of travel and infrastructure supports for the delivery of IDP.
 - Supporting continued provision of current bursaries for professional development and consider additional travel support to enable more equitable opportunities to participate in professional development. This needs to be addressed both regionally and on a province wide basis.

5.2.2 Address waitlists and caseloads

- The IDP Provincial Advisor in consultation with MCFD establish a task group to clarify and seek agreement on how caseloads and waitlists should be defined, that is, who should be considered on a waitlist, and to clearly document the extent of the waitlists across the province for all IDPs.

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5.2.3 Facilitate human resource planning

- Develop a province-wide professional salary grid for IDP Consultants, IDP Regional Advisors and Provincial Advisors that will retain and attract individuals with proper qualifications and experience. This should include minimal standards for entry level salaries with increments based on qualifications and experience.

This is a responsibility of MCFD Provincial Office to take the lead in consultation with the IDP Provincial Office. This will require further dialogue and will need to engage key unions and relevant BC Government officials in the process. Consideration could be given to fostering a potential role for the BC Association of Infant Development Consultants.

- The IDP Provincial Office develop a succession plan that includes mentoring and reflective supervision so that new people can benefit from the experienced consultants.

5.3 Maintain and Enhance Program Quality.

5.3.1 Promote Professional Development

- **The IDP Provincial Office facilitate the implementation of professional development standards by:**

- Developing and implementing a provincial professional development plan to facilitate best practices and sharing of specialized expertise province wide ensuring there are special knowledge/education opportunities for IDP Consultants to meet the needs of low incidence disability, complex family situations and gain leading edge information in early childhood development.

This includes not only the current Summer Institute, Provincial in-services, and regional training, but further opportunities for mentoring programs, training at a local community level (implementing professional development sessions closer to home) and advanced education programs.

- Ensuring all new IDP Consultants take the IDP diploma course, be required to meet standard entry level qualifications (i.e. condition of employment), receive mentoring on the job for a specified time period and receive Gesell Assessment training. (*Note: These can be made requirements of employment.*)
- Providing options for advanced education courses for experienced IDP Consultants (the diploma and certificate courses are perceived by some experienced consultants to be too basic).
- Developing and disseminating a list of the training opportunities that are available for all IDP Consultants.

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- **MCFD facilitate the implementation of professional development standards by:**
 - Specifying in service contracts with sponsoring agencies a required standard of professional development for all IDP Consultants. The setting of this standard requires further discussion and agreement, but could include, for example: attending Summer Institute every three years; at least one provincial professional development session every two years and one regional session each year. (See Recommendation 5.5.1 on standardized service contract.)
 - Providing funds within sponsoring agency contracts to guarantee that professional development standards/requirements can be met.

5.3.2 Facilitate joint planning and service delivery with Supported Child Development Program and the Therapies

IDP Provincial Office work in collaboration with the Provincial Offices of Supported Child Development and the Therapies to develop province wide guidelines for incorporation into the IDP Policy and Procedures Manual to address referrals, smooth transitions among programs, joint visits and joint team collaboration.

5.3.3 Enhance collaborative relationship between IDP and AIDP

The IDP Provincial Office and IDP Regional Advisors collaborate with the AIDP Provincial Office and the newly designated AIDP Regional Advisors to enhance collaborative relationships between IDP and AIDP by:

- Establishing a joint working committee to address policy and protocols relating to referrals, joint visits, case reviews and joint programming.
- Implementing joint training sessions including cultural sensitivity training to promote a greater understanding of cultural relevance, needs and requirements of the aboriginal community.
- Ensuring effective communication with IDP at all levels when new AIDPs are being developed, e.g., a regular communiqué, teleconferences, etc.
- Facilitating two way mentoring opportunities to enable each program to learn from the other.
- Working with MCFD to ensure funding is allocated to adequately serve Aboriginal infants and their families whether served by either program or both. **Keep the primary focus on the Aboriginal child and family and not the program.**

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5.3.3 Engage in studies to confirm best practices and enhance service quality

MCFD Provincial Office in collaboration with the IDP Provincial Office investigate the benefits and lost opportunities associated with expanding services or not to:

- A broader group of infants and families who may require IDP estimated to be up to 10% of the infant population.
- Infants aged 3 to school-age to address the gap in services in some communities.

5.4 Strengthen the Service Delivery System.

5.4.1 Raise awareness of IDP

“It is important that all stakeholders have a working knowledge of how IDP delivers services, the challenges faced by first responders, the theory behind best practice delivery models and a clear understanding of the role IDP Consultants play within a multi-disciplinary team.”

- MCFD Regional Managers hold training sessions for MCFD staff on IDP and other early childhood development programs to ensure a greater understanding of the uniqueness and benefits of each program.
- IDP Provincial Office develop opportunities for joint training sessions with Supported Child Development, Aboriginal IDP and the Therapies to enhance understanding of each others roles to promote inter-disciplinary collaboration.
- IDP Provincial Office develop educational products such as: a more interactive IDP website that the public and families can use; an IDP Program video; workshops on IDP for other professionals.
- IDP Regional Advisors work with IDP Consultants to enhance overall awareness of IDP to the public through physician offices, hospital nurseries and the public health nurses.

5.4.2 Increase collaboration and integration of IDP with other early childhood development (ECD) services and committees within the community

“IDP should be part of a continuum of services that are provided in a coordinated, focused manner in each community.”

- Sponsoring agencies along with IDP Consultants and MCFD at a local level implement key strategies that would most effectively link IDP with other early childhood development services and committees within the community. The following should be considered:
 - Integration effort should be done efficiently to promote collaboration and to minimize duplication.

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- Funding to facilitate involvement of IDP with other early childhood development committees and groups may be required.
- Recognizing the similarities and differences in functions of the IDP Local Advisory committee vis-à-vis other ECD Committees. This may mean: maintaining an independent IDP Local Advisory Committee but ensuring representation on other relevant ECD committees or integrating the IDP Local Advisory Committee with an already established ECD committee.
- With the latter option, it is important to ensure that the IDP agenda does not get lost in these multidisciplinary settings. A number of suggestions include:
 - Ensure all committee members understand IDP.
 - Include IDP as a standing agenda item - not just reporting but enabling discussion and resolution of issues.
 - Create a task group within the larger multidisciplinary committee that is devoted to addressing IDP issues and its relationships to other key services such as SCD and the Therapies.
 - Provide opportunities for joint planning and training as well as team building exercises to enhance collaboration and integration of services.
 - Work toward greater continuity of services and, in the longer term, to joint service delivery and integrated case records.

5.4.3 Implement key processes to enhance communication and networking among IDP, MCFD and sponsoring agencies

- MCFD Regional Managers work with MCFD Community Service Managers to ensure that MCFD representatives are identified for each IDP program.
- MCFD Regional Managers take the lead in organizing IDP regional meetings and teleconferences.
 - Regular sessions should be held within each region (in person or by teleconferences) that involve MCFD (MCFD Regional Managers, relevant MCFD Community Service Managers), the IDP sponsoring agencies, the IDP Regional Advisor and IDP Consultants to address key issues that impact all stakeholders.
- IDP Provincial Advisor and MCFD Provincial Office facilitate the participation of MCFD Regional Managers in the IDP Provincial Steering Committee meetings. This will help link the regional MCFD structure to the IDP Provincial structure and facilitate joint planning.
- MCFD Regional Managers and the IDP Provincial Advisor and IDP Regional Advisors ensure greater inclusiveness of sponsoring agencies. Consider sponsoring agencies as partners in the overall planning and delivery of IDP.

5.4.4 Clarify Key Roles and Responsibilities

- All stakeholders (MCFD, IDP and sponsoring agencies) distinguish more clearly between the responsibility for (i) program operations and management, (ii) establishing quality program standards and policy, including best practices and (iii) monitoring these functions. Consider, for example, that:

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- The management functions for IDP should lie with the sponsoring agency through their contractual arrangements with MCFD and their participation in an appropriate accreditation process.
- The responsibilities for establishing quality program standards and policy including content expertise, research, best practices, professional development and training opportunities and developing policy to shape the future direction of the program should lie with the IDP Provincial program in consultation with the IDP Provincial Steering Committee, MCFD Regional Managers and sponsoring agencies.
- It is important to acknowledge that there are areas of overlap and therefore possible tension between these two areas of responsibility. However, the distinction between these responsibilities should guide the development of a more effective monitoring system. (See Recommendation 5.5.3)

5.4.5 Clarify the role and responsibilities of the IDP Provincial Advisor and IDP Regional Advisors

IDP Provincial Office in consultation with MCFD consider strategies that would enable:

- IDP Provincial Advisor to enhance relationships with the MCFD Regional structure.
- More time for IDP Regional Advisors to enhance their effectiveness in carrying out their main role of clinical support and mentoring of IDP Consultants. This requires sufficient time for:
 - Networking, keeping up-to-date on new evidence-based research
 - Sharing information and providing expert advice to IDP Consultants in their region
 - Training and mentoring of new staff
 - Facilitating regional professional development
 - Reaching out into the community to help raise awareness of IDP.
- More time for IDP Regional Advisors to act as a key liaison with the MCFD regional structure, to facilitate joint planning for IDP in their region and to link more closely with sponsoring agencies in this planning process.
- Adding a dedicated IDP Regional Advisor to support Vancouver Coastal without reducing time from the other four IDP Regional Advisors. (The budget for Regional Advisors is fixed therefore the cost to cover a fifth Regional Advisor is being taken from the funds allotted to cover the salaries of the other four Advisors.)
- An appropriate role for IDP Regional Advisors in collaboration with the IDP Provincial Advisor and MCFD Regional Managers and sponsoring agencies in program monitoring and evaluation to ensure IDP program quality and standards are being met. (See Recommendation 5.5.3 below.)

5.4.6 Clarify the essential role of the IDP Local Advisory Committee

- The IDP Provincial Office develop guidelines within the IDP Policy and Procedures Manual for sponsoring agencies and IDP Consultants to reassess the functions and structure of the IDP Local Advisory Committee. The guidelines should address the following:
 - Clarify the functions of the IDP Local Advisory Committee outlining that responsibility for program operations and management lie with the sponsoring agency rather than with the Committee.
 - Where Communities wish to retain a separate IDP Local Advisory Committee, linkages with other relevant committees should be clarified and formalized.
 - When the functions of the IDP Local Advisory are to be integrated with other key advisory committees in the community that are addressing infant and children's issues, strategies should be identified to ensure that the essential IDP agenda is not lost.
 - Regardless of the structure chosen for the IDP Local Advisory Committee, encourage parental involvement to the greatest extent possible to facilitate a community-based model that is relevant to needs of each community.

5.5 Ensure a Common and Consistent Accountability Framework.

5.5.1 Develop an up-to-date and standardized service contract for IDP sponsoring agencies

- MCFD Regional Managers work with MCFD Community Service Managers to ensure that all IDP service contracts with sponsoring agencies are updated to reflect current needs and issues.
- MCFD Provincial Office and MCFD Regional Managers take the lead to collaborate with representatives from sponsoring agencies and the IDP Provincial Advisor to develop a provincial standardized service contract for IDP.
- The standardized service contract should enable flexibility and adaptation to regional and community needs but include the following common clauses:
 - adherence to the IDP Policy and Procedures Manual;
 - strategies to address conflicts when sponsoring agency policy and IDP policy differ;
 - caseload levels to be maintained;
 - professional development requirements;
 - qualification requirements for IDP staff;
 - standards for IDP salaries and benefits;
 - data collection requirements; and
 - monitoring and evaluation requirements.

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Note: Vancouver Coastal Region has updated its IDP contracts with sponsoring agencies and has incorporated desired outcomes and reporting requirements. Their contract could be reviewed by a special IDP task group for consideration province wide and as a reference for other regions.

5.5.2 Institute a uniform data collection system

- MCFD Provincial Office and IDP Provincial Office collaborate to enable the development of a comprehensive uniform data collection system that is streamlined and computerized (e.g., work currently being done by Herb Chan's Data Project at UBC)
- MCFD, in the short term, consider modifying the MCFD reporting requirements taking into consideration the following:
 - Clarify what the data is to be used for.
 - Clearly identify who is to receive what data and when.
 - Modify the MCFD form to include direct and indirect client related activity. Consider data collection form used by the Fraser Valley Child Development Centre as a potential model.

5.5.3 Identify and implement a consistent monitoring process for program quality control

MCFD Provincial Office and the IDP Provincial Office take the lead to establish a task group consisting of the IDP Provincial Advisor, MCFD Provincial Office, IDP Regional Advisors, MCFD Regional Managers, representatives from the sponsoring agencies and representatives from the IDP Provincial Steering Committee to identify a process for enhanced quality control. The following suggestions should be considered:

- Sponsoring agencies should have overall responsibility for monitoring IDP through their contractual arrangement with MCFD, with MCFD responsible for assessing the results. To assist with this process:
 - Develop a separate tool, to be used by sponsoring agencies, to guide monitoring of IDP program quality.
 - Ensure responsibility for monitoring established program standards is clearly outlined in service contracts with sponsoring agencies.
 - Establish a committee in each region to enable resolution of issues that impact program quality. This committee should include, but not be limited to, the MCFD Regional Manager, IDP Regional Advisor and sponsoring agency representatives, calling upon the IDP Provincial Advisor as required to ensure a consistent province wide approach.

5.5.4 Develop a common evaluation approach that includes:

MCFD Provincial Office in conjunction with the IDP Provincial Office develop a common evaluation process taking into consideration the following:

- Development of common province wide outcomes and outcome measures (indicators).

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Note: An IDP logic model is found in the IDP Policy and Procedures Manual. Also, a number of regions have reviewed and adapted this logic model. An analysis of the various logic models that have been developed for IDP would be a good starting point to bring a group of interested individuals together to develop a common set of outcomes and measures for IDP.

- Continued application of parent surveys. Consideration might be given to a comprehensive analysis of available parent satisfaction surveys to summarize views of families and provide a companion report to this review.

5.5.5 Revise the IDP Policy and Procedures Manual

The IDP Provincial Office take responsibility for revising the IDP Policy and Procedures Manual to reflect agreed upon changes relating to program delivery, management, standards, monitoring and evaluation.

6.0 Conclusion

It is recommended that a joint task group be struck by MCFD Provincial Office and the IDP Provincial Office to address the recommendations in this report with a focus on the following:

- ◆ Examine the overall funding issue and regional allocation of funds, including clarification of waitlists and additional FTE requirements.
- ◆ Strengthen relationships between IDP and the regional MCFD structure.
- ◆ Enhance IDP and Aboriginal IDP dialogue to address joint planning, training and service delivery, led by both the IDP Provincial Advisor and the Aboriginal IDP Provincial Advisor.
- ◆ Develop a standardized province wide service contract.
- ◆ Develop a common accountability framework clarifying data collection requirements, monitoring responsibilities for program quality and a common evaluation approach.
- ◆ Ensure agreed to changes are reflected in the IDP Policy and Procedures Manual.

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Appendix I – Data Collection

Various data collection methods were used to maximize participation and these included:

- Review of all relevant documentation such as the IDP Policy and Procedure Manual, IDP website, IDP Annual Reports, and research documents on issues relating to early childhood intervention prepared by the IDP Provincial Office.
- Individual interviews with key stakeholders including: IDP Provincial Advisor and staff of the provincial office; all IDP Regional Advisors; a select number of individuals on the IDP Provincial Steering Committee; MCFD staff in Victoria responsible for IDP; all MCFD Managers responsible for Early Childhood Development and Children and Youth with Special Needs; a number of MCFD Community Services Managers and MCFD Procurement staff; and several Executive Directors from IDP sponsoring agencies.
- Focus group session with the IDP Provincial Steering Committee.
- Site visits to each region which included one face-to-face session. These sessions mostly included IDP Consultants but did include at least one MCFD representative and a number of Executive Directors or supervisors in sponsoring agencies. Approximately 10-12 individuals were involved in each of the five regions.
- Two scheduled telephone conferences in each region to enable participation by those who could not attend the face-to-face session. Most calls were well represented with 5-8 individuals from different stakeholder groups participating. The two opportunities for teleconferences in Vancouver and Fraser had limited to no participation, and one opportunity for Vancouver Island had no participation.
- Email survey to all IDP Consultants, sponsoring agencies and MCFD managers involved in IDP to allow a further opportunity for input if anyone was missed. Approximately 25 surveys were submitted.
- An opportunity given to anyone who wished to call the consultants directly to provide confidential input. As a result of this, approximately 6 additional individual interviews/discussions were conducted.

Appendix II –Stakeholder Questionnaire and Email Survey

INFANT DEVELOPMENT PROGRAM REVIEW

QUESTIONS FOR INTERVIEWS AND FOCUS GROUPS

INTRODUCTION

The Ministry of Children and Family Development (MCFD) will carry out a review of the Infant Development Program (IDP) over the next few months. Zena Simces and Sue Ross, independent consultants, have been hired to conduct this review. Zena and Sue have a background in prenatal health and early childhood development programs as well as community consultation and evaluation.

The purpose of the IDP review is to improve and expand the understanding of the program overall. This is not an evaluation of community-specific programs. This review will focus on the overall effectiveness of the IDP, confirming and building on its strengths and identifying priority issues to be addressed. Attention will be paid to roles and responsibilities as well as interrelationships and communication among the different stakeholder groups. Your views and perspectives are important to this review process.

Zena and Sue are contacting the IDP Regional Advisors to gain their assistance in reaching stakeholders over the next 2 months. The final report is to be completed by October, 2006.

Zena and Sue will be conducting interviews with key stakeholders such as: Provincial IDP office, Regional IDP Advisors, MCFD Headquarters, MCFD Regional Managers responsible for IDP and a focus group with the Provincial IDP Steering Committee.

In addition, Zena and Sue will visit each region to conduct focus groups sessions in one or two sites in each region. Recognizing that we will not be able to reach all stakeholders during our site visits, we will also be:

- organizing regional teleconferences at scheduled times
- sending out an email survey to all IDP consultants and agencies delivering Infant Development programs
- conducting selected individual interviews to ensure people who want to be heard are not missed.

We look forward to obtaining your opinions and hearing your suggestions.

Our contact information is:

Zena Simces	604 644-1874	zenasimces@shaw.ca
Sue Ross	604 876-9086	sueross@interchange.ubc.ca

Infant Development Program Review – Ministry of Children and Family Development

QUESTIONS

Overall Program

1. What are the key strengths of the program that help contribute to these results?
2. What are the main issues/challenges that hinder the achievement of these results?

ROLES AND RESPONSIBILITIES

3. What relationships are working well among the different stakeholders involved in IDP e.g., IDP Consultants, Sponsoring agencies, Regional IDP Advisory Committees, MCFD Regional Managers, IDP Provincial Advisor?
4. What suggestions to you have for enhancing the relationships and communications
 - a. Within the *local IDP structure* - the IDP agencies, IDP Consultants and the local IDP Advisory Committees.
 - b. Between the local IDP structure and Regional MCFD office?
 - c. Between the *provincial IDP structure* - IDP Provincial Advisor and the IDP Regional Advisors and the Provincial IDP Steering Committee and the
 - a. local IDP structure
 - b. MCFD Regional Offices

IDP PRACTICE

5. What suggestions do you have for improving IDP practices to help ensure that best practices are consistently being followed?

ABORIGINAL IDP

6. Do you have any suggestions regarding the relationship between IDP and the Aboriginal IDP?

Infant Development Program Review – Ministry of Children and Family Development

PROGRAM FUNDING

7. What recommendations do you have regarding funding of IDP?

ACCOUNTABILITY

8. What recommendations do you have regarding data collection for IDP?
9. What evaluation process is currently being carried out to ensure that your Infant Development program is being reviewed?
10. What would suggest is needed in terms of IDP evaluation and by whom to ensure ongoing accountability?

RECOMMENDATIONS

11. If you had to make three recommendations on what would improve the Infant Development Program overall, what would you suggest?

Infant Development Program Review – Ministry of Children and Family
Development

INFANT DEVELOPMENT PROGRAM REVIEW

EMAIL SURVEY

INTRODUCTION

The Ministry of Children and Family Development (MCFD) is carrying out a review of the Infant Development Program (IDP). The final report is to be completed by October, 2006.

Zena Simces and Sue Ross, independent consultants, have been hired to conduct this review. Zena and Sue have a background in prenatal health and early childhood development programs as well as community consultation and evaluation.

The purpose of the IDP review is to improve and expand the understanding of the program overall. This is not an evaluation of community-specific programs. This review will focus on the overall effectiveness of the IDP, confirming and building on its strengths and identifying priority issues to be addressed. Attention will be paid to roles and responsibilities as well as interrelationships and communication among the different stakeholder groups. Your views and perspectives are important to this review process.

Zena and Sue have been working with the IDP Regional Advisors to gain their assistance in reaching stakeholders over the last 2 months. We have been conducting interviews with key stakeholders such as: Provincial IDP office, Regional IDP Advisors, MCFD Provincial level, MCFD Regional Managers responsible for IDP and a focus group with the Provincial IDP Steering Committee. We have visited each region to conduct a focus group session. Recognizing that we would not be able to reach all stakeholders during our site visits, we have:

- organized regional teleconferences at scheduled times. and
- conducted selected individual interviews to ensure people who want to heard are not missed.

In addition, we are sending this email survey to all IDP consultants, sponsoring agencies and MCFD contacts involved in the Infant Development Program to ensure that everyone has the opportunity to provide us their perspectives on the program.

We look forward to obtaining your opinions and hearing your suggestions.

Our contact information is:

Zena Simces	604 644-1874	zenasimces@shaw.ca
Sue Ross	604 876-9086	sueross@interchange.ubc.ca

Infant Development Program Review – Ministry of Children and Family
Development

E-MAIL SURVEY

NAME _____
AGENCY _____
LOCATION _____
REGION _____

Overall Program

1. What are the key strengths of the Infant Development Program?

2. What are the main issues/challenges that you believe the Infant Development Program faces?

ROLES AND RESPONSIBILITIES

3. In terms of the relationships among the different stakeholders involved in IDP e.g., IDP Consultants, Local IDP Advisory Committees, Sponsoring Agencies, Regional IDP Advisors, MCFD Regional Managers, IDP Provincial Advisor, other service providers and parents –
 - a. What is working well and what is not?

 - b. What suggestions to you have for improving relationships and communications to enhance the effectiveness of IDP?

Infant Development Program Review – Ministry of Children and Family Development

IDP PRACTICE

4. What suggestions do you have for improving IDP practices to help ensure that best practices are consistently being followed?

ABORIGINAL IDP

5. Do you have any suggestions regarding the relationship between IDP and the Aboriginal IDP in your region?

ACCOUNTABILITY

6. What recommendations do you have regarding data collection for IDP?
7. What would you suggest is needed in terms of IDP evaluation and by whom to ensure ongoing accountability?

RECOMMENDATIONS

8. What are your top three priority recommendations for improving the Infant Development Program overall?

Appendix III – The Voice of IDP Stakeholders

Strengths of IDP

Family-centred and Home-based:

- *"You have the time and privacy for families to open up and discuss the issues regarding their child and how these are affecting their lives."*
- *"Home visits allow you to see the child in his/her own environment where he/she is at ease and perform better."*
- *"Families coming to my clinic at UBC Children's constantly identify the IDP Consultants as their primary support person."*

The strong IDP provincial structure:

- *"Our strong provincial and regional structure is at the heart of this program."*
- *"A provincial program provides consistency in philosophy and structure throughout BC."*
- *"As an IDP Consultant I know I can call someone, get guidance on practice that is based on provincial standards."*

Parent Satisfaction: (This is based on the small number of parents who participated.)

- *"... My IDP Consultants ... she is my saving grace... sense of acceptance... her experience is so valuable... I trust her advice... Rejoicing, celebrating, non judgmental..."*
- *"... They are there to help you, coach you...they rejoice with you."*
- *"... You never get over the grief... they helped me to have the confidence to go out and advocate for my child."*
- *"... They are really great for connecting you with services to get the support that is needed."*
- *"... Connected me with other moms to get more information and share their experiences."*
- *"... Don't recommend a group right away... we are too fragile and not ready to talk to other parents... we are too concerned about our own situation and not comfortable with it."*
- *"... To have someone come to the privacy of our home right away is the key strength of the program."*
- *"... Don't think 0-3 years of age is enough...should have the flexibility to be able to receive support until the child enters school."*
- *"... Because the IDP Consultants talks to the pediatrician and therapists, I don't need to waste my time to go through the same sad story over and over again.. I know the IDP Consultants will share appropriately what is required."*

Challenges faced by IDP

Waitlists

- *"In the case of infants, the missed timeframe can be critical and impair future learning and development in ways that cannot be altered very easily."*
- *"We have been given funds to reduce waitlists but they have not gone to where they are needed – to where they can make a difference."*

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- *“A year’s wait for an occupational therapist is unacceptable; 6-12 months wait for speech therapy is challenging; 8-12 months wait for behavioral support is grueling for families.”*

Inadequate funding

- *“Don’t have enough hours to meet with different groups to get IDP known in the community...lack of time to create a real presence in the community.”*
- *“We are a stand-alone program. Unlike other larger centres that have many programs contributing to the costs of administration, rent, utilities, etc., we must pay for all these costs from the MCFD contract payment.”*

Professional Development

- *“It is difficult to get to the summer institute or to attend in-services because of lack of funding for travel.”*
- *“Opportunity for training and education is not equal in each region... some agencies provide sufficient funds, others provide limited funds or not at all.”*

Relationships to AIDP

- *“We have always served Aboriginal families and will continue to do so.”*
- *Aboriginal families do not always feel comfortable receiving services from within their own community.”*
- *“We now refer aboriginal families to the AIDP and do not provide services to these families.”*
- *“We give families a choice as to who they would like to receive services from. Some choose both.”*
- *“One of the biggest concerns we have is that IDP and AIDP at the local level will be put in competition with each other for limited funds.”*

Data Collection

- *“The new MCFD reporting system is getting mixed reactions.”*
- *“The new MCFD reporting system is not asking for sufficient data to tell the story of what is really happening... We have concerns about how the data will be used and interpreted to impact funding.”*
- *“We want to understand the reason for data collection from MCFD.”*
- *“We really want to know why we are supposed to be collecting the data for MCFD. We are not sure how the information is going to be used.”*

Accountability

- *“While the IDP Policy and Procedures Manual is probably incredibly helpful guiding actual service delivery provided to families, it is not always particularly useful in providing assistance in how best to operate the program.”*
- *“Counting outputs is relatively easy, but measuring outcomes is much more difficult, which is why very little has been accomplished in terms of identifying common outcomes.”*

Coordination and Integration of Services

- *“Networking and linking with community services is imperative to delivering services to families.”*
- *“IDP should be part of a continuum of services that are provided in a coordinated, focused manner in each community.”*
- *“There is a need for a seamless delivery of services.”*
- *“IDP, supported child care, the therapies and other services related to children and families share a common goal and should be working together.”*

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- *“IDP working in isolation will not represent best practices.”*
- *“More seamless service is required... IDP is the start and so building good relationships is critical so families feel comfortable in moving on to other services.”*
- *“Need to fit IDP into the continuum of services with other early childhood development services.”*

Communication

- *“Ongoing teleconferences are working well in the Interior Region. People get to know your voice and style. This helps to build trust.”*

Appendix IV – Other Key Initiatives of the IDP Provincial Office

Other key initiatives of the IDP Provincial Office being funded by MCFD include:

- **Professional Framework for Practice** – This involves an updating of occupational Competencies for IDP and Supported Child Development consultants and a review of the research literature with regard to early childhood intervention
- **Make the Connection** – 24 IDP Consultants were trained last January in a two-day Infant Mental Health/Language and Cognitive workshop with the intent on a number of these becoming trainers in this area.
- **UBC Certificate and Diploma** – Funds have been made available to support rural and isolated ID and AID consultants and SCD and ASCD to register for the on line course in the Certificate, and Summer Institute courses for the Diploma in Infant Development and Supported Child Development.
- **ECD Website** – Funds have been made available by MCFD to set up a website that will list relevant early childhood development and intervention training opportunities throughout the province.
- **Fetal Alcohol Syndrome** – Funds were available to develop and pilot curriculum for FAS/D training.

Other areas the Provincial IDP Office has been working on include: Autism Spectrum Disorder, Infant Mental Health training, training protocols for early hearing screening, post secondary training for staff working in IDP/SCD, and involvement in key research activities impacting IDP such as the UBC Human Early Learning Partnership (HELP) and the Consortium of Health , Intervention, Learning and Development (CHILD).