

Our Esteemed Board

2013 - 2014

- Tim Deadman
- Dee-Anne Cowan-Doak
- Dale Kneller
- Susan Jacobi
- Shirley Ackland, current Chair

Executive Director

Althea Vermaas

Program Managers

- Sandy Tamburini, Administration Manager
- Debbie Klaric, Victim Services Manager

Who Are We: NICCCS History

The North Island Crisis & Counselling Centre began in 1981 as the Port Hardy Crisis Intervention Society. The Society was formed almost entirely as the result efforts of Gillian Rippingale and Sally How, who recognized a crying need for counselling and support services in the community. They worked together to lobby for funding while at the same time, providing many of these services on a volunteer basis.

Today, the agency is a not-for-profit, charitable Society that offers services to all age groups in the Mt. Waddington region. Although our main offices are in Port Hardy, we regularly provide service in Port McNeill, Alert Bay, and less regularly in Port Alice, Quatsino and Sointula. The Society owns the main office and the Crisis Stabilization House outright, and runs a Women’s Safe Shelter, and operates two infant - youth programs in Robert Scott School. With the exception of Better at Home, which has a sliding scale fee for service, our services are provided free of charge. Collaboration with other service agencies is important to the Society; staff participate in inter-agency meetings at both the leadership and frontline levels to make the most efficient use of resources and to address service gaps in the region.

Our Mission

‘Empowering People’

Our Mandate

The North Island Crisis & Counselling Centre Society provides services to help children and youth, women, men, and families achieve identified goals whether simple or complex, short or long term. Using best practice, service delivery will be timely, appropriate, and provide effective assistance that respects and promotes clients’ independence and self-determination within the limits of available resources.

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Message from the Board

As the Board chair for less than four months, it seems a bit premature to give an actual year's report. What I can do is update everyone to what we, as a board, have been tackling over the past few months.

Accreditation occurred in April and all the staff at NICCCS are to be commended on their perseverance and dedication to ensuring our agency fared well as the accreditors reviewed and observed our practices. A few areas of concern that needed a bit of polish were identified, and work to ensure these areas meet expected standards has commenced.

Susan Jacobi has retired as chairperson of the board and we are very grateful for the leadership she provided and her years of dedication to our agency. Currently, we have three new board members (Brenda Loerke, Gordon Brownridge and I join long serving board member, Tim Deadman). We hope to invite others who wish to serve on the board to ensure the board has at least five active members and our agency moves in the direction that best serves the communities in our region.

There have also been staff changes at our agency with some people moving on to new ventures and others joining our team creating a new dynamic here at NICCCS.

We wish to thank Althea for her work getting the agency through the accreditation period last spring and we look forward to focusing on delivering and improving the services that our agency provides in our communities "post accreditation."

In the few short months that I have been a board member, what is apparent to me is that most of the people in our communities know you – our staff – more than they know the various programs that we offer. You are the faces of this agency and our community trust and respect you for all of the hard work you do. On behalf of the board – thank you all for your dedication and commitment to ensuring NICCCS continues to be the well-respected organization that it is.

Respectfully submitted

Shirley Ackland

NICCCS Board Chair

With Gratitude to Our Funders

- ✧ Ministry of Justice ✧
- ✧ Ministry of Children and Family Development ✧
- ✧ Island Health ✧
- ✧ BC Housing ✧
- ✧ School District 85 ✧
- ✧ United Way of the Lower Mainland ✧

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Executive Director Report

This was my first year as the Executive Director and it was a busy one! Preparing for the Society's second Council on Accreditation (COA) site visit in April 2014 was the main priority, but hiring new staff to fill the positions of people retiring and moving on to different things, and seven new program positions was a close second.

Staff worked on developing annual agency and program goals from the strategic plan. Sorting and organizing the electronic file system and developing a Volunteer Department were identified as priorities to improve efficiency within the agency. As a result of feedback received that many community members did not know about the services NICCCS offers or where we were located, improving the advertising of our services has also been a priority.

One of the most positive developments this year has been the regular meetings of North Island Social Service Leadership Council. Membership is held by the leadership of Namgis' Family Services, NICCCS, Salvation Army, Gwa'sala – 'Nakwaxda'xw Child and Family Services, and NI Community Services. Meeting every other month, the mandate is:

1. Represent Mt. Waddington communities/region's social service sector voice with the government and other funders
2. Efficient resource management funding
3. Identify which agency is best situated and appropriate to address community/regional needs

Unfortunately, there were some tragedies within the region that the North Island Critical Incident and Suicide Response Network, triggered through calls to the Crisis Line, responded to. This network of mental health and human service workers has been much lauded by community members who have received their services. The work that NICSRN team has done has highlighted the need to develop more members that have Critical Incident Debriefing/Psychological First Aid training.

Other highlights of the year include giving staff control of the discretionary funds within their budgets, working with the RCMP, and governments of the District of Port Hardy, Quatsino, Kwakwaka'wakw First Nation and Gwa'sala – 'Nakwaxda'xw First Nations to develop an agreement to operate a one-year trial of a Restorative Justice Program.

New Staff

Kim Kisyel, Family Counsellor

Taz Bouchier, Women's Counsellor

Pat Horgan, Better at Home

Jan Prowse, Family Support

Dustin Swain, Family Support

Phyllis Ackles, Family Support

Sarah Patrick, Women's Counsellor

Sean Patrick, New Beginnings

Kathleen Gillis Family Support

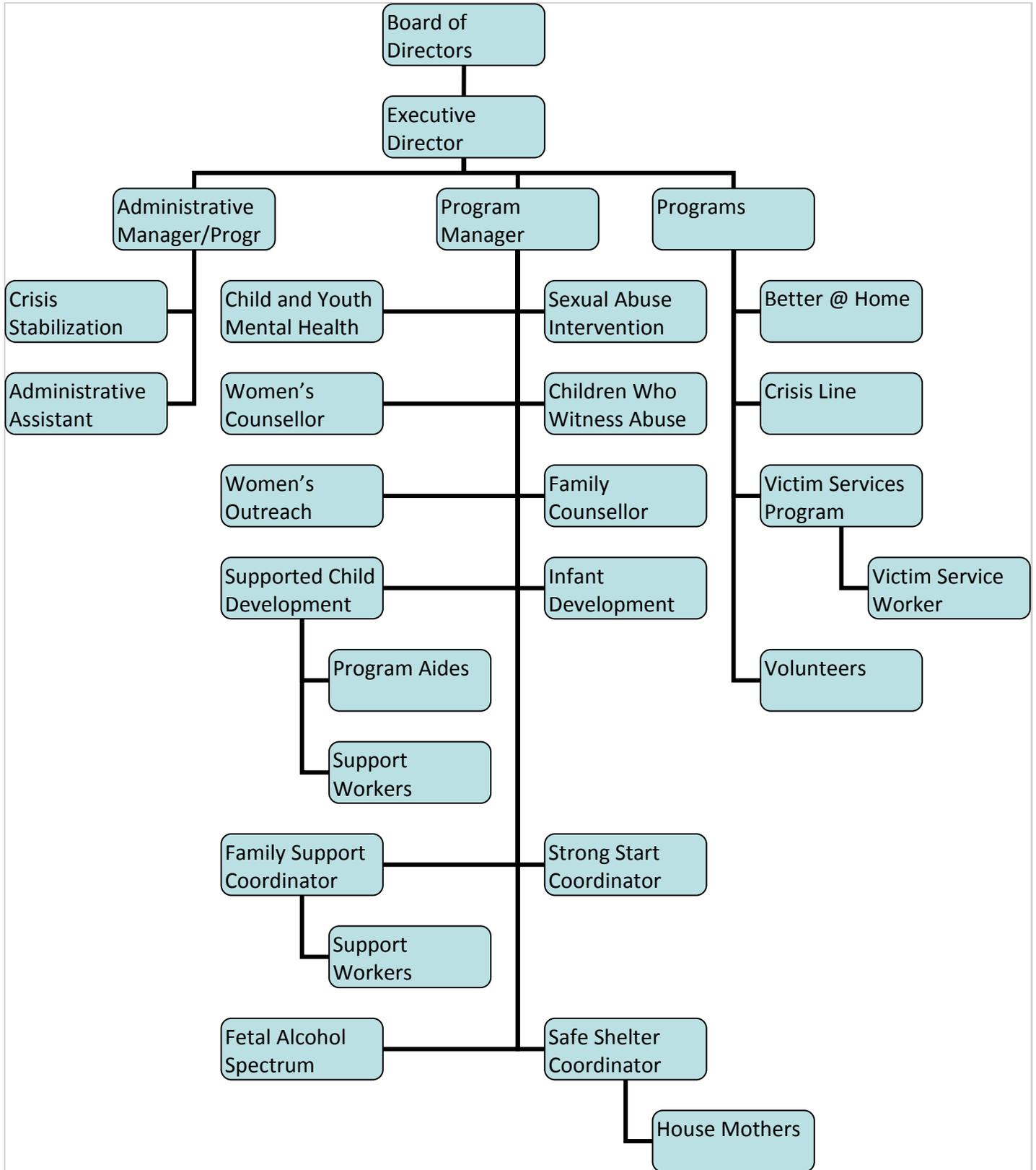
Debbie Griffiths, Family Support

Janice Chmurzynski, Family Support

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Our Programs and Services:



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Better At Home

Trends

- Better at Home services started last September with 1 client in 1 community and now the program has 50 clients in 4 communities.
- Services are offered by a mix of paid staff and volunteers. Initially, friendly visits and drives to appointments were identified as the most wanted services and that has not been the case. Overwhelmingly, seniors ask for housekeeping and yard maintenance as these chores are the most physically demanding and seniors increasingly need assistance.

Service strengths

- Word of mouth and referrals from VIHA have been a great boon to the program.
- Fifty clients that are accessing services in less than six months is another indicator that the program is effective.

Service challenges & solutions

- There are two major challenges – our expansive geography, and our limited budget.
- Because of our broad geographic region, we plan to hire local organizers that I will liaise with in order to provide seniors with easier access to services. This local contact will be able to identify service needs and connect that need with a local service provider much more quickly than when I visit the community randomly.

Program development

In an effort to continue to develop community awareness of the program and “get the word out” several types of outreach and advertisements have been accomplished

Completed Events:

- Continue to contact community groups – Full Gospel Church in Port McNeill presentation
- May 10 training session for 10 volunteers (from PMc Gospel Church)
- Continue to meet weekly with PH Seniors, PMc Leisure Group, PMc Happy Gang
- Hosted an information booth at the Mount Waddington Health Forum February
- Advertisements in Port McNeill Town Log, Port Hardy Newsletter, Port Alice website, Sointula Ripple (ongoing)

Volunteers don't get paid, not because they're worthless, but because they're priceless. ~Sherry Anderson

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Counselling Programs

Child and Youth Mental Health

The Child and Youth Counsellor's responsibilities encompassed 3 primary service areas. The first area involved carrying a caseload of children and youth with mental health concerns and providing counselling to the young people and their families. The second service area was the provision of intake services to the community-based, multi-agency child and youth mental health team. The third service area included the responsibilities of the being the agency's program manager.

Counselling Session Work

An ongoing active case load of approximately 12 clients was maintained throughout the reporting period. Monthly appointments with the child and youth team's pediatric psychiatrist were attended for several clients the counsellor had worked with. One-to-one counselling outreach services were provided to students in Port McNeill and Alert Bay (via North Island Secondary School and Sunset Elementary) throughout this time period. Port Hardy Clients met with the CYMH counsellor at the NICCCS office and occasionally at other locations within the community. CYMH Team Intake Work

Referrals were received and processed at an average rate of three to five per week over the school year time period. CYMH Intake Meetings were attended, usually weekly for the duration of the reporting period.

NICCCS Program Manager Work

The Program Manager provided support to the staff members working in several other programs to aid them in delivering services to clients. Work was also conducted with the Executive Director toward completing some of the tasks needed for re-accreditation.

Successes: Community Engagement & Program Support

Throughout the spring and summer months of 2013, the CYMH counsellor spent time providing orientation to three new staff members at NICCCS.

September of 2013 saw two staff members from the child and youth programs at NICCCS address staff at two of the main schools in Port Hardy to inform them of some services provided in the community in the area of child and youth mental health.

In November of 2013, both high schools had an event in which students got to know community resources and service providers. Staff members from the CYMH team at NICCCS participated.

From October 2013 through to March 2014, the CYMH counsellor provided support to the Executive Director and program staff including planning, problem solving, responding to inquiries, and tracking agency performance and quality improvement measures.

Throughout December 2013 into February 2014, group work was conducted in partnership with School District personnel to assist students in the development and presentation of Board policy recommendations. The policy is pertaining to student safety and non-discrimination.

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Partnering with the MCFD CYMH clinician, the CYMH counsellor at NICCCS aided in the delivery of a presentation on neuro-developmental disabilities to the CYMH North Island Team.

During the first three months of 2014, a project worked on by the CYMH counsellor at NICCCS, in partnership with a colleague from NICS included a youth survey of high school students on the North Island.

In March of 2014, the CYMH counsellor aided the Executive Director in a review of applications for the CYMH counsellor position soon to be vacant and the CWWA position which has been vacant in recent weeks.

Training

In October, training at the University of Victoria on neuro-developmental disabilities was attended and proved to be quite valuable to the CYMH counsellor. Learning was shared with other CYMH team members and will be shared within NICCCS in the months following the training.

In May, five days of training were attended with Dr. Darien Thira in Port Hardy, BC on the topic of counselling work with those experiencing trauma and grief. Several NICCCS staff members attended this training alongside the CYMH counsellor.

“Relationships are the agents of change ... What maltreated and traumatized children most need is a healthy community to buffer the pain, distress and loss caused by their earlier trauma. What works to heal them is anything that increases the number and quality of a child’s relationships. What helps is consistent, patient, repetitive loving care.” (From the book: *The Boy Who Was Raised as a Dog*)

Children Who Witness Abuse (CWWA) Program

Steady staffing has been a struggle for the CWWA program this year due to several staff members leaving the position. The position saw a lot of vacancy as the agency searched for the right fit for the position. As a result of the turnover, clients have not received continuity, both in referral follow-ups and in staff members. The lack of continuity has been recognized as problem by the agency, and the decision to split the hours between two counsellors was made. The program will surely benefit from having two counsellors in this role, acting as team, so that two people are always aware of what is going on for the program and its clients.

A struggle for the CWWA program has been connecting with the families. As many clients are low income, they do not always have access to a telephone or texting minutes. In addition to this, some clients live in outlying areas, adding to the challenge of connecting for appointments. The idea of providing phone cards has been explored by the women’s team, and the agency has provided phones with texting capabilities to the CWWA program.

An additional challenge has been a change in intake, as the CYMH intake worker left the agency and MCFD took over their own intake. This has led to some confusion on what the intake process is, not only for CWWA but for all CYMH services. The CWWA program and the Executive Director are now looking at what the intake

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process should look like for the program in order to better serve the clientele, and will be meeting with MCFD to find a solution that fits services providers and clients alike.

The CWWA program is making many good adjustments in order to address the challenges faced this year. One change is that the program will go from having one counsellor to two, in order to address the need for better continuity.

The program also has the opportunity for upcoming CWWA training for the new counsellors to enhance their skills and learn some new skills.

Family Counselling

Service Challenges/Pressures

Over the year there has been a challenge with regards to fitting clients into the 9 – 5 schedule. Often there is a need for after-hours services.

The community's experience of loss this past year highlighted the need for grief and loss support and while individual counseling was available and offered, there was still a request for group support that was not readily available to the public.

Critical incident debriefing was an area that was also highlighted as a result of the loss and trauma related to situations in the community.

There have been challenges this past year with regards to not having a waitlist protocol when services are not readily available to clients.

Also, there has been a challenge with a high number of clients booking for appointments and not showing for up for appointments or calling to cancel. This creates a service gap for individuals waiting for services.

Highlighted Demographics/Statistics

The average number of male clients seen over a month is 6 – 10. The average number of female clients seen over a month is 14 – 20. The average number of clients being served over a month is 24 – 30. The average number of aboriginal clients being served over a month is 7.

The age group that is using the services most regularly is the 31 – 50 age group, followed by 19 – 30/51+.

The majority of clients using the family counselling services come from Port Hardy, followed by Port McNeill and then Port Alice.

The largest number of referrals to the family counselling department comes from healthcare and medical services.

Groups

A request from the Community Coordinator (Quatsino Band) for workshop support was initiated and a self-esteem workshop was facilitated. The workshop was evaluated very positively and a request for further workshops was extended.

Trends

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The majority of the individuals accessing the family counsellor service are attending for Couple's counselling, followed by stress management and grief and loss issues.

Sexual Abuse Intervention Program

The SAIP program provides one on one, sibling group, and family counselling sessions using a client centered approach. The counsellor works collaboratively with parents/caregivers, school staff, consulting pediatric psychiatrist, physicians, pediatricians, health nurses and other professionals involved in the clients' lives. As well, the program provides support to health care staff, school staff, social workers, caregivers and parents of children and youth who were not necessarily clients, but who wanted some support and resources.

Trends

Most of the children referred to this program have experienced not just sexual abuse, have experienced a multitude of interpersonal traumas over a prolonged period of time. These include: sexual, physical, emotional, and spiritual abuse; grief and loss due to recent and historical deaths; attachment disruptions as a result of deaths, placed in foster care, frequent placement moves in foster care; and hardships related to poverty, food scarcity, and difficulty accessing health care. The term complex interpersonal trauma is now being used in the field of counselling to describe situations like these.

Strengths of the Program

The SAIP program is successful at engaging and retaining clients because it is responsive to the presenting needs of each client. The SAIP counsellor's work is guided by the research findings of the effects of interpersonal trauma; therefore, the quality of the therapeutic relationship is integral to her work. She enters into relationship with a genuine respect for each individual, the sacredness of their inner world, and a deep belief in each individual's capacity to heal in their own way. For this reason, the SAIP counsellor works with each child and their family in a holistic way with awareness of the physical, emotional, cognitive, and spiritual realms that support the healing process. While creating a safe place, the counsellor looks for ways to engage each individual in activities that will help them to connect to their strengths and encourage their imagination to do its valuable work— in this way the counsellor's aim is to facilitate a process where the individual connects to their true self and their own powerful ability to heal.

Challenges

Most families do not have vehicles and their phone numbers change frequently or go they run out of minutes. Therefore, the SAIP counsellor provides outreach service by picking up children at school or home, meeting families in their homes or in the community when the family requests, and by providing rides to health care appointments when necessary.

The children, youth and their families who have accessed services through this program face barriers to primary health care: In the past year the counsellor supported clients through treatment of serious health concerns - all of which were preventable - including impetigo as a result of head lice and scabies, and abscessed teeth. The counsellor worked this year to address this challenge by helping families to access health care earlier. The counsellor continues to work collaboratively with primary health care providers including one who specializes in sexual health as a way to empower children and youth who have experienced sexual abuse.

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Women's Counselling

Service Strengths and Challenges

This year has shown a great deal of collaboration between agencies for the betterment of the North Island communities. North Island Community Services has continued to allow the use of their office space which enables the STV counsellors to serve a large amount of clientele from Sointula and Port McNeill that do not have transportation to attend appointments in Port Hardy. There has been ongoing collaboration between the STV counsellors and other service providers, such as doctors, mental health and addictions, and VIHA Youth Discovery, which has allowed the clients to receive support from multiple agencies and have those agencies be on the same page as to each other's responsibilities to that client.

As caseloads are rising, it has become more and more difficult to schedule new clients in for their intake appointment in a timely manner. The increase in new referrals goes to show the good reputation North Island Crisis and Counselling Centre has, but it puts pressure on STV counsellors to manage caseloads. Waitlist protocols are currently being explored so that clients may be provided consistent appointments and be informed of expected wait times before service will be initiated.

There has been some turn over in the STV positions which have caused some disruption in service. It has been a struggle to rebuild with clients who have had to be moved from a counsellor's caseload that has left the agency onto the replacement counsellor. Clients have questioned the length of time that counsellors plan on staying the community, expressing their fear of rebuilding with a new counsellor to only have them leave. Both STV positions are now filled and ongoing work will be done with clients to rebuild trust.

Trends

There have been an increasing number of clients being referred to STV counselling who are looking for parental support. STV counsellors support clients in understanding the impact of abuse on children, and when appropriate, are providing referrals to other agencies that may better provide parenting support as opposed to counselling.

Groups

The STV program has put on a number of workshops within the Mount Waddington communities at the request of other service providers, such as on anger management, parenting, and self-esteem.

The STV program is also currently looking at starting up a women's group, and has received feedback from the community agencies that groups are needed at this time.

Crisis Line

2013 - 2014 has been busier than last year, for the North Island Crisis Line. There was a 22% increase in incoming calls with information calls still being the majority. We have seen an increase in Addiction types of calls (315%) but a decrease in Suicide type calls (-16%).

The Suicide Response Protocol Partnership with Gwa'sala-'Nakwaxda'xw Child and Family Services (GNCFS) was utilized well with 9 calls (2013-14) which is 5 calls up from the previous year. Feedback from GNCFS is that it has contributed to their ability to maintain the 90% decrease in crisis/suicide responses since 2012.

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The partnership with North Island Community Services regarding the Youth Emergency Housing has been in place but was not utilized - the project is coming to the end of its current funding and the Advisory committee will be reviewing the efficacy of the project in its present form.

This year the Crisis Line Coordinator has been very involved in forming a multi-agency suicide response team. The thoughtful and intensive meetings resulted in the forming of the North Island Suicide and Critical Incident Response Network (NISCIRN) - using the North Island Crisis Line as the central, one number access. This is a multi-agency network of skilled/trained responders who are available for debriefing, defusing, and general support to all who are affected by a critical incident event.

In anticipation of the Holiday Season, which has been marked by tragic suicide deaths of youths in 2011 and 2012, the North Island Crisis Line was central to compiling a comprehensive list of service agencies and community contacts providing support over the 2013 Holiday Season. Also, in partnership with Port Hardy Secondary School (PHSS) and other service agencies, PHSS hosted the Gift of Life Celebration. This Celebration originated with the Gwa'sala-'Nakwaxda'xw First Nations in 2008 and has since been hosted by Kwakiutl, Quatsino, and 'Namgis First Nations. The PHSS event was focused on providing the students with hopeful and positive feelings going into the Holiday Season. The feedback from students was very positive. One student remarked that the words shared really touched her and she left the assembly feeling very positive and that she mattered. Unfortunately, once again there was yet a tragic suicide on Christmas Eve; although not youth related. The NISCIRN responders were contacted and supports to the family and friends was provided within 24 hours. The Crisis Line Coordinator was involved in assisting to facilitate a diffusing circle and separately, provided support to the families of the youths who died in 2011 and 2012.

Next year the focus will be on further development of the NISCIRN, the Community Resource Directory, and revamping of the volunteer training process.

Towards the end of 2013 we said farewell to Jean Bennett. She truly is retired now. Our sincerest thanks for the many years she provided support and her loving personal connection to the Crisis Line volunteers. We also bid farewell to five dedicated volunteers and especially to one in particular; a longtime volunteer - not to be named to protect her identity, but this esteemed volunteer gave over 15,000 hours to the North Island Crisis Line. We will surely miss her and the others and wish them all well in their future endeavours.

Big bouquets of "flowers" to our present volunteers and NICCCS staff. We have been operating a little short-handed due to holidays and other priorities. Our volunteers and some staff have been very gracious about covering shifts and providing on-call staff support, enabling us to continue to provide this valuable service - 24/7.

Crisis Stabilization Program (New Beginnings)

New Beginnings Program, although busy the past fiscal year, ran quite smoothly. The new Bridge Housing Program has proven to be very successful with the same two clients still in residence at our year-end. Thanks go out to the team who made the selections of excellent clients to fit this innovative program. With the addition of this program, we have been able to offset some of the facility costs for the building and that, combined with keeping a pretty full house and watching our expenditures, the program actually came out in the black. We are thankful for that and hope we can keep the numbers up so the trend continues.

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Being able to work with an amazing staff and having a good working relationship with other agencies involved in the intake process into the program has made this a great year for me as Program Manager. Looking forward to what the future brings.

Sandy Tamburini

Fetal Alcohol Spectrum Disorder Key Worker

Pregnant? Don't Drink. Alcohol can cause LIFELONG Brain damage to you child.

This sentence is what my position is about, teaching about the dangers of pre-natal exposure to alcohol, in a non-judgmental manner, no shame, no blame, trying to teach that a child affected with FAS is the ten second kid in a one second world. In addition, part of this position is to assist families to navigate the complicated process of assessment of FAS or other neurodevelopmental disability thru VICAN (Vancouver Island Children's Assessment Network).

I work with families with children diagnosed or undiagnosed. It is a proven fact, that early intervention can help a child with FAS to achieve a measure of success in school, and having a formal diagnosis can assist with obtaining a PWD (Person with Disability) or a PSI (Personal Support Initiative) stipend as they age out. FAS is permanent brain damage, and most individuals will always need help, an "external brain" to assist with the day to day tasks of daily living.

I work with a diverse client base. I attend Bi-weekly sessions at the Kwakiutl Health Centre where I talk about FAS and help with scrapbooking. The Namgis Family Services also receives bi weekly sessions about FAS.

In Port Hardy, I collaborate with Maggie Sedgemore and we have weekly FAS support sessions. On occasion, I will invite the Tsowtunlelum Residential Support to work with clients, at these times.

Collaborations include working with schools, ab liaison nurse, other Key workers, Social workers, and community, to deliver current best practice information on FAS.

A disturbing trend has developed, in that doctors have been telling moms that it is ok to have an occasional drink while pregnant. It is a proven fact of the dangers of prenatal alcohol exposure to the growing fetus.

Therefore my current and future initiative is to contact doctors and other professionals and offer to give information that is best practice for FAS. In addition, public community sessions, as FAS is still seen as a shame based disability, not the invisible disability that it is.

It is only thru information and knowledge by service providers, and families, that FAS can be accepted and understood. I continue to be available for Outreach wherever and whenever a family needs support.

Family Support

In 2013, the Ministry of Children and Family Development provided funding to offer the Family Support Program to children and youth with special needs between the ages of 5-18. The program is divided into two age groups. Mondays and Wednesdays we service youth ages 13-18. On Tuesdays and Thursdays, we operate as a licensed Child Care Facility providing service to children ages 5-12. The purpose of the program

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is to empower youth to function to the best of their ability within the community by providing safe, age-appropriate activities that will enhance each youth's social and emotional health through activity based programming and community inclusion opportunities.

In the spring of 2014, Jan Prowse resigned from her position of Coordinator; Dustin Swain was welcomed as her replacement. Prior to his appointment, Dustin had been acting as a Lead Program Support Worker in the event Jan was absent. Dustin Swain was hired as the Program Coordinator effective May 30, 2014 at 15 hours per week

Family Support Workers: 4 X 14 hours per week

Program hours are from 3:15 to 5:30 Monday – Thursday

Every month we host a Family and Community Partners Dinner/Event where clients, families, NICCCS staff and community agencies are all welcome

Daily snack and activities are planned around a theme a month in advance with calendars sent home a week prior to the beginning of the month

The program activities include opportunities to community inclusion: swimming, visiting the library, walks, tours, and field trips

Respectfully,

Dustin Swain, Coordinator Family Support Program

Infant Development

It is our practice within the Infant Development Program to collaborate with, and partner with other agencies, and programs within our agency ensuring our clients receive wrap around service with family's needs at the centre. We regularly work together with EIT and AIDP at Namgis' First Nation, programs funded through VIHA and MCFD as well as pediatricians, and programs within our agency to support North Island Families.

Relationship building through outreach, home visiting, and playgroups are key components in IDP practice. It is important that IDP nurture relationship through family-centered practice - this proves to be most beneficial in building long lasting connection with the most marginalized and at-risk families and helping them access resources in our community.

Challenges we continue to face in supporting North Island families are large caseloads, children with complex needs, or who are in complex circumstances, and a large geographic span – driving distances, ferry schedules, cost and time to travel. A consistent therapy service for children (OT, PT, and SLP) also continues to be a challenge; we are partnering with other agencies to find solution.

In an effort to maximize our services to support local families, IDP makes efforts to combine travel with other consultants, utilize outlying community playgroups, centres, and collaborate with other services. With technology we can communicate with families and other professionals via email, text, fax and telephone. IDP also collaborates with other programs and agencies to share costs for training. Internet videos and teleconferencing have been instrumental for training purposes

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Over the past year, IDP has seen a caseload of over 60 families in the Mt. Waddington region. The number of families that IDP supports is actually much higher due to the outreach nature of the program.

Parents Comments:

“You have really made a huge difference in my outlook and plans for my child! Thanks again for your support and rallying behind me as a mother!”

“Thank you for Monday. It was nice to feel like I have a friend again. I've learnt that a difficult child causes friends to stray: / thank you. It also got me thinking....

I'm going to be going back to school when we move.. I'd like to do what you do. I want to help parents in my position”

“Thanks again for everything... You are amazing!!”

Supported Child Development

During the last fiscal year 2013-2014, the Supported Child Development Program (SCDP) has noticed the following trends: there has been a vast increase in the number of younger children requiring support to attend the childcare or preschool program of their parents' choice. With this comes the need to look and reassess the needs of the older children receiving SCD services. The program has had to close some children's files to open up the allocation budget for younger children requiring support.

There has as well been an increase in children receiving diagnoses of Autism Spectrum Disorder (ASD) also Intellectual Disabilities Diagnoses at earlier ages this is a great trend, it also put a pull on the support budget as the children require more support for longer hours.

The program has a consultant with vital relationships with the clients; the program aides employed within the program have a greater understanding of the programs the aides are attached to as well as the communities they work in. The consultant and program aides of the SCD program have a thirst for knowledge to assist them within their work and are always looking for the most up to date support for the children they have on their respective caseloads.

The program has a collaborative and collegial relationship with the Aboriginal Infant Development Program, Infant Development Program as well as the Early Intervention Therapy Team (NAMGIS)

One of the challenges during the last fiscal year is the change in executive directors, learning the new style and getting used to the change. In addition staff was away for personal issues for an extended period of time without notice due to family issues. The program has had additional challenges with the lack of consistent Early Intervention Therapy for the children of the North Island Communities; the lack of services was difficult on the parents as well as paraprofessionals on the North Island. The program has been playing a bit of catch up, having accreditation in there just added to the catch up.

The program has a parent of twins one with an intellectual disability diagnosis, when the diagnosis came back from VICAN (Vancouver Island Children's Assessment Network) the parent as well as the writer both felt that

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an Autism Spectrum Diagnosis was eminent . When the assessment came back , the parent and writer both sat down to go thru the assessment and used the Ages and Stages Questionnaires as well as the Assessment Evaluation Programming System to find the child's strengths on paper , enabling the parent to have a strength based vision not detriment based. The parent as well as writer have, since that time been focused on his strengths and building on those.

Sheila Walsh

Victim Services

Service Strengths:

We have been able to offer 24 hour victim service coverage in the Port McNeill and Port Hardy areas. The program manager and caseworker are very flexible with time and schedules enhancing service delivery.

We have maintained relationships with crown counsel, probation, MCFD, First Nations Bands, and Mental Health enabling enhanced service delivery.

The Victim Service Programs have been operating for 15 years establishing reliable trustworthy relationships.

The PVS Programs access other community resources for assistance with client support such as facilitated court accompaniment, transportation, and referrals.

Service Challenges/Pressures:

It is challenging to operate both programs while reducing the amount of banked time for the program manager.

NICCCS provides administration for PVS programs, but the programs operate under RCMP policy and procedures. Having to submit reports, attend meetings, and events for both NICCCS and RCMP is challenging and time consuming.

It has been challenging to find time and resources to incorporate volunteers into the programs.

Demographic/Stats:

The Port Hardy PVS program served 176 new clients, 205 ongoing clients, 161 general inquiries, and 187 files were concluded. We have noticed an increase of referrals from corrections for victim notification. The Port McNeill PVS program served 32 new clients, 29 ongoing clients, 42 general inquiries, and 28 files were concluded. Port McNeill continues to receive the majority of referrals from the police. Port McNeill detachment participated in a RCMP managerial review in April 2014.

Respectfully,

Deb Klaric

Farewell To

Jan Prowse

Taz Bouchier

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Women's Outreach

This year has been a challenging one; a lot of the added new clients were difficult to track down. If appointments were made and then no attempts to call and cancel appointments or even acknowledge they have been contacted for whatever reason. Getting their signatures on the initial intake is a challenge. Those clients that I have been in touch with are getting to be more mindful about cancelling and making another appointment but not keeping.

On a weekly basis I do a lot of texting with my clients in just checking up on how they are doing and seeing if they would like to have a visit. We go for coffee and they talk about what their challenges are: their addictions, struggles in life and for the most women whose children are in MCFD custody.

Barbara Johnson and Cathie Wilson

Women's Safe Shelter

This past year seeing women who have accessed the safe shelter are some of those that have been in before, 5 of these women whom have returned. I am very excited that they are returning when they are not safe. When I do the intake forms with them I always stressed that if at any time that they were to return to their partners; to not ever feel they could not come back into the safe shelter. I hear a lot from the ones that have returned feel so bad that they let us down by going back to their abusive partners. I let them know I am happy that they have had the courage to call and come back and they are never feel that they need to stay away because they have returned home.

We have had a number of housemother's leave and their replacements are doing just as well. We had plans for the new housemother's taking a bigger role in their duties; such as been available to do the *intake forms* with the women who come into our safe shelter. This is all in play now and things seem to be going really well. Barbara Johnson

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