

Our Esteemed Board

2014 - 2015

Board Members

Tim Deadman, Chair

Brenda Loerke (leaving)

Ann Hory

Kelly Amodeo

Gord Brownridge

Board Members that have left: Shirley Ackland,
Susan Jacob

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 your Board Chair, it is my pleasure to report that the North Island Crisis and Counselling Centre Society continue to be a fiscally responsible and accredited service provider to the communities of the North Island.

I would like to acknowledge the contributions of my fellow board members: Ann Hory, Kelly Amodeo, Gordon Brownridge, Brenda Loerke, and Shirley Ackland. As with any dynamic organization, such as ours we have experience some changes at the board level with Shirley leaving us earlier this spring and Brenda who attended her last board meeting in August. We are on a constant search to recruit and retain board members from the communities we serve.

Accreditation which began last year is now finally behind us, with no small thanks to the efforts of Althea and our admin team. Having now gone through this process twice it is important to remind ourselves that this is an ongoing process and assists us in documenting our progress and achievements.

Thank you to all who have presented and given an overview of their programs to the board over the past year. Our society is certainly diverse in the programs we provide to the communities of the North Island and it is great to experience the enthusiasm and commitment provided by our various Program staff.

As with many community organizations we are constantly evolving and meeting new challenges in providing services to the people of the North Island. We also review our existing programs and evaluate their relevance to our changing communities. In the fall of 2015, we will be saying good bye to the Crisis Line. Since 1981, this program has been the cornerstone of our society and has been provided by a group of dedicated volunteers. Unfortunately, due to changing demographics and changes in technology, it is a program that no longer meets the needs of the residents of the North Island.

On behalf of the board, would like to thank and acknowledge our hard working staff and dedicated Volunteers. I would also thank our funders in supporting the work that we do.

Respectfully Submitted

Tim Deadman

NICCCS Board

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 ✧

Executive Director Report

It's hard to believe that another year has flown by. Our focus of "empowering people" in the Mount Waddington Region remained strong this year. Some of this year's achievements within the strategic plan include:

Service Excellence for Mount Waddington Residents

The Society continued to focus on attaining the high standards demanded of the Council of Accreditation and were rewarded with a second four year accreditation at the end of the year. The Accreditor's noted that:

- The staff is exceptional and the clients have nothing but very positive things to say.
- the staff are extremely dedicated to the clients they serve and are willing to go above and beyond in the execution of their duties,
- Quality services are delivered through strong community partnerships.

A number of highly qualified staff with a wide variety of experience has been recruited to provide these services, two of whom are long-term North Islanders, which will help bring stability to the Society.

Accessible Services

Although financially challenging, the Society has increased service provision for parents and children in Port McNeill, Alert Bay, Quatsino and Port Alice. A series of workshops were offered throughout the Mt. Waddington region on topics related to healthy relationships for women. More than half a dozen groups, such as Self-esteem building, anti-bullying, and mindfulness have been offered to help children and youth cope with issues in their lives have been offered. Several of the groups have been offered in collaboration with other local agencies, such as Sacred Wolf Friendship Centre, Gwa'sala-Nakwaxda'xw and Eagle View Schools. Providing service one-on-one and in a group format allows the Society to reach as widely as possible and in formats that appeal to a variety of learners.

An Engaged Workforce

Our successes are a direct result of the excellent staff that works for the Society. Dedicated to providing high quality, culturally-safe service to Mt. Waddington residents, the staff believe in and are engaged in continuous learning. The training has directly related to clients' needs including cultural competency, Children who witness abuse training, Attachment, trauma, substance use disorders, quality improvement. Fetal Alcohol Spectrum disorders and Quieting the Storm Through the Childs Eyes.

Future Focus

There is change coming to the Society in the next year with the decision to transfer crisis line services to the Vancouver Island Crisis Society in 2015. This service has been one of the founding tenants of the Society, so the next months will require an examination of the identity and role of the Society, solidify the governance structure and to fine tune the quality and performance improvement program to ensure we continue to provide timely and relevant services to Mt. Waddington.

New Staff

Maggie Cox, Child and Youth Counsellor

Dee-Anne Cowan-Doak, Child and Youth Counsellor/Women's Counsellor

Kirie McMurchy, Child and Youth Counsellor/Women's

Michele Dorsey, Coordinator of Volunteers

Aaron Miller, Infant Development Consultant

Katy Lissell, Infant Development Worker

Shannon Servatius, Behavioural Consultant

Ajapaul Dhot, Child and Youth Counsellor

Emily Cox, Administrative Assistant

Marina Hargrave, Women's Services

Kim Petty, New Beginnings

Linda Tabor, New Beginnings

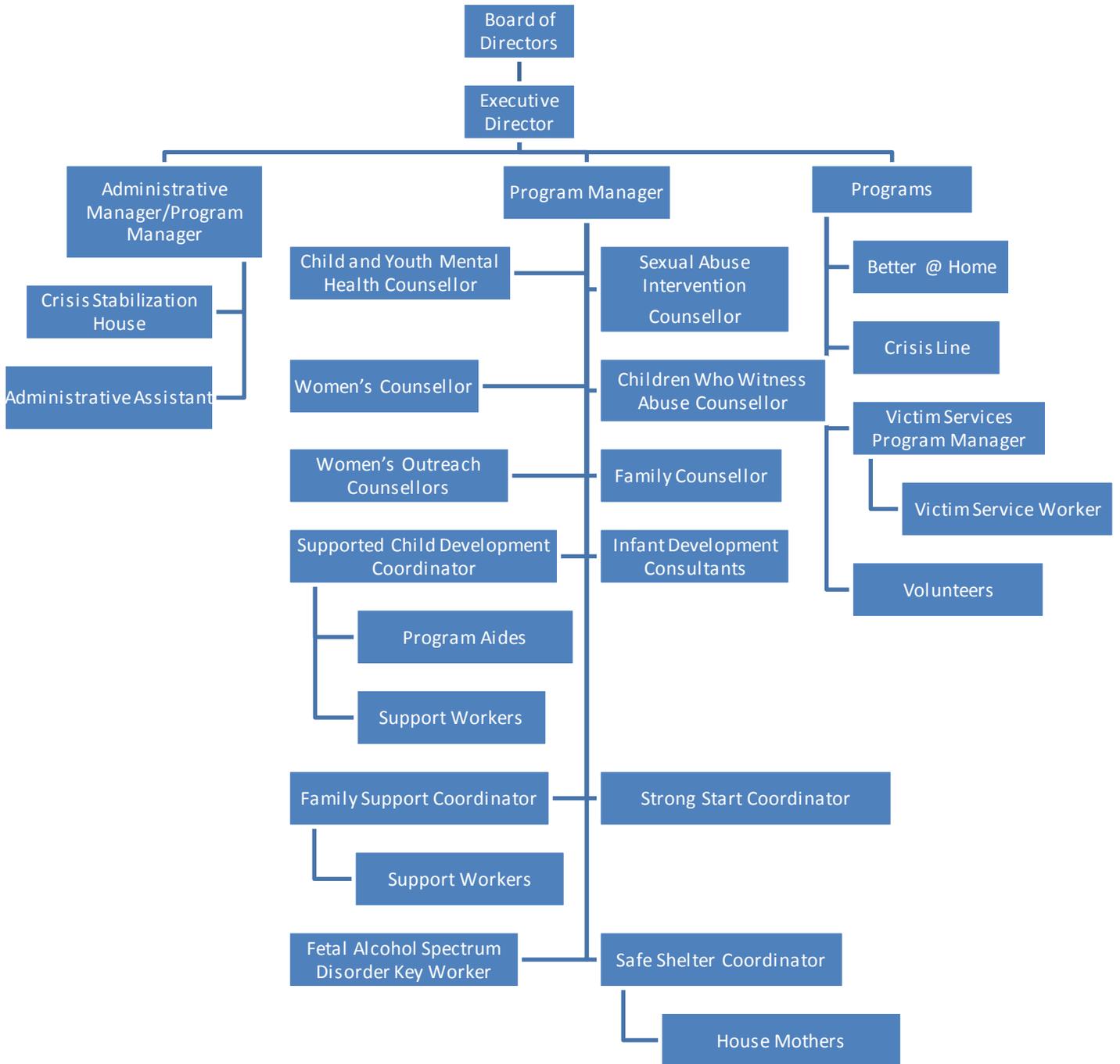
Departing Staff, Sarah Patrick, Sean Patrick, Tim Hines, Taz Bouchier, Jan Prowse

Special Thanks to our volunteers for their tireless efforts, and Pacific Coastal Airlines, and TriPort Dragon Boat Society for their financial donations to the Provincial Employees Community Service Funs for their generous donations

C.S.P./Bridge housing report for New Beginnings Fiscal year Mar 2014 – Apr 2015

New Beginnings programs had a successful year with good results for both the C.S.P. and the bridge housing. A very long term resident who was transitioned from C.S.P to bridge housing has gone on to integrate back into the community with very good results. The staffs of these programs have built on the already good relationships with other agencies which has helped the residents work towards their goals. The intake procedure has improved and become less stressful with the cooperation of the admitting agency staying through the whole processes lessening the anxiety of residents. The C.S.P. Program has seen a marked improvement in utilization especially in the latter part of the year. We are very much looking forward to the coming year and the challenges and rewards it is sure to bring. The care and compassion of the team and the professional way that they conduct themselves with will go a long way towards the continuing success of New Beginnings

Our Programs and Services:



Better At Home

TRENDS

- Better at Home services started last September with 1 client in 1 community and now the program has **74 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 –
- Continue to meet weekly with PH Seniors, PMc Leisure Group, PMc Happy Gang
- Hosted an information booth at the Mount Waddington Health Forum
- 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

Counselling Programs

Child and Youth Mental Health

1. Services and Responsibilities

The CYMH Counselor's services and responsibilities are:

- To enhance and promote children & youth learning and well-being.
- Children, youth & their families/caregivers have access to a flexible continuum of timely & appropriate services and supports within their own cultural, environmental and community context.
- The provision of intake services as a team to the community-based, multi-agency child and youth mental health team.
- All CYMH services rely on a team approach through consultation & collaboration and the Counselor organizes and/or participates in case conferences.

2. Counseling /Therapy Sessions

- With the increase demand during the school year, the caseload of approximately forty clients has been maintained throughout the work year.
- Individual and/or small group outreach services are provided to students in Port McNeill. These services are held at NICS, NISS, Sunset Elementary and Cheslakee School.
- In Port Hardy the individual and small group services are held out at NICCCS office and/or at the schools. Occasionally they are held at other locations in the community. Individual and/or small group sessions are provided for students from PHSS, G & N School, Eagle View Elementary, Avalon School, Ek Mei Xi School and Fort Rupert School.
- All Parents and Counselor's consultation and collaboration services are organized and provided for at the CYMH office.
- Case management conferences are organized at the respective schools with the administrators, parents and teachers when requested.
- CYMH counselor consults and collaborates with teachers on assisting in the development of effective classroom interventions when requested
- Monthly child & youth case management team including the parents' meet with the pediatric psychiatrist to consult, collaborate and discuss progress made by several clients the counselor works with.

3. Successes/Achievements

- In service talk for NICCCS staff on 'Safety Of Clients.' Executive director feedback was 'Awesome.' Changes were made at the reception area for clients' comfort when approaching NICCCS for referrals and for counseling sessions.
- Mentor to one of the new staff member at NICCCS.
- Took initiative to research & write Suicide prevention/intervention process and protocol.
- Organized and initiated talk to parents on parenting skills for children & youth with two members of NICCCS.
- Paper for ED on Role of Cultural Identity in Motivating Behaviors.

4. Trainings Attended

- The Art of Taking Part: How to recruit & retain community participants.
- Cultural Safety & Orientation Tour Course.

5. Findings -Trends

What it is like for children and youth when their parents are not happy together, divorced? Some of the behaviors, thoughts and feelings collected from children and youth;

<u><i>It looks like</i></u>	<u><i>It sounds like</i></u>	<u><i>It feels like</i></u>
Ignored	not friendly	unfair
Pretending	whispers	wet pants
Dark eyes	doors slamming	worried
People leaving in the	talking not listening	grumpy night.
Red faces	crying	fear
Fists in the air	slapping	depression
Arms crossed	not loving	blamed
Mouth twisting	nagging	no ending

What differences do you see in yourself from the first session and now? Some feedback of the behaviors, thoughts and feelings of clients;

- I have more friends to play with in school. (6-12yrs)
- I think I am a good leader. (12 -18yrs)
- Happy in school and at home. (6-18yrs)
- Calm, alert, focused. (10-12yrs)
- I am much happier. (12-18yrs)
- I am confident. (13-18yrs)
- I love both my mum and dad. (6-18yrs)
- I know how to walk away from a fight. (8-18yrs)
- I can approach my dad and talk to him. (12-18yrs)
- I stop, think, than talk.
- I know how to calm myself and inform duty teacher when I am teased. (7- 13yrs)

“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. One of the positions was vacant from September 2014 to May 2015. There are now two counsellors who share 20 hours per week for this program.

During the past year, there have been several children's groups run with funding from this program, including mindfulness, leadership & self-esteem, social skills and self-regulation. These groups have been co-facilitated by workers at other agencies, saving money and building relationships in the community.

One of the challenges 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. There is also sometimes a lack of motivation for caregivers to get children into counselling, as this may be just one more thing they have to. Another challenge has been getting children who fit the mandate. There are often multiple issues that the children face, making the decision of which program should serve them difficult.

Stop the Violence (STV) Program

Steady staffing has been a struggle for the STV program this year. One of the positions was vacant from September 2014 to May 2015. There are now two counsellors who share 48 hours per week for this program. The surplus from the budget has been approved for training, curriculum, groups (including childcare and food), and travel for clients, art therapy supplies and promotional material. This will help us promote women's services and community activism.

During the past year, there have been several women's groups run in five different communities (Tsulquate, Tsakis, Quatsino, Alert Bay and Port McNeill). These included groups on the topics of communication, assertiveness, emotion management, self-care, and healthy relationships. They were well received and we learned some important lessons from them.

First, we believe we should work with each community in the future to fully understand their needs before creating our curriculums. It is also important to get the community involved in planning so that they help promote the groups. Buy-in from the community appears to greatly affect attendance. Second, we learned that the agency benefits more from building the capacity of the staff and having them run programs than if we hire external facilitators. We better understand the demographics of our communities and can promote the agency best.

A common struggle for the STV program is that we often get involved with clients in a crisis situation and then are not able to follow up with them if they leave the shelter or go back to their partners. Transportation can sometimes be an issue for women in the outlying remote communities where women would have to fly here to obtain services.

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 that have been referred to this program have experienced not just sexual abuse, but each individual has experienced a multitude of interpersonal traumas over a prolonged period of time including; 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.

North Island Crisis Line 2015

The Facts

Total number of calls (Mar. 1, 2014 – Feb. 28, 2015)	816
Total number of calls (Mar. 1, 2013 – Feb. 28, 2014)	813

Out of the 816 calls documented on iCarol by the North Island Crisis Line:

- 277 Calls (34%) were from Repeat Callers
 - 5 callers make up all of our Repeat Caller calls
 - 3 of our Repeat Callers are not local to Mt. Waddington
 - Accounting for 174 of our calls
 - these are calls from people who repeat their story
 - 73 calls were from the Salvation Army informing us that the Extreme Weather Shelter is open
- Calls that documented gender
 - 360 of callers were Male
 - 278 of callers were Female
 - 178 calls logged did not designate gender
- 170 calls were documented as local (Mt. Waddington Region)
 - 73 calls were from the Salvation Army informing us that the Extreme Weather Shelter is open
 - Leaving 97 documented local calls.
 - **Only 12% of our total calls were local calls.**

Fetal Alcohol Spectrum Disorder Keyworker

Program Statistics

- 38 total Individuals served in Apr/May/June **2014**
- 51 total Individuals served in Apr/May/June **2015**

Achievements

- Diane facilitated a few groups such as a healing circle that focused on the families in distress from generational trauma resulting from the residential schools. Scrapbooking sessions at the Kwakiutl Health Centre where DVD's on FASD were shown as well as printed materials available and questions answered.
- Diane had made a connection with Kelly Amodeo, school district 85's principal for Special Education regarding assisting families with the assessment process.
- Diane provided support to families. Assisting with paperwork, scheduling one on one appointment for better communication and helping families navigate the system.
- Diane attended the FASD conference in Vancouver which she found to be very helpful to her. Her program could not cover the costs so she approached her tribe, the Kwakiutl First Nation and they covered the costs for her to attend the conference.
- Her tribe asked her to present workshops or sessions to the village, which were done in collaboration with other First Nations community representatives.
- I was hired in January 2015 at which time I spent 3 months in orientation taking webinars, self-studying, participating in online courses and I also attended an annual FASD Keyworker workshop on March 26th & 27th in Nanaimo.

Challenges

- The stigma surrounding FASD and the fact that it is still ignored by many. Diane tried to be creative in giving an optimistic message about FASD through prevention and information
- Encouraging parents to access available services for their children.
- Doctor's telling pregnant women it is OK to drink, in moderation, during their pregnancy.
- Communicating with some client's is difficult because they either have no minutes on their cell phone or the number is changing frequently.
- I am a new face, not a lot of people know me and I am feeling some resistance, especially from a couple of the aboriginal communities.

Community

- On March 10th I co-arranged a presentation on FASD, open to the public, in Port McNeill with Chris Koop, the Promising Babies Coordinator. Anne Guracsi from the College of New Caledonia in Burns Lake, BC was our guest speaker and presented a power point as well as demonstrations and many question and answer sessions.
- Participated in National Anti-Bullying day on February 25th

Family Support

Statistics

- The Number of individuals served was constant seeing nine clients served over the year, with the exception of July and August where we only saw seven clients.
- We have seen an increasing trend over the year from 55 contacts in June to 65 contacts in March.
- There was consistently 1 P&E Family and Community Partners Event every month with the exception of November, where we were overcome by staff illness and absences

Achievements

- Staff successfully transitioned to new leadership with Dustin Swain becoming Coordinator after Jan Prowse stepped down.
- Dustin Swain became a CPI Non-Violent Crisis Intervention Certified Trainer for the North Island Crisis & Counselling Centre Society
- In October, we had Behavioural Consultant Bruce Rimer visit and Observe mutual clients providing some feedback and strategies
- P&E events continued once a month, but change to a large dinner event alternating with a family friendly event and light dinner on alternating months.

Challenges

- Managing conflicting staff personalities
- Recruiting New Staff
- Receiving Referrals
- Developing programming for such a broad spectrum that meets the individual client goals and the funders mandate
- Age appropriate teen programming options which engage the entire group

Community Engagement

- Having monthly family and community partners dinners and events
- Getting community businesses to provide tours for clients
- Providing programming outside of the centre on a weekly basis to promote inclusion and community involvement.

Infant Development

Statistics

- There were 68 active clients on Infant Development Program caseload
- 71.7% clients are from Port Hardy
- 23.5% clients are from Port McNeill
- 4.7% clients are from Port Alice
- 35 new intakes over the past year
- 14.7% of new referrals declined service with IDP
- 51 % of new referrals came from Public Health Nurses
- 14 % from other community agencies
- 35 % self-referred through word of mouth or IDP playgroup

Achievements

- Created a new referral form designed to meet IDP needs
- Regular updates and information posted on IDP/SCDP Facebook page
- Extended playgroup by ½ hour.
- Partnership with Namgis Early Intervention Therapy Team
- Outreach to all North Island communities and visits to infant programs in the Mount Waddington Region
- Created an intake flow chart upon receipt of new referral
- Intake and case management meetings held weekly and facilitated by Coordinator
- Training in Mothers Mental Health as well as Moe the Mouse language program
- Clarified consultant/coordinators roles and hired new consultant
- Community partners visit IDP playgroup (dental hygiene/seat belt technician)
- Stakeholders state IDP Playgroup is an integral part of their service delivery and ability to connect clients personally with an IDP consultant
- Families have shared how important is for them to have IDP playgroup: 'safe and welcoming', 'knowledgeable, approachable staff'.

Challenges

- Heather (IDP consultant) resigning in December
- Limited or no Pediatric Physiotherapy, Occupation therapy and Speech & Language Pathology
- Complex scheduling when Therapy Team is able to visit community.
- Increase of children needing physiotherapy and no physiotherapy service available
- Travelling distances within the Mount Waddington Region.
- Complex cases and families

Engaging in the Community

- Visits/outreach to infant/child programs in the Tri-Port region
- Placed posters in all communities at various venues
- Regular IDP updates and developmental information shared on Facebook page
- Christmas potluck with playgroup families
- Parents create the 'Topic of the Month' list. Consultants provide information and answer questions regarding this topic during playgroup.
- Partnered with Public Health to administer developmental screening during the spring Healthy Kids Fair. (Mt. Waddington Region)
- "Bubbles in the Park" event health in the summer at Carrot Park

Note: One of our parents when faced with the decision to re-enter the workforce, specifically asked for Wednesdays off. Wednesdays are the days she brought her two small children to IDP playgroup, and felt IDP participation was integral to the positive development of her children.

Supported Child Development Program

Approx. 7750 service hours with 55 clients receiving 1-1, group or consult monitoring support

The writer was successful in bringing Early Childhood Education workshops to the north island, math, great group games, all behavior is communication ... facilitated by Amy Collum. The professionals that attended all said "the training was very worthwhile" "hope we can get more" "Amy has lots of neat ideas, thank you for bringing her up to Port McNeill".

The writer has made a great effort to contact all the child care centers and personally invite them to the ECE training events that I have assisted in bringing to the North Island... one of the comments regarding the ECE workshops being offered in May and June by ECEBC was "\$120.00 for the day is not what most people can afford" The writer did not choose the amount when it was first investigated the tentative quote was \$ 45.00 - \$50.00 from the facilitator

The number of children requiring direct support has dropped. However the number of children being monitored having consultation time or transitioned off has increased – I have had 3 families leave the north island with 5 children. (Vancouver, Comox, Nanaimo and Alberta)

The writer has started to investigate a new method of collecting the information needed for agency forms to see how to streamline and alleviate some of the paperwork in discussion with executive director and a member of the PQI committee.

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)

Therapy services have been a challenge for the North Island or the lack of ... The occupational therapist left her position in May 2015, since that time we have had no occupational therapy or physiotherapy input, we have 2 days a month of Speech Language Consultation from a speech language pathologist from Courtenay that travels up to see clients. A challenge as well is scheduling for the speech language therapist appointments – some parents have been unable to make any of the scheduled appointments.

The lack of consistent therapy services for families on the North Island has meant some families have had to no access to therapy services that their child/children may need on a weekly basis for some. The writer had taken on a role of learning more about certain OT / SLP techniques but by no mean is a replacement for a trained therapist / therapy service

The writer has found an increase in Facebook traffic, on the shared page of Infant and Supported child Development as well as individual Facebook page "Sheila Walsh SCD".

The SCD program has continued to increase capacity within the aboriginal communities over the past year, the program aides are more entrenched in the communities i.e.: invitation to Potlatches, Big House celebrations and being a valued part of the communities as a whole.

The writer's main goal for the next year will be to visit the community of Alert Bay on a more consistent basis.

Sheila Walsh

Victim Services

Service Strengths

The Port Hardy RCMP Victim Services program has been operating for 17 years covering the Port Hardy and Port Alice detachment areas. In 2012 the Port Hardy and Port McNeill RCMP Victim Service programs were amalgamated. This has enabled the programs to utilize both resources when required and enhanced service delivery to the North Island.

We continue to schedule and participate in the North Island Domestic Violence Committee meetings. These meetings maintain strong working relationships with RCMP, Crown Counsel, Probation, MCFD, Mental Health & Addictions, and Victim Services.

We work closely with our First Nations bands and continue to maintain good working relationships with them.

Service Challenges/Pressures

Our victim service case worker has given her notice and we will be hiring a new person. This is a challenging and frustrating process as the selected person has to have an enhanced security clearance before they can begin working. The security clearance is a very lengthy process.

RCMP "E" Division has introduced a new computer system Victim Services Information System (VSIS). This has proved to be a major challenge with time restraints, training, and our case worker leaving.

Demographic/Stats

The Port Hardy and Port Alice monthly statistical reports are combined. Last year we served 243 new clients with an average of 225 on going clients. We provide 24 hour coverage when possible totaling 7338 volunteer on-call hours last year. The Port McNeill detachment submits their own monthly statistical report. This area has served 103 new clients and provided 7916 volunteer on-call hours. The majority of referrals we receive are from the RCMP, but we continue to see more referrals from crown counsel, corrections, and self-referrals.

Respectfully,

Debbie Klaric

Women's Outreach

Year in review:

- Working with Safe Shelter clients throughout the year has been good, some of them knowing that they are leaving their spouses or the community have had a good handle on where they are going once they leave the safe shelter is wonderful.
- Women's team meetings going strong, new team members
- A couple of regular clients; on a weekly basis
- Clients referred, contacted and no word from them after referral contact

When the women leave the safe shelter I let them know that myself or another outreach worker is available to them if they are still in need of our services for support.

I do rounds at community events of the women that I have had contact with and see how they are doing and invite them to contact me if they need someone to talk to.

Been available to the women that I am in touch with as much as I can because I know their lives can be stressful. I've heard a lot from women from the safe shelter say that they really don't want to impose on taking up our time, and they say that their time that they use with myself could be used for others in need. I let them know that this is what we are here for and not be afraid to reach out and ask for assistance at any time.

Women's Safe Shelter

We seem to have a good number of clients this year a few we have seen come in before. We had made some adjustments during the last year; with having the housemother's taking on the task of doing the initial intake of the clients coming in after hours and on the weekends.

More adjustments in the last little while with the North Island Crisis Line shutting down. We have passed on the reins to the very adaptable housemother's who will be doing the initial assessments for when the women come into the safe shelter.

With the training is in process, some are a little nervous, but I do have total faith that they will work out just fine.

Changes to the phone system, one cell phone line that will be in the office during the regular working hours to the Safe Shelter Coordinator from 9-5 daily Monday to Friday. The line will be then forwarded to one of our 4 housemother's after working hours and on the weekend.

I look forward to the year with these changes happening and all the ironing out that we will have to do.