

# Early Intervention Therapies

## *Program Handbook*



**"BELIEVING IN POTENTIAL"**

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reach  
CHILD AND YOUTH  
DEVELOPMENT SOCIETY

# Vision Mission & Values

**VISION** *Communities where all individuals and their families are welcomed, included, and leading lives of well-being, based on their own individual strengths, interests, and values.*

**MISSION** *To provide timely, accessible and person- and family-centered community programs and services for the optimal development of children, youth and adults, where all individuals flourish and reach their potential.*

## VALUES

**R**espectfulness

**E**xcellence

**A**ttitude of sharing

**C**ollaborative spirit

**H**onesty

**C**ontinuous improvement

**H**andle resources efficiently

**I**ntegrity

**L**earning

**D**iversity

## Vision, Mission, Principles and Values

### **Vision**

Communities where all individuals and their families are welcomed, included, and leading lives of well-being, based on their own individual strengths, interests, and values.

### **Mission**

To provide timely, accessible person- and family-centered community programs and services for the optimal development of children, youth and adults, where all individuals flourish and reach their potential.

### **Guiding Principles**

1. Appreciating childhood as a unique and valuable stage of the human life cycle and basing our work with children and youth on the knowledge of child development.
2. Appreciating and supporting the bond between the child, youth, adult and family.
3. Facilitating a person-centred approach as children grow based on the belief that all people have the right to control their own lives through personal choices about relationships, jobs, living arrangements, spirituality, travelling, and recreational activities, and that all people have the right to give back to their communities through volunteering and helping others. We also believe that these rights can be reinforced and protected by making sure that people are connected to and supported by friends, family, staff, and the community.
4. Recognizing that children, youth and adults are best understood and supported in the context of family, culture, community, and society.
5. Respecting the dignity, worth and uniqueness of each individual (child, youth, adult, family member, and colleague).
6. Helping children, youth and adults achieve their full potential in the context of relationships that are based on trust, respect, and positive regard.
7. That individuals are best nurtured by a family that knows, loves and honors them for who they are.
8. That all individuals have the right to be part of an inclusive environment that meets the needs of individuals with and without disabilities.
9. That relationships and friendships are essential to enrich our lives.
10. That all individuals are entitled to the services and supports required to ensure their full participation in our society.
11. That the involvement of families and support networks contributes to everyone's safety and well-being.
12. That services and supports must be delivered in a way that respects an individual's diverse history, culture, race, religion, gender and sexual orientation.
13. That inclusive communities enrich the lives of all citizens.

### **Values**

Respectfulness  
Excellence  
Attitude of  
sharing  
Collaborative  
spirit  
Honesty

Continuous improvement  
Handle resources  
efficiently  
Integrity  
Learning  
Diversity

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## **PROGRAM DESCRIPTION**

The REACH Early Intervention Therapies (EIT) Program provides community-based services and support to children who live in Delta from birth and school entry who have, or are at risk for a developmental delay and/or disability, their families and communities.

Professionals delivering EIT services include Occupational Therapists, Physiotherapists and Speech-Language Pathologists.

## **PROGRAM GOALS AND OBJECTIVES**

The primary goal of the Early Intervention Therapies (EIT) Program is to optimize the growth and development of children from birth to school entry who have, or are at risk for a developmental delay and/or disability.

## **FAMILY-CENTRED PRACTICE**

Within a family-centered philosophy, therapists support families in the identification of their needs, resources and service requirements. The family's involvement and participation is a recognized factor in the achievement of successful outcomes. Collaboration across individual professionals and agencies is also key to ensure that family life is strengthened rather than stressed by intervention.

Families know their children best and are the most important and constant factor in their child's lives. In family centered practice, the needs of the family as a whole are honoured.

## **SERVICE DELIVERY**

The majority of services are provided at a REACH location; however, therapists work closely with the families and community resources to plan and deliver services and supports that best suit the needs, priorities and capacities of individual children and their families. Services may be provided in home and community settings, such as preschool and childcare locations. Hours of service are generally between 8:30 and 4:30 from Monday to Friday, excluding statutory holidays. There is no cost for these services, as funding is provided by the Ministry of Children and Family Development and community fundraising.

## **EARLY INTERVENTION THERAPISTS**

### **Occupational Therapist**

Occupational Therapists (OTs) provide services that help to develop the child's highest attainable level of participation in all daily activities. OTs provide support to children and families in the following areas: fine motor skills (hand function), activities of daily living

(dressing, feeding and swallowing), perceptual/cognitive skills (design copying and puzzles), sensory-processing skills (tactile sensitivity and mouthing of non-edibles), motor coordination (mazes, pre-printing skills and cutting), functional play skills, specialized equipment and environmental modifications (splinting, assistive devices, technology and home modifications) and posture control to support function.

### **Physiotherapist**

Physiotherapists (PT) provide services that focus on the identification and promotion of optimal movement development. PTs provide support in the areas of neuromuscular, musculoskeletal, cardiovascular, respiratory functioning, and posture control. They also provide and assist in the use of splints, orthotics, braces, prosthetic devices, gait trainers/walkers, standing frames and other equipment to improve positioning, function, and mobility.

### **Speech-Language Pathologist**

Speech-language pathologists (S-LPs), also known as speech therapists, provide services that focus on verbal and non-verbal communication skill development and the oral motor skills required for drinking and eating. They provide support in the areas of language understanding and use, social communication (greeting people and playing with peers), speech clarity (ability to produce and combine speech sounds and use the voice), facial expression, body language and gestures, alternative or augmentative communication (sign language, picture symbols and verbal output devices), fluency (stuttering) and pre-literacy skills.

## **REFERRAL PROCESS**

A child may be referred to the EIT Program if there is concern that his/her development is delayed, or if there is an identified disability. It is not required that a child have a diagnosis to access EIT services. The EIT Program accepts referrals from all sources, including families and professionals involved with the child and family, such as pediatricians, physicians, public health nurses, childcare providers, or other professionals. If the family is not the referral source, their permission must be given prior to making the referral.

## **SERVICES OFFERED TO CHILDREN AND FAMILIES**

### **Waitlist Services**

Due to the large number of children who are referred to the EIT Program, there is a waitlist for services. While on the waitlist, therapists provide an initial consultation visit to determine your child and family needs. Sometimes the initial consultation visit is all that is required to be able to support your child's needs, with some consultation follow-up. If it has been determined that more ongoing service is required, then therapists are able to provide up to three consultation visits while waiting for ongoing services.

Each child and family presents a unique situation, the urgency of which is to be assessed in relation to others on the waitlist. The following considerations are reviewed when determining the provision of EIT services. These include, but are not limited to: children who are presenting with urgent concerns (post-surgery care and safety concerns around swallowing), children who are in their year prior to entry to kindergarten, children who have concerns around diet or sleep, and finally, children who have been referred for non-urgent general referral. Therapists will also take into consideration any other services being accessed that are supporting the needs of the child and family. Original date of referral to the therapy will be honoured regardless of which community the original referral was made.

### **Assessment**

Therapists use various tools to gather the information required to complete an assessment, such as reviewing past reports, observation of current behaviour, conversations with the family and results of standardized tests, as appropriate. The therapist will determine which assessment tool to use, recognizing that standardized assessment tools may not be appropriate for all children and families. Parent/Caregiver involvement in the assessment process is crucial for the therapist to be able to identify your child and family's needs, strengths, preferences, and goals.

## **DOCUMENTATION AND GOAL SETTING**

The therapist works in partnership with the family and other team members to plan appropriate services and supports. The planning process results in the development of a document that outlines the desired outcome goals, the services and supports needed to meet the outcomes, and the roles and responsibilities of team members. The goals are written as SMART goals; they are Specific, Measurable, Achievable, Realistic and Time Sensitive.

## **INTERVENTION**

The family and therapist work collaboratively to implement the service plan with services designed to include the child, family, childcare setting, and other relevant team members.

The EIT Program offers children and families a range of intervention services, including direct individualized therapy, group therapy, consultation, family education and support, equipment prescription, equipment loan and adaptation, monitoring, and transition planning. These services aim to promote the child's functional skills, community participation, peer interaction and quality of life. The service delivery model is determined by the individual needs and abilities of the child and family, the availability of other services and supports, as well as family scheduling and priorities. These service delivery models include:



### Direct Therapy

Therapists provide one-to-one services. This is most appropriate when specialized techniques requiring the skills of a qualified therapist are needed, or the child requires individual skill development in order to be included in a group setting.

### Group Therapy

Therapy services are provided to children and/or families in group settings. This method promotes the development of skills in a peer environment, and enhances child and family motivation and support. The emphasis may be on topics such as toileting, fine-motor skills, language interaction strategies, or feeding. Group intervention is encouraged when the child is already involved in an individualized intensive Autism intervention program, though it may be appropriate for a variety of reasons.

### Consultation

Therapists provide guidance, support, and education to assist parents or childcare providers in implementing specific intervention techniques, when individualized goals are not required. Consultation integrates services into the child's daily routine, facilitates the family's learning of appropriate responses for the child's behaviour and abilities, and promotes the community's inclusion of the child and family. The therapist is ultimately responsible for execution of the intervention and remains in regular contact with the family.

### Family Education and Support

EIT service planning and delivery is a collaborative process between families and professionals. Parent education and participation is essential as it enables informed joint decision-making among all team members and carryover of skill development. Professionals on the EIT team work in partnership with the family to enhance their knowledge and skills in order to promote their child's growth, development and functioning.

The therapist's responsibilities include training family members and other relevant team members to administer the therapeutic program and overseeing and evaluating its effectiveness.

### Equipment Prescription, Loan and Adaptation

Therapists may recommend a variety of equipment, such as mobility and therapeutic equipment, augmentative communication devices, splints and orthotics, as well as their adaptations. They may also make recommendations that support barrier-free design and accessible environments.

### Monitoring

A child will receive monitoring services when there may continue to be concerns regarding development but ongoing service is not required at this time, due to various circumstances. These can include: family taking a break from this particular service, monitoring of goal maintenance, change in family priorities, child undergoing surgical intervention and/or service not required at this time.

### Transition Planning

Transition planning assists the child and family to prepare for any transitions such as: discharge from the EIT Program due to moving or going to kindergarten, starting preschool, or daycare. It is helpful if you can inform your therapist of any upcoming transition well in advance to be able to plan accordingly. It is also important to note that services in other communities could look different than at REACH. By knowing in advance of the move, we can help to connect you with the new services so you can learn how those services will meet the needs of your child and family.

REACH and the Delta School District work very closely to support a successful transition to kindergarten. This may involve team meetings with district staff or observation of your child at preschool or daycare.

## **DISCONTINUATION OF SERVICES**

The following is a list that includes some of the circumstances in which EIT services are discontinued.

- the child's developmental progress, as determined through appropriate assessments, indicate that therapy services are no longer needed
- the family moves to another program or chooses to discontinue services
- the child reaches kindergarten entry
- family has not been in contact with the therapist or has a consistent pattern of missed appointments without providing at least 24 hours' cancellation notice (with the exception of illness)

If the discontinuation of services is due to non-contact or missed appointments, the family is able to contact the therapist to reinstate services. The original date of referral will be honoured.

## REACH RESOURCES FOR PARENTS

### REACH Website

Please check out our website periodically for recent agency updates and information at [www.reachchild.org](http://www.reachchild.org)

### Book and Resource Library

REACH maintains a growing book library on a variety of topics including autism spectrum disorders. Books can be signed out by families who are receiving REACH services and are due for return or renewal after 2 weeks.

### Parent Information Exchange

The Parent Information Exchange offers a weekly newsletter that shares up-to-date information that is relevant to parents of children with special needs. It focuses on sharing pertinent information and connecting parents with other parents. Topics covered include: changes to MCFD, policy changes that parents should be aware of, education issues, and upcoming courses and workshops. Parents can also make or reply to postings and arrange to connect with other parents. The information is available on the REACH website [www.reachchild.org](http://www.reachchild.org).

The Early Intervention Therapies Program Coordinator  
can be reached at 604-946-6622 ext. 387

The Executive Director of REACH Child and Youth Development Society is  
Renie D'Aquila. She can be reached at 604-946-6622 ext. 301.

Hours of operation: 8:30 and 4:30 from Monday to Friday, excluding statutory holidays.

**Please check out REACH's website at [www.reachchild.org](http://www.reachchild.org)**