

**Year 11 (2009- 10)**  
**Calgary Rocky View – Service Provider Survey Statistics and Comments**

**1. Return Rate**

Surveys distributed: 143  
Surveys returned: 71 + 17 void = 88  
Survey return rate: 62%

**2. Survey Results**

Note: The following statistics represent the percentage of respondents who checked “Strongly Agree” and “Agree” with statements on the Qualitative and Quantitative sections of the surveys. The **highest** statistic for the year for the Qualitative questions is **bolded** and the lowest is underlined.

**Part 1:** Qualitative Section of the Survey

	<b>Questions</b>	<b>Results</b>
i.	I contribute to the development of service plans for students.	96%
ii.	The referral information I receive provides me what I need to provide student health services to students.	88%
iii.	I am able to provide student health services within a reasonable time after the referral.	98%
iv.	The student health services that students need are available.	76%
v.	The students achieved their service goals.	<b>100%</b>
vi.	For students who need more than one student health service, the various services are well coordinated.	<u>68%</u>
vii.	I am satisfied with the level of teamwork among the students, parents, teachers and service providers.	85%

**Part 2**

<b>Questions</b>	<b>Results</b>
Of those students who completed a service between July 1 and June 30 of the school year, how many students completed their goals.	
Number of students who met <b>all</b> (100%) of their goals	565
Number of students who met <b>most</b> (75%-99%) of their goals	499
Number of students who met <b>some</b> (50%-74%) of their goals	159
Number of students who met <b>few</b> (1%-49%) of their goals	87
Number of students who met <b>none</b> (0%) of their goals	36

<b>Questions</b>	<b>Results</b>
Of those students who completed a service between July 1 and June 30 of the school year, how many students benefitted from recommendations.	
Number of students who benefitted from <b>all</b> (100%) of the recommendations	398
Number of students who benefitted from <b>most</b> (75%-99%) of the recommendations	388
Number of students who benefitted from <b>some</b> (50%-74%) of the recommendations	123
Number of students who benefitted from <b>few</b> (1%-49%) of the recommendations	29
Number of students who benefitted from <b>none</b> (0%) of the recommendations	11

### 3. Survey Comments

To ensure confidentiality, names of individuals and service providers have been removed and replaced with "XXXX".

<b>Comments</b>
<b>Occupational Therapy</b>
Just don't understand the recommendations section. If goals were met, weren't recommendations followed? Implementation is the problem
Difficult to coordinate services between various agencies. Not enough psycho educational resources for students. Increasing complexity of students and limited service time. Schools wanting more with less time.
Re: Question #4 – Not enough services available – Many students who I worked with required more than one SHP service, usually received one this year. Re: Question #6 – A lot of times there is no information on the referral indicating the student is being seen by another service provider. Re: Question #7 – Not a lot of family/parent involvement.
In general I don't find that the SHP services are well coordinated if the SHP services are provided from different agencies.
Teachers do not have enough time and support to implement strategies properly. Little follow through of recommendations is observed in classroom. SHP referrals appear to becoming more complex.
<b>Physical Therapy</b>
The process works well when teachers are engaged and willing to try various recommendations. I had some fantastic teachers, but last year I had some who did not want to try even a single recommendation – even after the goal was made with the teacher. If the goal goes on the IPP – great follow through. For goals that do not go onto an IPP it is much harder to get teacher's to "buy-in" to trying strategies. Some still just want us to come and "fix" the child.
<b>Speech Language Therapy</b>
When parents, teachers and students help choose their goals. There is buy-in and goals are transferred to the classroom and home much faster. Goals help to focus everyone in one area to improve on.
The referral form was re-drafted in September but was never approved or issued to the schools. A temporary form with minimal information was used instead (December 2009). Grade 1 SHP students were efficiently served but Grades 5-12 were upset due to lack of forms and confusion as to who requests were to be sent to. The high schools were not aware that students could be referred.
OT/PT services would have benefitted a few of the students referred. It was helpful to keep criteria for SLP for PUF → 1 and junior/senior students.
It would be nice to receive SLP reports from outside agencies with the referral to save time tracking them down, i.e. xxx kindergarten reports would be very helpful. Grade 1 students receiving SHP services do not seem to have the same access to OT/PT as xxx classes. It would be nice to have these services accessible for the grade 1 SHP students so that we could work more collaboratively → I really believe that we could see some tremendous growth in these students if there was access to more for that one year – not just SLP.
The student survey we had to complete with all clients grade 3 and up this year was a waste of treatment time. The questions were not relevant to all disciplines and the language level of the survey was way too high for students. Also, the computer/web site could not address the survey several times which was very frustrating. It was difficult to coordinate services in a multidisciplinary team with OT & PT colleagues as it was challenging to figure out which students were working with specific professionals.
Parents typically show little desire to be involved. Especially parents of students in special classes there are other family/child priorities or they have issues of their own. I call parents and they sometimes call me back. Rarely do they call me on their own. Teachers don't always want services or to "partner". I am assigned to their class and neither of us have a choice in the matter. There should be more flexibility. RE: computer student survey: Unreliable, inefficient

<b>Comments</b>
<b>Occupational Therapy</b>
and long list and high questions. Students were not all at the level that they could understand or respond to the questions accurately and comfortably.
<b>Family School Wellness/Liaison</b>
Parents did not follow through on recommendations.
I think this is an invaluable service. Even my student who did not reach his goal benefitted. His family made huge gains over the treatment period and was more willing to get this student the support he needed. I think the severity/complex nature of the referrals received this year has contributed to how many students were seen by the service. Either less complex students should be brought forward or more FSL's should be added to the SHP to be able to work with the students brought forward.
The feedback from parents & students indicates a very high level of satisfaction regarding services provided by the SHP program.
I believe SHP works hard at collaborating with the other professionals and team mates to become more cohesive with service.
I feel SHP service providers do a great job of working together and meeting families' needs through collaboration.
One student moved before service ended.
OT/PT was not available through XXXX (school jurisdiction), but was needed. Also more mental health therapists or time was requested.
<b>C.O.P.E.</b>
Students whose goals were not achieved were generally due to the family not following through or disengagement of the service, or kids being referred elsewhere. While C.O.P.E. support has improved throughout the year, it is important that school staff and families realize this isn't a "last straw" service, rather a partnership. The teamwork piece could be improved upon.
If recommendations were not met it is usually because the family either moved away from Calgary or did not agree with the recommendation. The vast majority of the families were able to follow through on recommendations and many of the students showed marked improvement from the beginning of the year.
<b>Mental Health Therapy</b>
It's not that recommendations do not want to be followed it is the lack of/absence of services needed to follow through. Mental Health – psychiatry, assessment is impossible to access in Calgary – had families wait over a year. Speech is backed up; OT spots have been filled. COPE has turned into a consult with psychiatrists/pediatricians – no further contact with cases that are in need and at risk! More service is needed. No more consults – not worth the time spent!!!
I think students should be limited to accessing only one service at a time.
Students who met goals partially moved away or parents/guardians revoked consent.
The usefulness of goals met less than 100% of the time made a significant difference for these students and assisted in creating a process with teachers and administrators that continued to develop beyond the SHP involvement. When parents are involved the recommendations and relational elements at least created a sense of connection to the school, school staff, and learning process of the students. Creates a space for extending roles of the parents.
Cannot comment on whether or not recommendations benefitted students as I do not know if the schools/teachers/parents have followed through with them. Also, I'm just in the process of closing with many of my students so I haven't been able to make recommendations in all cases yet.
Many recommendations are made on the final summary report so I do not know if these are actually followed up as generally the file is closed then. There are still delays on getting referrals from the teacher to the actual health provider because of the chain the referral passes through, i.e. teacher/parent → area health office → central office for mental health → xxxx (service provider) supervisor → and THEN the actual mental health provider. Sometimes the channel is held up <u>somewhere</u> for too long.

<b>Comments</b>
<b>Occupational Therapy</b>
Many students could benefit from SHP services but due to low resource availability many students don't get access to these. Schools are using all the resources there are just not enough to go around.
Information on the referral is sometimes lacking.