BC Family Hearing Resource Society
Policy and Procedures Manual
Intervention Services Policies

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IS-1 Eligibility for Services
Reviewed: November 2025
Approved: May 2026

Preamble and Rationale: The organization must determine who may receive services in accordance with the mission statement and code of ethics**.**

Policy Statement: Referrals to the BCFHRS must meet the following criteria:

BCFHRS CLIENTS: The BCFHRS provides services to families living in BC, Yukon and Northwest Territories who have children, from birth to school entry age, identified as deaf or hard of hearing. Assessment and consultative services are also provided to Child of a Deaf Adult (CODA) children and families and is dependent on capacity to accommodate these services.

SESLP CLIENTS: The SESLP provides services to children with speech, language and communication challenges who are not deaf or hard of hearing. Children eligible for services include those from birth to school entry age and live within the geographical boundaries jointly set and reviewed by the South Fraser Health Units providing speech-language services and SESLP. Typically, children with additional/complex needs (e.g., physical and cognitive) will be seen through the Centre for Child Development in Surrey.

Procedures for Determining and Informing of Eligibility
It is explained (either in written form or verbally) to all concerned when a client does not meet eligibility requirements by the Central Referral Office. Alternate resources available are discussed at that time.

Reference to other policies:

Responsibility for implementation: Executive Director or Program Coordinators

IS-2 Referral to BCFHRS and SESLP
Revised: November 2025
Approved: May 2026

Preamble and Rationale: The organization must have a system in place for receiving requests and recommendations for services so that families seeking services are provided with appropriate information in a fair and equitable manner.

Policy Statement: Referrals can be made by the family or by professionals involved with the family (e.g., BC Early Hearing Program, physicians, group/preschool staff, Public Health Nurse, Supported Childcare Consultant, Infant Development Program Consultant, Audiologist, Speech-Language Pathologist, Occupational Therapist, etc.). Client-specific consultation to other professionals is only provided with permission from the client's parent/legal guardian; otherwise, consultation is general in nature and non-specific to the client.

The order of acceptance is in the order the applications/date of referral are received.

IS-2.1 Procedure - Referral of New Families to BCFHRS

1. Initial referral can be made by letter, phone, fax, or email. All referrals must be followed up by a brief written note or report which includes the date of the referral, a description of child's hearing levels and/or deafness, name, address, phone number, and birth date.

2. Referral is sent to the referral groups. In the event that the child is not eligible for our services, Family Support Parents, Program Coordinators or designate informs the referral source of our eligibility criteria. Appropriate resources for the family are discussed at that time.

3. Program Assistants are informed as soon as referral information is received, and brief demographic information of the child is entered in the NucleusLabs Information Technologies (NIT) system.

4. Local families: Family Support Parents contacts client's family within 1 week of the referral date and makes an appointment for an Intake Consultation (IC). The IC appointment is conducted by a Program Coordinator or Executive Director and a Family Support Parent and is scheduled within 2-3 weeks. Families living in the Lower Mainland and Fraser Valley are given a choice of online or in-person IC meetings. For in-person meetings, the IC will take place at the Surrey Centre or Vancouver Centre.

5. Greater Victoria and the Okanagan: The ICs for families in these regions are conducted online.

6. Outreach families: For families living in outreach communities wanting primary/direct services from BCFHRS, regardless of where they live, the IC takes place online.

IS-2.2 Procedure - Referral of New Families to SESLP

1. Request for referral can be made by phone or in writing directly to the Speech and Language Central Referral Office. This request must be followed up by completion of the current accepted referral forms (Fraser Health Community Speech-Language Program Request for Services (Birth to Kindergarten) form or the Centre for Child Development Referral form which includes a description of child's speech, language and/or communication needs, other needs, address, phone number, birth date, and others involved. The Community form includes a check box that indicates that the parent/guardian is aware of this request and understands it might be forwarded to other service providers.

2. Completed referral forms are sent directly to the Central Referral Office where they are checked for information that needs clarifying (date of birth, address and possible clarification of need - pediatrician's report, call to parents to help determine if speech plus or speech only). Referrals are distributed to appropriate agency depending on address (North Delta HU, South Delta HU, North Surrey HU, Langley HU or SESLP) and need of child (Speech plus children with additional/complex needs (e.g., physical and cognitive) to Centre for Child Development or Speech Only to the above mentioned) via fax. Referrals currently being distributed daily and may be from a range of 1 day to 4-5 weeks of receiving them at the Central Referral office (those coming in on the Child for Child Development referral form first go through their intake process which may result in a longer wait to get to the community agency).

3. Upon receipt at SESLP, the referral intake is completed by the Program Coordinator and then given to the Program Assistant with direction as to what letter to send to family/legal guardian (and referral source) and if any further information needs to be collected.

4. When completed and signed regional referral form is received, the Program Assistant enters child in the NIT and sends via email or mail the Parent Speech-Language Questionnaire (which includes statement of permission to give service) and permission to obtain/release consent form to the parent/guardian for completion. These forms are accompanied by an introduction letter which includes a date that forms must be returned by. Letter is then uploaded into the child's NIT file.

5. If forms are not returned by the date noted in the introduction letter, Program Assistant will send a letter reminding them to complete and return the forms and indicates that return date has been extended by two weeks. If forms are not returned by this second date, a Program Assistant will make a follow-up phone call reminding families to complete and return the form, inform them that return date has been extended by 2 weeks, and informing them that the file will be closed if not received by such date. If forms are not returned by the third date, file is closed. Notes are entered into the child's NIT file following each step.

6. Once signed Parent Questionnaire and consent forms are received electronically, via email or in person, program assistant uploads them to the child's NIT file and notifies the Program Coordinator (the list is then sent to the Program Coordinator once a week) who conducts a Case History Intake and makes recommendations for upcoming workshops or groups which may be appropriate based on the information shared on the Parent Questionnaire and referral

and often occur prior to the initial one-to-one consultation. Further information may also be sought based on what parents have shared (call to parents, collect reports from other community service providers, suggest other referrals or re-direct referral to more appropriate agency, etc.). Recommendations are entered in the NIT and program assistant notified when the CH Intake has been completed. Program Assistant then sends a letter to the family, acknowledging receipt of forms and explaining what the next step in the process will be.

7. Monthly, new referrals are picked up from the wait list by the Program Assistant (with support from the Program Coordinator as needed) and/or designate who will then make contact with families to set the Initial Consultation appointment. Program assistant follows up with the booking with an acknowledgement letter/email to parents with date, time, and confirmation on who will be seeing them. Additionally, links to our "Parents and Caregivers as Partners: Rights and Responsibilities" form, "Photo, Audio, Video and Social Media Release" form, "Orientation Acknowledgement" form and the "Permission to Obtain and Release Information" form for parents to complete are also sent for signatures and required to be submitted prior to their appointment.

Reference to other policies:

Responsibility for implementation: Program Assistants, Family Support Parents, Program Coordinators, Early Interventionists, Executive Director

IS-3 Intake
Revised: November 2025
Approved: May 2026

Preamble and Rationale: As a family-centered service, the Intake Consultation (IC) lays the foundation for the partnership between the family and the team of professionals from the BCFHRS.

Policy Statement: For BCFHRS families (in the Lower mainland, Fraser Valley, Okanagan, greater Victoria and Kelowna and wanting primary services through BCFHRS, following a referral, a temporary file is made, and an appointment (IC) is scheduled with the family. The family is contacted within a week of the referral, and the appointment (IC) is then scheduled to take place within 2 weeks of the contact. For SESLP, a file is made upon receipt of the Parent Questionnaire and consent forms and the Program Coordinator reviews Questionnaire and makes appropriate recommendations based on parent's concerns and child's needs. The Initial Consultation (first contact with SLP who's caseload they have now been assigned to) is scheduled to take place within 12 months of receipt of Parent Questionnaire, depending on the wait time.

The purpose of the IC is to introduce a family to our organization, listen to parental concerns; answer parent questions, identify needs of child and family through observation and discussion, and explain the BCFHRS approach (e.g. informed choice/decision, unbiased information, family centered planning) and the services available. Initial referral forms such as permission to receive services, release of information and parental rights and responsibilities may be signed at this time. If not signed at this time, these forms are emailed to the family after the IC meeting and need to be signed **if** the family decides to sign on for services at BCFHRS. If these forms are not completed online prior to the first session, the assigned interventionist will follow up with the family to ensure they are completed. The staff will also make observations if applicable about the child's language and communication development, respond to parent concerns, provide the family with suggestions on how to facilitate their child's language access and development, and make recommendations for the most appropriate services, including other community resources/programs.

For BCFHRS clients living outside the Lower Mainland (i.e., Outreach), and those families who are planning on receiving primary services through BCFHRS, the Intake Consultation may take place online with the Program Coordinators and Family Support Parents. A Community Service Provider may join the child/family at the IC with permission from the family/legal guardian.

IS-3.1 Procedure - BCFHRS Intake Consultation

1. Family Support Parent sends the initial Questionnaire to the Parent/Legal Guardian and asks them to complete it prior to the intake meeting. If the initial Questionnaire is not completed prior to the intake meeting for example due to circumstances such as needing an interpreter, lack of time, it will be the responsibility of the Early Interventionist to ensure it is completed within the first 2 sessions.

2. Program Coordinator, Executive Director or designate documents parent's concerns and/or priorities clinical observations, and any other relevant information.

3. Program Coordinator, Executive Director or designate describes services and makes recommendations of services as appropriate:

   Examples of types of services offered:
   - Assessments
   - Individual Language sessions – Spoken or American Sign Language (ASL)
   - Groups: Spoken, American Sign Language or bilingual (English – ASL)
   - Education and consultation sessions to families and Community Service Providers
   - Consultation to Daycares/Preschools/others
   - Individual sessions and support from Family Support Parents, Parent to Parent Support Network and Deaf and Hard of Hearing Mentors
   - Group programs offered (e.g., Bouncy Babies, Peekaboo Babies, ASL groups, ASL classes) Family Events and activities throughout the year (e.g., Winter Party, Family Fun Day, Mingle & Play, and various field trips)
   - Workshops for professionals (e.g., ECE workshop, Foundations)
   - Communication Stars Specialized Childcare Program

   Executive Director, Program Coordinator or designate provides information on the following and directs families to our website:
   - Mission Statement
   - Employees at BCFHRS
   - Code of Ethics
   - Types of Services offered, including Outreach Services
   - Guidelines for Service
     - universal precautions
     - including cancelling session
   - Rights and Responsibilities of Parents and Caregivers
     - Right to information and access to your child's file
     - Right to confidentiality
     - Right to complain and the process
   - Information about our centres

IS-3.1 Procedure - BCFHRS Intake Consultation (continued)

4. Program Coordinator, Executive Director or designate discusses referrals out to community programs when applicable
   Examples of Community services:
   - Canadian Deaf Blind Association
   - Deaf Well Being Program
   - Infant Development Program
   - Supported Child Care
   - Occupational Therapy
   - Physiotherapy

5. In the instance that the family may access other services, the information is noted so that it may be followed up by the Early Interventionist/team and the family during IFSP development, if not before then.

6. If the family does not choose BCFHRS services, the Program Coordinator, Executive Director or designate documents the appropriate information and closes the file (Program Assistants input end of services in NIT). Efficiency targets are stated in the Outcomes Management and Performance Improvement Report.

7. If the family chooses to receive services with BCFHRS, the Parent/Legal Guardian completes the following forms:

   - Services Permission Form
   - Questionnaire
   - Releasing & Obtaining Information Permission Form
   - Rights and Responsibilities of Parents and Caregivers
   - Media Permission Form
   - Online Services Permission Form
   - Library Loan Program
   - ASL Services Permission Form

8. If the family chooses to receive services from BCFHRS, Program Coordinator, Executive Director or designate then writes a summary report of Intake Consultation and provides a copy via email and/or mail to family.

9. The Program Coordinator assigns a Speech-Language Pathologist/Teacher of the Deaf and Hard of Hearing/Listening and Spoken Language Specialist/ASL Specialist (Early Interventionist) to work with the family if the family chooses to receive services from BCFHRS. The Intake Report includes name and date an Early Interventionist is assigned to the family.

10. The Program Assistants are given all the documentation to enter in NIT.

11. Program Assistants make up a permanent client file for the BCFHRS central filing system.

IS-3.2 Procedure - SESLP Initial Consultation

1. The assigned Speech-Language Pathologist documents parent's concerns, clinical observations and assessment, and any other relevant information.

2. The assigned Speech-Language Pathologist describes services and makes recommendations of services appropriate:
   Examples of types of services offered may include:
   - Individual/Small Group Sessions
   - Parent Training/Education Workshops
   - Speaking of Songs: Let's Talk Songs and Rhymes Group
   - Home Visits
   - Consult to Daycare/Preschool/others
   - Summer Programs
   - Kindergarten transition information evening
   - Follow-up Monitoring

3. The assigned Speech-Language Pathologist re-informs parents of Parent Information Package found on SESLP's website:
   - Mission Statement
   - Code of Ethics
   - Who works in the program
   - Program Brochure
   - Types of Services offered
   - Guidelines for Service
     - including cancelling session
     - committees and fundraising
   - Community Service Programs
   - List of helpful websites
   - Rights and Responsibilities of Parents and Caregivers
     - Right to information and access to your child's file
     - Right to confidentiality
     - Right to complain and the process
     - Right to choose other therapist and the process
   - Tax Credit Information
   - Lending Policy for Society resources
   - Developmental Norms
   - Information articles covering various speech and language topics
   - Health and Safety procedures at site

4. The assigned Speech-Language Pathologist discusses referrals out to community programs when applicable.
   Examples of Community services:
   - Infant Development Program
   - Pediatrician
   - Supported Child Care
   - Surrey Child and Youth Mental Health
   - Sunny Hill Health Centre for Children
     - BC Autism Assessment Network
     - Complex Development and Behavioural Concerns Team

   The family's assigned Speech-Language Pathologist also facilitates requests to transfer a family to another agency providing communication services should it be observed child presents with needs that make them more complex (e.g., Speech +) or that family has moved to a catchment area within South Fraser Health and access to their services best met by transferring them to that agency

5. The assigned Speech-Language Pathologist writes Initial Consultation Summary Report.

6. The assigned Speech-Language Pathologist enters all the documentation into NIT.

Reference to other policies:

Responsibility for implementation: Executive Director, Program Coordinators, Early Interventionist, Program Assistants

IS-4 Assessment
Reviewed: November 2025
Approved: May 2026

Preamble and Rationale: Best practice dictates administering appropriate communication and language assessments. The purpose of the assessment process is:

- To evaluate the client's developmental level as well as areas of strength and need
- To identify the family's priorities and goals
- To provide information to the client's parents/guardians about recommended strategies and desired outcomes of therapy/intervention
- To provide a baseline for the evaluation and monitoring of the progress of the treatment

Policy Statement:
Clients will receive an initial assessment of their communication within three months (SESLP clients are offered their initial consultation within 6-10 months of commencing service which includes an assessment of their communication) of commencing service with the BCFHRS. For BCFHRS subsequent assessments will be conducted regularly in compliance with BCEHP standards (standard - 4) and progress reviews be provided six months, annually or as required. The assessment process for children birth to three years of age will also include a critical and formalized checklist (the Post Assessment Review). For SESLP subsequent assessments will be conducted annually or as required. Assessment results are included in annual communication reports. A written and verbal report of assessment results are provided to the client and for the file, family, and anyone else designated by the parent/legal guardian.

Procedures for Assessment
Maximum use is made of existing information and the contributions of professionals already familiar with the client and family.

Each Speech-Language Pathologist, Teacher of the Deaf & Hard of Hearing, Listening and Spoken Language Specialist and ASL Specialist will use standardized and non-standardized assessment tools depending on the client's abilities, and cultural and linguistic background. The results of the assessment are discussed with the parent/guardian and will be summarized in an annual communication report. Once the report is approved by the parent or guardian for release, it is distributed to the individuals designated to receive a copy of the report and named in an up-to-date Release of Information permission form.

When a client has already had a recent communication assessment or the community Speech-Language Pathologist conducts the evaluation (BCFHRS Outreach), appropriate additional assessments will be used to supplement existing current results, if necessary, in an effort to avoid duplication of services and to obtain valid results. For BCFHRS Outreach, the BCFHRS service provider will coordinate with the community Speech-Language Pathologist and provide assessment recommendations and assessment administration/interpretation consultation if required.

Reference to other policies:
Responsibility for implementation: Service Provider, Program Assistants

IS-5 Individual Family and Community Service Plan (IFSP)
Reviewed: November 2025
Approved: May 2026

Preamble and Rationale: The BCFHRS/SESLP believe that the family is the most important influence in a child's life. They are encouraged to be involved in all the aspects of planning and decision making around services and supports. The family is also encouraged to provide input about the design of their programs. The individualized nature of the IFSP is designed to consider the child's (client's) abilities, evidence from assessments, cultural and linguistic background, community resources, and medical requirements.

The IFSP is the conduit to family participation in the planning process and the central document used to coordinate service delivery. Best practice indicates that the children who have the best outcomes are those whose parents have the knowledge and support to be actively involved in their child's language and intervention services. A coordinated, collaborative approach to service delivery by everyone involved in a child and a family's life can make a significant difference to the outcomes achieved. The IFSP addresses the goals of collaboration and outlines the plan for family/parent and community participation.

Policy Statement: The first IFSP should take place within three months of the Intake/Initial Consultation.

The IFSP is reviewed every three to six months.

If the child is in the care of the Ministry or does not reside with the legal guardian, a letter or email will be sent to the legal guardian/social worker, requesting that they either attend the meeting or give written consent for the foster parents to represent them at the meeting. When possible, this will be done at the intake meeting so that by the time an Individualized Family Service Plan (IFSP) is due, there is consent on file. SESLP requests this on the permission to obtain and receive information form so that by the time the Initial Consult (which includes the first IFSP) is conducted, there is consent on file.

IS-5 Procedure – Developing the Individual Family and Community Service Plan (IFSP)

1. Review the information gathered from the referral and Initial/Intake Consultation (IC) and assessments documented in the main file.

2. Provide information to the family about the IFSP, explaining the process and the purpose of the document. Discuss with the family whether they would like to involve other participants in the IFSP development, whether interpreting services are required, when and where the IFSP Planning Meeting will take place (in person or online). Make the necessary arrangements and invite participants to the Planning Meeting.

   For BCFHRS Outreach, the IFSP planning may be coordinated with the community speech-language pathologist with the family's permission. The role of the BCFHRS Early Interventionist must be documented in an IFSP (includes description of consultation to the community service providers) kept in the client's main file. In certain cases, a Community Service Plan is developed that outlines the support and consultative role of the BCFHRS service provider.

   In some instances, another agency may be planning a similar kind of meeting to establish goals and meet the purpose of an IFSP as described above. If the family receives services with another organization, collaborate with the other agency and delineate roles so that the most efficient and effective way to develop a comprehensive plan to the parent's satisfaction is coordinated.

3. BCFHRS Early Interventionist facilitates the IFSP Planning Meeting, unless the family decides otherwise, and completes the IFSP form. The goals are written to reflect the parent/guardian's input and priorities. The facilitator, other BCFHRS team members (e.g., Sign Language Consultant or Family Support Parent), other service providers, and other participants (family members for example) may assist the family by making suggestions of realistic goals, describing areas of development the goals address, and choosing goals that will make the most significant impact on the child's communication abilities (for example, choosing developmentally appropriate goals).

4. In the instance that a service provider from another agency is facilitating the meeting, attend the meeting and contribute the relevant information. Ensure that the family has given permission for that agency to release the document to BCFHRS for the client's main file.

5. Review, date, and sign the document in person or via digital PDF or JotForm. Review the Releasing & Obtaining Information Permission Form at this time to ensure the document will be given to individuals and agencies designated.

IS-5 Procedure - Developing the Individual Family and Community Service Plan (IFSP) (continued)

6. Review the Rights and Responsibilities of Parents and Caregivers to access their child's file and provide the parent with a copy (at the time of the next visit if necessary) of the IFSP if they desire.

7. Once the IFSP is completed it is shared with the parent/guardian for a signature and a fully executed copy is saved in the child's records in NIT.

8. Once complete, Program Assistants will ensure that the original IFSP document is canned and uploaded into NucleusLabs, and any copies forwarded to all the persons identified by the family/legal guardian. (SESLP – child/family's SLP securely places IFSP in client's paper file and uploads to NIT. Copies are then forwarded to all persons whom the family/legal guardian has identified for receiving a copy).

9. The EI will refer to the IFSP goals to provide related language access and intervention strategies, education, and consultation to the family and other professionals as applicable. For the visual language, the ASL specialist and/or the SLC will be involved in goal setting for ASL, using the IFSP as a reference and implementation of their ASL sessions. The primary EI is responsible for the documentation

10. The Early Interventionist is responsible for planning the next IFSP meeting to review the document that includes parents' priorities and concerns, summarize child's current level of functioning, prioritize concerns collaboratively with the family and the team, identify strategies and establish measurable outcomes linked to priorities and concerns, and identify services and timelines.

Reference to other policies:

Responsibility for implementation: Early Interventionists, Program Assistants

IS-6 Service Delivery Model
Reviewed: November 2025
Approved: May 2026

Preamble and Rationale: The BCFHRS supports a variety of language access and intervention models.

Policy Statement:
Language intervention can be one or a combination of direct therapy (individual or small group), consultation and education.

The location of language intervention may be in the client's home, childcare setting, public setting (e.g., park, library, recreation centre), or at the BCFHRS (Surrey, Vancouver Centre, Victoria Centre, Kelowna).

In situations when staffing levels are sufficient, if a concern or challenge is identified with a particular family, all efforts will be made to offer an alternative early interventionist to the family.

Reference to other policies: Family Rights and Responsibilities

Responsibility for implementation: Early Interventionists, Parent/Caregiver

IS-7 Service from More than One Specialized Early Intervention Agency
Reviewed: November 2025
Approved: May 2026

Preamble and Rationale: It is inefficient and ineffective to duplicate services.

Policy Statement:
Families have the right to receive services from more than one agency. The Society service providers will attempt to avoid duplication of services to families that are already being provided by another agency.

Procedures for Avoiding Duplication of Service
During the initial Intake Consultation, the Program Coordinators, Executive Director or designate will identify other agencies involved with the family and will identify the services being provided. If the services are identified as similar at the Initial Consultation meeting or anytime during the period that the client is receiving services from BC Family Hearing Resource Society, the family will be advised that the IFSP must clearly define the distinct role and responsibilities to avoid duplication of these services. In some circumstances government funded services may be similar but are distinct enough to warrant both services. When more than one government funded agency is involved with a family, BCFHRS employees will attempt to establish joint-team meetings to discuss and delineate roles and responsibilities of different team members as well as goals and objectives.

Reference to other policies: Family Rights and Responsibilities

Responsibility for implementation: Executive Director, Service Providers, Parent/Caregiver

IS-8 Transitions
Revised: November 2025
Approved: May 2026

Preamble and Rationale: According to best practice it is beneficial for BCFHRS service providers to assist families with the transition from Early Language Access and Intervention services to school-based services.

Policy Statement:
In preparation for kindergarten, service providers will provide (verbally and in writing) information for the family and school-based team about how to prepare for transition, administer/consult about assessments required to make recommendations relevant to the transition, and will attend transition meetings whenever possible (at the parents' request). During the year prior to a child entering kindergarten, the family is invited to join our PEER program, which is designed specifically to prepare families for the transition into kindergarten. Families are welcome to attend an Education Fair (also part of the kindergarten PEER program) anytime regardless of their child's age, prior to PEER. Transition meetings are usually arranged by the school District or Supported Child Development in each community. Client sessions and kindergarten transition reports are completed by the end of August and in some cases in June after the transition meeting. Files are left open until the end of December to allow service providers to attend the child's first Individual Education Plan meeting (if invited) and thereafter closed.

For SESLP, some parents arrange the meetings in conjunction with the School District). Most transition meetings do not occur until the Fall when the child enters kindergarten, therefore, files will be closed in September/October, following the transition meeting.

Reference to other policies: Family Rights and Responsibilities

Responsibility for implementation: Early Interventionists

IS-9 Discharge from Services
Reviewed: November 2025
Approved: May 2026

Preamble and Rationale: BCFHRS acknowledges there are some instances where discharge of client is appropriate.

Policy Statement: Client will be discharged under the following circumstances:

- Client eligible for kindergarten
- Early Interventionist is unable to contact client's family after several attempts and risk letter is sent to family.
- Client is no longer eligible for services (e.g., resolution of uncertain hearing levels/moved out of SESLP catchment/transferred to the Centre for Child Development (CCD) due to other needs being present)
- Client goals are met (e.g., mild hearing levels with no concerns with speech and language skills)
- Parent requests discontinuation of service
- Parent would like to transition to another agency/organization
- Parent/family moved to another province/country

Reference to other policies: Family Rights and Responsibilities

Responsibility for implementation: Early Interventionists

IS-10 Community Services Coordination - BCFHRS
Revised: November 2025
Approved: May 2026

IS-10.1 Requests for Workshops or Training

Policy Statements:

Advanced Professional Training: Audiologists (AUD) and Speech-Language Pathologists (SLP) may request attendance at Advanced Professional Training (APT) workshops. A list of these requests is emailed to the Executive Director who then determines priority based on available resources and perceived need of community. Audiologists may submit their request for training to the Lower Mainland or Fraser Valley Audiology Coordinator.

Workshops: Requests for workshops outside the Lower Mainland or Fraser Valley are submitted to the BCFHRS's Early Interventionist (EI) responsible for that region and are then forwarded to the Program Coordinators and Executive Director. Requests for workshops from childcare/preschool staff who are receiving consultation from the BCFHRS EI are made to that same EI. All other requests are submitted to the Executive Director.

SESLP – requests for workshops from childcares/preschools/groups, IDP, SCD and other community programs (e.g. Options) are made to the Program Coordinator or the Speech Language Pathologist they are working with.

IS-10.2 Community Service Provider Training

Preamble and Rationale: BCFHRS has developed workshops/training programs to meet the needs of community service providers; these are the Advanced Professional Training for Audiologists or Speech Language Pathologists working with deaf or hard of hearing children. The BCFHRS also develops individualized in-service training/workshops in coordination with community service providers. The Partnerships for Communities with Deaf and Hard of Hearing Children, the Foundations Workshop, the Cochlear Implant Training, and the Baby/Infant Workshop are other specialized workshops offered.

SESLP recognizes that communication development occurs in all aspects of a child's life and offers training/workshops on speech and language development and facilitating communication development specific to specific settings (e.g. IDP Consultants – in the home or playgroup; group/preschools) to community service providers on request. IDP consultants, Supported Child Development Consultants and Early Childhood Educators have also been invited to attend our parent workshops when appropriate.

Policy Statement: BCFHRS provides training to professionals in communities across BC, Yukon and Northwest Territories. to enable D/deaf and hard of hearing children to access quality intervention services where they live and be fully included in their community of choice.

SESLP provides training to community service providers to enable children with communication difficulties to access quality intervention services in all settings and be fully included.

Procedure:

1. The Executive Director discusses need with Program Coordinators to manage requests and recommendations for training, determine priority, and confirm at staff planning meetings.
2. Dates for training are decided annually at staff planning meetings.
3. Program Coordinators are responsible for ensuring that CSPs are informed about training opportunities, and that participants receive the required information to attend the training.

SESLP – upon request, Speech Language Pathologist or Program Coordinator ~~Supervisor~~ brings forth request at next department meeting or annual planning meeting to determine priority, and plan dates and person responsible.

Reference to other policies: Family Rights and Responsibilities, Service from More Than One Agency

Responsibility for implementation: Early Interventionists

IS-11 Information Management
Revised: November 2025
Approved: May 2026

Preamble and Rationale: Conscientious documentation of intervention objectives, activities, and outcomes creates a visible record of both the type and quantity and quality of care provided to BC Family Hearing Resource Society clients. A structured, reliable system of record-keeping also serves to increase program/staff accountability.

IS-11.1 NucleusLabs Information Technology – NIT system

Preamble and Rationale: In conformance with client's rights, best practice, confidentiality of the client, and for quality assurance, BCFHRS documents all information collected from persons served in the client's central file.

Policy:
All BCFHRS service providers will provide the following documentation for all clients:

What	When
• Referral Information	• BCFHRS: Within 1 week of initial consultation • SESLP: Within 4 working days of receiving referral from Speech and Language Central Referral Office
• Service Recommendations	• BCFHRS: Within 2 weeks of 1st visit (not including intake consultation visit) • SESLP: Within 1 week of receiving parent questionnaire
• Diagnosis	• Within 2 weeks of 1st visit (not including intake consultation visit). To be updated at time any additional diagnoses are known.
• Service Delivery Daily Stats	• At the end of each day
• Service Discontinuations	• Within 2 weeks after a service is discontinued
• Referral to other agency	• Within 2 weeks after a child has been referred to another agency • SESLP: within 1 week of child being accepted by another agency
• Goals & Objectives	• Reviewed and updated every 3-4 months for clients receiving service more frequently than once a month. Reviewed and updated every 6 months for clients receiving service once a month or less frequently

IS-11.2 Other Client Documentation

Preamble and Rationale: In conformance with client's rights, best practice, confidentiality of the client, and for quality assurance, BCFHRS documents all information collected from persons served in the client's central file.

Policy statement: BCFHRS staff will collect, generate, maintain and securely store in all clients' permanent central files:

What	When
• Referral for Services Form	• SESLP – scanned and uploaded into NIT within 4 working days. BCFHRS - at time of phone call, fax or e-mail.
• Releasing & Obtaining Information Permission Form & the Media Permission Form & Rights and Responsibilities of Parents and Caregivers	• SESLP – Permission to Obtain & Release Information Form upon receipt from families, prior to Initial Consultation; Media Permission Form & Rights and Responsibilities of Parents and Caregivers at the time of Initial Consultation BCFHRS – Completed online or in person after intake if parent decides to sign on for services.
• Questionnaire	• SESLP – Scanned and uploaded to NIT following receipt from families and case history intake. Permanent file made up upon receipt from families, following case history intake. • BCFHRS – Questionnaire is emailed prior to the intake and completed. If not completed, EI follows up at first session.
• Acknowledgment of Information Shared	• SESLP - at Initial Consultation. • BCFHRS – at Intake Consultation.
• NIT demographic information page	• SESLP: Within 4 working days of receipt of referral from Central referral Office and printed off for permanent file within a week of Parent Questionnaire intake completed. • BCFHRS: Within two weeks of Intake/Initial Consultation
• Individualized Family Service Plan	• SESLP – at Initial Consultation and/or within one month of start of block of frequent service. Updated every 4 months for those being seen more than 1/month or up to 6 months for those being seen less often. In some instances, review occurs once a year for families whose children only need monitoring due to age, family history or other concerns. Progress notes are generally made directly into NIT for children receiving therapy more than once a month. At times, progress notes may be included on paper with suggestions for parents to work on until next session. These are referenced

	in the NIT notes and may be kept in a working file and transferred to the permanent file at the end of the block. Care must be taken to protect privacy of information and identification of the child.
• Individualized Family Service Plan	• BCFHRS – within three months of Intake or start of new program. Updated every 6 months.
• Audiology Report & Audiogram	• BCFHRS -Once release for consent is received from parent, a request is sent out within one week for all updated audiograms & reports. • SESLP – as received from Audiologist. Request all updated audiograms & reports. Scanned and uploaded into NIT.
• All Assessment forms, Parent/Child Communication Checklists, speech and language samples, other informal checklists in child's permanent file. If maintaining a temporary "working file" needs to be moved to a permanent file once scored and information is shared with the parents. Summary sheets are scanned and uploaded to NIT.	• At time of Assessment or completion of checklist or when sample collected.
• Formal reports and/or Summary Letter	• Written at least once a year and at time child is transferring to another program, at time services are discontinued and when child is assessed by another team. • SESLP: scans and uploads to NIT and maintains hard copy in permanent file.
• File Documentation Review Form	• Included in each file. Peer-reviewed and updated twice a year and Supervisor-reviewed twice a year. If files are incomplete during review, then complete, date and initial within 2 months of file review. Files that are incomplete are to be flagged with a date of file review and the client's name. If peer review, immediately inform the service provider that updates are required. Service provider will document all attempts to complete updates on the File Documentation Review Record. All file documentation review records are to remain in the child's NIT file.
• Other letters (e.g., to doctors; to family when unable to contact, etc.) to be kept in child's permanent file	• As necessary (scanned and uploaded to NIT)
• Progress Notes (documentation of client progress in achieving intervention objectives, intervention activities & future objectives & strategies). Must be dated, pages	• Documented at time of session. May be kept temporarily in separate "working" file, written on triplicate paper form which is scanned and uploaded to NIT. Copy of triplicate is left with family, or notes are emailed shortly after the session. The paper copy is later shredded. Care

numbered and signed or initialed by Early Interventionist.	must be taken to protect privacy of information & identification of child.
• Client Contact Notes – must be dated mm/dd/yy, pages numbered, and signed by clinician unless entered directly into NIT	• Documented at time of phone call, contact, meeting, etc. Generally, will be directly input into NIT.
• Reports from outside agencies	• As received from outside agency and uploaded to NIT.

IS-11.2 Other Client Documentation (continued)

What	When
Referral Process: • document date of referral	• BCFHRS - Immediately upon receiving a referral, either phone call, electronic or written referral the referral date and client name is entered into NIT • SESLP – Date noted at top of referral form. • BCFHRS - within 1 week of receiving the referral the initial consultation is scheduled
• Initial Consultation date & Intake date & written summary (includes: case history, service recommendations, other agencies involved)	• SESLP - depending upon the wait time the initial consultation is scheduled within twelve months • BCFHRS - initial consult summary and the service recommendations are completed within two weeks of the initial intake • SESLP - Initial consult summary and service recommendations are completed within one month of the initial consultation
• Service start date	• Service start date is recorded within one week of services commencing. Automatically noted in NIT at time first stat entered for that service.
• Assessment and/or Individual Family Service Plan (communication diagnosis entered whenever appropriate)	• Within one month of service start date • SESLP - at time of initial consultation date
• Referrals internal and external • Progress e.g. updated IFSP	• Within one week of a referral initiated • Reviewed & updated every 3-4 months for clients receiving service more frequently than once a month. • Reviewed & updated every 6 months for clients receiving service once a month or less frequently
• Service discontinuation	• BCFHRS - Within one week of the end of service • SESLP - Within two weeks of the end of service
• Discharge date	• BCFHRS - Within one week of the end of service • SESLP - Within two weeks of the end of service

Reference to other policies: Family Rights and Responsibilities
Responsibility for implementation: Service Providers, Program Assistants, Executive Director

IS-12 Maintaining the Program Environment
Reviewed: November 2025
Approved: May 2026

BCFHRS endeavours to maintain the best possible environment for D/deaf and hard of hearing children aged birth to school age entry.

Program furniture and equipment is selected to be appropriate for children's ages and levels of development.

In keeping with recommendations from The Canadian Cancer Society, the BCFHRS will not use any pesticides, herbicides, or fungicides on property owned by BCFHRS, either inside the building or on the outside property. The Executive Director or designate will ensure that all landscaping companies providing services to the BCFHRS are aware of this policy.

Maintaining good lighting and an appropriate acoustic environment are high priorities for BCFHRS. In keeping with the planning that was done when this environment was created, all renovation, landscaping, and similar major changes to the program environment will be planned while taking into account the *Guide to Maintaining the Program Environment* in Appendix A.

See Appendix A: *Guide to Maintaining the Program Environment*

IS-13 Behaviour Management
Reviewed: November 2025
Approved: May 2026

Preamble and Rationale:
To ensure our methods of guidance reflect BCFHRS's philosophy and follow strategies as outlined in the Child Care Regulations and Family, Child and other relevant legislations. Refer to https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007

Policy: Positive Interventions and Restrictive Interventions.
The Centre recognized that in certain situations there may be the need to use restraint.

All new employees, students and volunteers will review the Centre policies and procedures regarding behaviour management as part of their orientation to the BCFHRS. All new employees, students and volunteers will be made aware that parent is present at all times during individual intervention sessions with the exception of the specialized childcare.

A review of positive intervention practices will be included in the employee in service minimally every three years. Verbal behaviour interventions will be implemented prior to the use of restrictive or hands-on procedures. All employees, students and volunteers are required to act in accordance with the Centre philosophy and practices of positive intervention/behaviour guidance.

Guidance of Children: Guidance Policy Statement
All staff providing group intervention will sign a Guidance Policy Statement. This statement verifies that the staff person has read and understands the Society's Guidance Policy and agrees to utilize it in their practice.

Guidance of Children: Use of Physical Intervention (Restraints)

If it is suspected that some form of physical intervention may be required with an individual, this must be written in the child's care plan/behaviour management plan. The behaviour management plan will outline the situations and the physical interventions to be used. Only employees trained in the use of and the alternatives to the use of physical restraints may use them with a child. These trained persons will be listed in the behaviour management plan.

Coaching is not defined as a restraint and thus the above does not apply to "coaching' which is the process of physically moving a client, or parts of the client's body, to a designated location or through a range of motions as a means of demonstrating a desired action. (i.e., physiotherapy, hand over hand assistance to do a task).

In the group-setting the behaviour management plan for any child that includes physical restraint must be approved by the child's parent, physician, or therapist trained in the use of restraints, and sent to the licensing officer.
Behaviour Management

It is often difficult to determine the causes for a person exhibiting challenging behaviour. It is imperative, firstly, to ensure that it is not a result of physical health problems. For this reason, a full medical and medication review must be initiated prior to the institution of any behaviour management intervention. Secondly, challenging behaviours must also be viewed as a form of communications (e.g., I don't want to be here). A review of the child's overall life situation must be initiated before a behaviour plan is put into place.

The goal of services is to ensure that people are placed in the least restrictive, individually appropriate environment. When implementing behavioural programs, only the most positive and least restrictive techniques must be applied first. Each person who develops programs will establish and maintain ethical procedures as per the guidelines. Involvement of the child receiving services should be a part of the process.

IS-14 Guidance and Discipline
Reviewed: November 2025
Approved: May 2026

Belief

- Guidance is an ongoing process of guiding behaviour to assist children in developing self-control and self confidence
- It is based on a concern for the safety and well-being of each child
- Guidance should be used to both prevent and deal with children's behaviours

For Prevention

- Set clear and simple limits
- State what is expected instead of asking questions
- Support corrective behaviour
- Ignore minor behavioural issues

For Dealing with Children's Behaviours

- Allow natural or logical consequences when it is safe and appropriate to do so
- Give choices
- Modeling (set good examples)
- Redirection (change the child's activity)
- Break time (child is removed and taken to a quieter or other place to play)

Under no circumstances will a child be spanked, hit, yelled at, teased or insulted by any employee. It is expected parents participating in centre activities will also follow this guideline.

Further information for parents and employees can be found in the Ministry of Health Handbook – Guiding Children's Behaviour. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/child-day-care/guiding_childrens_behaviour_april_2017.pdf

Appendix A - Maintaining the Program Environment

Guide to Maintaining the Program Environment

This Guide will be consulted before planning any renovations, landscaping changes, or other major changes to the program environment.

BCFHRS is committed to our goal of creating and maintaining an optimal visual environment. Whenever changes to the program environment are contemplated, such as substantial re-decoration or renovation, employees of BCFHRS will consult with acoustic engineers, lighting experts and a Deaf/d Hard of Hearing representatives for guidance.

BCFHRS is committed to our goal of creating an optimal acoustical environment. The primary sources of noise we need to be aware of are:

a. noise coming from outside the building
b. noise "leakage" between rooms
c. noise emanating from sources within the room, such as heating, ventilation and air conditioning (HVAC) noise, and reverberation within rooms

In addition to the attempt to minimize noise, BCFHRS Surrey centre also promotes an optimal listening environment with assistive listening and alerting technology.

Acoustic Targets to maintain: Based on input from Dr. Murray Hodgson, an internationally recognized acoustical engineer who has specialized in classroom acoustics, we established the target of background noise of 25 (NC) in classrooms, meeting rooms, and therapy rooms when unoccupied. We achieved 17 (NC) in the large conference room, and 25 in all the therapy rooms and classrooms with the exception of the large classroom which tested at 27 (NC).

1. Prior to considering changing the function of rooms in the Surrey centre, we need to take into consideration that all therapy and educational spaces were located on the wings of the building furthest from the traffic noise.

2. Prior to considering any renovations of the Surrey centre, the BCFHRS needs to be aware that acoustic tile panels were placed on the ceilings and a third of the way down the walls to absorb sound. In addition, cork bulletin boards were placed on specific wall sections of classrooms and therapy rooms. All areas of the building, except for the bathrooms and kitchen, were covered with carpet and underlay padding. If BCFHRS employees, parents, or board recommend the removal of carpet because of concerns about allergies or for the purpose of ease of cleaning, they must take into consideration the negative impact that hard flooring would have on acoustics.

3. Any consideration of renovations to the heating/ventilation/cooling system must take into consideration that HVAC systems can be a significant source of noise. When the Surrey centre was built the mechanical engineers selected to use extra-large ducts, lined with absorptive material, for use with the heating/ventilation/cooling system. Any change to this requires approval from an acoustical engineer.

4. Low-noise kitchen appliances, including a low-noise refrigerator and dishwasher were selected. Noise must be considered one of the highest priorities of features when items such as these are replaced.

5. Do not put holes in any walls without first contacting an acoustical engineer to ensure the action will not have an impact on acoustics.

6. Whenever there is a concern or question about maintaining acoustics, a qualified acoustical engineer must be consulted. Acoustics is an area that other construction professionals, architects, and trades people know very little about-even if they claim to know.

7. The soil that is built up along the bottom of the fence in the backyard and into the front yard must be maintained to maintain the acoustical barrier.

8. We were unable to achieve optimal acoustics in the backyard. For this reason, when planning events BCFHRS must take into consideration the listening needs of any hard of hearing Board of Directors or employees when planning an event to take place in the backyard.