

CARF Accreditation Report for Association of Neighbourhood Houses of British Columbia Three-Year Accreditation



CARF Canada
501-10154 104 Street NW
Edmonton, AB T5J 1A7, Canada

A member of the CARF International group of
companies

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

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About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Association of Neighbourhood Houses of British Columbia
3102 Main Street, Unit 203
Vancouver BC V5T 3G7
CANADA

Organizational Leadership

Carly Geistlinger, Operations Director
Tulia Castellanos, Consultant

Survey Number

184942

Survey Date(s)

June 11, 2025–June 13, 2025

Surveyor(s)

Barbara L. Henning, PhD, Administrative
Lorinda Molner, CYC Dipl., BA, CYCAA Cert., Program
Michelle Shaw, BA, MA, Program

Program(s)/Service(s) Surveyed

Diversion/Intervention (Children and Adolescents)
Promotion/Prevention (Children and Adolescents)
Community Integration
Governance Standards Applied

Accreditation Decision**Three-Year Accreditation**

Expiration: June 30, 2028

Executive Summary

This report contains the findings of CARF's site survey of Association of Neighbourhood Houses of British Columbia conducted June 11, 2025–June 13, 2025. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Association of Neighbourhood Houses of British Columbia demonstrated substantial conformance to the standards. Association of Neighbourhood Houses of British Columbia (ANHBC) is recognized for its grassroots work in the city of Vancouver. For 130 years, the organization has had a profound impact and has come to be known for building meaningful relationships with its participants, volunteers, and employees in the communities it serves. All these individuals work collaboratively to be inclusive and respectful of one another. The homes are designed to be welcoming and safe, with an intergenerational focus that reflects the needs of the communities. Personnel are engaged, thoughtful, and committed to the mission and values of the organization and a person-centred approach. They willingly and wholeheartedly offer their talents to the organization so that all aspects of the programs and services will succeed and the needs of the community will be met. Opportunities for improvement include providing training on fundraising procedures, ensuring that personnel training in health and safety is competency based, ensuring that unannounced tests of all emergency procedures are consistently completed at least annually on each shift at each location, expanding orientation on the organization's performance measurement and management system and risk management plan to all personnel, ensuring that performance appraisals include measurable goals, enhancing the technology and system plan, and expanding the policy and written procedure by which participants may formally complain to the organization. There are also opportunities for improvement in the areas of program/service structure, screening and access to services, quality records review, service delivery using information and communication technologies, and medication monitoring and management.

Association of Neighbourhood Houses of British Columbia appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Association of Neighbourhood Houses of British Columbia is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Association of Neighbourhood Houses of British Columbia has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Association of Neighbourhood Houses of British Columbia was conducted by the following CARF surveyor(s):

- Barbara L. Henning, PhD, Administrative
- Lorinda Molner, CYC Dipl., BA, CYCAA Cert., Program
- Michelle Shaw, BA, MA, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Association of Neighbourhood Houses of British Columbia and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Diversion/Intervention (Children and Adolescents)
- Promotion/Prevention (Children and Adolescents)
- Community Integration
- *Governance Standards Applied*

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Association of Neighbourhood Houses of British Columbia demonstrated the following strengths:

- ANHBC is very fortunate to have a forward-thinking leader who understands the role of leadership in a distributed decision making organization. She and other leaders, including executive directors at each house, have navigated the significant growth and change of the organization with dignity and respect for each other and the participants. The leader and the team are conscientious and knowledgeable as they attend to all aspects of service delivery. This is solidified throughout the organization through good communication skills and respect for one another.
- The leadership works with integrity and a willingness to be inclusive, with a focus on decolonization and restorative practices, and is applauded for using a transformational approach to all aspects of the organization. This is a testament to the dedication of the senior leadership team, executive directors, and all personnel at each house to create an organization that is driven by its vision, mission, and values. These individuals have a long-term commitment to building neighbourhood houses that foster community and provide safe places in Vancouver.
- Words used by others to describe ANHBC's work include "grassroots," "transparent," and "community focused." Participants are engaged in all aspects of the program, and all individuals are treated with dignity and respect.
- The organization has developed a strong working relationship with the board of directors, which praised the staff and leadership for being innovative, responsive, approachable, and collaborative in meeting the needs of the participants and for having great teamwork with a focus on community needs.
- A person-centred philosophy is reflected throughout the programs and services. It is evident that the staff members are committed to building positive spaces for participants to learn, grow, and demonstrate compassion and respect for all. Particularly impressive is the commitment and enthusiasm shown by staff members, many of whom attended programs as children and later began volunteering and working for the organization. These experiences have contributed to their solid backgrounds and understanding and bring stability, history, and continuity to the organization and its service delivery. Staff members reported that the work they do gives them purpose and aligns with their own values.
- The South Vancouver Neighbourhood House Adult Day Program demonstrates excellence in fostering a welcoming and inclusive space that enhances the well-being of the participants. The thoughtfully designed environment encourages comfort, connection, and a strong sense of belonging, ensuring that participants feel truly valued. Soft, calming colours and pleasing artwork create a soothing atmosphere complemented by inviting aromas from the kitchen. Carefully arranged separate areas support a range of participant activities and allow for meaningful engagement.
- The organization fosters a deeply connected workplace culture where each staff member feels valued, inspired, and personally invested in the program's mission. The program's leadership cultivates an environment of respect, collaboration, and shared purpose, ensuring that employees understand their unique impact on service delivery. Through meaningful recognition and open communication, staff members feel empowered and engaged and share a strong sense of connection to the organization's vision. Their passion and dedication translate into high levels of retention, engagement, and mission-driven service, enriching the program's success and strengthening the community served.
- The South Vancouver Neighbourhood House Adult Day Program offers exceptional, thoughtfully designed programming that caters to the diverse interests and needs of its participants. By combining culturally responsive activities, stimulating engagement opportunities, and individualized experiences, the program fosters meaningful connections, personal fulfillment, and a vibrant sense of community. Its ability to blend social, recreational, and wellness-focused programming ensures that all participants find joy, purpose, and enrichment in their daily experiences. This innovative approach strengthens participants' well-being and enhances the program's reputation for providing dynamic, person-centred care.

- Participants in the South Vancouver Neighbourhood House Adult Day Program consistently expressed deep appreciation and admiration for the dedicated and compassionate staff members, who bring warmth and energy to the program. The participants feel seen, heard, and valued, as staff members create a supportive and uplifting atmosphere where participants can thrive. Participants noted that "it just feels like home" and that "it feels like it is a part of you." The team's commitment to fostering personal connections and individualized care ensures that participants not only engage in meaningful activities but also build lasting relationships that enrich their lives.
- Each house has done a remarkable job of tailoring its programming to the community served while also aligning with the values of the organization. The houses have strived to be holistic in their approaches and pay close attention to the needs and wants of the participants. The organization has the drive and ability to offer many diverse and inclusive services in a safe and comfortable environment spanning all age groups and many different cultures.
- Many of the personnel have been working or volunteering for the organization for decades, with some noting that it is the best job they have ever had. The longevity of staff and the desire of participants to stay with the organization after receiving services demonstrate the leadership's and staff's dedication to the participants and to creating a positive environment.
- The houses themselves are beautiful structures, and the staff members do an excellent job of making them look welcoming and utilizing space in the best way possible. Each house has a lounge area, and spaces are set up to be safe, welcoming, and inclusive.
- Many staff members spoke about how they find ways to incorporate feedback from participants into the programs in meaningful ways. They offered concrete examples of programs that were changed, started, and incorporated into the programming in all locations that have worked to make the programming better and stronger. It is clear that the organization practices what it preaches and highly values feedback from participants, volunteers, and staff members.
- All the houses have gone above and beyond in creating meaningful partnerships with other organizations in their communities. They partner with organizations that offer cultural supports; housing supports; LGBTQ+ resources; harm reduction; medical resources; and resources for families, seniors, youth, and children. They readily share space, work together, and promote other resources, all for the benefit of the participants they serve.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centred philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency, diversity, and inclusion
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

1.A.9.b.(1)

1.A.9.b.(2)

To demonstrate accountability, an organization that engages in fundraising should provide initial and ongoing training related to fundraising written procedures to appropriate personnel.

Consultation

- ANHBC may benefit from including all policies and procedures in the operations policy manual.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board

and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
- Board selection, orientation, development, leadership, structure, and performance
- Linkage between governance and executive leadership
- Board meetings and committee work
- Executive leadership development, evaluation, and compensation

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

1.H.4.a.(1)

1.H.4.a.(2)

1.H.4.a.(3)

1.H.4.a.(4)

1.H.4.a.(5)

1.H.4.a.(6)

1.H.4.a.(8)

1.H.4.a.(9)

1.H.4.b.(1)

1.H.4.b.(2)

1.H.4.b.(3)

1.H.4.b.(4)

1.H.4.b.(5)

1.H.4.b.(6)

1.H.4.b.(8)

1.H.4.b.(9)

Although personnel receive documented health and safety training, it is not competency based. It is recommended that personnel receive documented competency-based training at orientation and at least annually in the areas of health and safety practices, identification of unsafe environmental factors, emergency procedures, evacuation procedures (if appropriate), identification of critical incidents, reporting of critical incidents, reducing physical risks, and workplace violence.

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.a.(3)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.c.(5)

1.H.7.d.

Although the organization has completed some tests of its emergency procedures, not all tests have been completed. It is recommended that an unannounced test of each emergency procedure be conducted at least annually on each shift at each location; include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill; be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results; and be evidenced in writing, including the analysis.

Consultation

- Although ANHBC uses and posts evacuation maps at all its sites, it is suggested that the organization post evacuation maps in all rooms/areas that participants and guests access to give them a visual guide in the event of an emergency in which they are not with staff.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.

Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

1.I.6.a.(4)

1.I.6.a.(5)

Onboarding and orientation that include the organization's performance measurement and management system and risk management plan are only provided to management-level employees. Onboarding and engagement activities should consistently include orientation that addresses the organization's performance measurement and management system and risk management plan.

1.I.9.f.

Although ANHBC has a policy that states that performance appraisal goals are to be written as measurable, it is recommended that the organization consistently implement written procedures for performance appraisal that address measurable goals.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

1.J.2.b.(3)

1.J.2.b.(4)

1.J.2.b.(5)

Although ANHBC has implemented a technology and system plan, the organization should implement a technology and system plan that also includes technology acquisition, technology maintenance, and technology replacement.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

1.K.3.a.(9)

It is recommended that ANHBC implement a policy and written procedure by which participants may formally complain to the organization that also specify the availability of advocates or other assistance.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the philosophical foundation of child- and family-centred care practices must be demonstrated. Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served. The persons served have the opportunity to transition easily through a system of care.

The guiding principles include:

- Services that are child/youth and family driven.
- Promotion of resiliency.
- Cultural and linguistic competence.
- Strengths-based approach.
- Focus on whole person in context of family and community.
- Trauma-informed.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

The organization, where appropriate, provides information to the child/youth served and in collaboration with the parent(s) and/or legal representative.

Child- and family-centred care includes the following:

- Recognition that, when possible, the family is the constant in the child's/youth's life, while the service systems and personnel within those systems fluctuate.
- Facilitation of family-professional collaboration at all levels of care.
- Sharing of unbiased and complete information about a child's/youth's care on an ongoing basis, in an appropriate and supportive manner.
- Implementation of appropriate policies and programs that are comprehensive and provide necessary support to meet the needs of children/youth and families.
- Recognition of child/youth and family strengths and individuality and respect for different methods of coping.
- Understanding and incorporating the developmental needs of children/youth and families into service systems.
- Assurance that the design of health and social service delivery systems is flexible, accessible, and responsive to the needs of children/youth and families.

Key Areas Addressed

- Written plan that guides service delivery
- Team composition
- Team member responsibilities
- Developmentally appropriate surroundings and equipment
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Qualifications and competency of direct service staff
- Family participation
- Relevant education
- Collaborative partnerships
- Child/youth/family role in decision making
- Supervision
- Assistance with advocacy and support groups
- Effective information sharing
- Arrangement or provision of appropriate services
- Gathering customer satisfaction information
- Residential/overnight program requirements
- Peer Support

Recommendations

- 2.A.27.a.(1)
- 2.A.27.a.(2)
- 2.A.27.b.(1)
- 2.A.27.b.(2)
- 2.A.27.b.(3)
- 2.A.27.c.(1)
- 2.A.27.c.(2)
- 2.A.27.c.(3)
- 2.A.27.c.(4)
- 2.A.27.c.(5)
- 2.A.27.c.(6)(a)
- 2.A.27.c.(6)(b)
- 2.A.27.c.(6)(c)

Although the program provides or arranges for documented training at orientation and regular intervals to all personnel, the training is not competency based. The program should provide or arrange for documented competency-based training at orientation and regular intervals to all personnel on suicide prevention, trauma-informed practices, and human trafficking. The program should also provide or arrange for documented competency-based training at orientation and regular intervals to direct service personnel on areas that reflect the specific needs of the participants; clinical skills that are appropriate to the position; individualized planning, reviews, and implementation; interviewing/communication skills; program-related research-based approaches; and clinical risk factors, including suicide, violence, and other risky behaviour.

- 2.A.29.a.
- 2.A.29.b.
- 2.A.29.c.
- 2.A.29.d.
- 2.A.29.e.
- 2.A.29.f.(1)
- 2.A.29.f.(2)
- 2.A.29.f.(3)
- 2.A.29.f.(4)
- 2.A.29.f.(5)
- 2.A.29.f.(6)
- 2.A.29.g.
- 2.A.29.h.

Although documented ongoing supervision of direct service personnel is completed in all programs, not all of it fully conforms to the standard. Documented ongoing supervision of direct service personnel should consistently include the provision of feedback that enhances knowledge and/or skills in the areas of accuracy of assessment skills, when applicable; ability to recognize risk factors for suicide and other dangerous behaviours and take appropriate actions according to their role; proficiency of referral skills, when applicable; the appropriateness of the services or supports selected relative to the specific needs of each participant; service/treatment effectiveness as reflected by the participants meeting their individual goals; issues related to ethics, legal requirements, boundaries, self-care, secondary trauma, and cultural competency; service documentation issues identified through ongoing records review; and model fidelity, when implementing evidence-based practices.

Consultation

- Although the program has implemented policies and procedures that address the handling of items brought into the program and the use of tobacco, it is suggested that there be clear signage for participants that labels these policies. It is also suggested that the policies address how to handle medications that participants or staff members may need to keep on their person (e.g., an inhaler).

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centred assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, the person's family or significant others, and external sources.

Key Areas Addressed

- Policies and procedures defining access
- Assessment(s)
- Waiting list criteria
- Interpretive summary
- Orientation to services
- Access and screening
- Admission criteria and process
- Ineligibility/exclusionary criteria

Recommendations

2.B.7.c.

2.B.7.e.(1)(d)

2.B.7.e.(1)(e)

2.B.7.e.(2)(d)(i)

2.B.7.e.(2)(d)(ii)

2.B.7.e.(2)(d)(iii)

2.B.7.e.(2)(d)(iv)

2.B.7.e.(5)(b)

2.B.7.e.(5)(c)

2.B.7.e.(5)(d)

2.B.7.e.(5)(e)

Although there are policies related to orientation that address the elements of the standard, these elements have either not been consistently documented or not been included in orientation. Each person admitted to services should receive an orientation that is consistently documented and includes the program's standards of professional conduct related to services and philosophy of behavioural interventions; an explanation of the information that may be used for research, billing, reporting, and evaluation; and the program's policies, when applicable, regarding use of tobacco products, potential substances of misuse brought into the program, prescription medication brought into the program, and weapons brought into the program.

2.G. Records of the Person Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Authorization for release of information
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Review

Description

The program has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the program in improving the quality of services provided to each person served.

Key Areas Addressed

- Focus of quarterly review
- Use of information from quarterly review
- Record selection for review

Recommendations

2.H.5.a.

2.H.5.b.(1)

2.H.5.b.(2)

2.H.5.b.(3)

2.H.5.b.(4)

The program conducts quarterly record reviews; however, the program should demonstrate that the information collected from the records review is reported to personnel and used to identify personnel training needs, improve the quality of its services through performance improvement activities, ensure compliance with regulatory and/or contractual requirements, and improve conformance to the CARF standards.

2.I. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dietitians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
- Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.
 - Schools, work sites, libraries, community centres, and other community settings.
 - Congregate living, individual homes, and other residential settings.
- Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others.
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT
- Scope of ICT services

Recommendations

- 2.I.2.a.(1)
- 2.I.2.a.(2)
- 2.I.2.a.(3)
- 2.I.2.a.(4)
- 2.I.2.b.(1)
- 2.I.2.b.(2)
- 2.I.2.b.(3)
- 2.I.2.b.(4)
- 2.I.2.b.(5)
- 2.I.2.b.(6)
- 2.I.2.b.(7)

Although documented training is provided, it is not competency based. As appropriate, personnel who deliver services via information and communication technologies should receive documented competency-based training on how to deliver services effectively via information and communication technologies, including human factors, crisis response procedures, assessment of risk factors in the environment of the participant, and how to modify treatment techniques/interventions to deliver services virtually, and on equipment used in service delivery (including hardware and software features, setup, use, maintenance, safety considerations, infection control, and troubleshooting).

Section 3. Core Program Standards

3.N. Diversion/Intervention

Description

Diversion/intervention programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem. Diversion/intervention programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Within the child welfare field, examples include alternative response, differential response, or multiple response systems as well as kinship diversion.

Diversion/intervention programs may serve persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis implement special strategies for engaging this population.

Diversion programs may include programs such as juvenile justice/court diversion, substance abuse diversion, truancy diversion, DUI/OWI classes, report centres, home monitoring, after-school tracking, anger management, and building healthy relationships.

Intervention programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems.

Key Areas Addressed

- Program design
- Written procedures
- Screening/assessment process
- Appropriate program activities
- Public awareness
- Program strategies

Recommendations

There are no recommendations in this area.

3.T. Promotion/Prevention

Description

Promotion/prevention programs are proactive and evidence based/evidence informed, striving to reduce individual, family, and environmental risk factors; increase resiliency; enhance protective factors; and achieve individual and comprehensive community wellness through a team or collaborative approach. Promotion/prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse/neglect, exposure to and experience of violence in the home and community, and to inform the general public of problems associated with those issues, thereby raising awareness, or to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings. Programs that offer training to current or future child/youth personnel are also included.

Organizations may provide one or more of the following types of promotion/prevention programs, categorized according to the population for which they are designed:

- Universal (Promotion) programs target the general population and seek to increase overall well-being and reduce the overall prevalence of unwanted or problem behaviours. These programs include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. They promote positive behaviour and include social marketing and other public information efforts.
- Selected (Prevention) programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.
- Training programs provide curriculum-based instruction to active or future personnel in child and youth service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

- Personnel qualifications, including knowledge of community resources
- Appropriate program activities
- Public awareness
- Program strategies
- Referral procedures
- Program evaluation
- Training programs have a documented comprehensive curriculum

Recommendations

There are no recommendations in this area.

2024 Employment and Community Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. Quality Individualized Services and Supports

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Services are person centred and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations

2.A.12.c.

ANHBC has clear release of confidential information forms that are signed and indicate what specific information can be shared and with whom; however, these are not time limited. Any release of confidential information should have a time limitation. The organization could add a defined expiration date for confidentiality authorization to align with best practices in information management.

2.A.19.a.

ANHBC has a policy that identifies that it has no role related to medications that are used by the participants in the programs seeking accreditation, including that it does not directly provide medication monitoring; however, as defined in the standards manual, it appears that the organization does provide medication monitoring in its community integration program. It is recommended that the organization have a policy that comprehensively identifies whether or not it has any role related to medications that are used by the participants in the programs seeking accreditation, including whether or not it directly provides medication monitoring.

2.B. Individual-Centred Service Planning, Design, and Delivery

Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affect the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed

- Services are person centred and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes

Recommendations

There are no recommendations in this area.

Consultation

- The organization reviews the individualized plans every two years. The organization might consider shifting to an annual review to enhance responsiveness, service effectiveness, and alignment with best practices.

2.C. Medication Monitoring and Management

Key Areas Addressed

- Current, complete records of medications used by persons served
- Written procedures for storage and safe handling of medications
- Educational resources and advocacy for persons served in decision making
- Physician review of medication use
- Training and education for persons served regarding medications

Recommendations

2.C.1.b.

2.C.1.d.

2.C.1.e.

2.C.1.f.

2.C.1.g.(1)

2.C.1.g.(2)

It appears that medication monitoring, as defined in the glossary of the standards manual, has been provided in the community integration program as it accepts prescription and non-prescription medications brought into the program by the participants and the program provides a secure storage area and controlled access for medications. The participants take their own medications without any assistance from personnel. Although the organization does not maintain individual records of all medications as noted in the CARF standards, the individual records do document the name(s) of the medications and frequency. It is recommended that an up-to-date individual record of all medications, including prescription and non-prescription medications, used by the participant include the dosage, including strength or concentration; instructions for use, including administration route; potential side effects; drug interactions; and, for prescribed medications, the prescribing professional and phone number and the dispensing pharmacy and contact information.

2.C.2.a.

2.C.2.b.

2.C.2.c.

2.C.2.d.

2.C.2.e.

2.C.2.f.

2.C.2.g.

As it provides medication monitoring in its community integration program, the organization should implement written procedures that address storage, including handling of medications requiring refrigeration or protection from light; safe handling; packaging and labelling; safe disposal; maintenance of an adequate supply of medications for the participants; documentation of medication use; and self-administration, when applicable.

2.E. Community Services Principle Standards

Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

Key Areas Addressed

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

Recommendations

There are no recommendations in this area.

Section 4. Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centred process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

4.G. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity centre, a day program, a clubhouse, and a drop-in centre are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Pre-vocational experiences.
- Vocational pursuits.
- Volunteerism in the community.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centres, arts councils, etc.).

Some examples of the quality results desired by the different stakeholders of these services include:

- Community participation.
- Increased independence.
- Increased interdependence.
- Greater quality of life.
- Skill development.

- Slowing of decline associated with aging.
- Volunteer placement.
- Movement to employment.
- Centre-based socialization activities during the day that enable persons to remain in their community residence.
- Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

Key Areas Addressed

- Opportunities for community participation

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Association of Neighbourhood Houses of British Columbia

3102 Main Street, Unit 203
Vancouver BC V5T 3G7
CANADA

Administrative Location Only
Governance Standards Applied

Alex House - Vine Ave Youth & Family Centre

15455 Vine Avenue
White Rock BC V4B 2T3
CANADA

Diversion/Intervention (Children and Adolescents)

Alex House Youth Space

1845 - 154 Street
Surrey BC V4A 5J8
CANADA

Promotion/Prevention (Children and Adolescents)

Cedar Cottage Neighbourhood House

3973 Dumfries Street
Vancouver BC V5N 5R3
CANADA

Promotion/Prevention (Children and Adolescents)

Frog Hollow Neighbourhood House

2131 Renfrew Street
Vancouver BC V5M 4M5
CANADA

Promotion/Prevention (Children and Adolescents)

Gordon Neighbourhood House

1019 Broughton Street
Vancouver BC V6G 2A7
CANADA

Promotion/Prevention (Children and Adolescents)

Kitsilano Neighbourhood House

2305 West 7th Avenue
Vancouver BC V6K 1Y4
CANADA

Promotion/Prevention (Children and Adolescents)

Mount Pleasant Neighbourhood House

800 East Broadway
Vancouver BC V5T 1Y1
CANADA

Promotion/Prevention (Children and Adolescents)

South Vancouver Adult Day Program

3150 East 54th Avenue Vancouver, #345
Vancouver BC V5S 1Z1
CANADA

Community Integration

South Vancouver Neighbourhood House

6470 Victoria Drive
Vancouver BC V5P 3X7
CANADA

Promotion/Prevention (Children and Adolescents)