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# Workload Audit

## Nov. – Dec. 2008



Prepared for the Grow Along with Me Steering Team

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## Workload Audit Executive Summary

### Introduction

Measures of demand and supply reflect the capacity of an organization to meet the needs of the population it serves. While early childhood development programs have been evidenced to promote optimal growth and development, little published information exists regarding workload or staffing required to achieve positive outcomes for children and families. Innovative and creative staffing was an integral component of the GAWM project.

### Research Question

The Grow Along with Me Steering Committee posed the following questions in relation to the effective and efficient staff resource use.

1. Have GAWM Educators been utilized more fully over the course of the GAWM project?
2. What are the current workload demands for early childhood development services faced by GAWM service providers?
3. Is there a balance between supply and demand for early childhood development services?

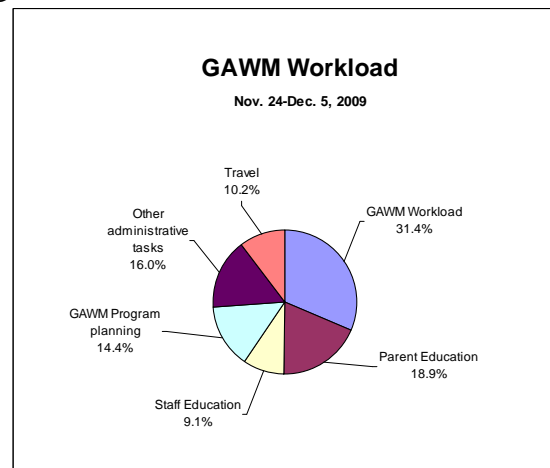
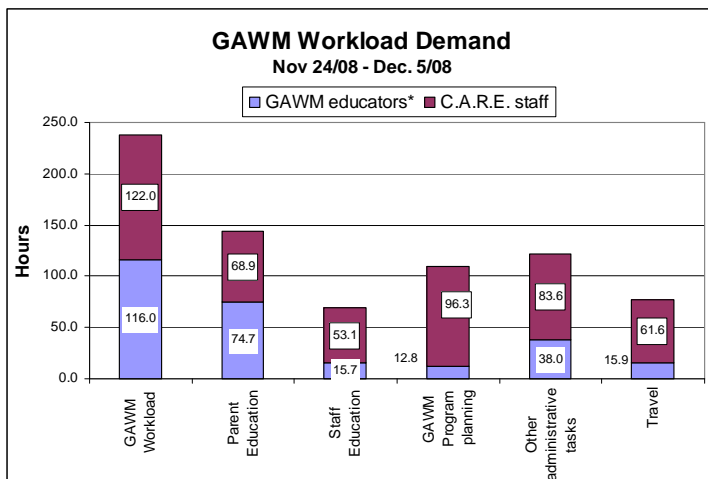
### Methodology

Service providers working with children residing in southern Alberta (within the former Chinook Health Region boundaries) collected data on their workload specific to supports and services provided by their organization in conjunction with the Grow Along with Me project.

### Results

The GAWM project catalyzed new partnership roles and relationships. At December 2008, the typical GAWM Educator participated in approximately 6 hours per week of GAWM related activity (range 0-6.8 hr./week). GAWM C.A.R.E. staff spent an estimated 2.6 hours per week (153 minutes) in consultation with partners/agencies during the weeks of Nov 24 – Dec 5, 2008.

GAWM workload breakdown can be seen in the following tables:





In comparison to estimated workload requirements (Operational Plan, Oct. 2007) early intervention services demands were lower than projected supply needs by 12.5 days per week, the equivalent of 2.5 F.T.E. staff positions.

It is important to note that use of the proxy measure, *supply used*, to represent service demand is limited in that staffing requirements to reach the overarching population health goal of reaching all infants 18-36 months may be underestimated.

### *Recommendations*

Based on the findings of this workload evaluation it is recommended that GAWM project partners:

1. Celebrate the innovative approaches and partnerships stimulated by GAWM Innovation funding;
2. Recognize the considerable role of project partners and their in-kind contributions;
3. Use workload baseline data to determine benchmarks and targets for the coming year;
4. Continue to monitor early intervention workload<sup>1</sup> at least annually; ensure that temporal workload trends (such as the community blitz checkups) are monitored;
5. Explore administrative tasks assumed by professional staff in greater detail;
6. Review available guidelines related to paraprofessional scope of practice in relation to early intervention and tasks that may be transferred to an alternate level of service provider;
7. Define true demand based on population projections and targeted ASQ frequency; and
8. Clarify job descriptions and workload allocation for each GAWM service provider group.

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<sup>1</sup> A sample of 34 weeks of workload data is needed for 95% confidence +/- 10 confidence interval)<sup>1</sup>.



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## Workload Audit

### *Introduction*

#### *Introduction*

Measures of demand and supply reflect the capacity of an organization to meet the needs of the population it serves. Early childhood development, beginning as early as 18 month of age has been evidenced to promote optimal child growth and development. Yet little published information exists regarding workload or optimal staffing associated with this important health promotion and prevention activity.

Furthermore, few studies have examined the cost of early childhood development projects such as Grow Along with Me. Robust evidence of cost-effectiveness of health promotion and early intervention projects is “still limited to a very small number of interventions with restricted scope for generalizability and transferability” (Zechmeister, Killian & McDaid, 2008, p. 20). A systematic review examining the impact of early childhood development programs on mental health outcomes found that “participation in preschool programs [had a] relatively large and enduring effect on school achievement and child well-being. Reynolds and Temple, 2008, reported that “high-quality programs for children at risk produced strong economic returns ranging from about \$4 per dollar invested to over \$10 per dollar invested” (p. 20).

A community capacity-building approach to supporting the development of pre-school children has been identified as an effective model for building staff capacity to support children with, or at risk of, developmental difficulties. Outcomes of this approach have included “improved early identification and early intervention for children with, or at risk of ... developmental difficulties; increased [staff] confidence in the effectiveness of their practice...; improved practice ... [with] targeted and all children; improved empathy with, and support for, parents;... increased interagency links and ongoing advocacy for further resources” (Priest & Waters, 2007, p. 140)

The early childhood development coordinator requires a vast array of skills and competencies. These include “knowledge of child development, therapy, and child care, understanding of a system’s functioning and influence on development, organizational psychology and case management and a willingness and ability to recognize countertransference and to acknowledge one’s role in the system.... Training and supervision focus on developing a stance of collaboration and wondering with child care providers and on recognizing the many levels of influence on child care providers” (Johnston, K & Brinanmen, C, 2005, p. 269).



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*Background*

The goals of the Grow Along with Me project were to:

- a) Develop a comprehensive continuum of services that provided the right level of service, at the right time, by the right person, as near to the child’s residence as possible.
- b) Identify children with a developmental delay as early as possible.

Alberta Health Services Chinook Health Children’s Community Assessment, Rehabilitation and Evaluation Services (C.A.R.E.) and community agencies explored new ways to collaborate and achieving these goals. Existing literature supported that paraprofessional staff could play a greater role in promoting optimal child development and early identification of delays. Professional staff could provide consultation, education, and expert advice. Together they could provide a comprehensive continuum of services designed to enhance outcomes for Chinook children.

Two unique components of the GAWM project included a) development of a START Team and b) “community capacity building” (GAWM Project Operation Plan, 2007, p. i). Each of these roles are described below:

a) Timely assessment and follow-up was promoted through the development and implementation of the S.T.A.R.T. Team in October 2007. The role of the team can be seen in the following table:

Table 1 S.T.A.R.T. Team description

Description	
S	Short intervention times. This will enable the parent(s) to develop the skills and awareness of developmental activities that will build on the child’s strengths and provide the necessary support for the improvement of identified needs. Hands on experiential learning and parent involvement enable the participants to build the necessary skills for the child to be successful. Intervention lasts between 3-6 months.
T	Term limited intervention. Intervention will be available during specific time slots to provide the parents and children with the intervention needed in a timely matter (refer to chart below for example). Parents have the opportunity to participate in small group intervention or attend community groups and courses that are available in or near their community e.g. Parent Links Centres, Strong Willed Child course, etc.
A	A-broad scale assessment may be provided in a play based setting utilizing the AEPS and or Bayley Scales of Infant Development. The assessment may be provided to a group of 2-3 children within the same age range or identified need area. Assessment will be provided by the Children’s C.A.R.E. Services team. Assessment may be provided in a variety of partner locations.
R	Responsive action to identified concerns that appear to be a result of either lack of opportunity/experience and can be addressed with short term intervention/experiences. This will enable the parents and community partners to have access to education and opportunities that will assist children in developing their



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Description	
	skills.
T	T-team. Services for assessment and treatment will be provided through Children’s C.A.R.E. Services, with collaboration and support from community partners either through collaboration in the provision of universal and targeted groups and the identification of children with possible developmental concerns as per the established criteria.

(GAWM Project Operation Plan, 2007, p. 15)

b) Community capacity building was promoted by involving

“project SLP, IPDE and Grow Along with Me Educator in universal programs. The SLP and IPDE ...regularly [attended] universal programs ... offered by Parent Link Centres and other community partners. They will also [had] scheduled time to meet with licensed day cares and day homes in the region. This [provided] an opportunity for both paraprofessionals and parents to have contact with these staff in order to address any concerns. This will also [allowed] the SLP and IPDE to have the opportunity to see a number of children in a natural setting over a period of time. This [allowed] for better assessment of the ... child’s abilities and needs. ... Regular case conferencing [provided the opportunity to focus] on particular children who [were] accessing services,... to discuss general questions, and provide training” (GAWM Project Operation Plan, 2007, p. 15).

GAWM project staffing was based on population projection information, estimated demand for service, and expert opinion.

### *Research Question*

To evaluate the impacts of these service delivery modifications, the following research questions were posed by the Grow Along with Me Steering Committee:

1. Have GAWM educators been utilized more fully over the course of the GAWM project?
2. What are the current GAWM workload demands for early childhood development services?
3. Is there a balance between supply and demand for early childhood development services?

### *Definitions*

**GAWM educators:** included eight GAWM educator hired by project partners (e.g. Parent Links and Parents as Teachers)

**Utilized more fully:** The change in GAWM workload. Workload is grouped into clinical and non-clinical workload categories (See appendix A for definitions).

**Course of the GAWM project:** The GAWM project extended from May 2007 to September 2009. Specific measurement timeframes included two timeframes: 1. June 2008 (4 weeks), and 2. Nov. 24 – Dec. 5, 2008. A shorter duration of measurement was selected for the last measurement in recognition



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of the potential for participant survey fatigue and the need to capture, and respond to the dynamic, evolving nature of this new project.

**Current workload demand:** Workload demand Nov. 24 – Dec. 5, 2009.

**Supply:** Supply is the measure of capacity or availability (Murray, 2006).

**Demand:** Demand is defined as the number of request for appointments (Murray, 2006).

### *Methodology*

Service providers working with children residing in southern Alberta (within the former Chinook Health Region boundaries) collected data on their workload specific to supports and services provided by their organization in conjunction with the Grow Along with Me project.

Workload measurement tools and categories (adapted from those used by an earlier Canadian project, the Early Identification & Intervention Services, Western Nova Scotia [EIIS, 2004]) formed the basis for early workload tracking (Feb 18 – Apr 7, 2008, and June 2008). In November, 2008, the workload data collection tool was simplified (e.g. like categories grouped), data collection between C.A.R.E. service providers and partner organizations standardized, and revised to promote compatibility with existing regional demand/supply measures (see Appendixes A-D). Three Grow Along with Me service providers piloted the revised Workload Tracking tool and, based on their feedback, the measurement tool was further refined. On November 17, 2008 education sessions were provided to all GAWM staff. Workload documentation took place Nov 24 – Dec. 5, 2008. Each staff member was assigned a numerical designation. The ability to match staff with their identification numbers was limited to the internal evaluator and GAWM data entry personnel.

The focus of this report is the Nov. – Dec. workload tracking. Supporting data is presented for each of the research questions, and where appropriate, are accompanied by trends over time.

### *Analysis*

Workload hours were entered into an Excel spreadsheet (see appendix E for code book decisions). Univariate analyses were completed using SPSS.



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### Results

In November/December 2008, workload data was submitted on behalf of the following Grow Along with Me staff:

**Table 1 GAWM staff FTE and hours per week**

Organization	# of staff	Full Time Equivalent (F.T.E.)			Hours per week		
		Range	Median	Mean	Range	Median	Mean
Children's Community Assessment, Rehabilitation & Evaluation (C.A.R.E.) Services	n=12	0.2 – 1.0	0.6	0.6	7.75 – 38.75	23.25	24.2
Barons Eureka Warner FCSS	n=3	0.4 -0.8	0.8	0.7	14.0 – 28.0	28.0	23.3
Family Center	n=2	0.8 – 1.0	na	0.9	28.0 – 35.0	na	31.5
Parents as Teachers	n=2	na	0.5	0.5	na	17.5	17.5
Parent Link Centre	n=1	na	na	0.4	na	na	14.0
Total	N=20	0.2 – 1.0	0.6	0.6	7.75 – 38.75	23.25	23.6

In total, 40 workload tracking sheets (n=20 per week) were submitted for the two week timeframe, Nov. 25 – Dec. 5/08 (Parent Links staff n=6 , Parents as Teacher staff n=2, CARE staff, n=12). Typically, staff spent nearly ¾ of an hour each week completing GAWM workload statistics (n=39.3 minutes, range 10-85 minutes per week).

In the next section, results for each research question will be examined:



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*Question 1*

*Have GAWM educators been utilized more fully over the course of the GAWM project?*

**Table 2 GAWM Educators (GAWME) innovation: estimated mean hours per week**

<b>GAWME Workload</b>	<b>Workload (18-36 mos.)</b>		<b>Estimated</b>	
	<b>2-week timeframe</b>		<b>1 week</b>	
	Mean (Median/Mode)	Range	Mean	% of Total Time
	Minutes	Minutes	Minutes (Hours)	
Nov. – Dec., 2008, n=15				
Developmental checkup activities (ASQ)	82.0 (0,0)	0-665	41 (0.7)	11.4%
<b>START Team</b>				
Assessment & Planning	38.0 (0,0)	0-360	19 (0.3)	5.3%
Group follow-up	27.3 (0,0)	0-210	13.7 (0.3)	3.8%
Scheduled day home/ day care visits	0 (0,0)	0	0	0%
<b>Scheduled home visits</b>				
Preparation (PAT)	43.5 (0,0)	0-247	21.8 (0.4)	6.1%
Visit (PAT)	46.7 (0,0)	0-255	23.4 (0.4)	6.5%
Other (PAT)	41.7 (0,0)	0-210	20.9 (0.4)	5.8%
Observation	83.0 (0,0)	0-420	41.5 (0.7)	11.5%
Other GAWM	101.7 (20,0)	0-420	50.9 (0.8)	14.1%
<b>Education</b>				
CORE group education	255.3 (270,0)	0-810	127.7 (2.1)	14.1%
<b>Total</b>			<b>359.8 (6.0)</b>	<b>100.0%</b>

At December 2008, the typical GAWM educator participated in approximately 6 hours per week of GAWM related activity (range 0-6.8 hr. /week). The greatest proportion of GAWM time was spent in:

1. CORE group education;
2. Other GAWM activities<sup>2</sup>;
3. Scheduled home visit - observation; and
4. ASQ developmental checkup activities.

GAWME onsite visits (scheduled PAT and Parent Link home visits - observation) took, on average, one hour per week (64.9 minutes/week).

Children’s C.A.R.E. staff also collaborated in innovative ways with community partners. They provided enhanced consultation and support in conjunction with partner agency on-site visits. C.A.R.E. staff involvement with community-based programs can be seen in the following table:

<sup>2</sup> Other GAWM intervention activities (not defined)

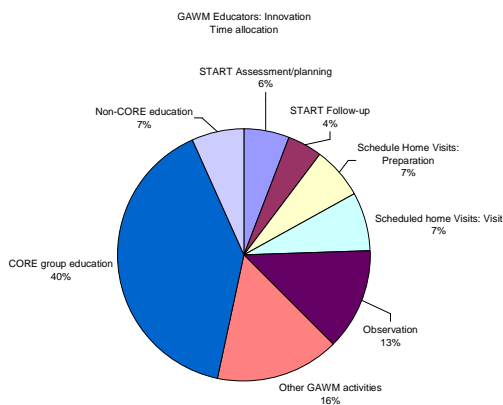


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Table 3 C.A.R.E. partner-agency consultant/facilitation

<i>C.A.R.E. staff community consultation/facilitation</i> Nov. – Dec. 2008, n=22	<b>Workload (18-36 mos.)</b>		<b>Estimated</b>
	<b>2-week timeframe</b>		<b>1 week</b>
	<b>Mean (Median/Mode) Minutes</b>	<b>Range</b>	<b>Mean Minutes</b>
Onsite visits	20.6 (0,0)	0-265	10.3
START Assessment/planning	73.1 (0,0)	0-735	36.6
START group activities	56.3 (0,0)	0-465	28.2
<b>Education</b>			
CORE group	119.8 (0,0)	0-660	59.9
<b>Total</b>			<b>135</b>

Source: GAWM Workload Tracking Sheets: C.A.R.E. GAWM Staff



<b>GAWM Educators: Innovation</b>	<b>Nov 24 - Dec 5, 2008</b>
<b>Activity</b>	<b>Total time spent (Hours)</b>
START Assessment/planning	9.5
START Follow-up	6.8
Schedule Home Visits: Preparation	10.9
Scheduled home Visits: Visit	11.7
Observation	20.8
Other GAWM activities	25.4
CORE group education	63.8
Non-CORE education	10.8

In total, C.A.R.E. professional staff spent an estimated 2.3 hours per week (135 minutes) in consultation with partners/agencies during the weeks of Nov 24 – Dec 5, 2008. Service provider workload variation and broad ranges in time spent in each activity area may have been related to varying full time equivalent (FTE) allocations.



*Question 2*

*What workload demands for early childhood development services (GAWM workload) are faced by GAWM service providers?*

Twelve C.A.R.E. staff (three Speech Language Pathologists, eight Infant Preschool Development Educators, and one occupational therapist) and eight GAWM educators submitted GAWM Workload for the two week timeframe. Workload demand is presented in the following table:

**Table 4 GAWM staff GAWM workload demand by category<sup>3</sup>**

<b>Grow Along with Me Workload (Nov. 24 – Dec 5, 2008)</b>					
<b>Category</b>	<b>GAWM Educators Minutes (Hours)</b>	<b>C.A.R.E. staff Minutes (Hours)</b>	<b>All Staff: Total</b>		
			<b>2 week</b>	<b>Weekly estimate</b>	<b>Weekly % of Total</b>
<b>GAWM Workload</b>	<b>6,957 (116.0)</b>	<b>7,318 (122.0)</b>	<b>14,275(238.0)</b>	<b>7,137.5 (119.0)</b>	<b>31.4%</b> <i>(119/379.2)</i>
<b>Education</b>	<b>5,420 (90.3)</b>	<b>7,320 (122.0)</b>	<b>12,740(212.3)</b>	<b>6,370 (106.2)</b>	<b>28.0%</b> <i>(106.2/379.2)</i>
<i>Parent Education (CORE &amp; non-CORE)</i>	<i>4,480 (74.7)</i>	<i>4,135 (68.9)</i>	<i>8,615 (143.6)</i>	<i>4,307.5 (71.8)</i>	<i>18.90%</i> <i>(71.8/379.2)</i>
<i>Staff education &amp; professional development</i>	<i>940 (15.7)</i>	<i>3,185 (53.1)</i>	<i>4,125 (68.8)</i>	<i>2,062.5 (34.4)</i>	<i>9.10%</i> <i>(34.4/379.2)</i>
<b>Administration</b>	<b>3,045 (50.8)</b>	<b>10,795 (179.9)</b>	<b>13,840(230.7)</b>	<b>6,920 (115.4)</b>	<b>30.4%</b> <i>(115.4/379.2)</i>
<i>Program planning: GAWM</i>	<i>765 (12.8)</i>	<i>5,780 (96.3)</i>	<i>6,545 (109.1)</i>	<i>3,272.5 (54.5)</i>	<i>14.40%</i> <i>(54.5/379.2)</i>
<i>Other administrative tasks</i>	<i>2,280 (38.0)</i>	<i>5,015 (83.6)</i>	<i>7,295 (121.6)</i>	<i>3,647.5 (60.8)</i>	<i>16.00%</i> <i>(60.8/379.2)</i>
<b>Travel</b>	<b>955 (15.9)</b>	<b>3,695 (61.6)</b>	<b>4,650 (77.5)</b>	<b>2,325 (38.8)</b>	<b>10.2%</b> <i>(38.8/379.2)</i>
<b>TOTAL GAWM Workload Hours</b>	<b>16,377 (273.0 hr.)</b>	<b>29,128 (485.5 hr.)</b>	<b>45,505 (758.4 hr.)</b>	<b>22,752.50 (379.2 hr.)</b>	<b>100.0%</b> <i>(377.5/379.2)</i>

For the purposes of this audit, administrative tasks (such as photocopying, faxing, and answering telephones), travel, staff education, and professional development (not allocated on Workload Tracking Sheets to GAWM or non-GAWM workload categories) were captured as GAWM workload.

<sup>3</sup> Non-GAWM workload categories have been excluded (e.g. Non-GAWM Individual client services assessment/planning, treat, non-GAWM treatment, non-GAWM group sessions, other, Parents as Teachers non-GAWM scheduled home visits (preparation, visit, other),



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Consequently, GAWM workload demands in these areas may be overestimated (see Appendix F for all total workload reported by staff).

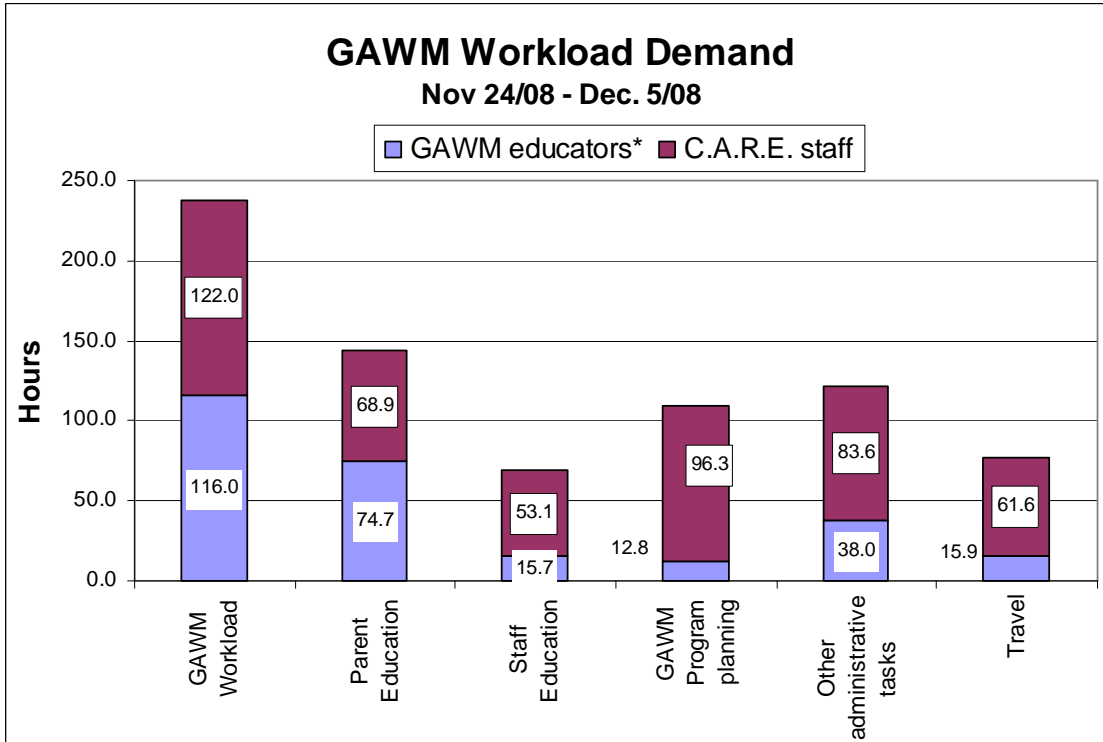
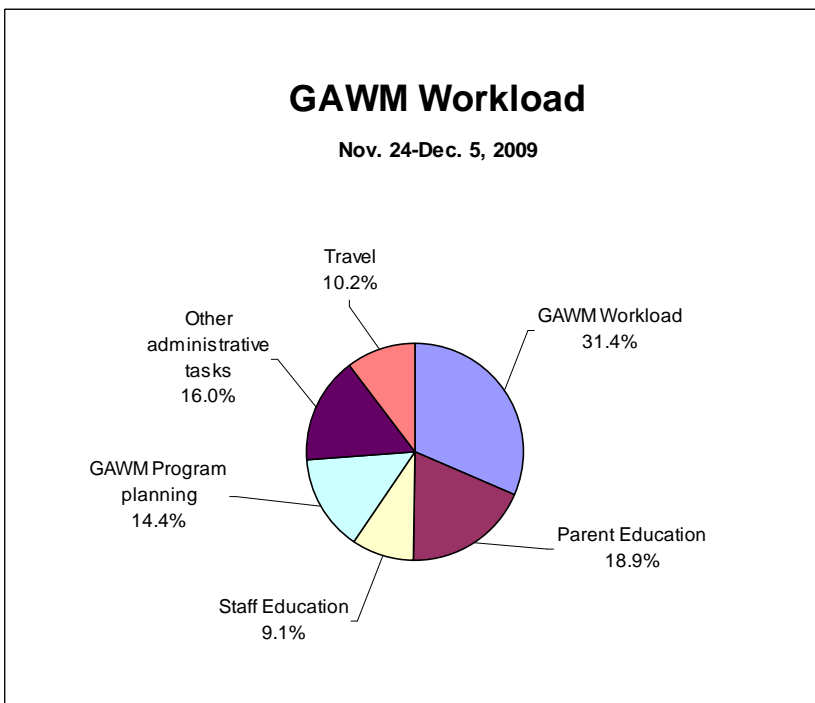


Figure 1 GAWM Workload Demand by GAWM educators and C.A.R.E. staff





**Figure 2 Workload demand by GAWM workload category**

Direct GAWM services involve appointments with a child or family member for assessment or treatment and education (CORE or non-CORE) provided to families. On average, weekly direct GAWM activity (GAWM workload<sup>4</sup> and parent education) comprised approximately half of GAWM workload (50.3%, n=190.8/379.2 hours). This is comparable to the 53% of direct activity reported by the Western Nova Scotia initiative.

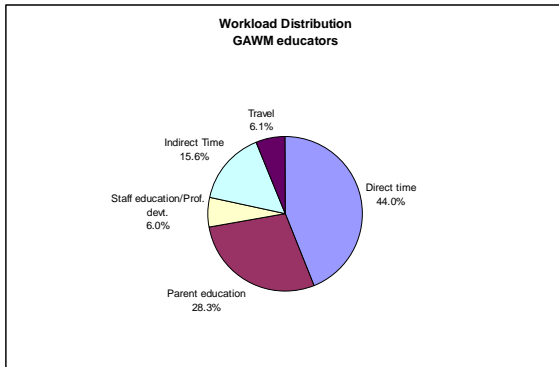
In the two week timeframe audited, 30.4 % of time was spent in indirect client activity. Included are behind the scenes administrative tasks such as preparing activities for START assessment or follow-up groups or preparing reports for a family. The proportion of time spent in indirect client activity is higher than that reported for similar agencies (e.g. Western Nova Scotia 22% indirect service). Initial investment in strategic program planning and development was embraced as critical to promoting partnerships, trust and coordinated service delivery across transdisciplinary service providers and critical to promoting consistency within and between programs. It is expected that administrative time may decrease over time as the GAWM program becomes more established.

Time spent travelling to meet with children and their families comprised approximately 10% of total workload (10.2%, 38.8 travel hours/379.2 GAWM hours). This compares to 7% travel time reported by the Western Nova Scotia early identification services. The geographical dispersion of the population served by this project may have attributed to the larger proportion of time spend in travel by this project in comparison to the Western Nova Scotia project. Selection of GAWM educators who were resident of, or within close geographical proximity to the targeted communities contributed to low travel time and promoted program goals - service delivery as close to home as possible.

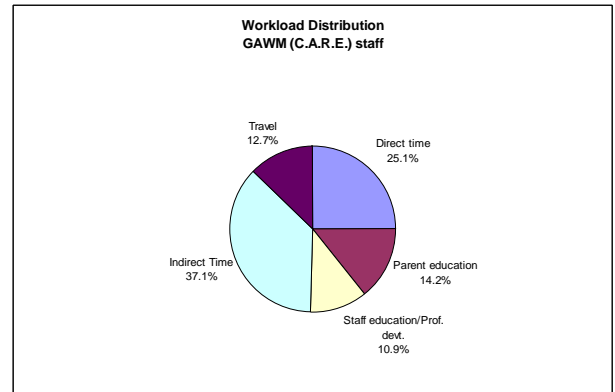
Approximately 9% of time spent on staff education and capacity building (9.1%, 34.4 hours/379.2 total hours). This time may have been an investment in promoting competent service delivery, continuity and consistency in messages among and across the diverse multidisciplinary team members.

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<sup>4</sup> Direct GAWM activity includes Developmental Checkups (ASQ), Scheduled day care/day home visits, Scheduled home visits: Preparation (PAT), Scheduled home visits: Visit (PAT), Scheduled home visits: Other (PAT), Observation of parent/child activity, Other GAWM activities, START assessment/planning, START follow-up, START group activities, Individual Client Services (ICS) assessment/planning, ICS treatment, Group sessions (non-CORE) & onsite visits.



**Figure 3 Workload allocation GAWM educators**



**Figure 4 Workload allocation C.A.R.E. GAWM staff**

Of total hours of work (318.8 hours in 2 weeks) reported by GAWM educators, 14.4% of time (45.9/318.8 hours) was spent in non-GAWM activities.<sup>5</sup> C.A.R.E. GAWM staff projected to actual time allocation by activity is compared in the following table:

**Table 4 C.A.R.E. staff GAWM workload demand by category**

GAWM Activity (Nov 24 - Dec. 5, 2008)	Projected proportion of time	Actual proportion of time (Activity hours/Total hours)	
		C.A.R.E. staff	All GAWM Staff (C.A.R.E. staff & GAWME)
Training (Education) *	40%	25.1% (n=122.0/485.5)	26.4% (n=212.3/804.3)
On-site visits	30%	1.7% (n=8.3/485.5)	na
START team**	20%	10.7% (n=51.8/485.5)	8.5% (n=68.1/804.3)
Program development (Administrative) ***	10%	37.1% (n= 179.9/485.5)	28.7% (n=230.7/804.3)

\* Includes CORE, non-CORE education, staff education and professional

\*\* Includes START team assessment/planning, follow-up and group activities

\*\*\* Includes Program planning: GAWM and other administrative tasks

Source: Appendix F, Workload Detail, GAWM Daily Workload tracking form

Time spend on administrative activity (program development) significantly exceeded projected time allocated, while time spent in education, on-site visiting and on START team activity was below projected proportions. Differences in projected versus actual time allocation may provide an opportunity for strategic planning and goal setting based on baseline data.

<sup>5</sup> Non-GAWM activities = Parents as Teachers scheduled home visits (preparation, visit & other), partner organization program planning, and staff supervision.



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During the audit timeframe, six GAWM staff submitted more than 5 hours of workload per week beyond their designated paid GAWM work hours <sup>6</sup> (see Appendix H). The majority of staff submitting excess hours were C.A.R.E. GAWM staff. Intermingling of GAWM and non-GAWM workload by part-time staff (who split their time between the GAWM project and Children’s CARE services [Early Intervention Program]) was noted. For these individuals, GAWM workload (workload involving children 18-36 months) was scattered throughout both positions worked, and in many instances workload for both positions had been submitted. By limiting the analysis to GAWM project categories, actual GAWM demand (and supply used) was able to be determined. In the single incident where a GAWM educator submitted workload exceeded paid GAWM time, excess hours were attributed to professional development time exceeding the staff members F.T.E.

*Question 3*

*Is there a balance between supply and demand for early childhood development services?*

*G.A.W.M. supply/demand balance*

Originally, 29.5 days per week of C.A.R.E. staff and 25.5 days per week of GAWM educator time were dedicated to the Grow Along with Me project. Throughout the course of the project staffing estimates were adjusted based on program demands. Estimated staffing needs (supply) are compared to service demand in the table below: (see Table 4 for Grow Along with Me demand).

**Table 5 G.A.W.M. supply/demand balance**

		C.A.R.E. staff		Partner staff		All Staff	
		FTEs	Days (Hours)/Week <sup>7</sup>	FTEs	Days (Hours)/Week <sup>7</sup>	FTEs	Days (Hours)/Week
Supply	Estimated*	7.5 <sup>8</sup>	37.5 (281.3)	5.4	27.0 (202.5)	12.9	64.5 (483.75)
	Actual ** (Nov-Dec, 2008)	7.5	37.5 (281.3)	5.1 ***	25.5 (191.3)	12.6	63.0 (472.5)
Demand	Actual	6.5	32.4 (242.8) <sup>9</sup>	3.9	19.5 (136.5) <sup>10</sup>	10.4	51.9 (379.3)
<b>Balance</b>	Estimated Supply – Actual demand	<b>1.0</b>		<b>1.5</b>		<b>2.5</b>	<b>12.5 days/week</b>

<sup>6</sup> C.A.R.E. GAWM staff: #301 (x 1), #303 (x 2), #304 (x 2), #307 (x 2), #312 (x2), Community Partner GAWM staff: #7 (x 1)

<sup>7</sup> Based on each F.T.E. of 37.5 hours/week, 7.5 hours/day (as per Operational Grant Proposal, 2007, p. 30)

<sup>8</sup> Allocation of professional time was as follows: SLP 40.0% (n=3/7.5 FTE), IPDE 40.0% (n=3/7.5 FTE), Aboriginal-focus IPDE 13.3% (n=1/7.5 FTE), OT 6.7% (0.5/7.5 FTE)

<sup>9</sup> Approximated weekly demand = GAWM Workload demand for two week timeframe (Nov 24- Dec 5/09) 485.5 hours /2 (see Table 4). CARE staff FTE calculation based on 37.5 hour work weeks, 5 days work week

<sup>10</sup> Approximated weekly demand = GAWM Workload demand for two week timeframe (Nov 24- Dec 5/09) 273.0 hours /2 (see Table 4). GAWM Educator staff FTE calculation based on 35 hour work weeks, 5 day work week.



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Source: \*GAWM Operational Plan, October 4, 2007, p. 30, \*\*June 2008 Workload Original Proposal ( see Appendix I),  
\*\*\* Workload database

There was no significant difference ( $X_2$   $p=.95$ ) between C.A.R.E. staff (by professional designation) in workload hours attributed to direct GAWM direct activity, parent education (CORE & non-CORE), staff education & professional development, administrative activity, and travel. An expected difference in workload due to differing FTEs, was not seen. Staffing changes and position vacancies during the evaluation timeframe may have contributed to this finding.

### *Discussion*

GAWM workload measurement provides the opportunity to balance staffing with 18-36 month old early intervention service demands. While the workload tracking completed for this survey provides only a point in time snapshot, the data presented provides a baseline for discussion, benchmarking and strategic planning. This is of particular importance as Grow Along with Me project funding comes to an end and project sustainability comes to the forefront.

The GAWM Innovation funding has catalyzed a comprehensive continuum of services designed to meet the needs of the 18-36 month old population of children and their families. Included are the following early childhood development services:

1. Parent counselling;
2. Home visiting;
3. Comprehensive assessments;
4. Parent education classes; and
5. Case management. (Fox, McManus, & Limb (2000) p. 1 of abstract)

Fox, McManus & Limb have suggested that telephone advice lines would complete the complement of services. It would be prudent to explore the advice available to families through Alberta Health Link.

As health care resources are challenged and the health care system evolves to meet changing population demographics, the need to utilize all staff to their fullest potential becomes a necessity. One practice management consultant recommends that organizations “review [their] staff structure every couple of years or whenever there’s a big change in the practice” (Moghadas, as cited in Kane, 2009, p17). Standards guiding the role of paraprofessional staff in early intervention services are not readily available. Team member roles and expectations need to be clear and specific with time dedicated to achieve population targets and to work efficiently. The workload data collected as part of this project may serve to stimulate discussion of appropriate allocation of duties.

The measurement of Grow Along With Me workload has been challenging, related in part to blurred boundaries between early intervention services for the 18-36 month old children and already-existing C.A.R.E. Infant Preschool Development Programs. The project was further challenged by staffing changes and evolving staffing allocation to the Grow Along With Me Project. Yet responding to an ever-changing mobile workforce will be an ongoing challenge for the healthcare system of the future.



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### *Limitations*

Generalization of the findings of this project is limited. The sample of 2/52 weeks workload provides a 95% confidence of  $\pm 68.6$  that the findings can be generalized to the workload requirements of a full fiscal year. Temporal trends, such as the community screening blitz offered in spring of each year, and limited service delivery during the summer months further impact early intervention services workload, yet are not represented by the workload represented in this report. The Workload Tracking Forms used to monitor workload for this study provide are limited in that the ability to track workload activity per child is not available. Furthermore, to fully understand the workload generated by early intervention and evaluation preventive services workload of Public Health Nurses is essential. In this study, workload hours for children 18-36 months may be overestimated as often, early intervention services are provided in a group or family setting to children of varying age groups in conjunction with service provided to the target population.

It is important to note that use of the proxy measure, *supply used*, to represent service demand is limited in that staffing requirements to reach the overarching population health goal of reaching all infants 18-36 months may be underestimated.

### *Opportunities for further research*

Opportunities for further research include examining changes in outcomes (e.g. referral rates, rates of delay identification, parent satisfaction) associated with different staffing models. Further research is needed in the areas of optimal staffing, capacity analysis (e.g. supply/demand) and cost-benefit evaluation. The opportunity exists to examine variances between and among staff using weighted measures. The relationship between early intervention services, clinical service utilization and wait-times for service is an area yet to be explored.

### *Recommendations*

Based on the findings of this workload evaluation it is recommended that GAWM project partners:

1. Celebrate the innovative approaches and partnerships stimulated by GAWM Innovation funding;
2. Recognize the considerable role of project partners and their in-kind contributions;
3. Use workload baseline data to determine benchmarks and targets for the coming year;
4. Continue to monitor early intervention workload<sup>11</sup> on a regular basis; ensure that temporal workload trends (such as the community blitz checkups) are monitored;
5. Explore the workload category, “administrative tasks” in greater detail;
6. Review available guidelines related to paraprofessional scope of practice;
7. Define true demand based on population projections and targeted ASQ frequency; and
8. Refine job descriptions and workload allocation for each GAWM service provider group.

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<sup>11</sup> A sample of 34 weeks of workload data is needed for 95% confidence  $\pm 10$  confidence interval)<sup>11</sup>.



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*Appendix A*

*Workload Introduction and Definitions*



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## Workload Statistics: 'Grow Along with Me' Project

'Grow Along with Me' (GAWM) project workload data will be utilized to:

- examine patterns of early childhood interventions over time among C.A.R.E. staff and partner organizations,
- explore the innovative use of professional and paraprofessional staff, and
- estimate workload demand associated with early childhood development among children 18-36 months.

All Grow Along with Me staff will be asked to collect data in relation to 1. Service Demand (GAWM Daily Workload) and 2. Supply (GAWM Weekly Supply).

Workload tracking forms (1. DAILY WORKLOAD and 2. WEEKLY SUPPLY) should be submitted to Anne Teslak, Children's C.A.R.E. by the **first Tuesday** of every month.

A detailed description of each tracking sheet can be found below:

### 1. Grow Along with Me Daily Workload Service Demand

The workload tracking sheets provide the opportunity to track Grow Along with Me (GAWM) Project activity (activity focusing on children 18 – 36 months). In addition, the workload sheet will also allow you to track non-Grow Along with Me activity completed during GAWM paid hours (This is a change from previous workload tracking).

Based on feedback received from previous workload tracking, many workload categories have been combined. Daily workload tracking will allow for more accurate and consistent recording of activity.

#### Instructions:

Begin a new Grow Along with Me Daily Worksheet each day. Unless marked, all fields are to be tracked in MINUTES spent doing the activity. Workload descriptions and groupings by category are attached. At the end of each day, subtotal the minutes for each column.

### 'Grow Along with Me' Weekly Supply

It is important for us to track any changes to your usual Grow-Along with Me funded hours worked, including overtime and absences (e.g. due to vacation, sick time etc). You are also asked to track the time you take to complete these workload statistics.

The Grow Along with Me supply sheet is to be completed weekly.

Your support is critical to ensuring that the information we track is complete and accurate.

Thank you for your time and effort!



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Grow Along With Me Daily Workload Definitions (**G.A.W.M. Educators**)

<i>Field</i>	<i>Definition</i>
Date	Date that the work on the Workload tracking sheet was completed.
Name	Name of employee completing the workload tracking tool Place a check mark beside the appropriate organization you work for: Parent Link or Parents as Teachers.
Time	Time activity/group commenced.
Client name/activity	Name of client or group activity
Service Location	Geographical location where service provided (e.g. Cardston)
<b>The most appropriate response to the following categories are to be selected (√)</b>	
No-show, cancellation	Cancellation of visit/group with less than 1 day notice
Unscheduled visit/activity	Addition of a visit/group not on daily schedule (e.g. extra visit/observation of child in day care setting not originally scheduled)
18-36 months?	Age of child at time of visit
< or > 18-36 months?	Age of child at time of visit
<b>Grow Along with Me Workload:</b> Any activity where target group is children 18-36 months of age, their parents or care providers. Excluded are non-GAWM Home Visitation activities (e.g. prevention activities not associated with Ages & Stages [such as immunization visits, access to social supports, goal-setting with parents]).	
<b>Enter time required for the following activities (in minutes)</b>	
Developmental Checkup activities	ASQ activities including: prep time, facilitation, arranging for mail outs, scoring, follow-up phone calls, referrals, and report writing.
Start Team	
. Assessment	File review, S.T.A.R.T. Team preparation, participation in assessment and post assessment planning. Includes documentation time prn.
. Follow-up (Group)	Preparation and facilitation of S.T.A.R.T. follow-up group activities. Includes post-activity documentation prn.
Scheduled visits	
. Day Cares/Day Homes	Includes scheduled visits to family day cares/day homes for observations of interaction



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<b>Field</b>	<b>Definition</b>
. Home (PAT staff)	GAWM Home visit (please distinguish between time for preparation, visit and other)
Observation	Observation of parent child activity. Document location of observation in service location column (e.g Cardston: Parent Link Centre)
Other GAWM	Other GAWM intervention activities
<b>Non GAWM Workload</b>	
Other Non GAWM	Other non-GAWM activity
<b>Education</b>	
. CORE Group	Record all activity related to facilitating/co-facilitating a G.A.W.M. core group (COPEing with Toddler Behavior, Parenting the Strong Willed Child, You Make the Difference, Learning Language & Loving It, Target Word) regardless of child's age. Includes preparation and clean-up and documentation.
. Parent education (Other)	Any non-CORE education/presentation where the primary target group is parents (Staff may have also attended the group).
. Staff education (Other)	Education provided to partner organization or care staff (e.g. Train the Trainer). Primary target group is staff, but parents may have attended.
Professional development	Attend workshops, seminars, read grey literature (e.g. provincial reports), conferences, literature reviews.
<b>Administration</b>	
Program planning: GAWM	Strategic program development (e.g. Grow Along with Me meetings, development of materials etc.)
Home organization meetings	Home organization meetings/committee work
<b>Staff supervision</b>	
Other	Other administrative tasks (e.g. photocopying, faxing, answering phones).
<b>Travel</b>	
Rural	Travel outside Lethbridge e.g. Coaldale, Coalhurst)
Urban	Travel within city limits
<b>Other</b>	

Grow Along With Me Daily Workload Definitions (C.A.R.E. Staff)

<b>Field</b>	<b>Definition</b>
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<b>Field</b>	<b>Definition</b>
Date	Date that the work on the Workload tracking sheet was completed.
Name	Name of employee completing the workload tracking tool
Time	Time the activity was commenced.
Patient Name/activity Service location	Activity or name of child seen (e.g. START Assessment). If a core group is offered, specify the name of the group here. Geographical location of activity or visit (e.g. Cardston)
<b>Select the most appropriate response to the following categories (√)</b>	
No-show/ cancellation	Cancellation of visit/group with less than 1 day notice
Unscheduled activity/visit	Addition of a visit/group not on daily schedule (e.g. extra visit/observation of child in day care setting not originally scheduled)
18-36 months?	Age of child at time of visit
< or > 18-36 months?	Age of child at time of visit
Waitlist?	Is child currently on a service provider waitlist?
<b>Grow Along with Me Workload</b>	Any activity where target group is children 18-36 months of age, their parents or care providers. Excluded are non-GAWM Home Visitation activities (e.g. prevention activities not associated with Ages & Stages [such as immunization visits, access to social supports, goal-setting with parents]).
<b>Enter time required for the following activities (in minutes)</b>	
<b>Start Team</b>	
. Assessment	File review, S.T.A.R.T. Team preparation, post – assessment meeting (P.A.M.) and documentation of assessment (report writing, data entry).
. Follow-up (Group)	Preparation and facilitation of S.T.A.R.T. follow-up group activities. Includes post-activity documentation.
<b>Individual/client (clinical) services (ICS)</b>	
. Assessment	Includes: <ul style="list-style-type: none"> <li>• Assessment and documentation completed on one to one basis.</li> <li>• ASQ follow-up parent phone call(s) (e.g. to determine need for further evaluation/referral,)</li> <li>• P.A.M. and documentation</li> </ul>
. Treatment (individual)	Individual clinical treatment including preparation



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<b>Field</b>	<b>Definition</b>
. Onsite visits	time Participation in a partner-agency activity in a consultant/facilitation role.
Group (Non-CORE)	Group targeted toward 18-36 mos. old children, parents or staff working with this age group (e.g. discipline-specific intervention group)
<b>Non-Grow Along with Me Activities</b>	
Individual/client (clinical) (ICS) services	Individual/client clinical services provided to a child falling outside of Grow Along with Me age parameters (< 18 mos. or > 36 mos.) within paid G.A.W. M. time.
. Assessment	Includes: <ul style="list-style-type: none"> <li>• Assessment and documentation completed on one to one basis.</li> <li>• Follow-up parent phone call(s) (e.g. to determine need for further evaluation/referral,)</li> <li>• P.A.M. and documentation</li> </ul>
. Treatment	Individual clinical treatment including preparation time
. Other	<ul style="list-style-type: none"> <li>• Other non- GAWM activity, provide details in comments column (e.g. Assist with non-GAWM group activity)</li> </ul>
<b>Education</b>	
. CORE Groups	Record all activity related to facilitating/co-facilitating a G.A.W.M. core group (COPEing with Toddler Behavior, Parenting the Strong Willed Child, You Make the Difference, Learning Language & Loving It, Target Word) regardless of child's age. Includes preparation and clean-up and documentation.
. Parent education (Other)	Any non-CORE education/presentation where the primary target group is parents (Staff may have also attended the group).
. Staff education(Other)	Education provided to partner organization or care staff (e.g. Train the Trainer). Primary target group is staff, but parents may have attended.
Professional development	Attend workshops, seminars, read grey literature (e.g. provincial reports), conferences, literature reviews.



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<i>Field</i>	<i>Definition</i>
<b>Administration</b>	
Program planning: GAWM	Strategic program development (e.g. Grow Along with Me meetings, development of materials etc.)
Program Planning: C.A.R.E.	Strategic C.A.R.E. program meetings, development of materials etc. ( e.g. regional meetings, Primary Care)
Other	Other administrative tasks (e.g. photocopying, faxing, answering phones).
<b>Travel</b>	
Rural	Travel outside Lethbridge e.g. Coaldale, Coalhurst)
Urban	Travel within city limits
<b>Other</b>	



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<i>'Grow Along with Me' Weekly Supply</i>	
<i>Work week:</i> _____	
NAME (Last, first):	
Overtime G.A.W.M. hours worked:	_____ hrs. _____ minutes
Leave of absence (vacation, stat) or sick time	_____ hrs. _____ minutes
Time required to completed workload stats	_____ minutes

Workload tracking forms (1. DAILY WORKLOAD AND 2. WEEKLY SUPPLY) should be submitted to Anne Teslak, Children's C.A.R.E. by the **Tuesday** of the following week (e.g. Workload tracked for the week of Nov. 24- 30 (Monday to Sunday) should be submitted by December 2.

ateslak@chr.ab.ca

Phone: (403) 329-5255

Fax: (403)328-5139

If you have any questions related to the workload tracking form or weekly supply forms please contact Chris Jensen-Ross (403)388-6173.



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*Appendix B*

Workload Tracking Sheet: C.A.R.E. Staff (Placeholder, Excel spreadsheet)



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*Appendix C*

Workload Tracking Sheet: GAWM Partner staff (Placeholder, Excel spreadsheet)



*Appendix D*

GAWM Workload. Commonly asked questions

<i>Question</i>	<i>Response</i>
1. What work is classified as G.A.W.M.?	Any workload where the primary target is children 18 – 36 mos., parents or staff working with 18-36 month of children.
2. What about groups where children of other ages attend?	Groups where target population is children 18-36 months are to be considered GAWM workload, even if children younger or older attended these groups.
3. Is there any work with 18-36 month old children NOT classified as GAWM?	Staff who works for Home Visitation and whose work includes scheduled Home Visits, immunization visits, or goals setting with HV clients, would capture this work under “other” versus GAWM.
4. What is the rationale behind calling “no shows” cancellations with less than 24 hours notice?	It is assumed that cancellations with greater than 24 hours notice should be able to be rescheduled.
5. Do I need to forward sheets if I am away or sick?	Daily Worksheets and Weekly Supply Sheets should be submitted upon your return, indicating sick time/vacation time taken on the supply sheet.
6. What if I am visiting more than one child at the visit – one child in the target age range and the other not.	Tick both age groups in the appropriate column. Estimate the proportion of time spend with each child. Mark the time spend with the 18-36 month-old child under GAWM workload, and the other workload (< 18 mos. or > 36 mos) under non-GAWM activity.
7. I am offering an intervention group session to children based upon the Responsive Teaching model introduced by GAWM. Where do I document this?	This will be documented as GAWM Group Visit: Other
8. Where does program planning (specific to the child’s assessment or treatment plan)	Documentation/planning time associated with assessment is to be entered into the



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<i>Question</i>	<i>Response</i>
get entered?	assessment tracking time, Similarly, treatment planning/documentation would be entered into the treatment tracking time.
9. How does GAWM program planning time differ from individual/group assessment/planning?	Program Planning time is for the tracking of time related to the program (rather than the child or group activity). An example might be a team meeting.
10. Do I have to track travel time individually for each client?	Travel time can be entered for each visit or grouped, whichever is easiest for you.
11. Do I need to write down the name of every child in my group session?	No, group activities are to be entered under the Patient name/activity column (e.g. the name of the group)
12. Can I add notes to clarify what I have entered?	Any comments/clarifications can be made in the right hand: Others (Comments) column (e.g. 36 month ASQ).



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### *Appendix E*

#### Workload code book: Data entry assumptions

1. If GAWM educator works part-time and all GAWM workload occurs on regular occurring days, only the workload for those days (paid GAWM time) needs to be documented.
2. If GAWM educator works part-time and GAWM workload is scattered throughout the workweek, a daily workload sheet should be completed for each day of the data collection timeframe.
3. If the Parent Links GAWM educator completes an 18-36 month Ages and Stages questionnaire during a Stay and Play, time should be documented in the Ages and Stages column (tick age group of child)
4. If a Parent Links GAWM educator attends a Stay and Play session (no Ages and Stages Questionnaire completed during that timeframe, enter time under non-GAWM activity (prep and/or other) and tick off appropriate age group of children attending the stay and play group.
5. If GAWM activity recorded, age group of 18-36 months checked. If non-GAWM activity recorded, < 18 mos or >18 mos age group recorded.



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Appendix F

Workload: Detail (Total workload, all staff)

<b>Nov . 24 – Dec 5, 2008</b>				
<b>Category</b>	<b>GAWM Educators Minutes (Hours)</b>	<b>C.A.R.E. staff Minutes (Hours)</b>	<b>TOTAL</b>	
			<b>2 week</b>	<b>Estimate weekly</b>
<b>GAWM Workload</b>				
Developmental Checkups (ASQ)	1,230 (20.5)	na	1,230 (20.5)	615 (10.3)
Scheduled day care/day home visits	0	na	-	-
Scheduled home visits: Preparation (PAT)	652 (10.9)	na	652 (10.9)	326 (5.4)
Scheduled home visits: Visit (PAT)	700 (11.7)	na	700 (11.7)	350 (5.8)
Scheduled home visits: Other (PAT)	625 (10.4)	na	625 (10.4)	312.5 (5.2)
Observation of parent/child activity	1,245 (20.8)	na	1,245 (20.8)	622.5 (10.4)
Other GAWM activities	1,525 (25.4)	na	1,525 (25.4)	762.5 (12.7)
START assessment/planning	570 (9.5)	1,755 (29.3)	2,325 (38.8)	1,162.5 (19.4)
START follow-up	410 (6.8)	na	410 (6.8)	205 (3.4)
START group activities	na	1,350 (22.5)	1,350 (22.5)	675 (11.3)
Individual Client Services (ICS) assessment/planning	na	1,485 (24.8)	1,485 (24.8)	742.5 (12.4)
ICS treatment	na	1,768 (29.5)	1768 (29.5)	884 (14.7)
Group sessions (non-CORE)	na	465 (7.8)	465 (7.8)	232.5 (3.9)
Onsite visits	na	495 (8.3)	495 (8.3)	247.5 (4.1)
<b>Subtotal</b>	<b>6,957 (116.0)</b>	<b>7,318 (122.0)</b>	<b>14,275 (237.9)</b>	<b>7,137.5 (119.0)</b>
<b>Non-GAWM Workload</b>				
ICS assessment/planning	na	2,490 (41.5)	2,490 (41.5)	1,245 (20.8)
ICS treatment	na	3,708 (61.8)	3,708 (61.8)	1,854 (30.9)
Group sessions	na	1,375 (22.9)	1,375 (22.9)	687.5 (11.5)
Other	na	810 (13.5)	810 (13.5)	405 (6.8)
Scheduled home visits: Preparation (PAT)	198 (3.3)	na	198 (3.3)	99 (1.7)
Scheduled home visits: Visit (PAT)	75 (1.3)	na	75 (1.3)	37.5 (0.6)
Scheduled home visits: Other (PAT)	930 (15.5)	na	930 (15.5)	465 (7.8)
<b>Subtotal</b>	<b>1,203 (20.1)</b>	<b>8,383 (139.7)</b>	<b>9,586 (159.8)</b>	<b>4,793 (79.9)</b>
<b>Education</b>				
CORE groups	3,830 (63.8)	2,875 (47.9)	6,705 (111.8)	3,352.5 (55.9)
Non-CORE parent education	650 (10.8)	1,260 (21.0)	1,910 (31.8)	955 (15.9)
Staff education (other)	0	495 (8.3)	495 (8.3)	247.5 (4.1)
Professional development	940 (15.7)	2,690 (44.8)	3,630 (60.5)	1,815 (30.3)
<b>Subtotal</b>	<b>5,420 (90.3)</b>	<b>7,320 (122.0)</b>	<b>12,740 (212.3)</b>	<b>6,370 (106.2)</b>
<b>Administration</b>				
Program planning: GAWM	765 (12.8)	5,780 (96.3)	6,545 (109.1)	3,272.5 (54.5)
Program planning: C.A.R.E. ICS	na	4,945 (82.4)	4,945 (82.4)	2,472.5 (41.2)



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Nov . 24 – Dec 5, 2008				
Category	GAWM Educators Minutes (Hours)	C.A.R.E. staff Minutes (Hours)	TOTAL	
			2 week	Estimate weekly
Program planning: Partner organization	1,185 (19.8)	na	1,185 (19.8)	592.5 (9.9)
Staff supervision	360 (6.0)	na	360 (6.0)	180 (3.0)
Other administrative tasks	2,280 (38.0)	5,015 (83.6)	7,295 (121.6)	3,647.5 (60.8)
<b>Subtotal</b>	<b>4,590 (76.5)</b>	<b>15,740 (262.3)</b>	<b>20,330 (338.8)</b>	<b>10,165(169.4)</b>
<b>Travel</b>				
Rural	635 (10.6)	3,220 (53.7)	3,855 (64.3)	1,927.5 (32.1)
Urban	320 (5.3)	475 (7.9)	795 (13.3)	397.5 (6.6)
<b>Subtotal</b>	<b>955 (15.9)</b>	<b>3,695 (61.6)</b>	<b>4,650 (77.5)</b>	<b>2,325 (38.8)</b>
<b>TOTAL: Minutes (Hours)</b>	<b>19,125 (318.8)</b>	<b>42,456 (707.6)</b>	<b>61,581 (1,026.4)</b>	<b>30,790.5 (513.2)</b>



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Appendix G

Scheduled home visits : Parents as Teachers staff				
	Workload 18-36 mos. (n=15)* 2 weeks		Estimated 1 week	
	Mean (Median/Mode) Minutes	Range Minutes	Mean (Median/Mode) Minutes	% of Total Time
* Preparation (PAT) n=4	*148.0 (157.5,30)	*30-247	*74.0	37.2%
* Visit (PAT) n=4	*163.8 (140,120)	*120-255	*81.9	41.3%
* Other (PAT) n=4	*85.0 (82.5,30)	*30-145	*42.5	21.4%
<b>Total</b>			<b>198.4</b>	<b>99.9%</b>

\* Limited to PAT staff



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*Appendix H*

Time in excess of GAWM paid hours

**GAWM staff FTE and hours per week**

Scheduled GAWM work hours	Reported workload hours		
	<= scheduled work hours	<= 5 hours more than scheduled work hours	> 5 hours more than scheduled work hours
<b>C.A.R.E. staff (N=24)*</b>			
<=15.5 hours (n=4)	n=1	n=2	n=5
15.5 - 30 hours (n=4)	n=1	n=3	n=4
>30 - 40 hours (n=4)	n=6	n=2	n=0
<b>Non-C.A.R.E. staff (N=15)*</b>			
<=15.5 hours (n=2 )	n=4	-	-
15.5 - 40 hours (n=6)	n=6	n=4	n=1

\* Note: Each staff member submitted workload for 2 weeks

Workload: Staff with > 5 hours over scheduled FTE per week

(Note: None of the staff reported overtime taken during the two-week timeframe)

Staff ID	303		304		307		312		301	7
F.T.E. (GAWM)	0.4		0.4		0.5		0.6		0.2	
Week	1	2	1	2	1	2	1	2	1	?
Scheduled hours of work	15.5	15.5	15.5	15.5	19.4	19.4	23.2	23.2	7.8	
Reported Workload Minutes (Hours)	1,845 (30.8)	2,260 (37.7)	2,510 (41.8)	2,375 (39.6)	2,065 (34.4)	1,975 (32.9)	1790 (29.8)	2000 (33.3)	1275 (21.3)	

**GAWM Workload**

GAWM	120 (2.0)	540 (9.0)	0 (0)	120 (2.0)	285 (4.8)	195 (3.2)	510 (8.5)	60 (1.0)	120 (2.0)	
Education CORE	0 (0)	0 (0)	60 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	
Education Non-CORE	390 (6.5)	90 (1.5)	390 (6.5)	0 (0)	0 (0)	0 (0)	90 (1.5)	150 (2.5)	0 (0)	
Staff education	30 (0.5)	0 (0)	30 (0.5)	210 (3.5)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	
Administration GAWM	195 (3.3)	330 (5.5)	210 (3.5)	865 (14.4)	120 (2)	165 (2.8)	450 (7.5)	480 (8.0)	0 (0)	



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Total GAWM (Hours)	12.3	16.0	11.5	19.9	2	2.8	17.5	11.5	2.0	
<b>Average GAWM hours/week</b>	<b>14.15</b>		<b>15.7</b>		<b>2.4</b>		<b>14.5</b>		<b>2.0</b>	

Travel	255 (4.3)	255 (4.3)	135 (2.3)	90 (1.5)	0 (0)	210 (3.5)	80 (1.3)	140 (2.3)	0 (0)	
<b>Average travel hours/week</b>	<b>4.3</b>		<b>1.9</b>		<b>1.8</b>		<b>1.8</b>		<b>2.0</b>	

### Non-GAWM Workload

Non GAWM	705 (11.8)	715 (11.9)	510 (8.5)	60 (1)	43.5 (7.3)	113.5 (18.9)	480 (8.0)	510 (8.5)	60 (1.0)	
Administration (NonGAWM)	180 (3.0)	360 (6.0)	795 (13.3)	1,030 (17.2)	540 (9.0)	270 (4.5)	60 (1.0)	510 (8.5)	0 (0)	

### Other

Professional Development	0 (0)	0 (0)	380 (6.3)	0 (0)	685 (11.4)	0 (0)	120 (2.0)	120 (2.0)	1090 (18.2)	
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Observation:

- #301 hours high because of professional development
- Original proposal was an educated “guess” – numbers allow to estimate actual demand in relation to needed supply



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Appendix I

**Workload FTEs (Original Proposal)**

Name/ Discipline	Areas Covered	Days per week	Days per month	Training 40%	On site Visits 30%	START Team 20%	Program Development 10%
<b>SLP</b>							
SLP 1 (1.0 FTE)		5	20	8 days	6 days	4 day	2 day
SLP 2 (1.0 FTE)		5	20	8 days	6 days	4 day	2 day
<b>Total SLP</b>		10	40	16	12	8	4
<b>IPDE</b>							
IPDE 1 0.6 FTE	Coaldale, Picture Butte, Coalhurst, Nobleford	3	12	5 days	3.5 days	2.0 days	1.5 day
IPDE 2 0.6 FTE	Taber, Milk River, Vauxhall, Warner	3	12	5 days	3.5 days	2.0 days	1.5 day
IPDE 3 0.6 FTE	Raymond, Stirling, Magrath, Cardston, Hillspring, Glenwood	3	12	5 days	3.5 days	2.0 days	1.5 day
<b>Totals</b>		<b>9</b>	<b>36</b>	<b>15</b>	<b>10.5</b>	<b>6</b>	<b>4.5</b>
IPDE 4 0.0 FTE	Lethbridge						
IPDE 5 1.0 FTE	Lethbridge	5	20	4 days	6 days	4 day	2 day
IPDE 6 1.0 FTE	Lethbridge, Fort MacLeod, Granum	5	20	4 days	6 days	4 day	2 day
<b>Totals</b>		<b>10</b>	<b>40</b>	<b>8</b>	<b>12</b>	<b>8</b>	<b>4</b>
IPDE 7 0.2 FTE	Pincher Creek, Crowsnest Pass	<b>1</b>	<b>4</b>	<b>1.5 days</b>	<b>1.5 days</b>	<b>1 days</b>	<b>?</b>



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<b>OT</b>							
OT 1 0.5 FTE		2.5	10	3	2.5	1.5	3

\*The percentages are based on rough estimates in the original proposal and will be adjusted based on program demands throughout the course of the Grow Along with Me project.



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**Workload FTEs (Nov 24 – Dec 5/08)**

Name/ Discipline	Areas Covered	Days per week	Days per month	Training 40%	On site Visits 30%	START Team 20%	Program Development 10%
<b>SLP</b>							
SLP 308 (0.5 FTE)		2.5	10	4 days	3 days	2 day	1 day
SLP 309 (0.5 FTE)		2.5	10	4 days	3 days	2 day	1 day
SLP 310 (1.0 FTE)		5	20	8 days	6 days	4 day	2 day
<b>Total SLP</b>		10	40	16	12	8	4
<b>IPDE</b>							
IPDE 303 0.6 FTE	Coaldale, Picture Butte, Coalhurst, Nobleford	3	12	5 days	3.5 days	2.0 days	1.5 day
IPDE 302 0.6 FTE	Taber, Milk River, Vauxhall, Warner	3	12	5 days	3.5 days	2.0 days	1.5 day
IPDE 304 0.6 FTE	Raymond, Stirling, Magrath, Cardston, Hillspring, Glenwood	3	12	5 days	3.5 days	2.0 days	1.5 day
IPDE 311 1.0 FTE	She is supporting the above three areas	5	20	4 days	6 days	4 day	2 day
<b>Totals</b>		<b>14</b>	<b>56</b>	<b>19</b>	<b>16.5</b>	<b>10</b>	<b>6.5</b>
IPDE 313 0.0 FTE	Lethbridge	.5	2				
IPDE 302 1.0 FTE	Lethbridge	5	20	4 days	6 days	4 day	2 day
IPDE 305 1.0 FTE	Lethbridge, Fort MacLeod, Granum	5	20	4 days	6 days	4 day	2 day
<b>Totals</b>		<b>10</b>	<b>40</b>	<b>8</b>	<b>12</b>	<b>8</b>	<b>4</b>



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IPDE 301 0.2 FTE	Pincher Creek, Crowsnest Pass	1	4	1.5 days	1.5 days	1 days	?
<b>OT</b>							
OT 307 0.5 FTE		2.5	10	3	2.5	1.5	3



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Appendix J

Scheduled home visits : Limited to Parents as Teachers staff				
	Workload 18-36 mos. (n=15)* 2 weeks		Estimated 1 week	
	Mean (Median/Mode) Minutes	Range Minutes	Mean (Median/Mode) Minutes	% of Total Time
* Preparation (PAT) n=4	*148.0 (157.5,30)	*30-247	*74.0	37.2%
* Visit (PAT) n=4	*163.8 (140,120)	*120- 255	*81.9	41.3%
* Other (PAT) n=4	*85.0 (82.5,30)	*30-145	*42.5	21.4%
<b>Total</b>			<b>198.4</b>	<b>99.9%</b>

\* Limited to PAT staff