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# Grow Along With Me Project

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Quarter 3 ~ 2008-09,  
February 2008



Prepared by Christine Jensen-Ross (Internal Evaluator) & David Gregory, (External Evaluator) 'Grow Along with Me" Project

Prepared for the Grow Along with Me Steering Committee

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Thanks are extended to the **“Grow Along with Me” Steering Committee members** for sharing their expertise in developing services that are evidence-based, responsive, and promote optimal growth and development among children and their families.

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# The 'Grow Along With Me' Project Report. Q3, 2008-09

## I. Introduction

The Grow Along with Me (GAWM) project is a collaborative, intersectoral, community- based initiative designed to enhance existing developmental screening services for preschool children (18-36 months of age). The purpose of this project is to bring together project partner knowledge and expertise to create an evidence-based, integrated continuum of regional services that will better serve children and their families in the communities where they live.

The goals of the 'Grow Along with Me' project are to:

- Identify children with a developmental delay as early as possible, and;
- Develop a comprehensive continuum of services that provides the right level of service, at the right time, by the right person, as near to the child's residence as possible.

This evaluation report outlines processes and outcomes associated with the Grow Along with Me project implementation during Quarter 3 (Q3, Oct. 1 – Dec. 31, 2008). Highlighted in this report are the Nov-Dec 2008 Workload Audit (Appendix B) and the journey of children who complete the Ages and Stages Questionnaire developmental checkup Oct – Dec 2008 (see Appendix C, Exploring Critical Pathways).

Throughout this report, Grow Along with Me project indicators are presented under their corresponding goal and objectives.

## II. G.A.W.M. Indicators

### Goal 1 To identify children with a developmental delay as early as possible

#### Objective 1.1 To increase access to evidence-based developmental screening for children and families.

Target: December 31, 2009 <sup>1</sup>

GAWM Training and Development	08-09				
	Q4	Q1	Q2	Q3	Q4
<b>Ages and Stages Questionnaire (ASQ)</b>					
Children/parents who completed the ASQ (C.A.R.E., All ages)*	367	603	396	500	
ASQs received with consent for evaluation (GAWM project)	-	446	331	378***	

Source:

\* Meditech All ages, ASQ Information Summary sheets, GAWM project consent forms

\*\* G.A.W.M. Attendance sheets \*\*

\*\*\* Includes duplicate consents (e.g. where more than one ASQ per child per age completed)

Note: More than one ASQ can be completed per child

In Q3, 2008-09, Ages and Stages Questionnaire submission rates (GAWM research study) increased 14.2% from Q2 submission rates. High rates reported for Q1 were likely related to the regional developmental checkup blitz that took place in spring 2008.

Two occurrences of duplicate ASQs (same child at the same age) completed by different agencies (Wellness Services and Home Visitation) were noted. This may reflect the need for improved inter-organizational communication or may flag staff to ask the parent if an ASQ has already been completed.

**Objective 1.2**  
**To increase parent knowledge of:**  
**a) Early childhood development, and;**  
**b) The importance of periodic developmental screening.**  
 Target: December 31, 2009

Strategies to enhance parent awareness and knowledge of early childhood development and the importance of periodic developmental screening have included:

- The development of a “Grow Along With Me” website:  
[www.growalongwithme.ca](http://www.growalongwithme.ca)<sup>2</sup>
- Print publications;
- TV and radio segments, and;
- Advertising materials (such as poster, displays, and growth charts).

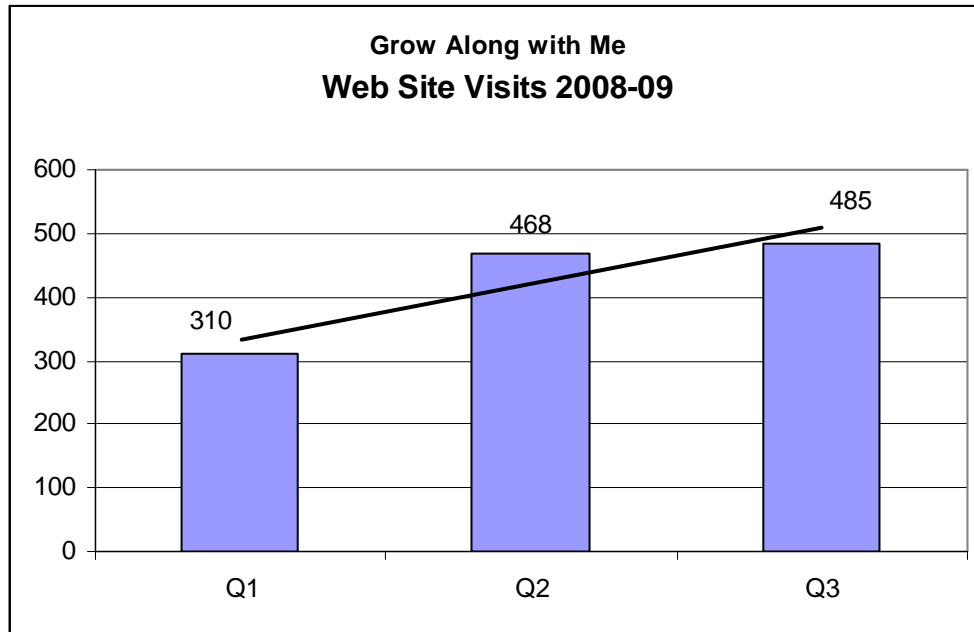
The following resource utilization measures serve as proxy measures of the impact of these communication and knowledge translation strategies.

Website Statistics	2008-09				
	Q1	Q2	Q3	Q4	08-09
Visits	310	468	485		1263
Page Views	1,703	2,601	2,359		6663
Pages/Visit	5.5	5.6	4.9		5.3
Bounce Rate	37.1%	39.7%	41.9%		40%
Average Time on Site (minutes)	2:50	3:58	2:30		
Visitors	203	333	368		904
% New Visits	65.5%	66.0%	69.3%		66.9%
<b>Traffic Sources</b>					
Direct traffic	61.0%	47.4%	44.3%		
Search Engines	31.3%	33.3%	42.5%		
Referring Sites	7.7%	19.2%	13.2%		
<b>Visits by Country</b>					
Canada	275	426	442		
USA	21	31	29		
Other*	13	9			

Source: Google Analytics

\* Includes Germany, Australia, Libya, Ghana, Gemany, Turkey, Netherlands, South Africa, Nigeria, United Kingdom, Thailand, Vietnam, Saudi Arabia, China, New Zealand Italy, Malaysia, Bulgaria, Puerto Rico

<sup>2</sup> <sup>a</sup> “Welcome to Grow Along With Me - Supporting Child Development in Southern Alberta” ([www.growalongwithme.ca](http://www.growalongwithme.ca)) website live date March 2008.



Quarter 3 (Q3) website utilization data reflects a continued demand for the 'Grow Along With Me' website; there was a 56.5% increase in visits between quarter 1 and Q3 of 2008-09. Nearly ¾ of hits were by new visitors (69.3%).

Similar to the previous quarter, the top three viewed web pages (Q3, 2008) were the:

- Home Page (17.2%)
- Parents/upcoming parent programs (9.5%);
- Parents (9.0%);

A detailed description of web site access can be found in Appendix A.

The importance of early childhood development and Ages and Stages check-ups were reinforced through the following communication strategies:

Communication and Knowledge Translation Indicators	2008-09				2008-09
	Q1	Q2	Q3	Q4	
<b>Website</b>					
G.A.W.M. website visits	310	468	485		1,263
Unique visitors	203	333	368		904
% New visits	65.5%	66.0%	69.3%		
Hits on the G.A.W.M. home page	268	395	418		1,081
Page views	1,703	2,601	2,359		6,663
Average minutes on G.A.W.M. website	0.12	0.17	2:30		
Average # pages/visit	5.5	5.6	4.9		
<b>Print Material</b>					
# printed publications (e.g. newsletters; magazine, etc) (TOTAL)	12	-	500		512
Free news releases	6	-			6
Printed Advertisements	6	-			6
<b>TV and Radio</b>					
TV segments (Health Matters – 14 second segments)	2	-			2
Public Service Announcement Template	1	-			1
Public service announcements	-	-			0
TV campaign(s)	2	-			2
Radio campaign(s)	1	34	165	165	365
Paid radio advertising	-	34	165	165	364
<b>Other</b>					
Project displays, posters, brochures, growth charts, magnets ordered	15,501	0	1,000	0	16,501
Project displays	1	-			1
Posters	500	-			500
Brochures	7,500		1000		8,500
<i>Parenting the Strong-Willed Child</i>			500		
<i>Coping with Toddler Behavior</i>			500		
Growth charts	5,000	-			5,000
Magnets	2,500	-			2,500

Source: T. Grindle, Communications, personal communication (Feb 23, 2009)

In October, 2008 the first Grow Along with Me newsletter was disseminated to partners, community members, parents and staff.

**Objective 1.3**  
**To increase Chinook Health staff involvement with community-based programs.**

G.A.W.M. project partners recognized the need for service continuity and coordination. C.A.R.E. staff and G.A.W.M. educators initiated and co-facilitated core educational sessions. In addition, Children's C.A.R.E. staffs initiated off-site visits with community based organizations (e.g., Parent Link Centers, Parents as Teachers, day cares/homes, etc) to network, share information and resources, and collaborate in order to provide optimal services to families and children.

## Workload Indicators

Workload measures for C.A.R.E staff and Grow Along With Me Educators were initially piloted in February 2008. Based on feedback from this pilot, workload tracking tools were refined and revised. Data tracking was simplified, staffing innovation quantified, and supply/demand balance for the weeks audited (Nov 24 – Dec. 5, 2008) explored. The following indicators highlight key findings of the Workload Report in relation to a) innovative staffing b) GAWM Workload and c) Supply/demand balance (see Appendix B for the detailed workload report).

a) Innovative staffing

<b>C.A.R.E. staff participation in partner agency consultaton/facilitation</b>	
<b>C.A.R.E. staff n=22 Nov. 24 – Dec.5, 2008</b>	<b>Estimated Weekly Mean Minutes</b>
<b>GAWM Workload</b>	
Onsite visits	11.3
START	39.6
Assessment/planning	
START group activities	28.2
<b>Education</b>	
CORE group	62.6
Staff education	11.3
<b>Total</b>	<b>153 (2.6 hrs)</b>

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

b) GAWM Workload

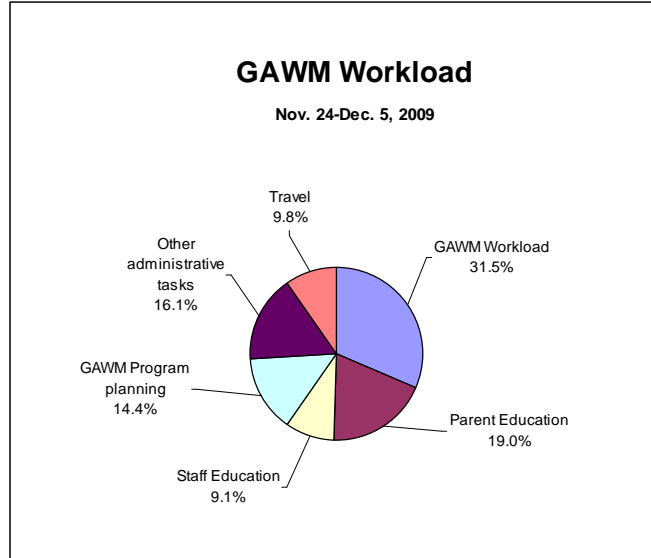
GAWM educator GAWM Workload

<b>GAWM Educators n=15 Nov. 24 – Dec. 5, 2008</b>	<b>Estimated Weekly Mean minutes</b>	<b>% of Total Time</b>
<b>GAWM Workload</b>		
Developmental checkup activities (ASQ)	41	11.4%
<b>START Team</b>		
Assessment & Planning	19	5.3%
Group follow-up	13.7	3.8%
Scheduled day home/ day care visits	0	0.0%
<b>Scheduled home visits (PAT)</b>		
Preparation (PAT)	21.8	6.1%
Visit (PAT)	23.4	6.5%
Other (PAT)	20.9	5.8%
Observation	41.5	11.5%
Other GAWM	50.9	14.1%
<b>Education</b>		
CORE group education	127.6	35.5%
<b>Total</b>	<b>359.8 min.</b>	<b>100.0%</b>

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

<b>GAWM Workload (All GAWM staff) Category</b>	<b>Nov. 24 - Dec. 5, 2008</b>	
	<b>Estimated Hours/week</b>	<b>% of Total Hours</b>
GAWM Workload	119	31.50% (119/377.5)
Education	106.2	28.10% (106.2/377.5)
Staff education & professional development	34.4	9.10% (34.4/377.5)
Administration	115.3	30.50% (115.3/377.5)
Travel	37.1	9.80% (37.1/377.5)
<b>TOTAL GAWM Workload Hours</b>	<b>377.5 hr.</b>	<b>100.00%</b>

Source: GAWM Workload Tracking Form, Nov 2008



c) GAWM supply/demand balance

<b>GAWM Supply/Demand Balance</b>							
		<b>C.A.R.E. staff</b>		<b>Partner staff</b>		<b>All Staff</b>	
		<b>FTEs</b>	<b>Days (Hours)/Week</b>	<b>FTEs</b>	<b>Days (Hours)/Week</b>	<b>FTEs</b>	<b>Days (Hours)/Week</b>
Supply	Estimated	5.9*	29.5 (228.6)	5.1 **	25.5 (197.6)	11	55 (426.3)
Demand	Actual	9.7	48.5 (242.8) <sup>[1]</sup>	3.4	16.9 (131.6) <sup>[2]</sup>	13.1	65.5 (507.6)
<b>Balance</b>		<b>-3.8</b>		<b>1.7</b>		<b>-2.1</b>	<b>(10.5 days/week)</b>

<sup>[1]</sup> Approximated weekly demand = GAWM Workload demand for two week timeframe (Nov 24- Dec 5/09) 485.6 hours /2

<sup>[2]</sup> Approximated weekly demand = GAWM Workload demand for two week timeframe (Nov 24- Dec 5/09) 263.1 hours /2

Source: GAWM Workload Tracking Sheet, Nov, 2008

Source: \* GAWM Operational Plan, October 4, 2007, p. 30, \*\* June 2008 Workload Original Proposal, \*\*\* Workload Database.

It must be noted that the “supply used” used to approximate workload demand and may underestimate the demands required for population health<sup>3</sup>/capacity building<sup>4</sup> approaches.

<sup>3</sup> Population health has been defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.” [1] It is an approach to health that aims to improve the health of an entire population” (Kindig D, Stoddart G. , 2008, p. 10).

<sup>4</sup> Capacity building: Activities that strengthen the ability of people, communities, and systems to plan, develop, implement, and maintain effective health and social approaches. Capacity building can include: learning new skills, collaborating with other groups/sectors to share knowledge and resources, institutional and legal reforms and direct provision of resources (e.g. money, staff, office space, expertise, etc.) (Hawe et al., 2000).

### Objective 1.4

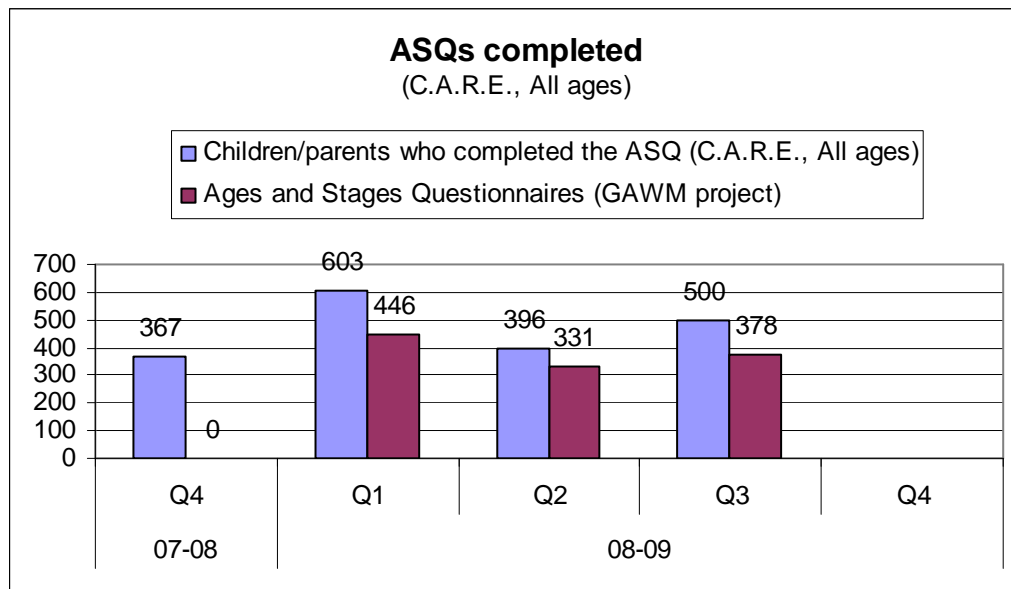
To adopt a consistent regional referral pathway across partnering service providers in relation to a positive screen for a developmental delay.

Target: December 31, 2009

### Critical pathway

Source: National Council for the Professional Development of Nursing and Midwifery, 2006, Sept, p. 8).

The flow of children across the continuum from developmental assessment/check-ups to referral, service delivery and discharge back to the community are depicted in the service are the focus of the critical pathway. An exploration of the current critical pathway experienced by children who received developmental screening in conjunction with the Grow Along with Me project can be found in Appendix C (Grow Along with Me Project. Exploring Critical Pathways Oct – Dec., 2009). Highlights of the report are presented below:

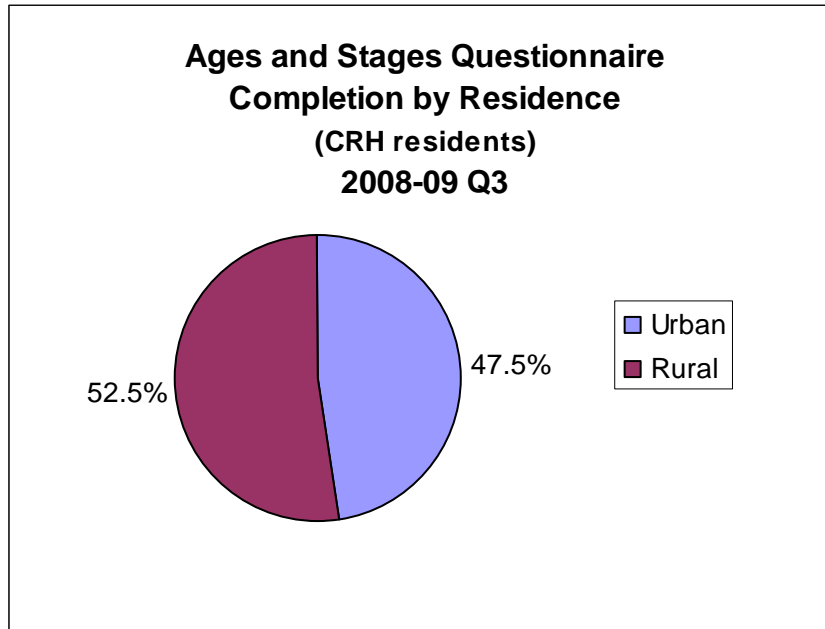


ASQ Developmental Checkups by Administering Agency	2008-09			
	Q1	Q2	Q3	Q4
# of ASQs (GAWM project)	446	331	378	
<b>ASQ administering agency</b>	<b>n=446</b>	<b>n=330</b>	<b>n=378</b>	
Alberta Health Service, Chinook, Wellness Services	53.1% (n=237)	75.8% (n=250)	73.5% (n=278)	
Community developmental checkup	28.5% (n=127)	NA (n=0)	NA (n=0)	
Alberta Health Service, Chinook, Children's C.A.R.E.	9.2% (n=41)	13.9% (n=46)	10.3% (n=39)	
Parents as Teachers (PAT)	5.4% (n=24)	6.7% (n=22)	4.8% (n=18)	
Parent Link Centres	2.5% (n=11)	1.5% (n=5)	4.8% (n=18)	
Alberta Health Service, Chinook, Home Visitation Program	1.3% (n=6)	2.1% (n=7)	6.6% (n=25)	
<b>ASQs (same child, same age) submitted by more than one agency</b>		<b>2</b>	<b>2</b>	

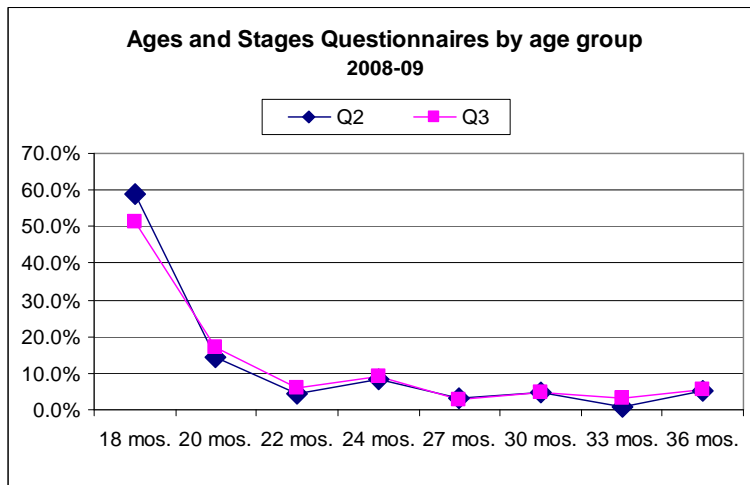
Source: Ages and Stages Questionnaire Demographics

Note: A child may have received more than one ASQ per quarter

A substantial increase in the number of ASQs completed by several GAWM partners (Parent Link Centre 260% and Home Visitation 257%) was seen in Quarter 3 in comparison to the previous quarter.



Ages and Stages developmental checkups by rural/urban residence (n=337/376)



The following table below reflects the total scores for each Ages and Stages Questionnaire domain (communication, gross motor, fine motor, problem-solving and personal-social). Delay severity (based on comparison to standardized norms [Brickker & Squires (n.d.)]) are presented.

Developmental domains. Severity scores based on Ages and Stages Questionnaire cut-offs.

Developmental Domain	2008-09							
	Q1		Q2		Q3		Q4	
	N=446		N=331		N=376		N=	
% Delay (Below ASQ Cutoff)	#	%	#	%	#	%	#	%
<b>Communication delay*</b>	63/444	14.2	38/331	11.4	43/376	11.4		
No delay	381/444	85.8	293/331	88.5	333/376	88.6		
Mild-moderate	36/444	8.1	19/331	5.7	32/276	8.5		
Severe	27/444	6.1	19/331	5.7	11/376	2.9		
<b>Gross motor delay*</b>	26/446	5.8	11/331	3.3	13/376	3.5		
No delay	420/446	98.6	320/331	96.7	363/376	96.5		
Mild-moderate	15/446	3.4	7/331	2.1	7/376	1.9		
Severe	11/446	2.5	4/331	1.2	6/376	1.6		
<b>Problem-solving delay*</b>	20/442	4.5	21/328	6.4	14/375	3.7		
No delay	422/442	95.5	307/328	93.6	361/375	96.3		
Mild-moderate	12/442	2.7	9/328	2.7	9/375	2.4		
Severe	8/442	1.8	12/328	3.7	5/375	1.3		
<b>Fine motor delay*</b>	19/445	4.3	19/331	5.7	14/373	3.8		
No delay	426/445	95.7	312/331	94.3	359/373	96.2		
Mild-moderate	12/445	2.7	9/331	2.7	5/373	1.3		
Severe	7/445	1.6	10/331	3.0	9/373	2.4		
<b>Personal social delay*</b>	18/445	4.0	22/330	6.6	14/376	3.7		
No delay	427/445	96.0	308/330	93.3	362/376	96.3		
Mild-moderate	12/445	2.7	14/330	4.2	6/376	1.6		
Severe	6/445	1.3	8/330	2.4	8/376	2.1		
<b>Other</b>								
Do you think your child hears well?	425/431	98.6	327/327	100	369/373	98.9	-	-
Do you think your child walks, runs, and climbs like (others his/her age)?	420/434	96.8	314/330	95.2	364/374	97.3	-	-
Can you understand most of what your child says?	378/431	87.7	275/327	84.1	325/370	87.8	-	-
Do you think your child talks like (others his/her age)?	329/438	79.2	261/328	79.6	302/370	81.6	-	-
Has your child had any medical problems in the last several months?	75/434	17.3	51/327	15.6	51/371	13.7	-	-
Other concerns	74/425	17.4	49/323	15.2	60/371	16.2	-	-
Does either parent have a family hx of childhood deafness or hearing impairment?	29/432	6.7	37/328	11.3	28/372	7.5	-	-
Do you have any concerns about your child's vision?	19/433	4.4	7/326	2.1	10/372	2.7		

Source: A&S Questionnaire Summary

Note: Cutoffs change with ASQ age group

\* Includes mild/moderate and severe delays

### Referral Completeness

Referral Completeness			
2008-09	Q2	Q3	Q4
	n=52	n=36	
Referral complete %	15.4	27.8	
#	8	10	

Source: Master GAWM Spreadsheet

While the proportion of **complete** referrals submitted to Children's C.A.R.E. services nearly doubled in Quarter 3 in comparison to the previous quarter, rates continue to fall far below target levels of 100%.

In order to reduce wait times, and to better meet the needs of families requiring short term services the process of managing incomplete referral was revised in October 2008 (see Appendix D & E, START Team Services Protocol, Oct. 2008, START Team Brochure). Rather than forward incomplete referrals to the C.A.R.E. Intake Coordinator, the START file review team contacted parents of children whose referrals were missing case history and/or consent for service. If the child was deemed appropriate for Short Term Assessment and Response Team (START) assessment, the clinician booked an assessment and parent assessment meeting (where the Consent for Service would be signed). If child was to receive a clinical assessment the Consent for Service was mailed to the parent (Teslak, A., personal communication, Oct 22, 2008).

ASQ Developmental Check-ups.	Q1	Q2	Q3	Q4
<b>Identification of need for further evaluation</b>				
<b>ASQs completed*</b>	<b>n=439</b>	<b>n=331</b>	<b>n=376*</b>	
<b>Referral rate</b>	<b>24.2%</b> <b>(106/438)</b>	<b>20.9%</b> <b>(71/339)</b>	<b>15.7%</b> <b>(59/376)</b>	
# of new referrals	17.6% (77/438)	15.7% (52/331)	9.6% (36/376)	
Existing C.A.R.E. clients	6.6% (29/438)	5.7% (19/331)	6.1% (23/376)	
Urgent Referrals	NA	0% (0/331)	0.0% (0/376)	
<b>Subtotal</b>	<b>n=106</b>	<b>n=71</b>	<b>n=59</b>	
Not referred	75.8% (332/438)	78.5% (260/331)	84.3% (317/376)	
Missing	n=1			

Source: Ages and Stages Questionnaire Scoring Sheet

\* Duplicate ASQs removed

Review of the files by the START Team resulted in the following recommendations for assessment:

Review Process (New or urgent referrals)		
START Team Recommendations for Assessment	Q3	Q4
Missing	n=2	
<b>START</b>	<b>n=34</b>	
START assessment	61.8% (21/34)	
START Speech Sounds (Articulation)	5.9% (2/34)	
<b>C.A.R.E. Clinical Services</b>		
Clinical assessment	35.3% (12/34)	
Urgent	2.9% (1/34)	
<b>START + clinical</b>	<b>n=2</b>	
Intake service coordinator discharge*	n=34	

Source: GAWM Master Spreadsheet

Children who were referred for START team assessment were provided with treatment/recommendations as seen in the table below: Recommendations were discussed with parents at a Parent Assessment Meeting following the assessment.

START Assessment Group Recommendations	2008-09	
	Q3	Q4
Total number of children referred to START assessment by START File Review Team	n=21	
Missing data*	n=4	
START Follow-up Group	41.2% (7/17)	
START Follow-up individual	35.3% (6/17)	
Group clinical services (e.g. Ready, Set, Go)	52.9% (9/17)	
Individual clinical services	23.5% (4/17)	
Discipline-specific assessment (OT, PT,IPD, BMS, Audiology)	11.8% (2/17)	
Parent Group	0.0% (0/17)	
Parents as Teachers	11.8% (2/17)	
Parent Link Centre	17.6% (3/17)	
Other community service	5.9% (1/17)	
Home program/activities	88.2% (15/17)	
Follow-up ASQ	23.5% (4/17)	
Urgent clinical assesment	0.0% (0/17)	

Source: START Assessment Recommendations. Manual data collection

\* Missing data may be attributed to children who were booked for, but did not attend the START assessment

## Wait times

Discipline-specific wait times are reported under objective 2.1, p. 23.

## Discharge

Reasons for discharge and point at which discharge took place (after initial screen, after intake/referral of after intervention) are presented in the table below.

Discipline-specific discharge												Q3, 2008-09											
Reasons for discharge												SLP		IPD		OT		PT		BMS		AUD	
Children discharged by timeframe n=												34		22		5		9		1		7	
Missing data												0		0		0		0		0		0	
	#	%	#	%	#	%	#	%	#	%	#	%											
Failure to complete forms	8	23.5	3	13.6	1	20.0	4	44.4	-	-	-	-											
Goals achieved	4	11.8	2	9.1	-	-	-	-	-	-	-	-											
Two consecutive no-shows	-	-	-	-	-	-	-	-	-	-	2	28.6											
Parent declined intervention	3	8.8	2	9.1	3	60.0	-	-	1	100	1	14.3											
Rereferral	5	14.7	1	4.5	-	-	-	-	-	-	-	-											
Skills age appropriate	3	8.8	4	18.2	1	20.0	1	11.1	-	-	1	14.3											
Service not required	2	5.9	7	31.8	-	-	3	33.3	-	-	1	14.3											
Unable to contact	5	14.7	1	4.5	-	-	1	11.1	-	-	-	-											
Receiving alternate services	3	8.8	2	9.1	-	-	-	-	-	-	2	28.6											
Moved	1	2.9	-	-	-	-	-	-	-	-	-	-											
Point of discharge												SLP		IPD		OT		PT		BMS		AUD	
Children discharged by timeframe n=												33		22		5		9		1		7	
Missing data												1		0		0		0		0		0	
	#	%	#	%	#	%	#	%	#	%	#	%											
After initial assessment/screen	11	33.3	9	40.9	2	40.0	4	44.4	1	100	7	100											
After intake/referral	10	30.3	4	18.2	2	40.0	5	55.6	0	0	0	0											
Subtotal	21	63.6	13	59.1	4	80	9	100	1	100	7	100											
After intervention	12	36.4	9	40.9	1	20.0	0	0	0	0	0	0											

Source: GAWM Master Spreadsheet, Meditech

## **Planned/Defined Outcome**

Parent satisfaction and project sustainability were outcomes measured in conjunction with the GAWM project.

### **a) Parent Satisfaction: Telephone Interviews**

During the summer of 2008, telephone surveys were conducted with a random sample of parents of children aged 18-24 months whose children had undergone a developmental checkup and who were not referred to Children's C.A.R.E. Services for further evaluation. The clear majority of parents (91.0%, 51/63) indicated that the developmental checkup was a positive experience. Parents valued knowing that their children were developing within the normal range of expectations.

The Ages and Stages Questionnaire (ASQ) provided reassurance that all was "well" with their children.

"I liked it. I thought it was a good guideline and gave a good idea of what to focus on at a certain age."

A minority of parents (17.5%, 11/63) identified some concerns about their experience. These included: the person administering the ASQ did not listen to them (parents); it was difficult to answer some of the questions-- and having the questions in advance would have been helpful to the parents; the ASQ was not really optional; and, there was some burden associated with completing the ASQ (for example, managing the other children without assistance, trying to focus on the child's immunization while having to also complete the ASQ, and not having the ASQ available on-line). Parents reported that the checkup experience was sometimes "chaotic" and appointments were rushed.

Most parents (74.6%, 47/63) reported that completing the ASQ helped them to learn more about their children's development. In particular, parents learned about developmental milestones; and children's abilities to complete certain activities or tasks. The clear majority of parents (81.0%, 51/63) observed that the ASQ checkup gave them ideas, suggestions, and activities to further support their children's development at home. Parents felt that the ASQ enabled them to be better parents by refocusing their attention to developmental areas that would benefit their children (Gregory, 2008).

Parents who attended focus groups at Lethbridge, Cardston, Coaldale, Vauxhall/Taber or Crowsnest Pass concurred - developmental screening was a valuable experience that promoted their knowledge about developmental milestones and enhanced their capacity to optimize their child's development. They offered suggestions as to how to best reach parents in their community. They also identified the messages that parents needed to hear in relation to developmental checkups and the ASQ (See Appendix xxx for the full report).

In a second study, parents of children who have been referred for further evaluation and discharged from Children's C.A.R.E. services will be contacted.

Data collection for this cohort is currently underway.

**b) Sustainability. The ‘Grow Along With Me’ Partnership Self-Assessment Inventory** (see 2007-08 Quarter 1 report, Appendix G for a detailed description.).

G.A.W.M. Steering Committee members identified the following factors as instrumental for project success to date:

Table 13 Factors instrumental to Chinook GAWM project success (June 2008)

<b>Foundational factors</b>	<b>Sustainability factors</b>	<b>Architectural factors</b>
<ul style="list-style-type: none"> <li>• A clear vision, mission, and goals statement;</li> <li>• Regular meetings;</li> <li>• Facilitative and supportive leadership;</li> <li>• Grassroots involvement; and</li> <li>• Strong skill set of its members.</li> </ul>	<ul style="list-style-type: none"> <li>• Mutual respect;</li> <li>• Collective problem solving;</li> <li>• Transparency of project information; and</li> <li>• Collective adherence to established project processes.</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of three sub-committees</li> <li>• Establishment of terms of reference</li> <li>• Use of information technology (e.g., videoconferencing)</li> </ul>

The following opportunities for improvement were identified:

Table 14 Opportunities for improvement: G.A.W.M. Partnership Self-Inventory (June 2008)

<b>Foundational factors</b>	<b>Sustainability factors</b>	<b>Architectural factors</b>
<ul style="list-style-type: none"> <li>• Collective understanding of project goals and objectives</li> <li>• Shared leadership</li> <li>• Establishment of a problem-solving process</li> <li>• Timely and specific feedback and information sharing to committees and staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Constructive approaches to feedback and consistent use of affiliation agreements</li> <li>• Develop process whereby parent organizations are regularly informed of project activities, challenges, and processes</li> <li>• Transparent decision-making processes and resource allocation</li> <li>• Establishment of working agreements</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• The establishment of a sustainability sub-committee</li> <li>• Hiring qualified staff</li> </ul>

A sustainability subcommittee was formed to prioritize opportunities for improvement based on the survey findings. Top priorities 1. Sustainability 2. Developing a process whereby parent organizations are regularly informed of project activities, challenges & processes, and 3. Hiring qualified staff) will be discussed in the Q4 report.

Goal 2 To develop a comprehensive continuum of services that provides the right level of service, at the right time, by the right person as near to the child's residence as possible.

**Objective 2.1**

To provide a child and their family timely screening and assessment services.

Target: October 2007

**Wait Times**

<b>Discipline-specific Wait Times</b>							
<b>Quarter 3, 2008-09</b>	<b>n=</b>	<b>Mean</b>	<b>Median</b>	<b>Mode</b>	<b>Range</b>	<b>Standard Deviation</b>	<b>Missing/Not applicable</b>
<b>Intake Wait Time (Days)</b>							
Speech Language Pathology	49	46.9	31.0	0	0-168	46.0	-
Infant Preschool Development Educator	36	32.0	13.5	0	0-153	41.8	-
Occupational Therapy	7	42.9	26.0	0	0-153	51.2	-
Physiotherapy	10	81.6	67.0	7	7-204	77.5	-
Behavior Management Specialist	2	7.0	7.0	0	0-14	9.9	-
Audiology	na	na	na	na	na	na	-
<b>Intake To Assessment Wait Time</b>							
Speech Language Pathology	40	53.2	40.5	39.0	4-217	45.9	-
Infant Preschool Development Educator	22	39.3	29.0	39.0	4-152	39.3	-
Occupational Therapy	2	58.0	58.0	0	2-114	79.2	-
Physiotherapy	4	38.3	17.5	4.0	4-114	50.9	-
Behavior Management Specialist	0	na	na	na	na	na	-
Audiology	6	192.3	201.0	99.0	99-251	50.2	-
<b>Assessment to Treatment Wait Time</b>							
Speech Language Pathology	16	62.6	29.5	17.0	12-197	65.2	-
Infant Preschool Development Educator	11	27.0	26.0	0	0-80	21.9	-
Occupational Therapy	1	201.0	201.0	201.0	201.0	na	-
Physiotherapy	1	15.0	15.0	15.0	15.0	na	-
Behavior Management Specialist	0	na	na	na	na	na	-
Audiology	na	na	na	na	na	na	-
<b>Assessment/Treatment Time (Minutes) (Limited to children discharged after intervention)</b>							
Speech Language Pathology	12	857.1	490.0	225.0	225 - 2275	745.1	-
Infant Preschool Development Educator	9	347.8	300.0	240.0	240-600	138.3	-
Occupational Therapy	1	310.0	310.0	310.0	310.0	na	-
Physiotherapy	0	na	na	na	na	na	-
Behavior Management Specialist	0	na	na	na	na	na	-
Audiology	0	na	na	na	na	na	-
<b>Treatment to Discipline-specific Discharge Wait Time</b>							
Speech Language Pathology	12	70.4	71.5	29.0	29-93	17.9	22
Infant Preschool Development Educator	9	72.9	77.0	93.0	21-113	27.9	13
Occupational Therapy	1	149	149	149	149	na	4
Physiotherapy	0	na	na	na	na	na	9
Behavior Management Specialist	0	na	na	na	na	na	0
Audiology	4	0	0	0	0	na	3
<b>Discipline-specific Referral to Discipline-specific Discharge Wait Time</b>							
Speech Language Pathology	34	153.5	151.5	168.0	38-299	69.9	-
Infant Preschool Development Educator	22	150.8	153.0	153.0	13-580	130.6	-
Occupational Therapy	5	128.8	153.0	153.0	12-236	83.4	-
Physiotherapy	9	129.0	123.0	18	18-204	58.9	-
Behavior Management Specialist	1	14.0	14.0	14.0	14.0	na	-
Audiology	7	189.6	199.0	199.0	99-227	41.6	-

Source of Data: Meditech, GAWM Master Spreadsheet (April 2009 GOLD)

### **Objective 2.2**

**a) To increase Chinook Health's professional staff involvement with partnering community agencies (i.e., Parent Link Centers, child care facilities, and community agencies), and;**

**(b) To increase the utilization of paraprofessional staff to support the enhancement of developmental screening and follow-up services in the Chinook Health Region.**

Target: Oct 2007

See objective 1.3

### **Objective 2.3**

**To increase partner agency staff knowledge regarding early childhood development as well as the importance of periodic developmental screening and services available to support children and families.**

Target: Dec. 31/2009

### **Staff knowledge, attitudes and perceptions. Periodic developmental screening**

Service provider education sessions were held in Mar – April 2008. Details of the Service Provider Survey can be found in Appendix I, Grow Along with Me Project Q2, 2008-09 Report. Planning for educational sessions for Day Care/Day Home staff are underway.

### **Objective 2.4**

**To increase Chinook Health's capacity to offer core training programs and other ECD educational modules to all partner staff.**

Target: October 2007

## Parent Education Groups

'Grow Along with Me' project CORE educational courses include:

Grow Along with Me Core Education Sessions<sup>5</sup>

Target	CORE Sessions
Universal	<ul style="list-style-type: none"> <li>Learning Language and Loving It</li> <li>You Make the Difference</li> </ul>
Targeted	<ul style="list-style-type: none"> <li>Coping with Toddler Behavior</li> <li>Parenting the Strong-willed Child</li> </ul>
Clinical	<ul style="list-style-type: none"> <li>Target Word</li> <li>Responsive Teaching</li> </ul>

GAWM Education Session Attendance. Parents

Communication and Knowledge Translation	2007-08	2008-09				2008-09			
Parents	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Number of core groups offered to parents</b>									
COPEing with Toddler Behavior		4	0	1					
Parenting the Strong-Willed Child		3	0	3					
You Make the Difference		0	0	2					
<b>Total:</b>		<b>7</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Child Care &amp; Incentives: Core Parent Groups</b>									
# Core Groups with child care available		5	0	3					
% of Core Groups with child care available									
# Core Groups with incentives		4	0	4					
% of Core Groups with incentives									
<b>Total:</b>		<b>9</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Parents registered for core groups</b>									
COPEing with Toddler Behavior		51	0	12					
Parenting the Strong-Willed Child		35	0	33					
You Make the Difference		0	0	15					
<b>Total:</b>		<b>86</b>	<b>0</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Parents attending core groups</b>									
COPEing with Toddler Behavior		42	0	9					
Parenting the Strong-Willed Child		30	0	18					
You Make the Difference			0	14					
<b>Total:</b>		<b>72</b>	<b>0</b>	<b>41</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Number of other sessions/presentations offered to parents</b>									
Other (not one of the core programs)	1	6	0	0					
<b>Total:</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Parents attending other sessions/presentations</b>									
Other (not one of the core programs)	5	134	0	0					
<b>Total:</b>	<b>5</b>	<b>134</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Community Education Tracking Form

5

**Universal.** Covering the collective whole; available equitably to all;

**Targeted.** Directed toward a target group;

**Clinical.** Targeted toward observable and diagnosable symptoms.

(adapted from Merriam Webster online dictionary: <http://www.merriam-webster.com/dictionary/clinical>)

Core groups by location	08-09 Q1		08-09 Q2		08-09 Q3	
	Urban	Rural	Urban	Rural	Urban	Rural
COPEing with Toddler Behavior	1	3	0	0	0	1
Parenting the Strong-Willed Child	0	3	0	0	0	2
You Make the Difference	0	0	0	0	1	1
Learning Language and Loving It	1	0	0	0	0	0
<b>Total:</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>

Source: G.A.W.M. Community Education Tracking Form

Course availability and content are continually updated on the 'Grow Along with Me' website. GAWM staff reported that attendance at START Follow-up Group sessions increased markedly after increasing sessions to bi-weekly (rather than previous monthly sessions) (GAWM Start Assessment Follow-up Group Meeting Minutes, Nov 3, 2008).

### Staff Education

Priest & Waters (2007) have suggested that a community capacity-building approach to supporting the development of pre-school children is an effective model for building the capacity of kindergarten staff to support children with, or at risk of, developmental difficulties. Outcomes of the community capacity-building model included "improved early identification and early intervention for children with, or at risk of, fine motor developmental difficulties; increased confidence in the effectiveness of their practice with these children; improved practice for kindergarten staff with both targeted and all children; improved empathy with, and support for, parents; and increased interagency links and ongoing advocacy for further resources" (p. 1). Staff capacity building initiatives are highlighted in the table below:

GAWM Education Session Attendance. Staff

<b>Communication and Knowledge Translation</b>	<b>2007-08</b>	<b>2008-09</b>				<b>2008-09</b>			
<b>Staff</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Number of core groups offered to staff</b>									
Teacher Talk		0	0	0					
Learning Language and Loving It		1	0	1					
<b>Total:</b>		<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Staff attending core groups</b>									
Teacher Talk		0	0	0					
Learning Language and Loving It		15	0	14					
<b>Total:</b>		<b>15</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Number of other sessions/presentations offered to staff</b>									
Other (not one of the core programs)	2	0	1	2					
<b>Total:</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Staff attending other sessions/presentations</b>									
Other (not one of the core programs)	50	0	30	37					
<b>Total:</b>	<b>50</b>	<b>0</b>	<b>30</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Staff &amp; Partners</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Facilitator training: core groups offered</b>									
COPEing with Toddler Behavior		0	0	0					
Parenting the Strong-Willed Child		0	0	2					
You Make the Difference		0	0	0					
Learning Language and Loving It (Includes Teacher Talk)		0	0	0					
Responsive Teaching		0	0	0					
<b>Total:</b>		<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Partners attending core group facilitator training</b>									
Chinook Health									
Physiotherapists		0	0	0					
Occupational therapists		0	0	0					
Infant Preschool Development Educators		0	0	2					
Speech language pathologists		0	0	0					
Parent Links		0	0	8					
Parents as Teachers		0	0	3					
Other Organizations		0	0	8					
<b>Total:</b>		<b>0</b>	<b>0</b>	<b>21</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Community Education Tracking Form

## **Objective 2.5**

**To increase:**

- a) Parent's knowledge of partner services, and;**
- b) Service providers' knowledge and abilities to support early child development.**

Target: January 1, 2008

### **Parent Focus Groups**

It was important for the Steering Committee to understand 'why' and 'under what circumstances'" Grow Along With Me" developmental checkups were being accessed. Between September and December, 2008, 21 geographically-dispersed participants participated in four focus groups and one telephone interview.

The following questions formed the boundaries for the interview:

1. Have you heard about the Grow Along with Me project?
2. Can you identify some early childhood development programs or services in your community?
3. How do you feel about regular developmental checkups?
4. How may the Grow Along With Me Project best reach parents to provide them with information about regular developmental checkups?
5. What message(s) do parents need to hear about regular developmental checkups?

### *Results*

The majority of participants expressed confusion regarding Grow Along with Me - its intent and purpose, organizational and structural relationships, and project scope. While regional parents were aware of the GAWM brochures, few participants had heard the radio advertisements or had accessed the GAWM website. A beginning awareness of GAWM sponsored parent-education (CORE groups) was evidenced.

Most parents strongly endorsed the preventive nature of regular developmental checkups; they recognized that regular checkups allowed parents to identify and address issues early. Most stated that the tool provided them with the ability to: a) identify normal growth and developmental milestones, b) foster their child's skill development and c) gain personal knowledge regarding their child's skills development. For many parents the checkup provided reassurance that their children were growing and developing normally. Establishing a personal relationship between the parent and service provider was viewed as critical, particularly for the first-time parent who may lack confidence regarding his/her parenting skills. Parents noted the importance of a safe, sensitive, non-judgmental approach, and comfortable, natural environment. They offered suggestions as to the messages parents need to hear about developmental checkups and how to best reach parents within their communities.

### **Service Provider Knowledge**

(See Objective 2.3)

## VI. Bibliography

- Children's C.A.R.E. Services 'Grow Along with Me' Project. *Privacy Impact Assessment. PIA#0036.* (2008, Jan. 14). Lethbridge, Alberta: Alberta Health Services Chinook.
- 'Grow Along with Me' Annual Report. *Innovative approaches to preschool developmental screening and follow-up services initiative.* (2008, May 30). pp 1-44. (Available from the Chinook Grow Along with Me Project Team, Children's C.A.R.E., 906 – 19<sup>th</sup> St. S, Lethbridge, Alberta, Canada T1J 1W5).
- Welcome to Grow Along With Me - Supporting Child Development in Southern Alberta.* Retrieved Oct 13, 2008 from the Grow Along with Me Website: [www.growalongwithme.ca](http://www.growalongwithme.ca)
- Brickker, D. & Squires. (n.d.). *Ages & Stages Questionnaires. A parent completed child monitoring system* (2<sup>nd</sup> edition). Paul H. Brookes Publishing: Toronto, Ontario. Phone: 1-800-638-3775, [www.brookespublishing.com](http://www.brookespublishing.com)
- Hawe P; Wise M; Nutbeam D.(2001). Policy- and system-level approaches to health promotion in Australia. *Health Education & Behavior: The Official Publication Of The Society For Public Health Education.* 28 (3), 267-73.
- Kindig D, Stoddart G. What is population health? *American Journal of Public Health* 2003 Mar;93(3):380-3. Retrieved 2008-10-12.
- The Chartered Society of Physiotherapy. (2002). *Integrated Care Pathways.* Retrieved Nov. 14, 2008 from the Chartered Society of Physiotherapy Website: [http://www.csp.org.uk/uploads/documents/csp\\_physioprac\\_pa46.pdf](http://www.csp.org.uk/uploads/documents/csp_physioprac_pa46.pdf)
- Gregory, D. & Burks-Charles, M. (2008, Sept. 16). *G.A.W.M. Partnership Self-assessment Inventory.* Unpublished manuscript.
- National Council for the Professional Development of Nursing and Midwifery. (2006, Sept.). *Improving the patient journey. Understanding Integrated Care Pathways.* Retrieved Nov. 14, 2008 from the National Council for the Professional Development of Nursing and Midwifery Website: [http://www.ncnm.ie/files/pubupdate07/Integ\\_Care\\_Path\\_2006.pdf](http://www.ncnm.ie/files/pubupdate07/Integ_Care_Path_2006.pdf)
- Priest & Waters (2007, June). Motor Magic. Evaluation of a community capacity-building approach to supporting the development of preschool children (Part 2). *Australian Occupational Therapy Journal.* 54(2), 140-148.