



## A Rural Speech-Language Intervention Project

### Final Report of Project Evaluation Executive Summary

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## **1.0 OVERVIEW**

Little Expressions Mean a Lot was a speech and language pilot project funded under Health Canada's Rural and Remote Health Innovations Initiative. "Little Expressions" was sponsored by The Early Childhood Development Association of Prince Edward Island and in partnership with Eastern and Southern Kings Health Regions (presently Kings Region).

The primary focus for "Little Expressions" has been to promote earlier intervention and increased community capacity regarding speech and language development in rural communities of Kings County, Prince Edward Island. In response to excessive demands on speech and language services, the Project's main goal was to provide additional community supports in speech and language to those individuals who work/ interact with children aged 18 months to 6 years.

Data for the evaluation was collected using questionnaires, interviews, and focus groups with those who utilized Project resources including parents and other family members, early childhood educators, public health nurses, government employees, family resource center employees, and the Steering Committee members.

## **2.0 HIGHLIGHTS**

- Due to the success of "Little Expressions", the Children's Secretariat of Prince Edward Island is supporting key aspects of the Project for rollout across the Island.
- Review of data indicate an emerging shift to a lower age of referral with no significant increase in referrals overall. Referrals under the age of three moved from 17% to 33% of total referrals in Southern Kings and 23% to 36% of total referrals in Eastern Kings. In the last six months of the Project, referrals under the age of three accounted for 41% of referrals in Eastern Kings.
- Early childhood educators have noted an increased confidence in speaking with parents about possible speech and language issues they see in their centers. This is key for bringing issues forward about children in early childhood centers.

- Community partners were open to examining additional methods to support speech and language development. This resulted in improved community awareness and networking among these partners. One example is an 18-month speech and language screen piloted by public health nurses. Both speech-language pathologists and public health nurses selected this screen.
- Additional sustainable community resources are now available across Kings County, such as an informational web site ([www.littleexpressions.com](http://www.littleexpressions.com)), a parent information packet which includes 12 handouts on speech and language issues, a speech and language development chart, videotaped speech and language workshops, an informational brochure, and two resource libraries (Souris and Montague).
- Speech-language pathologists have been provided with additional therapeutic resources to aid in service delivery.
- Parents provided positive feedback on resources provided by the Project, indicating they were informative and useful, easy to read and understand, and overall a great resource. They indicated that the Parent Information Packet was a “great resource to use when waiting for a speech-language pathologist”.

### **3.0 BACKGROUND**

Excessive demands on speech and language services in Kings County acted as a catalyst to explore other avenues of support for speech-language pathologists. It is well documented that promoting children's learning in all environments, including home, school, and community, is crucial for carryover of skills. By increasing community networking, awareness and resources through "Little Expressions", it was anticipated that children, with speech and language issues, would be identified earlier and speech and language issues could be addressed in all environments of a child's life. This was the primary focus of the "Little Expressions" project.

### **4.0 PROJECT DESCRIPTION**

To increase community capacity and earlier intervention in the area of speech and language, "Little Expressions" focused on the following goals:

- 1) establish a multi disciplinary steering committee to effectively manage the implementation of the Project
- 2) promote the awareness and education of speech and language development among early childhood educators, healthcare professionals, parents, and the community at large throughout Kings County
- 3) develop tools and processes to promote and foster early intervention initiatives for children aged 18 months to three years who demonstrate delays in the development of language comprehension and/or expressive skills
- 4) develop tools and processes to support further enhancement of speech-language development skills for children aged 4-6 years who are identified by a speech-language pathologist as having significant articulation/ phonological difficulties

**Goal 1: Establishment of a multi-disciplinary steering committee meeting to effectively manage the implementation of the Project**

To effectively determine the roles of community members in the Project, “Little Expressions” required input from various individuals. A multi-disciplinary steering committee was established to effectively manage and guide the implementation of the Project with representatives from literacy, early childhood centers, government, family resource centers, speech-language pathology, parents, public health nursing, and a physician. This input was integral in providing snapshots of what was currently available in communities, what might work, and how different facets of the community could form new partnerships or strengthen existing ones to support speech and language development of children.

**Goal 2: Promote awareness and education of speech and language development among early childhood educators, healthcare professionals, parents, and the community at large throughout Kings County**

The awareness and education of speech and language development among target groups noted above has been addressed by the following Project initiatives.

**Project Launch:** The official launch of the Project was held in April, 2001. Over 100 individuals from various parts of the community attended.

**Articles:** Newspaper and newsletter articles on the Project itself and speech and language issues were printed throughout Kings Region.

**Commercials:** Three radio commercials and one television commercial were produced and aired on local radio stations and CBC. The messages focused on parents trusting their instincts, earlier intervention, and the involvement of all individuals in a child’s life when addressing speech and language.

**Poster:** A poster was designed and distributed across Kings County. The primary message was for parents to trust their instincts, and that everyone can have a role in a child’s speech and language development. A tear-off pad with speech-language pathology contact numbers was attached.

**Presentations:** Numerous presentations by the Project Coordinator were given to area physicians and pediatricians, and provincial public health nurses. All showed support for the Project’s initiatives.

**Training:** An “Early Learning Canada” training workshop for early childhood educators was completed.

**Educational Workshops:** The Project Coordinator presented various topics at workshops for public health nurses, other health care professionals, early childhood educators, family resource centers and parents. Subjects included: fetal alcohol syndrome, speech and language development, enhancing development in everyday activities, ear infections, school readiness, and auditory processing.

**Information Booths:** Information booths, providing information on general speech and language development, were set up in communities of Kings County during the early months of the Project.

**Radio Talk Shows:** The Project Coordinator was invited to speak at numerous community functions and on CBC Radio talk shows such as “Island Morning” and “CBC Maritime Noon”.

**Project Networking:** The Project networked with existing initiatives such as “Understanding the Early Years”, The Children’s Secretariat, Laubach Literacy, and “The Preschool-Eight Children’s Resource Group” in Kings County to keep abreast of developments in the area of speech and language.

**Resource Libraries:** Originally only one resource library was to be created. However, due to concerns around accessibility to all areas of Kings County, two resource libraries were created, one in Montague and one in Souris. The libraries include a variety of speech and language resources for parents, educators, and other professionals involved with children. Both libraries are housed near the speech-language pathology offices.

**Web Site:** A speech and language informational web site was created to house the Parent Information Packet “Early Communication and Your Child”. The web site has evolved to include information on brain development, interactive speech and language checklists, speech and language games, speech-language pathology contact information, and links to other applicable sites such as the Health Information Resource Center (HIRC), local government sites, and specialty sites regarding speech and language issues.

**Goal 3: Develop tools and processes to promote and foster early intervention initiatives for children ages 18 months to 3 years who demonstrate delays in the development of language comprehension and/or expressive skills**

Several tools and resources were provided to early childhood educators, healthcare professionals, parents and the community at large. The following is a brief description of the initiatives.

**Brochure:** An informational brochure was created which includes information on speech and language guidelines, when and where to get help for your child, and suggestions for enhancing speech and language development in everyday situations. These were distributed throughout Kings County and to some applicable groups provincially. Contents of the brochure can be seen on the web site at [www.littleexpressions.com](http://www.littleexpressions.com) or is available in CD-ROM format at the ECDA Provincial Library. Contact 368-1866 for further information.

**Development Chart:** A speech and language development chart was purchased and distributed to all early childhood centers, physicians' offices, family resource centers, appropriate government offices and public health nursing offices in Kings County. All were encouraged to display the chart in a visible area, which was accessible to parents.

**Public Health Nursing Speech and Language Screen:** In an attempt to identify children at an earlier age, public health nursing and speech-language pathology collaborated to select an 18-month speech and language screening tool. This tool was adapted from "Ages and Stages Questionnaires" and piloted by public health nursing during the 18-month immunization visit.

**Parent Information Packet:** The Parent Information Packet, "Early Communication and Your Child" was created. The Packet consists of a series of handouts which include such topics as speech and language developmental guidelines, following directions, and how to help your child speak more clearly. Copies have been distributed throughout Kings County. It is also available on-line at [www.littleexpressions.com](http://www.littleexpressions.com). A CD-ROM copy is available as well from the library of the Early Childhood Development Association of P.E.I. Call 368-1866 for further information.

**Resource Libraries:** See description in Goal 2, Item 11.

**Speech-Language Pathology Resources:** Speech-language pathologists were supplied with numerous resources for providing therapy to their preschool clients. The resources included CDs, videos, resource books, activity books, and some augmentative communication aids. (see Final Report, Appendix C for a list of specialty resources)

**Web Site:** See description in Goal 2, Item 12.

**Speech and Language Workshops:** See description in Goal 2, Item 7.

**Goal 4: Develop tools and processes to support further enhancement of speech-language development skills for children aged 4 years up to 6 years who are identified by a speech-language pathologist as having significant articulation and phonological difficulties**

Many of the tools and processes used to address this goal are similar to those found in Goal 3. In addition, two other resources were used in Goal 4. They included:

**Computers:** Two desktop computers were purchased and equipped with the speech and language software entitled *Earobics* for the two pilot sites. *Earobics* is a speech and language program focusing on auditory discrimination and processing.

**Computer Software:** Earobics software was also purchased for the family resource centers and speech-language pathologists.

**Early Childhood Educator Speech and Language Screen:** A major concern of early childhood educators was providing data to parents to support their concerns around a child's speech and language development. To address this concern, a speech and language screen was selected by speech-language pathologists. Trained by the Project Coordinator, certified early childhood educators piloted the screen in the two pilot centers.

## **5.0 EXPECTED OUTCOMES**

The Project intended to develop and pilot solutions to the rural health issues related to excessive demands on access to speech-language services. A key outcome of the Project was to develop an integrated community network to support and guide the development of community capacity and early intervention around speech and language, with a focus on children aged 18 months to 6 years. It was expected that there would be raised awareness and education of the target population regarding speech and language. Target populations included any individuals who interacted or worked with children on a daily basis such as parents or other family members, early childhood educators, employees of family resource centers, and health care professionals such as public health nursing and parent support workers. It was expected that additional resources would aid both speech-language pathologists and community partners in supporting strong speech and language development in children's various environments.

## **6.0 RESULTS**

### **Goal 1: Establishment of a steering committee**

The Steering Committee was comprised of numerous individuals from the community (see Section 3.2, Goal 1 for a list of Committee members). Steering Committee meetings were held every 2 months to review progress to date, allow input of community partners, and to determine future initiatives. The Committee provided invaluable input on available community resources and possible directions for the Project. New partnerships were formed and existing ones were strengthened. Within Committee meetings, additional methods to address speech and language development were discussed and supported by community partners. The Committee reflected a true sense of community capacity building.

### **Goal 2: Promote awareness and education of speech and language development**

The following lists Project initiatives, which were undertaken to achieve Goal 2. The data collection instruments consisted of self-completion rating sheets and telephone interviews.

### **Workshops/Information Nights**

A total of 27 workshops/ information nights were presented in relation to promoting awareness and education of speech and language development. The Project Coordinator presented the majority of the workshops. Project participants, either by means of a telephone interview and/or a self-completion rating sheet, evaluated a representative sample of workshops. The majority of participants felt that the duration of the workshops was suitable, although a few who attended the three-day workshop felt it was too long. Both the presentation and the material were rated high in terms of “easy to understand”. The overall comfort level in helping a child with speech and language issues was reported to have increased. When asked about their comfort level in discussing speech and language issues with parents after the workshop, most participants rated an increase in confidence. Public health nurses reported in their focus group that they enjoyed the workshops they attended. They indicated that they were very informative, in particular, the Fetal Alcohol Syndrome workshop.

### **Project Presentations to Physicians and Other Healthcare Professionals**

Discussions with the physicians and other health care professionals, to whom presentations were made, indicated that these groups supported the numerous initiatives proposed by the Project, such as earlier intervention, community involvement and networking.

### **Community Presentations/Booths**

Community interest/ support for speech-language development was illustrated through the invitations extended to the Project coordinator to participate in and speak at different functions in the community.

## **Goal 3: Develop tools and processes to promote and foster early intervention initiatives for children ages 18 months to three years who demonstrate delays in the development of language comprehension and/or expressive skills**

### **Public Health Nursing 18-Month Screening Tool**

During a focus group, public health nurses were asked for feedback regarding the screening tool. They responded that the screening tool was “easy to administer” and “quick to use”. In speaking with the Coordinator, nurses in both regions indicated they liked the tool and appreciated having a

standardized result (this screening tool provided a score with a corresponding scale to determine whether further evaluation by a speech-language pathologist was warranted). Public health nursing was very interested in determining whether referrals to speech-language pathology, based on this screens, were appropriate. Speech-language pathologists confirmed that evaluations completed, based on these referrals from the screening tool, were appropriate. Presently this screening tool is part of a complete review of tools being used across the Island in public health nursing. It is being considered for rollout across the Island. A final decision has not been made as of publication of this document.

#### Referrals - Southern Kings Health Region

The average age of referral prior to the Project was 4.13 years while it was 3.58 years post Project. This indicates a movement to a younger age of referral with a total percentage of referrals less than 3 years of age increasing from 17% (pre) to 33% (post). Public health nurses remained the major referral base with increases in parent and physician referrals. Referrals to the Pre-School Assessment Team under the age of 3 increased from 33% (pre) to 43% (post). No significant increase in overall referrals was noted.

#### Referrals - Eastern Kings Health Region

The average age of referral, one year prior to the Project was 3.9 years and 18 months following the Project launch was 3.7 years. The total percentage of referrals under 3 years increased from 23% to 36%. In the last 6 months, 41% of all referrals were under the age of 3 years. Public health nurses and parents were the major referral source with the same number of referrals from physicians pre/post Project. Referrals from early childhood educators increased significantly from 6% to 21%. It appears that even though more children were being identified at an earlier age, many children are still being identified at the kindergarten ages as well. This would account for the significant increase in referrals from early childhood educators and children less than 3 years of age, while still maintaining a fairly steady average age of referral.

## **Print/ Informational Material**

### Parent Information Packet

Thirteen (13) parents were interviewed by telephone regarding the Parent Information Packet “Early Communication and Your Child”. When asked of their overall impression of the Packet, all responded that it was very useful, well laid out, easy to understand, and an overall great resource. When asked how the parents felt the Packet helped in supporting their child, they replied that it made them aware of mispronunciations, gave good tips and reinforced their perceptions of their child’s development. The majority of these parents felt that the guidelines section was the most useful because it gave a benchmark to compare their child’s development, which was easy to use. Copies of the Packet have been distributed to all early childhood centers and family resource centers in Kings County, public health nursing offices, speech-language pathology offices and provincial libraries province-wide, applicable government offices in Kings County, Best Start, and the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA). It is also available on CD and on the web site at [www.littleexpressions.com](http://www.littleexpressions.com).

### Brochure

Early childhood educators participating in the evaluation focus group indicated that they like the layout of the brochure. They felt it was colorful, easy to understand, and compact. Public health nurses provided similar feedback on the brochure’s compact size and information. One public health nurse suggested putting a publication date on the brochure. A parent support worker interviewed by telephone felt it was a useful resource and very “user friendly”. Brochures have been distributed across Kings County to applicable sites including early childhood centers, community access centers, physician and public health nursing offices, pharmacies, and libraries. Provincially they have been distributed to speech-language pathologists and pediatricians. The brochure is also available on the web site and on CD-ROM. (see Section 5- Sustainability of Resources).

### Development Chart

In regards to the development chart, public health nurses were concerned with the size of print on the chart, noting the print was quite small. Some public health nurses felt the chart would be best used as a future reference for staff. Some early childhood educators used their chart for report writing and parent meetings, while others posted the chart in the center’s entranceway for parent

viewing. Early childhood educators liked the easy layout of the ages and stages of the chart and commented that parents did as well. They suggested the chart would be great as a handout. The speech-language pathologist felt the chart was clear and easy to follow and has it posted in her office. She refers to it regularly. The chart was distributed in Kings County to all early childhood centers, family resource centers, public health nurses' and physicians' offices and appropriate government agencies.

### Speech-Language Pathology Resources

The speech-language pathologist reported new resources purchased by the Project for her practice were very useful. She responded that parent resources and items providing ready-made therapy activities were very valuable.

### **Resource Library**

Ten (10) parents were interviewed by telephone regarding the resource library. The amount the library was utilized varied among parents. Some used it frequently, while others had used it once or twice to date. The majority of the parents interviewed felt that there were sufficient supplies in the library and that it was user friendly. They enjoyed all aspects of the library. It was noted the library was a wonderful resource that made learning fun. Public health nurses seldom used the library in their own practice but saw it as a useful resource for parents. Some early childhood centers utilized the library often, while others made limited use of its resources. The speech-language pathologist was very happy to have this additional resource nearby and utilized it regularly.

### **Web Site**

During the evaluation focus groups with public health nurses and early childhood educators and telephone interviews with early childhood educators, most reported that they knew the web site existed, but had accessed it minimally or not yet to date. The main barriers to use were lack of time available throughout the day, no Internet accessibility at individual centers and/or needing to tie up single phone lines in order to access the site.

The site was launched late in the life of the Project, November 2002, in Charlottetown at the Healthy Child Development Strategy Think Tank. The Project Coordinator reported that approximately 900 people have visited the web site to date. Feedback on the site was very positive at the Launch. The Kings Region is supporting the sustainability of this site. It is recommended that further promotion and evaluation be completed.

**Goal 4: Develop tools and processes to support further enhancement of speech-language development skills for children aged 4 to 6 years who are identified by a speech-language pathologist as having significant articulation/phonological difficulties**

The following information addresses the initiatives undertaken to achieve this goal. The data collection instruments regarding this goal consisted of self-completion rating sheets and telephone interviews.

**Computers and the *Earobics* software program**

The computers are located in three different location types;

- a. two family resource centers
  - b. two pilot sites
  - c. two regional speech-language pathology offices
- a. Family Resource Centers (FRC)  
The family resource centers reported that because the program initially required an adult to introduce the program, it could not be used to its full potential due to time and staff constraints.
  - b. Pilot Sites  
The early childhood educators did not perceive any indirect or direct benefits of this software program in their daily work. Children's interest with *Earobics* waned over time and educators felt there were no real benefits of *Earobics* compared to other computer programs available at their sites. Comments reflected that *Earobics* was too difficult for children and was not as interactive and fun as other computer programs. It did, however, provide additional opportunities for children to have exposure to computers.
  - c. Speech-Language Pathology Offices  
During an interview with the Speech-Language Pathologist, it was reported that although the *Earobics* computer program was useful and helpful, time was an issue. It could take up to essentially 40 minutes for a demonstration. There was also no substantial time for the speech-language pathologist to acquaint herself with the program. After compiling all results on *Earobics*, it was decided that the best use for this software would be to offer it in the resource library as a home demo for those parents interested in purchasing the item.

### **Early Childhood Educators' Screening Tool**

A screening tool provided to the early childhood educators at the two pilot sites (the Montessori Children's Center and the Souris Kindergarten) was designed to help identify children between the ages of four to six who may benefit from further assessment from a speech-language pathologist. An articulation screen was also provided for children aged two to seven years. The early childhood educators logged their screening sessions. Souris Kindergarten reported that in the first year, all of the children were screened (66 in total). Fifteen (15) of the 66 children were referred to the Speech Language Pathologist. During the following year, twelve children were tested and six of the twelve were referred to the Speech-Language Pathologist. All children were five years old. The Montessori Children's Center reported that eight children were screened over the duration of the Project. Three of these were referred to the Speech-Language Pathologist. The children ranged from two to five years of age with children referred ranging from three to four years of age.

### **Web Site**

Please see results to date in Goal 3, Item 4. Further promotion and evaluation of this web site is required.

### **Educating our Future Early Childhood Educators**

As part of the effort to educate community partners in the importance of early childhood development, the Coordinator agreed to supervise an Early Childhood Education Student from Holland College. The student was exposed to many different environments including observation of direct speech and language therapy, program planning with family resource centers, and community capacity building in our rural communities of Kings County. After completing a six-week placement, the student was asked to write a summary paper. The focus of this paper was how she, as an early childhood educator, could use information acquired from other community partners in her classroom, and how she could be a pro active community team member in addressing speech and language issues. Some of the student's reflections were as follows:

*“The Project has taught me as a future ECCE what an important role I play in the area of speech and language of our young children. We, as ECCEs, spend the majority of these children’s waking hours with them and see speech and language difficulties, delays, and red flags first hand...I realize how simple it should be to aid and increase speech and language in children and it can, and needs to be, happening everyday during daily routines. The statement, “It takes a whole community to raise a child” (has) new meaning to me after my placement. As a community we need to all work together, by looking at new and innovative ways to aid the children of our future.”*

## **7.0 SUSTAINABILITY OF RESOURCES**

The Project endeavored to address the sustainability of its efforts by providing more information to the community. Additional support is being given to the members of the community who interact with children 18 months to six years of age. Examples of these sustainable materials include:

- Rollout of key aspects of “Little Expressions” across Prince Edward Island
- Web site (including Packet, brochure, television and radio commercials, etc.);
- Videos of workshops;
- CD (including Packet, brochure, & poster);
- Resource libraries;
- Public health nursing speech-language screening tool at 18 months
- Poster

### **1. Rollout of “Little Expressions” across Prince Edward Island**

Due to the success of “Little Expressions Mean a Lot”, the Children’s Secretariat of Prince Edward Island has agreed to support key aspects of “Little Expressions” for rollout across the Island. This will commence immediately.

### **2. Web Site**

The Kings Health Region, following the completion of the Project on December 6, 2002, will support the sustainability of the web site.

### **3. Workshops**

Videos of four (4) workshops have been prepared and will be available in the Kings County Family Resource Centers, the provincial ECDA Library, the regional ECDA offices, the Project Resource Libraries, and speech-language pathologists’ offices in each county.

The set includes:

- Articulation Workshop
- Ear Infections Workshop
- Speech-Language Workshop
- Fetal Alcohol Syndrome

#### **4. CD-ROM**

CDs have been prepared to include the Packet, brochure, and poster. They will be available at the provincial ECDA Library free of charge. They also have been distributed to speech-language pathologist's offices, family resource centers, ECDA and public health nursing offices.

#### **5. Resource Libraries**

The "Little Expressions" Resource Libraries will remain in the two regions. New items have recently been purchased. An early childhood educator student volunteered to upkeep of the Montague Library until June, 2003. Efforts continue to locate volunteers for the Souris Resource Library.

#### **6. Public Health Nurses' 18-Month Screening Tool**

Public health nurses in Kings County are reviewing the 18-month screening tool as part of a total review of all PHN tools used at the provincial level. Public health nurses in Kings County are continuing to use the screen and it is being considered for rollout across the Island as part of a province-wide review of tools currently in use.

#### **7. Posters**

In addition to distribution across Kings County, speech-language pathologists in Queens and Prince Counties have been provided with copies of the poster to utilize as they wish.

It is anticipated that these materials will out-live the life of the Project and will act as a catalyst for ongoing community awareness and education regarding the importance of speech development and where help is available, both at clinics and in the community. It is the Project's expectation that its initiatives will continue to sustain a proactive approach in addressing speech and language issues in conjunction with the improved networking among professionals and community members to support children and their families.

## **8.0 LESSONS LEARNED**

### **8.1 Project Challenges**

The challenges experienced with the implementation of the “Little Expressions” Project have been minimal and are briefly described below.

- Acquiring a screening tool that was suitable to both the public health nurses and the speech-language pathologists was a challenge. Satisfying the parameters of the public health nurses’ time constraints and the speech-language pathologists’ concern for a comprehensive screen needed consideration.
- Providing the early childhood educators with a speech and language screening tool opened a discussion on the definition of roles among professionals. While initially it was a challenge to reach a compromise, both groups felt comfortable with the outcome and ultimately, children are benefiting from this additional resource.
- At the height of the public awareness and education campaign, two speech-language pathology vacancies occurred. While active recruitment continued to take place in the regions, the Project continued to support public awareness and activities that encourage involvement of home and community in speech and language development.
- The Project determined that the Earobics software program required a more structured one-on-one learning environment. The program will be available only to demonstrate to parents who may be considering purchasing the program for home use.

### **8.2 Positive Experiences**

As the Project progressed, it became apparent that professionals were willing and able to collaborate with each other given the opportunity and the necessary information. This team approach to delivering health services is recognized as an advantage to both the client and the professional.

- Key aspects of the Project are being rolled out across the Island.
- Feedback from the community with respect to the Project’s initiatives indicated a positive reaction.

- Team building and collaboration among target professional groups has been evidenced by more interactions between them.
- Additional resources for speech-language pathologists have helped with providing service delivery in rural areas.
- Early childhood educators have reported an increase in confidence regarding speech and language issues.
- Community partners are open to new and additional ways to address speech and language issues in rural Kings County.
- Sustainable resources are now available in the community such as the web site, Packet, brochure, and resource library.
- The Project has received positive feedback from parents regarding support in their child's speech and language development.

## **9.0 RECOMMENDATIONS**

1. **Public Health Nursing 18-Month Screening Tool**  
Public health nurses continue to use this screen in Kings County. Based on positive results of this screen, it is being considered for rollout across the Island. A decision has not been made to date on this issue. The Project recommends that speech and language screening at 18 months be adopted across the Island to encourage earlier identification of speech and language issues.
2. **Early Childhood Educators' Screening Tool**  
Feedback from the two pilot sites has been positive. They see the tool as an avenue to initiate discussion with parents regarding a possible speech and language issue. At this time, the two pilot sites intend to continue to use the screen. The Project recommends further rollout across the Island. However, cost and training requirements will need to be addressed.
3. It is recommended that the resources developed through "Little Expressions" (Packet, brochures, posters, workshops) be further distributed throughout the province.
4. It is recommended that due to the late date of the web site's launch, further promotion and evaluation is warranted.
5. It is recommended that the Province continue to promote the concepts of early intervention and community involvement around speech and language issues.
6. It is recommended that further strategies to address speech and language development in children promote an integrated approach to speech and language development, which includes family, community and health professionals working together in their day-to-day environments.