Evaluation of tykeTALK: Phase 1

View From the Front Line:

Perceptions of Speech and Language Pathologists and Communication Assistants On Extent to Which System is Reaching Certain Intended Outcomes

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Executive Summary

This is the report of findings from a series of five focus groups and three individual interviews conducted with Speech and Language Pathologists (SLPs) and Communication Assistants (CAs) serving as front-line service providers in the tykeTALK system. The findings reported here are part of a more comprehensive evaluation plan. The purpose of this phase of the evaluation was to assess the extent to which the tykeTALK program is achieving certain intended outcomes.

The outcomes being evaluated may be expressed in terms of the following evaluation questions:

1. To what extent do SLPs feel supported by tykeTALK system?

2. To what extent do SLPs feel kept up-to-date on program performance?

3. To what extent do SLPs believe in tykeTALK vision, belief statement, planning principles and goals and objectives?

4. To what extent do SLPs feel satisfied with the operationalization of the system?

Findings are presented in terms of the preceding questions, and a number of key themes that emerged in the course of the focus groups and interviews.

Perceptions about the Relationship between tykeTALK and Host Agency

A number of preliminary questions were asked to determine how service providers view the tykeTALK system, and the nature of the relationship between their employer or host agency and the tykeTALK system. We found that most agency staff had a generally accurate and consistent understanding of the nature of the tykeTALK system. Some participants expressed frustration about experiencing competing demands or conflict between their tykeTALK responsibilities and other demands placed on them by their host agency. These demands, in combination with generally high standards to which most SLPs seem to hold themselves, added significant stress and time pressure.

In a few focus groups, participants expressed some degree of confusion or uncertainty when asked to describe the nature of the relationship between tykeTALK and their employer. This was due to uncertainty about the ongoing status of the tykeTALK program within the host agency, or change in the administration of the host agency. In a few cases,

participants working in agencies located outside of London expressed a sense of remoteness from the tykeTALK system. Participants from one agency stood out as having virtually no ambiguity or uncertainty in their relationship with tykeTALK. We speculated that the relative smoothness of the relationship may have to do with the size of the host agency or unit, as well as the degree of congruence between the host agency's primary mandate and tykeTALK's mission. Many of the concerns expressed throughout the interviews seemed to stem from the nature of the tykeTALK system as being a service delivery network or "virtual organization" composed of pre-existing agencies that were established for purposes other than the provision of publicly funded preschool speech and language services.

Do Service Providers Feel Supported by tykeTALK?

In terms of general support, participants consistently identified the system days, professional development opportunities, and financial support to purchase materials for therapy as areas where tykeTALK supported their work. Generally, participants felt supported in providing the full range of interventions. Group therapy and parent training were two areas of new training commonly mentioned by participants. Though tykeTALK provided workshops and training opportunities for group therapy and parent training, some service providers felt unable or reluctant to implement these interventions, due to time constraints or lack of physical space. In one instance, there was a strong reluctance expressed to incorporate more group therapy and parent training. Another service provider agency stood out from the other groups as a clear exception in its enthusiastic embracing of implementing group therapy approach.

A number of participants identified areas where they would like to see additional support, including: autism, augmentative communication, feeding and swallowing, pervasive developmental disorder, mediator therapy, and how to deal with emotional, behavioural and social problems. Also suggested was a directory of resource materials available across the tykeTALK system and a list of developmental pediatricians who would support a referral directly from tykeTALK service providers. Suggestions were also made to help compensate for the perceived loss of access to specialized services that accompanied the shift to a more generalist model, such as developing in-house specialists to handle some disorders, and easier access to outside specialists.

Do Service Providers Feel Kept Up-to-Date about tykeTALK System Performance?

In almost every instance, participants expressed a sense of being generally well kept-up-to date about system performance. System days were favourably mentioned as the primary mechanism for being kept informed. It was found that the Services and Liaison Committee did not always function as well as intended, in terms of facilitating communication between front-line staff and the tykeTALK system. Some participants expressed a desire for more information related to system-wide strategic issues. One group expressed a desire to break down walls between agencies to promote more collaboration and sharing of successful innovations to promote peer-to-peer learning between agencies.

Do Service Providers Believe in tykeTALK Vision, Belief Statement, Planning Principles, and Goals and Objectives?

Without exception, participants endorsed or strongly endorsed the tykeTALK *vision statement*. A few slight modifications were suggested to make the vision statement more accurately reflect actual practice. Of particular note, a number of participants suggested that while the assessment and intervention aspects of the system were being well implemented, they did not know much about or felt more should be done with respect to prevention and health promotion.

The *belief statement* was endorsed by all participants, in some cases quite enthusiastically. It was observed that there are some challenges in implementing the belief statement. A number of specific concerns were raised, notably around the concepts of *seamless access* to service, *equitableness* of service, as well as the extent to which service is *child-centred and individualized*, given the perceived pressure to reduce waiting lists by increasing use of group therapy.

Although in most instances participants generally endorsed the *planning principles*, in two cases participants expressed a more or less generalized sense of reservation about them; as being ambiguous, hard to read, and too philosophical, or "a little more fuzzy" compared with to the other guiding statements. Very positive comments were made with respect to how well the principle *responsiveness to the unique characteristics of the natural communities* is being implemented. Concerns were raised with respect to the how well the principle of *optimal quality* is being implemented, due to pressure to produce. Concerns were also raised with respect to principles # 5 (*integrated service system*) and #6 (*full continuum of service with easy transition across stages*), based on experiences with difficulty in some instances in making

referrals and linking with other service providers outside the tykeTALK system. Finally, questions were raised about the extent to which the principles *of evidence based* practice (#3), and practice *built on demonstrated successes* (#4) were being realized, particularly given the lack of quality indicators and/or performance indicators that enable comparisons between agencies.

As with the vision, belief statement and planning principles, there was a general tendency to endorse the overall thrust of the *goals and objectives* statement, while challenging or qualifying the endorsement for, or progress in implementation of certain specific goals or objectives. Very positive comments were expressed about progress toward goal #1, *develop and maintain an integrated system of preschool speech and language services* and goal #2, *improving access to service.* Among the most energetic discussions heard in most of the focus groups pertained to discussions around the objective #3, *to eliminate waiting lists.* This point among others generated the most prevalent theme observed across focus groups, having to do with concerns around the p*ressure to produce.* This is discussed further under a separate heading below. Another objective which generated some challenge was *provide specific speech and language assessment protocols.* It was thought that that this objective restricted to some degree professional prerogative and/or autonomy.

Are Service Providers Satisfied with the tykeTALK System?

Without exception, participants expressed on balance, overall satisfaction with the tykeTALK system. In most instances, the expressed level of satisfaction was quite high. Participants described a definite improvement in the level of collaboration in the tykeTALK system over the past few years, especially in comparison to the fragmented system that was in place prior to tykeTALK. In some cases, participants cited specific concerns or issues that tended to moderate their level of satisfaction; concerns largely tied to the pressure to produce, competing demands, and perceived need for more resources. Those who raised concerns tended to balance any criticism with expressions of overall satisfaction with the system. Though most thought the system was generally working well, some thought that certain key principles as discussed above could not be adhered to given the current level of resources.

The question of whether service providers *feel listened to* by the tykeTALK system produced a fair degree of variation. Feeling listened to, or connected to tykeTALK appeared to vary more from person to person within agencies, than between service provider agencies. Generally, those individuals who participated on the Services and Liaison Committee most often reported an

open, two-way flow of communication between themselves and tykeTALK. Another factor seemed to be length of involvement in the system. Newcomers and part-timers tended to report feeling less connected. A more limited sense of connection seemed to be the more common experience among participants in two of the three groups operating outside of London. In a few cases, participants expressed uncertainty about how to initiate feedback to the system. A suggestion came forward from one group for the System Facilitator to meet periodically with teams from each service provider agency as a means to create opportunities for feedback and increase employees' sense of connection and to the tykeTALK system. In a couple of instances, concerns were raised about the ability of service providers and constituent agencies to influence the tykeTALK system at a more strategic or policy-making level. Similarly, questions were also raised as to appropriate role and influence of the Services and Liaison Committee versus the Alliance Steering Committee.

Pressure to Produce

We have attached the label *Pressure to Produce* to the single most prevalent theme to come out of the focus groups. As alluded to above, this refers to a consistent sense of pressure experienced by front line staff to process a large volume of clients. In three of the five focus groups a concern was expressed that the "focus on the numbers" affects the ability to deliver quality service. Likewise, in three of the groups concern was expressed that the pressure to produce makes it very difficult to find time to complete other essential tasks related to report writing and planning. Some participants expressed concern that constant pressure to produce could lead to employee burnout.

As previously mentioned one group of service providers was a clear exception in its response to the system-wide pressure to produce. Group members described embracing the suggestion offered by the tykeTALK system to place more kids in group therapy, and restrict individual treatment to once per week for 30 minutes. As a result, they have reduced their waiting lists significantly. However, they perceived a problem or a downside to their success. As a result of their success, they feel they have been asked to take on more work to compensate for other agencies that are not as successful at eliminating waiting lists. This group expressed a desire to motivate change on the system level. One suggestion to help motivate such change was to implement consistent productivity or performance measures by which all agencies in the system would be evaluated.

There were differences between groups, as to the potential value of having system-wide performance indicators or targets. Some felt it might relieve the pressure to produce by making explicit a reasonable standard. Others felt that such a standard would only exacerbate the pressure to produce by unduly focusing on numbers versus quality of care.

This focus on "the numbers" and the "pressure to produce" led some participants to request more resources. One focus group felt the principles of tykeTALK were excellent, but they were not deliverable at the current level of resources.

Introduction

This is the report of findings from a series of five focus groups and three individual interviews conducted with Speech and Language Pathologists (SLPs) and Communication Assistants (CAs)[1]. The purpose of these focus groups and interviews was to capture front-line service providers' perceptions and experiences of key aspects of the tykeTALK system.

The intended audiences of this report include various participants in the tykeTALK system, including tykeTALK service providers, tykeTALK administration, and the Middlesex-London Board of Health. It is assumed that readers will have a basic familiarity with the organization, governance and funding structure of the tykeTALK system.

Evaluation Plan

The findings reported here represent one of several elements of a comprehensive evaluation plan. The first step in the process was a review and revision of tykeTALK's program logic model. The process was undertaken collaboratively by two program evaluators from MLHU Research, Evaluation, Education and Development (REED) Services and the tykeTALK System Facilitator. The revised logic model was vetted to an evaluation steering committee with representation from service providers. REED Services program evaluators facilitated a process of developing an evaluation plan based on the revised logic model. A brief version of the logic model is included as Appendix A to this report.

Based on the logic model, the evaluation steering committee identified a number of intended program outcomes for possible evaluation. Program evaluators facilitated a process of prioritizing evaluation objectives given available resources with evaluation steering committee members. Program evaluators recommended the two elements described in the following table be implemented as part of the initial evaluation plan.

This report presents the findings from Phase 1. As this report is being written, data is being collected for Phase 2, the findings from which will be reported in a separate final report. That report will include recommendations for future evaluation projects.

Evaluation Questions

A series of specific questions were developed for the focus groups/interviews in order to assess the extent to which the tykeTALK program is achieving the intended outcomes specified in the following table. The interview guide for the focus groups and interviews is presented

Table 1: Evaluation Plan

	Phase 1: SLP/CA Focus Groups and Interviews	Phase 2: Family Satisfaction Survey
Target Group	Speech and Language Pathologists and Communications Assistants providing service through 5 tykeTALK affiliated community agencies	Parents or guardians of children who have receive tykeTALK service within the year prior to the survey
Outcomes to Be Evaluated	• SLPs/CAs feel competent & supported in providing all interventions • Partners & service providers kept up-to-date on program performance • Belief in tykeTALK vision, planning principles and objectives • Staff satisfaction with system (operationalization of mission and objectives)	• Services available at convenient locations and times • High family satisfaction with intake process • Increase parent/caregiver involvement in interventions • High family satisfaction with assessment process • High family satisfaction with interventions
Method	Qualitative study to elicit in-depth perceptions and experiences of front line staff around key aspects of tykeTALK	Quantitative study of a representative sample of tykeTALK families, the findings from which will be generalizable to the population of tykeTALK families.

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[1] Also referred to as Communication Disorder Assistants (CDAs) and Therapy Assistants (TAs).

in Appendix B. The outcomes being evaluated can be framed in terms of the following questions:

1. To what extent do SLPs feel supported by tykeTALK system?

2. To what extent do SLPs feel kept up-to-date on program performance?

3. To what extent do SLPs believe in tykeTALK vision, belief statement, planning principles and goals and objectives?

4. To what extent do SLPs feel satisfied with the operationalization of the system?

Method

All SLPs and CAs from each of the five participating agencies were invited to participate in focus groups. Two front-line SLPs who also serve in management roles in their host agencies were interviewed individually. It was felt that this arrangement would encourage SLPs and CAs to be more candid in their discussions. The French language SLP was also interviewed individually.

Focus groups and interviews were conducted in late May through June of 2003. With one exception, the sessions were conducted at the host agencies. The two REED Services program evaluators co-moderated the sessions.

Program evaluators used "an analysis strategy based on post-session debriefings" as recommended by David Morgan in *The Focus Group Kit* (Volume 6, Chapter 8, Sage Publications, 1998). A note-taking template based on the interview guide was prepared in advance. The sessions were tape-recorded. The lead moderator posed questions and moderated the discussion. The co-moderator took detailed notes as the sessions transpired, making special note of topics where there was clear agreement, disagreement, or where discussion was particularly energetic. The co-moderator also noted, using the tape-recorder's counter, where on the tape particularly illustrative quotations were located for transcription purposes. Immediately after the sessions, the co-moderators held a debriefing session. The process involved reviewing and analyzing the focus group discussion of each topic in turn, discerning key points, and drafting on the spot a descriptive and analytic summary statement for each topic. Each summary statement was dictated in turn into the tape-recorder. An outside professional transcriber transcribed the tapes of each debriefing session.

At the next stage of analysis, both program evaluators read the transcripts of the debriefing sessions, and

manually coded each one based on the pre-defined evaluation questions as well as looking for emergent themes. The program evaluators then met to compare and discuss the coding categories they had developed. One of the evaluators then developed a set of spreadsheets using Microsoft Excel, in which to enter summarized segments of the transcripts based the coding categories, to facilitate comparing and contrasting accounts expressed in each of the focus groups and interviews. The evaluator then drafted a preliminary report of findings. The second evaluator developed the final report building on the analytic work of the previous stages.

In writing the report, an effort was made to indicate the degree of commonality/ uniqueness, or agreement/disagreement with respect to a given idea, opinion or theme. An effort was made to contextualize comments where possible, by providing limited non-identifying information in some instances. However, because focus group participants and interviewees were assured of anonymity with respect to comments they made, in many cases little or no contextualizing information could be provided in connection with a given comment.

Profile of Participants

Agency Representation

The number of front-line service providers that participated from each agency is presented in the following table.

Table 2: Agency Representation in Focus Groups and Interviews

Agency	Number of Participants
St. Thomas-Elgin	4
Strathroy Middlesex General Hospital	4
Thames Valley Children's Centre	12
University of Western Ontario	4
Woodstock General Hospital	5
French Language SLP	1
Total	30

Profile of Participants in Terms of Role

In terms role, 22 of the participants were SLPs, five were CAs, two were SLP/Managers, and one was the French Language SLP.

Profile of Participants in Terms of Length of Service[2]

Length of service of participants in the tykeTALK system ranged from three months to five years. Five years was the length of time tykeTALK had been operating up to the time of the interviews. A number of participants had been working in the system that preceded tykeTALK. The average length of service with tykeTALK was three years.

The following table presents participants' total length of service in the speech and language field. The average length of service in the speech and language field was about 8 ½ years.

Table 3: Length of Service as Speech and Language Professional

	Number of Participants
Less than 3 years	7
3 to 6 years	7
7 to 12 years	6
13 to 28 years	6
Unknown	4
Total	30

Overview of Report

The remainder of this report is organized as follows. The first section covers service providers' general perceptions of the tykeTALK system, including their perception of the nature of the relationship between their employer or host agency and tykeTALK. This is followed by a series of sections that correspond to the evaluation questions listed above. After addressing the four evaluation questions, considerable attention is devoted to a discussion of the key emergent theme encountered across focus groups, the pressure to produce. This refers to experience and consequences service providers reported feeling to process a high volume of clients, largely in order to keep waiting lists to a minimum. Finally, a brief set of remarks reviewing and highlighting key findings is presented in a conclusion.

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[2] We did not collect data on length of service in one of the focus groups. Reported ranges and averages are based on data collected from 28 participants.

Perceptions about the Relationship between tykeTALK and Host Agency

What is tykeTALK?   What is the nature of the relationship between tykeTALK and your employer? What is the nature of the relationship between you as a front line service provider and tykeTALK?

This preliminary set of questions was posed to all focus group participants with the primary intention of making certain there was a clear distinction in their minds between the tykeTALK system and their actual employer or host agency. This was important because the intention of the evaluation was to elicit feedback from staff that is "actionable", that is to say, within the sphere of influence of the tykeTALK system. In other words, we did not want to spend undue time engaging participants in discussing matters that were essentially internal to the host agency, and thus not amenable to influence. Although this line of inquiry was not intended specifically to generate answers to pre-determined evaluation questions, it did generate information may be useful to decision-makers.

Although a variety of different terms were used to describe the system, most agency staff seemed to have a generally accurate and consistent understanding of the nature of the tykeTALK system.   The characteristics mentioned included the public funding, the principle of easy and equitable access across communities, the provision of a full range of service through community-based agencies, the prevention and early intervention focus, and the provision of support to front line staff.

A number of significant themes emerged when the discussion moved to the nature of the relationship between tykeTALK and their employer (or host agency).

Competing Demands

In two focus groups, participants expressed frustration about experiencing competing demands or conflict between their tykeTALK responsibilities, and other demands placed on them by their host agency. In one case, the challenge or frustration of satisfying competing demands was one of the dominant themes expressed in the focus group. The source of this conflict has to do with the nature of the tykeTALK system as being composed of pre-existing community agencies, which agree to provide resources such as office space and administrative services in exchange for tykeTALK funded staff providing speech and language-related services to the host agency's non-tykeTALK clients. The following passage illustrates this theme.

Participant 1: My main concern with tykeTALK as a system is that they rely on these agencies ...to house us, at no charge.   I guess I do have a problem with tykeTALK expecting other agencies to house us because there are conflicts there...Wherever tykeTALK is housed you have to take on that agency's policies and procedures.   (The System Facilitator) is trying for the system to act as a whole but then you can't because we're all working in different places with different expectations. So my job is not going to be the same as someone who works through... (mentions a specific agency). There are two different expectations on what a speech pathologist does.

Participant 2: We are now expected to provide (describes additional required service)...which requires quite a bit of...direct work, as well as carry our case loads.   tykeTALK expects that we do not take away from our caseload, and (the host agency) is saying 'well if you're going to stay here you are going to be...(providing additional service).'

In both of the focus groups in which this issue was raised, agency staff reported that additional host agency demands add significantly more stress and time pressure.   In one group, staff acknowledged that in addition to competing demands, a significant amount of the stress they feel probably has to do with the high standards to which the hold themselves. They wanted to do the best possible job for both of their client groups, but found it difficult to do so given limitations of time and resources. This stress prompted participants in several instances to suggest that there is a significant need for additional resources in order to meet demand. (See page 26 for further discussion.)

Confusing or Uncertain Relationship between Host Agency and tykeTALK

In one of the two focus groups mentioned immediately above, as well as in two others, agency staff expressed a sense of confusion or uncertainty when asked to describe the nature of the relationship between tykeTALK and their employer.   In two of these cases, the ongoing status of the tykeTALK program within the host agency was uncertain.   In one case, staff had been told that they would be moving to a new location, but they did not know where or when. In a second case, the tykeTALK program was in the process of being transferred from one host agency to another, and had not yet fully settled into the relationship with their new employer. In this case, one of the participants described a sense of a shifting away from primary identification with the parent agency and a growing

identification with tykeTALK. In a third case staff expressed a sense of confusion about the relationship between tykeTALK and their employer. This group mentioned not knowing for example, who was paid by tykeTALK and who was paid by the hospital. Three of four participants in this group expressed a sense of remoteness from tykeTALK. All three groups discussed in this paragraph were affiliated with host agencies located outside of London.

One participant characterized the relationship between their employer and tykeTALK as an evolving relationship. The participant described challenges due to changes in the administration of the host agency that resulted in questioning the terms of the existing agreement. This respondent said, "It's not an easy relationship to describe. Sometimes if feels a bit schizophrenic." She was clear however, that her first responsibility was to the host agency.

Complaints about Inconsistencies in Remuneration between Agencies

In two cases, questions or complaints were raised about differences in rate of pay and compensation for mileage between staff in different agencies in context of discussing the relationship between their employer and the tykeTALK system.

One Agency with Unambiguous Relationship to tykeTALK

In one of the five focus groups, the relationship between tykeTALK and the parent agency was characterized as having virtually no tension or ambiguity. Participants were able to clearly articulate the differences between the two organizations; the host agency looked after the day-to-day administrative issues, whereas the tykeTALK system was their link to the other agencies and provided support through professional development activities.

In reflecting on the difference between the one group that characterized their relationship between their employer and tykeTALK in clear and unambiguous terms and the other four, we speculated that the smoothness of the relationship may have to do with size of the host agency or administrative unit, as well as the degree of congruence between the host agency's primary mandate and tykeTALK's mission. The degree of congruence between the mandates of the five constituent agencies might be characterized as a falling along a continuum. At one end of the continuum is a host agency that is a very large institution whose primary mandate could be considered peripheral to tykeTALK's mandate. In the middle are three medium sized primary health care institutions with a more similar mandate. At the other end of the continuum is

a host agency whose exclusive mandate is to provide a range of children's services. We speculate that the more congruent the mandate, the less likely it will be that service providers would feel the pressure of competing demands, and the more likely the organizational structure of the host agency will mesh smoothly with the tykeTALK system. Smaller organizations or smaller, more autonomous units within larger organizations may be able to be able to mesh more easily with the tykeTALK system.

Many of the concerns discussed in this section of the report seem to stem from the nature of the tykeTALK system as being a service delivery network or "virtual organization" composed of pre-existing agencies that were established for purposes other than the provision of publicly funded preschool speech and language services.

Do Service Providers Feel Supported by tykeTALK?

One of the intended outcomes of the tykeTALK program that we set out to assess was whether "*SLPs feel competent and supported in providing all interventions*". In order to do this, we first asked about the extent to which staff feel *generally supported* in performing their roles. Then we asked them to comment about the extent to which they *feel supported in providing each of the various interventions* they are charged with providing as appropriate in serving tykeTALK clients. (See Appendix C for the list of interventions.)

The Importance of Systems Days

In terms of general support, participants consistently identified the system days, professional development opportunities, and financial support to purchase materials for therapy as areas where tykeTALK supported their work. There were a number of positive comments about the system days. Participants felt they provided a great opportunity for networking and professional development. A number of participants noted a significant improvement in the system days over the years. Participants also appreciated the funding made available for professional development. In some cases, participants expressed astonishment about the investment the tykeTALK system had made in professional development for front-line staff.

Generally, participants felt supported in providing the full range of interventions. Many participants commented that workshops had been provided to cover the full range of services offered. Group therapy and parent training were two areas of new training commonly mentioned by participants. One participant commented on how tykeTALK had deliberately identified gaps in knowledge and offered training to address those gaps. This participant also mentioned that the support from tykeTALK on how to provide group therapy changed her attitude from considering group therapy as something that had been "put on them" to thinking "Gee, this is something that we can do!"

Training to Promote More Group Therapy and Parent Groups

Though tykeTALK provided workshops and training opportunities for group therapy and parent training, some service providers felt unable to implement these interventions, usually due to time constraints, but lack of physical space was also mentioned. In one instance, there was a strong reluctance expressed to incorporate more group therapy and parent training. The following exchange from one of the focus groups illustrates this general point.

Participant 1: One of the things that I find difficult is, because there are so few of us, it's really hard to cover the range, especially putting times toward parent training, which typically would come after hours, or doing big groups, because there aren't many of us, and we just can't cover it all. We don't have enough time in the day to do this huge range of interventions. I just find it difficult to for us to be zipping off to (another town) to do group therapy, and to zip back because I have individual therapy...And to be expected to do parent training in the evening, or to stay for 12 hours to do that because there's nobody else. Who else is going to do it?

Participant 2: There's been a big push on for providing different types of intervention, other than the traditional one-on-one, but...it's really pushing us to the limits to do all these groups for the little ones, and then the parents at night.

One service provider agency stood out as a clear exception in its enthusiastic embracing of implementing group therapy approach. This is discussed further in a separate section entitled *Pressure to Produce.*

Suggestions for Additional Professional Training

Upon prompting, a number of participants identified areas where they would like to see additional support. These included autism, augmentative communication, feeding and swallowing, and pervasive developmental disorder. There were requests for more workshops on mediator therapy, including professional development opportunities on how SLPs can work most effectively with CDAs. It was also mentioned that more support on how to deal with emotional, behavioural and social problems would be helpful. SLPs reported working with children and families who had issues beyond the scope of speech and language difficulties and wanted suggestions on how to work in these situations. Other suggested supports included a directory of resource materials available across the tykeTALK system and a list of developmental pediatricians who would support a referral directly from tykeTALK service providers.

Generalist versus Specialist Model

One area of support mentioned periodically was the re-activation of a list of "experts" within the system. If SLPs wanted some input about a child with a specific therapeutic concern, they could call another SLP in the tykeTALK system that had more experience in that area. This suggestion appeared to arise out of the fact that, within a generalist model, service providers are seeing children with severe problems that in the past would have likely been referred to a specialist. As a result, the SLPs sometimes feel they do not have the full expertise to handle these cases. In a few of the focus groups a discussion ensued on how as a generalist model, tykeTALK did not directly support dealing with complex and difficult cases. (See also discussion on page 16.) Although this created tension at times when service providers did not feel some children were getting the specialized services they required, participants appeared on balance to like the generalist approach. However, they wanted additional support from within-house experts as well as the ability to refer to outside specialists when necessary. A few participants indicated they would like the opportunity to get additional training and experience necessary to specialize in specific speech and language areas.

Do Service Providers Feel Kept Up-to-Date about tykeTALK Program Performance?

In order to assess whether the tykeTALK system is achieving the outcome *"Service Providers are kept up-to-date on program performance"* we asked focus group participants what specific kinds of information they are typically provided about performance of the overall tykeTALK program. We also asked them to comment on the extent they feel kept up-to-date on program performance.

Service Providers Generally Feel Kept Up-to-Date

In almost every instance, participants expressed a sense of being generally well kept-up-to date about system performance. In three focus groups, system days were favourably mentioned as the primary mechanism for being kept informed. One group mentioned newsletters, and in two groups statistical reports were mentioned. The link with the Services and Liaison Committee was mentioned in two groups, and by one of the Manager/SLPs as a means of being kept informed. The Manager/SLP indicated that she sat on both the Services and Liaison Committee and the Alliance Steering Committee, because of being short staffed—a situation she considered less than ideal, and indicated would be temporary. There was a fairly clear sense expressed in other contexts however, that the Services and Liaison Committee did not always function as well as intended, in terms of facilitating communication between front-line staff and the tykeTALK system. (See discussion on *Questions About How to Initiate Feedback to the System* on page 20.) One group expressed awareness that they can access minutes and committee reports as needed for more information. In one group, statistical reports were mentioned as being something that prompts service providers to make comparisons between agencies, which was felt to be a good thing as long as their agency looked good. This prompted a call for more indicators of quality versus quantity of service delivered (see discussion on page 24), and some guideline for what is a reasonable volume of service to be providing.

A Call for More Information and Influence Regarding Strategic Direction

There were two sets of comments that raised more fundamental questions about the kind and intent of information made available to participating agencies. In one group, it was suggested that while service providers were well informed in terms of how well the system was meeting Ministry of Health and Long Term Care objectives, service providers want more information related to system-wide strategic issues.

Examples given include "Where is the system at now? Where will it be going in five years?" Also being called for were ways to break down walls between agencies, to promote more collaboration and sharing of successful innovations to promote and peer-to-peer learning between agencies. These comments were very much in keeping with a more general theme expressed in this particular group, suggesting that as seasoned front-line staff, they would like greater influence with respect to the strategic direction of the system.

Similarly, another participant suggested that a weakness in the system was that data submitted to the Ministry of Health was not made available to enable comparisons between agencies in terms of system performance. (See *Call for Consistent Productivity Measures* on page 26.) This participant also felt that she was not particularly well kept up-to-date on some developments within the system. She suggested instituting a monthly System Facilitator's report to identify, for example, new initiatives happening in each area.

Belief in tykeTALK Vision, Belief Statement, Planning Principles and Goals and Objectives

In order to assess the outcome *"Service providers belief in the tykeTALK vision, belief statement, planning principles and goals and objectives"* focus group participants were presented with copies of these documents and asked to what extent they believe in or endorse each one. (See Appendix D.) We also asked participants how well they think each is being implemented.

Vision Statement

Without exception, focus group participants and interviewees endorsed or strongly endorsed the tykeTALK vision statement.

A few slight modifications were suggested to make the vision statement more accurately reflect actual practice. In two focus groups it was suggested that the age statement within the vision should be changed from *fifth birthday* to *senior kindergarten.* In another group it was noted that they really do not give service to newborn children. One participant suggested that the phrase "to optimize communication development" might be a little narrow, in terms of not including services to address feeding and swallowing problems.

It was generally agreed that the vision is being well implemented. For example, one participant commented that the System Facilitator "has the right focus."

More Attention to Prevention and Health Promotion

A number of participants noted that the assessment and intervention aspects of the system were being well implemented, but by comparison, they did not know much about or felt more should be done with respect to prevention and health promotion. Such comments were expressed in three of the focus groups. One SLP who reported seeing many very severe cases expressed wanting other children to be able to benefit from parents and caregivers getting basic information on how they could stimulate language development. One focus group wanted to put more emphasis on preventive care. They wanted to know that time spent doing prevention work would be recognized by the system as being integral to their role, and counted in terms of determination of a sustainable workload. In one group participants spoke of wanting to implement a model of extending prevention training into the community by, for example, acting as resource consultants to day care leaders.

One group strongly suggested that the tykeTALK health promoter should be both well trained in health promotion and a qualified SLP, so this individual could run parent-training groups in the community.

Belief Statement

The belief statement was endorsed by all participants, in some cases quite enthusiastically. It was observed that there are some challenges in implementing the belief statement. A number of specific suggestions were offered.

In three instances, questions were raised about reference in the belief statement that children's access to service should be *seamless.* In several cases participants did not know what that meant. For example in one focus group a participant asked if it means children moving between jurisdictions, going on and off active service, moving into different treatment options, or transitioning to school. In two focus groups, participants specifically mentioned difficulty in the process of transitioning to school. One participant told of reports getting lost at the school, and not being passed on to the school SLP or teacher. In another focus group it was mentioned that progress had been made in making the transition to school seamless, but that more work needed to be done.

Questions were raised in two instances, about the meaning of the word "equitable", or the degree to which tykeTALK services are equitable. In one focus group there was a fairly extensive discussion about the difference between *equitable* and *equal.* It was acknowledged that the word "equitable" has to do with fairness, whereas the word "equal" means sameness. It was suggested that pressures to eliminate waiting lists (as discussed earlier) tend to also create pressure to treat all cases equal or the same, instead of recognizing that each case is to some degree unique, and may require more, less or different service. This group felt that the system should reaffirm a belief in equitable versus equal service.

Regarding a very different type of concern with the principle of equity, one participant was aware of and raised concerns about one client that had surreptitiously accessed service in two different agencies. Her concern was that if many clients are able to access the system in such a manner, it would be an unfair to those waiting in line.

In two instances, questions were raised about the belief statement that *services will be child-centred and individualized.* In one case, a participant suggested that term should be changed to *family-centred and individualized* to better reflect actual practice. In another focus group this belief statement was cited in the context of calling into question the push to increase use of group therapy as a strategy for reducing waiting lists. (See page 24.)

Planning Principles

Although in four out of seven focus groups/interviews, a general endorsement of the planning principles was expressed, in two cases participants expressed a more or less generalized sense of reservation about them. In one case it was suggested that the planning principles were ambiguous, hard to read, and too philosophical. In another case it was suggested the planning principles were "a little more fuzzy" than the other statements being discussed in this section of the report. In one focus group there was a general call for better communication between system planners and service providers about strategic planning. There were a number of comments about specific principles as discussed below.

In two instances there were very positive comments about principle #2, *responsive to the unique characteristics of the natural communities.* In both instances the participants were providing service in rural areas, and were expressing appreciation for the fact that services were decentralized to their communities.

In three instances participants raised questions with respect to the principle of *optimal quality.* In one case the participant simply was not clear about what the principle means. Another instance is discussed below in some detail, under the section headed *Pressure to Produce.* The main point was that participants thought that the principal was not being followed, because the pressure that service providers feel to deliver service to a high volume of clients compromises the quality of service.

In another instance there was a fairly animated discussion about the consequences to quality of service for "severe needs" children[3], of changing the system from one makes more use of specialists, to one in which all service providers are generalists that provide a full spectrum of services to a children with a full range of needs. (See also discussion on page 12.) One SLP expressed her concern as follows.

Before tykeTALK came into being...children with a diagnosis like autism used to be sent to CPRI. They used to specialize in working with children who had severe needs like that. And then when tykeTALK started, we became a generalist system, and everybody had to treat these children. So when I think of the *quality* of service, I don't have *a lot* of experience with these children, it's not like I've had a whole caseload of children with autism...One thing they changed from the old system that I think the kids are not getting the *best* service...I don't want to say that we're not doing a good job, but I think when you have a real focused interest in working with these kids you learn the ropes and you learn new and innovative ways of treating them that we don't have the time to dedicate to these families.

This led to a discussion of what is actually meant by the phrase *optimal quality.*[4] Does it mean best available service, or best possible service under given conditions? During our debriefing analysis of this focus group session (one of the first conducted in the series), we hypothesized that the apparent lack of clarity around the meaning or intention of this principal, may be distorting service providers' perceptions of what they as individuals, and/or the system should be able to deliver. To the extent that this is true, it could have a bearing on service providers' satisfaction with the operationalization of the system. (See section headed *Service Providers' Overall Satisfaction with the tykeTALK System* on page 19 for further discussion of this theme.) This hypothesis would seem to be supported by the following statement made in a later focus group, in response to the final question we posed: "What is the most important thing we discussed today?"

In order for us to fulfill the belief statement and planning statements, in order to deliver optimal services I think we need more support. And I think that we would feel satisfied if we could deliver services we felt were optimal.

Following on the discussion of optimal quality in one of the groups, participants raised concerns about principle # 5 (*integrated service system*) and #6 (*full continuum of service with easy transition across stages*). They noted that in the case of their agency, they did not have in-house professionals such as an occupation therapist they could directly refer to, but rather had to refer to an outside agency through a family physician, who in some cases do not agree with their recommendations. These concerns were echoed in another focus group. The following were cited as examples of services they felt were not adequately

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[3] Participants cited autism and feeding and swallowing problems as examples.

[4] The Merriam-Webster dictionary definition of *optimal* is "most desirable or satisfactory : OPTIMUM". The definition of optimum is "the greatest degree attained or attainable under implied or specified conditions".

integrated with the system: Southwest Regional Autism Program, Augmented Communications Services, CPRI (hard to get referrals and service because of long waiting lists), pediatricians (hard to get proper diagnoses, questions about the quality of assessments).

In two other instances participants mentioned the system had not realized the principle of easy *transitioning across stages of services.* Comments were very similar to what was reported above in the discussion on the Belief Statement.

In two focus groups participants questioned the extent to which the principles *of evidence based* practice (#3), and practice *built on demonstrated successes* (#4) were being realized. In one of these instances, participants cited the lack of quality indicators (see page 25 for related discussion), although the same participants noted that a severity-rating tool was used for a narrow range of services. One of the Manager/SLPs also mentioned the use of a severity-rating tool in this context.

Goals and Objectives

Focus group participants and interviewees were next asked to comment on the five goals and seven objectives that had been defined for the tykeTALK system (see Appendix D). As with the vision, belief statement and planning principles, there was a general tendency to endorse the overall thrust of these statements, while challenging or qualifying the endorsement for, or progress in implementation of certain specific goals or objectives.

Two groups expressed very positive comments about progress toward goal #2, *improving access to service.* One of these groups also strongly affirmed progress toward goal #1, *develop and maintain an integrated system of preschool speech and language services.*

As is consistent with the discussion presented below under the heading Pressure to Produce, goal or objective that drew the most comment was objective #3, *to eliminate waiting lists.* Four of the focus groups[5] and one of the SLP/Managers questioned the feasibility of achieving this objective. We noted that in one instance participants actually expressed amusement at the idea that this could be achieved. In another group participants expressed that they have struggled with this objective, and the pressures it produces.

The other specific objective which drew a fair degree of challenge, was objective #5, *provide specific speech and language assessment protocols.* In one focus group, participants felt the principle inhibits their ability to be innovative and creative, and two instances that objective was thought to restrict to some degree professional prerogative and/or autonomy. In another focus group participants expressed the view that the common protocol had become less important because they as an agency had decreased the time between assessment and intervention. (This is the same group that reported success in eliminating waiting lists through greater use of group therapy.)

Two different kinds of questions were raised around objective #2, *lowering the average age of identification to 24 months.* In one instance the concern echoed the issue raised with respect to eliminating waiting lists, that is, participants felt they that the objective was not feasible given limited resources. In the other instance, participants wanted to raise a flag of caution. They recognized the importance of early identification for certain problems such as autism, however they urged caution that parents not be "set up" to have unrealistic or false expectations about the adequacy or potential benefit of service for 24 month old children.

Finally, comments were made in one focus group acknowledging there is still "work to be done" around goal #5, ensuring a smooth transition to school.

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[5] The goals and objectives statements were considered by only *four* of the focus groups; we ran out of time before participants in the fifth group had an opportunity to comment.

Are Service Providers Satisfied with the tykeTALK System?

In order to assess service providers' satisfaction with how the tykeTALK system is being operationalized, we asked two questions. First we asked to what extent service providers would say their ideas are listened to by the tykeTALK system. Second, we asked them how they would characterize their overall level of satisfaction with their role in the tykeTALK system.

Service Providers' Overall Satisfaction with the tykeTALK System

We begin with consideration of the second of these two questions. Without exception, participants expressed on balance, overall satisfaction with the tykeTALK system. In most instances, the expressed level of satisfaction was quite high. For example, in one group participants spontaneously began rating their overall satisfaction on a scale of 1 (not at all satisfied) to 10 (completely satisfied). Two participants rated their satisfaction at "7", one rated it "8", and one rated it "8 ½". This group mentioned being satisfied particularly with their work in early identification and early intervention.

Participants described a definite improvement in the level of collaboration in the tykeTALK system over the past few years, especially in comparison to the fragmented system that was in place prior to tykeTALK. Participants were excited to be part of tykeTALK and truly believed in the vision of a system providing early intervention, prevention and health promotion of speech and language development in preschool children. There were many positive and supportive comments of the role the System Facilitator had played in developing the tykeTALK system and effectively balancing the competing demands from the Ministry, host agencies, and employees. One participant, a CA, mentioned how much better the quality of her work life was with tykeTALK compared to a previous employer. She attributed the improvement to being able to get "consistent answers" and the approachability of people in the system. She also indicated she had more control over her caseload than with her previous employer.

In some cases, participants cited specific concerns or issues that tended to moderate their level of satisfaction; concerns largely tied to issues already discussed in this report, particularly the pressure to produce, competing demands, and perceived need for more resources. For example, in one group participants expressed frustration that competing demands sometimes prevent them from providing the quality of service they would like to, and cut into time they would like to devote to professional development.

These participants indicated that, though still satisfied overall, new demands that had been put on them had reduced their level of satisfaction somewhat.

Those who raised concerns tended to balance any criticism with expressions of overall satisfaction with the system. For example, in one group the question about overall satisfaction rekindled conversation around the theme of the stress and possible burnout caused by the pressure to produce and the perception of a need for more resources. One participant commented, "Generally, I feel satisfied with my job and I think most of us, most days do…" even though this satisfaction is challenged by the resource limitations. Another participant added, "We're having little pockets" of additional support to address some concerns now. A third participant followed with the following comment.

> *We're not trying to be negative, because I am definitely not negative about this job, this position, tykeTALK, anything. We're sometimes feeling that we've done a good job, and we get told that. We get told that generally, and (at system days)…it's always a celebration of everything we've accomplished. But day-to-day, you don't get that as much. You get "You've got to see this kid, this kid just came in, you've got to pick him up." That push, that pressure. And then that sticks in your mind, versus the big hooray periodically.*

In sum, the consensus in this group was that though they were generally satisfied with their jobs, endorsed the various principles informing the system, and thought the system was generally working well, some key principles could not be adhered to given the current level of resources. At the same time they recognized where pressure comes from, and wanted to be clear they were not blaming their own manager, or tykeTALK system administrators. However they did feel that the tykeTALK system should "push back" to try to influence things at the broader public policy level.

As another example, a participant from another agency whose perspective was informed by long-term involvement in the speech and language service system, raised a number of specific concerns throughout the session. Her most significant concerns related to desire for better communication or feedback from the system to the host agencies, and more influence with policy making at the system level (see further discussion on this point below.) However in summing up she characterized some of her comments as "nitpicking" and added that in her perception, the system has been

evolving and changing and, despite her concerns, she felt that overall the system was pretty good.

Do Service Providers Think Their Ideas Are Listened To?

To assess a different dimension of service provider satisfaction with the system, we asked service providers to what extent they would say their ideas are listened to by the tykeTALK system? In one of the focus group, participants framed their responses to the question in terms of "feeling connected" to tykeTALK.   The extent to which service providers thought their ideas are listened seems to be closely related to a sense of feeling connected to tykeTALK.

Responses to this question indicated a fair degree of variation among participants in the extent to which they felt listened to by the tykeTALK system. Feeling listened to and connected to tykeTALK appeared to vary more from person to person within agencies, than between service provider agencies. Generally, those individuals who participated on the Services and Liaison Committee most often reported an open, two-way flow of communication between themselves and tykeTALK. Another factor seemed to be length of involvement in the system. Newcomers and part-timers tended to report feeling less connected.   A more limited sense of connection seemed to be the more common experience among participants in two of the three groups operating outside of London. In one case participants agreed that they feel "a little on their own." In this context, participants emphasized how important *System Days* was to creating a sense of connection.

Questions about How to Initiate Feedback to the System

In four instances participants raised concerns with respect to feedback mechanisms within the tykeTALK system. Generally, participants could readily identify ways in which the tykeTALK administration communicated with them and/or elicited their feedback. In most instances participants understood that it was the role of the Services and Liaison committee to facilitate communication between the service providers and tykeTALK. However for two groups of service providers—both of which were part of relatively large organizations—participants were vague or unclear how they could present ideas to the tykeTALK administration. For example, in one focus group a participant commented, "They're always asking for feedback whenever we have a program day—"What else would you like to learn about?" However, in terms of initiating feedback to the system, the participant said,

> *I think awareness might be a big thing too. How can tykeTALK receive feedback from us? How can we forward that information? What kind of information is appropriate to be forwarded? What information should go to (host agency administrators) versus what information should go to tykeTALK and what information should go to both? I don't know if we all necessarily know what's the best avenue to do that.*

In a few instances there appears to be a lack of a deliberate mechanism established within agencies for actively eliciting concerns from team members to be fed back to the system through the Services and Liaison Committee. There also appears to be a perception that the Services and Liaison Committee is not the best forum for raising issues or concerns perceived to be more local in nature. These points are illustrated by the following passages.

> *The agenda (to the Services and Liaison Committee) you get sent a couple of days before. If maybe we all could read it, ideally (light chuckle)…we all could put down maybe a few, if we had any comments, added to that so that way when (our representative) went she'd speak on it on behalf of all of us.*

In response, one participant mentioned that she had on occasion offered an item to the representative. The team's Services and Liaison Committee representative then commented,

> *A lot of the things on the agenda are not issues that would be relevant to us here. But I think if (the System Facilitator) came here then the issues that we have here would be more readily heard than even just at the meetings. Because sometimes, even at the meetings it's not the forum to bring up issues that we have here.*

Related to the question of information with local versus system-wide relevance, one participant described how their agency had developed protocols around a number of local service delivery-related problems such as referral to the Children's Aid Society. When asked if the information had been shared with the tykeTALK system, the participant indicated that it had never occurred to the relevant party to share this with others in the system.

One group reported a limited sense of "team", a lack of openness to their ideas from agency management, and felt that the flow of communication from themselves to the tykeTALK system was impeded by agency management.

As indicated in the preceding quote a suggestion came forward from one group for the System Facilitator to meet periodically with teams from each service provider agency as a means to create opportunities for feedback and increase employees' sense of connection and to the tykeTALK system. This idea was endorsed in subsequent focus groups. From another group, the suggestion was made to rotate more frequently the agency representative to the Services and Liaison Committee.

Influencing tykeTALK at the Level of Policy-Making

Questions to participants about whether they felt listened to generated some fairly energetic discussions of the ability of service providers and constituent agencies to influence the tykeTALK system at a more strategic or policy-making level. One participant said that while she did feel listened to if she had concrete suggestions about specific things such as program training, she felt she had very little influence with matters related to policy-making and other matters related to governance or structure. This participant raised questions as to the appropriate role and influence of the Services and Liaison Committee versus the Alliance Steering Committee; she felt the former had been given power that more properly belonged within the domain of the later. In direct contrast to this viewpoint, one group of participants agreed with an argument put forward that front-line service providers should have more power and influence in the system.

One participant felt the topic selection for System Day workshops should be made by a panel of individuals within the tykeTALK system, not just the System Facilitator. Furthermore, participants from one service provider agency felt tykeTALK had become somewhat "top-down" in its approach to non-therapeutic, administrative aspects of system governance. Another individual was concerned that sometimes the system seemed more a form of control than support; "Part of when all of these policies and procedures come down, I don't see it as a form of support, I see it as a form of attempt to control." This individual's concerns appeared to stem from the implementation of standardized assessment protocols for children under two years old.In contrast to these perspectives, another participant who sat on both aforementioned committees characterized the governance and linking mechanisms as promoting a great deal of synergy and cross fertilization of ideas, sharing of resources and problem solving. This participant emphasized the consistency that the system promotes between service providers in areas such as reporting.

Key Emergent Theme: Pressure to Produce

We have attached the label *Pressure to Produce* to the single most prevalent set of emergent themes to come out of the focus groups. By *emergent theme* we mean an unanticipated line of discussion that was common between at least two focus groups, that did not directly correspond to the outcomes we had set out to measure.

Pressure to Produce was arguably the dominant theme in three of the five focus groups. A closely related theme, *Competing Demands* (as discussed above), was a prevalent theme in the fourth focus group. The fifth and remaining focus group provided a clear counter-example to the other four groups. Participants in that group described having found a way to deal successfully with the pressure to provide service, largely through embracing the option of serving more clients through group therapy. A number of related sub-themes--*Quality versus Quantity,* P*erformance Indicators,* and *Need for More Resources*--also emerged in the context of discussion about the pressure to produce. The Pressure to Produce theme emerged in the context of discussions about the extent to which staff feel supported in providing interventions (Outcome #1), and to a lesser extent, in discussions about certain tykeTALK values, planning principals and objectives (Outcome #3). Because this was such a prevalent set of themes, we have considered it here in some depth.

Three Focus Group Accounts of the Pressure to Produce and Related Themes

To introduce this set of themes, consider the following line of conversation that came up in the context of whether staff members feel supported by tykeTALK. One participant was commenting on feeling she did not have enough time to get her "paper work" done, because of pressure she feels to see clients. She commented that she would like to see perhaps a half-day per week of dedicated time built into her schedule for completing reports. To this idea another participant responded,

> *Nobody has ever said to us how many people you have to see or the amount of time you have (to see a client)…So we're part of the problem as well in pushing ourselves to see more. But I guess it's sort of an underlying pressure maybe, an unsaid thing about how many people you would want to see.*

This comment was followed-up with a question about whether staff members are given targets on how many clients they should be seeing. In response the participant said,

> *No, but we know that they're going to be comparing (slightly nervous or apprehensive laugh) across centres as well. So, we're our own worst enemies too. If you didn't want to book someone in for half a day, you could do that. But you'd probably feel guilty and wouldn't do it.*

Building on this, the first participant said,

> *I think, as it is, we overextend ourselves in every way. Missing lunches is routine. We don't take coffee breaks—that's unheard of. (Pause.) I really wouldn't feel supported if all of a sudden tykeTALK said "OK, you have to now see, fifty clients week…I'm just pulling that number out of the air. I think that would be very stressful in the setting we work in anyway, because we also see (non-tykeTALK) clients.*

When asked where the pressure comes from, the participant described a situation of having a very small staff, and how her colleague "sees so many people", and that given the demand for service…

> *I guess I feel really stressed to get all the assessments done, and the SLP kids, because there's nobody else. And if not, then they wait on the list and that's just not acceptable.*

When asked how she knows that is not acceptable, the participant said, "I don't know. I guess it's partly me and partly things that maybe haven't been said. I do feel a little pressure about it, yah…" When further prompted to name the source of the pressure she said,

> *I don't want to put blame on anyone in this agency either. I don't want to blame (the manager) for example for the number of kids that I see. But I guess sometimes maybe she does expect us to see a certain number, even though she wouldn't ever say it, and it's probably more me putting that pressure on myself. But I know she's told me that they're going to compare across sites and see how many people individual SLPs or CDAs are seeing. But I feel that would be an unfair comparison, because certain assessments take longer than others. Assessments take longer than doing therapy. So because I've been doing a lot of assessments and a ton of paper work with it, then the number of my kids would be down, and it's not all about the numbers. Like*

(names colleague) said, quantity versus quality is kind of a tension.

To this comment another participant interjected that she wanted to underline the point being made about quantity versus quality, and went on to add,

> *"What really frustrates me, is this push, like an assembly line of seeing people, but without a real understanding maybe, of what it takes to do a proper job."*

She went on to say that even though there has been no target set for numbers of clients to see, that "it's just an unwritten rule" that you wouldn't set time aside for example to complete paperwork.

The preceding exchange was quoted as some length, because illustrates the inter-relatedness of several sub-themes. Generally, there was a consistent sense of pressure experienced by front line staff to process a large volume of clients. In three of the five focus groups a concern was expressed that the "focus on the numbers" affects the ability to deliver quality service. Likewise, in three of the groups concern was expressed that the pressure to produce makes it very difficult to find time to complete other essential tasks related to report writing and planning. There was some difference of opinion as to the potential of productivity or performance measures to help mitigate or rationalize the pressure to produce.

As to the source of the pressure to produce, it seems to result from a combination of high professional standards and conscientiousness among staff, with pressures coming to bear on the system to eliminate waiting lists. The participant in the focus group quoted immediately above was more comfortable naming the pressure she puts on herself, than on external sources of the pressure to produce. In reflecting on participants' comments around this theme, it seemed apparent to us that the emphasis the tykeTALK system places on productivity numbers fuels the demand staff members' place upon themselves. Participants in the second group were more direct in attributing the pressure to produce to the formal, system-wide objective of *eliminating waiting lists*. As one participant commented,

> *I understand that we need to strive to eliminate waiting lists, but I don't know if that's ever really going to be possible…We can provide therapy sessions for nine kids a day, ten kids a day, twenty kids a day. Line 'em up! I'll knock them off for you. But is the quality of service going to be any good? No. And there's a point beyond which I'm not willing to compromise my*

planning time and my ability to think about goals and analyze assessment results, and provide what that child needs, and provide the individual attention that (names colleague) was talking about. I just can't see all the kids we get referred. Even now when we're at full staff…Certainly we want short waiting times. We want to do our best to group the kids that are appropriate to get them through, do our best to eliminate waiting lists, but…

Another participant in this group suggested that the pressure to eliminate waiting lists compromised the tykeTALK belief statement calling for "child-centred, individualized" care. Another suggested that a guideline on how many clients per FTE should be seen per week could actually reduce the pressure she felt.

The perception that pressure to eliminate waiting lists compromises quality of care, was clearly shared by participants in a third focus group. Participants identified the pressure to eliminate waiting lists as originating from the government, and thus as being to some degree outside control of the tykeTALK system. They felt that pressure to produce compromises quality of service both directly, in terms of pressure to spend less time per client, as well as indirectly, in terms of taking away time from report writing, follow-up and transitioning to school. Participants expressed the challenge of finding time to write reports and related tasks as a huge stress.

This group felt that the pressure to produce compromised the planning principal of providing service of *optimal quality* to tykeTALK clients (see further discussion on page 16.) It was argued that the system has reached its maximum capacity, and that front-line staff continue to try to meet the demand, but at significant personal cost. It was argued that the success the system has had at reducing waiting lists and meeting other quantitative indicators may be misleading.

> *Participant 1: When you talk about numbers (at the System Days)…one of the things that's celebrated is that, without any increases in funding, staffing or other resources, we saw this many more kids.*
>
> *Participant 2: But you didn't ask how many hours we put in overtime.*
>
> *Participant 1: And at what cost too. We're pushed, it's our job, we do it…*
>
> *Participant 3: At some point, the mathematics are going to stop. If the resources don't go up, we're going to be at absolute maximum*

efficiency. So those numbers of increased business (aren't going to continue)...not because everybody isn't working 100%, but because at some point you absolutely max the efficiencies of the system...

At this point, the notion of distinguishing between performance indicators that differentiate quantity from quality came into the discussion.

> *Participant 1: Have we improved, or are we just seeing more kids? Because there isn't a lot built into the system to really measure quality. Yah, sure you can see more kids, but at what cost? Are all those kids, those extra kids that we saw, did they really get the best service for them, or, was it a product of, "Well this group they'll basically fit and they can come, so let's put them in"?*

We also see repeated here the concern that slotting kids into group therapy inappropriately may compromise quality of service. In response to this line of discussion the moderator asked, "How do you measure quality?" One participant suggested quality has to be assessed on an individual case basis, based on each professional's judgement about how to do best do the job. She suggested that whatever is required to do a quality job for any given client such as time required to read literature and talk to other professional, should be taken into consideration when measuring performance. In response, another participant offered the following:

> *Participant 3: I think the system needs to decide what quality is. When they set optimum quality as their first planning principal, well, you have to know what you are defining as quality. It's not up to us, (except) for us to participate in the system, but the system has to decide what is quality. At the moment, "quality is quantity," because that is what they measure. The system needs to decide...what makes a quality service to this child. Whether the therapist has enough planning time, whether the therapist has enough follow-up time, whether the therapist has the ability to access educational resources around that child. We need to measure those and decide if (the service) is quality, not just a quantity number that they're equating with how good is the system's quality.*

To review, suggestions for quality indicators included planning time, report writing time, and time spent in continuing education and professional development. Participants also expressed concern that constant pressure to produce could lead to employee burnout. Participants in one focus group agreed that the

emphasis on quantity over quality emanating from the government should be challenged by the tykeTALK system.

Counterpoint: Increasing Group Therapy as a Means of Reducing Waiting Lists

As mentioned at the beginning of this section of the report, one group provided a clear counter-example by their account of dealing with what other groups expressed as a system-wide pressure to produce.

Participants began by providing some context around the question of group therapy, by recalling how the impetus to encourage greater use of that intervention emerged. Through eliciting feedback from service providers, the System Facilitator had identified a number of concerns that needed to be addressed on a system-wide basis. The three specific concerns they mentioned were waiting lists, individual versus group therapy, and how many times per week clients should be seen. This group of service providers felt that unlike some others, they embraced the suggestions offered by the tykeTALK system. That is, they have placed more kids in group therapy, and have restricted individual treatment to once per week for 30 minutes. As a result, they have reduced their waiting lists significantly.

However, they perceived a problem or a downside to their success. As a result of their success, they feel they have been asked to take on more work to compensate for other agencies that are not as successful at eliminating waiting lists. It is as though they are being penalized for being more productive. They feel they have implemented suggestions put forward at the system level, whereas other agencies may look at the suggestions and say they cannot do it, and continue to do things the way they always have.

This focus group was one of the last group interviews conducted. Recalling the previously heard the accounts from the other groups as described above, we noticed that the issue of quality of service had not come up. We asked if this group felt any tension between the pressure to produce and the quality of service they were able to offer. There were a few very quick comments such as "Oh, we feel very positive about it," and the conversation quickly moved on.

Call for Consistent Productivity Measures

This group felt they had developed an approach to managing their waiting lists that was quite effective, and that other agencies in the system could learn from their experience. They expressed a desire to motivate change on the system level. One very specific suggestion to help motivate such change was to implement consistent productivity or performance measures by which all agencies in the system would be evaluated. Suggestions included looking at the ratios of the number of clients, number of visits and number of new referrals to the number of SLPs, taking into account time spent traveling. One of the manager/front-line SLPs from another agency articulated a similar perspective on the value of productivity measures, and similarly called for the institution of performance indicators that would allow comparison between sites. Specific suggestions for performance indicators included: # of referrals/SLP, average # of visits/day, length of cycles, and # of visits/child/week. (See also discussion page 13.

Having articulated this suggestion for consistent, system-wide performance measures, participants also expressed recognition of a dilemma that such a change would imply. They acknowledged a tension between the values of system-wide consistency, and local level control. They value and want to maintain a degree of professional autonomy. The key for them was to have some ability to influence the system to motivate desirable change through feedback and staff learning from one another's experiences. This perspective was echoed in another group in which participants expressed a need for a clearer indication of what is an appropriate caseload, to know whether or not they are "pulling their weight." While they were clear they wanted more direction, they were equally clear they did not want it to be given with too much of a heavy hand.

There were differences between groups, as to the potential value of having system-wide performance indicators or targets, in order to rationalize or mitigate the felt pressure. Some felt it might relieve the pressure to produce, depending on the level set, by making explicit a reasonable standard. For example one of the Manager/SLPs commented,

> *I think on average most speech pathologists work their butts off—as a group they are very hard working. The problem is that you never know if you are doing enough, or your are doing too much. I thinking having that information (to allow comparisons between agencies) is really important.*

Others felt that such a standard would only exacerbate the pressure to produce by unduly focusing on numbers versus quality of care.

More Resources Needed to Meet Goals

This focus on "the numbers" and the "pressure to produce" led some participants to request more resources. One focus group felt the principles of tykeTALK were excellent, but they were not deliverable at the current level of resources.

> *I don't have a problem with the timeline that they have set out, as long as we have support to reach that timeline. I really like the fact that they want us to see kids immediately, and that they want intervention to start within a set amount of time. We want to get to these kids as fast as we can. But, if they want us to do that then we need to be supported and have the resources to do that.*

Another group specifically talked about the need for more administrative support to help with home programming packages, caseload management and scheduling of appointments.

Conclusion

Despite a number of specific concerns raised by many of the service providers interviewed for this evaluation, the overall impression we took away from the sessions was of a group of highly dedicated professionals who feel largely satisfied with the roles. Service providers generally feel supported by the tykeTALK system, and especially appreciate the opportunities for professional development. Service providers believe in the tykeTALK vision, belief statement and goals and objectives, notwithstanding concerns with the feasibility of implementing some elements largely due to resource limitations. Suggestions were made for some relatively minor adjustments. Comments expressed with respect to the planning principles raised more significant concerns, suggesting that that the planning principles may need to be revisited. Those participants who were involved in the Thames Valley area preschool speech and language system before tykeTALK came into being believe—notwithstanding some specific concerns—that tykeTALK is a significant improvement in the system, particularly with respect to ease of access by families.

A number of the concerns raised may be outside the immediate control of the tykeTALK system, a fact that most service providers seemed to appreciate. One of those concerns is the competing demands that seem to be set up by the fact the system is composed of a network of autonomous service providing agencies, which agree to host the tykeTALK program in exchange for services to non-tykeTALK clients. Another concern often cited was the pressure service providers feel in a system with limited resources, to process a high volume of clients in order to keep waiting times to a minimum; pressure which is perceived in some instances to compromise quality of service to some individuals.

A number of concrete suggestions were made to enhance aspects of system integration and coordination, including ways to improve the functioning of feedback mechanism between front-line service providers and the tykeTALK system. Some participants expressed a strong inclination to have more influence in the strategic direction of the system.

In Phase 2 of the tykeTALK evaluation, data collected from a random sample of families receiving service will be analyzed. The purpose is to assess their level of satisfaction with a number of key aspects of the service, including convenience of location and appointment times, satisfaction with the intake process, level of involvement by parents in interventions, and overall satisfaction as well as level of satisfaction with various specific interventions.

Middlesex-London Health Unit
Updated January 28, 2003

Components	Referral/Intake		Intervention			Community Awareness Support and Education		Program Management		
	Simplified Access	Early Identification	Assessment	Range of Intervention	Transition to School	Parent/ Childcare Provider Education	Social Marketing	Consistency of Service Delivery	Governance	Admin/Office Management
Main Activities	• Provide central intake line • Provide service at various locations and convenient times • Assess and overcome cultural barriers to service and provide culturally sensitive services	• Disseminate information on when and how to refer • Link with schools, HBHC and community Early Years Initiative	• Develop and use standard assessment protocol for children < 2 yrs. • Standard report format used • Agencies follow guidelines for 1st level assessment	• Provide full range of interventions across system • Provide intervention in French when requested • Provide supports and professional development to service providers for various types of interventions • Provide parents/ caregivers with education and opportunities to be involved in child's treatment	• Provide families with information about school services • Facilitate communication between tykeTALK and school SLPs • Follow protocol for transitioning children to school SLPs	• Offer and conduct education sessions to families and childcare providers • Develop and/or purchase educational resources for families and childcare providers • Provide information to families through info line	• Use mass media and community events to promote general awareness of tykeTALK and developmental milestones • Maintain a tykeTALK website • Ongoing production, revision and distribution of tykeTALK info resources	• Track and analyze SLP time and workload data • Each SLP completes required client data collection forms monthly to be entered into ISCIS database • Develop, revise and update policy and procedure guidelines as necessary • Ensure that service provider agencies are following tykeTALK policy and procedure guidelines	• Review, update and evaluate system plan • Explore supplemental sources of funding for special projects • Ensure optimal allocation of resources among system goals and objectives • Develop and conduct activities for identifying, recruiting, training and supporting members of Steering Committee	• Create manual for health promotion and intake process • Maintain ISCIS database and generate statistical reports • Issue an annual report and a quarterly System Facilitator's update • Distribute meeting minutes in a timely manner

Short-term Outcomes	1. Services equitably aligned according to need in each area
	2. Services available at convenient locations and times
	3. Increase knowledge on how to refer
	4. Cultural minority groups have easy access to speech and language services
	5. Increase # of referrals from parents, physicians and community professionals
	6. Increase knowledge of community professionals and families regarding speech and language developmental milestones
	7. Increase % of children entering JK/SK in any given year that have been seen by tykeTALK
			1. Standard assessment protocol for children < 2 yrs. implemented
			2. Reports with consistent and comparable information are produced for families and referral sources
			3. Meet Ministry targets for # of children assessed each year
			4. Increase % of children receiving indirect & group interventions
			5. Increase # of children birth to 70 months who have:
			  • ever received assessment and/or intervention
			  • received assessment and/or intervention during current year
			6. Increase parent/caregiver involvement in interventions
			7. SLPs feel competent & supported in providing all interventions
			8. Increase families knowledge about school services and transition process
			9. Easy flow of communication between tykeTALK and School SLPs
						1. Increase parent/childcare provider knowledge of how to stimulate speech & language development
						2. Increase parent/childcare provider identification of related developmental concerns (e.g. hearing)
						3. Meet education & support needs of non-PSL staff (e.g. childcare providers)
						4. High participant satisfaction with presentations
						5. Increase general awareness of how to access speech & language services through tykeTALK
								1. Ability to compare SLP time and workload data across agencies
								2. Ability to produce accurate quarterly & annual ISCIS reports
								3. Increase consistency among service providers in making assessment/ intervention decisions
								4. Effective governance & committee structure
								5. Committee members understand roles & function as a team
								6. Sources & strategy for supplemental funding identified
								7. Optimal allocation of resources
								8. Intake & health promotion procedures documented
								9. Administrative data collected for program evaluation
								10. Partners & service providers kept up-to-date on program performance		

Intermediate Outcomes	1. Increase % of preschool children with needs identified (up to target of 10%) 2. Decrease average wait between referral & first assessment 3. Increase % of children that received assessment in ≤ 4 weeks 4. High family satisfaction with intake process 5. Decrease average age of identification of children with needs to 24 months 6. Reduce frequency of children identified with speech & language problems for the first time in SK		1. High family satisfaction with assessment process 2. Decrease average wait between referral & 1st intervention to 18 weeks 3. Increase % of children receiving 1st intervention in ≤ 18 weeks 4. High family satisfaction with interventions 5. Improve treatment outcomes (severity ratings, functional outcomes) 6. Determine effectiveness of intervention types (comparison) 7. Smooth transition to school process 8. High family satisfaction with transition to school			1. Improve skills in speech & language facilitation 2. Increase parents ability to recognize potential speech & language problems		1. Increase efficiency and effectiveness of the tykeTALK system 2. Belief in tykeTALK vision, planning principles and objectives by service providers, service provider agency managers, committee members, and tykeTALK staff. 3. Supplemental funding secured for special projects 4. Staff and committee member's satisfaction with system (operationalization of mission and objectives)		
Long-term Outcomes	1. Most effective treatment delivered 2. Increase efficiency (e.g., cost effectiveness) of treatment across system without compromising appropriateness of treatment and clinical outcomes 3. Consistent service provided to children across the system									
Overall Goal	Improve quality of life for children and their families.									

Appendix B (Focus Group Interview Guide)

SLP Focus Group Guide

Introduction

1. Just to get started and to give us a chance to get to know you, please state your name, your current role in the tykeTALK system.

2. Tell us very briefly a memorable experience of working with a child as part of tykeTALK.

3. In a few sentences describe what you think tykeTALK is.

    Probes:
    - How would you describe the relationship/association between tykeTALK and your employer, the (insert name) ?
    - How would you describe the relationship/association between you as the front-line service provider and tykeTALK?

Specify context of focus group: The questions for the remainder of this focus group are going to centre around the tykeTALK system as opposed to your employer.

I.   Outcome: SLPs feel supported in providing all interventions.

General Support:

4. To what extent do you feel supported by tykeTALK in performing your role as a Speech Language Pathologist?

    Probes:
- Can you give specific examples of things done by tykeTALK that have made you feel supported?
- Are there any ways in which you think tykeTALK should support you more in performing your role? Can you give specific examples?

Support for Specific Interventions:

5. Here is a list of the various interventions that you are called on to provide for your clients (present list). To what extent do you feel adequately supported in providing all the various interventions?

- Probe: Would you characterize the support provided by the tykeTALK system for any of these interventions as particularly good? Particularly inadequate?

6. Are there any areas of professional practice, in which you feel a need for additional support or development, but for which no opportunities have been offered?

    If not already covered: How would you characterize the professional development opportunities you have been given through tykeTALK in general? Possible dimensions to p*robe: adequacy, relevance, quality.*

Other possible dimensions of support to probe:
- Resources, Equipment, Facilities, Management support

II.	Outcome: Service providers… kept up-to-date on program performance.

7. What specific kinds of information are you typically provided about the *performance* of the overall tykeTALK program?
    Probe: Annual and quarterly reports. Statistical reports. Minutes.

8. To what extent would you say you feel "kept up-to-date" on tykeTALK program performance?

III.	Staff…members satisfaction with system (operationalization of vision and objectives

9. To what extent would you say your ideas are listened to by the tykeTALK system?

10. How would you characterize your overall satisfaction with your role within the tykeTALK system? Please explain.

IV.	Outcome: Belief in tykeTALK vision, belief statement, planning principles, and statement of goals/objectives by service providers…

Strategy: Provide document or display with tykeTALK vision, planning principles and objectives.

11. Two part question, for each of the following four items:

- Vision statement
- Belief statement
- Planning principles
- Statement of goals/objectives

a) To what extent do you believe in or endorse _____?
b) How well is _____ being implemented?

V.	Final Comments

12. What do you think was the most important thing we've discussed?

14. Any other final comments?

Appendix C (List of Interventions)

1.   Parent training

2.   Caregiver consultation

3.   Home programming

4.   Monitoring and parent consultation

5.   SLP group therapy

6.   Mediator group therapy

7.   SLP individual therapy

8.   Mediator individual therapy

Appendix D (Vision, Belief Statement, Planning Principles, Goals & Objectives)

Vision

In the district of Thames Valley, services to optimize communication development will be readily available for every child from birth to the fifth birthday. Services include but are not limited to health promotion, prevention, assessment and intervention.

Belief Statement

We believe that:

1. communication skills are necessary for optimal overall growth and development.
2. an optimal environment for the stimulation of speech and language development should be available to every child.
3. the continuum of services will be timely, affordable, accessible and equitable.
4. a child's access to service will be seamless
5. it is in the best interest of the child when service providers and families/caregivers collaborate.
6. services will be child centred, individualized and culturally sensitive to the needs of the child and family.

Planning Principles

Based on the vision and belief statements, the planning process and resultant system design will be:

1. of optimal quality,
2. responsive to the unique characteristics of the natural communities,
3. evidence based,
4. built on demonstrated successes,
5. integrated with existing services within the Thames Valley District,
6. innovative,
7. a full continuum/array of services with easy transition across stages of service,
8. a collaborative process between families/caregivers and key stakeholders,
9. linked to the social and environmental determinants of health,
10. responsible for the development of an effective and efficient governance structure, cognizant of the importance of health promotion and intervention,
11. include an evaluation component of the process and impact of the programs,
12. abide by the vision, belief statements and the needs of the child and family in decision making process.

THAMES VALLEY PRESCHOOL SPEECH AND LANGUAGE (PSL) PROGRAM

Program Scope

The Middlesex-London Health Unit, will manage on behalf of the Thames Valley PSL providers and Community Committee, the Thames Valley PSL Program, to deliver the 8 required components of the provincial PSL Initiative.

Goals
1. To develop and maintain an integrated system of preschool speech and language services
2. Improve access to service
3. Ensure early identification and intervention of communication disorders
4. Provide a range of early interventions for the child, family and caregivers
5. Ensure smooth transition to school

Objectives
1. To identify and serve the estimated 10% of children in the preschool population with speech and language disorders
2. To lower the average age of identification to 24 months
3. To eliminate waiting lists
4. Provide parents with direct access to the system
5. Provide common speech and language assessment protocols
6. Provide interventions appropriate for the age and needs of the child
7. Services will be provided as close to home as possible