

Communication in Your Community:

Promoting Early Speech and Language Referral Through Family and Community Partnerships

What's on the Agenda

- Introductions
- Communication: The Basics
- Early Identification – WHY?
- Early Identification – HOW?
- Communicating Your Concerns
- Engaging the Community: Collaboration
- Make This Happen in Your Community

First a Bit About Us...

Work for Richmond Public Health Speech & Language Program

- Provide services for children 0-5 years (kindergarten entry)
- "Learning Language and Loving It" & "Teacher Talk" Hanen certified instructors

Speech Language Pathologist

- Trained in typical development of communication, as well as in communication disorders
- Roles include: assessment, direct intervention, consultation with other professionals, education & collaboration with parents and community partners

About You...

- Your place of work
- Your clients
- Your role



Communication – The Basics

Language
Speech
Fluency
Voice
Social skills
Hearing



Why Identify Delay Early?

1. Vulnerable populations in your community
2. Language and speech development support academic success
3. Social & emotional development
4. Early intervention leads to better outcomes

Vulnerability Gap

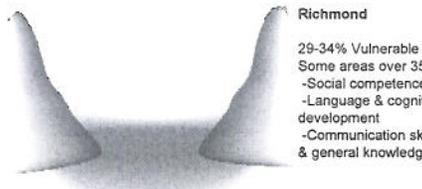
BC Government Objective
Best Educated & Most Literate on Continent

Reduce Vulnerability to 15% by 2015

Richmond

29-34% Vulnerable
Some areas over 35%

- Social competence
- Language & cognitive development
- Communication skills & general knowledge



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Bridging the Gap

BC Government Objective
Best Educated & Most Literate on Continent

Reduce Vulnerability to 15% by 2015

Your Community

Reducing vulnerability

- Social competence
- Language & cognitive development
- Communication skills & general knowledge
- Physical health
- Emotional maturity

Literacy Language Social



VCH Vision
Support healthy lives in healthy communities with our partners

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Speech-language skills and literacy development

Language

- Vocabulary
- Syntactic and morphological skills
- Skills in decontextualized language (narratives, beyond the here and now)

all aspects of language are important, particularly for moving beyond decoding to text comprehension and text production

Speech development

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Phonological awareness (PA)

- Children's awareness that words in language are composed of a variety of units of sound (syllables, the sub-syllabic units of onset and rime, and phonemes)
- One of the most important predictors of reading

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PA Skills

- Segmenting
 - Words into syllables (e.g. win-dow, pi-llow) 
 - Words into onset and rime (e.g. t-ap, m-ap)
 - Words into phonemes (e.g. t-a-p, s-l-i-p, t-r-a-sh)
- Blending (e.g. base-ball, a-ni-mal, t-a-n-k)  
- Rhyming & alliteration (e.g. tap, map, top, lap; sun, soup, sit, cat)    

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Social & Emotional

- Studies reports higher level of withdrawn behavior in toddlers with expressive language delay.
- Preschool children with language delays are less likely to initiate interaction with peers.
- Children with speech and language delay demonstrate higher incidence of behavioral challenges.

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Early Intervention

Early identification and intervention are effective

- To improve language skills
- To improve speech skills
- To increase phonological awareness

Building a foundation for literacy success



How to Identify Early

- We'll talk about:
 - What you should be looking for
 - Talking to and engaging parents
 - How to engage community partners so they know what to look for



When to refer: before 12 months

- 0-3 months: no reaction to sound
- 3-12 months: does not babble/make playful sounds; no response to voices
- Baby does not look for a person when they are talking
- The baby does not smile or make eye contact with people



When to refer: 12 – 18 months

- Child does not talk at all or has no words
- Child does not imitate your words and sounds
- Child does not follow simple directions:
 - "Get a book"
 - "Show me your nose"



When to refer: 21 – 24 months

- Parents can understand fewer than 50% of child's words
- Child only says a few different sounds
- Child uses less than 50 words
- Child does not follow directions:
 - "Put the cup on the table"
 - "Where is the truck?" from a group of 5 objects

When to refer: 2 years

- Child leaves off sounds at the beginning of words, i.e., says "ee" for "me"
- Leaves off sounds at beginnings of words
- Child is not putting 2 words together
- Cannot follow directions unless you are pointing or you have to repeat the direction many times

When to refer: 3 years

- Mum and dad are the only ones who understand
- Child gets frustrated when you do not understand
- Leaves off sounds at the ends of words, i.e., "be" for "bed"
- Child is not putting 3 or more words together



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When to refer: 4 years

- Child is not 90% intelligible and understood by others most of the time
- Leaves off one sound in clusters, i.e., "poon" for "spoon"
- Child uses phrases, but not sentences
- Child is not following directions:
 - "put the car on top of the box"
 - "get an apple and an orange"



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When to refer: 5 years

- Child cannot be understood easily by other people
- Does not say almost all sounds correctly
- Child uses sentences that are not well formed or the grammar is missing
- Child does not follow more complex directions:
 - "find a green car and put it under the table"

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Referring to a Speech-Language Pathologist

- If you are the person in contact with the family, consider speaking with them about a referral to your community's speech-language pathologist
 - if the parent is concerned
 - if development seems slow
 - if progress stops or if the child's development appears to be worsening compared to peers
 - if language or social skills seem unusual

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Talking to Parents About Your Concerns

Sharing sensitive news with parents is a difficult task



What is our role?

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How do you think parents feel upon hearing our concern?

- Pain & grief
- Inadequacy
- Anger
- Guilt
- Fear/vulnerability



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SPIKES (handout)

Setting
Perception
Invitation
Knowledge
Empathizing & Exploring
Strategy & Summary



SPIKES

Setting

- Physical position in relation to client
- Listening skills and language use

Perception

- Find out the parent's perception

SPIKES

Invitation

- Aim to get a clear invitation to share information
- Find out what parent is looking for

Knowledge

- Give information to parent about your observations

SPIKES

Empathizing and Exploring

- Acknowledge emotions and empathize

Strategy and Summary

- Make a plan, collaborate
- Are there any questions

Your tools

Milestone Map (developmental checklists)

Observations – give concrete examples

- 1) Parent partners
- 2) Community partners



Building Community Capacity & Partnerships in Richmond

- We've made ourselves very visible in our community... we want everyone to know who we are and what we do
- We try to create true partnerships with professional members of our community and with parents



Parents as Partners



- When we increase capacity in the community, we see the impact on our services
- We're hearing "I saw an SLP at ___ and I know he should be doing ___"
- Our average age of referral is 29 months
- With ITTT age of therapy is younger

What Can Parent Collaboration / Capacity-Building Look Like?

- Baby Days
- Healthiest Babies Possible
- ITTT
- MTW
- CAP-C / Touchstone
- Strong Start
- Family Place
- Initial Consultations – book at referral, see within 2 months, give parents suggestions & refer where needed

Parents as Partners

- Not a perfect system – parents as partners need to be on-board with their role at home & in clinic... we don't "fix" kids
- Research into parent engagement in speech therapy

Engaging Community Professionals as Partners

- Partnership is twofold:
 - 1) Creating opportunities for SLPs to identify children being seen by other professionals
 - 2) Building partners' capacity to identify children who need to be assessed
- Who is often first to see these children?
 - Many times it is not the parent who is first to notice a potential problem
 - How do we achieve our goal of getting them to us as early as possible?

Engaging the Community in Early Identification

- Who are your community partners?
- In Richmond, ours are:
 - Preschools & daycares
 - Strong Start & Family Place drop-in
 - SCD
 - IDP
 - PACE
 - Mental Health
 - Doctors
 - Nursing, Dental, Nutrition (Public Health)



What Can Professional Collaboration / Capacity-Building Look Like?

- REIN, RAIC
- CFSP
- IDP coming to ITTT
- LLLI & TT
- Medical student observations
- Surveying to determine needs in the ECE & daycare provider community
- Education: Childcare Conference, CCRR, Health Department
 - We engage ourselves in the childcare community (childcare dinner, CCTC)

Education for Professionals

- Primarily LLLI & TT over the past 7 years
- Targeted early educators & daycare providers in Richmond and have had over 200 take the course
- Community partners trained to teach – SCD & Early Childhood Educators



More Education

- Over the past year we have been surveying early educators about their educational interests
- Use their feedback to plan our upcoming workshops
- i.e., Approaching Autism – over 100 came
- Newsletter

Feedback from community

- What do community partners say?
- From an IDP Consultant who took ITTT:
 - “...the speech suggestions are much more clear to me now.”
- From a daycare manager who took LLLI:
 - “Staff are more aware of techniques to encourage interaction in group settings and peer interactions.”

What can you do to make this happen in your community?

- LLLI / TT offered? Other courses?
- If not, how can this happen?
- Do your community professionals meet regularly and share information and resources?
- Are parents empowered to know what is typical and what they can do to support development?

One Step at a Time

- Think of one thing you/your team could initiate in your community to encourage partnerships
- Who are your key players?

Any Questions?

