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The recent Supreme Court ruling on the 31st amendment to the Constitution of Ireland finally passed the Children's Referendum. The insertion of an article enshrining children's rights into Ireland's Constitution ushers in a new era of support and protection for all children. We look forward to seeing the real impact of this historic amendment in the coming months and years: improved support and protection for children in our laws and policies, and young people who feel truly valued members of the Irish society.

In this issue of ChildLinks we look at the issue of language development. Language acquisition is a skill that we largely take for granted, despite the fact that it is estimated that 1 in 10 children have speech and language difficulties and are at serious risk of social isolation and real educational disadvantage. Language and communication are central to the development of social, emotional and academic development. While the majority of children acquire language without difficulty, there are some who struggle to develop language and may regularly experience frustration and even failure in their communication. Research points to a very high incidence of speech, language and communication needs in lower socioeconomic groups.

All those interacting with babies and small children play a role in the development of their communication skills. The creation of communication-friendly environments is therefore essential in all early years settings. In her article in this issue of ChildLinks, Speech and Language Therapist Patricia Curtis outlines the growing demand for support in encouraging language development for all children and the role of the speech and language therapist in providing this support in early years settings.

Máire Mhic Mhathúna of Dublin Institute of Technology then looks at the value of fostering positive attitudes towards all languages, including Irish, local English and children's other home languages, and the increasing emphasis on the importance of developing children's oral language in government documents.

The following three articles present a number of initiatives in Ireland that support language development in young children: The Childhood Development Initiative (CDI) Early Intervention Speech and Language Therapy in the disadvantaged area of Tallaght West; The Language Support Initiative in The Dublin South West Inner City Parent and Child Hub; and Happy Talk, a language development project that works in the areas of The Glen and Mayfield in Cork City.

The final article in this issue looks at the long-term impacts of speech, language and communication needs and how these impact of other aspects of a child's development, highlighting the importance of early intervention.

SINEAD LAWTON



Role of the **Speech and Language** Therapist in **Early Years** Settings

PATRICIA CURTIS, Apley Speech and Language Therapy Services

Children 'learn to talk, then talk to learn'. (hanen.org)

INTRODUCTION

Communication is essential to our daily living. We use it to have our needs met, to indicate our likes and dislikes, to request information, to refute something, to socialise, and to establish and maintain relationships.

The acquisition of a first language is the most complex skill anyone ever learns. And this task needs to be virtually complete by the time a child reaches school age.

(Crystal, 1987)

Children learn language predominantly from quality interactions with adults up to the age of three and from adults and peers from three onwards. The most significant growth in the connections in the brain that are linked to language development reach a peak before 12 months of age (as shown in Figure 1 below) and this growth depends largely on the interactions and experiences the child has received.

Experts warn that the window to stimulate brain development closes quickly. In the first three years of life, the brain grows from 25% to 90% of its adult weight. And nearly 50% of a child's learning occurs in the first four years of life... Brain development is largely a function of stimulus. The more stimulus babies and young children get in terms of being read and talked to, the greater their capacity for language and literacy.

(www.earlywords.net)

As a baby absorbs new sights, textures, scents, and sounds, the connections in her brain that make learning possible multiply and become stronger. If a child does not use certain brain connections, or does not use them enough, the connections are simply shed, lost forever.

(Dougherty, 1999)

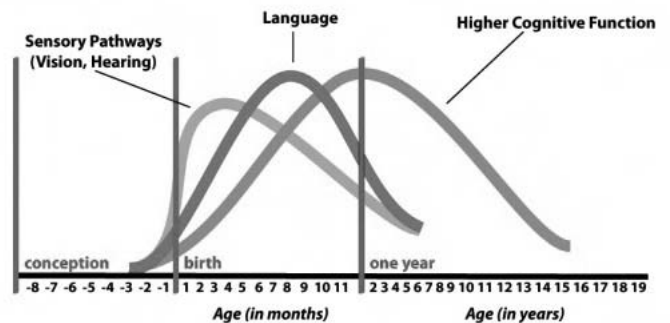


Figure 1. Human Brain Development: Synapse Formation Dependent on Early Experiences (Shonkoff & Phillips, 2000)

This knowledge regarding brain connections adds to the increasing body of evidence around providing education to parents and early years workers on how best to stimulate the development of children's communication skills from a very early age. In my experience as a speech and language therapist, I have even met with expectant parents to discuss the language learning occurring in the womb!

SPEECH AND LANGUAGE DIFFICULTIES

Language acquisition is a skill that we largely take for granted despite the fact that it is estimated that 1 in 10 children have speech and language difficulties and are at serious risk of social isolation and real educational disadvantage (I CAN, 2004). A speech, language and/or communication need (SLCN) is the highest occurring difficulty in the pre-school population. A survey by the National Literacy Trust in 2001 showed that 75% of those running nurseries or schools that have services for three year olds are concerned about what they perceive as a significant decline in recent years in children's language competence at entry and that this is increasing (National Literacy Trust, 2001). A further study by the Basic Skills Agency in 2002 noted that many teachers feel that children's talking and listening skills had declined over the previous years – particularly the ability to speak audibly and be understood (Basic Skills Agency, 2002).

In 2004, a study by I CAN, a children's communication charity in the UK, reported that 89% of nursery workers were worried that the occurrence of speech, language and communication difficulties among pre-school children was growing. The lack of time that adults and children spent talking together was highlighted as a key reason for these difficulties by 92% of those surveyed. More recent studies have shown that teachers report more pupils with SLCN than any other special education need (Department of Education [UK], 2014). Furthermore,

between 40 and 50% of children growing up in social disadvantaged areas are starting school with delayed language (Law, McBean and Rush, 2011).

We live in a very busy and visual age; young children can use smart phones and tablets better than their parents and can be kept happily engaged by technology. However, they learn language by being spoken to, particularly in response to their questions and interests. Children create their own learning environment by engaging with adults and peers who share their learning environments. Engaging and responding to their natural curiosity can be a wonderfully positive experience. Their brains are hungry for learning and they have an insatiable desire to engage in the process – the wonderful “why” stage is a thirst for knowledge and the more they ask, the more they learn – depending on the quality of the answers of course!

As a Speech and Language Therapist (SLT), I have delivered considerable training over the past six years to early years settings and schools in Ireland. During this time I have observed not only a growing need for quality information and advice on how to manage the increasing number of children presenting with a SLCN, but also a growing demand for support in encouraging language development for all children.

THE ROLE OF THE SPEECH AND LANGUAGE THERAPIST

The concept of universal, targeted and specialised services as shown in Figure 2 neatly demonstrates the layers of the work of a SLT.

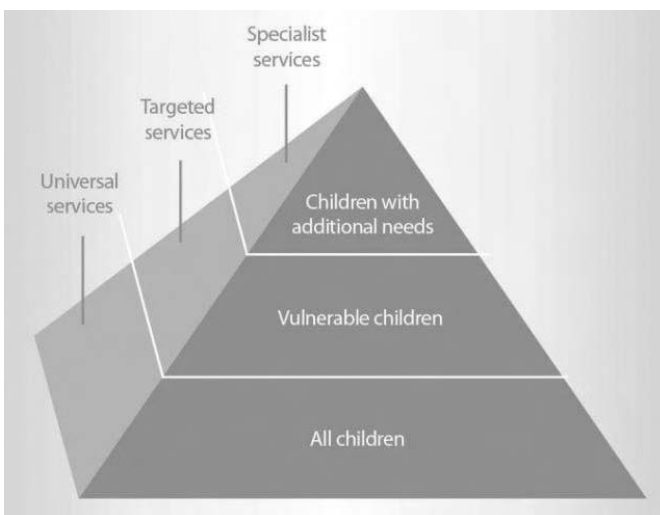


Figure 2: Population of Children and the Service Provided (Gascoigne, 2006)

Like many SLTs, I started from a base of delivering services to parents and their children with identified SLCN in a clinic

setting - **specialised**. Part of my team were then deployed to work with speech and language therapy assistants to children in schools, providing a **targeted** service to specific children in the school setting and training those around the children, i.e. all adults working in the school and parents, on how best to support their communication development when specialised services were not available. I then moved into **universal** provision, where I became involved in training all those who interact with children as bumps, babies, toddlers, pre-schoolers and school age on how best to promote communication development of all children. At the time of my move from the UK to Ireland in 2006, I was working at all three levels simultaneously.

The HSE Speech and Language service in Ireland is a quality product but one that is currently overstretched and underfunded to meet the demands placed on it. It is primarily based on a medical model, identifying need and providing intervention. A recent report by Inclusion Ireland stated that the number of SLTs in the system would need to be doubled if Ireland was to meet international standards for provision of speech therapy services (Inclusion Ireland, 2014).

All those interacting with babies and small children are playing a role in the development of a child's communication skills. SLTs can contribute to this team. When delivering professional development, I like to employ the analogy of a car mechanic – to work on a car, the mechanic has to know how it works in the first place. In the same way, SLTs must first acquire an understanding of how children learn to communicate before we can understand how to help them when it is not going to plan or encourage the development on the journey. My role as a SLT has developed to now focus on how to reinforce good practice in others, supporting them to work with all children acquiring language.

There is an increasing body of evidence that shows that giving parents and early years educators the knowledge and skill to support children's language development makes a great difference. I have worked with parents, special needs assistants, volunteers, teachers and early years educators to deliver more frequent support/intervention for children with SCLN. A key message from research is that supports for promoting the development of oral language are best provided in naturally occurring environments throughout the activities of a child's life at home and in school/preschool/community groups. Research also supports the belief that it is better to prevent problems from developing than to wait until difficulties arise, hence the benefits of creating communication-friendly environments in all settings. All of these goals can be reached by community-based

supports in addition to clinic-based services for children, families and their settings.

NATIONAL EARLY YEARS ACCESS INITIATIVE

The Ballyfermot Early Years Language and Learning Initiative was one of 11 National Early Years Access Initiatives (NEYAI) that commenced in 2011 and ran till 2014. I joined the programme in Ballyfermot in 2012. The programme in Ballyfermot gave priority to speech and language alongside a focus on Aistear, the Early Childhood Curriculum Framework, and Siolta, the National Quality Framework for Early Childhood Education. An emphasis was placed on speech and language for a number of reasons as outlined below:

- The development of speech, language and communication skills are central to learning and development.
- The acquisition of a first language is the most complex skill anyone ever learns.
- Research has demonstrated that:
 - 1 Two to three children in every classroom have some form of long-term and persistent speech, language and communication difficulty.
 - 1 In areas where people live with social, economic and educational inequality, 50% of children are starting school with delayed communication skills. Many of these children can catch up with the *right support*.
 - 1 50-90% of children with persistent speech, language and communication difficulties go on to have reading difficulties.
 - 1 At least 60% of young people in young offender institutions have communication difficulties, in comparison to 10% of the overall population (The Communication Trust).
 - 1 “Consistent evidence from this research shows that access to high quality services makes a difference, particularly for disadvantaged children” (Mooney and Moss, 2003).
 - 1 High quality education and care is ensured by one key factor, that is the quality of the educators. High quality educators are responsive and sensitive to the individual children’s needs, and stimulate the cognitive development of the children (Siraj-Blatchford, Sylva, Muttock, Gilden, & Bell, 2002).

In the evaluation of the Language Enrichment Strand of the Ballyfermot NEYAI Initiative, Geraldine French (2014) references an American study (Garet, Porter, Desimone, Birman & Yoon, 2001) describing the features of professional development activities that have significant, positive effects on educators’ self-reported increases in knowledge and skills and changes in classroom practice, which included:

- A focus on content knowledge – participants understanding a programme’s content.
- Promoting active learning – the opportunities provided by the professional development activity for teachers to become actively engaged in meaningful discussion, planning, and practice.
- Fostering coherence – professional development activities being congruent with other elements of the programme.
- Collective participation – professional development that is designed for groups of teachers from the same setting, which has the advantages of them being able to discuss their experiences, integrate their learning into the setting, discuss children’s needs and sustain changes in practice over time.
- Duration – professional development must be sustained over time.

Results from the American study indicate that sustained and intensive professional development is more likely to have an impact than shorter professional development. The results also indicate that professional development that focuses on academic subject matter (content), gives teachers opportunities for "hands-on" work (active learning), and is integrated into the daily life of the school (coherence), is more likely to produce enhanced knowledge and skills. To this end, the intervention provided by the Language Enrichment strand within the Ballyfermot Initiative as part of the NEYAI focused on the following strategies:

1. Three-day training in the Hanen Teacher Talk Programme followed up by a video session in the setting after each training day.
2. Two-day training in the Elklan Early Years followed up by six visits to the settings sharing ICAN’s Early Talker Box set of activities to encourage children’s communication skills of listening, understanding, vocabulary, making sentences and social skills.
3. Listening Group – six-week training programme to promote the development of listening skills in children.
4. Joint delivery of the Chatter Matters Language programme for parents for 6–8 sessions. This has subsequently been delivered by the early years educators independently.

The strategies used provided the following components for positive outcomes in educators’ learning:

Content

Evidence-based information was shared about the importance of adult-child interactions, and information and understanding of normal language development and SLCN in young children. Specific strategies and resources were

shared to support settings in enriching all children's language learning opportunities. The training also supported the settings in the identification of children presenting with SLCN and how to refer on and support these children appropriately and encourage their communication skills through the use of appropriate knowledge and resources.

Active learning

Each information sharing training day was followed up by "hands on" practical learning opportunities either through video feedback sessions or visits to the settings by the SLT.

Coherence and collective participation

The settings were generally trained as a group of co-workers so any planning that was carried out on the training day was immediately transferable into the daily routine of the setting. Also, the follow-on "hands on" interactions with the SLT were in the individual settings and within the routines so the learning was personalised and adapted for the opportunities, demands and constraints of each individual setting in a practical and immediately implementable way.

Duration

This was a considerable intervention and was completed over a two-year period so settings and individuals had ample opportunity to personalise their learning.

EVALUATION OF BALLYFERMOT NEYAI

The evaluation of the language enrichment strand in Ballyfermot was called "Let them talk", a phrase used by

one respondent to eloquently summarise her learning from the programme which encapsulated providing space, time and opportunity for children to articulate their thoughts, ideas, and language (French, 2014). The evaluation set two questions:

1. What was the impact of the Language Enrichment Programme on the educator's interactions?
2. What was the impact of the Language Enrichment Programme on the quality of the setting?

In the summary of her evaluation, Dr French found that for those engaging in the programme, Program Quality Assessment (PQA) scores on adult-child interaction demonstrated improvements in several areas:

- support for child communication
- encouragement of child initiatives
- support for child learning at group times
- opportunities for child exploration
- encouragement for peer interaction
- independent problem solving

In addition, for "those settings whose staff, including managers, engaged in the Programme a significant and positive impact was had on the overall quality of the settings...in particular the learning environments (which includes attention to literacy and numeracy), the daily routine and adult child interactions" (French, 2014). The programme was also observed to have had an impact on the early years educator's awareness of speech and language issues and participants had developed a confidence to identify challenges to speech, language and



communication development and knew how to act on this information.

THE EARLY EDUCATORS' VIEW

I contacted two of the settings I worked with in Ballyfermot as part of the NEYAI – St Ultan's Pre-school, Cherryorchard, and St Michael's Pre-school, Ballyfermot – and asked them what they considered to be the primary benefits of the programme, reflecting now, a year later. One setting, St Ultan's Pre-school described my role as SLT in their service as "fundamental in giving staff the skills, knowledge and most importantly the confidence to reach out to children who were struggling with speech and language difficulties in the classroom setting". They found the practical activities most useful in their setting and they continue to use them. Both settings felt that the duration of the involvement contributed to building working relationships, between the early years staff and the SLT and among the staff themselves, which encouraged openness in identifying the needs of individual children. The training and practical experience the settings had received enabled them to use their resource "bank" to then meet those needs.

The second setting, St Michael's Pre-school, particularly stressed the benefit of "actually having you in our service" and found it beneficial to have someone in their setting to answer their questions, supporting them to apply the knowledge they had acquired as situations arose. The manager of this service stated:

"The games/ resources and ideas that you shared with us all (parents and early years educators) during Chatter Matters really has informed our day-to-day practice with regards to understanding and facilitating the best possible practice to encourage speech and language development with the children in our care. The staff of St. Michael's Pre-school have hugely benefitted from having the opportunity to work alongside a speech and language therapist on a one-to-one basis. We have all learned so many new techniques and have gained an understanding of how best to interact with young children to encourage their speech and day to day interactions among both peers and adults."

CONCLUSION

I have had the privilege of working with a variety of parents and early years providers since my return to Ireland in 2006. This has been a most rewarding experience as the impact of the role of the SLT in community settings has emerged positively in two evaluations, one for the NEYAI project and one for the Southside Partnership, Blackrock, of my work particularly and of the work done by many others inside and outside the NEYAI. The key learning for me in this role has been the depth of desire in those I have met in the early years sector to learn about communication development and to have the skills to support this learning in all children and specifically in those presenting with SLCN. The enthusiasm, motivation and willingness to learn and adapt to new information has been wonderful in a sector that has been undergoing enormous change and challenges.

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For more information see www.apleyslt.com

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LANGUAGE

Richness in the Early Years

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LANGUAGES IN IRELAND

Ireland is a multilingual country with over 180 languages recorded in the 2011 census (<http://www.cso.ie>). Over half a million residents spoke a language other than Irish or English at home in 2011. These included Irish families who chose to speak French, German or Spanish at home and over 350,000 non-nationals who spoke another language, of which Polish was the most common European language. The most common Asian languages were Filipino and Mandarin and Cantonese Chinese. The most common African language was Yoruba (Nigeria) and Portuguese was the most common language from the Americas, spoken mainly by Brazilian nationals. When the figures for speakers of the Irish language are taken into account, it is clear that there is a wealth of languages being spoken on a daily basis in the country, an important source of social, cultural and linguistic enrichment for children of all ages. This obviously raises the

question of how we value languages within the early years sector and the place we accord them in our work. This article will discuss the value of fostering positive attitudes towards all languages, including Irish, local English and children's other home languages, and the increasing emphasis on the importance of developing children's oral language in government documents.

ATTITUDES TOWARDS LANGUAGES IN THE EARLY YEARS

Early childhood experiences are long-lasting as children learn the attitudes, skills, values and dispositions that people in their family and immediate environment value. This includes the languages they hear, the ways of behaving that are valued, and attitudes and dispositions towards people who are similar or different from themselves. In other words, children are socialised into the culture of their society. Language is

intrinsically linked with culture. It is part of culture and contributes to culture through lived experiences, literature including children's oral and literary culture and symbolises that culture through the status we give to languages. The attitudes and dispositions toward languages and cultures that are transmitted by families, early years educators and everyone in the child's environment during early childhood are therefore of great importance.

ROLE OF ORAL LANGUAGE

In the past oral language was regarded mainly as the pathway to literacy, thereby placing a higher value of experiences directly linked to a narrow definition of literacy. By analysing three recent policy documents that discuss language and literacy, we appear to be on the cusp of a change of emphasis, a change that values oral language in its own right.

Aistear, the early years curriculum framework, discusses the role of oral language and advises early educators to provide rich and varied opportunities for babies and young children to learn language from others, to support language development through a range of strategies including stories, games, songs, rhymes and language play and to be models of good language use themselves (National Council for Curriculum and Assessment [NCCA], 2009, pps. 34-40). Early educators are also charged with providing a print-rich environment in which this oral language development should take place, thereby providing opportunities for emergent literacy experiences that show the value of literacy but do not focus directly on teaching literacy skills.

The national strategy for literacy and numeracy *Literacy and Numeracy for Learning and Life* (Department of Education and Skills [DES], 2011) charges the early years community to improve the communication and oral language competence of young children (p.17) and to provide parents with information about resources that they can use to support their children's oral language development (p.22). Furthermore, those involved in training and education courses are to ensure that their programmes contain units of both content and pedagogical knowledge in literacy including oral language and a focus on additional language learning (p.29).

Regulation 5 of the Child Care (Pre-School Services) Regulations (Department of Health and Children, 2006) outlines some concrete evidence of a language rich environment and states that the inspection process will take note of the provision of oral language activities such as singing, music, rhymes, storytelling and conversation as well as books.

The three policy documents strongly recognise the role of oral language in fostering child development for the present and also acknowledge the importance of oral language in laying the foundation for future literacy development.

LANGUAGES IN IRELAND

With over 180 languages being spoken in Ireland, it is important to recognise the native languages of the country, Irish and English, as well as the other home languages. The Irish language and culture are part of the heritage of Ireland and as such should be made real and available in appropriate ways to the children in our care. Children in Irish early years' settings have a right to the totality of their linguistic heritage. Naionraí opt to deliver their service through Irish. Other services decide to offer part of their sessions through Irish, providing some routines such as roll call in Circle Time, some songs and rhymes in Irish, words of praise etc. In this way, children learn through first-hand experience that there are a number of ways of saying things, English is one way, Irish is another way, yet both have a place in their lives and are valued. For some practitioners, there is a real challenge in accessing the Irish language. However, simple routines such as greetings, phrases for praising children, children's books and recorded songs and rhymes (see www.naionrai.ie and enjoyirish@gmail.com for resources) can open up the area for children and provide the first steps in accessing the rich children's tradition in Irish.

Music, both vocal and instrumental, folk and more formal, is also part of Irish culture. How do we value music, both modern and traditional in our practice? Do we draw on the wide range

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of resources available in both Irish and English and on collections of children's street rhymes and games (e.g. *Spraioi le Chéile*, published by a number of childcare committees, including Donegal Co. Childcare Committee and available online). Do we transmit our childhood songs and games to the children in our care or remain closely tied to CDs from early education shops? One only has to think of the importance of her childhood songs to Christina Noble who brought her Dublin songs to the street children of Vietnam and which sustained her through many difficulties (*In a house that ceased to be*, a film about the work and life of Christina Noble).

We have a rich tradition of folk wisdom and strong connections to place and each local area has its own heritage and lore. This raises the question of how locally connected early years' services are to their own communities. How can early years' settings draw on the local heritage and tradition of the area in which they are situated? As Kirby et al. (2008) say, the aim is not to substitute a reified past for an uncertain present, but in our case to provide a space in which we can draw on the wider linguistic and cultural heritage of all those living in Ireland. This should not be an inward looking ethnocentric view but one that encompasses the heritage languages of newcomer children and families as well as Irish traditions.

HOME LANGUAGE MAINTENANCE FOR IMMIGRANT CHILDREN

Many of the children of immigrant parents attending early years' services are learning English as an additional language. This clearly implies that they are speakers of other languages. Research by Cummins and others (Cummins 2000, Baker 2011) shows the importance of valuing and, where possible, providing support for the home languages of newcomer children. The experience in countries such as the United States with longer histories of immigration than Ireland shows that unless steps are put in place, immigrant children can lose their home languages to the dominant societal language at an early age (Bernhard and Pacini-Ketchabaw 2010). Irish and international research shows that parents often experience schools as unsupportive or oblivious to mother tongue retention and that their children's cultural and linguistic identity takes on a new and unfamiliar shape in a short period of time. Parents' capacity to explain the nuances of their home culture to their children often diminishes and becomes weakened over time. Minority children's understanding and knowledge of their own culture is rarely considered as a valuable resource and the knowledge and experiences of families are ignored as vital funds of knowledge.

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Early years training should include an awareness of the value and role of languages other than English in order to avoid the trap of considering monolingualism as the default or normal position. Additional languages are much more than mere additions to the status quo. It can be difficult to go beyond surface level multicultural activities to more deeply embedded practices that draw on and develop the knowledge of newcomer children. Due to the frequent presence of children from many language backgrounds in any one early years' group, it must be recognised that specific language support is a challenge. However, strategies such as using/making dual language books, CDs and videos of storytelling in diverse languages, involving parents in learning activities and employing bilingual staff on a temporary or more permanent basis offer useful ways of enabling all children to benefit from the diverse cultural and linguistic resources within the group.

CULTURE AND LANGUAGE IN THE EARLY YEARS CURRICULUM: AISTEAR AND SÍOLTA FRAMEWORKS

The *Aistear Síolta* Practice Guide (NCCA, 2015) describes curriculum as the totality of children's experiences, including the activities and experiences through which they can learn and develop and the impact of educators' values and beliefs, both intended and unintended (p. 9). There are many ways of expressing culture in the curriculum. Te Whariki, the New Zealand curriculum, is premised on Maori values and traditions and highlights the values attached to family and place through an

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integrated curriculum using the symbol of a woven mat. The Welsh Foundation Phase for 3-7 year olds, the *Curriculum Cymreig* (Welsh Assembly Government, 2008) in Wales highlights indigenous culture through providing a separate strand, Welsh Language Development, and also advocates integration with the other curricular strands. In Ireland, we have taken a different approach. *Aistear* and *Síolta* are broad frameworks, leaving wide scope for interpretation on individual educator, early years' setting and wider societal bases. Both Irish and English are mentioned in the Communicating strand of *Aistear*, the early years curriculum framework. Irish can be acquired as a first or second language. Emphasis is placed on the fact that not all children or their parents will have Irish or English as their first language.

The four main themes of *Aistear* and linked themes in *Síolta*, as outlined in the audit of similarities and differences between the two frameworks by the NCCA (2009a), will be examined in order to identify how culture and language may be developed through the framework statements.

Aistear: 'The theme of Well-being is about children being confident, happy and healthy.' (NCCA, 2009)

***Síolta* Standard 1: Rights of the Child**. 'Ensuring that each child's rights are met requires that she/he is enabled to exercise choice and to use initiative as an active participant and partner in her/his own development and learning.' (CECDE, 2006)

Both frameworks advocate for the well-being of children, physically, mentally, socially and emotionally. They propose that

children should be given choice and opportunities to use their initiative. Research by Cummins (2000) and others (Baker, 2011) indicates that it is necessary for children's well-being that their cultural and linguistic background is acknowledged and valued. There is a grave danger of lowering self-image and self-esteem if their home language and culture is not respected or if they are denied opportunities to use their home language.

Aistear: 'The theme of Identity and Belonging is about children developing a positive sense of who they are and feeling that they are respected as part of a family and community.' (NCCA, 2009)

***Síolta* Standard 14: Identity and Belonging**. 'Promoting positive identities and a strong sense of belonging requires clearly defined policies, procedures and practices that empower every child and adult to develop a confident self and group identity, and to have a positive understanding and regard for the identity and rights of others.' (CECDE, 2006)

Both statements emphasise the concepts of individual and group identity and the need to actively promote respect for all cultures. The statements can be interpreted in many ways but they are open to the development of strong local and cultural connections and to the inclusion of the home languages and cultures of children from diverse cultures.

Aistear: 'The theme of Communicating is about children sharing their experiences, thoughts, ideas and feelings with others with growing confidence and competence and in a variety of ways and for a variety of purposes.' (NCCA, 2009)

***Síolta* Standard 5: Interactions**. 'Fostering constructive interactions (child/child, child/adult and adult/child) requires explicit policies, procedures and practice that emphasise the value of process and are based on mutual respect, equal partnership and sensitivity.' (CECDE, 2006)

The above statements are concerned with language and other means of expression such as art, music, song, and dance. They indicate that children should be facilitated in expressing their thoughts in all their languages, including their mother tongue and any additional languages they may be learning. The emphasis is on process rather than outcome and the role of the adult is in supporting children to extend their learning.

Aistear: 'The theme Exploring and Thinking is about children making sense of the things, places and people in their world

by interacting with others, playing, investigating, questioning, and forming testing and refining ideas.' (NCCA, 2009)

Síolta Standard 7: Curriculum. 'Encouraging each child's holistic development and learning requires the implementation of a verifiable, broad-based, documented and flexible curriculum or programme.' (CECDE, 2006)

Both statements advocate the active exploration of the environment through play, language and investigation in the context of a well-defined, broad-based curriculum. Children should be encouraged to understand that their experiences can be expressed in several ways and in many languages. Some of the learning opportunities to be provided by adults could include language learning activities.

Taken together, the themes of *Aistear* and *Síolta* standards support a strong focus on language and culture, valuing both the local or Irish culture and the contribution of knowledge to be made by children and adults from diverse cultures.

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CONCLUSION

Irish early years' education and care is undergoing unprecedented change and development. On the one hand, there is increased regulation regarding health, safety, child development and management, on the other flexible frameworks offer opportunities to consider issues, to reflect on practice and to make informed decisions. High quality care demands that we continue the process of reflection, that we debate issues and that, above all, we place the rights and needs of children first. A sense of self-awareness and self-critical continuity with the traditions and movements in Irish life (Kirby et al., 2008, p. 206), coupled with a healthy respect for other traditions will help us develop a shared sense of purpose, a culturally and linguistic awareness of our identity that will enrich the lives of children and of those who care for them.



An **EARLY INTERVENTION MODEL OF SPEECH** and **LANGUAGE THERAPY**

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INTRODUCTION

The Childhood Development Initiative

The Childhood Development Initiative (CDI) is funded under the Irish Government's Area-Based Childhood (ABC) Programme, which builds on the learning to date from the Prevention and Early Intervention Programmes (PEIP). The initiative aims to break the cycle of child poverty in areas where it is most deeply entrenched and to improve the outcomes for children and young people where these are currently significantly poorer than they are for children and young people living elsewhere in the State (DCYA, 2013).

CDI was initially established through a partnership between the Department of Children and Youth Affairs (DCYA) and The Atlantic Philanthropies (AP) under the PEIP, which was set up with the objective of testing innovative ways of delivering services and early interventions for children and young people, including the wider family and community settings. CDI designed, delivered and evaluated a suite of programmes across a spectrum of local needs on language, literacy, health, early years, conflict management and community safety.

The CDI Early Intervention SLT model

The Childhood Development Initiative (CDI) Early Intervention Speech and Language Therapy (SLT) service was a component of the CDI Early Years programme and the Healthy Schools Programme. The Early Years and Healthy Schools Programmes were two of a number of programmes implemented by CDI as part of a ten-year strategy to improve outcomes for disadvantaged children in Tallaght West based on research and needs identified in the area (CDI, 2004). The Early Years programme aimed to improve children's school readiness by targeting children, parents and their environment through the provision of quality early years care and education and access to health services. The Healthy Schools Programme, which was based in five Delivering Equality of Opportunity in Schools (DEIS) schools, aimed to improve children's health outcomes and access to services through a holistic whole-school approach to health promotion. The Speech and Language Therapy service was a component of both programmes. It was an original component of the Early Years programme, which started in 2008, and an addition to the Healthy Schools Programme, from 2009, both of which concluded in August 2012. Funding for all CDI programmes and services was continued on the basis of evidence of achieving outcomes. While both the early years' programme and healthy schools programme showed positive trends, these were not statistically significant,

therefore these programmes ceased in 2012. However, the evaluation of the SLT service showed very positive findings (see below) and so, the SLT service continues in 11 early years' services and five primary schools.

In both cases, the service was implemented in response to an identified need for additional speech and language therapy resources to existing SLT services operating in Tallaght West. Needs identified included lengthy waiting lists for assessment and intervention in local community SLT services. Previous initiatives in the area such as the Early School Leavers project (2000–2002) identified an awareness within schools in the locality of the value of SLT in relation to educational attainments and social and emotional development. This was later identified within the CDI programme also.

OBJECTIVES OF THE EARLY INTERVENTION SLT SERVICE

Primary goals

- The provision of an evidenced based service which responded to the needs of young preschool and school age children (Junior Infants) who presented with speech and language and communication needs within their early years' and educational settings.
- A key element of this service was to support an early identification of need and to put in place appropriate and timely access to SLT in line with best practice. This included the provision of information and support about SLT to referral sources, equitable access for all groups inclusive of ethnicity, disability, social class, language and age. Crucially, it also involved joint working with other professionals involved in assessment and intervention support to children within the service.
- The provision of education, training and support to parents and carers as well as opportunities to have direct involvement in their children's communication intervention.
- The provision of focused and jointly identified training programmes to staff in early year's settings and primary school settings.
- The provision of a supported and timely transition pathway from CDI SLT to community HSE SLT, other specialist settings and educational settings.

“The Early Years and Healthy Schools Programmes were two of a number of programmes implemented by CDI as part of a ten-year strategy to improve outcomes for disadvantaged children in Tallaght West based on research and needs identified in the area.”

Secondary goals

- The provision of close and effective collaboration with the local community HSE SLT service in Tallaght West in promoting an awareness of the process of speech, language, and communication development in young children, identifying risk factors, and providing education on how to minimise the impact of communication difficulties within preschool and school settings.
- Together with the local HSE SLT service to apply influence on policy makers and service providers of the need to integrate locally based speech and language therapy services within community and educational settings with a view to strengthening supports to children with SLT needs and their families.

RESEARCH CONTEXT

Research indicates that speech and language difficulties can be of particular concern in disadvantaged areas such as Tallaght West as children may be more at risk of suffering from multiple disadvantages (Locke et al, 2002).

Various studies have taken place internationally to determine the incidence and prevalence rates of communication difficulties in the general preschool and school age population (Whitehurst and Fishel, 1994; Tomlin et al, 1997; Law et al, 2000). While it remains a challenge to determine the prevalence rates definitively, estimates generally state that between 7% and 10% of all children within the general community are affected by communication difficulties. There is evidence that language impairments persist into adolescence and beyond. Beitchman

et al, 1996, found that 70% of 5 years olds with communication difficulties still had difficulties at age 12 years. Much of this research is UK/international based data and Irish-based research remains limited.

Up to 55% of children in disadvantaged areas may experience speech and language difficulties at age five years (Locke et al, 2002). This is considerably higher than the average and when consideration is given to the impact of communication difficulties in children, it provides a serious challenge to service providers, educational staff, local authorities and government in the provision of speech and language services. In the UK, it is estimated that more than half of children starting preschool in socially deprived areas have delayed language development while their general cognitive abilities are in the average range (Locke et al, 2002).

Vocabulary at age 5 years is a strong predictor of qualifications achieved at school leaving (Feinstein and Duckworth, 2006). Blanden (2006) reported that vocabulary has been found to be the best predictor of whether children who experienced social deprivation in childhood were able to 'buck the trend' and escape poverty in later adulthood (Better Communication, Royal College of Speech and Language Therapists [RCSLT], 2012). Children with average ability and poor vocabulary levels at age 5 years were found to be one and a half times more likely to have literacy problems or have mental health difficulties at age 34 years. This same group was more than twice as likely to be unemployed as those who had normally developing language at age 5 years (Law et al 2010, Better Communication RCSLT, 2012). Reduced vocabulary levels are evident amongst the child population in socially deprived areas. Local unpublished research carried out in 2000 with Trinity College Dublin (TCD) undergraduate students showed high incidence of reduced vocabulary in children attending a local national school in Tallaght West (79%).

Research also indicates that early speech and language difficulties have a long-term negative impact on children's literacy and learning (Conti-Ramsden et al., 2001; Leita0 & Fletcher, 2004). Speech and language difficulties can also have negative social ramifications in the short- and long-term (Clegg, Hollis & Rutter, 1999; Gallagher et al. 2000; Knox 2002; Snowling et al., 2001). Moreover, the long-term effects of speech and language difficulties are much greater when difficulties are not resolved by the time a child attends primary school (Bishop & Adams, 1990). It is important to remember that such research findings have implications at a

societal level as well as at an individual level. In particular, these findings combine to indicate that although speech and language prevalence is under-researched in an Irish context, children in disadvantaged areas in Ireland are likely to be at a heightened risk of suffering from speech and language difficulties and, in turn, of experiencing the long-term and wide-ranging effects of such difficulties.

At intervention level, research is now advancing that indicates the benefits of SLT at both individual and population levels. The Better Communication Research Programme UK is showing evidence that small group interventions delivered by wider children's workforce as well as changes to settings and classroom environments can improve children's language and communication skills (Better Communication RCSLT, 2012). Various initiatives targeted at population level and reflecting a co-ordinated community-wide, multi-agency approach can have positive outcomes on children's early years through upskilling staff working with children and empowering parents (Better Communication RCSLT, 2012).

WHAT THE SERVICE ENTAILED

One of the aims of CDI's overall strategy is to encourage better integration of education, social care and health provision. Therefore, a 'three-pronged approach' to SLT was adopted, alongside delivering onsite in early years and school settings. The model includes:

- Assessment and therapy (where necessary) to **children** referred.
- Training and support to **parents** of children receiving therapy.
- Training and support to **staff** in the early years' services and primary schools.

The CDI SLT service is designed to give parents a key role in their child's language development. As well as parents receiving one-to-one support from the therapist, information sessions are held for parents, both those who do and those who do not have children receiving therapy. At the start of each academic year coffee mornings are held with parents to introduce the service and therapist. Training needs are identified through these coffee mornings with numerous information sessions being held. In this way, parents are aided in their ability to identify their child's SLT needs, to refer their child to the service and to support their child's development.

As well as providing assessment and therapy to children and support to parents, the third element to the three-pronged

approach involves providing training and support to staff – both in the early years and school settings. Staff in the early years' services received accredited training, in Hanen¹ and Elklan², which enabled them to apply key strategies to provide a rich and stimulating language learning environment for young children, encourage language development, build early literacy skills, and provide a physical and social environment that encourages peer interaction. Similar accredited training is also offered to primary school teachers.

In order to get the service up and running, a number of structures were put in place to support both the therapists and service delivery. A Memorandum of Understanding (MoU) and dual policy were developed which clearly outlined roles and responsibilities as well as lines of communication. Clinical supervision is provided by the HSE Principal Speech and Language Therapist, with CDI providing non-clinical support and supervision. Reports are provided to CDI with follow-up meetings. All of these structures ensure effective support and communication.

EVALUATION OF THE CDI SLT SERVICE

A retrospective evaluation of the CDI speech and language therapy service was undertaken by the Dublin Institute of Technology (DIT) in 2012 (see <http://www.twcdi.ie/images/uploads/general/CDI-SLT-Report-09.11-web.pdf>). The design consisted of two strands; the first quantitative strand examined the referral, uptake and outcomes of the service. The second qualitative strand was a process evaluation, which looked at the implementation (concurrently, where possible, and retrospectively when required) of the programme from the perspective of preschool and school staff, speech and language therapists, parents and CDI staff. As an added layer to the process evaluation, data from other local speech and language services was obtained to provide a point of comparison to the CDI service design.

- 192 children were referred to the service, with 157 accepted. Of the 35 that were not accepted, 28 were assessed as being within normal limits; five were already in receipt of a SLT service; and two were unknown.
- The average age of the children: CDI SLT – 2 years and 9 months; HSE services – 6 years 5 months to 7 years 9 months.
- Waiting times for the CDI service was up to four weeks, with the HSE being up to a year.
- Attendance at the CDI SLT initial assessment was reported to be close to 100% – HSE states 50%.
- 54.6%-60% had not been previously referred to other speech and language therapy services.

¹ Hanen training provides practitioners with practical, interactive strategies for promoting children's language development which also helps lay the foundations of literacy.

² Elklan training helps practitioners promote the communication skills of all young children but particularly those with speech and language difficulties.

- 18% were discharged within normal limits following therapy, duration of which was up to six weeks therapy.
- 51% were transferred to the HSE and other specialist services.
- There is a potential for a further 31% to be discharged within normal limits (i.e. that they will not require further intervention).
- 38 children were referred to other services (Ear, Nose and Throat specialists - n = 12; Assessment of Need - n = 8; and audiology - n = 7).

Parents' views of the CDI Service

- Children are more ready for school – developmentally and socially.
- Parents have more confidence in responding to their child's difficulties.
- Parents have a better understanding of speech and language.
- A “ripple effect” occurred – parents applied the learning to other children in their family.

Early years/schools views

- Practitioners/teachers reported a deeper understanding of speech and language development and concerns.
- There were changes in practice as a result of speech and language training.
- Practitioners/teachers had more access to support and advice.

Evaluation conclusion

- Accessibility – on-site delivery makes it easier for children and parents to access.
- Early intervention leads to better outcomes – intervening early, both in terms of identification of SLT needs, and onward referral of children with other concerns.
- Parents and staff knowledge has greatly improved – there has been increased ability to respond and support children with SLT needs (population health approach).
- Given the number of children not already referred to a speech and language service, this model of service delivery is ‘filling that gap’.

CONCLUSION

Being able to effectively respond to a need gives a lot of satisfaction to all concerned. In areas of complex multiple needs, close working relationships is paramount. Delivering this type of intervention is very much dependent on interagency collaboration and working. While we continue to work with limited resources and an ever changing landscape,

it is even more important that we keep communication open, honest and frequent. Being able to remove one element of disadvantage from children and families requires thorough planning, design and implementation. We continue to learn from this model of intervention and need to keep the needs of the community at the forefront and be adaptable in our approach to meeting those needs.

For more information see www.twcdi.ie

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The Parent and CHILD HUB

Preschool-based Language Support Initiative in Dublin South West Inner City

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OVERVIEW OF THE 'PARENT AND CHILD HUB'

The Dublin South West Inner City 'Parent and Child Hub' is a universal preventative family support service delivery initiative open to all parents of children aged from zero to six years living in the Dublin South West Inner City area. The model was developed over the last four years through the **Dublin South West Inner City National Early Years Access Initiative (NEYAI) project: Integration of Services and Continuum of Care Demonstration Model for Children 0-6 Years** undertaken in the Dublin South West Inner City area by a Consortium of 11 partners:

- Barnardos Rialto Family Centre (lead agency)
- Dublin City Childcare Committee
- Fatima Children's Day Care Centre

- Health Services Executive Speech and Language Therapy Department
- St Joseph's Preschool
- Dolphin House Crèche
- Tír na nÓg Preschool
- Department of Clinical Speech and Language Studies Trinity College Dublin
- Rialto Springboard Project
- St James's National School
- Early Childhood Ireland

The aim of Parent and Child Hub is to support and improve preventative service delivery to children 0-6 years through providing them and their parents with multiple access points

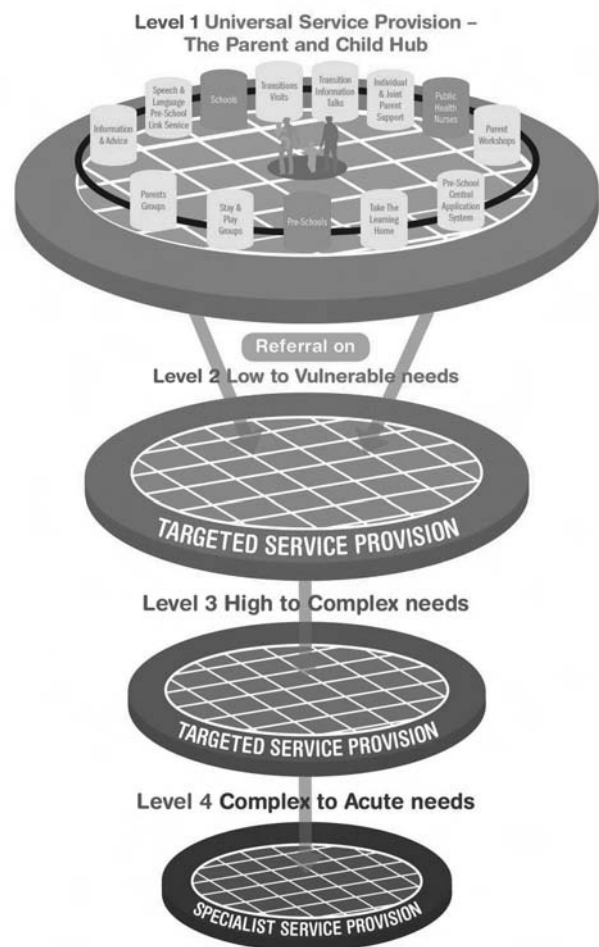
to universal support. These include those services that might, in the first instance, help prevent problems from arising for the family and those that could help identify problems and supports needed at an early stage. At the core of the Parent and Child Hub model is supporting the parent as the 'key primary support' to their child and the recognition that better outcomes for children can be achieved through supporting their parents.

The approach is based on progressive universalism, which involves combining universal services with targeted interventions for parents and children with additional needs. Interventions at this level aim to strengthen informal support networks, which, in turn, can lead to better outcomes for children.

The Parent and Child Hub is underpinned by the Dublin South West Inner City consortium partners' approach to integrated working, which involves services working together as one unit with the goal of enhancing front-line service provision to meet the needs of children 0-6 years and their families in the area. The aim is to harness the collective efficiency and effectiveness of the partners to provide a seamless continuum of services to children and families. The approach is based on the premise that integrated working can lead to better functioning of front-line services and better outcomes for children.

For those accessing services through Parent and Child Hub, the experience should be seamless, needs-driven and based within the local community. The Parent and Child Hub makes a range of resources, supports and experiences locally accessible to parents, including:

- Guidance and support relating to parenting and child development.
- Signposting to other resources, services and supports.
- **Stay and Play** groups providing opportunities in the community for children 0-3 and parents to come together to share experiences and learn.
- The **Stepping Stones Transition Programme** to support children with their transition from preschool to school.
- The **Take the Learning Home Programme** supporting children in junior infants through improved parent-school partnerships.
- **Language Support Initiative** supporting speech development and language acquisition in the preschool through Speech and Language Therapy and Preschool Service Collaboration and the development of the **Preschool Link Service**.



PARENT AND CHILD HUB - LANGUAGE SUPPORT INITIATIVE

The Language Support Initiative aims to support speech development and language acquisition in the preschool through the collaboration of the H.S.E. Speech and Language Therapy Service and local Preschool Services. The two key objectives of the consortium with regard to language support were to:

1. Implement a sustainable, collaborative, and universal early intervention approach to communication and language development for all children 0-6 years within early years settings.
2. Improve speech and language outcomes for children with speech and language difficulties/delays by means of ensuring that early years staff had the tools to identify and support children, and refer on for assessment as necessary.

To achieve these objectives it was a prerequisite that early years staff in participating preschools upskill in the area of language acquisition, with the intention of promoting appropriate communication with all children and to help staff identify the level of need of children attending their service. In addition, the building of relationships and links between the early years staff and local speech and language therapists was also viewed as essential to achieving the objective. It was recognised that a positive relationship would create an environment of openness to encourage the exchange and sharing of information.

A decision was taken to provide local speech and language therapists with training so that they could become trainers in the Hanen programme 'Learning Language and Loving It' (see www.hanen.org for more information). The therapists would then deliver training to early years staff in the community. This was considered the most appropriate way to build relationships and create links between the two professions rather than bringing in outside trainers. Furthermore, it was seen as a way to build a sustainable training resource within the community.

The chosen training programme 'Learning Language and Loving It' was selected on the basis that it was designed for early educators, as it would 'equip them with the theory, knowledge and practical strategies to promote speech, language and communication development' (South West Inner City NEYA Consortium 2014). As this work was underpinned by Siolta, the National Quality Framework for Early Childhood Education, and Aistear, the Early

Childhood Curriculum Framework, the training had a natural link with Siolta Standards of Interactions and Professional Practice and the Aistear theme of Communication.

The speech and language therapists were also provided with training in the 'Elklan' programme so that they could support preschool staff working with children with additional speech and language needs (see www.elklan.co.uk).

Achievable outcomes were then set out and it was decided that three of the five preschools on the consortium and the local speech and language department would partake in the initial training. The following steps were taken:

- Community speech and language therapists were upskilled to become trainers in the Hanen 'Learning Language and Loving It' programme.
- Two therapists were then allocated time to deliver training to early years staff (it needs to be noted that time given was from therapists' clinic work). Training was delivered to all staff in the participating early years services and took place over a ten-week period (training was attended outside of working hours). Training consisted of 1.5 hour weekly sessions. Each early years participant completed five video sessions during the training period, which was a requirement of the Hanen training. The videos were analysed by the trainer and trainee together, and used as a tool for trainees to look at communication practices with young children. Observations were made on appropriate interactions and recommendations made on how to embed these into practice.
- During the training period, the speech and language therapists linked with services monthly to offer support and advice around the use of Hanen strategies with children who were presenting with minor language delays or to recommend referrals for assessment for children with more specific needs. This meant that referrals made to the speech and language department were appropriate.

On completion of the training, one of the speech and language therapists was allocated time to continue visits to early years services once a month (again, time allocated was given from clinic work), becoming the link person to the preschool. Subsequent visits from the therapist ensured that early years staff's newly obtained knowledge was embedded in the service and individual practice. In addition to speech referrals, the link

person also helped early years staff to access appropriate services/referrals for children with other additional needs. For children who attended the preschool but lived outside the local speech department catchment area, information on appropriate departments were given in order to send on referrals, which in the past could be very time consuming for early years staff. Furthermore, children known to the local speech and language department were observed (not assessed) in the natural environment of the preschool setting. As a result, the therapist was able to gain more information about the child and discuss Hanen strategies to be used with the child with preschool staff. Work given by the therapist for individual children could also be discussed at visits. This reassured staff that they were carrying it out appropriately.

A REVIEW OF THE OUTCOMES

At the end of the NEYAI project a review of the outcomes of the objective goals took place. All those involved agreed that the visits had many positive values and should continue beyond the NEYAI, as long as resources within services permitted this to happen. Benefits included the positive relationships built between services, the promotion of collaborative work, the building of a language rich environment, which supported children's language development and provided early intervention for children presenting with language difficulties.

In addition to work being carried out at visits, it was agreed that speech and language therapist visits could also be used as an avenue to address parents' need for advice around

“Benefits included the positive relationships built between services, the promotion of collaborative work, the building of a language rich environment, which supported children's language development and provided early intervention for children presenting with language difficulties.”

concerns they had about language development. Advisory sessions could be either on an individual or group basis during set visits. Early years staff were also made aware of a drop-in advice service that the speech and language department offered monthly, and parents could be directed here should the need arise between visits. To track progress and for accountability purposes, a set format to the visits was agreed, and any issues/concerns presented and advice given are now documented.

EVALUATION

From the beginning of this Initiative, part of the consortium's work was to evaluate the outcomes for children. Trinity College Dublin department of Clinic Speech and Language Studies oversaw research and evaluation of this action. Research findings can be read in the document *Preschoolers get Talking & Communicating* (South West Inner City NEYAI Consortium, 2014).

As part of the evaluation, all children between the ages of three and four in all three services received a language assessment pre- and post-training of staff. The logic behind these assessments was to determine the impact of training on children's language ability. The nominated speech and language therapist, along with three student speech and language therapists, conducted the assessments. During both assessments, any child who presented with speech and language problems was sent for further assessments in the clinic setting with parental consent.

All staff involved in training took part in pre- and post-training questionnaires and evaluations. Focus groups were held pre-training and two speech and language therapists not involved in the training facilitated these groups. Questionnaires and focus groups were used to gather information from early years staff on their experiences, their relationships with the speech and language therapist department, and knowledge of children's speech, language and communication development.

Results of the evaluation suggest the following:

- Information obtained pre-training showed that early years staff conveyed a willingness to build relationships with the speech and language therapist. They stated barriers to engaging with the speech and language therapist included, but are not limited to, lack of personal contact with the speech and language therapist and their own confidence to share information.

- In relation to children's speech and language development, the focus of early years staff was on children's speech, and the evaluation found that 'language and communication difficulties were more likely to be over looked' (South West Inner City NEYAI Consortium, 2014).
- Post-training, early years staff reported finding training useful for refreshing their knowledge, reaffirming their current practice and for learning new techniques. Furthermore, they noted their awareness of communication had increased which has led to a change in how they communicated with children.
- Early years staff also stated that the speech and language therapist is now contactable and approachable and feel their options matter and see it as the 'start of ongoing process of engagement with speech and language therapist service'.
- All those involved in the training found it advantageous that all staff connected with individual services completed the training together. As a result they were able to learn from and support each other during and following training. The use of the Hanen training was highly rated by most staff. However, some found the strategies basic and the training too long.
- In general, training helped to build up relationships and supported early years staff to develop skills in the area of language acquisition.

After considering all of the information obtained, a decision was made for future upskilling of early years staff. Taking into account time commitments needed from both trainers and early years staff and information provided from the earlier training sessions, it was decided that the new training to be implemented would be a shorter version of the Hanen programme entitled 'Teacher Talk'. Two additional preschools have subsequently completed training in 'Teacher Talk', which brings the total number of preschools upskilled in the local area to five.

CONCLUSION

Six months after NEYAI concluded officially, we see that the initial objectives have been embedded within services and the

Language Support Initiative is a key part of the Parent and Child Hub Model. The visits from speech and language therapists have been officially named by the consortium as, The Speech and Language Therapist and Preschool Links Service.

Following training and the continued collaborative work that is currently taking place between the services, early years staff are more confident that they are carrying out speech and language work appropriately and parents have more direct access to information on additional services in their local community preschool. What this project has shown is that relationship building takes time and needs a common goal, but the benefits for children and parents far outweighs the juggling of resources and time.

Many challenges and hurdles lie ahead which could jeopardise the future of the Links Service. Sustainability of the objective is at risk due to limited resources within both preschools and speech and language therapy department. For example:

- For the speech and language therapy department to providing ongoing resources to the preschools or to extend the service to other preschools is a balancing game, as time is being allocated from clinic times.
- Preschool services may also struggle to ensure there is enough staff to cover ratios in classrooms when a staff member is released to engage with speech and language therapist.

With regard to the training of staff, 'Preschool children in Ireland spend significant proportions of their day in care and education settings...equipping early childhood educators with the skills to maximise children language development is advantageous in promoting child language development in a universal approach to maximising language and communication skills' (South West Inner City NEYAI Consortium, 2014).

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An Introduction to HAPPY TALK

AOIFE O'SHEA, Manager, Coordinator and Senior Speech & Language Therapist, Happy Talk, Cork

WHAT IS HAPPY TALK?

'Happy Talk is a novel and innovative project which... uses an innovative blend of coaching, parental engagement, building awareness, training and upskilling to improve the speech and language outcomes of children in the 0-6 age group in the community.'

Happy Talk Evaluation (2014)

Happy Talk is a language development project that works in the areas of The Glen and Mayfield in Cork City. Since 2011, Happy Talk has worked with children aged 0 to 6 years, their families and early years' staff in schools, preschools, crèches, parent-toddler groups, and public health nurse clinics. Happy Talk seeks to:

- Improve the oral language and early literacy skills of children (aged 0-6) living in The Glen and Mayfield.

- Develop a language rich environment in The Glen and Mayfield where an awareness of the importance of language development is increased.
- Help at-risk children with specific difficulties to link in with appropriate services, e.g. HSE services, Autism Spectrum Disorder services, Early Intervention Forum.
- Evaluate the impact of the support provided by Happy Talk to the children, parents, teachers and early years' staff and feed the learning outcomes into national policy.

Happy Talk is sustained by a consortium of organisations who support the work of the Happy Talk Team including Cork City Partnership (lead agency), Barnardos, Tusla, HSE, Cork City Council, Cork Education & Training Board, Cork City Childcare Company and University College Cork. The Happy Talk Team is made up of a coordinator, and speech and language therapists, who are employed by Cork City Partnership to work in the community with all children (0-6 years) and their families.

Happy Talk was initially funded by National Early Years Access Initiative (NEYAI), as a three year demonstration project and by Tom Cavanagh of Tomar Trust, a local philanthropic fund.

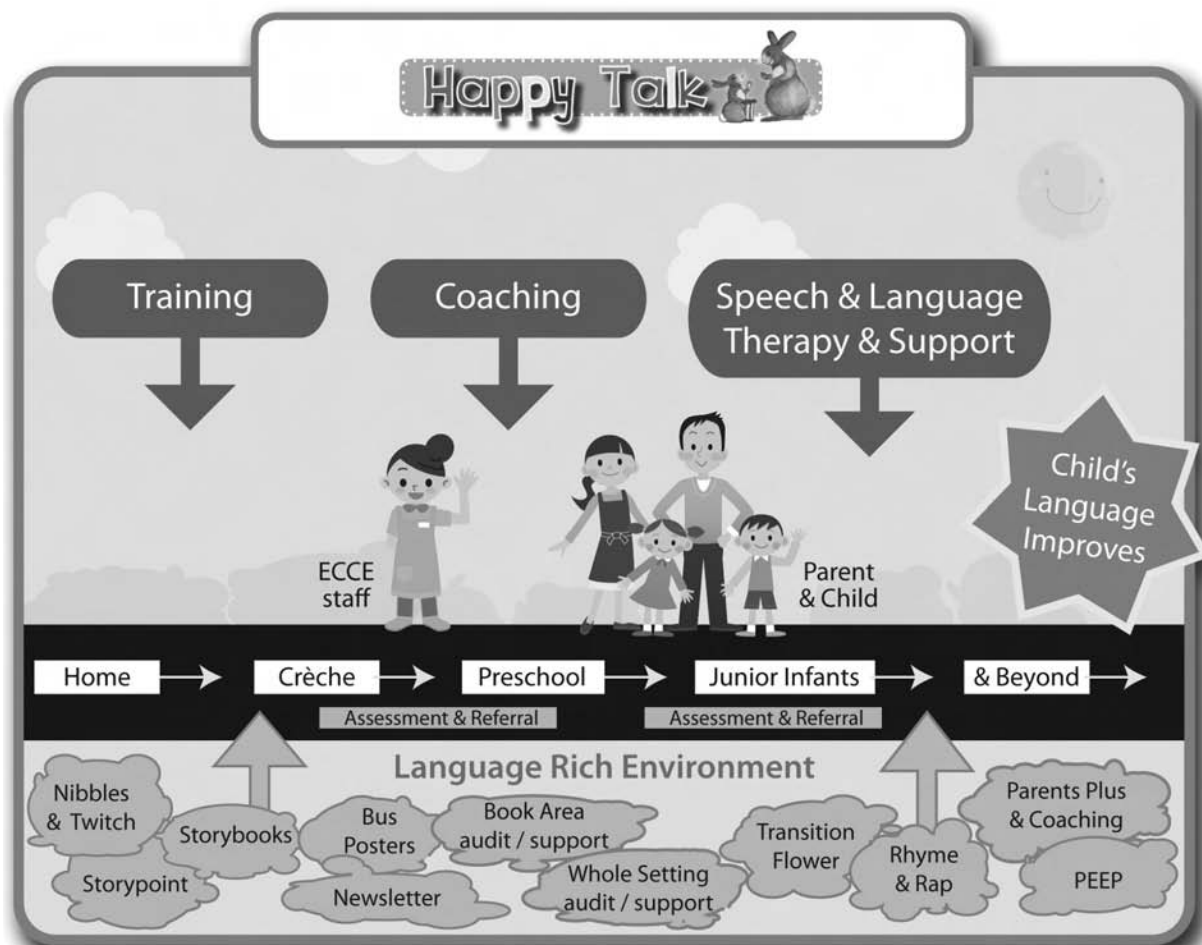
Following the conclusion of the NEYAI in 2014, Tomar Trust continues to fund the project, along with some of the members of our consortium, namely our lead agency, Cork City Partnership, Tusla, HSE and Cork City Council.

The work of Happy Talk is based on, and supports, the following themes and approaches:

- Universal provision of targeted programmes
- Evidence-based and inclusive programmes
- Community based and community wide initiatives developing a 'Language Rich Environment'
- Prevention and early intervention
- Providing a wrap-around service
- Engaging partners, e.g. parents, teachers and early years' staff, families etc.

HOW HAPPY TALK WORKS

The Happy Talk coordinator and speech and language therapists (SLTs) work out and about in the community, building relationships and working with existing settings and services such as schools, preschools and public health nurse clinics. Happy Talk SLTs are well known and accessible to parents, families and early years' staff alike. Happy Talk refers





children to acute services when appropriate. It is *not* designed to replace the services currently provided by the HSE in this area, however, rather Happy Talk is an additional service, concerned with the whole population of children from birth to six, regardless of ability or access to resources.

Happy Talk delivers programmes that are evidence-based and include baby clinics, crèche, preschool and junior infant programmes, as well as community-based programmes to develop a 'Language Rich Environment'. Though targeted, these programmes are offered universally to all children in the classroom, preschool, crèche or baby clinic. Happy Talk follows a preventative, early intervention approach to speech and language therapy and is directly concerned with the international research that demonstrates the importance of early intervention in literacy and language development, particularly in areas of social disadvantage. Poor language and literacy are indicators of poor personal and societal outcomes, such as antisocial behaviour, substance misuse, low lifetime earnings, criminality and incarceration. By working with children from birth to six years, Happy Talk seeks to influence these life-long outcomes, and change the lives of the children in The Glen and Mayfield for the better.

Along with delivering these targeted programmes, Happy Talk works to develop a 'Language Rich Environment' in the community. In Happy Talk the 'Language Rich Environment' refers to the community in which the more targeted work of Happy Talk occurs, and the strategies and resources

developed as part of Happy Talk to promote community-based and community wide support of language development for children aged from birth to six. Language Rich Environment looks at every community the child belongs to including their home, early years/education setting and wider community. Happy Talk has developed lots of resources which can be used throughout the community in various ways to promote language development for children: Happy Talk Books, Happy Talk Posters, Information Sheets/Handouts, Happy Talk Communication Wheel (a developmental resource used to show parents what they can expect from their baby's development) , Book/Whole Setting Audits (self-assessment audits used by staff to audit their setting) the Transition Flower (a tool used to support the transition from preschool to school).

WHAT HAPPENS DURING HAPPY TALK?

During the Happy Talk sessions in Junior Infants, preschool and crèche the Happy Talk SLTs work with parents and staff and children to build capacity to promote language development. Happy Talk takes an approach that includes both training and coaching, and so parents and/or staff attend for a training session first, on their own with the Happy Talk SLT and, following this, go into the classroom, preschool, or crèche to work directly with the children or their child. Each programme is delivered during each term of the academic year, with four hour-long sessions offered to parents and/or staff each term. An example of the goals/content of the sessions is outlined in the table below:

Programme	Goal 1	Activity	Goal 2	Activity	Goal 3	Activity
Crèche	Listening	Hello Song	Pre-verbal Skills	Eye Contact & Joint Attention	Action Songs and Rhymes	Peepo Song
Preschool	Listening	Listening Rules & Game	Learning New Words	Body Parts: Toe to Toe	Awareness of Sounds	Blending Compound Words Rhyme Time
Junior Infants	Listening	Listening Rules and Game	Sharing Stories	Story Map	Awareness of Sounds	Generating Rhyme: Did You Ever See? Rhyme Time

HAPPY TALK STRATEGIES

In a session the Happy Talk SLT will use the Happy Talk puppets Nibbles and Twitch to practice the Happy Talk Listening Rules:

Look with your eyes,
Listen with your ears,
Mouth is closed,
Hands are still
Feet on the ground.

Parents, staff and children practice the Happy Talk Listening Rules together and play games to practice their listening skills.

Following this, the parents and staff practice a new skill or activity to promote language development. Everybody who takes part in Happy Talk starts with the Happy Talk Language Development Strategies: Modelling, Expanding, and Balancing Questions and Comments. These strategies are used by adults to help encourage children to develop their language, and can be used regardless of what level the child's language is at.

Modelling

Say the word the right way for your child. Provide a 'model' or example of how to communicate. Model an example of a specific language or speech target.

Expanding

Repeat what the child says, adding a word or two in order to:

- make a complete sentence
- focus on specific targets, or
- add new language.

Balancing Questions and Comment

Use the 'Hand Rule' to provide comments, repetitions, expansions and explanations instead of asking questions all the time (Elks & McLachlan, 2009).

Happy Talk Programme Manual

When parents and staff have learned the Happy Talk Strategies, the strategies are used to practice learning all types of language. The following topics are covered in Term 2

& 3 of the Preschool Programme: Learning New Words (New Vocabulary, Prepositions, Categorisation, Sub-categorisation) & Sharing Books and Stories (Reading Together, Pretend Play Through Stories, Bringing Books Alive, Mindmaps). In Term 2 & 3 of the Junior Infant Programme the following topics are covered: Learning New Words (Sorting, Linking Words, Describing Words, Action Words/Verbs) & Sharing Stories (Story Map, Colourful Stories, Linking Words, Role Play).

The final part of every Happy Talk Session is focused on phonological awareness and early reading (literacy) skills. The children learn about rhythm, awareness of sounds and rhyme to prepare them for learning how to read. Happy Talk always finishes with a nursery rhyme and play games, saying the nursery rhymes with funny voices. Nursery rhymes are important for helping children to develop their early reading skills. When children learn nursery rhymes, it is often the first time they think about the sounds in a word, not just the word's meaning. For example, in Humpty Dumpty the words 'wall' and 'fall' don't mean the same thing, but they are related because they *sound* alike. We try to have lots of fun at Happy Talk, and children, parents and staff alike benefit from spending time together, talking, doing activities and playing games.

DOES HAPPY TALK WORK?

'Happy Talk undertook standardised assessments of Junior Infants at the beginning and end of each academic year. When the data over the three years was collated and analysed it showed that there was a significant improvement in the children's speech and language from the beginning of the intervention to the end of it. What does this mean? Happy Talk works.'

Happy Talk Evaluation (2014)

To date, Happy Talk has been evaluated by a local evaluation (<http://corkcitypartnership.ie/wp-content/uploads/2013/09/Happy-Talk-Evaluation-Final-Report.pdf>) and national evaluation through the NEYAI. Happy Talk works with approximately 450 children each year and 100 early years staff each year.

Our local evaluation shows improvements in language outcomes for the children attending school in The Glen and Mayfield across the three years of the project. Not only that but the Happy Talk Evaluation (2014) reports the following highlights and achievements:

Measurable gains in language development

Standardised assessments and statistical analysis show significant improvements in children's language between the beginning of the intervention and the end of the intervention. This means Happy Talk works.

Parental engagement

It can be very difficult to engage with families and parent in disadvantaged communities. Individuals may be experiencing multiple forms of disadvantage and exclusion. Happy Talk found a model of working with parents that really worked. 75% of parents with children in the 0-6 age group in the area participated.

Awareness of oral language

Oral language is the building block of all learning. The evaluation found very high levels of awareness on the topic. The early childhood care and education and the mainstream education providers in The Glen and Mayfield have a lasting legacy of skills and knowledge, which should have a positive impact on a whole generation of children in the area. Happy Talk leave a legacy of the importance of oral language.

Interagency working

Happy Talk has been run as a Consortium. While it has not been without its difficulties, the members have stayed focused on the key issue, retained overall a shared set of objectives and ultimately worked together to ensure that the project could be sustained through a joint commitment of resource. Happy Talk has emerged as a positive model of interagency working.

Quality agenda

Happy Talk did not focus specifically on improving quality in settings, however the coaching and training provided to staff together with ancillary initiatives like the Whole Setting Audit have supported an overall improvement in quality across the participating settings. Long-term improvement in settings will support quality agenda and will make initiatives like Happy Talk more effective in these settings.

Happy Talk Spreads Its Wings

Following our initial three years at Happy Talk, we have developed various evidence-based programmes to promote a universal approach to language development, including Junior Infant, preschool and crèche programmes, resources for a Baby Clinic and resources to promote a language rich environment. These resources have been drawn together to make the Happy Talk Programmes Manual, a resource

designed to help speech and language therapists to replicate the work of Happy Talk in part or in full. This resource, along with training, is currently being shared nationally with speech and language therapists. It is hoped that the Happy Talk Programmes Manual will not only be a useful resource for our own speech and language therapists, but will be used by speech and language therapists all over Ireland to advocate for the universal provision of targeted services for at risk populations, such as children from disadvantaged backgrounds.

WHAT WILL THE FUTURE BRING FOR HAPPY TALK?

Happy Talk is currently funded until July 2015, and is actively seeking funding to continue for a further three years. Given the opportunity, Happy Talk wishes to spread its wings even further across Cork City and beyond. Happy Talk also works with and supports speech and language therapists working in other projects, and for other organisations, who are delivering Happy Talk Programmes as part of their work. Happy Talk hopes to leave a legacy in the community for the children living in The Glen and Mayfield, for the staff working in these areas and the children who will attend their settings in the future, and nationally for speech and language therapist.

FOR FURTHER INFORMATION ABOUT HAPPY TALK PLEASE CONTACT:

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MARION SHIEL, Speech and Language Therapist

The Long-Term Impact of Speech Language and Communication Needs

INTRODUCTION

While the majority of children acquire language with astonishing facility, there are some who struggle to develop language and may regularly experience frustration and even failure in their communication. The term Speech Language and Communication Needs (SLCN) is most frequently used to describe such difficulties, particularly as they persist into later childhood and adolescence.

This article will look at SLCN as it persists into, or is first identified in, later childhood and adolescence. It will also focus on how central language and communication are to the development of social, emotional and academic development. In particular, it will focus on more recent research into social disadvantage and SLCN. Additional information on campaigns and websites that address the high level of undetected SLCN in adolescent, secondary school and criminal justice populations are referenced at the end of this article.

SPEECH LANGUAGE AND COMMUNICATION NEEDS (SLCN)

It is important to highlight the fact that SLCN is an umbrella term.

ICAN, the Children's Communication Charity, state that 'the nature of more persistent language difficulties depends on the severity and type of SLCN which can be difficult to define, and is very varied. However young people continue to have difficulty with both understanding and producing language' (ICAN, 2011, p.7).

Children who have SLCN can experience difficulties with:

1. **Receptive language** and/or **expressive language**: difficulties in the understanding and expression of vocabulary and/or grammar.
2. **Pragmatic language** (social use of language).
3. **Speech sounds**: difficulties with pronunciation /articulation of speech sounds.

4. **Fluency** (stuttering/ stammering or cluttering), where speech is dysfluent because of repetition or prolonging or blocking of sounds, syllable or words, or where sounds syllables or words may be omitted and speech appear rapid.
5. **Voice:** hoarseness/strain or loss of voice, problems with nasal tone.

Specific Language Impairment (SLI)

A small percentage of children with SLCN have a difficulty with learning language known as Specific Language Impairment (SLI). SLI is diagnosed when a child's language development is deficient for no obvious reason (Bishop, 2005). The incidence of SLI is generally quoted as 3% (Bishop, 2012) For further information on this common but little known condition see RALLI (Raising Awareness of Language Learning Impairments) campaign on Youtube (<https://www.youtube.com/user/RALLIcampaign>)

Associated developmental and neurological disorders

SLCN can occur in association with other developmental and neurological disorders, for example Hearing Loss, Autistic Spectrum Disorder (ASD), Cerebral Palsy, Attention Deficit Hyperactivity Disorder (ADHD), General Learning Disability and Down's syndrome.

Gender

Significantly more boys than girls present with SLCN (approximately 3:1)

Social disadvantage

It is important to note here that SLCN associated with any of the above mentioned risk factors and conditions can occur in any child, regardless of social advantage/disadvantage. However, social disadvantage itself has been shown to be a significant risk factor for SLCN. While it is estimated that 10% of all children have SLCN (Bryan et al, 2007), research has indicated that 50% of children in socially disadvantaged areas have SLCN (with verbal skills being more vulnerable to delay than non-verbal skills) (Locke et al, 2002). The link between social disadvantage and SLCN is further discussed later in this article.

LONG-TERM SLCN

SLCN is more often thought of in relation to early childhood and less is generally known of the long-term nature of SLCN, or of

the associated difficulties that persist or emerge in later childhood or adolescence.

Longitudinal studies of pre-school children with language and communication difficulties have shown that SLCN is often persistent and long-term in nature and that it impacts on all aspects of development including literacy, educational attainment, and social, emotional and behavioural functioning (Johnson et al., 2010). The risk of wide-ranging social, emotional and behavioural difficulties includes problems with self-esteem, peer relations and friendships, bullying, hyperactivity, anxiety and depression, and employment prospects (Joffe, 2013).

It is estimated that 10% of all children and young people have SLCN which are likely to be long term or persistent and which are due to a difficulty learning language (ICAN, 2011). As research continues it may transpire that this figure is an underestimate.

It is thought that for some young people SLCN may resolve while for other young people SLCN may only become obvious during adolescence. 'Illusory recovery' has also been described, where language difficulties seem to resolve during the primary phase of schooling only to re-emerge during the secondary phase (Sothard et al., 1998). This later emergence, or re-emergence, of SLCN is considered to be linked with the very significant increases in both academic and social demands on language ability that occur during adolescence.

As has been noted earlier, and will be further discussed further below, the incidence of SLCN is particularly high – 50% – in areas of marked social disadvantage (Locke et al, 2002).

ISSUES ASSOCIATED WITH SLCN

SLCN and social and emotional development

Parents eagerly await their children's' first words, and the timely emergence of language is an important factor in the positive development of the parent-child relationship and of the child's emotional development. When children are slow to develop language skills they are more likely to have temper tantrums as they struggle to understand what is being said and as they struggle to express themselves.

Anxiety, 'shyness' and over-dependence are also more likely in a child with poor language functioning (Paul & Kellogg, 1997). Social difficulties may persist and adolescents with SLCN have been found to be significantly shyer, and have poorer quality of friendships (Brinton & Fujiki, 1996). Furthermore, parents of children with delayed language

commonly perceive their child as temperamentally difficult and hard to manage relative to children who are developing language normally (Rice et al, 1991).

Interventions that aim to support children's SLCN need also to support the parent-child relationship and the child's emotional and social development.

SLCN and emotional and behavioural difficulties (EBD)

The relationship between SLCN and emotional and behavioural difficulties (EBD) is a complex one; in some cases both may be linked with other associated or underlying developmental difficulties or with other adversity. However, whatever the relationship, it is the case that EBD often reflect an underlying SLCN, and in many cases may mask SLCN. While there is now

more awareness that many young people with EBD have underlying SLCN, it is still the case the SLCN often remain undetected, and hence untreated.

Recent studies, quoted by NBSS (National Behavioural Support Service) give the following figures for prevalence of undetected SLCN in different populations:

- 74% of students with identified social, emotional and behavioural disorders, including ADHD (Stringer & Lozano, 2007)
- 66% of excluded males (Clegg et al, 2009)
- 46-67% of youth offenders (Bryan et al, 2007)

A study by Cohen et al. (1993) found that of 288 4-12 year olds referred to a Child Psychiatric Service, 99 (34.4%) had SLCN not previously suspected (111 of those referred had

The following chart illustrates the 'hidden nature' of SLCN for adolescents and identifies typical behaviours a teenager with SLCN might have in a typical day.

POOR UNDERSTANDING

- Cannot follow instructions correctly, remembers the last thing you told them or looks blank.
- Consistently breaks the rules despite being reminded numerous times by staff.
- Poor understanding of sanctions, feels they are being treated unfairly.
- Unable to summarise written text.

POOR SOCIAL AND COMMUNICATION SKILLS

- Overreacts to jokes or sarcasm.
- Becomes angry for unknown reasons.
- Very quiet, doesn't speak in groups.
- Pretends to laugh and join in but cannot explain details of stories or why a joke was funny.
- Avoids/doesn't contribute to group situations and conversations.
- Chooses to be alone (eating, break times), likes having sanctions where they can be alone.
- Averse to one on one contact with adults.

POOR ORGANISATIONAL SKILLS

- Disorganised and chaotic.
- Regularly forget what they are supposed to be doing, will continuously ask for repetition.
- Forget different appointments and materials.
- Difficulty sequencing events.

POOR READING OR WRITING SKILLS

- Pretends to be able to read.
- Avoids reading and writing.
- Has slow speed of reading and/or writing, difficulties filling out forms or homework sheets.
- Handwriting is poor.
- Misreads words which look/sound similar.

POOR LANGUAGE SKILLS

- Repeats points when telling a story.
- Gets lost and trails off when telling you something.
- Mixes up the sequence of events when explaining something.
- Explanations, descriptions or stories are confusing/hard to follow.
- Uses lots of pausing and hesitations when speaking. Will contradict themselves when speaking which may appear as though the student is lying

POOR NUMBER SKILLS

- Has difficulty remembering strings of number e.g. phone numbers, bank pins.
- Confuses dates and times.

UNCLEAR SPEECH

- Difficult to understand due to an articulation problem (e.g. a lisp or stammer).

INDICATORS THAT A STUDENT MAY HAVE SLCN

Some students will display more of the above behaviours than others. It is important to remember that these are indicators of speech, language and/or communication difficulties. Some students might present with these behaviours in the absence of any SLCN.

previously identified SLCN). Of particular concern is the fact that those children with unsuspected SLCN, and therefore untreated SLCN, had the most serious externalising behaviour problems.

SLCN and education

ICAN, quoting the UK Government's 2014 publication of Special Education Need (SEN), state that SLCN are the most common type of special educational need; in England more children have SLCN than any other type of SEN and the figures are growing.

SLCN and literacy

SLCN are significantly linked to poor literacy. Research by Sothard et al (1998) has shown that 50-90% of children with persistent SLCN go on to have reading difficulties.

Difficulties in reading comprehension have been shown to be associated with a wide range of language processing difficulties; usually vocabulary knowledge is poor and there are difficulties with grammar and sentence structure. As time goes on, poor literacy becomes another disadvantage which further impedes language development and general learning. Read On Get On, the UK campaign to get every child in the UK reading well by 11, report that 40% of children living in poverty leave primary school behind in reading, which they link with poor language ability at school entry.

Supporting language development has been shown to support the development of literacy, while reading ability, and the practice of reading, supports language development. For further information see www.readongeton.org.uk or www.ican.org.uk

SLCN and social disadvantage

Research points to a very high incidence of SLCN in lower socioeconomic groups. ICAN state that up to 75% of pupils of secondary schools in certain areas of the UK may have limited language associated with social disadvantage.

Important research by Hart and Risley over a number of years (1995/2003) points to what they call 'meaningful differences' in communication and interaction between low and high socioeconomic families and goes some way to explain why SLCN is so prevalent in areas of significant social disadvantage. The research followed 42 families, recording one hour of interaction per month over the first three years of life. The families fell into three socioeconomic groups designated as Professional, Working and Welfare. The most significant differences were noted between the

Professional and Welfare families and it is these differences that will be discussed.

- **Children's cumulative language experiences** (the number of words parents spoke to their children): Children in professional families heard an average of 487 words per hour while those in welfare families an average of only 178 words per hour. By the age of three years, a poor child had heard 30 million fewer words in his home environment than a child from a professional family
- **Children's vocabulary** averaged, by age three years, between 1,100 words (professional families) and 525 words (welfare families). This research is consistent with recent data analysis by Newcastle University that highlights a gap of almost a year and a half between the language skills of children from the best-off and poorest families by the age of three (Save the Children, 2014).
- **Types of communication:** Hart and Risley measured the ratio of encouragements (E) to discouragements (D). They found that there were significantly more encouragements than discouragements in the professional families (500,000E: 8,000D) while the opposite was true for welfare families (75,000E:200,000D).
- For children in professional families there was more likely to be encouragement to **engage** in conversation, **ask** questions, **negotiate** rules, make **judgments**, express **opinions**, **reflect**, **problem solve** etc. (all important skills for academic success).
- For children in the welfare families, however, adult language was more likely to be aimed mainly at directing and controlling behaviour with far fewer opportunities for conversation and the development of more complex language.

A number of early interventions based on this research are in progress to support family conversation. Examples include the Thirty Million Words™ Project led by Dana Suskind, MD, which uses a recording device that counts words, known as LENA: Language Environment Analysis system. This device is also being used in intervention studies being trialled in Providence Rhode Island in the US where home visitors to poor families are being trained to support family conversation using LENA. Initial trials lend credence to one hypothesis which is that parents in poor families lack information as to the

importance of supporting their child's language development; with no intervention, other than feedback as to how much/how little they spoke to their children, over the 10 weeks the daily word average of the poorest communicating families rose by 55%.

LATER IDENTIFICATION OF SLCN AND INTERVENTION

As has been shown, SLCN remains a largely undetected condition that is associated with, and may underlie, many academic, emotional/behavioural and social difficulties with which young people present. The following websites are most

informative in relation to identification and intervention with Adolescents and Young Adults in a range of settings.

- www.elciss.com (Enhancing Language and Communication in Secondary Schools)
- www.ican.org.uk and www.talkingpoint.org.uk (ICAN the children's communication charity)
- www.nbss.ie National Behaviour Support Service
- RALLI campaign (YouTube channel) Raising Awareness of Language Learning Impairments (mainly SLI)
- www.sentencetrouble.info (Communication Needs of Young People in the Justice System)

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