

LANGUAGE DEVELOPMENT PROGRAMMES – COVERAGE AND EFFECTIVENESS OF PROVISION IN NORTHERN IRELAND (0-36 MONTHS)

Key Findings

- ◆ Different perspectives existed within the field as to what constituted a Language Development Programme, particularly within this early age phase. Programmes could be classified as ‘proactive’ or ‘reactive’. Other classifications included ‘structured’, ‘systematic’, ‘self-designed’ or ‘mixed’ programmes.
- ◆ 84% of providers claimed their programme was proactive and aimed to enhance language development for all children, while 36% stated that the programme they offered was reactive, in that it was intended for specific children who are causing concern. (A degree of overlap in responses by providers, regarding the nature of their programmes, was identified.)
- ◆ 43% of programmes were described as a combination of structured and systematic, ie the specific delivery of a recognised programme, lasting

anything from 10 minutes per day, to weekly blocks of between 6 and 10 weeks.

- ◆ 5% of providers viewed language development as the main aim of their programme. The majority of providers (79%) argued that the main aim of the programme was the promotion of children's holistic development. A further 8% indicated language/social development as their aim; 5% choose social development as their primary programme aim and 3% either gave no indication or responded by stating that the question was not applicable.
- ◆ When classified by agency of delivery, 36% of programmes were community-led. A significant number (30%) were led by a combination of the voluntary and statutory sectors, while 23% of the programmes were delivered through the statutory sector and the remaining 11% were delivered by voluntary organisations.
- ◆ 26% of programmes were Hanen-based. A further 16% of the programmes being delivered involved a combination of the WILSTAAR screening programme and a Hanen programme; while 14% were identified as parenting programmes. 44% were classified as 'other' programme types; these included Delta, Speech & Language Therapy, schools' own programmes, and self-designed programmes. These are examples of needs-driven, practitioner-created programmes, devised from a 'mix' of existing programmes.
- ◆ The majority of programmes (41%) were being delivered within the Western Education and Library Board/Western Health & Social Services Board catchment areas. This could be explained through the type of local solutions that have been sought to the problem of the recruitment and retention of specialist Speech and Language Therapists in this largely rural and potentially geographically isolated area.
- ◆ Providers of programmes concluded that it was often the 'self-designed' or 'mixed' programmes, which offered the best value for money. Interviewees expressed the opinion that more 'systematic' programmes were less cost effective since they required a more structured implementation, including extensive staff training and rigid conditions of delivery.

INTRODUCTION

1. The importance of the development of language skills among children in the 0-36 month age range has been a prevalent issue for parents, social services and education since language became increasingly recognised as a formative and significant part of child development. Difficulties with language can have catastrophic and long-term effects on the progression of children since it is widely recognised that their overall development is inextricably linked to their ability to communicate. As such, language development programmes are offered to ameliorate the problem.
2. The range and breadth of the different types of provision made it extremely difficult to develop a clear picture of language development programmes in Northern Ireland. Language development provision can be differentiated between programmes that are either user/client led, or led by professionals. This complexity made the identification of the provision of language development programmes extremely difficult, since it was recognised that these can be initiated through a referral to a speech and language therapist or as an integral part of a holistic developmental process, or as a response to a concern expressed by parents.
3. The attempt to quantify the language development provision in Northern Ireland was therefore a complex process. The project operated on three parallel tracks. Firstly, it developed a conceptual working definition of a language development programme. Secondly, it attempted to identify the location, and map the provision available against District Council, Health and Social Services Board, Education and Library Board and Postcode areas. Thirdly, the project developed a picture of language development provision in Northern Ireland and through a series of structured interviews constructed a hierarchical model of best practice.

Aims and Objectives of the Research

4. The aims and objectives of the research were as follows:
 - ◆ To define what is meant by a language development programme;
 - ◆ To explore the provision of language development programmes in Northern Ireland and to locate them by Electoral Ward (and thereby

District Council), Health and Social Services Board, Education and Library Board and Postcode area;

- ◆ To develop a hierarchical model of best practice in the provision of language development programmes for those children aged 0-36 months;
- ◆ To identify those schemes/projects which seem to be offering best effectiveness and value for money.

MAIN FINDINGS

What is Language Development?

5. A working definition of a language development programme was developed as any process of learning or activity that is specifically devised to enhance the communication skills of an individual child or a group of children, whether or not they have been identified as being at risk of developing a speech/language difficulty or delay. It should be an ongoing and progressive process involving the child, the parents and practitioners.

What constitutes a Language Development Programme?

6. Language programmes can be classified as informal, semi-structured or structured. They are also divided into proactive and reactive classifications. In practice, this means they take many forms, for example, they can range from an informal programme type, to programmes delivered via complete language packs.
7. An informal programme can be devised by professionals who work with children in answer to identified, specific needs. A language pack, on the other hand, can provide a complete language programme with full instructions and possibly video/CD Rom support materials, and may require professionals to undergo specific training in order to facilitate its delivery. Language programmes may be used to enhance the communication skills of all children, and therefore fall into the proactive category, or, may specifically target those children identified as being at risk of developing

language difficulties or delays; these programmes are therefore reactive in nature.

8. 'Mixed' programmes combine a variety of elements from different recognised models, which practitioners deem to be of merit. On the other hand, 'self-designed programmes' are specific programmes that practitioners/professionals design/tailor to meet a child's individual needs.
9. WILSTAAR, for example, can be classified as a structured, reactive programme, which is used to promote the language skills of children who have been identified at risk. Delta, however, represents a semi-structured, proactive programme, which engages a broad population of parents and aims to develop and raise their awareness of the promotion of language. It can also be implemented alongside a variety of other activities/strategies, thus it can fall into the 'mixed' or 'self-designed' categories as well. The programmes constructed by the Hanen Institute, on the other hand, represent an amalgamation of these two classifications as they provide both a reactive and proactive approach.
10. Therefore, the diverse nature of language programmes in all of their various classified forms, for the 0-36 month age range, makes them difficult to define. For this age group 'what to teach' and 'how to teach it' are essential considerations of any language programme. This requires the adult to have extensive knowledge about the child's strengths, weaknesses and capabilities, including information about the initial rationale for any planned intervention.

Current Provision in Northern Ireland

Who is Providing Language Development Programmes?

11. It was found that the majority of organisations involved in the delivery of such provision (45.5%) fall under the remit of a 'Sure Start' initiative. A further 18.2% of providers were Speech and Language Therapists, 15.9% were Life Start organisations, and 6.8% of respondents came under the heading of Primary Schools with Nursery Units attached, whilst 4.5% were Nursery Schools. 2.3% indicated Delta and 6.8%, 'other' (which included the Larne Parental Support Project, Barnardos and the Foyle Down's

Syndrome Trust) as their type of organisation providing a Language Development Programme.

12. This means that when programmes are classified by agency of delivery, 36.4% of programmes were community-led. A significant number (29.5%) were led by a combination of the voluntary and statutory sectors. While 22.7% of the programmes were delivered through the statutory sector and the remaining 11.4% were delivered by voluntary organisations.

What are the Main Aims and Purposes of These Programmes?

13. 5.3% of providers viewed language development as the main aim of their programme. The majority of providers (79.1%) argued that the main aim of the programme was the promotion of children's holistic development. A further 7.7% indicated language/social development as their aim; 5.3% choose social development as their primary programme aim and 2.6% either gave no indication or responded by stating that the question was not applicable.
14. Respondents considered that the programmes being delivered had major elements of early identification and early intervention inherent within them. Responses indicated that 74.4% of practitioners viewed early identification as a core element of the programme, with 93.3% of respondents indicating early intervention as one of the main aims of the programme. 93.2% of respondents stated that support for parents and practitioners was viewed as essential, and 76.7% indicated support for children and practitioners was a core element of the programme.
15. The majority of programme providers, 76.7%, indicated that they aim to educate parents in all matters relating to child development, 88.1% aim to train parents and 71.4% to train practitioners in assisting children, in a specific manner, to enhance language skills. It was also clear from the responses that 81.0% felt that 'Home Visits' were a key element in programme delivery and these were used to facilitate language development.
16. An interesting dichotomy emerged between the notion of educating parents and training parents. Responses indicated that providers clearly felt that the role of programmes was to train, and not educate, parents.

Which Age Groups Are Benefiting From The Programmes?

17. The programmes surveyed all provided language development programmes in the relevant age phase for the project, ie 0-36 months. However, the programmes, generally speaking, did not finish their involvement with children at 36 months and an overlap existed with other age phases ie the pre-school age phase. 52.3% of programmes were aimed at the 0-48 month age range (the generalised birth to statutory school age phase) and 29.5% were aimed at children between 0 and 60 months, with 3.6% targeting those in the 24-48 month age range.
18. 2.3% of programmes were aimed at children in the 0-192 month (16 years) age range since they were directed at children with special needs, who need ongoing and continued support with language development. A further 2.3% of programmes involved children in the 8-15 months age range, which relates specifically to the children identified with difficulty/delay in language development by the Health Visitors' regular child assessment/screening programme at 8 and 15 months.

How Are Programmes Being Delivered?

19. 36.4% of programmes were intended for children who were causing concern, falling into the reactive category. Meanwhile 84.1% claimed their programme aimed to enhance language development for all children, thereby falling into the proactive category. Of the 20.5% who claimed 'other' reasons for the programme, 13.6% said the programme was holistic in nature, or was intended for parent education. (A degree of overlap in responses by providers, regarding the nature of their programmes, was identified.)
20. 43.2% of programmes had a combination of 'structured' and 'systematic' delivery approach; for example, the delivery of a recognised programme at specific times, but also incorporating the principles of the programme into the daily routine of the child so that language development was promoted on a continual basis.
21. All programmes were described as being delivered through a combination of 'one to one' and small 'group' work, with the majority (56.8%) having four or more staff involved in their delivery.

22. 58.1% of programmes were being delivered as part of a holistic development programme. 15.9% of respondents stated that within their holistic programme up to 10% of time was specifically allocated to language, with 18.2% of programmes having 90-100% of time dedicated to language. This finding would appear to contradict the concept of a holistic programme. However, this inconsistency could be an interpretation difficulty regarding the notion of a definition of a holistic language development programme on the part of the respondents. Alternatively, it may indicate the weight placed on language development alongside other holistic development activities within programmes.
23. 52.3% of programmes were available to all children (proactive programme) as opposed to 36.4% of programmes, which specifically targeted areas of socio-economic deprivation.

How Are Programmes Being Funded?

24. The main funding body of 56.8% of programmes was the Department of Health, Social Services & Public Safety, whilst 20.4% of programmes were funded by multi-disciplinary agencies, for example District Partners, Community Partnerships or EU/Peace funding. Another 6.8% of programmes were funded by the Department of Education with 2.3% of programmes jointly funded by the Department of Education and the Department of Health, Social Services & Public Safety. A further 4.6% received funding from either Barnardos or National Children's Home (NCH) and 6.8% indicated that Sure Start was their source of funding. Only 2.3% indicated that their programme had no funding at present.

Which Programmes Are Being Provided?

25. 25.6% of programmes were Hanen-based. A further 16.3% of the programmes being delivered involved a combination of the WILSTAAR screening programme and a Hanen programme, while 14.0% were identified as parenting programmes. 44.1% were classified as 'other' programme types; these included Delta, Speech & Language Therapy, schools' own programmes, and self-designed programmes. These are examples of needs-driven, practitioner-created programmes, devised from a 'mix' of existing programmes.

Where Are Programmes Located?

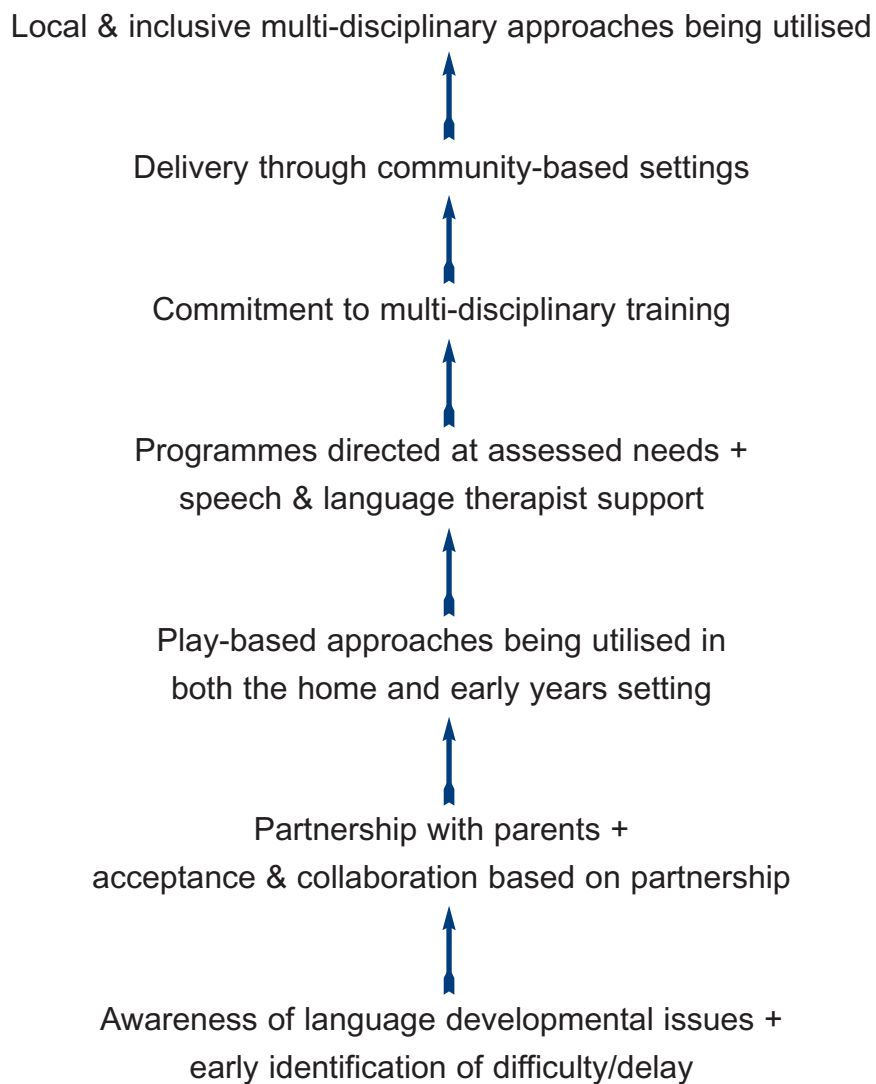
26. The majority of programmes were found to be located in the western region of Northern Ireland.
27. The majority of programmes, 40.9%, were delivered within the Western Education and Library Board (WELB) area, with a further 22.7% being delivered in the Belfast Education and Library Board (BELB) area. The North Eastern Education and Library Board (NEELB) area accounted for 15.9% of the programmes, and the South Eastern Education and Library Board (SEELB) 13.6%. The fewest number of programmes, 6.8%, were delivered within the area of the Southern Education and Library Board (SELB).
28. When charting this pattern of provision by Health & Social Services Board area, again, the majority of programmes (40.9%) were delivered in the Western Health and Social Service Board (WHSSB) area. Within the other board areas, 25.0% of programmes were delivered in the Eastern Health and Social Service Board (EHSSB) area, 18.2% fell within the Southern Health and Social Service Board (SHSSB) area and 15.9% were being delivered within the area of the Northern Health and Social Service Board (NHSSB).
29. It would appear that this predominance of provision in the WELB/WHSSB areas could be explained through the type of local solutions that have been sought to the problem of the recruitment and retention of specialist Speech & Language Therapists in this largely rural and potentially geographically isolated area. It is possible to speculate then, that these community driven initiatives have taken hold in this catchment area as empowerment, at a local level, has become more prevalent. When it is difficult to recruit the specialist within this geographical area, steps have been taken to train the generalist, resulting in a greater number of children actually gaining access to programmes.

Effectiveness Criteria

Hierarchical Model of Effectiveness Criteria Contributing To The Successful Implementation Of Language Development Programmes

30. The hierarchical model of effectiveness was developed to highlight the criteria which were outlined as being important contributors to the successful implementation of language development programmes.

Summary of the hierarchical model of effectiveness, included in ascending order:



Value for Money

31. When mapped against the Hierarchical Model of Effectiveness, those programmes that seem to be offering best effectiveness and value for money are the “Mixed” and “Self-designed” programmes. These are flexible, combine a variety of elements from different recognised models, allow for creativity and are specifically tailored by practitioners/professionals to meet the needs of individual children and their families.
32. The Hanen approach was very effective in developing young children’s language. Delivered through community-based settings, to parents and practitioners, it took a local and inclusive approach. However, facilitators must be ‘Hanen’ trained to deliver the programme, which used individualised videotapes of parent/child interactions as a means of enabling parents to modify their approach in supporting the child’s language development. Facilitators were also required to adhere closely to the structured format, which left little room for flexibility or creativity. As the majority of accredited Hanen trainers reside in Canada, and only travel to the UK to train practitioners to deliver programmes, not to train others to deliver the training, it can prove expensive.
33. The WILSTAAR programme was effective in promoting language skills, over a four-month period of structured activities, for children identified with a possible speech and language difficulty/delay. Practitioners involved in the study indicated the cost of such provision was high as it involved home visits and required two Speech and Language therapists, one directly working with the parent, and one with the child, to be involved.
34. The Delta programme is reasonably effective and offers value for money. Delivered in an expanding range of settings, Delta represents a semi-structured, proactive programme, which engages a broad population of parents and aims to develop and raise their awareness of the promotion of language through everyday activities. Both Delta and Lifestart have a sequential and progressive language element incorporated into their overall programmes but are, at root, parenting programmes aimed at promoting the holistic development of the child and raising parents’ self-esteem in order to enhance the parent/child relationship.

KEY RECOMMENDATIONS

35. To fully aspire to this hierarchical model of effectiveness for working with young children in the 0-36 month age range, developing their speech and language capabilities, a significant shift in policy and practice may be required. It is recognised that all groups are working to develop their practice in this field, but all are at a different stage of development and progress. Some groups are relatively new in the provision of Language development programmes in this age phase and so have not yet begun to address the full range of elements of effectiveness.

36. The study would support the view that any future model of best practice should involve a number of key elements, which overlap in various ways:

- ◆ **A local and inclusive, multi-disciplinary approach to working with parents**

Currently the majority of providers are embracing the concept of working in partnership with parents, to a greater or lesser degree, and employing a play-based approach in working with young children. In some contexts acceptance and collaboration between all partners were being actively promoted and deployed. However, it should be recognised, some programmes have yet to proactively move in this direction.

There is a clear and undisputed role for the Speech and Language professional and their field of expertise. It was evident that the most effective method of providing quality support and assistance to families involved the sharing of skills and knowledge through a local, multi-disciplinary approach which recognises the role of all of those who are involved in the care of young children, including parents.

- ◆ **A sharing of ideas and good practice**

At present, although most groups endeavour to engage in early identification of speech and language difficulty or delay, action will be needed to raise awareness of the appropriate level of competence for children at any given age and to assist parents and practitioners in recognising problems. It is important that caregivers are also able to

refer children whom they consider to be at risk. This may be achieved through a broader dissemination of information in relation to children's developmental competence in the field of language development.

Few groups, as yet, have engaged in multi disciplinary training. This may be attributed to the fact that some of the initiatives by groups are relatively new and they have just implemented a programme, or are in the process of implementing one. However, such a strategy would undoubtedly increase the level of effectiveness of all of the services provided through enabling professionals and practitioners to capitalise on their own unique skills and knowledge.

- ◆ **A collaboration of effective design and delivery of programmes**

AND

- ◆ **Flexible and creative programmes, which are play-based.**

The type of programmes being offered, and the means of delivery chosen, should reflect the models that are known to be effective. This would help to overcome the difficulty inherent in programmes that are driven by targets, or restricted by the contractual limitations of the practitioners.

The emphasis on 'mixed' or 'self-designed' programmes, which are known to be both effective and value for money, should be encouraged so that play-based activities can be incorporated into these programmes to create a naturalistic context for language development.

- ◆ **Delivery through community-based settings**

As a result of the high response rate from parents to local, community-based initiatives, a number of professionals across the spectrum are gradually adopting neutral, community-based venues in which to run programmes. This practice should be extended to a considerable degree since it not only effectively reaches those in need, it also creates a familiar context in which parents and

practitioners can further the work of the Speech and Language professional.

◆ **Programmes should offer individual support**

Programmes on offer should encourage the development of individual support to children and their families, as a means of effectively tailoring solutions to children's assessed needs.

There is widespread recognition of the shortage of Speech and Language Therapists; support should, therefore, be offered in order that this specialist service is expanded, thereby cutting waiting lists. This step is crucial to the progression of those children identified with a specific Speech and Language difficulty.

◆ **Home visits**

Due to formal procedures, policy and target-driven approaches (that is, the number of practitioner/child contacts) some groups continue to experience difficulty with engaging in frequent home visits and delivering programmes which are directed at assessed needs. If practitioners are to have the necessary freedom required to design programmes that are flexible, creative and practical then a shift from these restrictions will be required by those involved in policy making.

METHODOLOGY

37. A primary objective of this study was to generate data from as many perspectives as possible. Therefore, three methods of data collection were used with a view to triangulating any inferences drawn. The methods were: an extensive telephone poll to determine the extent, location and type of language programmes available for children aged from 0-36 months, a postal questionnaire survey to the providers of early years speech and language development programmes and one-to-one interviews with relevant professionals involved in the delivery of language programmes. The postal questionnaire survey was designed to capture data in relation to the type of provision offered, the programme's catchment area, funding sources, and duration. The qualitative dimensions of the data included perceptions and

opinions, which were used to enrich the interpretation of the quantitative data.

38. The 22-item postal questionnaire survey was distributed to 367 early years settings. Of the 73 (20%) returned questionnaires, 29 were excluded on the grounds that the programmes involved were directed at children over the age of 36 months.
39. Semi-structured interviews were conducted with 12 language programme providers identified from the postal questionnaire. To ensure that a selection of all providers was represented the interviewees included two providers in Belfast and one from each of the following areas: Larne, Londonderry, Magherafelt, Strabane, Omagh, Dungannon, Enniskillen, Newry, Portadown and Downpatrick.

THE PROJECT

40. The research project was carried out for the Department of Education and the Department of Health, Social Services & Public Safety by Stranmillis University College. The cost of the project was £19,734.

FULL REPORT

41. The full report, entitled “Language development programmes: coverage and effectiveness of provision in Northern Ireland (0-36 months)” by Sheelagh Carville, Leslie Caul, Colette Gray, Beverley Hutchinson, Helen McLaughlin, Louise Quinn and Paula Wright is available on the Department of Education website at **www.deni.gov.uk/index/32-statisticsandresearch_pg.htm**

This paper is a summary of the research report and as such any views expressed are those of the authors and not necessarily those of the Department of Education.

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