

# Language Development Programmes - Coverage and Effectiveness of Provision in Northern Ireland (0-36 months)

by Sheelagh Carville, Leslie Caul, Collette Gray, Beverley Hutchinson, Helen McLaughlin, Louise Quinn and Paula Wright

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**LANGUAGE DEVELOPMENT PROGRAMMES**

**COVERAGE AND EFFECTIVENESS OF PROVISION**

**IN NORTHERN IRELAND (0-36 MONTHS)**

Sheelagh Carville  
Leslie Caul  
Collette Gray  
Beverley Hutchinson  
Helen McLaughlin  
Louise Quinn  
Paula Wright

Stranmillis University College

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- Education and Library Boards;
- Health and Social Services Boards and Trusts.
- Department of Education.
- Department Health and Social Services and Public Safety.

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# 1. EXECUTIVE SUMMARY

## **Introduction and Aims**

Children need to have their speech and language skills developed to enable all aspects of communication to be enhanced. The primary caregivers, spending at least half an hour daily, in both meaningful play and engaging in talking and listening activities with their children, best encourage language development. Children, during the first 36 months, should receive experiences in both receptive and productive functions of language in order to enable successful development of language and communication skills.

Language programmes can be described as informal, semi-structured or structured and are either proactive or reactive in nature. An example of a structured, reactive programme is Wilstaar, which is used to promote the language skills of children who have been identified as being at risk of developing difficulties or experiencing delays in language development.

The diverse nature of language programmes makes them difficult to define and they range from formal intervention by a Speech and Language Therapist to parenting programmes with language development activities embedded within them.

This report documents the coverage of existing programmes for children in the 0-36 month age range within Northern Ireland and establishes a hierarchical model of effectiveness criteria for the successful delivery of such programmes.

The involvement of parents was seen as a key element of programmes and the study would support the view that any future model of best practice should involve:

- A local and inclusive, multi-disciplinary approach to working with parents;
- A sharing of ideas and good practice;
- A collaboration of effective design and delivery of programmes;
- Flexible and creative programmes, which are play-based;
- Delivery through community-based settings;
- The offering of individual support;
- Home visits.

Therefore, the areas prioritised by respondents as being most in need of development were the role of a co-ordinator in Early Years Services, a commitment to multidisciplinary training and a sharing of ideas and good practice, whereby professionals can collaborate on the effective design and delivery of programmes tailored to meet the needs of children and parents.

## **METHODOLOGY**

An extensive telephone poll was conducted in order to determine the extent, location and type of language programmes available for children in this age group. A postal questionnaire survey of the providers of early years' speech and language programmes was carried out together with interviews with key personnel involved in their delivery.

### **Results**

The majority of organisations involved in the delivery of such provision (45.5%) fall under the remit of a Sure Start initiative while 79.1% promote language within a holistic development programme.

All programmes include elements of identification, intervention and support for parents, practitioners and children, with 80% employing the use of 'home visits'. Interviewees and respondents reported that partnership with, and the involvement of, parents was seen as essential for successful language development programmes. Therefore, in offering home visits, practitioners felt they were more able to explain the benefits of early intervention programmes to parents in an environment in which they felt most comfortable. Practitioners also indicated that they could demonstrate to parents how to include speech and language development using everyday objects and as part of the child's daily routine, therefore acknowledging that the greatest potential for supporting the child's development was within the family.

84% of providers claimed their programme was proactive and aimed to enhance

language development for all children, while 36% stated that the programme was reactive, in that it was intended for specific children who were 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 i.e. specific delivery of a recognised programme, lasting anything from 10 minutes per day to weekly blocks of between 6 and 10 weeks.

52% of programmes were available for all children to access and do not specifically target areas of socio-economic deprivation.

The majority of programmes (40.9%) were delivered within the Western Education and Library Board catchment area and this pattern remains, regardless of the method used to map the location of programmes.

36% of programmes were community-led, with 29% being provided by a combination of the voluntary and statutory sectors. The main funding body was the Department of Health, Social Services and Public Safety (57%).

It may be suggested from the findings of the study that the approach to, and delivery of, speech and language assistance and the development of programmes for young children in the 0-36 month age range are currently undergoing a period of significant change. This may be attributed to the increasing acknowledgement by practitioners that working with parents is central to the delivery of services enabling young

children to develop to their full potential.

Besides this partnership with parents, the practitioners who were interviewed unanimously argued that 'getting in early' was an important element of promoting very young children's speech and language acquisition, as well as reacting to problems of delay and difficulty.

As soon as a problem was identified, young children with specific difficulties needed the intervention of a Speech and Language Therapist, and this ideally should occur before the child begins pre-school.

### **Effectiveness of programmes**

In order for programmes to be effective there was a need for both individual and small group work, which required co-operation and collaboration between professionals, practitioners and parents. This was reflected in the growing number of families being reached by initiatives such as Sure Start, Lifestart and the Larne Parental Programme, and by programmes such as Delta extending out beyond the Nurseries and Schools into Parent and Toddler groups and Voluntary groups, which are community-based.

Through flexible and often creative and practical training by practitioners, parents were being equipped to take a proactive, play-based approach in assisting their children to develop their speech and language skills.

Responses from practitioners also suggested that the recent accessibility of training programmes such as 'Hanan' has led to a growing awareness of the need to extend training in how best to encourage speech and language development, to a greater number of those who have the responsibility of caring for young children.

Therefore while it is acknowledged that early identification of any speech and language difficulty or delay was a key to the progressive development of young children's speech and language, it was also essential to further raise the awareness of what represented appropriate development at each stage and to promote programmes, which assist in supporting that development.

## **2. INTRODUCTION AND AIMS**

### **The Development of Language Skills 0-36 Months**

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.

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.

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.

### **Objectives of the study**

- 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 Wards (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.

The contract between the researchers in Stranmillis University College and the Departments of Education and Health and Social Services and Public Safety was offered to the College in May 2002. The first task of the researchers was to look at the literature, to identify significant aspects of work of this nature and to consider methodological issues. Then secondly, an initial approach to various statutory bodies began to identify how they conceptualised language development programmes. The experience and insight provided by this process was invaluable and enabled the research team to identify a method whereby it could proceed.

### **3. CONCEPTUAL FRAMEWORK**

A language development programme as defined by the research team is any process/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 is Language Development?**

Children at the very earliest stages of language development follow a recognised and systematic path to the effective use of language and communication skills. Investigations by Nelson (1973); Thal and Bates (1990) and Trevarthen (1993) suggested that children fall into a number of clear, distinctive categories in their use of language. In effect, children can be classified as “Referential” or “Expressive”; these distinctions being drawn between the contexts for their language use and the areas about which they choose to talk.

“Referential” children base their interactions and their play around objects, and ask for information from the adult about the names of items; while “Expressive” children base their communications around relationships and play in which others are involved

This categorisation is defined as being dependant on the child’s birth order in the family. First born children will generally have a more intensive language input than their subsequent siblings, and they therefore tend to be “Referential” in language style. Those later siblings however, tend to encounter a different kind of language environment in the home and they are inclined to follow a more “Expressive” style of

language. Bates et al (1988) also suggested that gender may influence children's use of language, with girls more likely to be "Referential" and boys more often "Expressive".

Furthermore, children need to have their language and communication skills developed so that all aspects of language use are enhanced. This occurs through their ability to both "receive" and "produce" language; that is, children's ability to comprehend what is said to them, as well as being able to clearly express themselves to others.

Receptive skills are, therefore those which involve the child in listening to the language produced by significant others and understanding it. The child, on the other hand, displays productive skills, when he/she makes an effort to communicate with others through the use of sound or words.

### **How is language development best achieved? - Appropriate Activities**

Anning and Edwards (1999), and Ward (2000) suggested that the primary carer should spend at least half an hour daily in meaningful play, engaging in talking and listening activities with children. At this early stage, 0-36 months, intervention should provide opportunities for stimulation in the form of shared, reciprocal play, which is of interest to the child. This provides the framework for developing early attention skills and reciprocal turn-taking activities, thereby allowing the child to gain experience in both the receptive and productive functions of language such as smiling, touching, vocalising and communicating his/her needs.

Thoman (1981) stated that play should be of interest to the child in order to attract the child's attention; should be related to the appropriate state of wakefulness of the child and be integrated throughout the day as opportunities arise. If the programme is supportive of the parent/caregiver, it will allow the adult to perceive these interactions as positive and rewarding, which is vital to the success of early intervention.

Training for the main caregiver empowers adults to value interactions from an early stage. Rutter & Yule (1975) and Silva, McGee, & Williams, (1985) suggested that a social environment enables interaction between adults and infants. Indeed, Garton and Pratt (1989) indicated that infants respond to parental speech from birth.

Furthermore, Bruner (1983) regarded interaction as the major form of assistance provided by adults through language repetitions used by parents/carers at meals, bath-times, in action songs and in reading books together. Such interactions, Bruner (1983) postulated, helped children to learn how to use language. He further stated that these activities and forms of communication helped children to understand that language has order and involves interaction. This appropriate and sensitive contingent social interaction is known to assist children, including those with special needs, in their language development.

Trevarthen (1993) illustrated that children's language is part of a broader developmental competence and includes their social environment, emotional transfer and environmental conditions; all of which are crucial to the development of language.

French & Woll (1981) noted that people involved in conversation rely on its context to interpret each other's utterances and those social interactions, which involve conversations where both participants use linguistic and non-linguistic contextual cues, inform infants about language.

Tannock, Girolametto & Siegel (1992) found that many parental language intervention models used naturalistic intervention procedures, which provided general language stimulation rather than aiming to achieve specific language objectives or targets.

### **What is a Language Development Programme?**

Kersner (1996:80) claims a language programme can 'refer to any structured framework which has been devised for the specific purpose of encouraging speech, and teaching language, based on the careful assessment of individual children'.

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.

An informal programme is one devised by professionals who work with children. A language pack, on the other hand, provides a complete language programme with full instructions and possibly video/CD Rom 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 are therefore, reactive in nature. 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. Two Speech and Language Therapists, one directly working with the parent and one with the child, deliver it. 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. 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. Facilitators in this instance must be ‘Hanen’ trained in order to deliver the programme and as a result of this, practitioners delivering a Hanen programme are required to adhere closely to the structured format, thus leaving little room for flexibility or creativity.

### **What are the difficulties in defining such a programme?**

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. For example, the Hanen programmes make individualised videotapes of parent / child interactions and subsequently use this evidence to enable parents to modify their approach in supporting the child’s language development.

This diversity approach is further exacerbated by the complexities of parenting programmes, which have language development activities embedded within them. Notwithstanding these difficulties, Hall (1996) recommended working with parents, as there are potentially greater treatment effects, as a result of parental intervention in a child's usual communicative context as part of his/her daily routine. As such, a parenting programme that has language development activities embedded within it, empowers parents to interact in a meaningful way to promote communication skills. It is also useful if parents can become involved from the planning stage of the programme. This form of early intervention has the added benefit of capitalising on the fact that the primary caregivers have an authentic and genuine emotional involvement with infants.

For example, Delta and Lifestart are parenting programmes that have a sequential and progressive language element incorporated into the overall programme. Likewise, the parenting programmes within the Sure Start initiative represent an example of how language development can be delivered within wider contexts of community-led provision.

### **What are the benefits of “Mixed” programmes, or “Self-designed” Provision?**

“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 tailor to meet a child's individual needs. Both these approaches would appear to be cost effective in their use of the available resources. For example, the implementation of the Delta programme can be used alongside a variety of other activities/strategies. Mixed and

Self-designed programmes are therefore more flexible and are easier to adapt to meet the needs of individual children and their families. This is in contrast to recognised programmes, which require implementation in a specific way. For example, a language project such as WILSRAAR needs two Speech and Language Therapists to implement the programme, which can often prove difficult in terms of the cost effective use of staff time. Against this backdrop of provision, the project sought to map coverage of existing programmes within Northern Ireland and to establish a hierarchical model of effectiveness criteria.

## **4. METHODOLOGY**

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 to 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.

### **Procedure**

At the time of this research, the number of early year language programmes directed at children aged between 0 to 36 months in Northern Ireland was unknown. In order to compile a database of those involved in the delivery of speech and language programmes, an extensive telephone poll was conducted between early September and late November in 2002. A covering letter (see appendix 2) was distributed to the managers of Speech and Language Therapists, managers of Health Visitors throughout the various Health and Social Services Trusts and to each of the Early Years Advisors in the individual Education and Library Boards informing them about the nature and purpose of this study and inviting disclosure. To ensure maximum

coverage throughout Northern Ireland, an advertisement was placed with the Belfast Telegraph, the Morton Newspaper Group and the Ulster Herald (see Appendix 3) inviting those involved in the delivery of language projects to contact the research team. In addition, an e-mail was sent to a random sample of Nursery Schools identified from a list provided by the Department of Education.

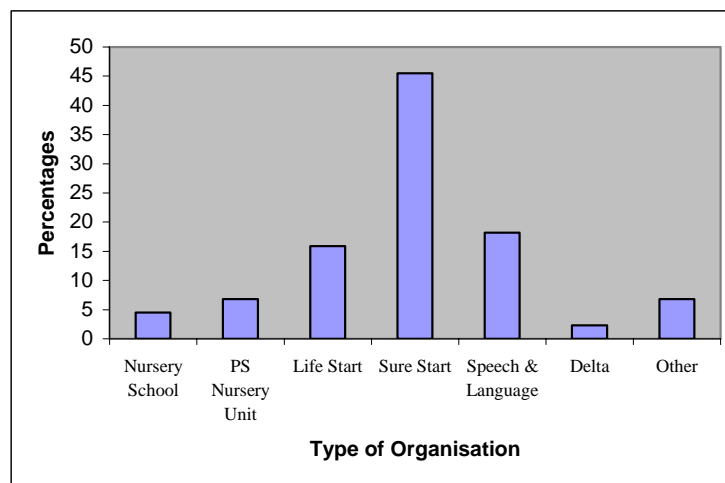
A 22-item questionnaire survey was constructed (see appendix 4). Piloting of the questionnaire was carried out with ten providers identified from the initial telephone poll. Based on their responses, several amendments were made. The final version of the questionnaire was distributed to 367 early years settings, identified through the methods outlined above. 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. The remaining 44 questionnaires ( $n = 12\%$ ) were subject to analysis using SPSS.

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 interviewees were asked six questions (see appendix 5). Each interview lasted approximately forty minutes, and where interviewees agreed, were audiotaped. The interview discussions were then thematically analysed.

## 5. RESULTS

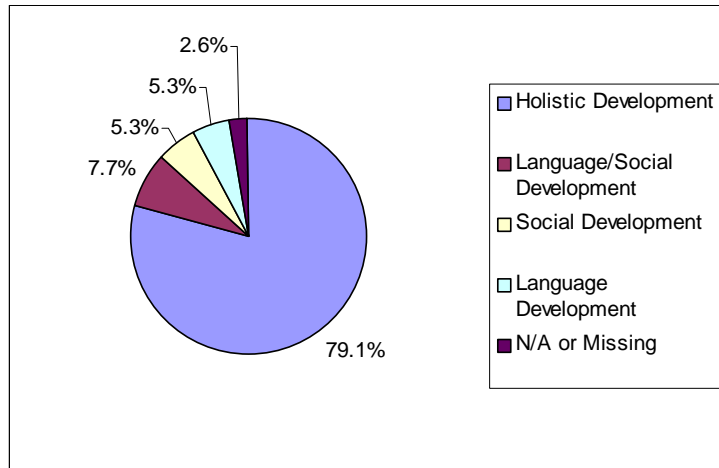
### SUMMARY OF QUESTIONNAIRE INFORMATION

The respondents (n = 44) were asked to indicate the type of organisation to which they belonged.



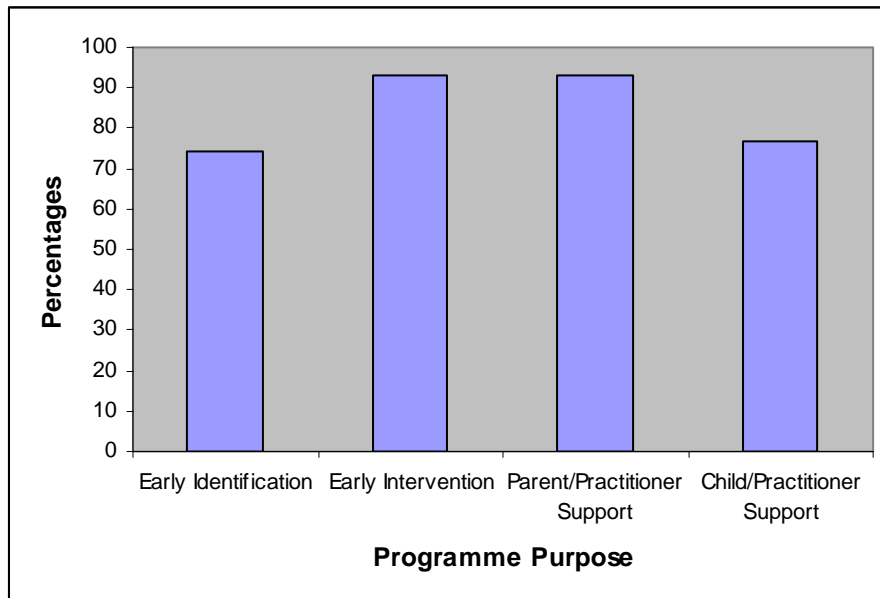
**FIG. 1 TYPE OF ORGANISATION**

Fig.1 shows the type of organisation involved in delivering a language programme. Of those who returned the questionnaires, overwhelmingly the majority, 45.5%, fell under the remit of a Sure Start initiative. A further 18.2% 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 Syndrome Trust) as their type of organisation.



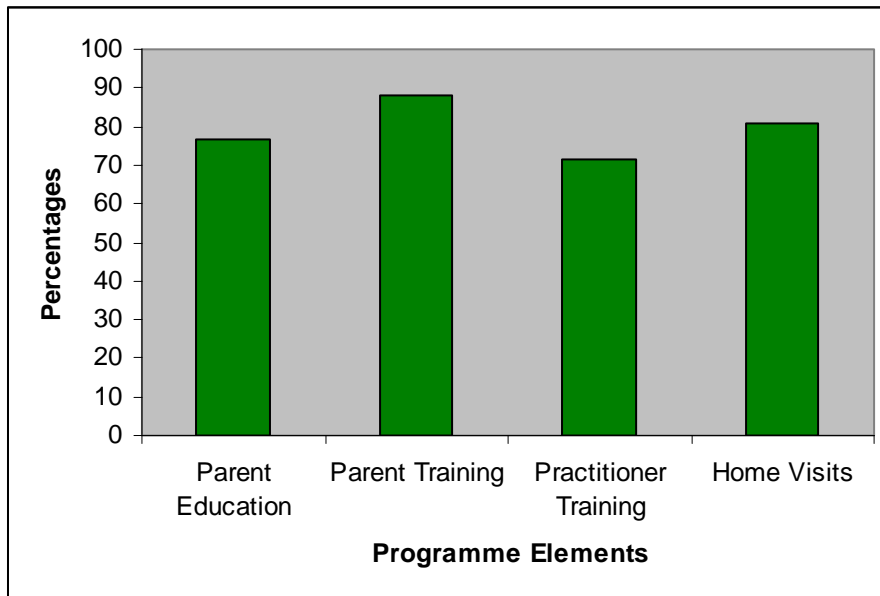
**FIG. 2 MAIN AIMS OF PROGRAMME**

Fig 2. indicates that in the opinion of the providers (79.1%), the main aim of the programme being delivered was the promotion of children’s holistic development. A further 7.7% indicated language/social development as their aim, 5.3% chose social development and 5.3% stated that they viewed language development as the main aim of their programme. 2.6% either gave no indication or responded by stating that the question was not applicable.



**FIG. 3 PURPOSE OF PROGRAMME**

Fig. 3 shows that respondents indicated that the programmes being delivered have major elements of early identification and early intervention. Responses indicate that 74.4% of practitioners viewed early identification as the term which best applied to their programme, with 93.3% of respondents indicating early intervention as one of the main feature 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 as the term which best applied to their programme.



**FIG. 4 PROGRAMME ELEMENTS**

Responses indicated that the majority of programmes, 76.7%, aim to educate parents in all matters relating to child development, 88.1% aim to train parents and 71.4% to train practitioners to assist children, in a specific manner, to enhance language skills. It was also clear from the responses that 81.0% indicate that Home visits are a key element in programmes and these are used to facilitate language development.

The dichotomy between parent education and training evident in the response to the questionnaire was interesting. This can be explained through considering the definition of the two terms. Parent education is a means of imparting knowledge to parents in order that they may be empowered to make informed decisions/choices with regard to their child’s learning and development. On the other hand, parent training involves the sharing of information by practitioners, through explanation and demonstration of what parents can do to enhance the development/learning of their child. It often includes a significant element of peer support and sharing of ideas, the use of coping strategies, and skills-practice within this consideration. It would

therefore appear significant that respondents believe the majority of programmes fulfil a training role.

**TABLE 1: AGE OF CHILD**

Age in Months	Frequency	Percent
24-48	6	13.6
0-48	23	52.3
0-60	13	29.5
0-192	1	2.3
8-15	1	2.3

The programmes identified by the questionnaire provided language development programmes in the relevant age phase for the project, i.e. 0-36 months. However, the responses indicated that the programmes, generally speaking, did not finish their involvement with children at 36 months and that an overlap existed with other age phases i.e. the pre-school age phase. As indicated in table 1, 52.3% of programmes are aimed at the 0-48 month age range (the generalised birth to statutory school age phase) and 29.5% are aimed at children between 0 and 60 months, with 13.6% targeting those in the 24-48 month age range. Respondents indicate that 2.3% of programmes are aimed at children in the 0-192 month (16 years) age range since they are directed at children with special needs, who need ongoing and continued support with language development. A further 2.3% of respondents indicated that their programme involved children in the 8-15 months; which relates specifically to the Health Visitors' regular child assessment at 8 and 15 months.

## **OTHER CONSIDERATIONS**

### **DELIVERY**

36.4% of respondents stated that their programme was intended for specifically identified children who were causing concern; therefore falling into the reactive category. Whilst 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.

43.2% described their programme as having a combination of 'structured' and 'systematic' approaches; 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. 18.6% of respondents indicated that programmes lasted between 2 hours per week, and an 'other' specified time period; for example, lasting anything from 10-25 minutes per day to 1 hour per day or fortnight. On the other hand, the *Delta* programme usually consists of weekly blocks of 6-10 weeks. Therefore, individual programmes appear to run for differing periods of time depending on the type and focus of the particular programme.

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.

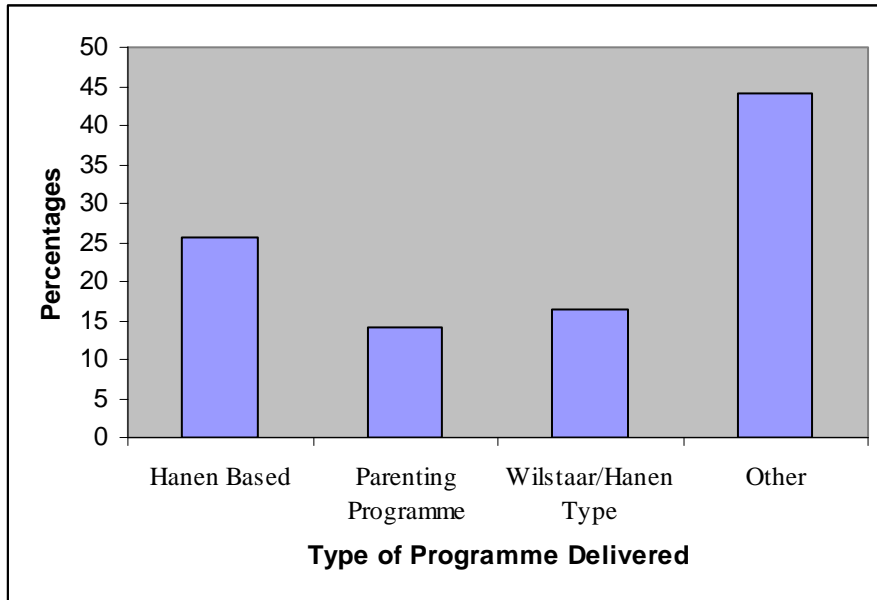
58.1% of programmes were described as being delivered as part of a holistic

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.

52.3% of programmes were reported to be available to all children (proactive programme) as opposed to 36.4% of programmes, which specifically target areas of socio-economic deprivation.

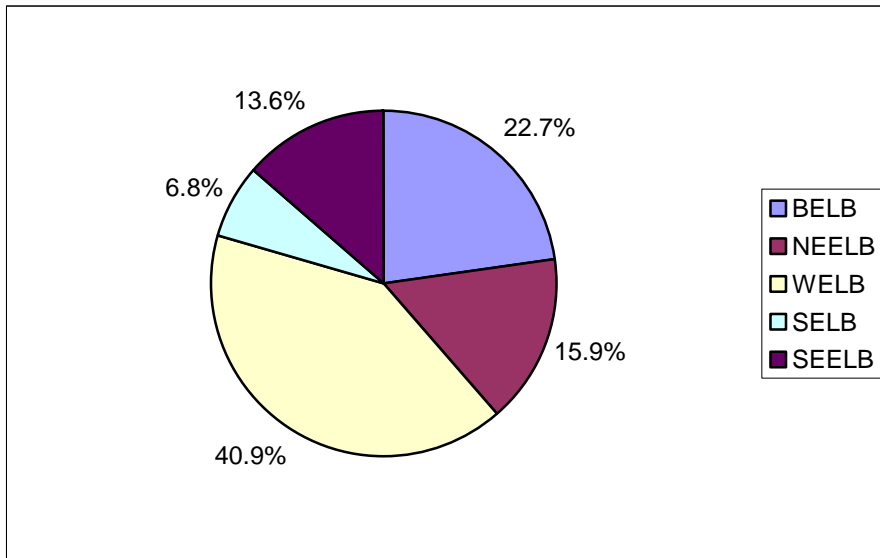
## FUNDING

According to 56.8% of respondents, the main funding body for programmes was the Department of Health, Social Service & Public Safety, whilst 20.4% of respondents indicated their programme was funded by multi-disciplinary agencies, for example District Partners, Community Partnerships or E.U./Peace funding. Another 6.8% of respondents indicated that Department of Education funded their programme, with 2.3% of respondents indicating that Department of Education and Department of Health and Social Services Public Safety funded their programme jointly. A further 4.6% indicated that they 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.



**FIG. 5 TYPE OF PROGRAMME DELIVERED**

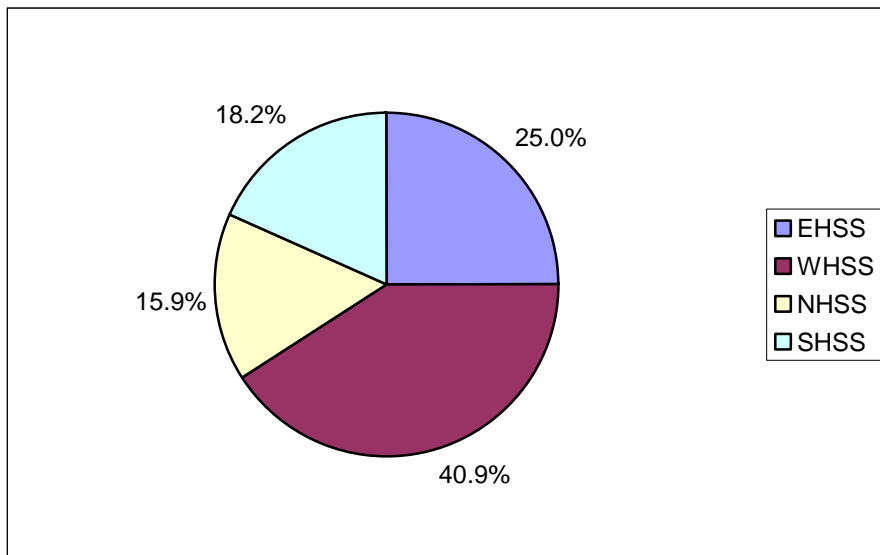
25.6% of programmes are Hanen-based programmes, whilst 44.1% classified themselves as ‘other’; these include Delta, Speech & Language Therapy, schools’ own programmes, and self-designed programmes. These are examples of, a needs-driven, practitioner-created programme, devised from a mix of existing programmes. This category also included training programmes for practitioners and providers e.g. ‘Learning Language and Loving It’. A further 16.3% of the programmes being delivered involved a combination of the WILSTAAR screening programme and a Hanen programme 16.3%, while 14.0% were parenting programmes.



**FIG.6 CATCHMENT AREA BY EDUCATION AND LIBRARY BOARD**

According to responses, the majority of programmes, 40.9%, were delivered within the Western Education and Library Board area, with a further 22.7% being delivered in the Belfast Education and Library Board area. The North Eastern Education and Library Board area accounted for 15.9% of the programmes, and the South Eastern Education and Library Board 13.6%. The fewest 6.8% were delivered within the area of the Southern Education and Library Board.

However, information from the initial telephone poll indicates that this figure does not truly reflect the number of Delta programmes being provided in the Southern Education and Library Board area. It is worth noting that these programmes are often delivered in response to a request from parents or community groups, and as a result of this, Delta is transient in nature and it is difficult to be specific as to the number of programmes being delivered at any particular time.



**FIG.7 CATCHMENT AREA BY HEALTH AND SOCIAL SERVICES BOARDS**

Again, respondents indicated that the majority of programmes, 40.9%, were delivered in the Western Health and Social Services Board area. Within the other board areas, 25.0% of programmes were delivered in the Eastern Health and Social Services Board area, 18.2% fell within the catchment area of the Southern Health and Social Services Board area and 15.9% were being delivered within the area of the Northern Health and Social Services Board.

It is possible to speculate that community driven initiatives have taken hold in the area of the Western Health And Social Service Board as empowerment, at a local level, has become more prevalent. In meeting the needs of largely rural and isolated communities, professionals and practitioners have moved to enable a greater number of staff employed in the early years to be trained to deliver speech and language programmes in community based settings. For instance, staff at the Teacher’s Centre in Londonderry have been proactive in delivering ‘Hanen’ training to staff in the nursery school/unit within their Board area. In addition, recent availability for Speech

and Language Therapists, professionals and practitioners of ‘Hanen’ training, have contributed to the greater number of programmes being delivered in the Western Education and Library Board/ Western Health and Social Services Board (WELB/WHSSB) areas.

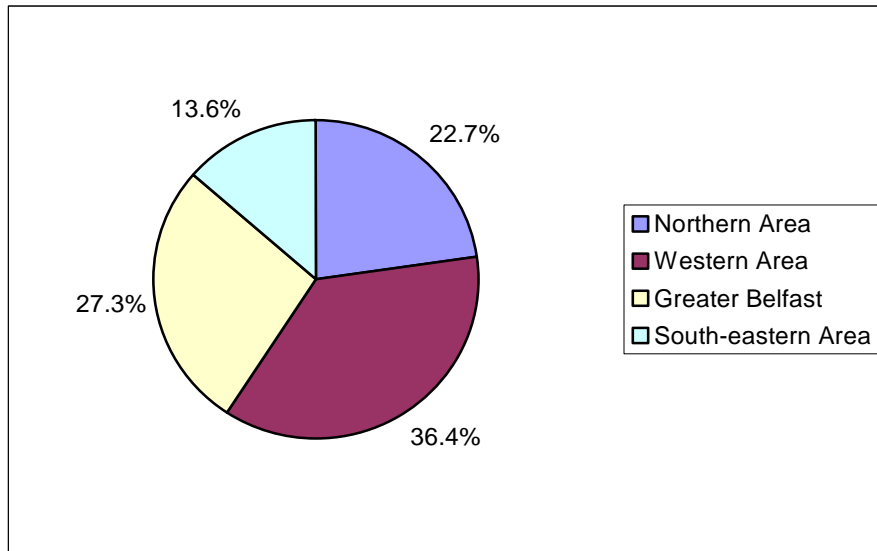
The difficulty of securing the services of a Speech and Language Therapist for Sure Start initiatives was also noted, especially in the WELB/WHSSB. As a result, Speech and Language Therapists in the Foyle Health and Social Services Trust moved to deliver a training programme, ‘Facilitating the Development of Communication Skills in Children 0 – 4 years’+; for staff working within crèche facilities. Sure Start also formed a partnership with the Speech and Language Therapy Department at Altnagelvin Hospital and developed an accredited ‘NVQ level 3’ unit in Speech and Language Development and all staff within the six projects in the WELB/WHSSB are being trained to identify difficult/delay and to devise programmes to assist both parent and child. It is clear then that, as 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 gaining access to programmes.

Life Start have their headquarters in Londonderry and the majority of their provision operates in the WELB/WHSSB. They have rewritten their programmes to suit the Northern Ireland context and have introduced a ‘Positive Play’ programme as a follow up. Book Start is also most prominent in this area.

This result also maps with the findings of the DE, ETI “ Begin with Quality Report Sept 1998 – June 2001” which identified aspects of quality pre-school provision as ‘good’ or ‘very good’ in a higher proportion of centres receiving funding for pre-

school places in the WELB area than in other areas.

Thus it may be suggested that the co-operation and collaboration indicative of rural communities, which are spread over a wide geographical area, has led to a cost effective use of staff time in training a more inclusive group of early years workers to implement language development programmes. It may be further suggested that finance from bodies such as 'Interegg', 'District Partnerships', 'The Rural Community Network', and the 'Peace Funds', made available to border counties, have been utilised to benefit communities at grass roots level.



**FIG. 8 CATCHMENT AREA BY ELECTORAL WARD**

When examined by Electoral Ward area, respondents also indicated that the highest percentage of programmes 36.4% were available within the Western Electoral Ward area. The Greater Belfast Electoral Ward area had 27.3% of the programmes available, the Northern Electoral Ward area had 22.7% of programmes and the South-eastern Electoral Ward area had 13.6% of programmes.

(See Appendix 1 for information relating to the individual District Council Areas located within each of these Electoral Wards).

**TABLE 2: CATCHMENT AREA BY POSTCODE**

<i>Postcode</i>	<i>Percent</i>	<i>Postcode</i>	<i>Percent</i>
<b><i>BT1-9</i></b>	6.9	<b><i>BT50-59</i></b>	4.5
<b><i>BT10-19</i></b>	13.8	<b><i>BT60-69</i></b>	6.9
<b><i>BT20-29</i></b>	6.9	<b><i>BT70-79</i></b>	20.5
<b><i>BT30-39</i></b>	9.2	<b><i>BT80-89</i></b>	6.9
<b><i>BT40-49</i></b>	20.7	<b><i>BT90+</i></b>	2.3

This table indicates the percentage of programmes identified within catchment areas as defined by their postcode.

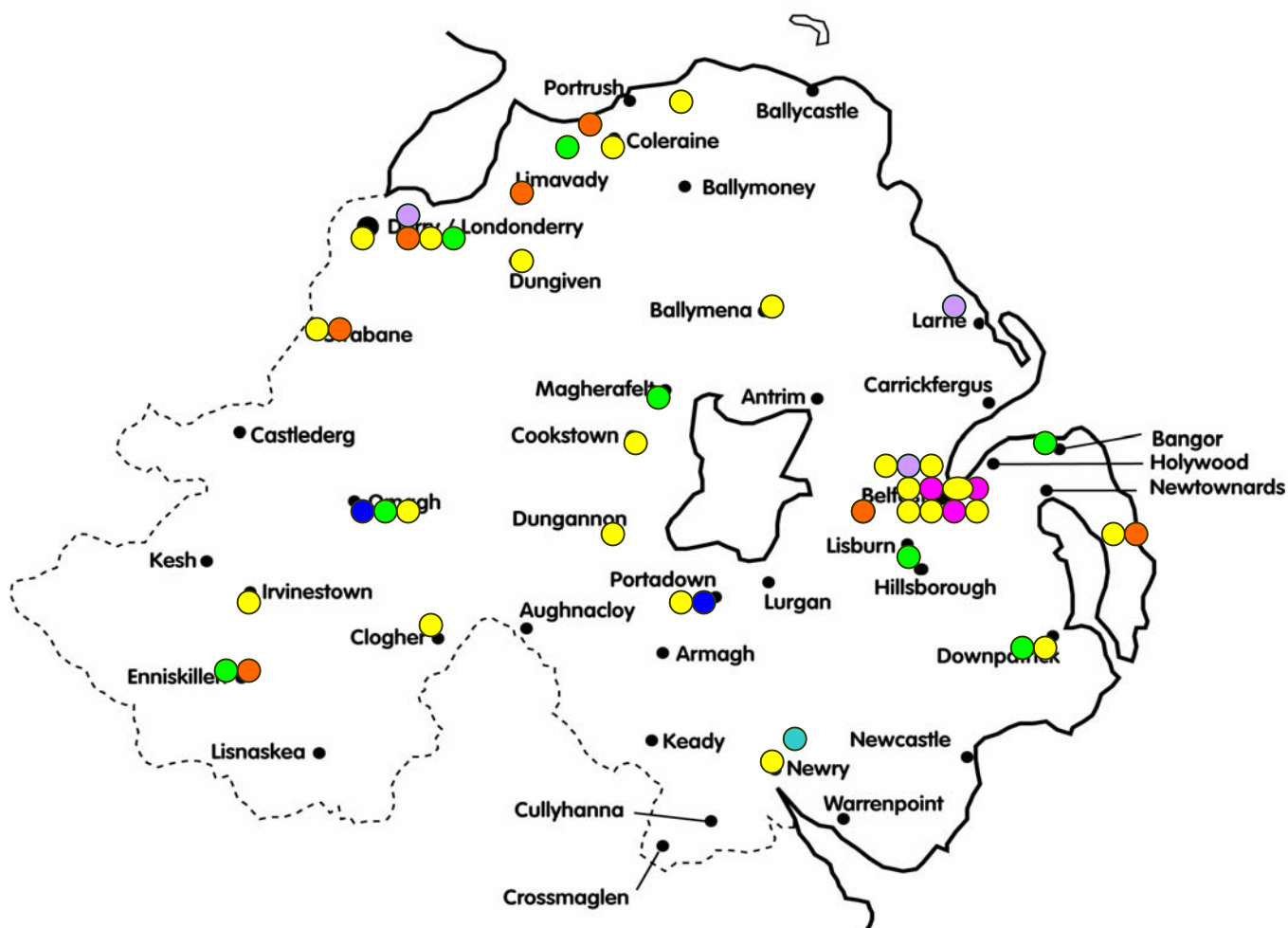
**TABLE 3: TYPE OF AGENCY DELIVERING THE PROGRAMME**

<b>Agency Type</b>	<b>Percent</b>
Voluntary	<b>11.4</b>
Community	<b>36.4</b>
Statutory	<b>22.7</b>
<b>Combination</b>	<b>29.5</b>

Table 4 indicates that 36.4% of programmes were said to be community-led. A significant number (29.5%) were described as being led by a combination of the voluntary and statutory sectors. While 22.7% of the programmes were reported to be delivered solely through the statutory sector and the remaining 11.4% were reported to be delivered by voluntary organisations.

## SUMMARY OF PROGRAMME COVERAGE

### Outline Map of Northern Ireland: Main Cities, Towns and Villages



●	Nursery Schools	●	Primary School/Nursery Unit
●	SureStart Initiatives	●	Lifestart Initiatives
●	Speech & Language therapists	●	Delta
●	Other		

This map indicates the location of the programmes identified as providing language development sessions to children, parents and practitioners, by either the initial telephone poll or through responses to the questionnaire.

## **6. SUMMARY OF INTERVIEWS**

In developing a hierarchy of criteria for the effectiveness of speech and language programmes it was possible to identify key elements that were vital to the success of all programmes, and those that were significant to the overall effectiveness of a specific programme. The following is a synopsis of a series of structured interviews held with Early Years Practitioners (n=12). The interviews were carried out using practitioners from programmes identified in the study, over a geographical spread across Northern Ireland. They included staff from Lifestart in Ardoyne, Speech and Language Therapy services in Belfast, Magherafelt and Enniskillen; Nursery Schools in Portadown and Omagh; the Larne Parental Project, DELTA practitioners in Newry, staff from Sure Start initiatives in Downpatrick, Dungannon, Strabane and staff from the Foyle Down Syndrome Centre. The thematic analysis of the interviews identified several elements that should be incorporated if a language development programme for the 0 – 36 months age range is to be effective. Each of these elements are explained in the following sections of this chapter.

### **Partnership with Parents**

There was unanimous agreement amongst the interviewees that ‘getting in early’ and partnership with parents were the most effective means of promoting and supporting very young children’s speech and language acquisition, as well as dealing with problems of delay and difficulty. Interviewees reported that, in working with children in the 0-36 month age group, any assistance in supporting the young baby or toddler will be ineffective unless parents are encouraged from the beginning to take

responsibility to engage with their children to promote the development of speech and language. As one practitioner put it “If you don’t work to empower the parents and acknowledge them as equal partners within the partnership, they won’t work with the children, and any impact of assistance from outside the home will be lost as children will do nothing from one week’s session to the next.”

### **Programmes directed at assessed needs**

The need to involve more parents in programmes, where it is recognised that the parent’s contribution is valuable, was repeatedly highlighted. It was emphasised that programmes should be presented in an informal, flexible, and creative manner and be directed at the specific needs of a particular group or individual family. Practitioners suggested that the most effective programmes were directed at the specific, assessed needs of children; for example, reactive programmes, as opposed to those programmes that are driven by targets; that is, the number of practitioner/child contacts made; or restricted by the contractual limitations of the practitioners’ involvement.

### **The need to model and explain programmes**

During interviews, it was consistently stressed that parents, like children, vary in their ability to learn. In looking at the child’s age and the parent’s ability to cope with delivering activities to support the child’s speech and language development, interviewees felt that it must be recognised that many will need to have the programme explained and demonstrated to them. The need for the practitioners to model for the parent how to implement appropriate activities to enhance their child’s

speech and language development was continuously repeated. During the interviews, it was consistently stressed that parental awareness must be developed and that a public campaign to inform parents about what their child should be able to do at various points of their development ought to be promoted. Interviewees expressed the view that such sharing of information is necessary so that parents are encouraged to become involved in the process of promoting their child's speech and language development, and be better advised and enthused about ways in which they can enhance their child's ability to communicate. Interviewees acknowledged that this would also involve parents becoming more aware of the services, which can offer support to them.

### **Acceptance and Collaboration between partners**

There was much agreement that, in order for programmes to be effective, there was a need for both individual and group work, and that this required not just co-operation, but collaboration between all those working with young children and their families. However, one of the interviewees suggested, "Before there is collaboration there has to be acceptance. Acceptance that each partner, including the parents and the assistants, bring different talents and contributions, and all are of value in assisting the progress of the child." This was an opinion echoed by several of those interviewed.

Interviewees described the importance and benefits of group sessions, which allowed parents to share experiences, gain new skills, learn how to interact with their child in a positive manner and be shown new ways of progressing their children's speech and language development. In effect, they were 'given tools' to better equip them to actively engage with their children, and furthermore the opportunity to grow in

confidence as a parent. However, it must also be acknowledged that often the parent whose child is particularly at risk of developing speech and language difficulty or delay will not attend group sessions and so it is imperative that home visits are carried out to ensure these families are supported and eventually assisted to recognise the importance of engaging in this area of their child's development.

Parents were reported as often not being ready, after an initial assessment, to work with their child, as many are in denial that any problem may exist. Therefore, it was vital that a holistic approach, or general child development programme, is adopted by an Early Years Professional going into the home where s/he can build up trust and raise the parents' awareness of what their child should be doing at each stage of development. One such professional stated, "Friendship and confidence-building with parents is central to the success of any intervention programme. Parents are very wary of professionals and often feel threatened or inadequate when they are invited to engage in discussion or work alongside them." Practitioners reported that they are often required to assist the parents to modify what they are currently doing and then modify it again as they adapt their approach in supporting their child.

### **Local and inclusive, multidisciplinary approach**

Practitioners expressed the view that there was a need for a collaborative approach amongst all professionals working in this area of child development. They also felt that a local and inclusive multidisciplinary approach should be promoted and adopted, which should also include direct approaches from parents themselves for more extensive support. Practitioners felt that the appointment of a co-ordinator for the delivery of early years services would further enhance the possibility of a co-

ordinated and collaborative approach to the delivery of services.

### **Child centred approach delivered through play**

It was reported that a key factor in delivering an effective programme was the work carried out with the child. This must be a child-centred approach, which examines closely where the individual child is in his/her stage of development. Interviewees reiterated their belief that programmes should be specific in targeting help and support at the appropriate level to allow the child to progress. One interviewee reported, “It is necessary to know the child’s capabilities in order to design play activities to support and extend their learning.” It is essential then that the work carried out with the child is basic, individual, and precise in nature and content. Interviewees thought that much of this would be delivered through play, that activities must be fun and create opportunities for interaction, use imagery and engage and develop the imagination in order to increase the child’s level of vocabulary and comprehension. The play must interest, delight and attract the attention of the child. This approach will involve all those who have care and responsibility for the child.

### **Commitment to multidisciplinary training**

In order to facilitate a genuine, partnership-based approach and to ‘enskill’ and empower practitioners, there was firm agreement on the need for a commitment to training. The majority of practitioners argued that training practitioners from all backgrounds together could result in a more effective service to parents and children, for example, community, voluntary, education, and health professionals. There was also a strong belief expressed that support for families would be more effective on the

ground in situations where trained professionals shared their skills with others who work on a daily basis with young children. This was deemed to be equipping practitioners and parents more fully to recognise areas of concern, be more competent in raising awareness, and recognising the importance of promoting and supporting children's speech and language development. A Special Interest Group (SIG), presently consisting of 12-14 members, has been set up locally by Speech and Language Therapists to facilitate collaboration amongst members regarding the delivery of services.

### **Delivery of services through community based settings**

Strong opinion was expressed that speech and language services and support should be promoted and delivered through community - based settings. Interviewees found that it was more effective if services were provided in neutral settings that allowed parents to feel at ease and where practitioners can offer assistance rather than tell parents what to do. This resulted in a higher response rate, as parents were less likely to perceive the professional as questioning their parenting skills and more as someone who was there to support and work alongside them. This view was supported by Judith Ball of the Hanen Institute and was found by local practitioners to be particularly true in working with Parent and Toddler Groups. In these cases, it was noted by interviewees that many important contacts had been made and children with difficulty and delay were more readily identified and offered support. One of those interviewed suggested "Often parents recognise delay or difficulty before the 2 years 6 month assessment but await the next appointment with the Health Visitor and this is where the like of Parent and Toddler groups out in the community are of particular importance."

## **Speech and Language Therapist support for identified difficulties/delays**

All practitioners recognised that young children with a specific difficulty need the direct help of a Speech and Language Therapist as soon as a problem is identified and well before going to pre-school. There was a significant body of opinion, which supported the view that any effective approach to dealing with early identification and assessment of young children's ability to communicate, should involve a Speech and Language Therapist attached to, and working closely with a group of early years settings within a local area. For example, the local Playgroups / Parent and Toddler Groups. There was much concern that action should be taken immediately following screening and assessment, as often the results are recorded only to be followed by a notable period of delay before intervention was implemented.

## **Nursery School Context**

There was also support for work with parents whose children were in Nursery schools although it was acknowledged that the majority of these children were over 36 months of age. In this context, having a parents' room was seen as the most effective means of reaching parents and children in this age group. This facility was judged to enable parents to avail of programmes and support while their children were in the session and so it was deemed to have a high level of participation, peer support and encouragement. The stigma attached to attending programmes was perceived to be reduced and a greater number of families had the potential to benefit from the services offered. One Nursery Principal stated, "The use of the parents' room during the morning has led to a greater involvement of single parents and it also works well for the parents who are socially disadvantaged. The social interaction between these parents is very important and highly valued."

Individual work with a particular parent and their child by the Speech and Language Therapist in this setting was seen as effective, as the child was relaxed in a familiar environment. Here an appropriate programme of support could be explained and modelled to both the parent and the teacher, which endorsed a joint approach and a continuum of support for the child.

### **Further Considerations of Effectiveness**

Further analysis of the interviews identified several elements that were essential if a programme was to be effective. Early identification, and an early implementation, together with a partnership with parents were seen as the most effective means of promoting and supporting very young children's speech and language acquisition as well as dealing with problems of delay and difficulty in language acquisition.

Parental involvement in programmes, where it was recognised that the parent's contribution was of value alongside programmes which were presented in an informal, flexible, and creative manner, and directed at the specific needs of a particular group or individual family, was deemed to be essential. The need for parent training, where practitioners demonstrated for parents ways they could implement appropriate activities to enhance their child's speech and language development, was highlighted. Interviewees also indicated the need for a collaborative approach to early identification and early intervention amongst all involved in services to children of this age range and their families.

A key factor identified in delivering any effective programme was the work carried out with the child. A child-centred approach, which closely examines the individual child's stage of development was recognised as important. It should also be specific in targeting help and support at the appropriate level to allow the child to progress.

Child and Youth Health Inter-government Department (2002) (CHIP) stated that the important message for professionals was that early detection was an essential part of ensuring healthy outcomes for children. However, they recognised that detection must be followed up with effective intervention. They argued that the settings for interventions in the early years cover those in health, education and childcare sector.

The Health Visitor undertakes the role of early detection of speech and language difficulty or delay during routine visits and although there is to be a reduction in formal screening procedures, these are to be replaced by Health Promotion and community initiatives. Hall (2003) suggested that this role of screening for developmental problems, while not to be ignored, must be set in the context of what can be done to promote language development, reading and enthusiasm for learning. Thus, the need for the development of advertising/publicity material to achieve this is reinforced. He also emphasised the importance of partnership with parents and responding to their concerns.

### **Effectiveness linked to value for money**

It would appear from the study that the Hanen approach is very effective in developing young children's language as it can be classified as both reactive and proactive. In particular, it is effective in raising awareness of children's language

development and in providing immediate access for referral/assessment, and thus early intervention. Delivered through community-based settings, to parents and practitioners, it takes a local and inclusive approach. However, facilitators must be ‘Hanan’ trained to deliver the programme which uses individualised videotapes of parent / child interactions as a means of enabling parents to modify their approach in supporting the child’s language development. Facilitators are also required to adhere closely to the structured format, which leaves 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. Facilitators may then disseminate the material “Learning Language and Loving It” to their fellow staff, thus increasing the skills – base of these Early Years practitioners. However, only the Facilitator can be said to be ‘trained’. This should be balanced, of course, against the fact that as parents and practitioners are made more aware of how to promote children’s communication during typical daily situations, the input of a speech and language therapist will be required for a much shorter period.

The WILSTAAR programme was considered to be 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.

Programmes deemed to be both effective and value for money were those that utilized a local and inclusive approach, with individually designed activities to meet the needs of the child and parent. Programmes, such as those delivered in community-based settings by the Sure Start initiative, raise awareness and reach a substantial number, and wide range of, families. They involve a speech and language therapist in the training of staff, equivalent to the level of NVQ Level 3 unit. However, once staff complete this training they are equipped with the knowledge and skills to implement language programmes, planned in collaboration with the speech and language therapist. The parent then continues these activities at home. Practitioners can easily monitor progress and can make home visits, or refer the child to a Speech and Language therapist for further specialised support if necessary.

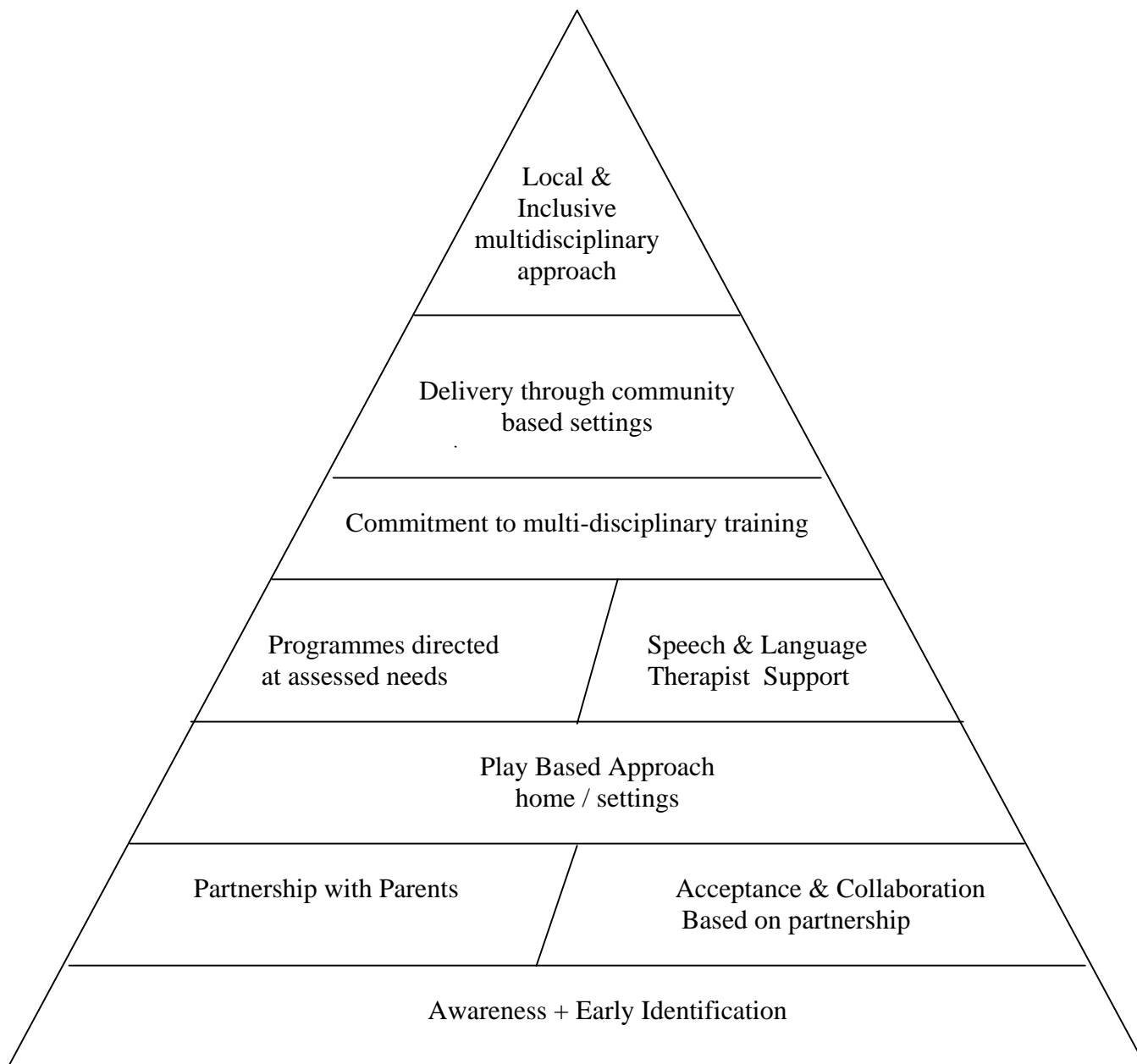
The study would also suggest that the Delta programme is reasonably effective and offers value for money. Delivered in an expanding range of settings, Delta represents a semi-structured, proactive programme, which engages a broad population of parents and aims to develop and raise their awareness of 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 parent's self-esteem in order to enhance the parent/child relationship.

Thus when mapped against the Hierarchical Model of Effectiveness, those programmes which 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. Those interviewed were united in their opinion that these types of programmes, as opposed to those programmes driven by targets or restricted by the contractual limitations of the practitioners, were most effective.

Following these considerations, an aspirational and hierarchical model of effectiveness was developed to highlight the criteria, which interviewees outlined as being important contributors to the successful implementation of language development programmes. This model displays these features from the most basic level, i.e. 'Awareness and Identification' to the most sophisticated, i.e. 'Local and Inclusive multidisciplinary approach'.

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



## **DISCUSSION OF MODEL**

To fully aspire to the hierarchical model of effectiveness for working with young children in the 0-36 month age range, a significant shift in policy and practice may be required.

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.

Currently the majority of respondents 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 was being actively promoted and deployed. However, it should be recognised that from the findings of the study, some have yet to proactively move in this direction.

Due to formal procedures, policy and target-driven approaches (the number of practitioner/child contacts), some groups continue to experience difficulty engaging in frequent home visits and delivering programmes 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.

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

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 have just implemented a programme or are in the process of implementing one. This may also account for the fact that some programmes already have in place some

features indicated in the hierarchical model of effectiveness whereas others have not.

However, as a result of the high response rate from parents to local, community-based initiatives, a number of practitioners across the spectrum are gradually adopting these neutral venues in which to run programmes.

Finally, while there is a clear and undisputed role for the professional and their field of expertise, it was evident from the responses that the most effective method of providing quality, support and assistance to families should involve 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.

It would appear that the overall effect of any Language Development Programme depends on the inclusion and achievement of each level in a progressive manner. This clearly highlights the complexity of designing and implementing Language Development Programme as those involved strive to continually meet the challenges of their dynamic task.

## 7. CONCLUSIONS

The context to this study was a concern about the range and diversity of speech and language provision directed at pre-school children between 0 and 36 months of age in Northern Ireland.

The findings of this study identify in particular the Hanen Programmes, the Wilstaar Screening Programme, Lifestart and the Delta Programme. These are the most widely used, effective Speech and Language Programmes being delivered throughout Northern Ireland.

Difficulties in capturing all the language programmes should be noted as a limitation to this study. There was no information available for some areas of provision, for example, parent and toddler groups while other programmes, such as Delta, are transient in nature and could not be accessed fully by the project team.

The mapping exercise indicated that the majority of programmes were delivered in the Western Health and Social Services Board (40.9%). This possibly suggests that children in this area have a much greater opportunity to avail of this kind of provision than their peers in other areas of Northern Ireland. This pattern was replicated when the findings were mapped for each Education and Library Board, Health and Social Services Board and District Council Area. It is possible to conclude that this is due, at least in part, to a shift in emphasis to the training of generalists working in community-based settings, as opposed to specialists working with specific assessed needs. In addition, this is not surprising as this is closely related to the findings of the

DE 'Begin with Quality ' Report, Sept 1998 – June 2001, looking into the quality of educational provision in voluntary and private pre-school centres, which states “within the Western Education and Library Board (WELB) area, the quality was judged to be good or very good in a higher proportion of centres (over 40%) than elsewhere.

The practitioners reported that they felt strongly about the need to direct provision at this age group and that ‘starting early’ was considered the most effective means of enhancing children’s speech and language development. Hall (2003), who suggested partnership with parents and responding to their concerns as vital, supported this view and argued that early detection must be followed up with effective intervention.

Sure Start emerged as the initiative most frequently responsible for the delivery of speech and language services to the 0 to 36 month age group, with 20 out of the 23 Sure Start initiatives responding to the questionnaire. Nursery Schools and Primary School Nursery Units were shown to be least involved. However, great caution is required in the interpretation of these findings, as they are based on the responses received, and reflect the fact that few children between the ages of 0 to 36 months attend this type of pre-school provision.

In terms of the nature of provision offered by organisations, 79% indicated that their programme was holistic and 84.1% claimed their programme’s aim was to enhance language development for all children (proactive delivery). However, there was considerable variation in the level and content of language input. For example, while a quarter indicated they used the Hanen Programme, other programmes used were

based on Delta, Lifestart, Wilstaar/Hanen and “mixed” or “self-designed” programmes. The core elements of these programmes were wide ranging and included support and training for parents and practitioners, and early identification and intervention.

In the main, programmes were delivered through a combination of ‘one to one’ and small ‘group’ work sessions, with more than 80% offering home visits. This finding may be attributable to the fact that practitioners considered the involvement of parents as a key element of the programmes. In particular, home visits were a core component of the Hanen programme. In offering any home-based service, practitioners were able to explain and demonstrate the benefits of early intervention programmes to parents, who may have felt intimidated in a formal environment. Here it is also possible to assess the child’s ability in a natural rather than in a contrived setting. Similarly home visits also act as a supportive framework for parents.

Delivery of programmes in community-based settings was reported by interviewees to be an influential factor in contributing to the successful implementation of a language development programme. Consequently the location of programmes appears to play a significant role in early years speech and language provision.

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.**

With the appointment of a co-ordinator for the delivery of early years services, a co-ordinated and collaborative approach to the delivery of services across the field of education and care could be implemented along with training to empower and 'enskill' practitioners from all backgrounds together (community, voluntary, education and health professionals).

Multidisciplinary teams should be set up to work with children and parents and these trained professionals should be involved in sharing their skills with others who work on a daily basis with young children.

Initiatives should be rooted in the local community with each partner, including the parents, supervisors and the assistants who work directly with the children, being accepted as bringing different talents and valuable contributions.

Direct approaches from parents themselves for more extensive support should be carefully considered.

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

A productive way of gleaning and disseminating information should be facilitated through multidisciplinary training.

A 'Special Interest Group' should be initiated to draw together those from a variety of backgrounds to share ideas on what can be done to promote language development and to raise awareness of new and creative approaches that offer best practice.

Parental awareness must be developed through a public campaign to inform parents about what their child should be able to do at various points in their development. This is important if parents are to be encouraged to become involved and enthused about ways in which they can enhance their child's ability to communicate and also made more aware of the services which can offer support to them.

Group sessions that allow parents to share experiences, gain new skills, learn how to interact with their child in a positive manner and the opportunity to grow in confidence as a parent, are an essential way forward.

The general raising of public awareness would also be an effective way of sharing information. Through public advertising campaigns, parents and indeed the general public, can be made aware of developmental milestones in children's language development. This strategy was highlighted by staff from the Hanen Institute in Canada as an essential element of information dissemination. The opinion was expressed that it helped parents to become aware of their own crucial role in this aspect of their children's development and prompted early identification and intervention.

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

A shift away from formal procedures, policy and target-driven approaches is necessary.

Professionals and practitioners should be offered a forum to design play activities to support learning and to discuss how best to work alongside parents. This may be through multidisciplinary training or in a Special Interest Group.

Groups, such as Parent and Toddlers, should be targeted by a multidisciplinary team for participation in programmes. In taking this approach important contacts can be made with children and the difficulty/delay more readily identified as well as support offered. In this way parental relationships would not only be fostered, but sustained. Thus the impact of any intervention would extend beyond the child who was the initial focus of attention to subsequent siblings and family contacts.

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

The promotion of the value of Mixed and Self-designed programmes should be pursued. Such programmes include a variety of activities and strategies, which allow for flexibility and creativity to meet the needs of individual children and families. Programmes should include work carried out directly with the child. This should take a child-centred approach, which examines

closely the child's capabilities and supports and extends learning. Delivered through play, this approach will involve all those who have care and responsibility for the child. Activities should be fun and create opportunities for interaction, use imagery and engage and develop the imagination in order to increase the child's level of vocabulary and comprehension.

Support must be given for home visits which offer the opportunity for practitioners to explain and model for the parent how to implement appropriate activities which will enhance their child's speech and language development.

- **Delivery through community-based settings.**

Services should be provided in neutral settings that allow parents to feel at ease and where practitioners offer assistance, rather than tell parents what to do. The location of the programme should be given careful consideration in order that it is delivered in an informal, welcoming and non-threatening manner. Direct involvement of specialists in non-specialist environments should therefore be given strong consideration.

- **Should offer individual support.**

Programmes should be directed at the specific needs of a particular group or individual family.

A shift away from formal procedures, policy and target-driven approaches continues to be emphasised. This would result in facilitating the development of programmes that are reactive, as well as proactive. These should then be aimed at the individual assessed needs of each child.

A Speech and Language Therapist should be attached to, and work closely with, a group of early years settings within a local area.

Children identified as having a specific language difficulty/delay should be provided with the direct help of a Speech and Language Therapist much earlier. Assistance should be available as soon as the problem is identified and prior to attendance at pre-school.

- **Home visits.**

Home visits should be included in programmes, as it is often the case that the parent whose child is particularly at risk of developing speech and language difficulty / delay will not attend group sessions or appointments with professionals.

These visits are essential for practitioners to engage in friendship and confidence building and to enable them to explain and demonstrate the benefits of early intervention programmes to parents who may feel intimidated in a formal environment. Home visits also allow the child's ability to be assessed in a natural, rather than in a more formal and contrived setting.

Home visits also facilitate parents' involvement from the planning stage of the intervention programme and this has the added benefit of capitalising on the fact that as primary caregivers they have an authentic and genuine emotional involvement with the infants.

All of these elements emerged as features associated with the most successful programmes and interviewees' perspectives as to how they could be taken forward have been explored. However to ensure the success of any such approach it will be important to pursue a commitment to multi-disciplinary training and develop the role of a co-ordinator for the delivery of services.

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## APPENDICES

### APPENDIX 1

#### **ELECTORAL WARD AREAS:**

The four Electoral Ward Areas in Northern Ireland include individual District Council

Areas shown below

<b>Four Electoral Ward Areas</b>	<b>Individual District Council Areas</b>
<b>NORTHERN AREA</b>	<i>Antrim, Ballymena, Ballymoney, Coleraine, Derry, Larne, Limavady, Magherafelt, Moyle</i>
<b>WESTERN AREA</b>	<i>Cookstown, Dungannon, Fermanagh, Omagh, Strabane</i>
<b>GREATER BELFAST AREA</b>	<i>Ards, Belfast, Carrickfergus, Castlereagh, Lisburn, Newtownabbey, North Down</i>
<b>SOUTH EASTERN AREA</b>	<i>Armagh, Banbridge, Craigavon, Down, Newry &amp; Mourne</i>

## APPENDIX 2

### COVER LETTER

22 November 2002

Dear Sir/Madam

Stranmillis University College are currently investigating Language Development programmes for children in the age range of 0 - 36 months for the Department of Education and Health & Social Services.

The purpose of this research is to compile a database of programmes currently available for children in this age group throughout Northern Ireland. The research team are using a number of methods to identify the position concerning provision but are finding it difficult to access all of the providers involved.

I would be extremely grateful, therefore, if you could inform the research team at Stranmillis of any such programme of which you have knowledge. For instance, perhaps you could supply the names and contact details of colleagues who are involved in the delivery of a Speech and Language Development Programme in the relevant age phase; or, would it be possible to circulate this request through your email distribution lists?

I realise that this request is yet another call on your valuable time but this information would enhance the thinking of the research team and assist in the accumulation of data for this important piece of research and I would greatly appreciate your help

Yours faithfully,

Helen Mc Laughlin,  
Research Assistant,  
Stranmillis University College.

Tel: 028 9038 4254

Fax: 028 9066 4423

Email: [h.mclaughlin@stran.ac.uk](mailto:h.mclaughlin@stran.ac.uk)

## APPENDIX 3

### ADVERTISEMENT

#### **Language development programmes 0 - 36 months**

Stranmillis University College are carrying out research into language development programmes for children aged between 0 and 36 months throughout Northern Ireland.

The purpose of this research is to compile a database of programmes currently available for this age group in Northern Ireland for the Department of Education.

If you are involved in a language development programme for this age group or know of any in your area please contact either of the research assistants: -

Helen Mc Laughlin on 02890384254 or e-mail: - [h.mclaughlin@stran.ac.uk](mailto:h.mclaughlin@stran.ac.uk)

Or

Paula Wright on 02890384253 or e-mail: - [p.wright@stran.ac.uk](mailto:p.wright@stran.ac.uk)

## APPENDIX 4

### LANGUAGE DEVELOPMENT QUESTIONNAIRE

Q.1 Name of organisation \_\_\_\_\_

\_\_\_\_\_

Q.2 Postcode \_\_\_\_\_

Q.3 Name and position of respondent please expand on your involvement \_\_\_\_\_

\_\_\_\_\_

Q.4 Which of the following best describe the main aim of your programme?

Indicate in order of specific purpose. (E.g. 1 - 4)

- Language development - specifically to promote language development
- Social development - specifically to promote social interaction
- Lang/social development - to promote language skills and social and social skills together
- Holistic development - to promote language skills holistic

Q.5 Which of the following apply to your language programme ?

- |   | YES                      | NO                       | UNSURE                   |
|---|--------------------------|--------------------------|--------------------------|
| ➤ Early identification - to identify children at risk of language delay's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Early intervention - to assist children already identified as at risk   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Parent/Practitioner support - to assist parent/                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

practitioner support  
children with language  
delays

- |   |   |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|
| ➤ | Child/Practitioner support - to assist child/practitioner during a language programme.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ | Parent education - educate the parent in all matters of child development.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ | Parent training - teach parents to assist the child in a specific manner to enhance language skills.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ | Practitioner training - teach practitioner to assist the child in a specific manner to enhance language skills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ | Home Visits - visit parent and child in the home to facilitate language development.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Q.6 To what or to whom is the programme directed?**

*Please Tick*

- |   |  |                          |
|---|--|--------------------------|
| ➤ | Child (please indicate age group)<br><br>_____ | <input type="checkbox"/> |
| ➤ | Parent/Guardian                                | <input type="checkbox"/> |
| ➤ | Parent-guardian/child                          | <input type="checkbox"/> |
| ➤ | Early years practitioners                      | <input type="checkbox"/> |
| ➤ | Parent training                                | <input type="checkbox"/> |
| ➤ | Practitioner training                          | <input type="checkbox"/> |

**Q.7 What is the nature of the programme?**

*Please Tick*

- |   |   |                          |
|---|---|--------------------------|
| ➤ | To work specifically with a child who is causing concern.         | <input type="checkbox"/> |
| ➤ | To enhance language development generally for all young children. | <input type="checkbox"/> |
| ➤ | Other<br>Please specify :   | <input type="checkbox"/> |
-

**Q.8 What is the duration of the programme? (E.g. 1hr/per week for 10 weeks)**

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**Q.9 How would you describe your programme?**  
**Please Tick**

- Informal - open access - advice based session
  - Structured - in the daily routine of the child's experiences
  - Systematic specific delivery of a recognised programme
  - Other
- If other please expand.

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**Q.10 How is the programme delivered?**  
**Please Tick**

- One to one
- Group

**Q.11 How many staff are involved with the delivery of the programme?**  
**Please Tick**

- One
- Two
- Three
- Four or more

**Q.12 Please give details of staff qualifications.**  
**Please indicate the number of staff delivering the programme following the qualifications**

- NVQ 1

- NVQ 11
- NVQ 111
- Diploma in Early Years
- Early Childhood Studies (BA Hons)
- Teacher
- Speech and Language Therapist
- Health Visitor
- Other

If other please specify: \_\_\_\_\_

**Q.13 How is the programme delivered?**

**Please Tick**

- As a separate entity
  - As part of a holistic development programme
- If the answer is a holistic approach what percentage of time is allocated specifically to language?
    - 0 - 10%
    - 11 - 20%
    - 21 - 30%
    - 31 - 40%
    - 41 - 50%
    - 51 - 60%
    - 61 - 70%
    - 71 - 80%
    - 81 - 90%
    - 91 - 100%

**Q.14 Is the programme delivered through a multidisciplinary approach?**

**Please Tick**

- Yes
- No

If the answer is yes who are the partners involved?

\_\_\_\_\_

**Q.15 How do children enrol on to this programme?**

**Please Tick**

- Open access - available to all children
- Referred - by parent
- Health visitor
- Speech & Language therapist
- Teacher
- Other

If other please specify

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**Q.16 Is there a waiting list for the programme?**

**Please Tick**

- Yes
- No

If the answer is yes please expand and if possible include some details of numbers and the time

---

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**Q.17 Please outline your catchment area:**

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**Q.18 What type of agency is the programme delivered through?**

- Voluntary  Agency Name: \_\_\_\_\_
- Community  \_\_\_\_\_
- Statutory  \_\_\_\_\_

**Q.19 How is the programme funded?**

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**Q.20 Has the programme been evaluated?**

*Please Tick*

- Yes
- No

If the answer is yes please indicate the type of evaluation carried out:

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If possible please state where this information could be obtained :

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***Q.21 How is the programme promoted?  
Please Tick***

- In the press/media
  - Posters/leaflets in public buildings
  - Health Visitors
  - Midwives
  - Schools
  - Word of mouth
  - Speech & Language therapists
  - Social Services/Health and Social Services Trusts
  - Other   
If other please specify.
- 

***Q.22 If you know of any other programmes in your area please indicate below. Please include name and contact of the programme?***

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## APPENDIX 5

### INTERVIEW SCHEDULE 0-36 MONTHS LANGUAGE RESEARCH PROJECT

<b>Life Start</b>	Co ordinator Life Start Ardoyne Co Ltd BT14 7EJ Tel: 90747878	<b>10.30 am 18<sup>th</sup> Feb. 03</b>
<b>Speech and Language Therapist</b>	Stewartstown Health Centre Belfast BT17 OFB Tel: 90602705	<b>9.15 am 20<sup>th</sup> Feb. 03</b>
<b>Nursery School Principal</b>	Millington Nursery School Portadown Tel: 38354717	<b>11 am 24<sup>th</sup> Feb. 03</b>
<b>Parental Support Project</b>	LARNE PARENTAL SUPPORT PROJECT UNIT 1 LEDCOM BANK RD LARNE BT40 3AW TEL: 28276044	<b>2.30 pm 25<sup>th</sup> Feb. 03</b>
<b>Delta</b>	Newry Teachers Centre Downshire Rd Newry BT34 1EE Tel: 30264211	<b>11 am 27<sup>th</sup> Feb. 03</b>
<b>Sure Start</b>	DOWNSHIRE HOSPITAL ARDGLASS RD DOWNPATRICK TEL: 44839967	<b>11 am 28<sup>th</sup> Feb. 03</b>
<b>Nursery School Principal</b>	OMAGH NORTH NURSERY TEL: 82246431	<b>2.15 pm 28<sup>th</sup> Feb. 03</b>
<b>Sure Start</b>	Dungannon Tel: 87729695	<b>2 pm 27<sup>th</sup> Feb. 03</b>
<b>Foyle Syndrome Centre</b>	L'derry Tel: 71343991	<b>2.10 pm 25<sup>th</sup> Feb 03</b>
<b>Special Interest Groups</b>	SPEECH AND LANGUAGE THERAPIST Magherafelt Tel:793650851	<b>2 pm 4<sup>th</sup> March 03</b>
<b>Sure Start</b>	Co-ordinator Strabane Tel: 71 382658	<b>11am 5<sup>th</sup> March 2003</b>
<b>Speech and Language Therapist</b>	Clinical Co ordinator Elliott Place Enniskillen Tel: 66384096	<b>11 am 28<sup>th</sup> Feb 03</b>

## INTERVIEW QUESTIONS

1. What makes your programme effective?
2. What key elements are required for it to be successful?
3. Why do these elements matter so much?
4. What do you feel is fundamental to the success of your programme in the 0 - 36 months age group?
5. What do you deem to be early indicators of Speech and Language delays in the age group?
6. If you were able to start at the beginning, what would you consider essential for a programme or an approach to be successful?

## APPENDIX 6

### ELABORATION OF PROGRAMMES

#### **HANEN:**

The Hanen programmes were developed in Canada and have been in use there for more than 20 years. In recent years, recognised or accredited trained Hanen facilitators have begun to train practitioners in Northern Ireland to deliver their programmes.

The Hanen approach is based on the philosophy that parents can help their children learn to communicate during typical daily situations. Parents are made aware of how to convert everyday situations into opportunities for language learning. As a result, speech and language therapy for children in need is no longer limited to one or two hour's sessions per week with a Speech and Language pathologist.

The unique partnership between Hanen certified Speech and Language pathologists and parents creates a much more individualised and enriched approach to language learning for children and gives parents the skills needed to feel empowered.

The Hanen approach is and incorporates more than one programme: (delivered by trained facilitators)-

- “You make a difference” – a parent programme with language input,
- “It takes two to talk” – an intervention parenting programme,

- “Targeted words” – for parents of late talkers,
- Hanen delivers programmes for children with special needs such as “More than words” – a programme for parents of children with Autism Spectrum Disorder (or those with similar related communication difficulties)
- “Learning Language and Loving it” A programme for Early Childhood professionals. Hanen certified Speech and Language pathologists deliver this programme using individual videotaping, feedback sessions, and assist practitioners in accommodating the individual needs of children.

Programmes are structured to include nine group sessions. Parents are also videotaped working with their children in their own homes and receive coaching from the facilitators.

The Hanen centre conducts an ongoing programme of development and research.

Further information can be obtained at: [www.hanen.org/hanen](http://www.hanen.org/hanen)

### **WILSTAAR - WARD INFANT LANGUAGE SCREENING TEST ASSESSMENT ACCELERATION REMEDIATION.**

WILSTAAR is a specific programme, which was developed over a number of years by speech and language therapist Dr Sally Ward and is based on the premise that there are certain times in a child’s life that are critical in establishing language skills. Health visitors use a WILSTAAR checklist on children from the age of 8 months. This is usually carried out as part of a routine hearing check and it measures basic listening and verbal skills, which are required for the development of appropriate language acquisition.

Babies, who are identified by the Health Visitor as being at risk of developing language delays/difficulties, are referred to Speech and Language Therapists for a full assessment. If warranted the Speech and Language Therapist implements the WILSTARR programme and provides support for the child's language development over a four month period. This involves visits to the child's home whereby the parent is supported in implementing a simple programme of activities. After four weeks, further programmes may be provided as necessary and there are four further visits.

The programme requires two Speech and Language Therapists. One works with the child while the other works with the parent. An assessment of the programme suggests that the majority of children who receive such help will have normal language development at the age of three.

For further information contact: <http://www.afasic.org.uk>

## **DELTA**

The DELTA parenting programme is aimed at promoting the holistic development of the child and raising parents' self-esteem in order to enhance the parent/child relationship. The programme is promoted on a multi-disciplinary basis using a 'Parents as Partners Model'. The programme is based on research carried out by Donachy (1979), which encourages parents to become the main educator of their children. The programme is delivered in block sessions administered to parents at home over a four-month period and organised through local voluntary and community groups, primary and nursery schools. Currently these programmes are being delivered

in response to parents' requests for a programme, in a location that meets parents' needs.

The programme encourages parents to use normal daily routines at home to stimulate their children. It also encourages parents to talk, listen and read books to their children. There are a range of programmes targeting different age groups i.e baby, toddler, 5/6 years, 10 years and the teenage years. Having identified that very few males have attended these programmes, sessions targeting male carers have also been devised and currently at least two such groups meet within the SEELB.

The Baby Delta programme for the 0-2 year age group has also been effectively delivered in the SEELB and is due to be delivered in the near future in the WELB.

The Delta programme for young people aged 15-25 years is being delivered in Secondary schools in Newry and Armagh and is accredited to the Open College Network –Level 2 being equivalent to a GCSE.

Overall, the DELTA programme is often delivered as a response to a request. As a result, the programme is transient in nature and it is difficult to be specific as to how many programmes have or are currently being delivered at any particular time. For example, the Newry area has 150 parents in 15 projects and Portadown has 75 parents in three groups.

For further information contact: [www.deltaparenting.co.uk](http://www.deltaparenting.co.uk)

## **SURE START:**

The Sure Start initiative delivers a variety and combination of the above programmes. In some areas, it has not been possible to secure the services of a Speech and Language Therapist to work specifically on the language element of the programme. As a result of this difficulty, (noted especially in WELB) Speech and Language Therapists in the Foyle Health and Social Services Trust assisted Sure Start and delivered a training programme (Facilitating the Development of Communication Skills in Children 0-4 years), for staff working within the crèche facility. The training programme has been accredited through the Open College Network.

For further information contact <http://www.surestart.org>

## **LARNE PARENTAL SUPPORT PROJECT**

The Larne Parental Support Project is aimed at supporting families with children aged 0-4 years who live in the Antiville, Ballyloran and Blackcave electoral ward areas of the town. The project is managed by National Children's Homes', one of the UK's leading children's charities. The services offered depend on local need and may evolve over time. At present, they are involved in delivering speech and language therapy and parenting programmes, however they have a much broader remit and provide many different services. A Health Visitor and a Speech and Language Therapist are involved in assessing and responding to the needs of the parent and child. They have been trained in the 'Hanen' programmes as well as being seconded to the project by Homefirst Trust. It would appear that the strength of the project is in the autonomy, and flexibility afforded to the key worker who works creatively to individualise support offered directly to parents and children. . A significant element of the self-designed programmes involves home visits, where the programme is both

explained and demonstrated to parents. Services are also offered in local venues, such as community centres or Nursery schools. It involves screening and assessment of children's speech and language development. The project is at present limited to within the identified ward area. In effect, this means that of the 52 children in Nursery provision in the area only 8 fall under the remit of the project for speech and language screening and support. However, a number of parents and children in the 0-36 month age group are identified through community initiatives such as parent and toddler groups.

For further information contact Larne Parental Support Project at 028 28276044

Or [www.nch.org.uk](http://www.nch.org.uk)

## **LIFESTART**

The Lifestart Foundation aims to inform, encourage and support the parents of children, 0 - 5 years so that appropriate development and care occur. It is a programme that promotes best practice and is directed at primary prevention, that is, proactive.

The 'Growing Child Materials' are delivered by Lifestart family visitors on a monthly basis to parents in their own homes. The four week interval is intended to provide sufficient time in which to see progressive development in a child. More frequent visits, however, can be arranged if required.

Based on the concept of Bruner's (1983) spiral curriculum the materials explain clearly the links between basic and more complex skills. Support materials, such as books or nursery rhyme tapes, are made available to parents if necessary. Parents are

encouraged to reflect on the previous month's information and are supported in their evaluation of their experiences. Parents will then be presented with the new materials for the following month. The family visitor draws close attention to the main points, explaining and demonstrating to the parents what they can do to enhance the development of their child.

The materials for each month include a significant input on speech and language development.

For further information contact <http://www.lifestartfoundation.org>

### **SPEECH AND LANGUAGE THERAPISTS**

Alongside their professional development, a number of Speech and Language Therapists have further engaged in 'Hanen' training. Most recently, however, a number have received training through the Open Network, which enables them to deliver the 'ELKIAN' programme for classroom assistants for preschool and primary school children. This will involve the classroom assistants in attending 10 sessions, each for two hours. Accreditation is made on the completion of a portfolio. Part of the programme incorporates a two-day workshop for teachers who have classroom assistants engaging in this approach.

## APPENDIX 7

### **INFORMATION RELATING TO THE SPECIAL INTEREST GROUP OF SPEECH AND LANGUAGE THERAPISTS**

A Special Interest Group, presently consisting of 12-14 members, has been set up locally by Speech and Language Therapists and is in the process of registering and becoming affiliated to the Royal College of Speech and Language Therapists. The group was initiated in order to draw together members to collaborate with each other regarding services and to disseminate knowledge to the peer group as well as sharing information with others regarding best practice. The group is still in its infancy but plans to meet 3-4 times per year.



The Department of Education (DE) Research Report Series is designed to provide easy access to research findings for policy makers, researchers, teachers, lecturers, employers and the public. This reflects the high value which DE places on the wide circulation of research results to ensure that research has the maximum impact on policy and practice in education.

Research cannot make decisions for policy makers and others concerned with improving the quality of education. Nor can it by itself bring about change. But it can create a better basis for decisions, by providing information and explanation about educational practice and by clarifying and challenging ideas and assumptions.

Any views expressed in the Research Report are those of the authors and not necessarily those of the Department of Education.

**RATHGAEL HOUSE, 43 BALLOO ROAD, BANGOR, CO DOWN BT19 7PR**  
**TELEPHONE: 028 9127 9279 FAX: 028 9127 9100**