

Sustainability Through Collaboration

An Interim report of the Chatterboxes Initiative,
a Prevention and Early Intervention approach
to Speech, Language and Communication
Needs in the Bray area



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Chatterboxes's mission:

To collaborate with significant others in children's lives and communities to provide quality speech and language therapy supports so that all children are able to reach their full potential.



50%

of children from areas of social disadvantage start schools with a language delay
(Communication Trust UK, 2014)



46.5%

of children tested in Bray's community EYS had a language delay



76.7%

of children tested in Bray's community EYS were below average for vocabulary



900+

Children

70+

Staff



Chatterbox's Service Model



TIER 3: SPECIALIST

Referral to HSE Primary Care SLT and Disability Services



TIER 2: TARGETED

Hanen Learning Language and Loving It
LanguageLand programme in EYS and schools
PEEP Language focused parent and child group



TIER 1: UNIVERSAL

Peep Parent and Child groups
SLT supports at PHN Developmental Clinics
Language focused supports for EYS and schools

OUTCOMES

- Staff reported an increase in confidence when working with children with language difficulties
- Staff reported an increased awareness of language development
- Children's scores on standardised assessments improved
- Children who participated in language focused programmes were observed to be more interactive and talkative by teachers

ACKNOWLEDGEMENTS

The Chatterboxes initiative would like to thank the HSE management team in Wicklow, in particular James Glover, General Manager Primary Care, Community Healthcare East Wicklow, and Brenda Kenny, Speech and Language Therapy Manager, Community Healthcare East Wicklow. Their belief, encouragement and guidance in getting this unique, collaborative initiative off the ground is hugely appreciated.

Sincere thanks to Bray Area Partnership for believing in the vision of the Chatterboxes initiative and taking a leap of faith in supporting this initiative. We would also like to acknowledge the SPECS Consortium and Steering Committee whose strong links provide such an important foundation for the initiative.

Huge gratitude must be expressed to all the parents as well as staff from the early years services and schools for embracing the Chatterboxes initiative and engaging so enthusiastically with the project. Their dedication and commitment to providing support to the children in their care is clear with so many giving up their free time to attend training. Their feedback has been so valuable in shaping the project's focus.

Special thanks to the SPECS and HSE Speech and Language Therapy teams for their support and help since Chatterboxes has begun. This has been much appreciated. Also thank you to our colleagues in the ABC Programme whose willingness to share their experience has fed into the success of the initiative.

Finally our funders Tusla, Department of Children, Equality, Disability, Integration, Youth and the HSE without whom the initiative would not be possible or be the success it has been.

Thank you to all the schools and Early Years Services who participated in the Chatterboxes initiative including:

Primary Schools:

St Patricks Primary School
St Fergals National School
St Peters National School
Ravenswell Primary School
Gaelscoil Uí Chéadaigh
St Kierans Special School

Early Years Services:

Early Start
Little Rascals
Jolly Tots
Marian Centre Preschools
Tus Nua
Cuala Montessori
Hollyoaks Montessori
Little Harvard



GLOSSARY

ABC	Area Based Childhood Programme
Aistear	The Early Childhood Curriculum Framework
BAP	Bray Area Partnership
BPVS3	British Picture Vocabulary Scale 3rd Edition
CELF2	Clinical Evaluation of Language Fundamentals Preschool 2nd Edition
CES	Centre for Effectiveness Services
CHO	Community Healthcare Organisation
ECERS	Early Childhood Environmental Rating Scale
EYP	Early Years Practitioner
EYS	Early Years Services
HSE	Health Service Executive
ITERS	Infant/Toddler Environment Rating Scale
LLLI	Learning Language and Loving It training programme for EYPs
Meitheal	A case co-ordination process for families with additional needs who require multi-agency intervention
ORIM	Opportunities, Recognition, Interaction and Modelling, PEEP programme
PC	Primary Care
PCT	Primary Care Team
PEI	Prevention and Early Intervention
PHN	Public Health Nurse
PPFS	Prevention, Partnership and Family Support Programme
PS	Primary Schools
RWFVT	Renfrew Word Finding Vocabulary Test
Síolta	The National Quality Framework for Early Childhood Education
SLCN	Speech, language and communication needs
SLT	Speech and Language Therapy
SPECS	Supporting Parents and Early Childhood Services
Tusla	Tusla Child and Family Agency

FOREWORD

I am delighted to contribute to the interim report of the Chatterboxes initiative. I wish to congratulate the HSE Management team in Wicklow and the Bray Area Partnership (BAP) on this successful initiative supported by Tusla's Area Based Childhood (ABC) Programme and Supporting Parents and Childhood Services (SPECS) and, my colleague Roderic O'Gorman TD, Minister for Children, Equality, Disability, Integration and Youth. By taking a prevention and early intervention approach to speech, language and communication needs, this initiative is changing the lives of children and their families.

The ability to communicate impacts on all aspects of children's lives, from the moment of birth through to adulthood. Communication is an essential skill to enable children to reach their fullest potential. We know that some children and young people, as well as their families, require support at critical stages of their development, and that key transitions in the lives of young people can be challenging.

These difficulties can be exacerbated when young people are suffering disadvantage. In disadvantaged communities, up to half of all our children will have a significant language delay, and in Bray up to 70% are below average in relation to vocabulary levels. These figures mean that from early childhood our children's potential to succeed in education is compromised.

The Chatterboxes initiative uses an evidence based approach in working together to address children's language and communication development needs to provide a vital support to address the impact of disadvantage, and to ensure children and young people are supported, ultimately improving their life chances. It demonstrates how by strengthening the whole community's foundations and empowering all the stakeholders, a more sustainable and long-term approach to addressing these needs is achieved.

This report highlights the value in designing structures which maximise connections between parents, teachers and other service providers, who have a pivotal role in supporting children's language and communication development. Inter-agency working is key to the effective delivery of services for children and young people.

I particularly appreciate the impact of the collaborative work undertaken between BAP, SPECS and the HSE Speech and Language Therapy (SLT) teams in Bray to create partnerships with families, practitioners and communities to deliver better outcomes for children and their families living in poverty. This progressive approach to service delivery and sharing of learning, good practice and wisdom is moving SLT provision away from the traditional clinic-based model toward the public health approach and care in the community.

This ethos aligns with the Sláintecare Programme and reinforces the value of cross sectoral engagement to achieve a common goal and to ensure that children can achieve their potential and ultimately better outcomes for educational, social /emotional and societal participation in a healthy Ireland.

Stephen Donnelly, T.D.,
Minister for Health

INTRODUCTION AND BACKGROUND TO THE CHATTERBOXES INITIATIVE

This report explores the relationship forged between a statutory and community service and how changing models of practice can lead to a more sustainable integrated approach in addressing speech language and communication needs (SLCN) through adopting a prevention and early intervention approach. Increasing national and international evidence in relation to SLCN points to the need to rethink how we utilise clinicians like speech and language therapists (SLTs) in the community. This new evidence has led to an innovative collaboration between a community based initiative, the Bray Area Partnership (BAP) Supporting Parents & Childhood Services (SPECS) and the statutory agency, the Health Service Executive (HSE) in the Bray area. By pooling resources SPECS and the HSE have intensified efforts to support language and communication development in children in Bray. By evidencing needs locally the initiative has targeted the most effective way to utilise limited resources that in turn has helped to generate a multiplier effect.

'the most important thing I learned is to watch the children...let them speak, give them a chance'

(Early Years Practitioner)

This report outlines the evidence internationally as well as locally to support a collaborative approach to address SLCN as well as evidence collected to illustrate the benefits. It was developed as a follow up action on a recommendation in the 2018 independent evaluation into the SPECS initiative entitled 'A New Way Of Working'. The report covers work between the end of 2017 to March 2020.

Methodology and Limitations of Research

The primary aim of this report is to explore how a collaborative approach can be an effective way of identifying and responding to needs in a community. The study has employed a mixed approach methodology, combining findings from qualitative and quantitative data collected and analysed by the

speech and language therapist working in the project. The aim of the report was to explore the impact of the Chatterboxes initiative on parents, children and their early years and national school teachers as well as highlight areas of learning. Quantitative data was collected through direct screening assessment before and after periods of intervention with children and using written rating scales with the early years/primary school staff who took part in the programmes. Qualitative data was collected using questionnaires with the early years/primary school staff.

Limitations of the research

The research has been limited by the relatively small sample size of children screened. There were no screenings with children who did not partake in the programme therefore no comparison can be made when judging the gains children made. The study findings relate to a two-year implementation timeframe and as such are short-term in nature. To ascertain long-term benefits a longitudinal research approach would be required. Finally the study was developed internally and while all feedback surveys and evaluation tools were implemented impartially some bias may be possible.

Supporting Parents and Early Childhood Services (SPECS)

SPECS stands for **Supporting Parents and Early Childhood Services**. It is a Prevention and Early Intervention initiative in the Greater Bray area that works with children, parents, early years services, schools and other agencies to improve outcomes for children from pregnancy. SPECS is supported by a consortium of over twenty agencies including schools, statutory, voluntary and community organisations with Bray Area Partnership (BAP) as the lead agency. SPECS is funded through the Area Based Childhood (ABC) Programme, which is supported by the Department of Children, Equality, Disability, Integration, Youth, aligned with Tusla's Prevention, Partnership and Family Support (PPFS) programme.

SPECS works with families, services and practitioners and, depending on the age of a child, provides a range of different supports. SPECS strives to improve outcomes for children by supporting key adults in their lives and working collaboratively with services to achieve a systems wide impact. It enables this in a number of ways including:

- Providing direct evidence based supports to families in a range of ways including group settings, one to one and home based work
- Building capacity of practitioners in schools, early years services, community and statutory agencies by embedding best practice and evidence based programmes
- Promoting interagency collaboration through a Consortium approach and engaging with collaborative frameworks such as Meitheal
- Utilising evidence based approaches and measuring impact
- Enhancing systems wide impact by bringing services and practitioners together to identify gaps, share practice and develop plans to best meet the needs of the families we work with

SPECS provides a number of supports to parents and Early Years Services (EYS). Through the work being undertaken the need to specifically target support concerning speech and language development with parents and practitioners was quickly identified. Since 2015 SPECS has been working in partnership with five community based EYS supporting improved quality of learning and development through the Aistear/Síolta framework. As this work has progressed a specific need around supporting SLCNs emerged in relation to the children's language levels and the capacity of EY practitioners and teachers to meet this need. Language, without question, is the key to learning. Children who fail to develop adequate speech and language skills before starting school are more likely to experience literacy problems in school than those who have typical speech and language development (Fricke et al:2013).

HSE Primary Care

HSE Primary Care services cover many of the health or social care services that are provided in the community, outside of the hospital setting.

A Primary Care Team (PCT) is a team of health professionals who work closely together to meet the needs of the people living in the community. Speech and Language Therapy services are provided in the community as part of the wider Primary Care multidisciplinary team. Speech and Language Therapists work alongside a variety of other professionals, Public Health Nurses, Occupational Therapists, Physiotherapists, Dentists etc., providing services in local Health Centres. The Primary Care SLT Team in Wicklow (here on in to be referred to as the SLT team) provides specialist intervention to children aged 0-18 who have mild to severe SLCN.

In 2014, in response to long waiting lists and an increasing body of new evidence about effective service delivery, the SLT team engaged in a review of the service they provided. They began to change from the traditional, medical approach where therapy is provided in the local health centre when a need is identified. The aim was to become more child and family centred, prioritising training and coaching with parents in the clinic initially and then expanding into tailored workshops for EYS and primary schools. The EYS and schools asked for more input leading the team to consider developing this aspect of the service further. Clinic based therapy remained the standard with work in EYS or primary schools taking place on an individual case by case basis and when it did take place it was led by the SLT team with limited input from the EYS or school staff. The team identified that a move towards a more universal, preventative and community based approach to speech and language therapy intervention was needed.

Both SPECS and HSE identified the need to come together to improve language development with the result of the Chatterboxes initiative being developed and implemented over a two year period.

CURRENT EVIDENCE TO SUPPORT A NEW MODEL IN SPEECH AND LANGUAGE THERAPY PRACTICE

In 2014, the Centre for Effectiveness Services (CES) completed a report into the approaches currently used in Ireland to support oral language development (Rafferty, 2014). The Report and its dissemination was part of the CES function to share best practice service developments with ABC Programme funded projects such as SPECS.

The following recommendations were made:

- 1 Focus on universal and targeted services for oral language development
- 2 Prioritise strengthening capacities in parents who are the best resource for developing language in children
- 3 Enhance the transfer of skills from speech and language therapists to early years educators and schools
- 4 Deploy speech and language therapists as the specialist designers and resources to the system, not as the only form of intervention
- 5 Provide a platform for sharing and pooling knowledge, experience, resources and evidence on oral language

(Rafferty, 2014: 6)

The same report suggests that universal approaches to speech, language and communication development should be prioritised 'because language and communication underpins social, emotional and educational development [and] early identification of difficulties and effective interventions to support language learning is crucial' (Rafferty, 2014: 12). In their report 'Chit Chat: reflections on the CDI and HSE Speech and Language Therapy Services in Tallaght West' CDI Tallaght found that 72% of the children referred to their service for speech and language intervention had needs requiring a support

response. However such needs had not been identified to the HSE Speech and Language Therapy service (Hayes et al, 2016). This scenario and the lack of coherence, again evident, highlighted the need to move away from the medical model of clinic based service delivery to a universal, public health approach for the delivery of speech and language therapy services.

SLCN have been proven to have negative impacts on educational attainment and its prevalence is most severe in disadvantaged areas, where up to 50% of children in such communities have been identified as having a SLCN (Conti-Ramsden et al., 2001; Locke et al., 2002; Leitao & Fletcher, 2004). Additionally, Fricke et al (2013) note that a child with language difficulties is more likely to have difficulties with literacy development and as a result is at a high risk of underachieving. Traditionally children do not interact with speech and language therapists until a difficulty is identified but we know that not all children with speech and language difficulties are identified to the SLT service. The impact of intervening early to address SLCN can ensure children get off to the best start, especially children from areas with higher levels of need. In addition to SLCNs being more prevalent in areas of disadvantage, Wright and Neuman (2014) also found that teachers working in economically disadvantaged schools were less likely to explain words often or address sophisticated words than teachers in economically advantaged schools again underlining the importance of training and supporting early years school teachers working in the area.



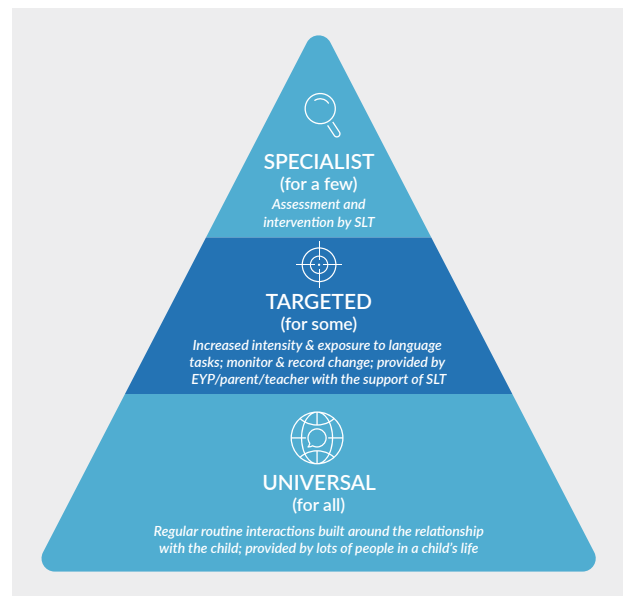
Speech and language difficulties have been proven to have negative impacts on educational attainment

As outlined in the report 'A brief Review of Approaches to Oral Language Development to inform the ABC programme':

'There is compelling evidence for universal service provision for the promotion of speech and language development of children. Oral language development needs to be supported across the lifecycle and multiple services and systems are needed to achieve this. The current service delivery model does not position the scarce resource of speech and language therapy to impact on the greatest needs. A strengths-based, prevention and early intervention model is required and a small number of children, with specific problems in speech and language, need access to specialist supports. ...Although there is no 'best' way to achieve this, developing the capacity and skills of parents and early years educators to support children's language development does make a difference.'

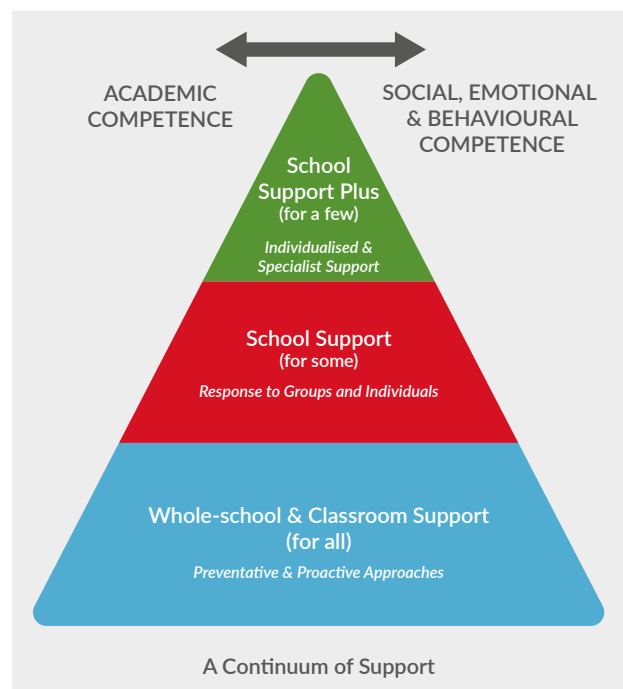
(Rafferty, 2014: 29)

The Broomfield model (Broomfield, 2013) and The Balanced System (Enderby et al., 2009) are two such models that propose moving away from the traditional medical model for speech and language therapy service delivery towards a more public health approach where services are available for all children. They are provided by lots of people in the child's life and are aimed at increasing exposure to language learning opportunities which are a good 'fit' for the child. This includes: regular, routine interactions focused on the interests and attention of the child; responsive, built around the relationship with the child; building on and expanding the communication efforts and strengths of the child; and practice prompted by everyday activities (Rafferty, 2014).



(Broomfield, 2013)

The Department of Education and Skills also has guidelines for supporting children with Special Educational Needs and proposes a continuum of support that reflects these models for intervention: universal/whole school/class support, targeted interventions/school support for some, specialist interventions/school support plus for a few.



Source: sess.ie

REIMAGINING MODELS OF PRACTICE THROUGH COLLABORATION

In 2018 Bray Area Partnership (BAP) commissioned a report to assess the impact of the SPECS Initiative's work between 2015 and 2017 and to set out recommendations with respect to emerging needs and related practice required for continued effective proactive response actions.

The report entitled 'A New Way of Working' specifically highlighted the need to develop a sustainable approach to meeting SLCN with a recommendation the need to:

'develop early intervention and preventative SLT services and supports so that families are appropriately supported where additional SLT needs are identified. These interventions should continue to focus on the importance of building the capacity of parents and early years educators and adopt a universal model that is cognisant of the link between SLCN and economic disadvantage, with targeted supports where needs are identified. Future activities should adopt a collaborative approach to utilise the skills and expertise of Consortium members and their organisations and services.'

(A New Way of Working: 2018:65)

As part of their work with the community EYS, SPECS collected data about the quality of service delivered by these settings utilising the ECERS/ITERS measurement tool. The scale consists of seven subscales which are rated from 1-2.9 (inadequate), 3-4.9 (minimal), 5-6.9 (good), 7 (excellent). Two sessions took place rating the five community EYS in November 2016 (Time 1) and November 2017 (Time 2). As of November 2017 two subscales still rated in the minimal standard language and literacy and learning activities. The language and literacy subscale only scored an average of 3.3 rating it in the minimal range, with one service rating as low as 2.2 in the inadequate range. This indicated that the main area where early years practitioners needed support and capacity building was in language and literacy development. Taking into account the emerging evidence around SLCN and recommendations as

part of the SPECS report there was agreement that collaborating with the HSE to promote a Prevention and Early Intervention (PEI) approach was the most sustainable and effective way forward in meeting SLCN in the Bray area.



Figure 1: Results from ECERS/ITERS ratings, Community EYS, Bray, Nov:16 & Nov:17

At the same time as SPECS was carrying out its work with the community EYS in Bray, the HSE Primary Care SLT Team in Wicklow was looking at the Broomfield (2013) model and the Balanced System (Enderby et al, 2009) as well as Rafferty's (2014) review of SLT provision. Consideration of these models, increasing evidence of the importance and effectiveness of working with significant others in children's lives (Greenberg, 2012; Romeo et al, 2018; Roberts & Kaiser, 2011; Weitzman, 2017) and the regular and repeated requests from early years and primary school staff for in-school support when working with children with SLCN encouraged the team to rethink how their expertise was utilised in the community.

Changes in the clinic were made relatively quickly with a parent-training approach taken in both group and individual work. The SLT team could see the benefits of working at universal and targeted levels for children, families and teachers and identified speech and language provision at these levels as key areas to expand their work into. Once the team had changed the approach in the clinic to prioritise training parents to support their children's language development they began to look out into the wider



community. The team developed good relationships with EYS and primary schools over the years. However, since the SLT team seldom worked on an ongoing basis in EYS or schools these relationships tended to be with specific teachers and regarding specific children rather than whole schools. The aim was to develop a more people centred, community based model of service delivery that would focus on building the capacity of key adults in children's lives, including parents and practitioners/teachers.

The hope was that with a model like this, children would access quality, evidence based language development support in environments with which they were familiar (home, school, preschool, crèche) with people with whom they were familiar (parents, EYPs, teachers) in a more timely manner using the SLT as a specialist tool to support the best outcomes possible.

It was also hoped to deliver a service that resulted in better value for money in terms of providing an approach that would not only support children with identified SLCN but also prevent others from developing SLCN. The goal was that this model would mean that as a service greater numbers of children could be reached than might typically be able to access the clinic-based service and there would be an earlier identification of need for vulnerable children.

Aware that this approach was community based the team looked out into the different communities across the area to see what services were already providing support to families, EYS and schools that could be collaborated with. In Bray, the SLT team were aware that SPECS was working with all of these groups. The SPECS service was one that the SLT team was very familiar with and they had been working together since its inception in 2015. SPECS had provided the SLT team with an avenue to refer families to for parenting/family supports and interventions and had provided training in parenting supports to some of the SLT staff. SPECS had built relationships with the community EYS and the primary schools in Bray. As mentioned above, SPECS had identified gaps in the support of literacy and language development in the children in these services and were looking for ways to support the staff to improve in these areas. This was precisely the area of universal provision of service that the SLT team wanted to expand their service into.

For these reasons, Bray was chosen as the area to begin this model of working and both the SLT team and SPECS were excited to progress the project. The goals of the SLT team, the ABC oral language approach (Rafferty, 2014) and SPECS fit well together. The common understanding of desired outcomes enabled SPECS and the SLT team to devise a person centred model of service delivery that would use evidence based programmes and reflect the shared goals of each service while making sure

to include the HSE goals and objectives relating to health promotion: equitable and timely access to services; developing and valuing staff to deliver the best possible services and managing resources to deliver the best outcomes; improve people's experiences and demonstrate value for money. It was also important that whatever model was chosen could be flexible enough to adapt to the needs of the individual area in which it was being used rather than being prescriptive, meaning that the model could be used effectively in other areas in the CHO outside of Bray.

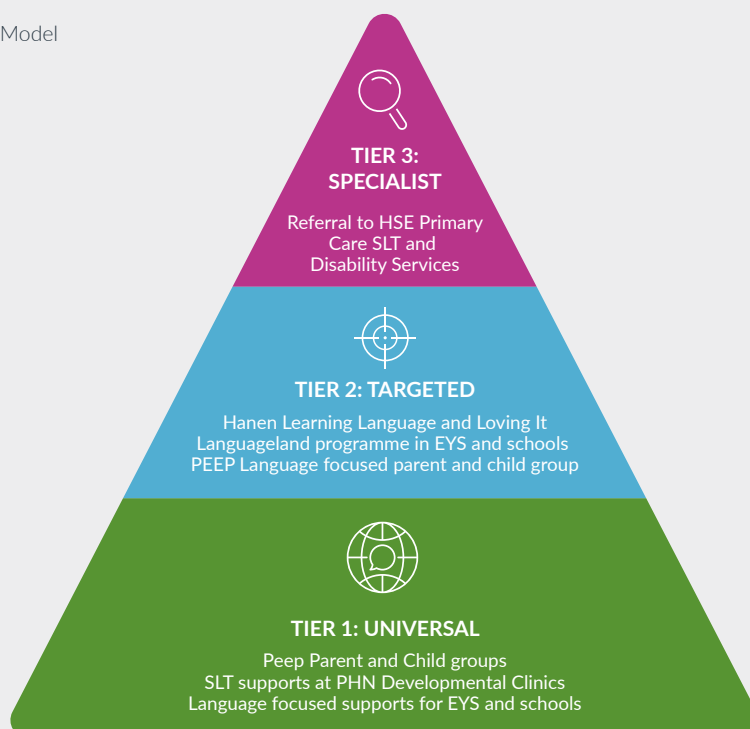
The HSE's Corporate Plan 2015-2017 provided a structure to the team's thinking and helped to formulate what this new approach would include. The vision for the model reflected the HSE's vision for service. The plan had to reflect the high standards expected by the SLT team the SPECS staff, as professionals, and the HSE as the service provider. At the heart of the plan was the HSE's mission statement and the aspirations within: people are supported to achieve their full potential; safe, compassionate and

quality care; and delivery of best healthcare outcomes through optimising of resources.

The ideas behind the HSE's core values of care, compassion, trust and learning guided the team and the model needed to reflect these.

With these values in mind the HSE SLT team in Bray and the BAP SPECS staff began to plan to move to a more prevention and early intervention approach utilising a collaborative model to promote a sustainable and system wide change of practice. Within this practice model approach a HSE Primary Care SLT was placed with SPECS four days a week to deliver on a locally agreed plan alongside support from SPECS staff and a match funding approach was agreed by both agencies. The agreed plan for SLCN in Bray implemented the Broomfield model (Broomfield, 2013) with traditional specialist level intervention provided by the HSE and the universal and targeted levels provided through the SPECS/ HSE collaboration.

Chatterboxes's Service Model



CHATTERBOXES INITIATIVE DESIGN AND IMPLEMENTATION

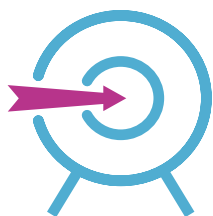
SPECS collected data about the quality of service delivered by five community based Early Years Services, utilising the ECERS/ITERS measurement tool.

This process evidenced the need to focus capacity building supports on language and early literacy with Early Years Practitioners. Alongside this a screening process to assess the needs within the children attending these services also took place highlighting a specific need around vocabulary levels. Through evidencing of need and collaboration the HSE and SPECS jointly planned for a new way of working locally to address speech, language and communication needs. Based on the recommendations from the Rafferty report and through reflecting the work in the planning process it was agreed that the plan for the area needed to focus on 3 areas:

Practitioner Capacity Building - Hanen Learning Language and Loving It (LLLI)

Vocabulary Development - LanguageLand

Early Intervention through parental support- Language focused clinics and Parent and Baby groups



This process evidenced the need to focus capacity building supports on language and early literacy with Early Years Practitioners.

Practitioner Capacity Building - Hanen Learning Language and Loving It

Taking the emerging national and international research into consideration it was decided that the initial focus would be on training EYPs and primary school staff in universal and targeted programmes that would prevent, intervene and enhance children's language skills in their early years and school environments to meet the needs identified through ECERS/ ITERS quality rating scale. As a result the joint HSE/SPECS initiative began in November 2017 with the implementation of the Hanen Learning Language and Loving It (LLLI) programme for early childhood educators and teachers. In addition other BAP staff team members trained in this programme to build greater capacity for delivering early years work locally.

Learning Language and Loving It was chosen for a number of reasons. The SLT Team have been using Hanen programmes in the clinical setting for many years to work with the parents of young children and are aware of their effectiveness. In Hanen programmes the focus switches from the SLT as the expert to giving parents the skills to support their children's language development in everyday interactions. LLLI is an evidence based programme with similar features to other Hanen programmes however there is a greater focus on the important role that educators/teachers play in a child's life and equips them with the skills to positively influence children's language and literacy development by engaging in responsive and cognitively stimulating interactions. It focuses on the relationship between linguistic responsiveness and quality early education (Greenberg, 2012).

This programme also provides an opportunity to intervene at both the universal and targeted levels as it equips educators/teachers to support all young children's language and literacy development. The authors specifically mention the positive impact on language and cognitive skills that high quality early

education and childcare can have on children from disadvantaged backgrounds. LLLI also brings together educators/teachers from different settings and allows for exchange of knowledge and experience that can enhance their services further.

The model of programme delivery used in LLLI was another reason for choosing this programme: the programme is delivered over an extended period of time; the workshops allow for active participation; and learning opportunities are provided in both the workshops and in the participants' work settings thus providing real-world experience of using new skills. In addition, modelling, coaching and mentoring are at the heart of the LLLI programme and having a dedicated SLT was fundamental to supporting this new way of working. Research shows that coaching and mentoring lead to a greater change in practice than training alone (Joyce & Showers, 2002; Neuman & Wright, 2010).

To date in Bray, two LLLI programmes have been run (November 2017 and November 2019) and staff from nine services have participated and been offered follow up mentoring and supervision: two DEIS primary schools, three community preschools, two community crèches and two private preschools. This translates to a total of sixteen staff and over 150 children who have benefited from the programme. We must also take into account all of the children in the future who will benefit from the skills that their EYPs/teachers have developed. This enduring capacity, skills and know-how embedded in the community will have a positive ongoing multiplier effect and validates the collaborative approach between the community and statutory sectors where staff such as the SLT is assigned a developmental role that enables that change in practice be implemented and continued.

The feedback from the participants has been overwhelmingly positive. Everyone found the strategies useful and practical and noticed differences in their practice. They found themselves waiting more for children to participate, encouraging greater peer to peer interaction and having an increased awareness of the children's language levels and abilities. Practitioners reported that doing, participating in and completing the programme enhanced their practice including:

'it changed how I interacted with the children'

and

'I was surprised to see that when I said less the children said more'

Staff felt better informed, better equipped and more confident (see Figure 2). Importantly, the participants became more aware of children's language skills and in turn noticed positive changes in the children's language skills. They found them to be more interactive, better at turn taking and more likely to contribute verbally. All participants said they would recommend the course and asked for more input to further support children's speech and language development.

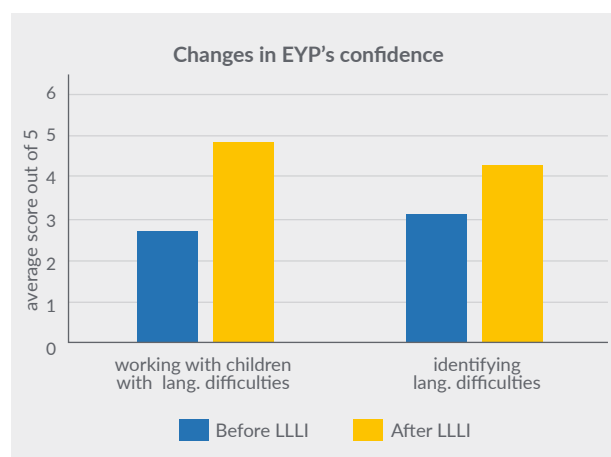


Figure 2: Levels of EYP confidence pre- and post-LLLI training.

Vocabulary Development - Languageland

As the LLLI programme continued, the EYPs and teachers attending voiced concerns about the language development of many of the children in their services. Some of these children had an identified SLCN and been referred to the SLT Primary Care service in Bray. The Irish Association of Speech and Language Therapists (2017) suggests that the prevalence of developmental language disorder is approximately 6%. However up to 50% of children in areas of social disadvantage start school with language delay (Communication Trust UK, 2014).

In keeping with the flexibility and person centred nature of the model, consideration was given to what support could be provided to this reported need. To inform and allow us to respond to the local need, SLT screenings in five EYS took place between February and April 2018 to explore the SLCN of children attending community based early years services in Bray.

A total of 43 children completed assessment using the Clinical Evaluation of Language Fundamentals Preschool 2(UK) (CELP2UK). 46.5% of the children assessed scored below the average range mirroring the findings of the Communication Trust.

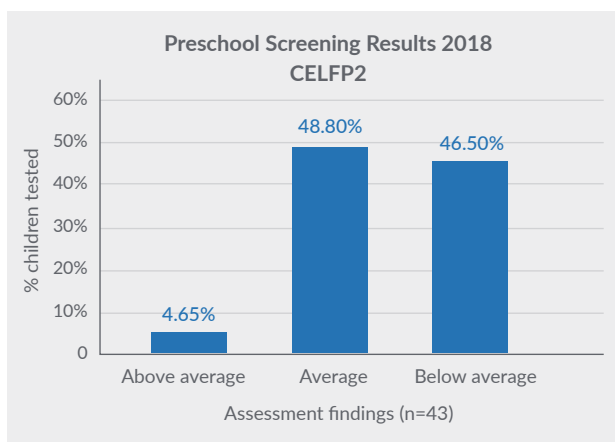


Figure 3: CELF-P2 screening results 2018.

When these results are broken down further it was clear that vocabulary development was particularly impacted. Even those children whose overall scores

fell in the average range showed specific vocabulary deficits and the figure rose to 76.7% when specific vocabulary deficits are taken into account.

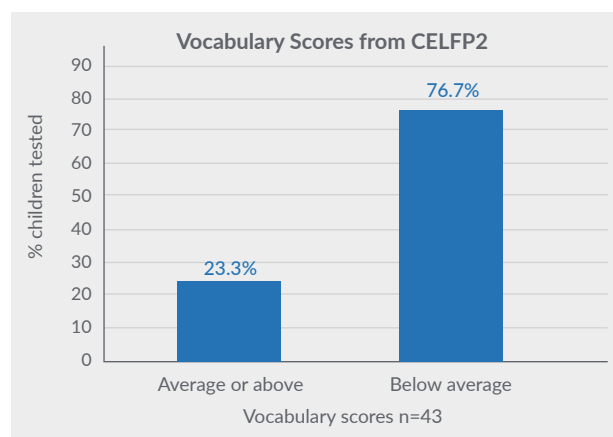


Figure 4: Identified vocabulary deficits in children attending community EYS in Bray in 2018.

It was clear that the children attending the community early years services in Bray had needs in relation to vocabulary development and based on the ECERS/ITERS the EY practitioners were struggling to meet minimal standards in promoting and supporting language and vocabulary development.

Research tells us that 'a child's vocabulary size can be a sizeable predictor of his or her academic success, particularly in the domain of literacy' (Dunn et al, 2009: 2). When you consider these findings in conjunction with Wright and Neuman's (2014) findings that teachers working in economically disadvantaged schools were less likely to promote complex vocabulary development, it became clear that this key area needed to be addressed. A universal language intervention programme focusing on vocabulary in particular that would target the assessed needs of the children in Bray was identified as a priority. Marulis and Neuman (2010) found that vocabulary intervention from trained adults has the greatest effects and so a training/coaching model was a necessary component.



Linking in with similar approaches in other ABC programme sites, a feasibility study into the various options took place. The Languageland programme was chosen as the programme that would best meet the local need evidenced by the screening assessments given its focus on vocabulary and early literacy as well as its model of training/support for early years/school staff.

Languageland was developed in the UK in the early 2000s and targets social skills, early literacy skills (phonological awareness skills) and vocabulary. It was developed to provide support to children in mainstream schools that had a speech and language delay (Languageland, 2008) but is easily delivered to all children in a whole classroom setting making it ideal as a universal language programme. There are three programmes as part of Languageland targeting preschool, junior infants and senior infants.

After a period of training and coaching with the speech and language therapist the EYS/school staff can deliver the programme in their classrooms without the need for a therapist to be present, thus allowing EYS and schools the freedom to run it independently and on an ongoing basis. A note goes home with the children after each session with tips/ ideas on how parents can support and follow through on the programme targets at home.

Since November 2018, six primary schools (three DEIS, one special school, one Gaelscoil and one national school), five community based EYS and three

private EYS in Bray have completed the programme and had follow up mentoring/supervision. This translates as a total of 60 staff and over 700 children who have benefited from Languageland showing the positive multiplier effect that the programme has had.



Screening assessments took place again in the community EYS to measure the effectiveness of the Languageland programme and to specifically look at the children's vocabulary development. Test 1 took place between November and December 2018. The children were assessed using the British Picture Vocabulary Scale (BPVS) 3rd Edition which assesses children's receptive vocabulary (i.e. a child's ability to understand and point out named words) and the Renfrew Word Finding Vocabulary Test (RWFVT) which assesses children's expressive vocabulary (i.e. a child's ability to name words). Test 2 took place in June 2019 using the same assessments. Ten children took part in test 1 and the same ten children were re-assessed at the time of test 2.

The children's results on the BPVS showed every child had improved in their standard scores between the two test times. 80% of the children were within normal limits or above at the time of Test 1 and this grew to 100% at the time of Test 2.

Results of the RWFVT showed that 40% of the children scored within normal limits at the time of Test 1. This rose to 50% at the time of Test 2 but 70% of the children showed an increase in their overall scores.

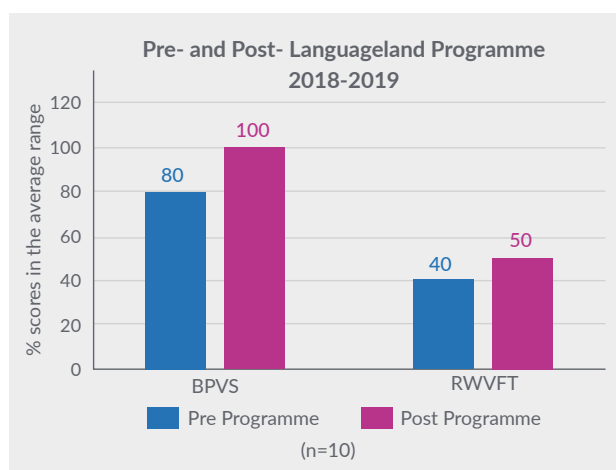


Figure 5: Screening assessment results pre- and post-LanguageLand, 2018-2019.

EYS staff and teachers had overwhelmingly positive feedback about LanguageLand. They specifically commented on the inclusive and interactive nature of the programme, the variety of activities, the resources, the programme's structure and routine and the access to the speech and language therapist for the initial demonstration of the programme and support for the ongoing running of it:

'the resources were excellent and worked really well for the group'

'reinforces what we are doing'

'the programme helped with differentiation and pitching [the] lesson to appropriate levels of the children'

'It was inclusive.... very well done, the children were really engaged'

Teachers also appreciated how LanguageLand links with the oral language curriculum and how the programme could be individualised even in a whole class setting. The infant classes in one school were specifically complimented on their work using LanguageLand in a whole school review carried out by the Department of Education and Skills.

Early Intervention through parental support – Language focused Clinics and Parent and Baby groups

The Public Health Nursing (PHN) team in Bray are the main source of referrals to SLT and SPECS. There is a close working relationship within the HSE Primary Care Team and the SLT team provide training and advice on speech and language development to the other team members on an ongoing basis, both formally and informally. The PHN team provide a universal service in the community with all families and children offered support and care. The SLT team considered that a new universal approach would need to include working with the PHNs as they are at the heart of the primary care team. Initially the goal was to have a SLT presence at the seven to nine month developmental check for all children in the area, based on the Happy Talk and Young Knocknaheeny initiatives in Cork. Having a SLT presence at this universal level not only allows for early identification and intervention with children at risk of SLCN but also works towards de-stigmatising attending SLT. This began in 2018 and continues today, albeit in a different guise. Parents were sent their appointment letter for their PHN check and this

was accompanied by a letter from the SLT outlining their service. They attended their check with the PHN and then saw the SLT afterwards. A short communication checklist was completed, the next stage of development was discussed and advice was given if parents requested it.

The clinic was well received by all of the PHN team. However, due to scheduling differences and staffing issues this clinic had to adapt and in late 2018 it shifted focus. This clinic now takes place monthly with one PHN in a local community resource centre located in a socially disadvantaged area. Rather than focusing on one age group, children of all ages now attend the clinic and meet the PHN and SLT together. The SLT is able to give advice, identify the need for referral, provide reassurance to worried parents about their child's development and/or how they can access supports and work towards de-stigmatising referral and attendance at the Primary Care Clinic. To date, up to 40 families with children of all ages have attended this clinic. Four children with SLCN were identified and referred to the HSE SLT service. All families were given feedback about their children's speech and language development and advice about how to help them develop more or what to expect from the service they had been referred to.

It became clear from the clinic there was a need to have a service that parents who were worried about their children's language development could attend in the community. It was also evident that despite their best efforts, waiting times for the SLT team could feel lengthy to worried parents. To address both of these needs the Chatterboxes initiative launched a drop-in language-focused parent and child group specifically targeting young children with SLCN utilising the Peep programme. The Peep Learning Together Programme is an evidence based programme which extends what parents/ carers are already doing, using the ORIM framework (Opportunities, Recognition, Interaction and Modelling). It looks to improve the quality of the Home Learning Environment and children's life

chances by making the most of everyday learning opportunities; listening, talking, singing, playing and sharing books and stories together supporting babies and children to be confident communicators and learners through play. Feedback from parents participating has been very positive:

'The sessions have been great to show me that we are doing the right things at home for the most part (which is reassuring) but I am also learning little ways and ideas to improve what we are doing'

'The difference it has made to his development has been a huge leap forward.'

'While the group itself was great the support I've been given has been absolutely fantastic..... I honestly would have been lost without it.'

While the programme is in its early days, interest is high and attendance has been good. It is a targeted programme and is aimed at parents and children who have an identified SLCN, waiting for either SLT assessment or intervention or for parents and children for which English is their second language referred to SPECS. A wide range of activities are provided for the children with the main focus being on upskilling the parents using evidence based language development strategies. This model of service delivery allows for coaching and immediate feedback and complements the work being done by the SLT Team in the traditional clinic setting as well as the additional supports provided to parents through SPECS programmes.



IMPLEMENTATION SUMMARY

- Taking a multidimensional approach has proved critical in responding to local needs including screening for needs to identify target interventions, upskilling EYS and school staff and building confidence of parents from a very early age.
- Screenings of children in community based EYS identified serious deficits in vocabulary at time one so a specific language and vocabulary approach was taken when planning how to most effectively address needs locally.
- After participating in the Hanen LLLI programme EYPs identified a significant increase in their confidence in supporting children with language difficulties and also in identifying language difficulties in the children they work with.
- The children's results on the BPVS3 showed every child had improved in their standard scores between the two test times. 80% of the children were within normal limits or above at the time of Test 1 and this grew to 100% at the time of Test 2.
- Results of the RWFVT showed that 40% of the children scored within normal limits at the time of Test 1. This rose to 50% at the time of Test 2 but 70% of the children showed an increase in their overall scores.
- Utilising SLT at screening level to support parents provided an opportunity for very early identification of need and ways to normalise SLT and onwards referrals.
- Providing supports for parents early on specifically around language development is an essential prevention and early intervention approach recognising parents as the key educators in their children's lives.
- Providing supports to improve the quality of the Home Learning Environment and children's life chances by making the most of everyday learning opportunities is essential to improving language development from an early age; listening, talking, singing, playing and sharing books and stories together supports babies and children to be confident communicators and learners through play.
- Additional supports are necessary in the community for parents and children who have an identified SLCN, waiting for either SLT assessment or intervention or for parents and children for which English is their second language. This model of service delivery allows for coaching and immediate feedback and complements the work being done by the HSE SLT Team in the traditional clinic setting as well as the additional supports provided to parents through SPECS programmes.

LEARNING FROM THE CHATTERBOXES INITIATIVE

Since establishing a collaborative approach to addressing SLCN in Bray a number of areas of learning have been harnessed. Learning from this initiative highlights the benefits for organisations, professionals and most importantly children and families when agencies pool resources and work towards a common goal of improving outcomes for children. It is hoped that learning from this way of working will not only enhance the support provided locally in addressing SLCN but would also provide a basis for other areas to encourage collaborative working approaches between statutory and community agencies. Alone neither agency could have achieved the reach and learning to date.

Buy in from management is essential to innovative collaborative models of practice

To make this initiative happen decisions at management level were needed to reorientate budgets at a time when services are under increasing pressure due to waiting lists. To look beyond the immediate clinical approach to address SLCN at management level has led to further reach of SLT to children and families who may not necessarily have benefited from this resource until a much later stage in their development, hence ensuring the positive impacts of taking a prevention and earlier approach as opposed to a crisis driven approach. The support and understanding of taking a prevention and early intervention approach to SLCN at a management level has been the key success of ensuring the benefit of SLT expertise is felt beyond the clinical level.

Evidencing needs locally can lead to a more targeted response

Plans and models of practice should always be informed by national and international evidence and best practice. However taking time to explore locally highlighted deficits meant that the initiative design could most effectively address these needs ensuring resources were focused on heightened areas of need in relation to language and communication.

Collaboration can lead to enriched engagement of harder to reach families

The Bray SLT department has recognised the multiple benefits of the SPECS/HSE work in the community in complementing and supporting their service. One of the senior SLTs stated:

'SPECS helps us to deliver SLT and support the development of language and communication skills in the most vulnerable families in our community. These are often those who may slip through the net of other services. Instead parents and teachers are empowered with the skills to help their children's language development and through this allows them to get more out of their educational experiences.'

Set up of language development supports which focus on parents as the key educators in the community are essential, particularly where SLCN are identified early.

Developing language orientated parent and baby groups and clinics has led to parents receiving direct support from a SLT while on a waitlist or has led to needs being identified much earlier hence ensuring the benefits of prevention and early intervention in practice.

Providing language development supports in the community is important in normalising Speech and Language Therapy and encouraging early onward referrals, if needed, are identified

Having a presence directly in EYS and primary schools has meant that communication between the SLT service and the EYPs and teachers is more efficient. The project has meant that the SLT can act as a liaison between a child's SLT and EYP/teacher. As many of the professionals involved are time-poor this is a more efficient arrangement and working model for everyone. In addition, much of the work

targeted in the programmes offered can be used both individually in a learning support environment and in a whole group setting, thus supporting and providing intervention to those children who are on the SLT waiting list. The SLT can also help support EYPs and teachers in identifying those children who may be presenting with speech and/or language difficulties and give them the confidence to address these concerns with the child's parents. The school screening programme also helped to identify those children who needed to be referred to SLT who may not otherwise have been referred.

The availability of ongoing mentoring and coaching is critical in sustaining programmes in early years and schools settings

Providing training alone does not necessarily ensure implementation or a change in practice. By having the support from an SLT provided to EYS and schools it ensured that most services followed through to implement new programmes and approaches in their classes.

While this collaborative SPECS/HSE project has been overwhelmingly positive, it has not been without its challenges and the initiative has garnered a wealth of knowledge from a programmatic and systemic point of view.

Individual needs of services/schools

Coordinating with services and schools to roll out this new way of working has been difficult at times. Each service/school has their own priorities and asking them to accommodate and potentially change focus to a new approach has not always been straightforward. It has been important to meet services and schools where they are and be as flexible as possible.

Understanding a new way of working

Traditionally SLTs have worked in the local EYS and schools in Bray directly with individual children at the specialist level of intervention. Teachers are accustomed to this approach. This new training/coaching approach at the universal and targeted levels that aims to build capacity in the EYS and schools themselves has been challenging for some. Work has gone into clearly outlining this new way of working, roles and managing expectations but sometimes EYS and schools have been unable to follow through on the training or provide sufficient staff to support the programmes running in their settings. EYPs and teachers reflected this in their feedback but did reflect that having the SLT available to consult and support their ongoing efforts would help with this.

Time constraints

EYS and primary school teachers have full days with their own curricula. Taking on new, evidence based language development programmes and/or approaches to communicating with children is clearly a positive step for both adults and children in every setting and most settings have enthusiastically taken it on. However, with the workload that EYS and teachers have with their curricula it is often not as easy as it might seem. Services are often time poor and trying to squeeze another thing into the day can be difficult and this too was reflected in the EYS' and schools' feedback.

Staff availability for training

While the majority of the training for Languageland takes place during class time with the children present, training for the Hanen programme has to take place outside of EYS and school hours. Non-contact hours, especially in the EYS is limited. This is a big commitment for staff who may have to use their own time to attend training workshops and may be a factor when staff do not sign up to or are unable to complete the training.

CONCLUSION

This report has illustrated the experience and impact of how the collaborative work undertaken between SPECS and the HSE Primary Care SLT team in Bray has brought about changes in service delivery and has moved SLT provision away from the traditional medical, clinic-based model and more towards the universal, public health approach advocated by Rafferty (2014).

The five key recommendations for oral language development as part of the ABC programme (Rafferty, 2014:6) have been at the heart of this collaboration and have guided the work from the start. The report also acknowledges the implementation of recommendations published in the SPECS report 'A New Way Of Working' hence ensuring a responsive approach to identified needs from a prevention and early intervention perspective. Similarly, the HSE's goals for service provision and person centred approach have also progressed and showcase innovation in meeting the ongoing SLCN in the area from a statutory agency.

The Hanen and LanguageLand programmes have allowed the SLT service to go directly into the classrooms of EYS and national schools and pass on skills through demonstration and coaching, meaning that staff have been supported to use these new skills and learning in a meaningful way. This model of working also allows for EYS/schools to embed the work in a way that addresses their individual needs and thus future proofs the work and the initiative. LanguageLand, the joint PHN/SLT clinic and the language focused parent/toddler group have looked to strengthen parents' capacities and empower them to support oral language development in their children, again moving away from the medical model towards a more person-centred approach.

The PHN Clinic and parent/toddler group that support the SLT team are also a move away from the traditional medical model of SLT provision. They allow for early referrals, intervention at universal and targeted levels as well as supporting the specialist intervention taking place in the HSE SLT team.

This report illustrates the effectiveness of a collaborative approach through documenting the additionality provided by the initiative.

This success can only be achieved with the buy-in and support from management to acknowledge the need to be innovative in delivering a more responsive approach to addressing needs in the community.

The buy-in from community and statutory services has embedded an effective collaborative model locally and the justification to build on this resource further by continuing the collaboration to ensure the positive impact is sustained and extended further in breaking the cycle of educational disadvantage. Bearing in mind this initiative was led by a resource stemming from one Speech and Language Therapist four days a week, the impact of the initiative has been felt by over 70 professionals and 900 children - a reach that could only be achieved through connecting the strength of community based relationships through SPECS and the clinical expertise provided by the SLT team and is an example of how to effectively provide prevention and early intervention supports in the community.

RECOMMENDATIONS

Taking into account the recommendations published in the Rafferty Report (2014) and the SPECS report 'A New Way of Working' (2018) ten areas of work have been highlighted to sustain the successful collaboration between the HSE and SPECS to continue to effectively improve outcomes for children in relation to Speech, Language and Communication Needs in the Bray area.

1

Continue to work towards a mainstream approach to prevention and early intervention response to Speech Language and Communication Needs underpinned by collaboration

Investment to date both from the HSE and SPECS has provided positive outcomes directly for children who have received interventions as well as future children attending EYS and schools in the area. To ensure sustained systems change and additionality the need for a long term buy-in and commitment from funders is necessary and must be prioritised, even in an environment of increasing financial pressures.

2

Focus on increasing universal and targeted services for oral language development to compliment specialist clinical supports

Based on a consultation with services locally further capacity building opportunities for working with children with identified SLCN in addition to the universal supports was identified. Continuing to develop the repertoire of language development tools and the skills of EYS/school staff is important. Much of the training to date has focused on universal service provision but expanding into more targeted approaches to meet the needs of children with identified speech and language needs is needed. Implementing an approach like this will not only allow the children to benefit from speech and language intervention in their education setting, it will also have a positive impact on the waiting lists in the local clinic allowing the speech and language therapists there to focus on those children needing higher level, specialist interventions.

The Languageland programme has had a positive impact on the children and staff of the services that it has been implemented in. This is reflected in the positive changes in scores achieved by children and the positive feedback from the staff. However, the changes in the children's expressive vocabularies were not as marked as the changes in their receptive vocabularies. This suggests that going forward emphasis on expressive vocabulary will be required.

3

Develop and deliver training to empower EYS/schools to screen for language development difficulties and refer to the appropriate service, supporting an effective prevention and early intervention approach to SLCN

EYS/school staff have expressed a lack of confidence in knowing when to refer a child for speech and language therapy assessment, what service is most appropriate and talking to parents about why they are considering making a referral. As a result, SLT receives few referrals from EYS or schools for young children. Developing workshops that focus on increasing knowledge around speech and language development and how to use tools to help identify needs should be considered. Information about local services and ways to engage with parents as part of the process should be included as part of these workshops.

4**Continue to develop robust monitoring and evaluation mechanisms to evidence the learning and impact of the Chatterboxes initiative.**

There is a continual need to monitor and evaluate the impact of the initiative to meet local identified need. As a priority the next phase of the initiative should further develop the implementation of an outcomes framework aligned to best practice.

5**Ongoing screening assessments and quality provision measurement**

Screening assessments should continue to identify those children with needs that may have been missed and to allow a measure of the effectiveness of the programmes being implemented. Those children who have attended for screening in the 2019/2020 school year will be re-assessed in 2020/2021. Following on from language development needs identified in the SPECS 'New Way of Working' report there is a need to measure the quality in EYS in relation to language development utilising ECERS to ensure consistency in measuring impact and highlight areas to target for improvement.

6**Prioritise strengthening capacities in parents who are the best resource for developing language in children**

Continue and expand the language focused parent supports such as parent and baby groups and language orientated clinics. This new initiative has been warmly welcomed by HSE staff and parents alike. Providing language focused parenting supports means that children with identified SLCN receive timely support. This also has the benefit of addressing lengthy waiting lists in the primary care clinics thus supporting the work of the SLT team.

7**Continue with developing innovative approaches utilising parenting programmes that focus on positive communication and language development strategies within their overall approach**

SPECS has been successfully running the Parents Plus Early Years programme in Bray for a number of years. This programme emphasises the importance of parents playing with and talking to their children and a number of the strategies mirror those used by SLTs when working with children with language difficulties. The development of the Parents Plus Core Programme project being led by SPECS takes this one step further and allows for recording of parents and children together along with feedback and coaching for the parents as they develop their skills in these areas. Having input directly from a SLT has ensured a language development focus and this provides a relationship based parenting support alongside other language focused parenting programmes run by the SLT team.

8**Explore ways to enhance the participation and sharing of information with parents about what SLT programmes are being run in their children's schools and communities and measuring the impact of these supports**

The main focus of the Languageland programme is teacher training. However, information sheets sent home to parents after each session are aimed at including the parent in the child's learning and allowing them to follow through using the ideas at home or in their everyday interactions with their child. This type of information sharing should continue for any new programmes introduced through schools and preschools in the future and input from parents on how they are utilising the information should be established.

9**Enhance the transfer of skills from speech and language therapists to early years educators and schools including ongoing access to supervision, mentoring and coaching for staff who have been trained in programmes**

Continue and expand the Languageland and Learning Language and Loving It programmes including private early years services and the remaining primary schools in the community and mentor/support those who have already run it. With the introduction of the ECCE scheme and the distribution of children at risk of SLCN not confined to the community preschools/DEIS schools, this expansion of the initiative is a necessary part of the move towards a universal approach to delivering SLT services.

Attending training is only one part of adopting new ideas and changing practice. Having access to ongoing and regular SLT supervision, mentoring and coaching for teachers and EY practitioners is important to ensure changes are sustained and language development programmes and strategies are mainstreamed in local services and schools.

10**Provide a platform for sharing and pooling knowledge, experience, resources and evidence on oral language**

Support a network of Communication Champions working towards future-proofing the initiative. Each service/school that has taken part in any of the programmes offered as part of this SPECS/HSE collaboration has been asked to nominate a Communication Champion. This will have a variety of benefits for both services/schools and the speech and language therapy service. The communication champion will take responsibility for prioritising the learning, ensuring it is made part of the school day and that new staff are trained up in the activities. (S)He will attend a forum for all services/schools to allow for exchange of ideas around the programmes provided and help to identify future goals/priorities that can be supported in their settings by speech and language therapy services, including knowledge sharing as part of the ABC programme.

Participation of SLTs in networking opportunities to provide opportunities to share and learn about new practices for SLT in community based settings and to deepen the relationship building between community and statutory agencies should also be encouraged to broaden knowledge and responses to needs arising in SLC.

REFERENCES

Buckley, L., Curtin, M. (2018) Learning Together: YK Process Evaluation, 2015 to 2017. Cork: Young Knocknaheeny (YK)

Broomfield, J. (2013). Report of learning from workshop in Ballymun with Dr Jan Broomfield: Developing an evidence-based children's Speech and Language Therapy Service. Retrieved 2 December 2014, from http://www.youngballymun.org/fileadmin/user_upload/files/Report_of_Learning_from_Jan_Broomfield_session..pdf

Communication Trust UK (2014) 'How many children have speech, language and communication needs?' Available at: https://www.thecommunicationtrust.org.uk/media/267241/1_4_national_prevalence_final.pdf. pdf Accessed 15 January 2020.

Conti-Ramsden, G., Botting, N., Simkin, Z. and Knox, E. (2001). 'Follow-up of children attending infant language units: Outcomes at 11 years of age', *International Journal of Language and Communication Disorders*, Vol. 36, No. 2, pp. 207-19

Curry, R., Finn, S., Murphy, Dr. C-A. and Tangney, A. (2017) 'Supporting Children with Developmental Language Disorder in Ireland: IASLT Position Paper and Guidance Document'. IASLT. Available at: <https://www.iaslt.ie/documents/public-information/Childhood%20Speech%20and%20Language/DLD%20Position%20Paper%20FINAL%2023MAY2017.pdf>. Accessed 15 January 2020

Department of Education and Science (2017) 'Guidelines for Primary Schools: Supporting Pupils with Special Educational Needs in Mainstream Schools'. Available at: <https://www.education.ie/en/The-Education-System/Special-Education/Guidelines-for-Primary-Schools-Supporting-Pupils-with-Special-Educational-Needs-in-Mainstream-Schools.pdf>. Accessed 9 December 2019

Dillon, S., O'Shea, A., Keogh, J., Dowling, S. and Hogan, K. (2014) Happy Talk. Cork City Partnership, Cork.

Dunn, L.M., Dunn, D.M., Sewell, J., Styles, B., Brzyska, B., Shamsan, Y. and Burge, B. (2009) The British Picture Vocabulary Scale: Third Edition. London: GL Assessment Limited

Enderby, P., Pickstone, C., John, A., Fryer, K., Cantrell, A., & Papaioannou, D. (2009). Resource manual for commissioning and planning service for SLCN. London: Royal College of Speech and Language Therapists. DES

Fricke, S., Bowyer-Crane, C., Haley, A.J., Hulme, C. and Snowling, M.J. (2013) 'Efficacy of language intervention in the early years', *The Journal of Child Psychology and Psychiatry*, 53:3, pp. 280-290

Greenberg, J. (2012) *Making Hanen Happen for Learning Language and Loving It – The Hanen Program for Early Childhood Educators/Teachers*. Ontario: The Hanen Centre

Harms, T., Reid Cryer, D., Clifford, R.M. and Yazejian, N. (2017) Infant/Toddler Environment Rating Scale. New York: Teachers College Press

Hayes, N., and Irwin, J. (2016). Chit Chat: reflections on the CDI and HSE Speech and Language Therapy Services in Tallaght West. Dublin: Childhood Development Initiative.

HSE Corporate Plan 2015-2017 – Building a High Quality Health Service for a Healthier Ireland. Health Service Executive, Dublin

Joyce, B. & Showers, B. (2002) 'Designing training and peer coaching: Our need for learning.' In B.Joyce and B. Showers (Eds), *Student achievement through staff development* (69-94). Alexandria, VA: USA, ASCD

Leitao, S. and Fletcher, J. (2004). 'Literacy Outcomes for students with speech impairment: Long-term follow-up', *International Journal of Language and Communication Disorders*, Vol. 39, No. 2, pp. 245-49

Locke, A., Ginsborg, J. and Peers, I. (2002). 'Development and disadvantage: implications for the early years and beyond', *International Journal of Language and Communication Disorders*, Vol. 37, No. 1, pp. 3-15

Marulis, LM. And Neuman, SB. (2010). 'The effects of vocabulary intervention on young children's word learning: A meta-analysis', *The Journal of Literacy Research*, Vol. 80, No. 3, pp. 300-335

Neuman, S.B. & Wright, T.S. (2010) 'Promoting language and literacy development for early childhood educators: A mixed-methods study of coursework and coaching.' *The Elementary School Journal*, 111, 63-86

Rafferty, M. (2014). A brief review of approaches to oral language development to inform the Area Based Childhood Programme. Dublin: Centre for Effective Services.

Renfrew, C.E. (1995) *Word Finding Vocabulary Test* (4th Edition) Oxon, UK: Speechmark Publishing Limited

Roberts, M.Y. and Kaiser, A.P. (2011) 'The Effectiveness of Parent-Implemented Language Interventions: A Meta-Analysis' *American Journal of Speech-Language Pathology*, 180, Vol. 20, pp. 180-199

Romeo RR, Leonard JA, Robinson ST, West MR, Mackey AP, Rowe ML, Gabrieli JDE. Beyond the 30-Million-Word Gap: Children's Conversational Exposure Is Associated With Language-Related Brain Function. *Psychol Sci*. 2018 May; 29(5):700-710

SPECS (2018) *A New Way of Working: Evaluation report 2015-2017*

Sykva, K., Siraj-Blatchford, I. and Taggart, B. (2010) *ECERS-E: The Early Childhood Environment Rating Scale Curricular Extension to ECERS-R*. London: UCL Institute of Education Press

Weitzman, E. (2017) *It Takes Two to Talk* (5th Edition). Ontario: The Hanen Centre

Weitzman, E. and Greenberg, J. (2002) *Learning Language and Loving It* (2nd Edition). Ontario: The Hanen Centre

Wiig, E.H., Secord, W.A. and Semel, E. (2006) *Clinical Evaluation of Language Fundamentals Preschool Examiner's Manual* (2nd Edition). London: Pearson Assessment

Wright, A.E. (2008) *Languageland*. UK: BLacksheep Press

Wright, TS. And Neuman, SB., (2014). 'Paucity and disparity in kindergarten oral vocabulary instruction', *Journal of Literacy Research*, Vol. 43(3), pp. 330-357



SPECS

Supporting Parents *and*
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