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Introduction

This paper describes the design and implementation of the Childhood Development Initiative's (CDI) Speech and Language therapy (S&L) service in Tallaght West, Dublin. (http://www.twcdi.ie/). Findings from an independent evaluation of the service are also cited (Hayes, Keegan, & Goulding, 2012) and the paper concludes with the next steps for the service.

CDI is one of three sites which constitute the Prevention and Early Intervention Programmes (PEIP) in Ireland, and it is jointly funded by the Department of Children and Youth Affairs (DCYA) and The Atlantic Philanthropies (AP). The three sites (CDI, Youngballymun and Preparing for Life) were set up with the objective of testing innovative ways of delivering services and early interventions for children and their families in a community setting. CDI operates in an area of disadvantage. The early intervention S&L service was one of a number of evidence-informed programmes designed and implemented by CDI and delivered through existing structures and services as part of a ten year strategy. As well as developing new services to support children and their families, the strategy aimed to promote better integration of education, health and social care provision with the ultimate objective of improving outcomes. CDI's S&L service began in September 2008 as a component of an Early Years Programme and later as a component of CDI's Healthy Schools Programme.

Most children develop S&L skills without any serious difficulties. Some children, however, struggle to acquire these skills, with potential implications for later academic and social outcomes (Roulstone, et al., 2011). It is well established that children living in disadvantaged areas (such as Tallaght West) are likely to be at greater risk of S&L and

other developmental difficulties in the early years (Schoon, et al., 2010). A very high proportion of children in disadvantaged areas can experience S&L difficulties, with estimates as high as 55% (Locke, Ginsborg & Peers, 2002). Children with impaired S&L are at risk of mental health difficulties (Snowling, et al., 2006) bullying and lower self-esteem (Conti-Ramsden, 2004). S&L impairment may also impact negatively through a greater propensity for behavioural difficulties in school (Harrison, et al., 2009). In a longitudinal study of children's early S&L impairment and later outcomes at primary school, Harrison et al (2009) found that such experiences had as big an effect on later language, mathematical, and learning skills as family socio-economic status after controlling for child characteristics. It is important to note the protective aspects of these skills, in that strong communication skills can increase resilience among children otherwise at risk of poorer outcomes (Blanden, 2006). Supporting S&L development is thus important for a range of outcomes.

The age at which S&L problems are identified is important. Parental reports of early S&L difficulties have been found to be reliable predictors of later difficulties in schools, and have been shown to be useful in helping identify the need for early and targeted support from Speech and Language therapists (Harrison et al., 2009). The critical role of parents in promoting S&L development has also been highlighted in research which shows that collaboration between practitioners and parents is important for the effective management of children with S&L needs (Wright, 1992). The child's communicative environment at home also has a significant impact on school outcomes (Roulstone et al., 2011), with the home learning environment found to be even more critical than family socio-economic status (Melhuish, 2010).

CDI's S&L Service: Design and Governance

At the outset, the CDI S&L service was a component of an Early Years Programme, which aimed to support children's development in order to 'smooth the transition to primary school'. The Early Years programme consisted of a range of wrap around supports which were designed, based on national and international research and best practice, commencing in September 2008, with nine early years' services involved, having a total population of just over 160 children. The CDI S&L service became a part of CDI's Healthy Schools Programme, as a direct response to School Principals' concerns about the lack of an adequate community S&L service. Promoting a whole-school

approach to health promotion and connections between school and health services, the early intervention S&L service was integrated into the HSP in September 2009. Five primary schools were involved in this programme. Details of the design and implementation of the CDI S&L service are given below.

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

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

The CDI S&L service was designed to give parents a key role in their child's language development. As well as parents receiving one to one support from the therapist, information sessions were held for parents both who did and did not have children receiving therapy. At the start of each academic year, coffee mornings were held with parents to introduce the service and therapist. Training needs were identified through these coffee mornings with over 20 information sessions being held and over 100 parents attending. In this way, parents were aided in their ability to identify their children's S&L needs, to refer children to the service and to support their child's development.

As well as providing assessment and therapy to children and support to parents, the third element to the three-pronged approach involved providing training and support to staff – both in the early years and school settings. Staff in the early years services received accredited training, in Hanen[1] and Elklan[2], which enabled them to apply key strategies to provide a rich and stimulating language learning environment for young children, encourage language development, build early literacy skills, and provide a physical and social environment that encourages peer interaction. Similar accredited training was also offered to primary school teachers. Whilst some attended information sessions provided by the therapists, none attended the accredited training.

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

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

Interagency collaboration was a central aspect of CDI's work with the S&L service. At the very outset, discussions with the local Health Service Executive's (HSE) Principal Speech and Language Therapist (PSLT) were held to design and establish the model of service delivery. Support from the PSLT remains constant throughout delivery of this service. As well as collaborating with the HSE, CDI felt that the employment role for the therapists should be through a community based organisation. The rationale for this decision was based on the notion of mainstreaming service delivery, with CDI eventually withdrawing from the overall project and a principle of delivering services through existing and established service providers. Consequently, *An Cosán*, a community-based organisation, took on the employment role, providing Human Resource support, pay roll and administrative support. Both the PSLT and *An Cosán* were involved in the recruitment process for the therapists.

A senior Speech and Language Therapist (SLT) was employed to deliver the CDI S&L service in the nine early years' services and a second staff grade therapist was employed to deliver the service to the five primary schools which were part of the Healthy Schools Programme. Garda vetting was provided through CDI. In addition CDI's Quality Specialist provided support in the design, delivery and managing implementation issues of the CDI S&L service. The senior SLT received role support from the HSE community Principal SLT and in turn provided role support to the staff grade SLT. Both SLTs worked closely with the HSE speech and language therapy team, actively taking part in joint Team Based Performance Initiatives and team meetings, which was important for both professional development and support, and enabling strong links across the services. In addition, the CDI SLTs submitted quarterly reports referring to assessment/therapy and training to CDI's Quality Specialist.

A Memorandum of Understanding (MoU) was drawn up to reflect the four way partnership of the programme highlighting the respective roles and responsibilities of funder (CDI); employer (An Cosán); role support (HSE); and the CDI SLTs. Given the close collaboration with the HSE, job descriptions, employment conditions and filing systems were aligned with the HSE's practices where possible. In addition, all case files are owned by the HSE and a policy agreed between CDI and the HSE at the outset, to facilitate the ready transfer of children into mainstream services, should this be appropriate.

A dual policy system was also drawn up. This policy gave clarity on how to: (1) deliver the early years' S&L service; (2) optimise access to the SLT for all children attending the participating services; and (3) ensure a continuation of service delivery from the CDI S&L service to the HSE S&L services, both during their time attending the early years' service and when they leave to go to school, or for any other reason. This policy outlined referral pathways for the HSE, CDI SLT, and other S&L services. It indicated courses of action given certain situations, and was reviewed and signed off by all concerned – for example, if a child was receiving therapy from a community based S&L service, then the CDI S&L would not take the child onto their casework.

Discussions were held with the relevant early year's services and primary schools to discuss the model of service delivery. In order that all relevant parties had clarity of expectations, a service level agreement was drawn up by the SLT, highlighting the model of service, and the roles and responsibilities of all involved. Services and schools agreed to provide a dedicated space for the SLTs to perform assessments and therapy. In addition, services/schools committed to supporting child/parent attendance at therapy sessions and to attend training sessions/programmes run by the SLTs. This agreement was reviewed and signed off by all parties.

There were some challenges in this type of approach. For example, while accredited training was offered by CDI to schools, this was not taken up by teachers. This stresses the importance of setting and agreeing clear expectations from all parties involved. The need for clarity regarding reporting structures was also raised as an issue by the CDI SLTs and this is an ongoing challenge for the service. Having an employer, funder and role support through the HSE can lead to 'confusion' as to the best structure to go to in the event of an issue arising. Nevertheless, the enthusiasm with which the service was greeted made the challenges surmountable. The support from the HSE was crucial in ensuring that the service was set up properly and that good working relationships existed between the CDI SLTs and the HSE S&L service. The relationships developed with services and schools also lent itself to ensuring the model of service delivery ran smoothly. As mentioned earlier the HSE PSLT supported every step of the process. This relationship worked in many ways, the first of which was the development of a dual policy. This ensured no duplication of service delivery and, in some instances children on the HSE list were referred to the CDI list. Having strong working relationships was pivotal in ensuring the smooth transfer of cases between both services.

In addition, when children who attended the early years' services transitioned into primary school requiring continued S&L support they were referred to the HSE. Again, every effort was made to minimise difficulties and the HSE ownership of individual files was critical in this. An agreement was reached between the HSE and the CDI service so that children referred to the HSE would not go to the bottom of the list. Instead, their date of assessment in the CDI service was taken as the initial referral point and the children continued with their intervention. This did not prejudice children already on the HSE list, as date of referral was used to determine therapy dates. The strong relationship between the two services was evident in the participation of the CDI therapists in HSE team meetings, as well as availing of professional opportunities.

Evaluation of the CDI S&L service

As with all of CDI's programmes, rigorous evaluation was viewed as central in contributing to the provision of evidenced-based and evidence-informed programmes. While the overall evaluation of the Early Years programme included some evaluation of the Speech and Language support provided to services, it did not look specifically at the service in terms of number of referrals or outcomes. CDI recognised the importance of looking at the impact this model of service delivery was having for children, families, staff and other S&L services. Following consultation and discussion with the HSE, CDI SLTs and Early Years programme research team, a decision was made to undertake a specific evaluation of the CDI S&L service. Given that the S&L service was in operation, a retrospective approach was taken.

This model of delivery was independently evaluated by the Centre for Social and Educational Research (CSER), at the Dublin Institute of Technology. The evaluation was a retrospective impact study which reported key characteristics and data on the children who attended the CDI S&L service. The key findings of this evaluation are reported here and contextualised by evidence from the field on the effectiveness of the service for children, their families, and practitioners. For more details on the evaluation please see the full report (Hayes, et al. 2012).

Having early and convenient access to the S&L service was found to make a significant positive impact on children, families and staff (Hayes et al., 2012). Attendance at appointments and uptake of the community based S&L service has always been a concern and issue for both the service provider and families. However, in this

programme, onsite delivery supported improved attendance with minimal disturbance to the child's day. The evaluation report showed 83% of children attended 75 to 100 percent of appointments (Hayes et al., 2012). Parents were encouraged to attend therapy sessions and if they could not make the appointment the therapy still went ahead, ensuring that the child did not miss out.

Children entered the CDI service on average aged two years nine months and were seen within two to four weeks, while some children were on a period of review and were seen after six months. (Hayes et al., 2012). Receiving therapy at such a young age meant that some children did not need to be in the service for any great length of time. The onsite delivery of the service was highlighted as an important part of the service. Parents often spoke to the Quality Specialist about feeling stigmatised when they had to bring their child to a clinic or the hospital, but felt much less so with the onsite delivery model. A positive knock-on effect of the service was reported by parents who felt that their child, having better language outcomes, would be less likely to be bullied: "I think we realised his talking was different … [we were] so afraid … that he'd be bullied." (Hayes et al., 2012, p. 42).

The evaluation found that environments were more visibly literacy rich, with staff labelling areas and games, using pictures and symbols to promote phonetics and that staff training resulted in staff feeling more confident in identifying speech and language concerns, and having an increased ability to support parents in making a referral to the service. This had a knock on effect of reducing the number of inappropriate referrals (Hayes et al, 2012).

Conclusion

This onsite model of service delivery is not new but the structures involved, such as CDI's role and its rigorous evaluation are unique. Funding for the service is continuing in 2013 and CDI are pursuing ways to extend the service in the current location, in addition to replicating the model in other areas. In May 2012, CDI submitted a proposal to the Department of Children and Youth Affairs (DCYA) requesting the continuation of the SLT service. It was decided that the continuation of service delivery should be integrated into current national structures, so in September 2012, South Dublin County Childcare Committee (SDCCC) took over the employment role of the CDI SLTs, with on-going support from the HSE. Two strong lessons were learned: one is that the purpose and

benefits of speech and language therapy and services in the community needs to be communicated in such a way that parents are aware of its importance and utilise the service effectively, with the common aim of supporting speech and language development in all children, which as many research studies show can impact on educational attainment, especially in areas of disadvantage. Secondly, all practitioners working with children, both in early year's settings and primary school settings need to be competent and confident in developing speech and language and in supporting children who have S&L needs.

The learning from the evaluation, and the policy implications of this model of S&L service have been presented and discussed with key policy makers and influencers through round table and other dissemination events. A follow-up study on the impact of the S&L service on children in the community is being developed and the findings from this learning will also be disseminated. CDI will continue to share the learning from this model of delivery for S&L services in Ireland, and to promote an integrated, on-site delivery of SLT where needs are identified.

Being part of this model of delivery has generated a lot of learning - early intervention works, and this model of SLT intervention is yet another strong example of the positive impact of early intervention on the lives of children and their families. Strong interagency collaboration is vital to ensure effective service delivery, whilst parental engagement is also central and requires scaffolding of targeted supports. A highly skilled, trained workforce will ensure that quality is top of the agenda at all times. Everybody wants the best for children, and those of us that are lucky enough to work with children need not only to recognise the importance and impact of early intervention, we need to demand that it is the norm.

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