

2016



Responding To Needs, Driving Change

CDI

CHILDHOOD DEVELOPMENT INITIATIVE

## “Chit Chat”

### Early Intervention Speech and Language Therapy Model:

#### Policy Brief:

This policy brief outlines CDI’s Early Intervention Speech and Language Therapy model “Chit Chat”, and reports on the key findings and implications arising from two independent evaluations (2012-2016), and presents recommendations in relation to the integration of this approach.



## Overview of the CDI Speech and Language Therapy Model:

Chit Chat was designed and developed to integrate education, health and child care provision to improve child outcomes. The main aim of the programme was to promote accessibility of services, increase attendance rates, facilitate collaboration between educational, early years and health staff and achieve more positive outcomes for children and their families. Chit Chat follows a social care model where the Speech and Language Therapist (SLT) is embedded in local community early years and school settings.

Designed as a three-pronged approach the model offers an integrated and comprehensive SLT service which includes the following elements:

- Assessment and therapy (where necessary) to children referred to CDI services;
- Training and support to parents;
- Training and support to staff of the early year's settings and the primary school classes.

Parental engagement is a key success component of this approach, with parents whose children are assessed as in need of SLT receiving one- to- one support from the therapist in relation to their child's particular needs. All parents are invited to attend information sessions to improve their sensitivity to children's communication skills and needs, to improve the uptake and referral rate to services and to support children in speech and language in general.

The SLTs also provide training and support to staff in early year's settings and primary schools. This is augmented by supports in identifying key strategies to provide language rich environments, which build children's literacy skills by encouraging interaction and communication.

Hayes et al, (2016) state that Chit Chat has helped to increase access for children, reduce stigmatisation and increase parental and school involvement in speech and language development. The three-pronged social care model developed also enhances staff understanding of the need for a linguistically rich early learning environment and one that is sensitive and responsive to the specific needs of each child.



## What the literature says:

- Language, without question, is the key to learning. Children who fail to develop adequate speech and language skills in the first years of life are up to six times more likely to experience reading problems in school than those who receive adequate stimulation (Boyer, 1991:12).
- Hayes et al (2016) state there is increasing evidence suggesting that there are “critical [or sensitive] periods” for speech and language development in infants and young children with the first three years of life being the most intensive. This evidence shows that there is a certain window within which to maximise the impact of brain development in children.
- Research clearly documents the link between early speech and language development, literacy attainment and academic success for the child (Law, Reilly & Snow, 2013).
- Snowling et al (2011) show that children with poor language development at five years have a risk of low educational achievement by the time they reach seven years of age.
- Approximately 5% to 10% of all children will present with some form of speech or language difficulty in childhood. In areas of disadvantage, it is estimated that upwards of 50% of children are entering school with impoverished language skills. Children’s social and emotional development is dependent on speech, language and communication development (O’Connor et al, 2012).
- Research from Snow (2013) and Rafferty (2014) has found that while prevalence rates of language delays are high in disadvantaged areas, the rates of identification are low (Hayes et al 2016) state that it is clear from CDI’s evaluation that some children will never get picked up by mainstream services. Early assessment must therefore be offered to all children for whom there is concern regarding their speech, language, voice or fluency.
- Boyle et al, (2009) assert that some interventions can be just as effective whether delivered by speech and language therapists, or trained non therapists. Parents can be taught to implement language support strategies with assistance from therapists.
- Evidence indicates that supports for language learning are best undertaken in naturally occurring environments and through activities in the child’s life (Law et al, 2012; Lindsay et al, 2010; J.E. Dockrell & Marshall, 2015).
- Hayes et al, (2016) found evidence that early intervention with children is effective and that early assessment should be followed by evidence-based interventions that are developed in partnership with the parents and child. Early intervention can reduce support required in the long term and be more cost effective in terms of the requirement for other services later on for the child and family concerned.



## Evaluations of Chit Chat: CDI's Early Intervention SLT Model:

Two independent evaluations have been undertaken on Chit Chat. The first was a retrospective study on the impact of the SLT provision within the CDI *Early Years Programme* and *Healthy Schools Programme* reported on by Hayes et al (2012). These results suggest that integration of services such as SLT within the community and/or educational system meets the needs of the community in a way that traditional clinic based services cannot. One of the limitations of this study was that it was not possible to estimate the impact on child outcomes, or capture the potential long-term benefits of the CDI Speech and Language Therapy Service.

Therefore the second study by Hayes and Irwin (2016) was specifically commissioned to build on the results from the previous evaluation, with the objective of examining the following aspects of the SLT Services currently being offered in Tallaght West by CDI and the HSE in terms of:

- Children's attendance rates;
- Assessment outcomes/children's progress;
- Benefits/challenges of both CDI and HSE services;
- Recommendations for future service delivery models based on findings.

It was intended that this information would inform a cost benefit analysis of Chit Chat, which was not possible from the previous evaluation. Due to the complexity of undertaking a comparative SLT study, the original design of the evaluation was modified following consultation with both CDI and the HSE, resulting in a change of design and research focus. While statistical analysis was used with CDI data to show outcomes for children attending the service, the HSE service was analysed by means of case studies. This qualitative case study method was selected to maximise the information from the HSE data that was available.

**Table 1: Consistent findings across both reports and HSE statistics:**

Evaluation Finding	CDI 2012	CDI 2016	HSE 2016
<b>No. of boys referred to service</b>	62.5%	72.2%	57.1%
<b>No. of girls referred to the service</b>	37.5%	27.8%	42.9%
<b>Children not previously referred to the HSE SLT service</b>	60%	86.1%	N/A
<b>Main referral source</b>	Parents supported by pre-school staff	Parents supported by pre-school staff	Public Health Nurse (PHN)
<b>Waiting Times</b>	4 to 6 weeks	3 weeks	Between 10 and 17 months
<b>SLT Model</b>	Social Care Model	Social Care Model	Healthcare Clinical Model

## Key Findings from the Second Study:

Both evaluations found the following:

- Parents were the main referral source for Chit Chat. These families did not need an external referral source and their increased capacity as a result of support in the early years services removed a significant barrier to receipt of assessment and therapy. This is especially the case given the significant and complex difficulties that can exist for families in disadvantaged areas.
- There is strong potential for early year’s services and schools to identify speech and language needs, and to intervene and support their families through the therapy process.
- 18% of children were discharged from Chit Chat within normal limits with an increase in numbers in the 2016 study, in comparison to 11% of children in the 2016 HSE service.
- The majority of children in the study were attending preschool: 86.1% (CDI) and 71.4% (HSE).
- The PHN was the main source of referral to the HSE (n=28).
- As PHN’s primarily engage with families of children from birth to three years, there is a gap for children aged 3 to 4.5 years, which early year’s services, particularly with the extension of the Free Pre School Year [FPSY], could fill.
- Parental involvement in the HSE sample differed slightly from that of CDI as participation at both assessment and intervention services are required. In Chit Chat, parents are always asked to attend and generally they do, but children will be seen if the parents are unable to attend.
- Of the six HSE cases studied, four showed a positive and active level of parental involvement.
- The HSE Speech and Language Service may be the first port of call for local PHN’s who are made aware of, or observe that a child is presenting with a developmental difficulty. Therapists are effective in identifying indicators and referring on to the appropriate service.
- HSE SLTs found that some of the families they work with need to attend a number of different appointments in any one week. Children with more complex needs may start education later and may not attend pre-school due to difficulties they may have with toilet training and so forth.



## Links to National Policy and Developments:

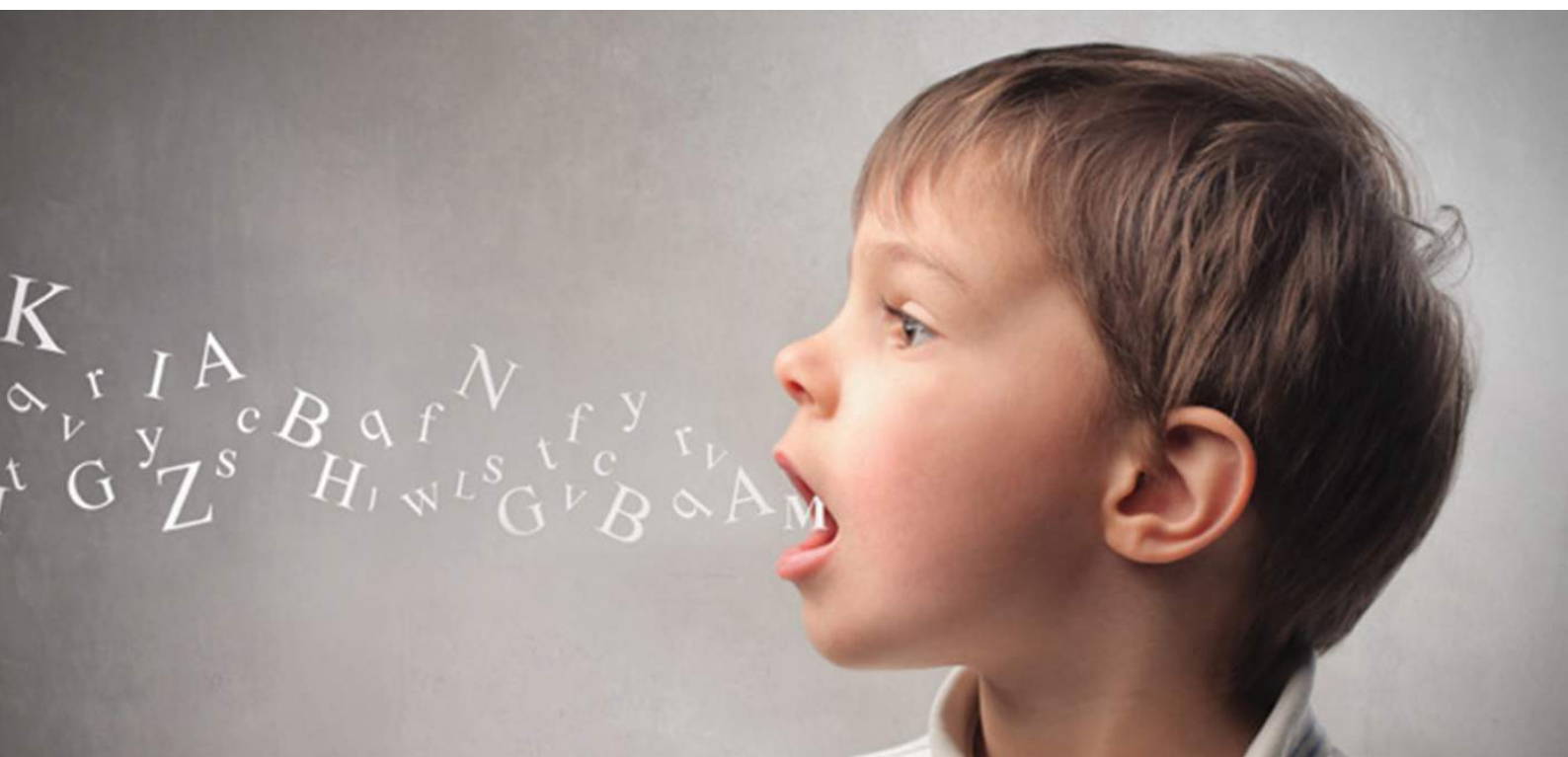
Hayes et al (2016) state that the variation in mainstream HSE services throughout Ireland highlights the need for a renewed and strengthened national policy that will standardise services for children and families and invest in an integrated service model which recognises and builds on the potential of community settings such as those provided through Chit Chat. Some HSE SLT's work within schools and directly with teachers and assistants but not with other services, such as early year's services. Furthermore some HSE areas (particularly in disadvantaged areas) do not have the required number of therapists to deal with the demand.

The National Policy Framework for Children and Young People – *Better Outcomes: Brighter Futures* (2014) notes that Ireland will be a place 'where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future. [DCYA, 2014:viii]. Chit Chat is an evidence based intervention that can complement and act as one of the many early intervention models to support the achievement of the transformational goals and national outcomes set out in this National Policy, particularly in relation to supporting parents, and ensuring quality services.

CDI welcomes both the new Programme for a Partnership Government's commitment to developing a new model of In-School Speech and Language Therapy (Irish Government, 2016) and the Department of Children and Youth Affairs (DCYA)

Rafferty highlights the need, and advocates for a multi-disciplinary and multi-departmental approach with the integration of services across health, education, social care and disability. She argues that *"The development of a common language, common practices and shared assessment and interventions across health and education systems are required to maintain a focus on the child"*, (Rafferty, 2014:28).

Hayes et al (2016) state that sharing information and creating opportunities for delivering services that are more convenient to families must be considered to ensure long-term sustainable change. To conclude there is a strong case for the delivery of speech and language therapy services to be reconceptualised and expanded to offer effective prevention and early intervention.



## Recommendations:

- 1.** Chit Chat has been shown to provide a vital service as evidenced by its effectiveness as an early intervention and represents an effective early years, primary schools and community based model of intervention. We welcome the Programme for a Partnership Government which sets out plans to establish a new model of In-School Speech and Language Therapy to support young children, and recommend that the CDI SLT model of early intervention is maintained and replicated.
- 2.** Community based SLT services complement and support the more traditional clinic based medical model. In addition they benefit those children with less complex speech and language needs and their families. We recommend the development of more outreach SLT services linked into existing quality community based provisions.
- 3.** This study demonstrates the value of the CDI SLT model and illustrates how early years services and primary schools, with embedded SLT support, can provide a central family support, guiding parents and creating links, where necessary, between parents and other services. Such a model is particularly valuable in cases where children attending from areas of social disadvantage, where English is a second language or where children have additional needs. We recommend that this model be integrated within services providing the Universal Free Pre-School Year.
- 4.** Given the complex nature of speech and language development in the early years and the increasing population diversity we recommend that assessment of speech and language is given careful consideration by appropriate professionals, with the accompanying training and supports to maximise a consistent, but child centred approach.
- 5.** The findings from this report illustrate the important contribution that the early year’s practitioner can make to the speech and language development of young children, and support of their parents. We recommend that early year’s practitioners be recognised as professionals and that due consideration be given to their contribution and expertise as a source of referral to mainstream SLT services.
- 6.** Given the importance of parental involvement in the process, it is important that any speech, language and communication programme is designed with them in mind. Parents play a key role in determining the outcomes for their children. We recommend that service design for SLT and other primary care services reflects the evidence regarding effective mechanisms to promote parental engagement, particularly in disadvantaged communities’.
- 7.** This study highlights the potential of the early years setting as a family support service, particularly in relation to working with parents and their children to enhance and support early speech and language development. We recommend that early years services be recognised and supported as family support services.
- 8.** Early years settings are ideal points of access for parents where they can learn more about language and communication with their children. With training and support, early years settings could become a central component of intervention approaches for young children. We recommend that early year’s organisations and City/ County Childcare Committees work with the HSE and TUSLA to develop and strengthen the position of early year’s services as sites of parental support, prevention and early identification and referral using the CDI SLT model as a guide.
- 9.** We recommend the continued strengthening of parent and staff capacities for those who are in the young child’s environment, through information, training and support.

## References:

Bercow, J. (2008). *The Bercow Report: A review of services for children and young people (0-19) with speech, language and communication needs.*

Boyer, E. L., & Carnegie Foundation for the Advancement of Teaching (Princeton NJ). (1991). *Ready to learn: A mandate for the nation.* Princeton, NJ: Carnegie Foundation for the Advancement of Teaching.

Boyle, J.M., McCartney, E., O'Hare, A. and Forbes, J. (2009) 'Direct versus indirect and individual versus group modes of language therapy for children with primary language impairment: Principal outcomes from a randomised controlled trial and economic evaluation', *International Journal of Language and Communication Disorders*, Vol. 44, No. 6, pp. 826-46.

DCYA, (2014) *Better Outcome, Brighter Futures* Dublin: Government Stationary Office

Dockrell, J. E., & Marshall, C. R. (2015). Measurement issues: Assessing language skills in young children. *Child and Adolescent Mental Health*, 20(2), 116-125.

Hayes, N., Keegan, S., & Goulding, E. (2012). *Evaluation of the Speech and Language Therapy Service of Tallaght West Childhood Development Initiative.* Dublin: Childhood Development Initiative.

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

Irish Government, (2016). *A Programme for a Partnership Government.*, Dublin: Government Stationary Office.

Law, J., Lee, W., Roulstone, S., Wren, Y., Zeng, B., & Lindsay, G. (2012). 'What Works': *interventions for children and young people with speech, language and communication needs.* London: Department of Education.

Law, J., Reilly, S., & Snow, P.C. (2013) Child speech, language and communication need re-examined in a public health context: a new direction for the speech and language therapy profession. *International Journal of Language and Communication Disorders*, 48(5), 486-496. doi: 10.1111/1460-6984. 12027.

Lindsay, G., Dockrell, J.E., Desforges, M., Law, J., & Peacey, N. (2010). Meeting the needs of children with speech, language and communication difficulties. *International Journal of Language and Communication Disorders*, 45, 448-460.

O'Connor, F., Mahony, K., Reilly, S., & Duggan, K. (2012). *Evaluation of the Speech and Language Therapy Service In-School Provision in Limerick City Schools.*

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

Snow, C. E. (2014). The language of the mother-child relationship. *Becoming a person*, 1, 195.

Snowling, M. J., & Hulme, C. (2011). Evidence-based interventions for reading and language difficulties: Creating a virtuous circle. *British Journal of Educational Psychology*, 81(1), 1-23.

The Childhood Development Initiative,  
St Mark's Youth and Family Centre,  
Cookstown Lane,  
Fettercairn,  
Dublin 24.

Phone: 01 4940030

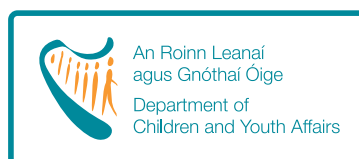
Fax: 01 4627329

Email: [info@twcdi.ie](mailto:info@twcdi.ie)

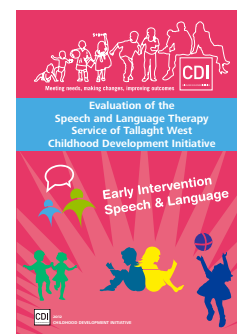
Web: [www.twcdi.ie](http://www.twcdi.ie)

[www.facebook.com/ChildhoodDevelopmentInitiative](http://www.facebook.com/ChildhoodDevelopmentInitiative)

[twitter.com/twcdi](https://twitter.com/twcdi)



For the two full reports on the evaluation findings please see: Hayes, N., Keegan, S. and Goulding, E. (2012) *Evaluation of the Speech and Language Therapy Service of Tallaght West Childhood Development Initiative.* Dublin: Childhood Development Initiative (CDI).



And Hayes, N, Irwin, J, 2016. *Listen up: Reflections on the CDI and HSE Speech and Language Services in Tallaght West.* Dublin: Childhood Development Initiative (CDI).



For more details on Chit Chat - the Early Intervention Speech and Language Service please visit <http://twcdi.ie/our-programmes/chit-chat>

The  
ATLANTIC  
Philanthropies