

2016



"Chit Chat"

Early Intervention Speech and Language Therapy Model and linkages to the Education Sector:

Policy Brief:

This policy brief by CDI and the Educational Disadvantage Centre outlines CDI's Early Intervention Speech and Language Therapy model "Chit Chat", reports on the key findings and implications arising from two independent evaluations (2012 and 2016), and makes specific recommendations in relation to the integration of this approach in the education sector.



Overview of Chit Chat:

Chit Chat was designed and developed to integrate education, health and childcare provision; 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 early years and primary school settings, and works with parents and staff, as well as with the children.

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 **Chit Chat**;
- Training and support to parents;
- Training and support to staff of the early year's settings and teachers in DEIS primary school classes.

Parental engagement is a key success component of this approach with outcomes being found in relation to improved sensitivity to children's communication skills and needs, improved uptake of and referrals to services, and general supports to children in regard to speech and language. All parents of children who are assessed as in need of SLT and who receive one-to-one support from the therapist are invited to attend information sessions about their child's particular needs.

The SLTs also provide training and support to staff in early year's settings and primary schools. This includes identifying key strategies to provide language rich environments, which build children's literacy and oral language skills by encouraging interaction and communication. Thus, the model is not simply therapeutic but being based on prevention and early intervention principles, offers both a universal and a targeted service.

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.

"We have found poor engagement for children who have to access the public HSE system, it's more clinical and parents are more likely to cancel the appointment. When a support is offered within the school it is often more meaningful for parents and it allows for a more holistic approach for the child, as the SLT, the parent, the teacher and the school are all working collaboratively for the child."

Vice Principal, DEIS Primary School



Chit Chat

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).
- There is a clear 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.
- Language impairment is strongly associated with disruptive behaviours, with the former reaching 24% to 65% in samples of children identified as exhibiting disruptive behaviours (Benasich, Curtiss, & Tallal, 1993) and 59% to 80% of preschool- and school-age children identified as exhibiting disruptive behaviours also exhibiting language delays (Beitchman, et al, 1996).
- Eigsti and Cicchetti (2004) found that preschool aged children who had experienced maltreatment prior to age two exhibited language delays in vocabulary and language complexity. The mothers of these maltreated children directed fewer utterances to their children and produced a smaller number of overall utterances compared to mothers of nonmaltreated children, with a significant association between maternal utterances and child language variables. The interplay between mental health, behaviour and language issues points to the need for multidisciplinary teams working in and around schools, as is recognised in a range of European contexts (Edwards & Downes 2013).
- Approximately 5% to 10% of all children will present with some form of speech or language difficulty in childhood. In areas of socio-economic exclusion, 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).
- In urban DEIS schools, teachers and school principals consistently rated language support by speech and language therapists as a priority need for a strategic approach to early school leaving prevention and for improved academic performance for those at risk of poor school attendance at primary level (Downes 2004; Downes & Maunsell 2007).
- Snow (2013) and Rafferty (2014) found that while prevalence rates of language delays are high in socio-economically excluded 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 language, speech, voice or fluency.
- Based on 28 teacher responses across four DEIS schools, an internal evaluation of the Ballyfermot project, Familiscope specifically focused on speech and language therapists working as part of a multidisciplinary team onsite in schools with children and teachers, as well as with parents (Downes, 2011). A range of benefits of this intervention were found, including mental health benefits; confidence in quiet, withdrawn children; improving peer interaction, facilitating their engagement in class and overcoming a fear of failure that stopped them trying to learn. Other benefits observed by teachers were an improved ability of pupils to follow '2-3 step directions' with consequent benefits for in-class behaviour, as well as improved phonemic and syllable awareness. This system level work focused on developing teachers' language strategies. This occurred through child language groups, collaborative classroom delivery (speech and language therapist and teacher), informal advice, consultation regarding language difficulties, informal teacher support in the classroom, teacher workshops, as well as direct speech support for the child.
- Supports for language learning are best undertaken in naturally occurring environments and through activities in the child's life (Law et al, 2012; 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.

The second study (Hayes and Irwin, 2016) was specifically commissioned to build on the findings of 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:

- 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.

“Having the SLT service onsite within the school has been an invaluable support to the staff and the SEN team. It enables us to catch children with communication difficulties early and it gives the whole school a real focus on language.”

Vice Principal, DEIS Primary School

Table 1: Consistent findings across both reports:

Evaluation Finding	CDI 2012	CDI 2016	HSE 2016
Boys as a % of total children referred	62.5%	72.2%	57.1%
Girls as a % of total children referred	37.5%	27.8%	42.9%
Children not previously referred to the HSE SLT service	60%	86.1%	N/A
Waiting Times	4 to 6 weeks	3 weeks	Between 10 and 17 months
SLT Model	Social Care Model	Social Care Model	Healthcare Clinical Model

Benefits of the Model:

Both evaluations found the following:

- There is strong potential for early year’s services and schools to identify speech and language needs, and to intervene and support 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.

“Having the SLT working in the classroom is great as the staff get to observe a model and also get a chance to try it out themselves with support from the SLT.”

Early Years Manager

It is evident from the early years/school based model that:

- Children are less likely to miss SLT appointments than in a clinic based model;
- Many parents find it easier and less stigmatising to access such services in a school or early years setting;
- Opportunities arise from the **Chit Chat** model for interdisciplinary learning for teachers and early years practitioners through site based informal professional development with speech and language therapists regarding concrete issues pertaining to specific children;
- Opportunities exist for early interventions in early years settings in a flexible, preventative way;
- There is a *striking difference in the waiting times* for school based speech and language services compared with HSE clinic based settings – 3-6 weeks in the school based model and between 10 and 17 months in the HSE models. School based settings offer a major advantage by preventing speech and language difficulties increasing in children which is particularly significant where children in DEIS schools are already at greater risk of other complex difficulties.



Links to Educational Policy and Developments:

CDI and the Educational Disadvantage Centre especially welcome the new Programme for a Partnership Government's commitment to developing a new model of In-School Speech and Language Therapy (Irish Government, 2016). The reviews of the school based model provide empirical support for the case to mainstream these services in schools. We also welcome The National Policy Framework for Children and Young People – Better Outcomes: Brighter Futures (DCYA, 2014); and the Department of Children and Youth Affairs (DCYA) Early Years Policies and Programmes Unit (EYPPU) plans for development in the Early Years sector, particularly in relation to disability supports.

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,"* (2014:28). This has high relevance to the current review of the DEIS scheme.

Against the backdrop of the EU2020 target for the prevention of early school leaving (10% across Europe, 8% for Ireland), the European Commission's Thematic Working Group (TWG) on early school leaving report highlights the need for a holistic, multidisciplinary approach to early school leaving prevention that engages broadly with parents and includes speech and language therapists as part of this approach:

'Cooperation should be centred on schools. Their boundaries should be opened up to enable them to include other professionals (as teams) such as social workers, youth workers, outreach care workers, psychologists, nurses, speech and language therapists and occupational guidance specialists in efforts to reduce ESL. Schools should be encouraged to develop strategies to improve communication between parents and locally based community services to help prevent ESL.' (2013:13). This is particularly relevant to DEIS school contexts.

The ET2020 School Policy Working Group document (European Commission 2015) explicitly includes multidisciplinary working within its systemic conception of a whole school approach:

'A 'whole school approach' also implies a cross-sectoral approach and stronger cooperation with a wide range of stakeholders (social services, youth services, outreach care workers, psychologists, nurses, speech and language therapists,

guidance specialists, local authorities, NGOs, business, unions, volunteers, etc.) and the community at large, to deal with issues which schools do not (and cannot) have the relevant expertise for. The concept of a 'whole school approach' allows for the entire system of actors and their inter-relationships in and around schools to be considered, acknowledging that each stakeholder has a part to play in supporting the learners' educational journey and nurturing their learning experience,' (2015:9).

This report reiterates that *'Targeted intervention for learners at risk should be provided in an inclusive way; it will be more effective if carried out by multi-disciplinary teams in schools, and/or by bringing external professionals in schools, and with the involvement of all those interacting with the learners, be it family members, siblings, volunteers, etc.'* (European Commission 2015:12).

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, and integration into educational provision should be central to this.

"It gave me the confidence to target language development myself, having seen the SLT do in class demonstrations. Having the SLT in the classroom allowed the therapist to observe the children who have SLT needs and the SLT could then give me advice on how to teach/model for the child in the best way. It made the whole process of SLT so much clearer to me and gave me greater insight for the children."

Junior Infant Teacher,
DEIS Primary School

"Parents really value the wrap around service that comes with having SLT in the preschool, it normalises access to a service such as SLT and increases parental engagement."

Early Years Manager

Recommendations:

1.

We recommend that the three-pronged **Chit Chat** model of early intervention is maintained and replicated with a priority for mainstreaming in DEIS schools and aligned early years services, as part of the new DEIS strategy and the Programme for a Partnership Government’s explicit commitment to a new model of In-School Speech and Language Therapy.

2.

We recommend that any speech, language and communication programme is designed with parents in mind and that service design for SLT and other primary care services, including multidisciplinary teams in and around schools, reflects the evidence regarding effective mechanisms to promote parental engagement, particularly in communities experiencing high levels of intergenerational poverty and socio-economic exclusion.

3.

We recommend the continued strengthening of teacher’s and early year’s practitioners capacities to identify and support speech and language difficulties, through information, training and support, through the school based speech and language model and in particular including in-classroom mentoring.

“It worked so well having the SLT in the classroom and benefited so many more children. It highlighted children I wouldn’t have considered recommending for SLT, a very simple but effective model.”

Junior Infant Teacher,
DEIS Primary School

“When a difficulty is caught early it is a huge benefit for the child. Having the SLT in the school enables them to support those children who have specific speech and language difficulties through their expertise. They then can advise the teachers accordingly and translate their findings and make them meaningful for the school environment.”

Vice Principal

“It (Chit Chat) means that children are caught early which minimises the impact their communication difficulty may have further down the line. Intervening early reduces the chance of them having behavioural problems or experiencing frustration as a result of a communication problem that wasn’t picked up until a later date.”

Early Years Manager



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The Area Based Childhood Programme 2013–2017