



*Happy Talk*  
NEYAI Consortium  
Evaluation  
*Interim Report*

# Acknowledgements

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Regards,

*Niamh Kenny and Bill Thorne*

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## Glossary of Abbreviations

CCC	Cork City Childcare Company Limited
CCP	Cork City Partnership Limited
CELF	Clinical Evaluation of Language Fundamentals
DEAP	Diagnostic Evaluation of Articulation and Phonology
ED	Electoral Division
EDI	Early Development Instrument
GELI	Greenmount Early Learning Initiative
HSE	Health Service Executive
LA	Local Authority
M & E	Monitoring and Evaluation
MoU	Memorandum of Understanding
NEYAI	National Early Years Access Initiative
OMYC	Office for the Minister for Young People and Children
PHN	Public Health Nurse
RAPID	Revitalising Areas by Planning, Investment and Development
SES	Socio-Economic Status
SLI	Specific Language Impairment
SLCN	Speech, Language and Communication Need
SLT	Speech and Language Therapist
SNA	Special Needs Assistant
UCC	University College Cork
UK	United Kingdom
VEC	Vocational Education Committee



# 1 Executive Summary

## 1.1 Context

Happy Talk is a three-year demonstration project funded jointly by a private philanthropic organisation, the Tomar Trust and through the National Early Years Access Initiative (NEYAI). Happy Talk aims to show how the Glen/Mayfield community, and the many agencies working with children and families in the area, can effectively join together their expertise (based on their previous work together) and resources to make a real difference to children's language, learning and lives.

Happy Talk has identified five strategic objectives:-

1. To improve the language and learning skills of children in the 0-3 and 3-6 age groups (in the Glen and Mayfield).
2. To support and develop parents' capacity to support children's language development.
3. To create a whole community approach to language and learning.
4. To upskill the early childhood care and education workforce to support and enhance children's language development.
5. To record, measure and evaluate the project.

## 1.2 What is the Need?

A review of UK, US and Australian literature shows that estimates of the prevalence of language difficulty in preschool children are between 2% and 19%<sup>123</sup>. The Bercow Report (UK, 2008)<sup>4</sup> identified much higher levels of Speech, Language and Communication Need (SLCN) among disadvantaged communities, with up to 50% prevalence in some of these areas. The assessments of Junior Infant children in the Glen and Mayfield areas show prevalence rates in excess of even this figure.

60.4% of children in Junior Infants presented with speech and/or language delay in the academic year 2011/2012 in the Glen and Mayfield areas.

The assessments of preschool children reveal that prevalence of speech and/or language delay is also higher than the norm. That it is less than the prevalence at Junior Infant level reflects the greater demographic spread of the Preschool

<sup>1</sup> Nelson, H. D., et al. (2006) Screening for speech and language delay in preschool children: Systematic evidence review for the US Preventive Services Task Force. *Pediatrics*, 117(2): e298–e319.

<sup>2</sup> Law, J., Boyle, J., Harris, F., Harkness, A. and Nye, C. (2000) Prevalence and natural history of primary speech and language delay: Findings from a systematic review of the literature. *International Journal of Language and Communication Disorders*, 2000, Vol. 35, No. 2, 165-188

<sup>3</sup> Jessup, B, Ward, E, Cahill, L, and Keating, D. (2008) *Prevalence of speech and/or language impairment in preparatory students in northern Tasmania* Vol. 10, No. 5, Pages 364-377 (doi:10.1080/17549500701871171)

<sup>4</sup> The Bercow Report (2008) *A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs*. DCSF: London

settings. The Preschools' engagement was based on membership of the Early Childcare Network, which draws on areas beyond the Glen and Mayfield.

44% of children in Preschools presented with speech and/or language delay in the academic year 2011/2012 in the greater Glen and Mayfield areas.

The prevalence of Specific Language Impairment (SLI) is estimated at between 7-10%. Specific Language Impairment (SLI) occurs when children present language maturation at least 12 months behind their chronological age, in the absence of sensory or intellectual defects, pervasive developmental disorders, evident cerebral damage, and adequate social and emotional conditions<sup>5</sup>. 6.25% of the sample population in Junior Infants were diagnosed with SLI during assessments, which is slightly below normal prevalence. This identification enabled the schools to access additional resource supports provided by the Department of Education and Skills (DES).

### 1.2.1 Readiness to Learn

The Early Development Instrument (EDI) is a population level measure of early childhood development at school entry age.

The EDI measures children's **readiness to learn at school** (or school readiness to learn). This term refers to the child's ability to meet the task demands of school, such as being cooperative and sitting quietly and listening to the teacher, and to benefit from the educational activities that are provided by the school.

Children who have been scored in the lowest 10th percentile in one or more of the five domains of the EDI are categorized as '*vulnerable*' in terms of school readiness.

42.5% of children in the Glen and Mayfield are considered vulnerable, compared to 27% of children in all Cork Schools.

## 1.3 Initial Achievements

The Happy Talk Programme aims to deliver focused oral language programmes, which are customised to meet the needs of children identified through the assessment process, which was designed to serve two purposes:

- To identify the prevalence of speech and language delays in the population;
- To identify specific speech and language difficulties in order to inform the design of a customised programme.



<sup>5</sup> de Vasconcelos Hage, S.R., et al. (2006) Specific Language Impairment: Linguistics and neurological aspects. Arquivos de Neuro-Psiquiatria, 64(2A): 173–180.



Forty-eight children from the five participating primary schools and 94 children from the participating preschools were assessed using a number of standardised diagnostic tools. The sample size is valid with a confidence interval of 9% and a confidence margin of 5%.

**Assessments**

- ❑ 48 children from five junior infant classes were assessed using the CELF Preschool 2<sup>UK</sup>, Renfrew Bus Story and DEAP assessment tools.
- ❑ 94 children from preschools were assessed using the CELF Preschool 2<sup>UK</sup>, Renfrew Bus Story and DEAP assessment tools.
- ❑ 43 individual feedback sessions with parents of preschool children who were assessed.

The Happy Talk team has developed two customised programmes for the junior infants and preschool classes based on the Elklan and Hanen programmes. The programmes focus on improving oral language skills through coaching and classroom based work with teachers, SNAs, parents and volunteers acting as group leaders. This approach will be mirrored in the preschools once the programmes are started.

**Junior Infant Programme**

- ❑ 8 junior infant teachers attended the information session before the intervention commenced.
- ❑ 40 teachers and principals attended a general teacher information session.
- ❑ 5 principal teachers participated in the review meetings.
- ❑ 80 junior infant pupils participated in the classroom based coaching sessions.
- ❑ 6 junior infant teachers participated in the classroom based coaching sessions.
- ❑ 24 parents participated in the classroom based coaching sessions.
- ❑ 13 other school staff participated in the classroom based coaching sessions.
- ❑ 2 volunteer Speech and Language therapists participated in the classroom based coaching sessions.
- ❑ 12 teachers participated in the junior infant programme feedback session.
- ❑ 5 schools received the primary school resource pack.
- ❑ 38 parents attended parent information sessions.

Happy Talk is committed to improving parents' capacity to support their children's speech and language development. Happy Talk staff will conduct parents training courses with the parents of preschool children in May 2012.

**Junior Infant Parents' Programme**

- ❑ 24 parents participated in the classroom based coaching sessions.
- ❑ 38 parents attended 5 parent information sessions held during the implementation of the junior infants coaching programme.

As part of the overall strategic objective to '*create a whole community approach to language and learning*', Happy Talk aims to increase the number of children who are assessed by mainstream services. This element of the work has already far exceeded expectations, with 19 preschool children referred to HSE speech and language services as a result of the assessment process.

#### **Referrals and Assessments to and by External Agencies**

- ❑ 8 junior infant children referred to HSE speech and language services.
- ❑ 3 junior infant pupils referred to Special Educational Needs Officer in the Department of Education and Skills.
- ❑ 19 preschool children referred to HSE speech and language services.
- ❑ 2 preschool children referred to HSE Early Intervention team.
- ❑ 13 cases shared with HSE/other services.

Strategic Objective four is '*to upskill the early childhood care and education workforce to support and enhance children's language development*'. To date 23 preschool workers have participated in training, prior to coaching sessions in the classroom.

#### **Preschools**

- ❑ 23 preschool workers participated in a nine-week Elklan training programme.

## **1.4 Interim Findings**

- The diagnostic assessments undertaken by the SLT Team at both junior infant and preschool level were professional and based on international standards. The assessments indicate extremely high levels of speech and or language delays compared with normal prevalence rates. This data will enable key stakeholders to lobby for additional resources on the basis of exceptional need.
- The assessments were designed to enable the team to plan and deliver a course, which was customised to meet the needs identified in the population. Feedback from this process has been good and the programme is being delivered consistently, and according to the initial plan.
- The level of referral to the HSE speech and language team and early intervention team is much higher than expected and will lead to the project over-performing in terms of the outcome - *Increase in number of children identified and assessed*. Early intervention and assessment is likely to have long-term benefits for these children and their families.
- The project has achieved very high levels of outputs, considering the operational phase of the project is only 6-7 months, since the coordinator began work.
- The participating schools, principals and teachers have given very positive feedback on the project, and have reported anecdotally that their observations of the children's language skills are much improved, including an ability to use concepts, rhyme and improved phonological awareness.



### 1.4.1 Interagency Working

- The project is well positioned within Cork City Partnership. The Partnership has excellent links with the local community and will be viewed as a non-threatening organisation by parents. The staff and network support from the Partnership is emerging as very beneficial to the team.
- The terms of reference of the Happy Talk Working Group and Consortium should be reviewed to ensure that they are fit for purpose and appropriate as the project progresses.
- Happy Talk is a Consortium of partner agencies, each of which has made commitments to the project. It is recommended that the Working Group meetings should include an opportunity for each agency to provide feedback on the specific tasks that have been undertaken in support of the Happy Talk strategic objectives. This approach will support the overall project implementation and will encourage meaningful interagency interaction.

### 1.4.2 Service Delivery

- The project team is very small and the proposed outcomes are very ambitious. There may be a need to review the overall programme plan to focus the interventions at areas with most need. The assessments at preschool level identified significant disparities between some of the facilities in more disadvantaged areas and other facilities. The Consortium is considering a two-tier approach to delivery, with primary focus in schools and preschools with the highest level of need.
- Parents' capacity to support their childrens' oral language is a core challenge for Happy Talk. The project team has commenced training with parents of preschool children and a session is planned for Q3 2012 with the parents of junior infant children. Providing training for parents of Junior Infant parents will be integrated into planning for Q4 2012. It is recommended that this work should be supplemented through an integrated interagency approach aimed at workers in various agencies, projects and schemes in the area. This approach should raise awareness of early intervention to improve childrens' language skills.
- The approach of delivering speech and language services in the school setting should be reviewed carefully by the Consortium during the project. It may be a less intimidating environment for parents as the school is being used on a day-to-day basis.

## 2 About Happy Talk

### 2.1 NEYAI

Happy Talk is one of eleven projects funded under the National Early Years Access Initiative (NEYAI). NEYAI is jointly funded by Atlantic Philanthropies, the Mount Street Club Trustees, the Office of the Minister for Children and Youth Affairs (OMCYA), Early Years Education Policy Unit, (DES) and Pobal. The Initiative aims to improve the quality and coordination of local services to young children and families in a small number of demonstration sites and provide an evidence base to inform mainstream practice and policy with regard to the design and delivery of integrated services for young people and families especially in disadvantaged areas. NEYAI recognises that early years interventions are critical to improve long-term educational and social outcomes for children and families. The Initiative is funding a number of innovative pilot interventions to identify best practice and learn from innovation in the sector. The Happy Talk Project is also receiving funding from the Tomar Trust.

### 2.2 Background

Happy Talk is a project based in Cork City, which builds on a number of previous pilot projects, including the Glen Early Language and Learning Pilot Project, The Glen and Mayfield Childcare Network Pre School Quality Improvement Programme, The Mahon/Blackrock Learning Initiative and the Greenmount Early Learning Initiative (GELI). The project is based in the Glen and Mayfield on the north side of Cork City. Both areas experience high levels of disadvantage and low levels of educational attainment.

The three-year demonstration project will show how The Glen/Mayfield community, and the many agencies working with children and families in the area, can effectively join together their expertise (based on their previous work together) and resources to make a real difference to children's language, learning and lives.

Happy Talk has identified five strategic objectives:-

1. To improve the language and learning skills of children in the 0-3 and 3-6 age groups (in the Glen and Mayfield).
2. To support and develop parents capacity to support children's language development.
3. To create a whole community approach to language and learning.
4. To upskill the early childhood care and education workforce to support and enhance children's language development.
5. To record, measure and evaluate the project.

## 2.3 Rationale for the Intervention

There is a significant body of international evidence, which demonstrates the importance of early intervention in literacy and language. Literacy skills form the basis for all future learning. Without these skills all children fall behind; poor literacy affects every aspect of their life academically and their future employment opportunities. Early literacy is a predictor of future academic skills. The National Adult Literacy Survey in America found that children who have not already developed some basic literacy practices when they enter school are four times more likely to drop out in later years<sup>6</sup>. Poor language and literacy are indicators of poor personal and societal outcomes, such as antisocial behaviour<sup>7, 8</sup>, substance misuse<sup>9</sup>, low lifetime earnings<sup>10</sup> and criminality and incarceration<sup>11</sup>.

### 2.3.1 Poverty and Social Exclusion

In Ireland, Eivers et al (2004) found that nearly one in three children in schools serving disadvantaged communities, have severe literacy difficulties, and are more likely to experience educational failure and leave the education system without qualifications<sup>12</sup>. In the National Assessment of Mathematics and English Reading (2009), Eivers et al<sup>13</sup> found strong associations between family socioeconomic status (SES) including parental employment status, income, educational attainment and family medical card coverage. Poverty and inequality affect up to one quarter of Irish children. There is strong international evidence that children from poorer backgrounds do less well in school and entering into an intergenerational cycle of reduced employment opportunities, higher fertility and health inequalities, Leventhal and Brooks-Gunn (2000)<sup>14</sup>.

### 2.3.2 Oral Language and Literacy

Happy Talk has a strong focus on oral language. Research shows that competence in oral language is a precursor to school based literacy learning. It is also a strong predictor of early literacy development<sup>15</sup>. Hart and Risley (1995)<sup>16</sup> found that by the age

6 National Assessment of Adult Literacy (1993) *National Adult Literacy Survey*. Washington, D.C.

7 Rutter, M., Cox, A., Tupling, C., Berger, M. and Yule, W. (1975) Attainment and adjustment in two geographical areas, 1: The prevalence of child psychiatric disorder. *British Journal of Psychiatry*, 126, 493–509.

8 4 Mils, S. and Stipek, D. (2006) Contemporaneous and longitudinal associations between social behaviour and literacy achievement in a sample of low-income elementary school children. *Child Development*: 77103-115

9 National Information Center for Children and Youth with Disabilities. (1998). *Children with reading disability*. Washington, D.C.: Robert Bock.

10 McKinsey and Company (April 2009). *The Economic Impact of the Achievement Gap in America's schools*. Washington, D.C.

<sup>11</sup> Jumpstart (2009) *America's Early Childhood Literacy Gap*. Washington D.C.

<sup>12</sup> Eivers, E., Shiel, G., Perkins, R., and Cosgrove, J. (2005). *The 2004 National Assessment of English Reading*. Dublin: Educational Research Centre.

<sup>13</sup> Eivers, E., Close, S., Shiel, G., Millar, D., Clerkin, A., Gilleece L. and Kiniry, J (2009) *The 2009 National Assessments of Mathematics and English Reading*. Dublin: Educational Research Centre

<sup>14</sup> Leventhal, T. and Brooks-Gunn, J. 2000. The Neighborhoods They Live in: The Effects of Neighborhood Residence on Child and Adolescent Outcomes. *Psychological Review*, 126, 309 - 337.

<sup>15</sup> Dickinson, D.K., and Sprague, K.E, (2002) *The Nature and Impact of Early Childhood Care Environments on the Language and Early Literacy Development of Children from Low Income Families*. In S.B Neuman and D.K Dicinson (eds) *Handbook of Early Literacy Research*. London: The Guildford Press.

of 5, the child of a parent who is language focused has heard 50,000,000 words spoken as opposed to the child of a parent who is not language focused. That child is likely to have only heard in the region of 10,000,000 words. The longitudinal study conducted following the initial research demonstrated a high correlation between vocabulary size at age three and language test scores at ages nine and ten in areas of vocabulary, listening, syntax and reading comprehension.

### 2.3.3 Prevalence of Speech and Language Delays

In a systematic review of the international literature on the prevalence and natural history of primary speech and language delays, Law et al (2000)<sup>17</sup> found that between 4 and 19 % of children in the general population aged between 3 and 5 have a speech and/or language delay. The table below is taken from the study and represents the cumulative median scores from all of the studies reviewed. A detailed review of prevalence level studies is included as Appendix 7.1 to this report.

**Table 1 – Median Prevalence speech and language delay and age**

Type of delay Speech/language delay, language delay only and speech delay only			
Age (Years)	Speech/Language delay Median of estimates (range)	Language delay <i>only</i> Median of estimates (range)	Speech delay <i>only</i> Median of estimates (range)
2.0	5.0	16 [8-19]	-
3.0	6.9 [5.6-8]	2.63 [2.27-7.6]	-
4.0	5.0 [-]	-	-
5.0	11.78 [4.56 -19.0]	6.8 [2.14-10.4]	7.8 [6.4-24.6]
6.0	-	5.5	14.55 [12.06-16.5]
7.0	-	3.1 [2.02-8.4]	2.3

The Bercow Review of Services in the UK (2008)<sup>18</sup> found that 7% of five year olds entering school in England in 2007 had significant difficulties with speech and/or language. These children are likely to need specialist and/or targeted intervention at key points in their development. Of these children approximately 1% have the most severe and complex Speech, Language and Community Need (SLCN). The study went on to find that approximately 50% of children from low SES backgrounds have speech and language skills that are significantly lower than those of other children of the same age.

Since there are no epidemiological studies in Ireland, which show the prevalence of Speech and/or Language delay in the country, the figures for the UK will be used as a generic baseline for prevalence for the purpose of contextualising the current study.

<sup>16</sup> Hart, B., and Risley, R. T. (1995). *Meaningful differences in the everyday experience of young American children*. Baltimore: Paul H. Brookes.

<sup>17</sup> Law, J., Boyle, J., Harris, F., Harkness, A. and Nye, C. (2000) Prevalence and natural history of primary speech and language delay: Findings from a systematic review of the literature. *International Journal of Language and Communication Disorders*, 2000, Vol. 35, No. 2, 165-188

<sup>18</sup> The Bercow Report (2008) *A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs*. DCSF: London

### 2.3.4 Local Context

The current Happy Talk Project has its roots in a number of early intervention projects in the city, especially The Glen Early Language and Learning Pilot Project in Cork City. A Review of the Glen Early Language and Learning Pilot Project (2009)<sup>19</sup> showed that 43% of children entering Junior Infants in the two primary schools in the Glen presented with speech and/or language delays in differing degrees. The baseline data gathered in the current project has identified even more significant speech and/or language delays in the population, with 60.4% of children in the junior infant classes in the 5 schools in the Glen and Mayfield exhibiting either a speech and/or language delay. 44% of children in the preschools in the area presented with a speech and/or language delay in the academic year 2011/2012.

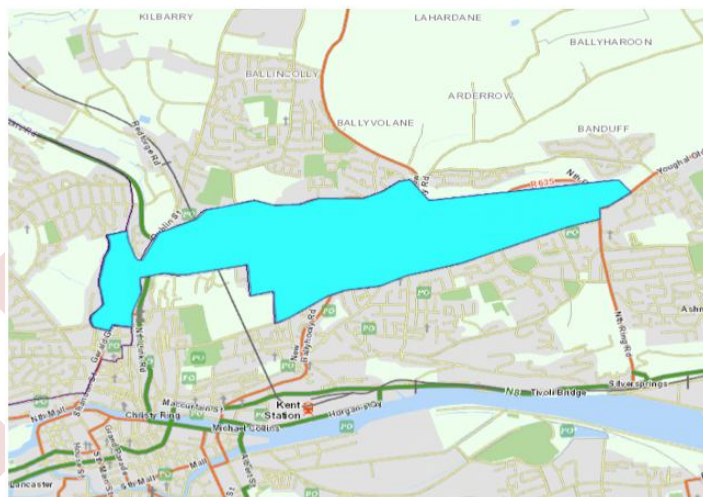
A more detailed breakdown of the summary results for the two schools in the Glen, St. Mark's and St. Brendan's are included as Appendix 7.2 to this report.

## 2.4 Socio-Economic Position

The Happy Talk Project is based in the Glen and Mayfield, two areas with significant levels of disadvantage. The Glen and Mayfield are part of the of the Blackpool/The Glen/Mayfield RAPID area. RAPID (Revitalising Areas by Planning, Investment and Development) is a Government initiative to target the 51 most disadvantaged urban areas and provincial towns in the country.

The socio-economic data provided is for the full RAPID area; most of the children participating in the programme would live within the RAPID boundaries.

**Map 1 - Blackpool/The Glen/Mayfield RAPID Area**

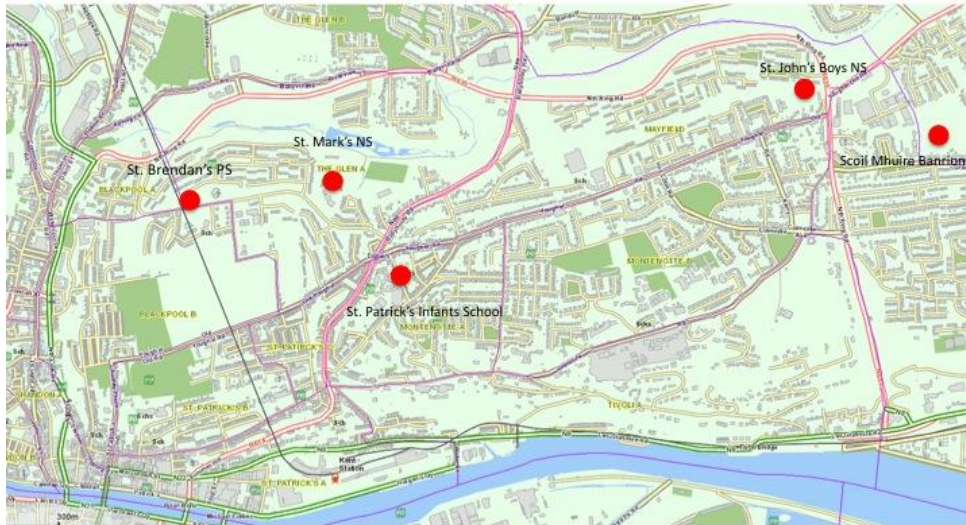


The map below shows the RAPID area, in which the Happy Talk project is based. The five national schools service children from the Glen and Mayfield primarily. The preschools, which are availing of services through Happy Talk, are part of the Cork Early Years Network and many are feeder preschools for the five primary schools.

<sup>19</sup> Deane, C. (2009) *A Review of the Glen Early Language and Learning Pilot Project*. Cork City Partnership: Cork.



Map 2 - Primary Schools participating in Happy Talk



### 2.4.1 Population

The total population in the three areas was 9,863 in 2006, which represented an overall reduction of 306 from the previous Census in 2002.

ED Name	ED ID	Population 2006	Population Change 2006	Age Dependency Ratio 2006
Blackpool A	17011	673	4.99	32.99
Blackpool B	17012	1439	13.13	16.05
Commons	17019	831	-6.52	34.18
Farranferris A	17024	1616	-10.32	32.43
Farranferris C	17026	619	-8.43	40.06
Mayfield	17046	3205	-10.02	36.32
Montenotte A	17047	1752	-5.65	28.54
Montenotte B	17048	2656	-2.60	37.95
Rathcooney (pt.)	18101	7118	7.96	29.25
Shandon A	17055	1263.4	20.96	17.72
St. Patrick's C	17053	836	9.71	19.86
The Glen A	17061	2488	5.29	29.98
The Glen B	17062	4153	-2.14	27.02
Tivoli B	17065	2624	4.46	23.51
<b>Total</b>		<b>31,275</b>		



## 2.4.2 Educational Attainment

There has been a continuous improvement in the level of education amongst adults over the past 15 years throughout Ireland. Long-term investment in education can lead to high levels of economic expansion and social change. Low educational attainment can limit a person's ability to find employment opportunities, and is a particularly strong indicator of social exclusion and deprivation. There is a clear link between low educational attainment and unemployment. The educational attainment of people who are unemployed is significantly lower than the general population. In 2006, while 35% of the general population had completed lower secondary education or less, this figure rose to 52.6% of all unemployed people. The percentage of people who were unemployed who had a third level qualification was 20.2% compared to 40.6% of the general population.

In 1991 in Ireland, 36.7% of the population had primary education only; in 2006 this figure had dropped to 18.9%. Educational attainment in the RAPID area is still significantly lower than the national average, with 25.8% of people still having a primary education only and the same proportion had third level qualifications. These figures are even worse in some Electoral Divisions (EDs), for example Farranferris A and C, Mayfield and the Glen A. Likewise these EDs score worst on third level educational attainment.

**Figure 1 - Educational Attainment Levels 2006**

ED Name	ED ID	Proportion with Primary Education Only	Proportion with third level education 2006
Blackpool A	17011	33.00	15.51
Blackpool B	17012	23.02	30.85
Commons	17019	22.98	21.53
Farranferris A	17024	35.99	12.46
Farranferris C	17026	40.25	11.25
Mayfield	17046	30.01	13.49
Montenotte A	17047	13.98	39.89
Montenotte B	17048	19.08	28.42
Rathcooney (pt.)	18101	13.88	30.60
Shandon A	17055	21.45	35.05
St. Patrick's C	17053	14.43	40.80
The Glen A	17061	31.37	14.51
The Glen B	17062	20.28	16.73
Tivoli B	17065	15.80	24.97
Cork City		20.7	29.2
National		18.9	30.5

## 2.4.3 Relative Deprivation

The Measures of Deprivation Index for Ireland draws on data from the 2006 Census in order to provide an up-to-date analysis of the changes in deprivation that have occurred

in each local area over the past fifteen years<sup>20</sup>. The national relative index score in 2006 was 2.1. The relative deprivation scores in Blackpool/The Glen/Mayfield RAPID area averages -9.1; which is significantly worse than the national average. Blackpool A, Farranferris A and C, Mayfield and The Glen A all have scores of -20 or below, which designates them as extremely disadvantaged according to the deprivation index.

**Table 2 - Relative Deprivation Scores 2006**

ED Name	ED ID	Deprivation Score 2006
Blackpool A	17011	-20.50
Blackpool B	17012	-6.73
Commons	17019	-9.52
Farranferris A	17024	-22.44
Farranferris C	17026	-24.93
Mayfield	17046	-22.01
Montenotte A	17047	6.59
Montenotte B	17048	4.37
Rathcooney (pt.)	18101	7.40
Shandon A	17055	-9.01
St. Patrick's C	17053	-0.24
The Glen A	17061	-21.46
The Glen B	17062	-4.67
Tivoli B	17065	3.85
Cork City		3.2
National		2.1

#### 2.4.4 Unemployment

The figures for unemployment are extremely historic at the time of writing. During Census 2006, when the current figures were compiled the average standardised unemployment rate nationally was in the region of 4%. The standardised unemployment rate in March 2012 was 14.3% ([www.cso.ie](http://www.cso.ie), 25<sup>th</sup> April 2012). Looking at figures for the RAPID area in question then, it is clear that the area experiences high levels of unemployment relative to the national figures. Male and female unemployment was particularly high in Mayfield (23.71 [m] 22.87 [f]) and the Glen A (25.79 [m] 24.48[f]).

All of the unemployment recipients in the RAPID area have a common social welfare office to 'sign on', which is the main exchange in the city. It is not possible to disaggregate these figures by address or location to get more up to date figures on unemployment in 2012.

**Table 3 - Unemployment Rates 2006**

ED Name	ED ID	Unemployment rate-Male 2006	Unemployment rate-Female 2006
Blackpool A	17011	19.57	15.33
Blackpool B	17012	9.39	10.05
Commons	17019	14.22	17.16
Farranferris A	17024	14.06	16.85

<sup>20</sup> The present analysis supersedes and replaces the previous analysis by Haase and Pratschke (2005), as all estimates are derived from a new matrix of observations covering all four census periods.

Farranferris C	17026	17.56	16.84
Mayfield	17046	23.71	22.87
Montenotte A	17047	11.74	7.57
Montenotte B	17048	6.84	4.67
Rathcooney (pt.)	18101	6.05	7.01
Shandon A	17055	13.40	16.71
St. Patrick's C	17053	14.38	9.47
The Glen A	17061	25.79	24.48
The Glen B	17062	10.40	9.70
Tivoli B	17065	6.75	5.12
Cork City		12.6	10.3
National		8.8	8.1

## 2.4.5 Lone Parent Ratios

Recent years have seen considerable changes in family structures and formation. At a national level it has been found that: -

- ❑ The majority of one-parent families, four out of five, are headed by women;
- ❑ Unmarried people parenting alone tend to be younger and have fewer children than those who are separated;
- ❑ People parenting alone have low levels of educational attainment (almost 60% have only primary level education);
- ❑ The majority of people parenting alone depend on social welfare payments as their main or only source of income; *and*
- ❑ 66% of people parenting alone live with their parents.

The proportion of people parenting alone (as a proportion of all households with dependent children) in Ireland has exactly doubled over the past 15 years, growing from 10.7% in 1991 to 21.3% nationally in 2006. There are marked differences between urban and rural areas, and lone parent rates in the major cities are again up to twice the national average (for example Limerick City 39.1%). The Blackpool/The Glen/Mayfield has particularly high levels of lone parent families, with more than 50% of families headed by people parenting alone in Blackpool A, Mayfield and the Glen A.

ED Name	ED ID	Lone Parent Ratios 2006
Blackpool A	17011	61.76
Blackpool B	17012	31.03
Commons	17019	36.11
Farranferris A	17024	42.48
Farranferris C	17026	37.10
Mayfield	17046	60.95
Montenotte A	17047	18.55
Montenotte B	17048	25.22
Rathcooney (pt.)	18101	17.68
Shandon A	17055	38.78
St. Patrick's C	17053	32.65
The Glen A	17061	50.00

The Glen B	17062	28.27
Tivoli B	17065	16.14
Cork City		33.4
National		21.3

## 2.4.6 Local Authority Housing

There has been a 2.3 percentage point decline in the proportion of local authority housing in Ireland over the past 15 years, from 9.8% in 1991 to 7.5% in 2006. High proportions of Local Authority rented housing is a strong indicator of deprivation and poverty in an area. The table below presents the proportion of LA rented accommodation in each of the EDs in the RAPID area. The proportions are higher than the national average in most cases, and substantially higher in many cases. More than 30% of houses are rented from the Local Authority in Blackpool A, Mayfield and the Glen A. The proportion of Local Authority rented houses in Cork City generally was 15.8% in 2006 and 7.5% for the whole country.

**Table 4 - Local Authority Housing 2006**

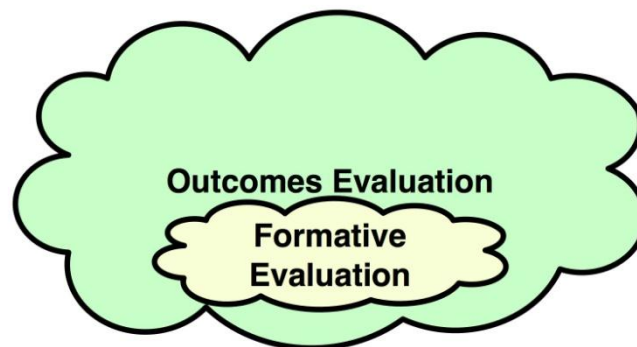
ED Name	ED ID	Proportion LA rented Accommodation
Blackpool A	17011	32.04
Blackpool B	17012	23.17
Commons	17019	6.69
Farranferris A	17024	26.09
Farranferris C	17026	18.35
Mayfield	17046	58.57
Montenotte A	17047	5.17
Montenotte B	17048	6.82
Rathcooney (pt.)	18101	8.40
Shandon A	17055	10.96
St. Patrick's C	17053	2.51
The Glen A	17061	45.43
The Glen B	17062	8.43
Tivoli B	17065	4.26
Cork City		15.8
National		7.5

## 3 Evaluation Methodology

### 3.1 Evaluation Design

The Happy Talk evaluation is formative in nature. This form of evaluation enables the consultants to support the Consortium on an ongoing basis. A formative evaluation seeks to strengthen or improve a programme or intervention by examining among other things the delivery of the programme, quality of the intervention as well as assessing the effectiveness of the project. The consultants have designed a nested evaluation framework, which is underpinned by an overall outcomes evaluation framework. Outcomes based evaluation is used internationally to assess whether the original objectives of the programme are being met. The formative evaluation element is nested within the overall outcomes framework.

Figure 2 – Evaluation Framework



When the project commenced the consultants developed a monitoring and evaluation (M & E) plan to support the project. The first phase of this work was a number of logic modelling workshops, in which the Consortium members refined their application document, agreed a smaller number of objectives as well as key outcomes. Once the outcomes were established a logic model was put in place for each of the programmatic strategic objectives. These logic models are included below and form the basis of all the evaluation research for the duration of the project.

## 3.2 Logic Models

Table 5 - Objective One

Objective One - Improve Language and Learning Skills of Children aged 0-6 in the Glen and Mayfield						
Outcomes	Baseline	Indicators	Targets	Methodology/ Instruments	When	Responsibility
Measurable gains in children's language development in the 0-3 and 3-6 age groups.	<p>60.4% of all children in junior infant classes in the Glen and Mayfield had speech and/or language difficulties in the 2011/2012 academic year</p> <p>44% of children assessed in participating preschools had speech and/or language difficulties in the 2011/2012 academic year</p> <p>EDI Language and Competence Mean = 8.0</p> <p>EDI Communication Skills and General Knowledge – Mean = 6.3</p>	<p>Improved scores in CELF Preschool 2<sup>UK</sup> 2 for junior infants in yr 1.</p> <p>Improved scores on 2 EDI domains</p>	<p>5% improvement from baseline by 2014</p> <p>EDI Language and Competence Mean = 8.6 by 2014</p> <p>EDI Communication Skills and General Knowledge – Mean = 7.2 by 2014</p>	<p>Formal diagnostic assessment of children using CELF Preschool 2<sup>UK</sup> instrument and the Renfrew bus story and DEAP.</p> <p>Early Development Instrument questionnaire administered to teachers and parents.</p>	<p>Junior infants in Q4 2011. Reassessment in Q2 2012. (Same in 2013 and 2014)</p> <p>Preschool 1 – Q1 – 2012</p> <p>Impact will be assessed by the assessment of junior infant pupils in 2012 and 2013.</p>	<p>S&amp;L therapists</p> <p>EDI will be re-administered by UCC in 2012, 2013 and 2014</p>
Improved social outcomes for children.	<p>EDI – Social Competence = Mean 7.4</p> <p>Emotional Maturity = Mean 7.1</p>	<p>Improved behaviour</p> <p>Improved social skills</p> <p>Improved self confidence</p> <p>Engagement in learning</p> <p>Improved scores on 2 EDI domains</p>	<p>EDI – Social Competence = Mean 7.8</p> <p>Emotional Maturity = Mean 7.4</p>	<p>EDI will be re-administered by UCC in 2012, 2013 and 2014</p>	<p>As above</p>	<p>EDI will be re-administered by UCC in 2012, 2013 and 2014</p>



Table 6 - Objective Two

Objective Two - Improved parental capacity to support childrens' language development.						
Outcome	Baseline	Indicators	Targets	Methodology/Instruments	When	Responsibility
Improved parental capacity to support childrens' language development.	No baseline data available	Improved parental participation in school activities.  Improved parental confidence (self reported)	Improved parental capacity to support children's language development.	Customised programmes based on the Elklan and Hanen Parents Programmes at preschool level.  Interviews and/or focus group with parents	Parents' programmes to take place in tandem with interventions in the crèches and preschools. The parents' programmes at crèche and Preschool level are being run on the same days as the coaching. The coaching and parents programme are integrated so that the parents' programme directly supports what is being coached with the staff.	S&L therapists  Observation (evaluator)  UCC – EDI tool

Table 7 - Objective Three

Objective Three - Greater awareness of early intervention in language and learning in the community						
Outcome	Baseline	Indicators	Targets	Methodology/ Instruments	When	Responsibility
Increase in number of children identified and assessed	3 speech and language assessments. 11 Early intervention assessments in the academic year 2011/2012 in the five participating schools	Increase in numbers using mainstream services	5% increase in referrals from the baseline.	Report on data available from schools.	On-going	Schools and evaluator
Improved transition arrangements between preschool and primary school	Zero baseline – no transition arrangements are currently in place in the Preschools	Participation by preschool staff and teachers.  Number of schools participating	Guidelines developed by December 2012  Guidelines being implemented by 50% of services by April 2014	Qualitative review of documents and procedures.  Stakeholder interviews/focus sessions	March 2012 and March 2013	Evaluator
Improved coordination between services in the Glen and Mayfield	No baseline	Qualitative reports based on stakeholder consultations and observations. Number of new collaborative interventions.	Improved collaboration as evidenced by self reports from stakeholders	Questionnaire to be delivered to all partners by the evaluators in Q1 2012 and Q1 2014	Q1 2102 Re-administered in Q1 2014	Evaluator
Greater awareness of early intervention in language and learning in the community	<b>Book audit:</b> Out of a total score of 152 (19 services x 8 domains) 32 Not yet developed 93 Developing 27 Enhancing	Number of services participating.  Improved signage in selected buildings	<b>Book Audit:</b> Out of a total score of 152 (19 services x 8 domains) 0 Not yet developed 30 Developing 122 Enhancing	Review of audit reports.  Stakeholder consultations	April 2014	Evaluator

Table 8 - Objective Four

Objective Four - Upskilling the early childhood care and education workforce						
Outcome	Baseline	Indicators	Targets	Methodology/ Instruments	When	Responsibility
Improved skills and capacity of early childhood care and education workforce	Baseline being established by National Evaluation in participating services (20 workers)	Participation in training programmes.  Participation in training and with S&L therapists	New skills development for 80% of core (non CE or Tús) early childhood care and education workforce in the area.	National Evaluation Questionnaire	Baseline questionnaire in 2012.  Re-administered questionnaire in 2013	Evaluator/National Evaluation team

### 3.3 Early Development Instrument (EDI)

The Early Development Instrument (EDI) was designed at the Offord Centre for Child Studies, McMaster University, Hamilton, Ontario in the late nineties as a population level measure of early childhood development at school entry age. The EDI measures the extent to which children have attained the physical, social, emotional and cognitive maturity necessary to engage in school activities, Janus et al (2007)<sup>21</sup>.

The EDI is used in almost all states in Canada. It has been adapted to form the Australian EDI (AEDI) and is now used universally in Australia with the support of the federal government. It has been introduced in Scotland, Brazil, and Indonesia and, to a lesser extent in a number of other countries.

#### 3.3.1 Readiness to Learn Concept

The EDI is based on the **readiness to learn** concept. Children are born ready to learn; it means that their neurosystem is pre-programmed to develop various skills and neuropathways, depending on the experience it receives.

The EDI measures children's **readiness to learn at school** (or school readiness to learn). This term refers to the child's ability to meet the task demands of school, such as being cooperative and sitting quietly and listening to the teacher, and to benefit from the educational activities that are provided by the school.

The EDI is a questionnaire completed by teachers of children in their first year of formal education, on all children in the class, based on five months observation of the children from when they start school.

The EDI gives average scores for groups of children and in this way can help to determine the number of developmentally 'vulnerable children' in a city, community or neighbourhood and the types of vulnerability they may be showing.

The EDI is not a screening tool for identifying children with special needs, diagnosing children with specific learning disabilities or areas of developmental delay.

#### 3.3.2 EDI Domains

The instrument consists of five domains, sixteen sub-domains and 104 questions. The domains are

1. Physical health and well-being (3)
2. Social competence (4)
3. Emotional maturity (4)
4. Language and cognitive development (4)
5. Communication skills and general knowledge (1)

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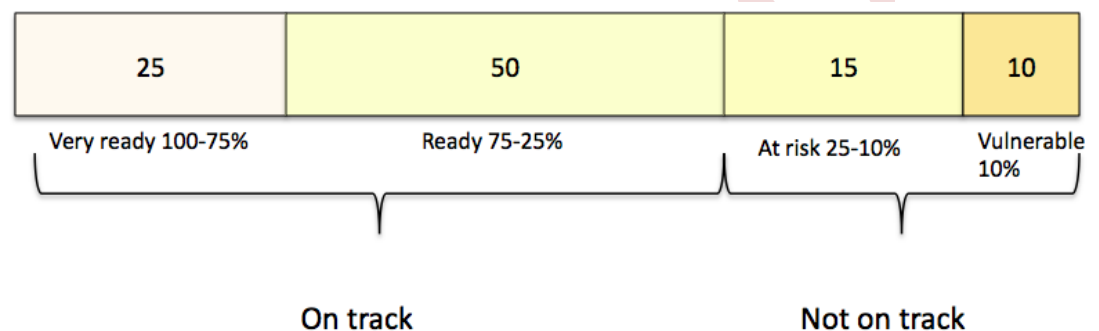
<sup>21</sup> Janus, M., Brinkman, S., Duku, E., Hertzman, C., Santos, R., Sayers, M., Schroder, J. and Walsh, C. 2007. The Early Development Instrument: A Population-based Measure for Communities. Hamilton, Ontario: Offord Centre for Child Studies, McMaster University.

Domain scores range from 0 (lowest) to 10 (highest) based on mean scores for valid answers to related questions. If over 30% of answers per domain are missing it is not scored.

### 3.3.3 Vulnerability

Within each domain vulnerability is calculated as a dichotomous measure i.e. vulnerable or not vulnerable. Children who score in the lowest 10 percentile of the study population are deemed vulnerable in that domain. If a child is vulnerable in any one domain they are considered developmentally vulnerable. This is done as children who exhibit vulnerability in one domain cannot compensate for this by achieving higher scores in other aspects of child development.

Figure 3 - EDI Readiness to Learn Scale



### 3.3.4 The EDI in Cork

The EDI was introduced in an extended pilot project in Cork in 2011 and was implemented with all Junior Infants in 47 primary schools in Cork city and 5 schools in the Mitchelstown area. Five schools in the city declined to take part. The EDI questionnaire was completed on the children by their teachers in February/March, based on five months observation. Children were not present when the questionnaire was completed and there was no individual identifier. At the same time an accompanying questionnaire was circulated to parents through the school. This provided context for the lives of the children and background information on their family and community circumstances. A further four schools in designated disadvantaged areas declined to use the parental questionnaire, as they did not wish to pressurise parents with literacy challenges.

In total, EDI questionnaires were distributed on 1474 children, of these 1344 (91%) were completed and valid. Parental questionnaires were returned and linked to 963 (68%) valid child questionnaires.

For the purposes of this report analysis has been conducted on a subset of the overall EDI population who attended five schools in the Glen/ Mayfield area of Cork City namely Scoil Mhuire Bhanrion, St Mark's boys school, St Brendan's girls school, St Patrick's Infant School. The total number of children attending these schools was 135 of which 69 (51%) were girls.

### 3.3.5 The EDI and the National NEYAI Evaluation

The national evaluation of NEYAI, will use the EDI as the core instrument for the research. The EDI will be administered to approximately 35 children in each of the projects and will be re-administered after one year. The evaluation will seek to identify area of improvement in school readiness, which may be attributed to the NEYAI initiatives. The National Evaluation has had an impact on the Happy Talk Project, as the project will not be able to commence work with the preschools until the national evaluation baseline has been set. Therefore work will not be able to commence until September 2012. The original plan was to commence work with the younger cohort first and build on the work in the junior infant classes.

## 3.4 Baseline Position

Happy Talk is a population-based intervention. The project is not designed to duplicate existing speech and language programmes in the city, it is designed to improve the capacity of parents, early years practitioners and teachers to develop oral language and literacy skills in children. Baseline information has been gathered on a population basis, at both preschool and junior infant class level. A number of reliable datasets have been established against which progress can be measured.

### 3.4.1 Establishing a Sample Size

The detail of how the sample was generated is included as Appendix 7.3 to this report. The final sample sizes used are as follows:

#### **Sample Size - National Schools**

Given a confidence interval of 9% and a confidence level of 95%, the sample size used was **48 children**.

#### **Sample Size - Preschools**

Given a confidence interval of 9% and a confidence level of 95%, the sample size used was **82 children**.

### 3.4.2 Speech and Language

The evaluators are using a number of data sources to monitor change over time for all of the project objectives. A baseline position was developed using a number of different assessment tools, including the CELF Preschool 2<sup>UK</sup>, Renfrew's Bus Story and the Diagnostic Evaluation of Articulation and Phonology (DEAP). The evaluators identified a sample size for the assessment of the children.

- ❑ 60.4% of all children in junior infant classes in the Glen and Mayfield had speech and/or language difficulties in the 2011/2012 academic year.
- ❑ 44% of children assessed in participating preschools had speech and/or language difficulties in the 2011/2012 academic year.

The overall language scores in the CELF Preschool 2<sup>UK</sup> were used to identify the level of language delay. The individual subtests were further analysed to determine areas of language development to be targeted by the project.



### 3.4.3 Junior Infant Assessments

The diagnostic assessments undertaken by the SLT team showed that 60.4% of all children in Junior Infants in The Glen and Mayfield had a speech and/or language delay. Of these, 25% had a speech delay only, 18.8% had a language delay and 16.7% had a speech and language delay. These results were obtained by reviewing each child's Language Index Scores. The subtest scaled scores were then analysed. These revealed the majority of the children (54%) presented with a mild delay, 25% had a moderate delay and 21% had a severe delay.

Figure 4 – Prevalence of Delay in Junior Infants 2011

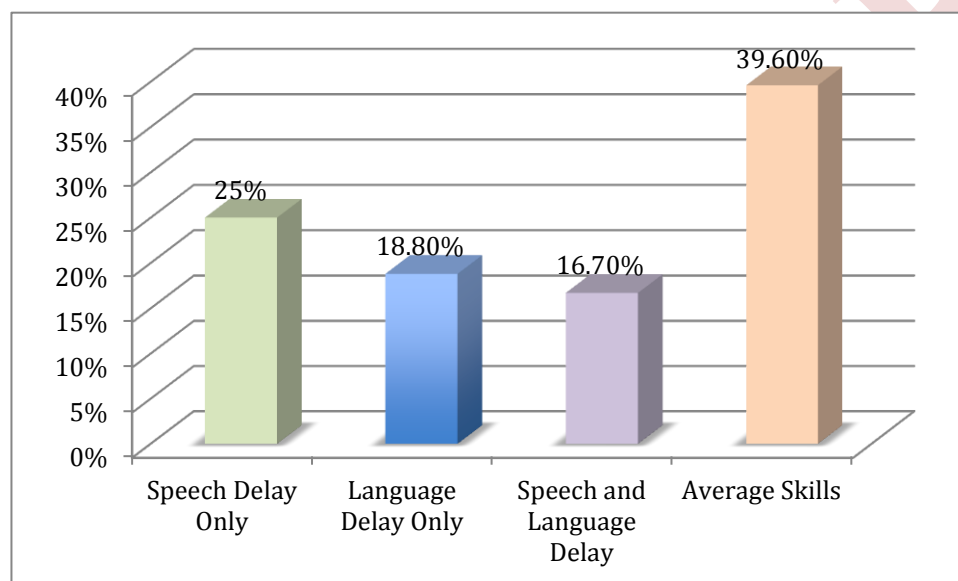
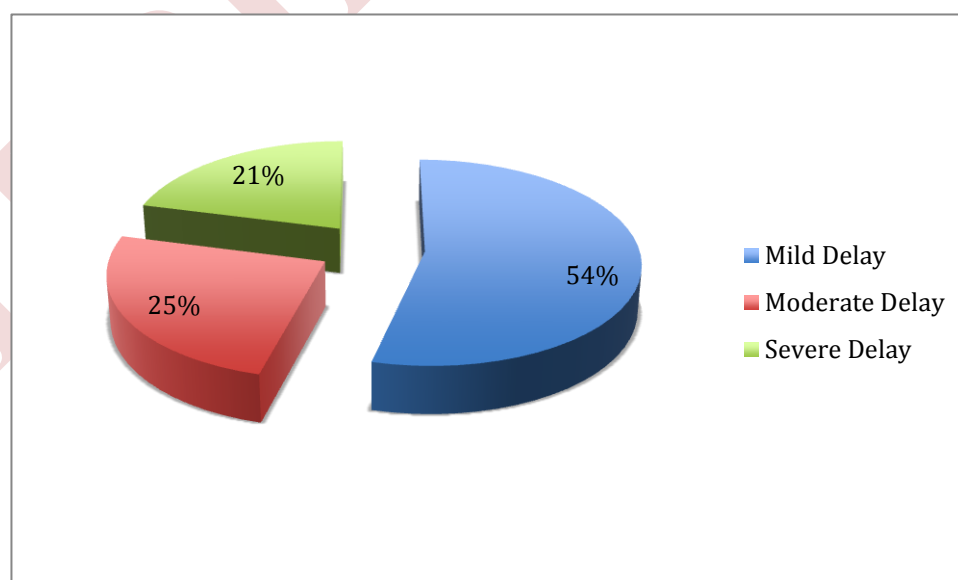


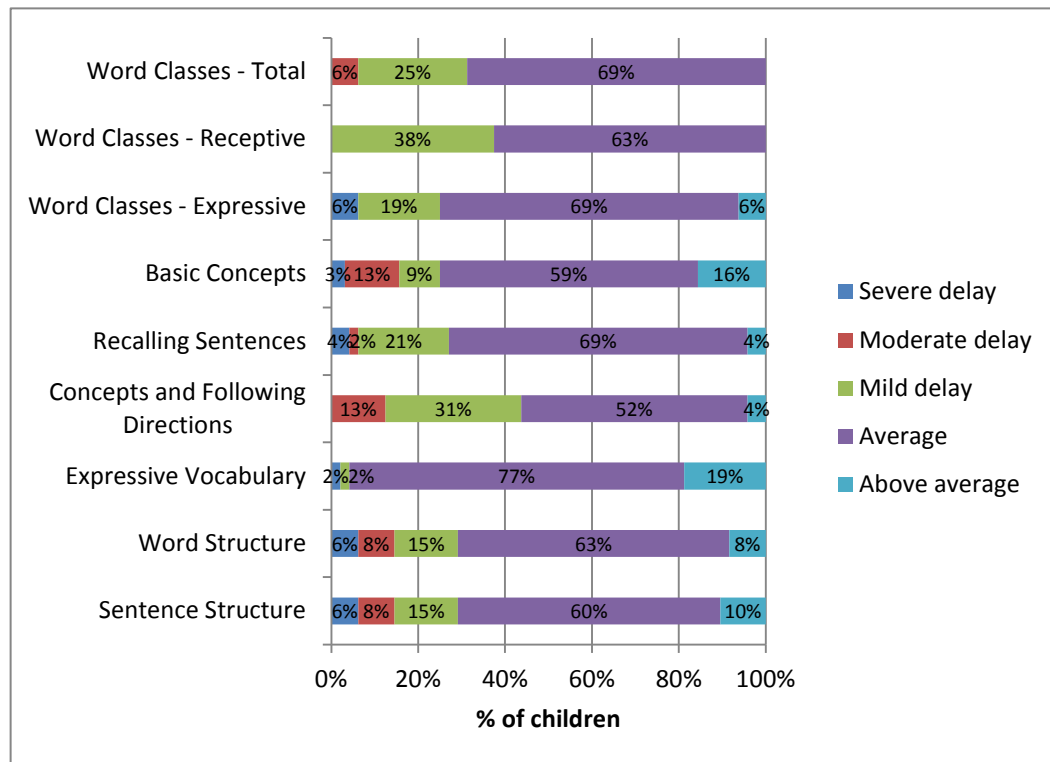
Figure 5 - Breakdown of Language Delay in Junior Infants 2011



Each subtest was analysed to ascertain areas of need with regard to language development in Junior Infants. It can be seen from the diagram that concepts and following directions, basic concepts and sentence structure were the most difficult subtests for the children. While children demonstrated a difficulty with the Word

Classes subtest, this area was not targeted as it was only relevant for children aged five years and over.

Figure 6 – Junior Infant Subtest Analysis 2011



### 3.4.4 Preschool Assessments

The diagnostic assessments undertaken by the Happy Talk SLT team showed that 44% of all children in preschools in the area had a speech and/or language delay. Of these 10% had a speech delay only, 20% had a language delay only and 16% had a speech and language delay. These results were obtained by reviewing each child's Language Index Scores. The subtest scaled scores were then analysed. These revealed, of those children with language delay, 42.6% had mild delay, 8.5% had moderate delay and 48.9% had severe delay.

Figure 7 – Prevalence of Delay in preschools 2011

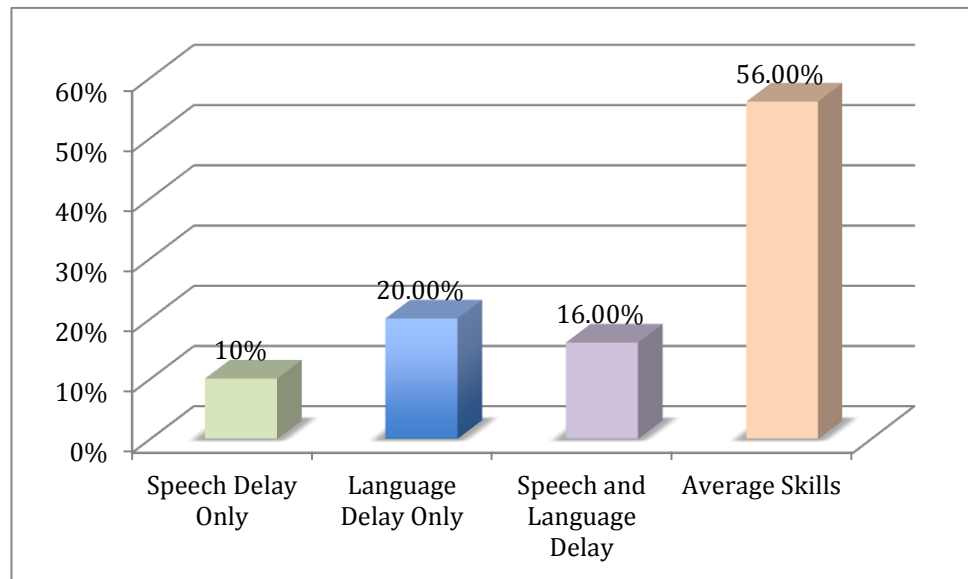
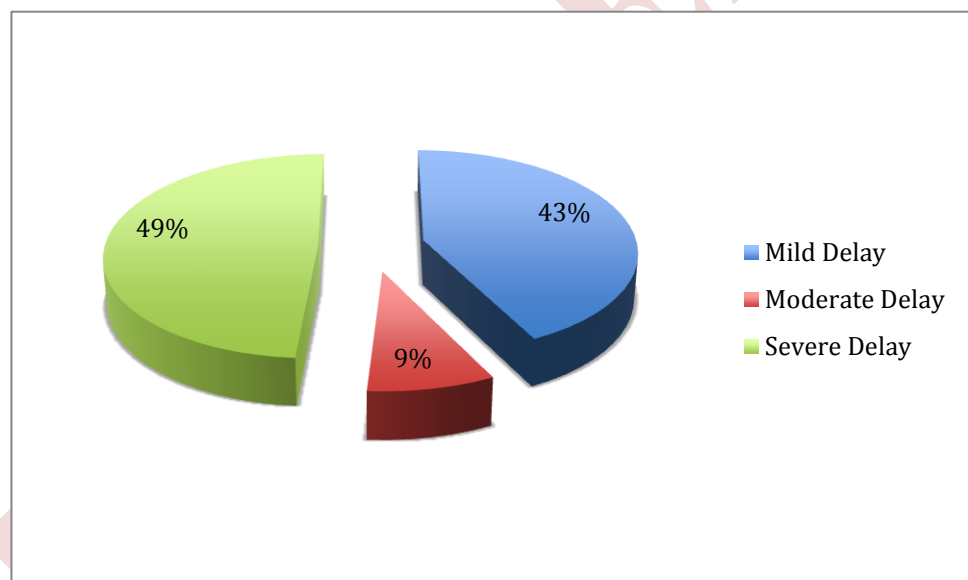
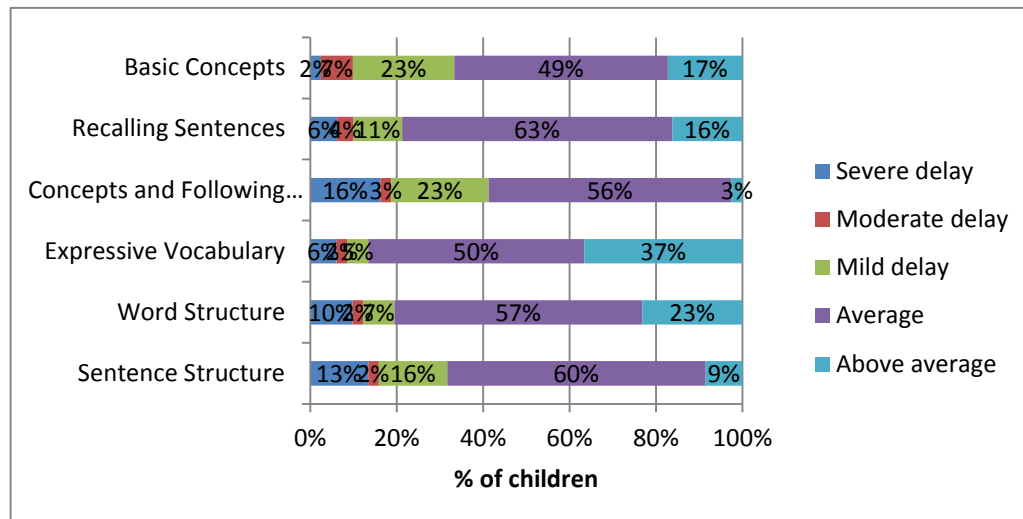


Figure 8 - Breakdown of Language Delay in preschools 2011



Each subtest was analysed to ascertain areas of need with regard to language development in the preschools. It can be seen from the diagram that 'concepts and following directions', 'basic concepts' and 'sentence structure' were the most difficult subtests for the children.

Figure 9 – Preschool Subtest Analysis 2011



The prevalence rate of speech and language delays in the Glen should be considered in the context of the international literature and especially prevalence rates in the UK which are between 4-19% of the normal population for this age group and up to 50% in areas of disadvantage.

The lower prevalence rate of speech delay among the preschool settings compared with the primary schools reflects the greater demographic spread of the preschools. The diversity of need within the preschools will be taken into account when devising the programme going forward.

### 3.4.5 EDI Baseline

This baseline is complemented by the more general EDI baseline data, which identifies low levels of readiness to learn in the Glen and Mayfield. The table below presents the findings from the EDI survey in the five schools in 2011.

Table 9- EDI School Mean Scores

	Glen and Mayfield Schools Mean Scores	All Cork Primary Schools Mean Scores
Physical health and well-being	8.0	8.6
Social Competence	7.4	8.1
Emotional Maturity	7.1	7.6
Language and cognitive development	8.0	8.6
Communication skills and general knowledge	6.3	7.2

**Note:** Higher scores mean better readiness to learn skills.

The EDI items within these five domains are divided into further sub-domains. Children who have been scored in the lowest 10th percentile in their site in one or more of the five domains are categorized as ‘vulnerable’ in terms of school readiness.

**42.5% of children in the Glen and Mayfield are considered vulnerable, compared to 27% of children in all Cork Schools.**

## 4 Programme Overview

One of the key elements in formative evaluation is to ensure that the services are being delivered to the appropriate target group and that the programme as designed is being delivered properly and consistently.

### 4.1 Population Based Approach

The decision was taken by the Consortium to deliver most of the Happy Talk interventions within a classroom setting either in primary school or in preschool. The project is anxious to ensure that there is no duplication between its work and the mainstream work of the speech and language services of the HSE. In terms of attempting to establish a legacy for the project, it was agreed to carry out training and coaching with the teachers and preschool staff. The programme was developed following an analysis of the assessments of children and focused on the main problem areas identified.

At the time of writing the interim report, the assessments had been conducted in the 5 primary schools and the first round of training and coaching in the 5 primary schools and Elklan training for the preschool staff had been completed. The assessments had also been undertaken at preschool level and implementation of the programme in the preschools had commenced.

### 4.2 Improved Language and Learning Skills

Objective One of the Happy Talk Project is to Improve Language and Learning Skills of Children aged 0-6 in the Glen and Mayfield. In order to understand the impact of Happy Talk on the target population, the evaluation established robust baseline data using international standardised Speech and Language assessment tools as well as the EDI data provided by UCC.

#### 4.2.1 Assessment Tools

##### ***CELF – Preschool 2<sup>UK</sup>***

Clinical Evaluation of Language Fundamentals Preschool, Second UK Edition (CELF – Preschool 2<sup>UK</sup>). This is an assessment standardised on a UK population. It is used with children aged 3 – 6.11 years. It examines receptive (understanding) and expressive (use of language) skills. It also measures knowledge of words and use and understanding of grammar. It is used to diagnose language delays and is widely used across Ireland and the UK.

It has a supplemental subtest examining phonological awareness abilities (knowledge of sounds in words and sentences). Ability in this area is key to the development of literacy. This is a criterion-referenced subtest and does not provide standardised scores or percentile ranks.

### ***Renfrew Language Scales Bus Story Test***

This test asks the child to retell a narrative. It has been standardised on a UK population. It is used with children aged 3.9 to 8.5 years. It provides 3 scoring parameters; a mean score per age and standard deviations for information the child has provided in the story, a mean score per age for sentence length and a mean score per age for number of subordinate clauses used by the child in the story.

### ***Diagnostic Evaluation of Articulation and Phonology (DEAP)***

This is an assessment standardised on an Irish population. It examines the child's ability to produce sounds in isolation and in words compared with other children their age. It allows the tester to differentiate between articulation and phonology difficulties, disorder and delay and diagnose the type of disorder present (consistent vs inconsistent). It provides standardised scores and percentile ranks for intelligibility (ability to be understood).

#### **Key Outputs**

- ❑ 48 children from five junior infant classes were assessed using the CELF PII, Renfrew Bus Story and DEAP Assessment tools.
- ❑ 94 children from preschools were assessed using the CELF P2, Renfrew Bus Story and DEAP Assessment tools.
- ❑ 43 individual feedback sessions with parents of preschool children who were assessed.

## **4.2.2 Preschool Programme**

At the time of drafting the interim report, the assessments had been completed in the participating preschools and a customised programme had been developed to meet the core needs identified in the assessment process. The training and coaching work began

in April 2012 and consists of a parents' programme and coaching sessions for preschool staff.



### ***Coaching sessions for Preschool staff***

The preschool coaching sessions will follow a similar pattern to the one established in the junior infant classes, namely a thirty-minute language focused session in the classroom and fifteen minute feedback with the staff. The content of the sessions will include activities to focus on:

- ❑ Listening and attention;
- ❑ Linguistic concept development; *and*
- ❑ Phonological awareness.



The sessions will involve developing strategies to encourage oral language development such as: waiting; reducing questions; modelling; repetition and expanding. The speech and language therapists will be responsible for coaching the staff and ensuring they practice these strategies.



The children will be divided into small groups with an adult at each group (Group leader). The 'Good listening Rules' are practiced at the beginning of each session. The group leader will then facilitate an activity, for example, focusing on the concept [top]. The

SLT will then circulate, coaching the adults and providing advice on how to encourage oral language development.

### 4.2.3 Junior Infant Programme

The assessments carried out in the schools identified issues in the following key areas, and the Junior Infant programme was designed to target these:-

- ❑ Linguistic concepts;
- ❑ Phonological awareness; and
- ❑ Complex sentences and narrative skills.

The programme was based on a coaching and training programme in the classroom. The therapists undertook one introductory session with the teachers and completed with a feedback session at the end of the programme. Half way through the programme the teachers and principals were engaged in a review process, and the content of the sessions changed resulting from their suggestions. The programme itself comprised 9 weeks, 45 minute sessions in the junior infant classes. Each session was divided into a 30-minute language coaching session and a 15-minute feedback session.

#### *How it works*

Each session operated using a set of resources for each language coaching session, which were given in advance to the class teacher. When the class started, the pupils were divided into small groups with 1 adult facilitating each group as 'Group Leader'. Group Leaders included teachers, other school staff (e.g. SNA, resource staff) parents and volunteers. Each week 'Good Listening' rules were reviewed with the whole class by the Happy Talk Speech and Language Therapist (SLT). The goals of the session were then carried out by group leaders with their small groups. The SLT circulated throughout the classroom, coaching the target skills and helping with implementing the goals. The last fifteen minutes of the class comprised of a feedback session, where goals and skills are discussed and developed.



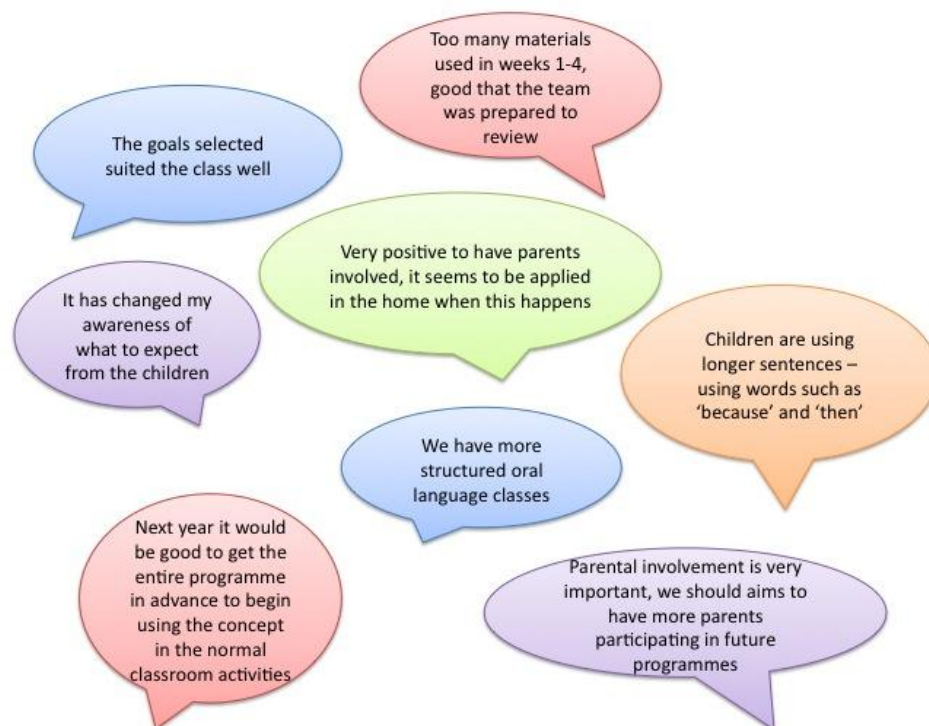
During the first four weeks three goals were targeted in each session focused on language development, linguistic concept and phonological awareness. Following a review process the format of the sessions changed, and for the remainder of the programme two goals were targeted each week, the first focusing on development of

skills relating to language development and the second focusing on rhyme and phonological awareness.

#### Key Outputs

- ❑ 8 junior infant teachers attended the information session before the intervention commenced.
- ❑ 40 teachers and principals attended a general teacher information session.
- ❑ 5 principal teachers participated in the review meetings.
- ❑ 80 junior infant pupils participated in the classroom based coaching sessions.
- ❑ 6 junior infant teachers participated in the classroom based coaching sessions.
- ❑ 24 parents participated in the classroom based coaching sessions.
- ❑ 13 other school staff participated in the classroom based coaching sessions.
- ❑ 2 volunteer Speech and Language Therapists participated in the classroom based coaching sessions.
- ❑ 12 teachers participated in the junior infant programme feedback session.
- ❑ 6 schools received the primary school resource pack.
- ❑ 38 parents attended parent information sessions.

Figure 10 - Feedback from Teachers of Junior Infant Classes



## 4.3 Improved Parental Capacity

Objective two of the Happy Talk Programme is *‘Improved parental capacity to support children’s language development’*.

**Parents Programme – Primary**

Parents in some of the schools were invited to assist in the classroom during the coaching sessions by taking a group of children for activities. Parents in each of the 5 Primary schools were invited to attend an information session at which they were given an input on the aims of the Project, the areas of difficulty for the children, which emerged, in the assessments and the approach being taken in the classroom. They then attended the infant classroom to observe the coaching session in action. This was followed by a review of what they had seen and suggestions given to the parents on how they could support their child's language development. During Term 3, a session on engaging children with books will be offered to parents in each of the 5 schools. It is planned that a more comprehensive approach will be implemented in Autumn 2012 with the Junior Infant parents –similar to the model at Preschool and crèche level below.

**Key Outputs**

- ❑ 24 parents participated in the classroom based coaching sessions.
- ❑ 38 parents attended parent information sessions prior to the commencement of the junior infants programme.

**Parents Programme - Preschool**

All parents of the children in eight preschools will be invited to take part in six weekly thirty-minute sessions. The focus of these sessions will be language development and improved parent child interactions. The sessions will create linkages with the content of the preschool coaching sessions, and provide games, activities, information and resources for parents to continue this work at home. Each week the 'good listening' rules will be reviewed and games to encourage listening skills will be learned.

## 4.4 Developing a Language Rich Environment

The third strategic objective for Happy Talk is '*to develop a greater awareness of early intervention in language and learning in the community*'. There are a number of key outcomes from this work, including:-

- ❑ Increase in the number of children identified and assessed.
- ❑ Improved transition arrangements between preschool and primary school.
- ❑ Improved coordination between services in the Glen and Mayfield.
- ❑ Greater awareness of early intervention in language and learning in the community.

### 4.4.1 Increase number of children identified and assessed

These outputs are an indirect benefit of the assessment process being undertaken by the speech and language therapists in the schools and preschools in the area. The baseline position in this case is that 3 children were assessed by speech and language services and 11 by the Early Intervention services of the HSE. These interventions were noted by the schools at the beginning of the academic year 2011/2012. To date 27 children have been referred to HSE Speech and Language services, 2 to the Early Intervention team and 3 to the Special Education Needs Officer.

**Key Outputs**

- ❑ 8 junior infant children referred to HSE speech and language services.

- ❑ 3 junior infant pupils referred to Special Educational Needs Officer in the Department of Education and Skills.
- ❑ 19 preschool children referred to HSE speech and language services.
- ❑ 2 preschool children referred to HSE Early Intervention team.
- ❑ 13 cases shared with HSE/other services.

#### 4.4.2 Improved transition arrangements

Successful experiences during early transitions can increase a child's ability to adapt to changes in the future and can provide a more secure base for the child's development and learning. The transition from Preschool to Primary school is an area currently being supported by the Happy Talk Project. As part of the Elklan training, Preschool staff have been introduced to using Mind Maps with individual or groups of children on the theme of 'Primary school' to prepare children for this transition. This will be further supported through the Preschool Staff Coaching Sessions. A second tool, the 'Transition Flower' will be promoted through the Early Years Network as a tool for documenting individual children's achievements in relation to language development while in Preschool. Junior Infant teachers and Principals in the 5 schools have been informed that these tools will be used with children entering school in Sept 2012 and have been consulted in relation to future possible tools. Consultation meetings will be held with Principals to establish existing strategies being used in relation to Transitions.

#### 4.4.3 Improved coordination

Improved interagency working and coordination of services in the Glen and Mayfield is an important outcome for Happy Talk. A separate chapter setting the baseline position for interagency working is included as a chapter in this report.

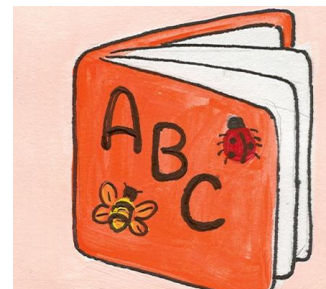
#### 4.4.4 Greater awareness of early intervention in language

This outcome is linked to a number of specific activities being undertaken by the Happy Talk Staff.

##### **Book Area Audit**

The Book Area in Early Years settings plays a valuable role in developing children's communication, and enjoyment of stories and books. In recognition of this and with a view to promoting the improvement of Book Areas in the Preschools and Crèches involved in the Happy Talk Project, preschool and crèche staff have been supported through the Early Years Network to undertake an audit of their Book Area. The Book Area Audit is a self-assessment tool, which was administered by the Preschool and crèche staff and assessed the current situation under the following headings:

- ❑ staff involvement;
- ❑ children's engagement;
- ❑ involvement of families and volunteers;
- ❑ variety and suitability of books;



- ❑ inclusion of additional resources such as puppets;
- ❑ condition and format of books; *and*
- ❑ display and storage and the overall impressions created by the Book Area.

95% (19 out of 20) of Preschools and crèches have completed the Book Area Audit to date. Support to improve the Book Areas will be provided through the Early Years Network. The audit will be re-administered in March 2013 to assess the implementation of changes.

**Table 10 - Book Area Audit Results**

Area Audited	Not yet developed	Developing	Enhancing
Staff involvement with the book area	2	10	7
Children's engagement with the book area	2	11	6
Involvement of families and volunteers in the book area	14	2	3
Variety and suitability of books	0	17	2
Additional resources	7	12	0
Condition and format of books	2	13	4
Display and Storage	3	14	2
Overall impression	2	14	3



### Story Points

To provide opportunities for parents, in particular and also preschool staff and teachers, to engage in language opportunities with their children, outdoor Story Points will be developed in the Glen and Mayfield areas. A number of potential Story Points have been identified. Two story points will be developed by July 2012 – one at the site of the Silver Train and Chimney in the Glen and one at the playground in Baile Beag, Mayfield. The language

opportunities will link with the concepts which children found difficult as identified in the Junior Infant and Preschool assessments.



### ***Adult Literacy Programme***

There are low literacy levels among some of the adults (parents, grandparents) in young children's lives in the Glen/Mayfield area. There is currently no Family Literacy Programme in either the Glen or Mayfield. 'Happy Talk' staff has developed a two-hour session for literacy tutors, which provides ideas for including family literacy in adult literacy programmes. It focuses particularly on early language development and literacy. This session is being delivered in conjunction with ABLES Literacy Scheme (City of Cork VEC) to existing literacy tutors in the Glen in mid-April 2012 and to new literacy tutors in Mayfield in early May.



### ***Mobile Library***

The inclusion of the Glen on the mobile library route was investigated. According to the Library Service, because of the age of the Mobile Library bus it is unable to negotiate the terrain in the Glen. Library books could be provided for the area in lieu of a mobile library. This is to be investigated further.

### ***Communications***

**Happy Talk Newsletter:** A newsletter to promote and support the work of the Project has been developed. There will be 3 issues per year - produced on an academic term basis 660 copies of Issue 1, March 2012 were sent to: staff and parents of children in the 5 Preschools, in the 14 Preschools and in the 6 crèches, Consortium and Working Group members, NEYAI Steering Committee members and interested individuals. It is also included on the NEYAI Learning Community website.

**Newsletter Inserts** - Inserts have been provided to the following Community Newsletters: Mayfield Matters March 2012, Glen Views April 2012, and Cork City Partnership Newsletter Issue 12 October 2011 and February Issue 13 2012

**Promotional Flyers** - A Happy Talk Project flyer promoting the aims of the Project has been developed and circulated to all participating settings' staff, parents and at briefing sessions. Flyers have also been produced to promote the Preschool Elklan Training and the Preschool Parents Programme.

**Happy Talk Logo** - A Happy Talk Project logo has been developed. It depicts an adult and young rabbit and promotes adult child interaction and communication. The logo appears on flyers, newsletter, and letter-heads and has been developed into stickers for children participating in the Project. It will also be used on the bags used for materials provided to teachers, Preschool staff and parents.

**Briefing sessions** - These have been provided to community groups and individuals including Early Years Network, Dillon's Cross Project, Neighbourhood Youth Projects in The Glen and Mayfield, Community Development Projects in the Glen and Mayfield, Mayfield Action Group, Librarian, Mayfield Community Library, staff of Mayfield and the Glen ABLES Adult Literacy Scheme (City of Cork VEC), Magnet Education Sub-group, Home-School Liaison teachers, Primary Care Team.

Presentations have been made to the NEYAI Learning Community and the NEYAI Steering Committee.

### **Key Outputs**



- ❑ 660 Happy Talk Newsletters distributed to parents, teachers, preschool staff, crèche staff and supporting agencies.
- ❑ 17 preschools participating in the preschool book audit.

## 4.5 Upskilling Early Years Workforce

Building capacity among Preschool staff is central to supporting children's language development. Two courses of 9-week duration have been run for Preschool staff between February and May 2012. The course *ELKLAN Speech and Language Support for Under 5s* covers the following areas: What is Communication?; Adult-child Interaction and Non-Verbal Communication; Developing Play, Listening and Attention Skills;



Promoting the Development of Vocabulary; Understanding beyond Simple Sentences; Modifying Adult's Speech to help a Child Understand Language; Encouraging the Understanding and Use of Sentences; Promoting Effective Communication and Social Skills and Supporting Children with Unclear Speech. The course has been attended by 23 Preschool staff representing 12 of the 14 Preschool settings. The course will be offered in Sept 2012 to staff from the remaining 2 Preschools, to support-staff and to new staff in all of the Preschools.

### Key Outputs

- ❑ 23 preschool workers participated in a nine week Elklan training programme.

## 4.6 Consistency of Approach

In order to ensure that the preschool and primary school programmes are being delivered consistently and appropriately, the Consultant senior speech and language therapist undertook an inspection visit to two primary schools during the Easter term. The inspection found that there is a quality service being delivered and the programme is being delivered according to the project plan. A number of recommendations were made following this visit, together with review meetings held between the coordinator and the Principal teachers, and the changes were implemented by both therapists for the remaining 4 weeks of the programme. The full consistency/delivery report is included as Appendix 7.4 of this report.

## 4.7 Policies, Procedures and Guidelines

As the Happy Talk Project has progressed, a number of policies procedures and guidelines have been developed and others are in preparation. The policies, procedures and guidelines developed to date are as follows:

- ❑ Clinical supervision policy;
- ❑ Guidelines for referring children to the Hearing Screening service;

- ❑ Policy and procedure for preparation and management of speech and language therapy reports written by the Happy Talk Project speech and language therapists;
- ❑ Policy about liaison with speech and language therapists in other agencies/services; *and*
- ❑ Policy about outward referral of children by Happy Talk speech and language therapists to other services.

Associated with the above, the following forms have been developed:

- ❑ Outward Referral Form - This is for Happy Talk therapists to refer children to other services;
- ❑ Informed Consent Form - This is for parents to give their consent for reports on their child to be sent to schools or preschools and /or other services when this is deemed necessary by the Happy Talk therapists;
- ❑ Assessment Summary Form Duplicate Books - This allows the Happy Talk therapist to give parents a written summary of the findings from assessment to take away. A duplicate is retained by the therapist.

The following documents are currently in preparation:

- ❑ Child protection and welfare guideline; *and*
- ❑ Information sharing policy.

## 5 Interagency Working

Improved interagency working is a key aim of the Happy Talk Project. One of the outcomes listed under Objective three is '*Improved coordination between services in the Glen and Mayfield*'. Happy Talk includes representation from many of the statutory bodies with a remit in childcare, education, language and literacy and community health. All of the agencies participating in the project are listed below:-

- ☐ Cork City Partnership
- ☐ Cork City Childcare Company Limited
- ☐ Barnardos
- ☐ Cork City Council
- ☐ University College Cork
- ☐ Health Service Executive
- ☐ Cork City VEC and
- ☐ Participating Schools.

There is no baseline data for this available for improved interagency working, therefore the evaluators conducted an on-line survey of all Happy Talk Consortium and Working Group members, to establish their views on the project and especially the key elements of interagency working. The questionnaire will be re-administered in Q1, 2014 to establish the position of the members at the end of the project. This will be supplemented by interviews with all key stakeholders.

At the time of drafting the interim report, ten members of the Working Group and Consortium had completed the inter-agency working questionnaire of a possible 13. This represents a response rate of 77%. The research into interagency working is based on findings on key barriers, challenges and indicators of success in interagency working from other research and review works including, Statham (2011)<sup>22</sup>, Blackstock et al (2006)<sup>23</sup>, Hibernian Consulting (2009)<sup>24</sup> and McKeown (2011)<sup>25</sup>.

The first chart presented below shows the impact that the members of the interagency group think that Happy Talk will have on families. The aspirations for the project are high, with 80% of respondents believing that there will definitely be improved detection of speech and/or language delays in the area. 60% also believe that there will definitely be improved language and literacy among all children in the area.

<sup>22</sup> Statham, J., (2011) Working Together for Children. *A Review of international evidence on interagency working, to inform the development of Children's Services Committees in Ireland*. Department of Children and Youth Affairs: Dublin

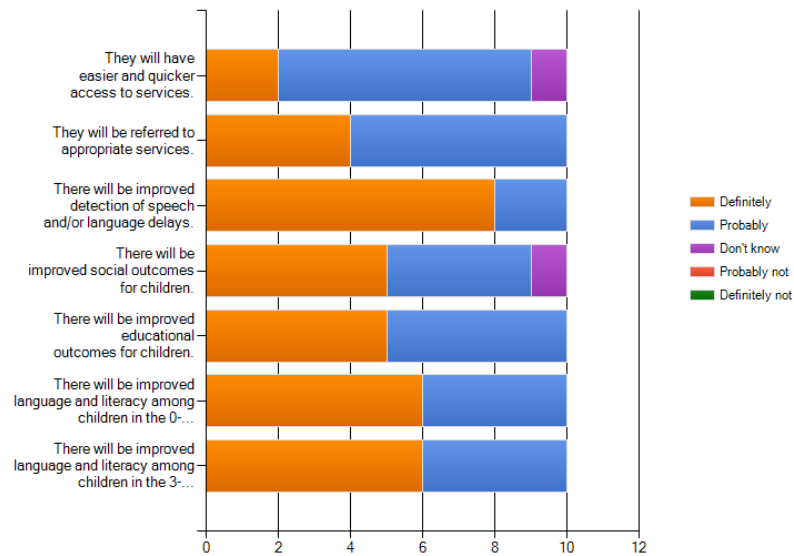
<sup>23</sup> Blackstock, K.L. and Carter, C. (2006) *3 Dee Vision Interagency Working Final Report*. The Macaulay Institute: UK

<sup>24</sup> Hibernian Consulting in Association with the Children Acts Advisory Board (2009) *Interagency Co-operation in Irish Children's Services: The View of Some Stakeholders*. Children Act Advisory Board: Dublin.

<sup>25</sup> McKeown, K. (2011) *Interagency Cooperation in Services for Children and Families: On why a good inter-agency process alone may not guarantee better outcomes*.

Table 11 - Impact Happy Talk is likely to have on families

Please comment on the impact that you think Happy Talk will have on children and families in the Glen and Mayfield.



The two figures below present the results of the survey. Each respondent was asked to: strongly agree, agree, neither agree nor disagree, disagree or strongly disagree to a number of statements. The cumulative response charts are presented below.

Figure 11 - Interagency Working Responses I

#### About your experience of Happy Talk.

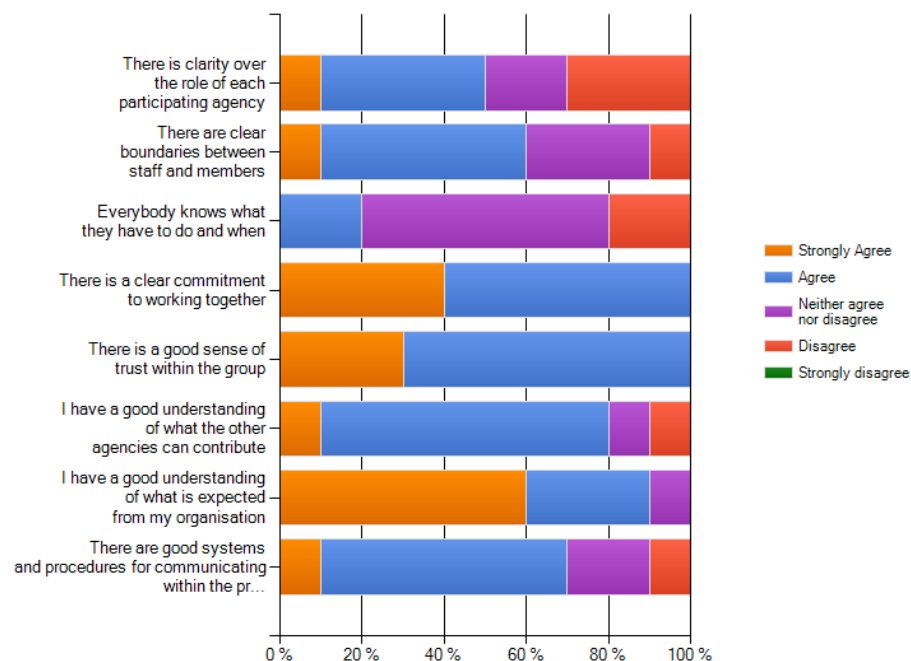
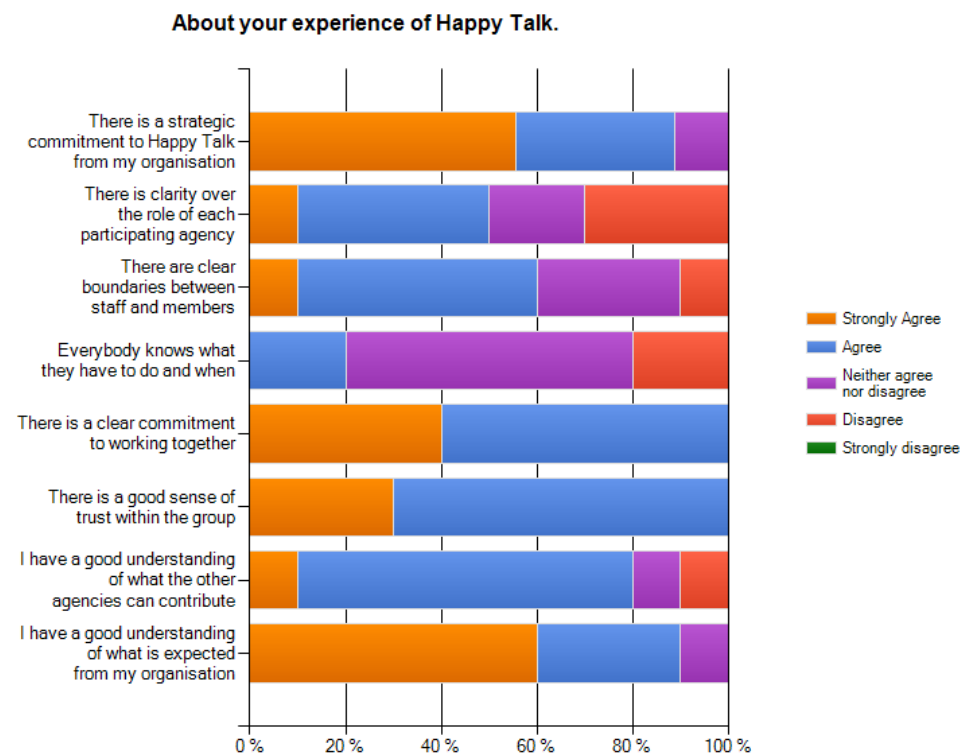


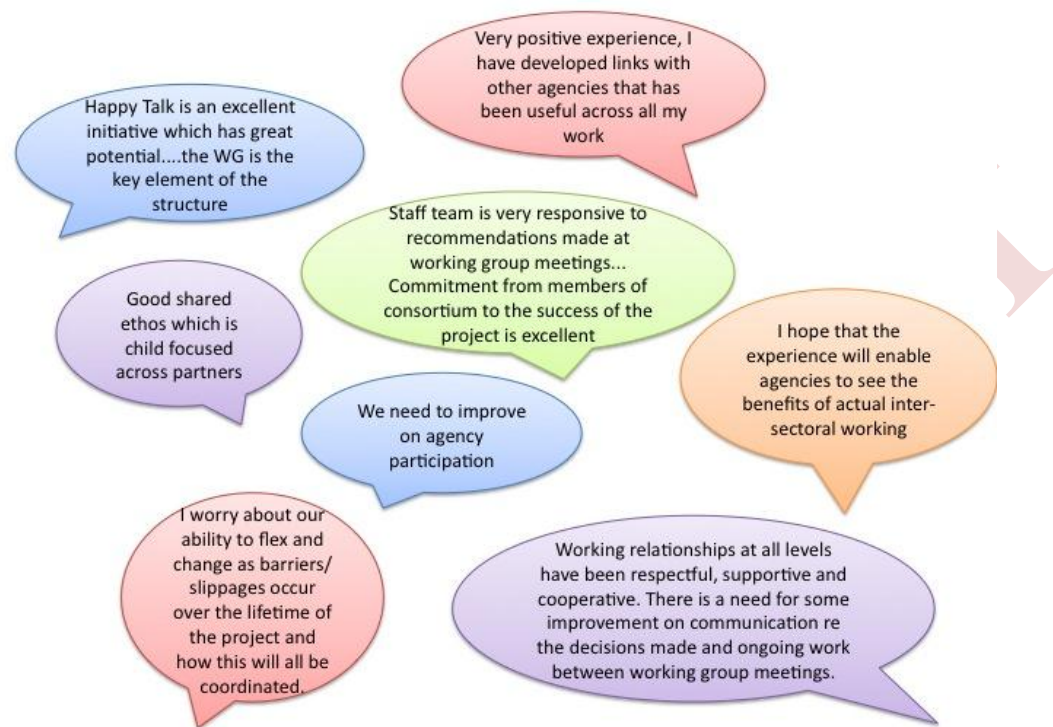
Figure 12 - Interagency Working Responses II



Some of the responses, which should be noted at this stage, include:

- Excellent sense of purpose among the partner agencies - 100% of respondents believe that the project has set clear and realistic goals.
- There is a certain ambiguity about the commitment of parent organisations to the project - 90% of respondents stated that their organisation has a strategic commitment to Happy Talk, although 45% of respondents stated that they either disagreed or neither agreed nor disagreed with the statement *'There is clarity over the role of each participating agency'* and 55% stated that they either disagreed or neither agreed or disagreed with the statement *'There is explicit agreement about which agency is contributing what'*
- 100% of respondents either agreed or strongly disagreed with the statements, *'There is a good sense of trust within the group'*.
- 100% of respondents either agreed or strongly disagreed with the statements, *'I am happy with the staff team we have in place'*.

Figure 13 - Feedback from Interagency Survey



## 5.1 Organisational Structures

The evaluator has reviewed the Memorandum of Understanding, which underpins the work of the Happy Talk Consortium and Working Group. The project is very well supported by many of the key stakeholders with an interest in this area. At the time of writing the interim report, Cork City Partnership was undergoing an organisational review. The terms of reference of the Happy Talk Consortium and Working Group are also being reviewed. The next evaluation interim report will provide a detailed commentary on the structures supporting the project.

## 5.2 Building Relationships

### *Schools*

Happy Talk has built on strong relationships with the schools, developed over the course of previous interventions associated with Cork City Partnership. The participation of a school representative on the Working Group and Consortium is a key to this engagement and has worked very well to date. There has been one instance where the teacher in a particular class was reluctant to engage with the coaching approach being employed by the programme, in this case, the team amended the approach and the therapist delivered the services directly to the class group.



### ***HSE***

The Speech and Language team are getting excellent support from the HSE Speech and Language team in the HSE. They are included in training events and in staff planning sessions with the SLT team in North Lee. The SLTs have been getting individual support from the HSE representative and the HSE were also very instrumental in the recruitment of the senior SLT to support the project.

Some diagnostic issues have also arisen between Happy Talk and the HSE Speech and Language section in relation to cross referencing children as children cannot be reassessed within 6 months of their initial assessment. This issue is being resolved for the next round of coaching in both schools and preschools.

The Happy Talk team has encountered some issues in collaborating with external agencies. For example, an issue has emerged in relation to the Public Health Nurses (PHN). Initial soundings reveal a certain resistance to the idea of a domiciliary service being provided. The relationship between the PHNs and people in their own homes is extremely important. In some cases the PHN is the only point of contact between families and external services. The PHNs are concerned that if any issues arise in the domiciliary service delivery, that it may impact on their own relationships with vulnerable families. This issue should be addressed using support from the HSE representative on the Consortium.

## 6 Initial Findings

Happy Talk commenced in 2011; the initial two staff members were recruited in August/September 2011. The full staff team was not in place until early 2012. Given this, the project progressed extremely well, with a number of notable achievements.

### 6.1 Key Achievements

- The diagnostic assessments undertaken by the SLT Team at both junior infant and preschool level were professional and based on international standards. The assessments indicate extremely high levels of speech and or language delays compared with normal prevalence rates. This data will enable key stakeholders to lobby for additional resources on the basis of exceptional need.
- The assessments were designed to enable the team to plan and deliver a course, which was customised to meet the needs identified in the population. Feedback from this process has been good and the programme is being delivered consistently, and according to the initial plan.
- The level of referral to the HSE speech and language team and early intervention team is much higher than expected and will lead to the project over-performing in terms of the outcome - *Increase in number of children identified and assessed*. Early intervention and assessment is likely to have long-term benefits for these children and their families.
- The project has achieved very high levels of outputs, considering the operational phase of the project is only 6-7 months, since the coordinator began work.
- The participating schools, principals and teachers have given very positive feedback on the project, and have reported anecdotally that their observations of the children's language skills are much improved, including an ability to use concepts, rhyme and improved phonological awareness.

### 6.2 Interagency Working

- The project is well positioned within Cork City Partnership. The Partnership has excellent links with the local community and will be viewed as a non-threatening organisation by parents. The staff and network support from the Partnership is emerging as very beneficial to the team.
- The terms of reference of the Happy Talk Working Group and Consortium should be reviewed to ensure that they are fit for purpose and appropriate as the project progresses.
- Happy Talk is a Consortium of partner agencies, each of which has made commitments to the project. It is recommended that the Working Group meetings should include an opportunity for each agency to provide feedback on the specific tasks that have been undertaken in support of the Happy Talk strategic objectives. This approach will support the overall project implementation and will encourage meaningful interagency interaction.

## 6.3 Service Delivery

- The project team is very small and the proposed outcomes are very ambitious. There may be a need to review the overall programme plan to focus the interventions at areas with most need. The assessments at preschool level identified significant disparities between some of the facilities in more disadvantaged areas and other facilities. It may be worth considering a two-tier approach to delivery, with primary focus in schools and preschools with the highest level of need.
- Parents' capacity to support their childrens' oral language is a core challenge for Happy Talk. The project team has commenced training with parents of preschool children and Happy Talk will run a session for parents in May in each of the 5 participating schools. A full course to assist parents with the skills to support their childrens' oral language is planned for Q3/Q4 2012 at the beginning of the next academic year. It is recommended that this work should be supplemented through an integrated interagency approach aimed at workers in various agencies, projects and schemes in the area. This approach should raise awareness of early intervention to improve childrens' language skills.
- The approach of delivering speech and language services in the school setting should be reviewed carefully by the Consortium during the project. It may be a less intimidating environment for parents as the school is being used on a day-to-day basis by parents and children.

# 7 Appendices

## 7.1 Prevalence Rates

Source	Sample size/systematic review	Speech only	Language only	Speech and Language	Speech or language	SLI
J Speech Lang Hear Res. 1997 Dec;40(6):1245-60. Prevalence of specific language impairment in kindergarten children. Tomblin JB, Records NL, Buckwalter P, Zhang X, Smith E, O'Brien M.	7,218					Overall 17.4%  Boys – 8% Girls – 6%
J Speech Hear Disord. 1986 May;51(2):98-110. Prevalence of speech and language disorders in 5-year-old kindergarten children in the Ottawa-Carleton region. Beitchman JH, Nair R, Clegg M, Patel PG, Ferguson B, Pressman E, Smith A.	1,655				16.2% - 21.8%	
Screening for Speech and Language Delay in Preschool Children: Systematic Evidence Review for the US Preventive Services Task Force Heidi D. Nelson, MD, MPH <a href="http://pediatrics.aapublications.org/content/117/2/e298.abstract-aff-1">http://pediatrics.aapublications.org/content/117/2/e298.abstract-aff-1</a> Peggy Nygren, MA <sup>a, c</sup> , Miranda, Walker, BA <sup>a, c</sup> , Rita Panoscha, MD <sup>a, c, d</sup>	Systematic review		2 – 19%	5% - 8%		
Ziegler, J. C., et. al. (2005, September 27). Deficits in speech perception predict language learning impairment. <i>Proceedings of the National Academy of Sciences of the United States of America</i> , 102(3a): 14110–14115.						7%
<a href="#">Int J Lang Commun Disord</a> . 2000 Apr-Jun;35(2):165-88. Prevalence and natural history of primary speech	Systematic review	6.4% – 24.6%	2.14% - 19%		4.56% – 19%	

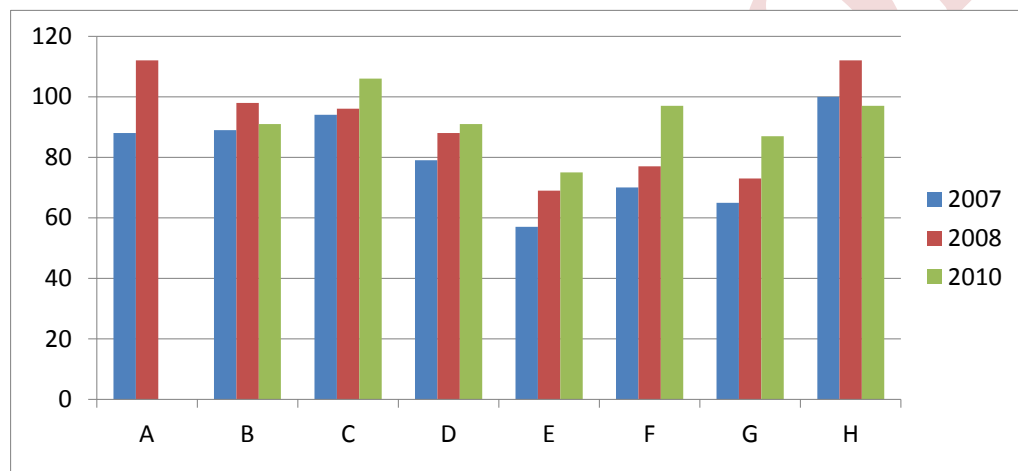
and language delay: findings from a systematic review of the literature. <a href="#">Law J, Boyle J, Harris F, Harkness A, Nye C.</a>						
Prevalence of speech and/or language impairment in preparatory students in northern Tasmania 2008, Vol. 10, No. 5 , Pages 364-377 (doi:10.1080/17549500701871171) Belinda Jessup <sup>1†</sup> , Elizabeth Ward <sup>1</sup> , Louise Cahill <sup>2</sup> and Diane Keating <sup>2</sup> <sup>1</sup> Division of Speech Pathology, University of Queensland <sup>2</sup> Royal Children's Hospital and Health Service District, Brisbane <sup>†</sup> Correspondence: Belinda Jessup, 35 Osborne Avenue, Trevallyn, Tasmania, 7250, Australia, +61-2-63345835 belindalouise79@hotmail.com	308	8.7%	18.2%	14.3%	41.2%	
<a href="http://www.asha.org/research/reports/children.htm">http://www.asha.org/research/reports/children.htm</a>	Review of lit.		2-19%		7%	Definition of SLI

## 7.2 The Glen Early Language and Learning Pilot

### St. Mark's National School - Background Information

8 children originally participated in the project in 2007. Receptive and expressive language ability was assessed using the Preschool CELF2 in September 2007 prior to intervention. Language ability was reassessed post school based intervention from September 2007 to June 2008 in June 2008. In June 2010 the language ability was reassessed using the CELF4. The results of the assessments over the 3 assessment periods are indicated in the chart.

Figure 14 – St. Mark's assessment results Core Language Score



#### Analysis -September 2007

- ❑ 8 children assessed
- ❑ 50% had language within the average range
- ❑ 12.5% had mild language difficulties
- ❑ 37.5% had severe language difficulties

#### Analysis - June 2008

- ❑ 8 children reassessed
- ❑ 62.5% had language within the average range
- ❑ 25% had moderate language difficulties
- ❑ 12.5% had severe language difficulties

All 8 children had improved their core language scores (ranging from 2 standard scores to 24)

#### Analysis - June 2010

- ❑ 7 children reassessed
- ❑ 85.7% had language within the average range
- ❑ 14.3% had moderate language difficulties

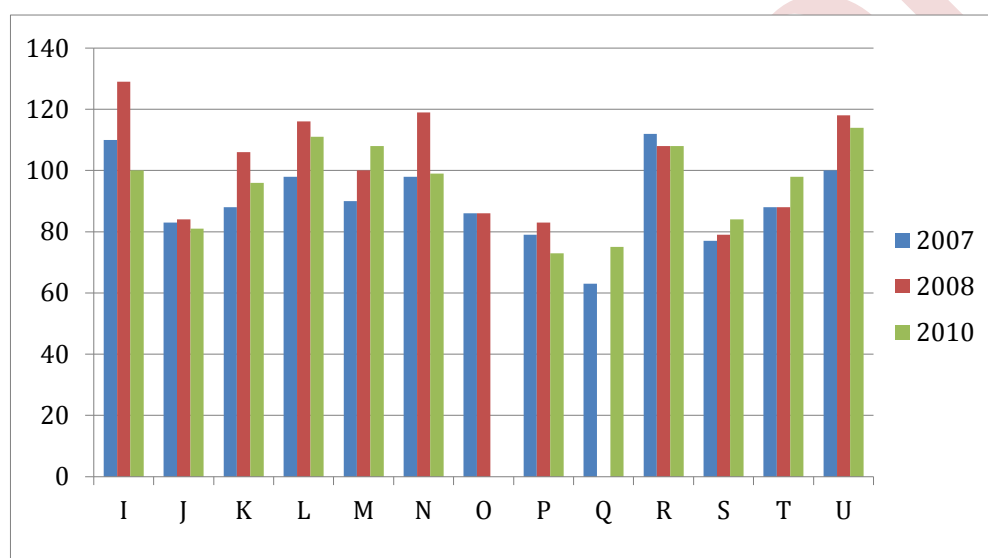


The boys of St. Mark's National School currently avail of school based speech and language therapy. They receive approximately 1 hour of group therapy once a week throughout the school year.

### St. Brendan's National School - Background information

13 children originally participated in the project in 2007. Receptive and expressive language ability was assessed using the Preschool CELF2 in September 2007 prior to intervention. Language ability was reassessed in June 2008 post school based intervention from September 2007 to June 2008. In June 2010 language ability was reassessed using the CELF4. The results over the 3 assessment periods are indicated in the chart.

Figure 15 –St. Brendan's results Core Language Score



### Analysis - September 2007

- ❑ 13 children assessed
- ❑ 69.2% had language within the average range
- ❑ 23.1% had mild language difficulties
- ❑ 7.7% had severe language difficulties

### Analysis - June 2008

- ❑ 12 children reassessed
- ❑ 74.7% had language within the average range
- ❑ 24.9% had mild language difficulties
- ❑ 10 children had improved their core language scores and 2 children scores remained the same

### Analysis - June 2010

- ❑ 12 reassessed
- ❑ 66.4% had language within the average range
- ❑ 16.6% had mild language difficulties
- ❑ 16.6% had moderate language difficulties

Initial gains but not sustained. Currently the girls in St. Brendan's do not receive speech and language therapy.

INTERIM REPORT

## 7.3 Sample Size

The total population of children in junior infants in the five national schools in the Glen and Mayfield are the population (p). There are 134 children in this category in the five national schools. There are 80 children in junior infants in St. Patrick's National School, however only one class will be included in the study, this class has 18 children. Therefore the total population (p = 82)<sup>26</sup>.

**Table 12 - Population Figures: Primary Schools**

Name of school	Junior Infants	Senior Infants
St Patricks Infants	18	70*
St John's Boys, Mayfield	14	9
St Brendan's PS (Girls), The Glen	11	16
St Marks, The Glen	15	12
Scoil Mhuire Banrion, Mayfield	24 (2 classes)	
<b>Total</b>	<b>82</b>	<b>107</b>

The total population of children in the thirteen participating preschools in the Glen and Mayfield are the population (p). There are 275 children in this category in the fourteen services. Therefore the total population (p = 275).

**Table 13 - Population Figures: Preschools**

Name of Service	No. of Children
Lotamore Pre sch	20
Mayfield Com. P/S	20
Naíonra Lus na Meala	30
Naíonra Namoh Sheosamh	14
Newbury House Preschool	15
Angel Guardian Preschool	20
St. Patrick's Preschool	16
Wallaroo Playschool	14
Blackpool Preschool	10
Glenfields Community Creche and preschool	28
St. Brendan's Preschool	26
Glen Community Preschool	24
Our House Playschool	8
Early Years	30
<b>Total</b>	<b>275</b>

### Confidence Interval/Margin of Error

The confidence interval is also known as the margin of error. This means that if 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 38% (47-9) and 56% (47+9) would

<sup>26</sup> Intervention is planned with just one junior infant class of four. Total number of junior infants in St. Patricks is 80, only 20 children are being included in the sample.

have picked that answer. The confidence interval is the amount of error that can be tolerated in the sample.

The lower the margin of error, the higher the sample size required. The margin of error for the primary school cohort was 9%. The margin of error for the preschool group was also 9%.

**Confidence Level**

The confidence level is the amount of uncertainty you can tolerate. Suppose that there are 20 yes/no questions in your survey, with a confidence level of 95%, you would expect that for one of the questions (1 in 20) the percentage of people who answer yes, would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you interviewed/assessed everyone in the population. The confidence level recommended for this assessment is 95%.

## 7.4 Consistency Inspection

The therapists implementing this project are working to a plan containing goals for each intervention session in the schools. Each session is structured to allow time for input on communication goals as follows:

- ❑ Whole body Listening;
- ❑ General Language Development (categorising, describing);
- ❑ Concept Development; *and*
- ❑ Rhyme and Phonological Awareness Development.

There is also time allocated in the session for feedback to and from the therapist using a feedback template.

This report will discuss the consistency of approach for the goals above.

### **Goal 1: Whole body Listening**

This involves demonstration by the therapist using a puppet. Both therapists began each of their sessions with this activity. The narrative used varied slightly between therapists, but both received a very similar and enthusiastic response from the children. In my opinion, this goal is being achieved with a high level of consistency.

### **Goal 2: General Language Development**

### **Goal 3: Concept Development**

### **Goal 4: Rhyme and Phonological Development**

The therapists are demonstrating the activities required for these goals. They then circulate and take opportunities to intervene with the adults to encourage use of coaching, repetition on and other identified strategies. Both therapists are following this sequence of implementation, their approach and language used shows a high level of consistency.

### **Feedback**

Both therapists are using the template provided to support them in eliciting feedback, and this is ensuring a high level of consistency between them in this area.

### **Time Management**

All of the above has to be completed in a 45-minute time frame. Both therapists are managing the time effectively, moving the participants from one goal to the next in a seamless manner.