

Review of
**The Glen Early Language
and Learning Pilot Project**
A Joint Initiative of the Health Services Executive
& Cork City Partnership Ltd



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and Cork City Partnership Ltd**



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Comhar Chathair Chorcaí Teo
Cork City Partnership Ltd.



National Development Plan 2007 - 2013

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Context of this report

The Glen Language and Learning Project was a joint initiative of the Health Services Executive (HSE) and Cork City Partnership, which was run on a pilot basis over a one-year period ending in June 2008. The pilot project comprised two parallel interventions which were designed in response to the need to pay more focussed attention to speech and language development among young children in The Glen. The first was a speech and language development programme for Junior Infant classes in the two primary schools, St. Brendan's Girls' School and St. Mark's School, which was designed and implemented by the Speech and Language Therapy Service of the HSE-South in collaboration with Cork City Partnership and the schools. The second programme involved five pre-schools: Glenfields Community Crèche; Glen Community Crèche; Glen Community Pre-school; St Brendan's Pre-school; Blackpool Community Pre-school. The programme for pre-schools included two elements: a) providing the Hanen professional training programme Learning language and Loving It for pre-school supervisors, and b) developing an oral language programme, which was implemented by childcare workers in the pre-schools. (The HSE was not directly involved in the pre-school programme.)

At the end of the pilot project, Cork City Partnership invited Cynthia Deane of Options Consulting to review the pre-school and primary school elements and to prepare a report on the operation and outcomes of the initiative as a basis for future planning. The aims of the review were to

- 1 document the work of the pilot project: record the processes of *planning, implementation and evaluation of outcomes*
- 2 assess the impact of the pilot project on the participating schools, pre-schools, children and parents
- 3 describe the model developed within the pilot project to support language development and learning in young children
- 4 make recommendations on the sustainability and future development of the pilot project.

The steps in the review are shown in **Fig 1**.

This report is intended to capture and make visible the learning from the pilot project, to tell the story of how it worked and to show that there is a strong case for continuing to develop this collaborative model of early language stimulation, which has already produced tangible benefits for the children and adults who are involved in the initiative.

Fig. 1
Review of The Glen Language and Learning Pilot Project

Method	Participants	Purpose	Time
Documentary research	Consultant	Analyse written material and data related to the pilot project	May-October 2008
Briefing seminar	Consultant; school principals; pre-school supervisors; HSE/CCP personnel	Gather feedback about the effectiveness and impact of the pilot project	June 2008
Interviews/focus groups	Speech and language therapists; principals and teachers; pre-school staff; children and parents	Gain overview of planning and operation of the pilot project; identify resources needed for mainstreaming and dissemination	June-September 2008
Research report	Consultant	Analyse data and results; identify effective language development model; make recommendations for mainstreaming and dissemination of model.	October 2008

1.

Documenting The Glen Early Language and Learning Project

This section describes how the pilot project was planned and implemented in the participating primary schools and pre-schools.

The importance of early language development

In recent decades, there has been increasing emphasis on early intervention as a way of establishing good foundations for successful lifelong learning. Some of the international literature points to the long-term consequences of poor early language development on children's educational attainment and life chances, including for example

- Poor literacy and numeracy skills
- Behaviour and emotional difficulties
- Low self-esteem and lack of confidence
- Anger and frustration leading to social adjustment problems
- Absenteeism and truancy
- Educational underachievement: poor attainment in tests and examinations
- Early school leaving, with low levels of qualifications
- Poor employability, leading to unemployment or under-employment
- Involvement in crime, vandalism and anti-social behaviour
- High risk of income poverty throughout adult life, perpetuating the cycle for the next generation.

However, it should be recognised that for young children from low socioeconomic groups, language delay is often only one part of a much more complex problem.

A collaborative initiative

Almost every policy document and report about social inclusion that has been published in Ireland over the past decade or so has made the case for more interagency working or “joined-up” action as it is sometimes called. However, there are few documented examples of effective multi-sectoral partnerships, so the initiative described in this report can serve as an innovative case study in the area of early years services.

Cork City Partnership is strongly committed to promoting interventions aimed at improving early learning. In recent years, the Partnership has, through its Local Development Social Inclusion Programme, supported early years networks throughout the city and promoted specific early learning projects in Greenmount and Mahon-Blackrock. The work of the Partnership is based on community development principles, with an emphasis on enabling communities to express their need for specific supports. In listening to school and pre-school staff it became clear that the level of language skills among young children was causing concern. In 2006, the Partnership collaborated with the HSE South Community Work Department to initiate the Language and Learning Pilot Project in The Glen.

Since 2006, the Health Services Executive (HSE) has established Primary Care Teams in communities as part of the National Health Strategy. The focus of primary care is to provide easy access to the services people need for their improved health and social wellbeing. As well as the services provided by the core Primary Care Team (which typically includes general practitioners, practice nurses, public health nurses and physiotherapists), a broader network of practitioners provides specialist services such as speech and language therapy, social work, psychological and community psychiatric services. Speech and Language Therapy is part of the Primary Care Teams in the North Lee areas where teams have been established.

As part of the broader primary care network, the Community Work Department of the HSE South aims to improve the health and quality of life of individuals and communities, by developing innovative programmes that enable local groups, organisations and people to tackle the health and social issues that concern them. Childcare, family support and pre-school groups are some of the target groups that are supported by HSE South community workers. One of the main aims of the Community Work Department is to develop linkages between different agencies working in the community and to create opportunities for interdisciplinary work. By joining forces, it is believed that the resources invested by the various agencies can produce greater returns.

Project design and development

As already mentioned, there were two separate elements in the pilot project, which were designed and implemented independently of each other. However they shared a common link, in that the Cork City Partnership played a central role in facilitating both the pre-school and the primary school programmes.

a) Primary school programme

Rationale and needs identification

The need for extra attention to speech and language development among young children in the Glen was identified by primary school teachers and by speech and language therapists working in the area. Staff from the North Lee (HSE South) investigated practice in other areas, and they identified a project in Wexford that offered a model on which they could build to meet the needs of the children in The Glen. Cork City Partnership consulted with the principals and infant teachers in the two local primary schools, who welcomed the project because they saw it as a direct response to the needs they had identified.

The HSE South and Cork City Partnership set up a joint steering group to plan the project, and to discuss the allocation of the required resources. At the time that the project was proposed, it was understood that an extra speech and language therapist post would be created by the HSE within the primary care team that served The Glen area. Although this did not happen, the project was undertaken within existing resources.

At a joint planning meeting in June 2007, teachers pointed to the main difficulties that they observed in children's language development: poor naming vocabulary, poor listening skills, poor articulation and phonological difficulties. The speech and language therapist designed a programme incorporating work on these areas in accordance with best professional practice.

Objectives

The main objective of the programme was to facilitate the development of communication skills among Junior Infant children, thus enabling them to access the school curriculum more readily.

Process and schedule of activities

A HSE Senior Speech and Language Therapist (SLT) was assigned to work on the programme for a total of 28 days from September 2007 to June 2008 (see Fig. 2)

Fig. 2
Schedule of activities: primary schools

Date	Activity	People
Development phase		
June 2007	Planning meeting	SLT; JI teachers
	Gap analysis	SLT
	Programme design	SLT
August 2007	Purchase of equipment	SLT
Phase 1		
September 2007	Pre-Testing: CELF-Preschool 2 (UK)	SLT; children
	Health inspection including hearing screening	Public health nurse
October-December 2007	Classroom sessions: language activities	SLT; children; JI teachers
Phase 2		
January-March 2008	Whole school language development: talks for teachers and parents	SLT; children; all teachers, special needs assistants, resource and support teachers
	Shared reading	SLT; children; parents
	Continuing support for Junior Infant teachers	SLT
Phase 3		
April-June 2008	Individual phonology sessions	SLT; children, SNA's , Parents
	Post-testing	

Phase 1: September to December 2007

From September to December 2007, the speech and language therapist spent one morning a week working in the schools. She carried out assessments on the children before the start of the programme using the CELF-Preschool 2 (UK) test (for more details on the test see section 2.2 of this report). Each week for eight weeks she conducted a 70-minute session with the children in the classroom alongside the teacher, with the programme designed to meet the identified speech and language development needs of the children (a summary of the content of sessions is included in Appendix 1). The HSE conducted a School Medical Inspection including audiological evaluation for all Junior Infant Children in September 2008.

Between the weekly sessions, the teachers followed up on the activities that had been introduced and modelled by the speech and language therapist. At the end of the first term, the therapist met with the principals and the junior infant teachers to review the programme and to plan the next phase.

Phase 2: January to March 2008

In the second term of the school year from January to March 2008, the focus was on Whole-school Language Development. The speech and language therapist continued to support the Junior Infant teachers where required, and she gave talks to all staff from both schools (including special needs assistants, resource and learning support teachers) about how to recognise speech and language problems, when and how to refer children for therapy and how to use the new classroom resources for language activities. She also contributed to a “shared reading” project for parents that the Home-School-Community Liaison teacher suggested. The therapist spoke to groups of Junior Infant parents, about how to use ‘Shared Reading’ as a way of improving their children’s language and prepared a handout on shared reading.

Phase 3: April-June 2008

During the third term from April to June 2008, the speech and language therapist conducted one-to-one phonology sessions working on articulation with eight children, four from each school. Each child got five half-hour sessions. The child’s parent or a SNA also attended the sessions and practiced the sounds with the child during the week.

At the end of the programme in June 2008, she re-tested all Junior Infant children on the standardised test to measure their progress. (The report of the pre- and post-testing is included in Appendix 2).

Costs and participation

The pay and non-pay costs of the programme to the HSE South came to €15,500 plus the cost of the equipment which was separately funded under the HSE Health Action Zone scheme.

Twenty-five children were seen for eight group sessions and two individual sessions (pre- and post- testing). Seven of these children had five individual phonology sessions each, and two older children also had five phonology sessions. The total number of interventions with children was 290. In addition, sessions were provided for teachers and parents as outlined above.

b) Pre-school programme***Rationale and needs identification***

Cork City Partnership and the Cork City Childcare Company identified a weakness in the language skills of children attending pre-schools in The Glen. In 2006 the Cork City Childcare Company requested their early language development specialist to develop an oral language programme for pre-schools. Towards the end of 2007, the Partnership provided a Teacher Talk Hanen Training Programme for early childhood educators and teachers to staff working in five pre-schools in The Glen. This was followed by a series of five sessions designed and delivered by Cork City Childcare Company to support childcare workers in implementing the oral language programme in their centres.

Objectives

The main objective of the programme was to enhance capacity of participants in developing the language skills of pre-school children, including listening, conversation, narrative, discussion and vocabulary.

Process and schedule of activities

Cork City Partnership set up a steering group to plan and implement the pre-school programme. An independent speech and language therapist was involved in delivering the Hanen programme, including follow-up video analysis. A development worker from Cork City Childcare Company provided the training sessions for the Oral Language Training Programme and supported the pre-school staff as they implemented the language development programme in their centres (see fig.3).

Fig. 3
Schedule of activities: pre-school

Date	Activity	People
Development phase		
September 2006 to June 2007	Development of an Oral Language Programme for Pre-schools	Early language development specialist
Phase 1		
September to December 2007	<i>Teacher Talk</i> Hanen Training Programme: three full-day training sessions and follow-up video analysis	Independent speech and language therapist
Phase 2		
January to March 2008	Oral Language Programme training for childcare workers Pre-testing of children using Renfrew language scales Implementation of the Oral Language Programme in pre-schools	Cork City Childcare Development Worker Childcare practitioners Childcare practitioners
Phase 3		
April to June 2008	Support the continuing implementation of Oral Language Programme Post-testing of children using Renfrew language scales	Cork City Childcare Development Worker Childcare practitioners

Phase 1: September to December 2007

During this phase, participants followed the three-day *Teacher Talk* Hanen Training Programme. In addition, the speech and language therapist visited participants in their workplaces between the training sessions, video taped them working with children and discussed her observations with them. The Hanen programme is a research-based developmental approach aimed at promoting children's social, language and literacy development within everyday activities and conversations in a variety of early childhood settings including child care / crèche, preschool and nursery. It has been found beneficial for children who are at risk of language delays, who have language disorders and who are learning English as a second language.

Phase 2: January to March 2008

During the second phase, childcare workers from the five pre-schools attended five full-day training sessions on the Oral Language Programme that had been developed by an early language development specialist. The training sessions were designed and delivered by the Cork City Childcare Company. An outline of the content of sessions is included in Appendix 3. The childcare practitioners in the five pre-schools began implementing the Oral Language Programme in January-March 2008, having first tested the children using the Renfrew language scales to establish baseline measurements. **(For more details on the test see section 2.2 below.)**

Phase 3: April to June 2008

The Oral Language Programme continued with the Cork City Childcare Development Worker mentoring childcare workers as they implemented the new approaches and skills they had learned as part of the training programme. The practitioners post-tested the children in June 2008 to measure their progress. The results of the pre- and post-testing are included in Appendix 4.

Costs and participation

Cork City Partnership allocated funding of €16,500 to the Glen Language and Learning Project. The funding was used to pay for the development of the Oral Language Programme; training for both the Hanen and the Oral Language Programme; materials, resources, and the parents' initiative in the primary schools. Fourteen childcare workers participated in the Hanen Programme and a similar number in the training for the Oral Language Programme. An estimated 126 children attending the five pre-schools were reached by the pilot project.

2.

Assessing the impact of the project

This section examines the **reactions** of participants to *The Glen Early Language and Learning* pilot project; the extent of their **learning** and the **changes** that the project has brought about. It then assesses the enduring **impact** of the project.

2.1 Reactions of participants

As part of this review, the consultant documented the reactions of all the main participants in the two programmes that form *The Glen Early Language and Learning* project: children, parents, school principals, teachers and pre-school staff, speech and language therapists, Cork City Childcare Company staff, and managers from both the HSE and Cork City Partnership. In meetings, interviews, focus groups and site visits, the consultant asked questions of the participants about their experiences and impressions of the primary school and pre-school programmes. Their responses are summarised here.

a) Primary school programme

The programme was regarded by the participating staff in the HSE South and Cork City Partnership as innovative and successful, particularly because of its collaborative aspect. It built a strong relationship of understanding and trust between schools and the speech and language therapy service. By providing additional dedicated speech and language therapy resources to the schools, it was possible to provide a service to a greater number of children than would normally be reached. The children got a more intensive service with better outcomes, with the result that some children will not now need individual therapy.

On the question of resources, it was noted by the speech therapy professionals that many of the children involved in the programme would not normally have been offered individual speech and language therapy in the clinic, as they had a very mild delay, while some children were up to and a few were above the norm. Ten children (seven boys and three girls) from the project group would have met the usual criteria for direct therapy in the local clinic. Typically they would each be offered a block of eight sessions, at a total cost of €5600. This means that the cost of the school-based pilot programme was almost three times the cost of a clinic-based service for ten children.

However, the pilot programme offered more than direct therapy to children and it was regarded by the participants as a high quality initiative, which was well structured, with a clearly defined process and a good outcome. It offered sharing of skills with teachers, which is expected to have a long-term impact on other children they teach. It facilitated stimulation of language throughout the school day, and engaged parents in sharing books with their children. Children enjoyed the activities, and having the therapist on site in the school meant that they did not have therapy in isolation, but in their normal school environment. They did not have to miss out on school work to go to a clinic appointment.

Schools “bought into” the programme because they saw it as directly meeting their needs: this is very important, because schools tend not to respond so positively when initiatives are imposed from outside. Principals and teachers thought that the programme was well planned and implemented: having the speech and language therapist working directly with children, teachers and parents was very successful. They commended in particular the level of empathy shown by the speech and language therapist, which gave great confidence to parents, children and teachers. Teachers saw the programme as exciting: it was practical and child friendly, and it showed them new possibilities for developing children’s language. The new equipment that was bought for the programme and the staff development that was provided were also regarded as being very beneficial to the schools, helping all teachers to become aware of language development issues. Engaging special needs assistants provided an extra source of support especially where parents did not become involved.

Parents valued the one-to-one intervention by the speech and language therapist; they were excited about the improvements, especially in their children’s speech. Getting speech and language therapy appointments in school made a big difference to parents because it meant they did not have to travel to a clinic: this reduced the number of “no shows” for appointments. The early screening for problems in Junior Infants was also considered by parents and teachers to be a major benefit of the programme.

The speech and language therapist valued the opportunity to work with children and teachers in the natural setting of the classroom. She could see at first hand the effects of language development on children’s educational performance and the language demands of the curriculum; as a result she was in a better position to advise teachers on identifying and dealing with speech and language issues.

b) Pre-school programme

The pre-school childcare workers who participated in the professional training programme with its two complementary elements - the Hanen Teacher Talk and the Oral Language Programme - found it to be extremely helpful in giving practical and specific activities for developing language skills in young children. They followed the Hanen programme first, and when they completed it the participants reported that:

- The video part of the course helped them to reflect on their own work and to analyse how they implemented the new strategies in interacting with the children

- They now joined more actively in the children's play and they became aware of how much each child was interacting and how much new language was being introduced
- They listened to the children more and waited to give them a chance to respond. They could really see the difference when they stopped asking questions all the time and instead made some comments and then waited: quiet children particularly started to talk more
- They didn't always jump in as 'the helper' but would sometimes get children to help each other
- They realised how important it was to extend children's language in a number of different ways, using 'the language of learning' (pretend, project, inform, talk about the future and the past, talk about feelings, explain)
- They felt more confident in relating to children who were functioning at different levels and knowing how to pitch their language to each different level
- The children and the participants were enjoying books in a new way: they now tended to have a plan before starting the book, for example thinking of ways to expand the children's vocabulary and strategies they would use to increase participation from all the children. They also tried to read books to a smaller group for at least some part of the day. As a result they found that the children were more interested in books for longer periods and consequently they were learning more.

Those who participated in this programme were convinced of its benefits for children, pre-school childcare workers and parents. The Speech and Language Therapist who conducted the Hanen programme noted that by the end of the training sessions the participants had become more aware of what is involved in creating a language rich environment for the children, and of their own need to develop new skills. The pre-school staff declared it to be "a great and worthwhile programme" and recommended that everyone involved in early childhood learning should have an opportunity to follow it. The parents who participated also appear to have found it useful, although staff acknowledged that more work would need to be done to involve parents more actively in the future.

2.2 Assessing the learning within the pilot project

The 21 children in Junior Infant classes in the two primary schools were assessed at the beginning of the project in September/October 2007 and again at the end of the project in June 2008 using the CELF-Preschool 2 (UK) standardised test. This test is commonly used by speech and language therapists in Ireland to assess the language skills of children aged between 3 years and 6 years 11 months. A core language score is obtained for each child by administering three sections of the test: sentence structure, word structure and expressive vocabulary. The core language score is a standard score which enables a child's performance to be compared to the performance of other children of the same age. A standard score of 100 represents the performance of a typical child at a given age. Fig. 4 below shows the standard scores and classification for describing the child's language skills. Fig. 5 shows the number of children who scored in each category in the "before" and "after" tests. *(Note: the children were also tested for phonological/articulation difficulties and the full results are included in appendix 2).*

a) Primary school programme: Speech and language assessments

The 21 children in Junior Infant classes in the two primary schools were assessed at the beginning of the project in September/October 2007 and again at the end of the project in June 2008 using the CELF-Preschool 2 (UK) standardised test. This test is commonly used by speech and language therapists in Ireland to assess the language skills of children aged between 3 years and 6 years 11 months. A *core language score* is obtained for each child by administering three sections of the test: *sentence structure*, *word structure* and *expressive vocabulary*. The core language score is a standard score which enables a child's performance to be compared to the performance of other children of the same age. A standard score of 100 represents the performance of a typical child at a given age. Fig. 4 below shows the standard scores and classification for describing the child's language skills. Fig. 5 shows the number of children who scored in each category in the "before" and "after" tests. *(Note: the children were also tested for phonological/articulation difficulties and the full results are included in appendix 2).*

Fig.4 CELF-Preschool 2 (UK) test: standard scores and classification

Standard score	Classification
115 and above	Above average language
86-114	Average language
78-85	Mild language delay/disorder
71-77	Moderate language delay/disorder
61-70	Severe language delay/disorder
55-60	Very severe language delay/disorder

Fig.5 Test results: number of children in each classification

Language classification	Number of Children		Change
	Before	After	
Above average	0	4	+4
Average	13	10	-3
Mild delay/disorder	3	3	0
Moderate delay/disorder	1	2	+1
Severe delay/disorder	3	1	-2
Very severe delay/disorder	1	0	-1
Absent for test		1	
TOTAL	21		

Fig.5 shows that before the programme began, eight of the 21 children were assessed as having a language delay or disorder: three mild, one moderate, three severe and one very severe. Thirteen had average scores. At the end of the programme, twenty of the children were re-tested. Four children were assessed as being above average, ten had average scores and six had delays: three mild, two moderate and one severe. Fig 6 gives details of children's "before" and "after" scores: seventeen children (81 per cent) showed improved scores on the second test, two stayed the same, one had a lower score and one was absent.

Fig 6 Details of children's "before" and "after" scores

Child	Standard score			Classification		
	Before	After	Change	Before	After	Change
a	88	112	+24	Average	Average	=
b	89	98	+9	Average	Average	=
c	94	96	+2	Average	Average	=
d	79	88	+9	Mild delay	Average	+
e	57	69	+12	Very severe delay	Severe delay	+
f	70	77	+7	Severe delay	Moderate delay	+
g	65	73	+8	Severe delay	Moderate delay	+
h	100	112	+12	Average	Average	=
i	110	129	+19	Average	Above average	+
j	83	84	+1	Mild delay	Mild delay	=
k	88	106	+18	Average	Average	+
l	98	116	+18	Average	Above average	+
m	90	100	+10	Average	Average	=
n	98	119	+21	Average	Above average	+
o	86	86	0	Average	Average	=
p	79	83	+4	Mild delay	Mild delay	=
q	63	Absent	n/a	Severe delay	Absent	n/a
r	112	108	-2	Average	Average	=
s	77	79	+2	Moderate delay	Mild delay	+
t	88	88	0	Average	Average	=
u	100	118	+18	Average	Above average	+

From the test scores, it is also possible to compute the percentile rank for each child, which indicates a child's standing relative to orders of the same age. For example, a child who receives a percentile rank of 25 performs as high or higher than 25% of other children of the same age; this also means that 75% of the other children received a higher score than this child's. Fig.7 shows the changes in percentile ranks for the children before and after the pilot project.

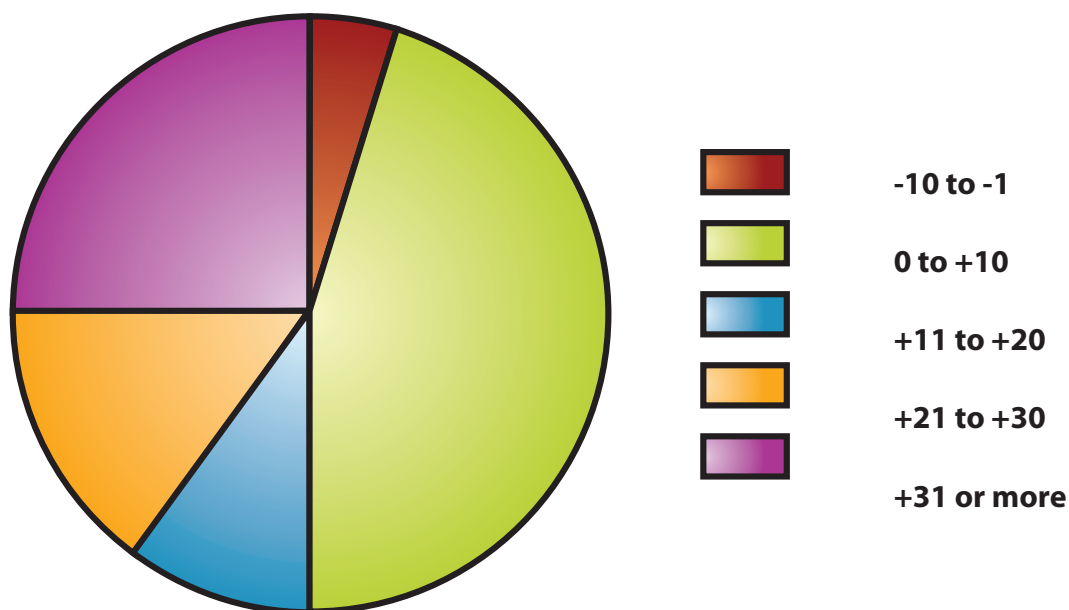
Fig.7 Percentile ranks before and after the pilot project

Child	Percentile rank		
	Before	After	Change
a.	21	79	+58
b.	23	45	+22
c.	34	39	+5
d.	8	21	+13
e.	.2	2	+1.8
f.	2	6	+4
g.	1	4	+3
h.	50	79	+29
i.	75	94	+19
j.	13	14	+1
k.	21	66	+45
l.	45	86	+41
m.	25	50	+25
n.	45	90	+45
o.	18	18	0
p.	8	13	+5
q.	1	Absent	n/a
r.	79	70	-9
s.	6	8	+2
t.	21	21	0
u.	50	88	+38

It can be seen from the above figures that even where children were assessed as being nominally in the same broad classification at the end of the programme, many of them had in fact significantly improved their percentile ranking. For example, "child A" scored in the *average* range on both tests; however there was an improvement of 24 points in his standard score and this meant that he moved from a percentile ranking of 21 to 79, a change of +58. Figs.8 and 8a show the changes in percentile rankings across the whole group: half the children improved by more than ten points, with one-fifth improving by over thirty points.

Fig.8 Changes in percentile ranking before and after the pilot project

Change	Number of children	% of children
-10 to -1	1	5
0 to +10	9	45
+11 to +20	2	10
+21 to +30	3	15
+31 or more	5	25
	20	

Fig.8a Changes in percentile ranks

The above data show that the pilot programme had a significant impact on the language development of the participating Junior Infant children. However the programme also produced important learning outcomes for the principals, teachers, parents, SNA's and therapists involved. Principals and teachers have become more aware of new approaches to developing children's language skills and teachers in particular have incorporated many of these approaches into their own classroom practice. This will have a longer-term impact for the children they teach in the future. The parents who participated in the programme gained an increased awareness of the importance of language development for their child's future learning. The SNA's gained experience working on children with phonological difficulties.

It is common for parents to see speech/phonological disorders as being more problematic than language development delay, but those who worked with their child as part of this programme recognised the significance of the language aspect.

b) Pre-school programme

In February 2008, the childcare workers who were participating in the training for the Oral Language Programme pre-tested children from the five pre-schools using the Renfrew Language Scales Action Picture Test. The Renfrew Language Scales Action Picture Test is a standardised test that uses a series of pictures to stimulate children to give samples of spoken language, which can be scored according to the information given and the grammatical structures used. While the test was designed for the use of speech and language therapists, other childcare professionals are also authorised to use it, unlike many standardised assessment instruments. This made the Renfrew test particularly suitable for use within the pre-school Oral Language Programme in the Glen, as it meant that the testing could be carried out by the childcare practitioners in their own setting.

A total of thirty-four children were pre-tested in February 2008 and tested again four months later in June 2008, after the childcare workers had implemented the Oral Language programme in the pre-school centres. However, nine of these children were outside the age range for the test, as they were younger than 3 years and 6 months, so the analysis below is confined to the scores of the remaining twenty-five children.

Fig 10 below shows the scoring norms for different age ranges on the Renfrew Language Scales Action Picture Test. Figs 11a and 11b give a summary of the information and grammar scores achieved by the 25 children in the pre- and post-testing. Full details of the test scores are included in Appendix 4.

Fig 10 Renfrew Language Scales: scoring norms for different age ranges

Age (y.m)	Information scores		Grammar scores	
	Normal range	Mean	Normal range	Mean
3.6-3.11	19-27	24	8-19	15
4.0-4.5	23-30	27	14-23	20
4.6-4.11	25-32	29	17-25	21
5.0-5.5	27-33	30	19-26	23

Fig 11a summary of pre- and post-test Information scores

Age range	No. tested	Within normal range	Below normal range	Above normal range
Pre-test February 2008				
3.6-3.11	15	6	8	1
4.0-4.5	7	1	5	1
4.6-4.11	2		2	
5.0-5.5	1		1	
Total	25	7 (28%)	16 (64%)	2 (8%)
Post-test June 2008				
3.6-3.11	3	1	1	1
4.0-4.5	15	7	4	4
4.6-4.11	6	3	3	
5.0-5.5	1	1		
Total	25	12 (48%)	8 (32%)	5 (20%)

The above data show that before the Oral Language Programme, almost two-thirds (64%) of the children had information scores that were below normal for their age. Four months later, having participated in the programme, the number falling into the "below normal" category had been halved, with a corresponding increase in the "normal" and "above normal" categories.

Fig 11b summary of pre- and post test Grammar scores

Age range	No. tested	Within normal range	Below normal range	Above normal range
Pre-test				
3.6-3.11	15	10	3	2
4.0-4.5	7	2	2	3
4.6-4.11	2		2	
5.0-5.5	1		1	
Total	25	12 (48%)	8 (32%)	5 (20%)
Post-test				
3.6-3.11	3	1	1	1
4.0-4.5	15	7	4	4
4.6-4.11	6	3	2	1
5.0-5.5	1	1		
Total	25	12 (48%)	7 (28%)	6 (24%)

The above data show that the change in grammar scores over the course of the programme was not as significant as in the information scores. However, a smaller number of children scored in the “below normal” range on this part of the test both before and after the programme than was the case with the information element. This seems to suggest that grammar is less of a problem than information and vocabulary with the children tested in this pilot project. It may be an issue that could be further explored in the future.

As in the case of the primary school programme described earlier, the data for the pre-schools show that the pilot programme produced significant improvements in children's language development over a period of four months. One of the preschool staff remarked that “One of the best aspects of the programme is that everybody learns while at the same time having fun. The children don't know they are learning, they think they are playing.” Staff found that as well as making huge gains in language during the programme, children's confidence grew as they became better communicators. They were no longer shy, but became more sociable and better able to interact with other children and with adults.

The pre-school staff themselves found that the professional training programme was extremely helpful. It gave them practical and specific examples of activities that promoted early childhood language development. They became more aware of the language difficulties and delays that some children have, and they were able to focus on developing children's vocabulary, grammar and phonology as necessary. They recognised that it was important to give enough time to each child, to address them individually and observe their language in the course of the day. While the pre-school programme did not have any speech and language therapy element, the children who were attending speech therapy sessions elsewhere could practise their exercises as part of the everyday preschool programme activities.

The feedback from participants on the training sessions for the Oral Language Programme was very positive. Some of their comments were as follows:

From day one I felt at ease with the sessions. I felt each one was very well-planned so I got a huge amount from it. Work-wise I became much more aware of the importance of reviewing my practice. I constantly check on the quality of books and opportunities to enhance language. I try to interact more on a one-to-one basis with the children. I really feel I benefited from the programme and I hope it would continue to be offered to other childcare workers.

I feel the oral language programme was very beneficial to me. I now observe the children more closely and watch their expressions. I wait for them to get the words out when they are talking to me and I ask them if they need me to help them using other words to say what they want to say.

It showed me how to understand the children more and be more observant when I talk to the children. I feel the children can communicate a lot easier with me now. They are more confident in themselves and it shows. As for myself, I was delighted to take part in such a rewarding programme.

It has made it easier to communicate with some of the children as their vocabulary improved greatly. It was a great opportunity to take part in the course and it is something we will continue to carry out in our preschool.

It helped me by looking at the way I speak to the children, even my own child, and I can understand more about the way I speak and my actions with the children.

I now take time to prepare, consciously developing and making plans for circle time rather than sitting and doing something on the spot. I give children the time to speak without trying to put words in their mouths - let them lead the way in our conversations.

The participants also considered the language development programme that they implemented with children to be well structured, "it flowed through the whole day", and they observed that children made considerable gains in their language over the period of the programme as their confidence grew. When parents were involved and became more aware of how vital language development is for early learning, pre-school staff felt that their children made even more progress.

The parents who participated in the programme gained greater awareness of how vital language development is for their children's learning. They were encouraged to interact with their children in new ways and to become involved in structured activities such as storytelling in the pre-school setting. It was suggested that this aspect of the programme could be further developed in the future, with materials being made available for parents so that they could continue the speech and language development activities with their children at home.

2.3 Changes resulting from the pilot project

The most significant change that resulted from the project was the innovative way in which speech and language therapists, childcare workers and primary school teachers worked together to develop and implement a structured and focused programme that was targeted at the language development needs of young children. The importance of this collaborative approach cannot be underestimated: where previously different aspects of children's speech and language development were dealt with in a fragmented way, this programme put children at the centre and ensured that high-quality services were available to them and their families, whether in pre-schools, in primary schools or in therapeutic settings.

The joint approach of Cork City Partnership and the HSE South brought together a range of different agencies that work to promote health and social gain in communities. The pilot project helped to localise the national health strategy, making it real and customising it to meet a clearly identified need in the community. By developing linkages and exploiting opportunities for interdisciplinary work, the project added value to the work of separate agencies and has produced good returns for the resources invested. By focusing specifically on language acquisition in the early years and by intervening as early as possible when children have speech and language problems, a good foundation is laid for their later learning. The children in the pilot project got a significant head start that will help them develop literacy skills; this in turn supports their achievement across the whole school curriculum. As a result, the pilot project can be seen as a very effective social inclusion measure. It shows that working together produces better outcomes, especially when resources are scarce. Connecting the speech and language therapy services with the schools has brought specific benefits: it has reduced the waste of resources that can arise when children do not show up for therapy appointments; it has also provided teachers with skills that will help them to make appropriate referrals to the speech and language therapy service.

2.4 Assessing the enduring impact of the project

It is probably too early to assess the enduring impact of the pilot project, as it is only a matter of months since it finished. However, from the evidence gathered during this review it is clear that many of the changes that came about as a result of the project have the potential to be sustained in the future.

Impact on people

- Children have made significant gains in speech and language development, have had delays and disorders diagnosed at an early stage, and have received specialised speech and language therapy if they needed it. As a result their confidence has grown, they are more sociable and they are able to benefit more from the learning experiences that they encounter in pre-school and in primary school. Some children who participated in the programme do not now need to be referred for individual therapy sessions.
- Parents have a new level of awareness about how they can help their children to use language more effectively to increase their confidence and improve their learning. Some have participated in activities such as shared reading and storytelling with children in the pre-school and primary school classroom setting.
- Childcare workers and teachers have greatly extended their skill sets and have added to their repertoire of early childhood speech and language development activities. They have participated enthusiastically in the programme and are greatly excited about its potential for the future.
- “This is the most exciting project we have ever had. It is practical and child friendly. We were excited when we got the new equipment and when we saw the new possibilities it offered.” (Junior Infant teacher)
- Speech and language therapists have gained greater insight into the way language is used in pre-school and school settings, so that they are better able to advise teachers on good approaches to develop children's language skills.
- Community development professionals in Cork City Partnership and the Health Services Executive South have demonstrated a strong commitment to the project and to the collaborative model of working.

Impact on practice: primary school programme

- An innovative aspect of the pilot project was the involvement of speech and language therapists in devising and implementing language development programmes for children in the pre-schools and in the junior infant classes of the primary schools. These programmes were comprehensive, well structured and based on best practice in early childhood language learning.
- There was a systematic approach to monitoring the outcomes and impact of the pilot project by testing children before and after the language development programmes. This is an aspect of practice that is very often neglected in pilot projects, and it added considerably to the value of this project.
- The North Lee HSE (HSE South) carried out the project within its existing resources: initially it was understood that an extra post would be made available. However the speech and language therapy resources within the North Lee are already overstretched: 13 therapists are dealing with 3250 cases.

- The primary schools identified the need for speech and language development. Principals and junior infant teachers gave the pilot project their full support because they believed it was a good solution to the needs of the children. They are confident that the programme could very easily become part of the mainstream work of the school, as teachers have adopted new approaches to speech and language development within the junior infant curriculum. They are now more aware of how to monitor and measure the successful acquisition of language by young children.
- The involvement of special needs assistants in the programme meant that they could do the individual follow-up with children who were attending speech and language therapy sessions on a one-to-one basis. It also meant that the skills and knowledge developed in the programme were transferred to a wider group of adults who can now provide support to other children.
- The unique approach of having speech and language therapy sessions in the schools largely eliminated the problem of “no shows” for individual appointments.
- While the junior infant teachers were totally engaged with the programme, the “whole school” aspect where the speech and language therapist worked with all teachers appears to have been less well supported.

Impact on practice: pre-school programme

- The preschool element of the pilot project was innovative in that it involved two separate but complementary training programmes for practitioners: the Hanen programme and the oral language programme. Some participants attended both programmes, while others attended one only.
- Each of the programmes had a different focus and enhanced participants’ skills in specific ways. The Hanen programme, which was provided first, raised awareness of the importance of language in early learning and introduced participants to new ways of interacting with children. One of the main learning points was the value of letting the child take the lead in conversations by not asking too many questions.
- The Oral Language Programme enabled participants to consolidate the learning from the Hanen programme by practising activities and role playing typical adult-child interactions that would support children's learning. The facilitator of the Oral Language Programme had attended the Hanen programme and she focussed in her sessions on modelling the kind of practice that the Hanen programme advocates.
- Both programmes included an element of follow-up, which supported the learning of participants. The Hanen programme involved videotaping childcare practitioners in their work settings and helping them to analyse their practice in a self-reflective way. In the Oral Language Programme, the facilitator acted as a mentor for participants and visited them between sessions to support them in implementing the practical language development activities in their centres.
- Cork City Childcare Company proposes to conduct a follow-up study with participants to assess whether the training provided and the skills developed in the pilot project are having a continuing impact on their work practices. This study will consider the practices of two groups: those who followed the Hanen programme alone and those who followed both programmes. The findings of this study will be useful in planning the rollout of the pilot project for other groups.

3.

Conclusions and Recommendations

Conclusions for the pilot project

This pilot project shows that 43 per cent of children entering Junior Infants in the two primary schools in The Glen presented with speech and/or language delays in differing degrees. This is more than four times the average in more advantaged districts, where it would be expected that 10 per cent of children in this age group have delayed speech and language development. This concurs with recent research evidence from both the UK and the US which demonstrates that children in areas of socio-economic deprivation have notable communication delay.

Links have long been made between literacy and economic development, and many countries have begun to invest in the teaching of literacy to raise educational standards (for example Every Child Matters in the UK; No Child Left Behind in the USA). There is substantial evidence to show that spoken and written language share some processes in common and that the development of literacy is supported by the development of spoken language. In this pilot project, early intervention to develop children's speech and language skills was seen as the key to children accessing the mainstream school curriculum. The project was based on the assumption that if the speech and language skills of young children are improved through direct speech and language therapy and indirect support (parent and teacher training), the children's literacy skills will also improve, thus increasing their chances of better educational outcomes and employability in the long term. It is also hoped that by focusing on early stimulation of language skills and helping children to realise their potential, it will reduce the likelihood of their becoming involved anti-social behaviour. It has been found that many teenagers who become involved in the criminal justice system have communication and literacy difficulties.

The early indications of impact from the pilot project are good: it produced clearly measurable improvements in children's speech and language. It will take some years before the long-term impact can be assessed, however.

International research shows that the most effective responses to educational and social disadvantage are family-oriented and community-based; involve teams of professionals, parents and community workers; balance prevention and intervention; adopt multi-agency approaches, and have a mix of funding, including private sources. This pilot project has met most of these criteria.

Family-oriented

The pre-school and primary school language development programmes both involved parents. This is absolutely essential for the success of early language learning interventions, given that children spend much more time at home than they do in pre-school or in school. However, while all parents welcomed the programme, not all of them participated directly in the programme activities, and it is acknowledged that more preparatory work is needed to involve them more actively in the future

Teams of professionals, parents and community workers

In the pilot project, strong working relationships have been developed between the schools, the parents and the speech and language therapy services. The collaboration between the HSE South and Cork City Partnership brought together a range of community services in a new way of working for the benefit of children and families. This offers a good model for further development in the area.

Balance between prevention and intervention

All the interlinked elements of the pilot project – the professional training, the programmes for pre-school and junior infant children and the speech and language therapy – were geared towards early intervention as a way of preventing later problems with children’s language and literacy. In the future, the two aspects of prevention and intervention can continue to complement each other. Teachers and childcare workers are eager to further develop their skills in language development but the specialised professional expertise of the speech and language therapist is needed to diagnose and deal with cases of language delay or disorder. It is possible that teachers could do some of the initial screening early in the junior infant year with quick and easy referrals to speech and language therapy services for individual children where necessary.

Multi-agency approaches

It has already been noted that the unique collaboration between the HSE South and Cork City Partnership, Cork City Childcare Company, the pre-schools, the schools, the parents and the community produced great benefits for children. In the future, other partners might also contribute to mainstreaming the initiative, including for example the Department of Education and Science; the City of Cork Vocational Education Committee; further and higher education providers; local authorities; voluntary or charitable organisations agencies and private donors.

Mix of funding

The funding for the pilot project was jointly provided by the two main sponsors, the HSE South and Cork City Partnership. It has already been pointed out that an extra speech and language therapy post was to have been made available in the area when the project was planned. However, although this post did not materialise, the HSE went ahead with the project using its existing, and already stretched, resources. The resources invested in the project were seen as having produced good value for money. By the standards of other educational initiatives, it was extremely cost-effective, because it reached not only a small group of targeted children who needed special attention, but it also provided resources and the built the capability of professionals to use these resources. Also, for the HSE, having more appropriate referrals from schools means that there is better use of speech and language therapy resources and better value for money. Another important advantage of the project was that it had local flexibility about using resources: this does not always involve large amounts of money, but it requires creativity in how the money is spent.

Recommendations

There are six main recommendations arising from the review of this pilot project

1. Develop a strategy for continuing the project because it offers a very effective programme for the community in The Glen: the implementation should be supported by other agencies including the Department of Education and Science; the City of Cork Vocational Education Committee; further and higher education providers; local authorities; voluntary or charitable organisations agencies and private donors. Pay particular attention to strengthening the involvement of parents
2. A longitudinal study should be carried out to track the educational and social progress of the children who participate in the programme
3. The junior infant curriculum is challenging for young children with delayed speech and language skills. These children would benefit from a full year of a very well-structured pre school programme with an emphasis on speech and language development prior to starting school. Not all children are ready to start school at age 4.
4. Provide more resources for speech and language therapy in schools using the model that has been developed in the pilot project. This should not be at the expense of other services: dedicated funding should be made available through the RAPID programme or other targeted social inclusion initiatives within the HSE brief for health and social care
5. Pre-service and inservice professional training for teachers and childcare workers should include modules on speech and language development and disorders.
6. Provide the extra resources that schools need to foster early language development: play equipment and materials, books and games; activity packs for teachers and parents.

Outline of the future strategy for the project

The strategy for the project should involve a “joined up” approach to early language and learning, with a number of strands:

1. Up-skilling childcare workers and infant class teachers in best practice methods
2. Working with parents to help them develop the speech and language skills of their children from the age of 0-6 years
3. Providing speech and language therapy services for children who need help in pre-schools and infant classes of primary schools
4. Creating excellent environments for early language and learning, with high-quality staff, resources and materials
5. Research, development and dissemination of best practice.

Appendix 1

Primary School Programme – Summary of content of sessions

The activities done in the classroom sessions aimed to work on the following areas of the childrens' language:

1. Attention and Listening:

The children were taught the 'The Rules for Good Listening' ('Look with your eyes', 'Think with your brain', 'Keep your feet and hands still', 'Close your mouth') and 'The Rules for Good Talking' ('Wait for your turn to talk', 'Don't interrupt', 'Use a good talking voice – not too loud and not too quiet', 'Use good eye-contact', 'Think first – organise your thoughts', 'Listen').

2. Vocabulary:

Themes: verbs, bodyparts, occupations, fruit and vegetables, emotions. The children also worked on classification of objects into categories.

3. Phonological Awareness:

Identifying the sounds at the beginning of words and rhyme detection and production.

4. Comprehension of Concepts:

Concepts of size(long and short), spatial concepts(under, behind , in front of , between) and concepts of inclusion (and/or).

5. Social Language:

- greetings
- Use of appropriate greetings in a role-play (going to the shop).

6. Auditory Sequential Memory:

Playing the shopping game and getting the children to get two and three items from the shop. We also did 'Following Directions' activities where the children were given worksheets and required to listen and remember the instructions in order to complete the worksheet correctly.

7. Narrative:

Narrative is the ability to tell a story. We worked on narrative by talking about the sequence of steps involved in " Making A Sandwich" and retelling a story using a book that had no pictures and no text.

Appendix 2

Primary School Programme – Results of the pre- and post- Testing

Speech and Language Assessments

CELT –Preschool 2 (UK).

The CELF- Preschool 2 (UK) is a standardized test used to assess the language skills of children aged between 3 years 0 months and 6 years 11 months. It is commonly used by speech and language therapists in Ireland.

The CELF – Preschool 2 was initially published in 2006 in the USA. It was standardized on American children. Some aspects of the test were modified to suit children from the U.K. and this edition was standardized on children from the UK (England, Wales, Scotland and Northern Ireland). It was named the CELF – Preschool 2 (UK).

In order to evaluate a child's general language ability three section of the CELF-Preschool 2 (UK) are administered. They are Sentence Structure, Word Structure and Expressive Vocabulary.

A Core Language Score is obtained by administering these sections. If the child's score indicates some language difficulties, the therapist can administer more sections to gain more information about the child's language skills.

The CELF-Preschool 2 (UK) was administered on all the children who took part in this project and Core Language Scores were obtained. Their language skills were assessed at the beginning (in September/October) and at the end (in June) of the project to examine whether they had made gains in language.

Sentence Structure assesses the child's ability to interpret spoken sentences of increasing length and complexity. Word Structure evaluates the child's grammar. It assesses the child's ability to use pronouns (he, him, hers, herself, etc.), tenses (present, future and past) and comparative (-er) and superlatives (-est). Expressive Vocabulary assesses the child's ability to label pictures of people, objects and actions.

The Core Language Score is a standard score and allows you to compare a child's performance to the performance of other children of the same age. A standard score off 100 represents the performance of a typical child of a given age. On this score scale, the mean is 100 and there is a standard deviation of 15. Percentile Ranks are also given. The mean standard score of 100 is at the 50th percentile rank of all ages. Percentile ranks indicate a child's standing relative to others of the same age. A child who receives percentile ranks of 25 performs as high as or higher than 25% of other children of the same age. A percentile rank of 25 also indicates that 75% of the other children earned a higher score.

The table below shows the standard scores, Percentile Ranks and Classification for describing the child's language skills.

Table 1:

Standard Score	Percentile Ranks	Classification
145 130 115	99.9 98 84	115+ above = Above average Language
100	50	86 – 114 = Average language
85	16	78 – 85 = Mild language delay/disorder 71 – 77 = Moderate language delay/disorder
70 55	2 0.1	70+ below = Severe language delay/disorder

Phonology:

Phonology is the study of the speech sound system. If the therapist observed any phonological (articulation) difficulties, the child phonology was assessed on the South Tyneside Assessment of Phonology (STAP). By 4 – 5 years of age children are expected to have acquired all their speech sounds except /r/ + /s/. It is still normal at this age to glide /r/, producing it as/w/ and to produce /s/ interdentially (a lisp).

The children were classified as having age-appropriate phonology or mild, moderate or severe phonological delays depending on the range of sounds they had difficulty producing and the level of intelligibility of their speech.

21 children took part in the project – 8 boys in Junior Infants in St. Mark's Boys School and 13 Girls in St. Brendan's Girls School. As can be seen from Table 2.

Table 2: Results of Assessments at the Beginning of the School Year

CHILD	SEX	AGE	Celf – Preschool 2 (UK) Core Language Scores		LANGUAGE	PHONOLOGY
			Standard Score	Percentile Rank		
A	M	4 Years 2 months	88	21	Average	Age-appropriate
B	M	4 years 6 months	89	23	Average	Age-appropriate
C	M	4 years 7 months	94	34	Average	Age-appropriate
D	M	4 years 3 months	79	8	Mild delay	Mild delay
E	M	4 years 3 months	57	.2	Very Severe	Severe delay
F	M	5 years 5 months	70	2	delay	Age-appropriate
G	M	4 years 9 months	65	1	Severe delay	Age-appropriate
H	M	4 years 1 month	100	50	Severe Delay	Mild delay
I	F	4 years 9 months	110	75	Average	Age-appropriate

Table Continues...

...Table Continued

CHILD	SEX	AGE	Celf – Preschool 2 (UK) Core Language Scores		LANGUAGE	PHONOLOGY
			Standard Score	Percentile Rank		
J	F	4 years 4 months	83	13	Average	Mild delay
K	F	4 years 3 months	88	21	Mild delay	Age-appropriate
L	F	4 years 1 months	98	45	Average	Age-appropriate
M	F	4 Years 9 months	90	25	Average	Age-appropriate
N	F	4 years 5 months	98	45	Average	Age-appropriate
O	F	4 years 6 months	86	18	Average	Age-appropriate
P	F	5 years 3 months	79	8	Mild Delay	Age-appropriate
Q	F	4 years 0 months	63	1	Severe delay	Age-appropriate
R	F	4 years 11 months	112	79	Average	Age-appropriate
S	F	4 Years 1 months	77	6	Moderate	Age-appropriate
T	F	5 Years 0 months	88	21	delay	Age-appropriate
U	F	4 years 7 months	100	50	Average	Age-appropriate

*M = Male F = Female

The results of the language assessments done at the beginning of the school year show that 3 of the 21 children had mild language delays. 1 had a moderate delay, 4 had severe delay and 13 scored in the Average Range.

Four of the 21 children had phonological delays – 3 had mild delays and one had a severe delay.

Table 3 shows the results of the assessments at the end of the school year. One child was missing and so did not have her speech and language skills re-assessed.

The results show that 3 children had mild language delays, 2 had moderate delays 1 had a severe delay, 10 scored in the Average Range and 4 had "Above Average" Language skills.

Two of the children had phonological delays – 1 had a mild phonological delay and 1 had a moderate delay.

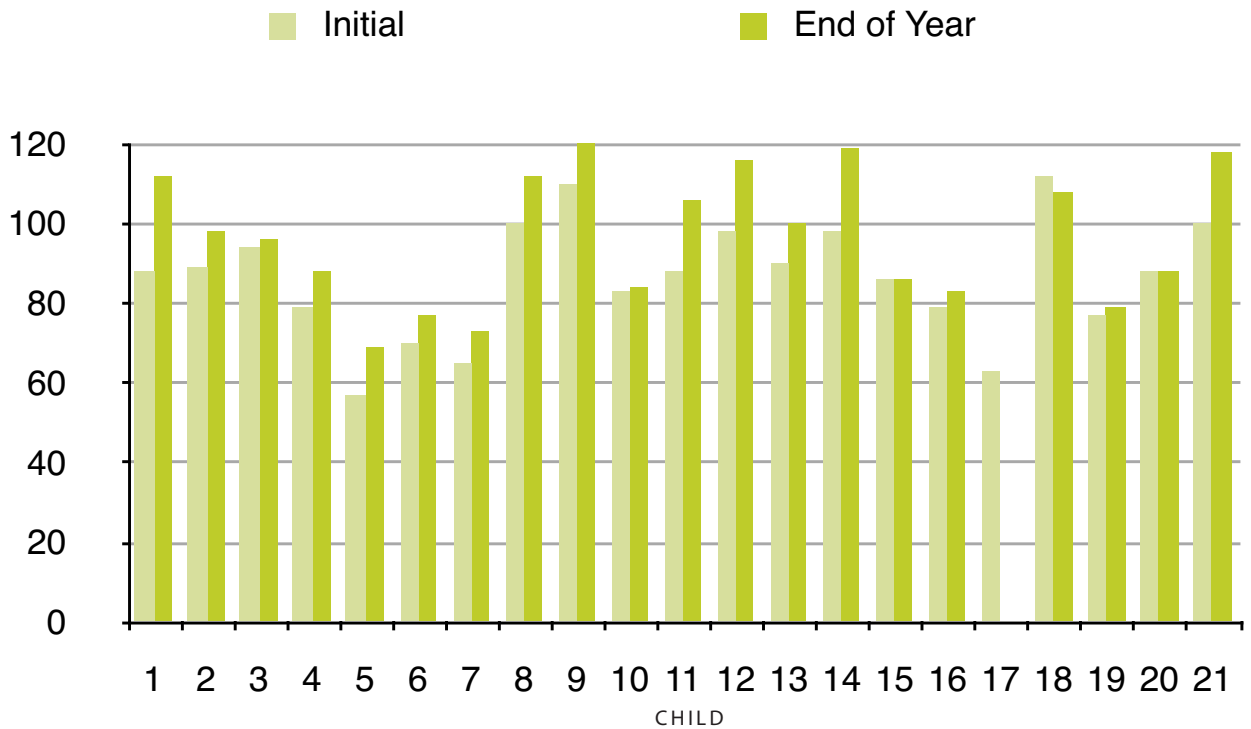
Table 3: Results of Assessments at the end of the School Year

CHILD	SEX	AGE	Celf – Preschool 2 (UK) Core Language Scores		LANGUAGE	PHONOLOGY
			Standard Score	Percentile Rank		
A	M	4 Years 11 months	112	79	Average	Age-appropriate
B	M	5 years 3 months	98	45	Average	Age-appropriate
C	M	5 years 4 months	96	39	Average	Age-appropriate
D	M	5 years 1 months	88	21	Average	Age-appropriate
E	M	4 years 10 months	69	2	Severe Delay	Age-appropriate
F	M	6 years 0 months	77	6	Moderate Delay	Age-appropriate
G	M	5 years 3 months	73	4	Moderate Delay	Age-appropriate
H	M	4 years 11 months	112	79	Average	Age-appropriate
I	F	5 Years 5 months	129	94	Above Average	Age-appropriate
	F	5 Years 5 months	84	14	Mild delay	Age-appropriate
	F	5 years 0 months	106	66	Average	Age-appropriate
	F	4 years 9 months	116	6	Above average	Age-appropriate
	F	5 years 5 months	100	50	Average	Age-appropriate
	F	5 years 3 months	119	90	Above	Age-appropriate
	F	5 years 6 months	86	18	Average	Age-appropriate
	F	6 years 0 months	83	13	Average	Age-appropriate
	F	Absent from school			Mild Delay	Age-appropriate
	F	5 years 8 months	108	70		Age-appropriate
	F	4 years 10 months	79	8	Average	Age-appropriate
	F	5 years 8 months	88	21	Mild delay	Age-appropriate
	F	5 years 4 months	118	88	Average	Mild delay

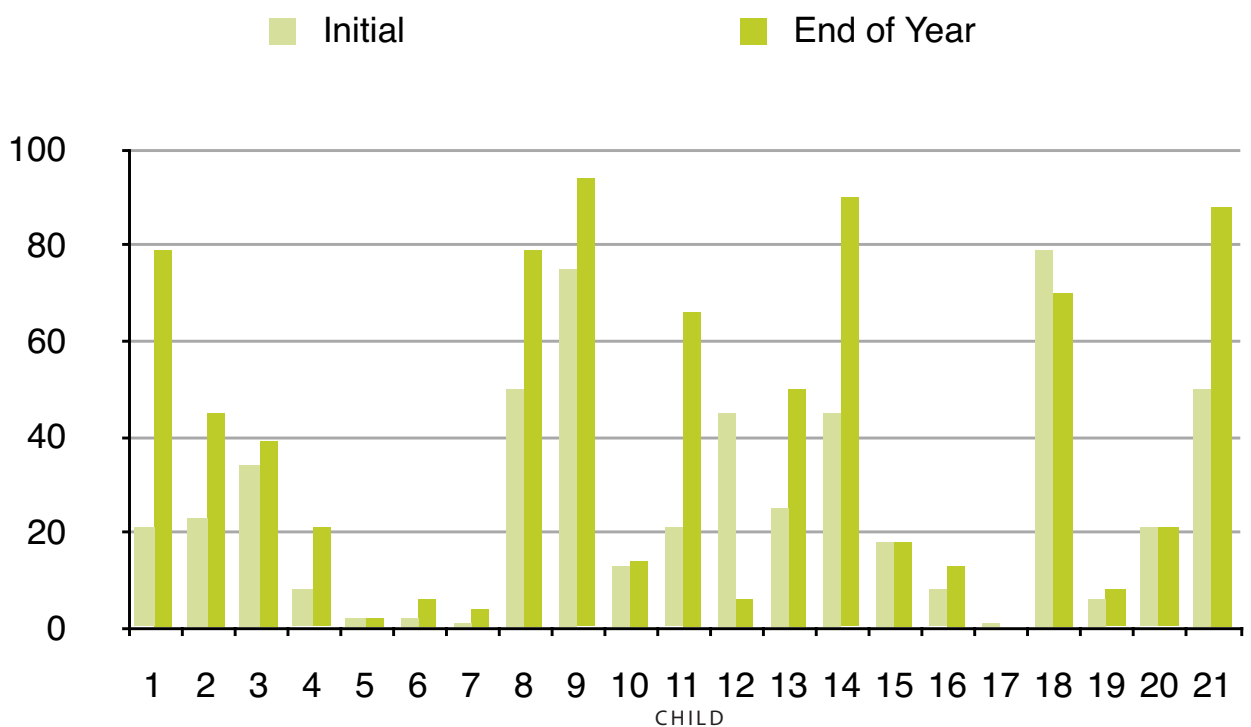
*M = Male F = Female

The bar-charts below show the change in the children’s scores on the CELF Preschool 2 (UK) before and after the project. All the children except two show gains in language scores – one child was absent from school and the other child did poorer on the re-assessment. All the children were 8 to 9 months older for the re-assessments and because the CELF Preschool is a standardized tests the children’s scores are judged in relation to their gain; with respect to their peer group.

Standard Scores



Percentile Rank



Appendix 3

Pre-school Programme - Content of sessions

Oral Language Programme

Session 1 - 19/01/08

Aim: To examine language development and explore the role of childcare workers in supporting children with a language programme.

Objectives: at the end of the session participants will have covered:

- Group Contract
- Group Needs
- Language Development
- Observations
- Language and Imaginative Play
- Assessment
- Body Language

Topics	Methods	Resources
Welcome	Large Group	Attendance Sheet
Introductions	Round Jelly Bean Game	Packet of Jelly Beans Topics on PowerPoint
Housekeeping	Tutor Input	Flip chart/markers
Group Contract	Brainstorm	Flip chart/markers
Group Needs	Small Groups	Flip chart/markers Q. What are your needs? Q. What are the age groups of children attending your service?
Feedback	Large Group	
Overview of language programme	Tutor input	PowerPoint
Break		
What is language development?	Brainstorm	Flipchart/Markers
Language development	Tutor Input	PowerPoint
Communication Game	2 participants	Blocks
Name the ways we communicate with young children	Brainstorm	Flipchart/Markers

Table Continues...

Topics	Methods	Resources
What is Communication?	Tutor Input	PowerPoint/DVD
Consider how adults and young children communicate in the ways listed on the cards Feedback	Small Groups Large Group	Flipchart/Markers Cards
Communication	Large group discussion	
Lunch		
Observations - recap	Tutor Input	Power point Handouts
Observations Feedback Language Checklists	Experiential – Individual Large Group Individual	Pens and paper Video clips Photocopies
Think up of a play activity which involves imaginative play and focus on the benefits to language development Feedback	Small Groups Large Group	Flipchart/Markers
Break		
Observations - recap	Tutor Input	Power point Handouts
Observations Feedback Language Checklists	Experiential – Individual Large Group Individual	Pens and paper Video clips Photocopies
Think up of a play activity which involves imaginative play and focus on the benefits to language development Feedback	Small Groups Large Group	Flipchart/Markers
Break		
Assessment	Assessment Boxes for each service	5 X Assessment Boxes
Body Language Feedback	Experiential – Scenarios using body language only Large group discussion	Scenarios
Summary	Tutor Input	
Session Evaluation	Round	Plus/Delta
Close		

Session 2 - 07/02/08

Aim: To focus on the listening aspect of language and to explore activities to support children with their language.

Objectives: at the end of the session participants will have covered:

- Body Language
- Gaining attention
- Adult interaction
- language enriching activities
- Sounds work
- Auditory memory

Topics	Methods	Resources
Welcome	Large Group	Attendance Sheet
Review previous session		
RAPT Assessment	Individual	Flip chart/markers
Break		
Body Language	Experiential – Scenarios using body language only	
Body Language Feedback	Large Group	
Gain attention Feedback	Small Groups Large Group	Flip chart/markers
Adult interaction	Brainstorm	Flip chart/markers
Adult interaction – tease out	Large Group discussion	PowerPoint, Flip chart/markers
Lunch		
Activities Feedback	Small Groups Large Group	Flip chart/markers PowerPoint
Sounds Work Q. How can I use sounds in the classroom?	Brainstorm	Flip chart/markers
Sounds work	Tutor Input	PowerPoint
Sounds work cont'd	Large Group Activity	Sounds Lotto, I spy, etc.
The Silence Game	Tutor Input	Handout
Auditory Memory	Tutor Input	PowerPoint
Break		
Auditory Memory Feedback	Small Groups Large Group	Flip chart/Markers
Summary	Tutor Input	
Session Evaluation	Round	Plus/Delta
Close		

Session 3 - 23/02/08

Aim: To explore conversation and discussion and how to use it to enrich oral language development in pre-school services

Objectives: at the end of the session participants will have covered:

- Defining Oral Language Development
- Language word poverty
- Conversation activities
- Songs and Rhymes
- Stimuli for Conversations
- Discussion work

Topics	Methods	Resources
Welcome	Large Group	Attendance Sheet
Review previous session	Tutor Input	Feedback
Defining Oral Language Development	Tutor Input	PowerPoint 2 & 3
The Language Experience – word poverty	Tutor Input	PowerPoint 4 - 13
Discussion	Large group	
Break		
Conversation Activity Feedback	5 volunteers Large Group	PowerPoint 14 - 15
How can this conversation be adapted to the daily routine within the classroom?	Brainstorm	Flipchart/Markers
Contexts for conversation work	Tutor Input	PowerPoint 16
Activity on Contexts for conversation work Discussion Circle time Feedback	3 small groups Large group Large group Large group	PowerPoint 16 Double circle – item from classroom (17)
Lunch		
Language Patterns Songs, Rhymes	Large Group	PowerPoint 18 - 23
Stimuli for Conversations Feedback	5 small groups Large Group	PowerPoint 24
Break		
Listening Ladder Speaking Spiral	Large Group Discussion	Handouts
Discussion work	Small group discussions	
Summary	Tutor Input	
Session Evaluation	Round	Plus/Delta
Close		

Session 4 - 13/03/08

Aim: To create opportunities for oral language work and to experiment with story telling techniques

Objectives: at the end of the session participants will have covered:

- Stimuli for Conversations
- Multiple Intelligences
- Discussion
- Storytelling experiential

Topics	Methods	Resources
Welcome	Large Group	Attendance Sheet
Review previous session	Tutor Input	Feedback
Stimuli for Conversations Feedback	3 small groups Large Group	PowerPoint 2 Activities, Books
Multiple Intelligences Feedback	Individual Large Group	3 - 14
Discussion work Feedback	3 Small group discussions Large Group	15 - 17 Activities, Books
Break		
Narrative Overview		18 - 24
What does it take to become a good narrator	Brainstorm	
Narrative Pack	Tutor Input	25 -
Narrative – items of interest that participants brought	Experiential 3 groups	
Lunch		
Story telling workshop Each group Feedback	3 groups - preparation Presenting Large Group	Book Puppets People story
Video on story telling Discussion	Large Group	Video/DVD
Mentoring Checklist		
Summary	Tutor Input	
Session Evaluation	Round	Plus/Delta
Close		

Session 5 - 07/06/08

Aim: To review oral language programme.

Objectives: at the end of the session participants will have covered:

- Modelling and Recasting
- Extension activities for songs
- Improving communication in circle time
- Looking forward to September

Topics	Methods	Resources
Welcome	Large Group	Attendance Sheet
Review Assessments	In individual services groups	Results and Feedback Sheets
PowerPoint Presentation		PowerPoint
Examples for extension activities for well known songs	Large Group	
Circle Time – Activities to improve communication skills		
Preparing the room for September, Daily Routine	Tutor Input	
Looking Forward – In September		September sheets
Summary	Tutor Input	
Session Evaluation	Round	Plus/Delta
Close		

Appendix 4

Pre-school Programme

- Results of the pre- and post- testing

Pre-test and Post – test Scores on Renfrew Language Scales

Date of test	06/02/08		04/06/08		
Age at pre-test	Info Score	Grammar Score	Age at post test	Info Score	Grammar Score
Age 3.6-3.11 - Mean	24	15	(3.6-3.11)	24	15
Tir na nOg 7 (3yrs 7mths)	13½	4	3.11	19	10
St. Brendan's 1 (3yrs 7mths)	23½	18	3.11	31	28
Glen Preschool 4 (3yrs 7mths)	16½	12	3.11	18	7
			(4-4.5)	27	20
Glenfields 1 (3yrs 9mths)	14½	11	4.1	27½	23
Glenfields 2 (3yrs 8mths)	21½	17	4.0	27	22
Glenfields 3 (3yrs 11mths)	26½	9	4.3	25	18
Glenfields 4 (3yrs 11mths)	16	16	4.3	30½	28
Mount Farran 1 (3yrs 8mths)	27	16	4.0	29	23
Mount Farran 3 (3yrs 8mths)	26	8	4.0	24½	13
Mount Farran 6 (3yrs 9mths)	12½	7	4.1	19	7
Mount Farran 8 (3yrs 10mths)	30	22	4.2	33	22
Tir na nOg 1 (3 yrs 9mths)	20½	15	4.1	22½	22
Tir na nOg 3 (3yrs 11mths)	18	23	4.3	31	29
St. Brendan's 3 (3yrs 9mths)	4½	1	4.1	9½	6
St. Brendan's 4 (3yrs 10mths)	12½	12	4.2	13	11
Age 4-4.5 - Mean	27	20	(4.4.5)	27	20
St. Brendan's 8 (4yrs)	22½	24	4.4	28½	27
Glen Preschool 6 (4yrs)	19½	18	4.4	28½	21
Tir na nOg 4 (4yrs 1mth)	30½	26	4.5	30½	29
			(4.6-4.11)	29	21
St. Brendan's 5 (4yrs 2mths)	2	2	4.6	7	4
St. Brendan's 6 (4yrs 2mths)	16½	11	4.6	18	16
Glenfields 6 (4yrs 5mths)	28	32	4.9	30	36
Mount Farran 7 (4yrs 5mths)	22	16	4.9	26½	22
Age 4.6-4.11 - Mean	29	21	(4.6-4.11)	29	21
Glen Preschool 3 (4yrs 7mths)	22½	15	4.11	22	20
Glenfields 5 (4yrs 6mths)	24½	14	4.10	30	24
Age 5-5.5 - Mean	30	23	(5-5.5)	30	23
St. Brendan's 2 (5yrs 1mth)	21½	11		29½	25

Renfrew Language Scales:

Scoring information for the test

Age (y.m)	Information scores		Grammar scores	
	Normal range	Mean	Normal range	Mean
3.6-3.11	19-27	24	8-19	15
4.0-4.5	23-30	27	14-23	20
4.6-4.11	25-32	29	17-25	21
5.0-5.5	27-33	30	19-26	23

Pre test/post test summary: Information scores

Age range	No. tested	Within normal range	Below normal range	Above normal range
Pre-test				
3.6-3.11	15	6	8	1
4.0-4.5	7	1	5	1
4.6-4.11	2		2	
5.0-5.5	1		1	
Total	25	7 (28%)	16 (64%)	2 (8%)
Post-test				
3.6-3.11	3	1	1	1
4.0-4.5	15	7	4	4
4.6-4.11	6	3	3	
5.0-5.5	1	1		
Total	25	12 (48%)	8 (32%)	5 (20%)

Pre test/post test summary: Grammar scores

Age range	No. tested	Within normal range	Below normal range	Above normal range
Pre-test				
3.6-3.11	15	10	3	2
4.0-4.5	7	2	2	3
4.6-4.11	2		2	
5.0-5.5	1		1	
Total	25	12 (48%)	8 (32%)	5 (20%)
Post-test				
3.6-3.11	3	1	1	1
4.0-4.5	15	7	4	4
4.6-4.11	6	3	2	1
5.0-5.5	1	1		
Total	25	12 (48%)	7 (28%)	6 (24%)

