Speech and Language Therapy Service Evaluation Policy Brief

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Policy Brief

This policy brief reports on findings from the independent evaluation of the Early Intervention Speech and Language Therapy (SLT) Service, which was implemented by the Childhood Development Initiative, (CDI), one of the three Prevention and Early Intervention Programme organisations. This model was designed to identify and assess children at a young age, through the raised awareness of early years practitioners, teachers and parents, and to ensure that children received therapy where needed as quickly and early as possible. This policy brief outlines the key implications arising from this evaluation for policy makers and recommendations in relation to the integration of this approach.
• Research indicates that speech and language development can be of particular concern in disadvantaged areas, where children may experience multiple difficulties (Law et al., 2002);

• The impact of early speech and language difficulties on later literacy and learning, particularly if not resolved by the time the child commences primary school, are well documented (Leitao and Fletcher, 2004; Bishop and Adams, 1990);

• This Early Intervention SLT Service provided therapeutic support to 192 children who were unlikely to have been identified, referred or supported through any other existing service due to their young age;

• Staff in the participating early years services and schools reported greater confidence in responding to children with additional needs and a deeper understanding of speech and language development leading to changes in related practice;

• The research underlines the strong potential for early years services and schools to identify and intervene, in the case of children with speech and language needs and to support their families through the therapy process.

The Childhood Development Initiative (CDI) Speech and Language Therapy Service was a component of two other CDI programmes – the Early Years Programme and the Healthy Schools Programme. In both cases, the service was implemented in response to an identified need for additional speech and language therapy services in Tallaght West.

These programmes were part of a series of programmes implemented by CDI in its 10-year strategy to improve outcomes for disadvantaged children in Tallaght West, based on research and needs identified in the area.

The Speech and Language Therapy Service sought to promote children’s speech and language development and provide intervention, where necessary. It also aimed to provide training to staff and parents of both the Early Years and the Healthy Schools Programmes and to promote speech and language therapy within programme settings.

It was underpinned by a recognition that an ability to communicate is central to the achievement of many milestones and the potential for children to fully participate in their education.
The service worked with children attending ten early years’ services and three primary schools and was delivered by two dedicated speech and language therapists. Children were primarily referred for assessment by parents but with significant scaffolding from key staff.

Following assessment, where appropriate, treatment was provided either directly to the child, (both individually and in group settings) or indirectly, through support, training and education of parents, early years practitioners and teachers. All intervention was delivered onsite in either the early years setting or the school.

Children referred from early years services were aged between two years and six months and four years and nine months, whilst those in primary school had a mean age of four years and seven months.

The HSE were a key partner in the planning, set up and implementation of the SLT service and also provided role support to the CDI Senior SLT Therapist.

CDI’s Early Intervention SLT Service was independently evaluated by the Centre for Social and Educational Research at the Dublin Institute of Technology. A retrospective study was undertaken, consisting of two strands: a quantitative strand examining referral, update and service outcomes; and a qualitative element considering the implementation of the programme from the perspective of early years and school staff; parents, SLT’s and CDI. In addition, comparative data from other speech and language therapy services in the locality was obtained and compared. A follow up study will be undertaken by the research team to further assess the impact of the intervention on both services and children.

Key findings include:

- Up to 60% of the children had not previously been referred to an SLT service;
- Significantly more boys (62.5%) than girls (37.5%) were referred to the service;
- The CDI service saw children at a significantly younger age than other services and with a shorter waiting time than any other service apart from inpatient services;
- 18% of children were discharged from the service as being within normal limits, so removing one potentially significant risk factor for children potentially suffering multiple disadvantage.
- Parents found the on-site delivery suited them well and was less disruptive for children than clinic based services, so meeting the needs of the community;
- Findings from the consultation indicate that teachers in schools may not be aware of the support available from non-CDI speech and language services;
- Some qualitative findings indicate that the collaboration of early years and school staff with on-site SLTs could be maximised by the development of more formal collaborative structures, such as regular meetings, mutual feedback sessions or in-tandem observation/assessment of children, which could serve to build on the informal collaborative relationships which were shown to have been developed in this study.
Recommendations

1. That dedicated Early Intervention Speech and Language Therapy Services are developed in areas of disadvantage, alongside the establishment of primary care teams and existing SLT services;

2. That all early years practitioners, teachers and related professionals receive appropriate training in the support of speech and language development, and information regarding local service provision;

3. A closer examination of parental attendance and engagement in pre-school, clinic and specialist services should be undertaken. It is advised that steps be taken by the HSE and other providers to maximise attendance at both initial assessments and subsequent appointments, including a review of the current referral systems and consideration of access issues;

4. Educating parents on the need for, and value of, speech and language therapy is vital to promoting attendance at speech and language services and services are responsible for ensuring that parents are appropriately informed and involved in their child’s therapy process;

5. Specific research on the transition process for children moving from an early intervention service into a mainstream one is recommended so that those factors which support and hinder successful transition can be identified for use in future practice;

6. All Government Departments should commit to using evidence to inform planning and service delivery, and giving serious consideration to the implications of the evaluation for professional training, service planning and service integration;

7. That all services for children are evaluated, and those services and models which have no demonstrable impact on outcomes for children are incrementally removed, and replaced with evidence-based programmes.


For more details on the Early Intervention Speech and Language Service please visit http://twcdi.ie/early-years-service/

References:

