This is the final evaluation report of the Happy Talk demonstration project. We are delighted to note that because of the shared values and vision of the Consortium members, the agencies have secured funding to support Happy Talk for at least one more year. This is a real tribute to the level of interest and support that Happy Talk has commanded in very difficult financial circumstances. On behalf of Exodea Consulting we would like to express our enormous thanks to all those involved in the project. We would like to extend a special thanks to the Happy Talk team: Sheila Dillon, Aoife O’Shea, Jen Keogh, Siobhan Dowling and Kate Hogan; it is clear from the evaluation that you were a very exceptional group of people and much of the success of Happy Talk is directly attributed to you. We would like to thank the Working Group and Consortium members for their active engagement throughout the project and supporting the interagency consultations.

The Book Area Audit was developed by Barnardos and Happy Talk from a template developed by the UK National Literacy Trust (www.nationalliteracytrust.org.uk). The Whole Setting Audit was developed for Happy Talk by Barnardos. Happy Talk is very grateful for the invaluable help in developing these resources.

Special thanks to Margaret Curtin from UCC for continuing the valuable work with the Early Development Instrument (EDI) and to statistician Andrew Grannell for his insightful analysis. Particular thanks this year to the wonderful staff of the participating crèches, preschools and schools, who all gave of their time freely and willingly to give vital feedback on the project. This year we also had the privilege of meeting with many parents who are involved in the Happy Talk project, your commitment and enthusiasm is very inspiring.

Regards,

_Niamh Kenny, Bill Thorne and Donnacha Hennessy_
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Glossary of Abbreviations

CCC ...............Cork City Childcare Company Limited
CCP ...............Cork City Partnership Limited
CELF ...............Clinical Evaluation of Language Fundamentals
CES ...............Centre for Effective Services
CETB ..............Cork Education and Training Board
DEAP .............Diagnostic Evaluation of Articulation and Phonology
ED ...............Electoral Division
EDI ...............Early Development Instrument
ETB ...............Education and Training Board
GELI ..............Greenmount Early Learning Initiative
HSCL ..............Home School Community Liaison
HSE ...............Health Service Executive
LA ...............Local Authority
M & E ............Monitoring and Evaluation
MoU ..............Memorandum of Understanding
NEYAI ............National Early Years Access Initiative
OT ...............Occupational Therapy
PHN ..............Public Health Nurse
RAPID ..........Revitalising Areas by Planning, Investment and Development
RCT .............Randomised Control Trial
SENO ............Special Educational Needs Officer
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
Executive Summary

Happy Talk is a novel and innovative project which links best practice in community development and speech and language to meet the very serious speech and language delays in The Glen and Mayfield in Cork City. The project uses an innovative blend of coaching, parental engagement, building awareness, training and up-skilling to improve the speech and language outcomes of children in the 0-6 age group in the Community.

Happy Talk provides a community-based, targeted and universal approach to language development through a customised speech and language programme with a strong focus on coaching. This universal approach is married with a participative community development approach, focusing on building relationships, integrating parents into services and working with people where they are at.

Highlights & Achievements

Measurable gains in the language development of children in the 0-6 age group in The Glen and Mayfield.

Happy Talk undertook standardised assessments of junior infants at the beginning and end of each academic year. When the data over the three years was collated and analysed it showed that there was a significant improvement in the children’s speech and language from the beginning of the intervention to the end of it.

What does this mean?

Happy Talk works.

Parental engagement

It can be very difficult to engage with families and parents in disadvantaged communities. Individuals may be experiencing multiple forms of disadvantage and exclusion including unemployment; parenting alone; depression or substance misuse.

Happy Talk took a very proactive approach to engaging with parents in the area, supporting, facilitating and empowering parents to become active participants in their child’s language and literacy journey. This approach has built on a long history of positive engagement by many setting. For example in the primary schools in the area the relationships established by the Home School Community Liaison Coordinators (HSCL) with the parents was of primary importance.

What does this mean?

Hard to reach parents in disadvantaged areas are interested in their children’s education. Engagement needs to be positive, non-threatening and as accessible as possible.

Awareness of Oral Language

Oral language is the building block of all learning. The evaluation of Happy Talk revealed that the knowledge of the importance of oral language was very low among key stakeholders including early years practitioners and parents. There was an identified skills need within the primary schools.

Happy Talk took a very provident approach to this issue working at every level to raise awareness of oral language and literacy.
What does this mean?

The early childhood care and education and the main-stream education providers in The Glen and Mayfield have a lasting legacy of skills and knowledge, which should have a positive impact on a whole generation of children in the area.

Quality Agenda

Happy Talk did not focus specifically on improving quality in the crèches and preschools in the area; however the coaching and training provided to staff together with ancillary initiatives like the whole area audit have supported an overall improvement in quality across the participating settings.

What does it mean?

Long term improvements in settings – will support quality agenda and will make initiatives like Happy Talk more effective in these settings.

Interagency working

Happy Talk has been run as Consortium. As with all interagency initiatives, it has not been without its difficulties. However, the Happy Talk members have stayed focused on the key issue, retained overall a shared set of objectives and ultimately worked together to ensure that the project could be sustained through a joint commitment of resources.

What does it mean?

The Happy Talk Consortium is a working model of interagency collaboration.

Challenges

Happy Talk was established by a Consortium, which meant that the project enjoyed many of the benefits afforded by having multi-agency support, however the structures created became somewhat cumbersome and did place a significant administrative and operational burden on the staff team. Although the Working Group and Consortium clearly had a shared vision for improving language and learning outcomes within the two communities, competing interests caused tensions and challenges for members and staff.

Although parental engagement was one of the most successful elements of the Happy Talk project, it was also one of the most challenging issues to tackle. Parents in disadvantaged areas may be experiencing multiple forms of disadvantage and exclusion, which mitigate active participation in external activities including children’s education and care. In some settings linked to Happy Talk, it became very difficult to encourage parents to participate in the project and this situation pertained throughout the process.

Even where parents were very engaged it can be challenging to identify the correct schedule to attract the greatest number of participants, allowing for work, family and other commitments. Making this a priority has been and remains very worthwhile.

Happy Talk was firmly rooted in evidence-based practice both in Speech and Language practice and also community development. However, there was a dearth of data on the level of intervention, which would be required to affect change in a universal intervention like Happy Talk. During the coming year of Happy Talk, it may be possible to experiment with additional classroom time with one of the classes to see if there is any significant difference in outcomes, controlling for other factors.

Analysis of the data across all three years of the project, indicate that boys perform significantly worse than girls in speech and language. It is possible that boys in disadvantaged areas are experiencing multiple disadvantages.
in this area, through higher prevalence coupled with increased risk factors associated with socio-economic status and in some cases lower quality settings.

Happy Talk is a universal intervention, focused on improving the language and learning outcomes of children. The intervention took a universal approach to up-skilling early years’ practitioners, educators and parents as well as children. The data indicates that there are significant and measurable gains in children’s language development from the beginning to the end of the intervention based on a random sampling assessment programme. Assessment of all of the children in junior infants would have allowed for a paired analysis, which would in turn have enabled the evaluators to more easily attribute gains to Happy Talk.

A control sample from a school with similar demographic characteristics would have enabled the evaluators to disaggregate gains, which could be attributed to Happy Talk from the normal gains attributed to junior infants teaching.

**Recommendations**

**Gender Issues**
Significant and worrying differences have emerged between the SLCN of boys and girls in the area. These findings should be used to begin a dialogue in the area which will address some of the following issues:-
- Why is this happening?
- What input could be be given to boys at each stage of their development?
- What early intervention might support young boys better?
- How do we create the optimum learning environment for boys to improve their educational outcomes?

It is recommended that the Consortium facilitate a discussion with the education providers to explore these issues.

**Prevention is better than cure**
The results of this evaluation show that the Happy Talk model has been very successful in many areas. However there are knowledge gaps in relation to the level of intervention that would affect change. It is recommended that the Happy Talk model be tested and verified using control groups to identify the level of gains which are attributable to the intervention versus the gains that would normally be expected because of children starting school. Once this follow on research has been undertaken it would be possible to quantify the savings, which could accrue to the exchequer through a cost benefit analysis.

**Educating the Educators**
Feedback from early years’ practitioners and especially from national school teachers was that action based learning like the Happy Talk model should be incorporated into their training. It is recommended that an action model like Happy Talk should be introduced into the curriculum for FETAC level 5 and 6 Early Childhood Care and Education. Likewise practical, action focused practice could be introduced into the Bachelor of Education programmes across the country. Happy Talk training programmes could be offered to teachers as part of their Continued Professional Development (CPD) Programme including summer courses.

**Community Based Interventions**
Happy Talk is part of a ground swell of emerging practice in the area of primary health and speech and language which is advocating a more community based grassroots and preventative approach to health and education. The universal approach adopted through the Happy Talk model should be normalised and encouraged through interagency collaboration and cooperation.

**Parental Engagement**
The Happy Talk model of parental engagement has been proven. It works and it has had a positive impact on all of the key stakeholders. The Happy Talk model was built on existing strong foundations of positive interaction, for example, between the schools and parents through the Home School Community Liaison Coordinators (HSCL). Happy Talk and associated agencies should use the Happy Talk Model to encourage parental engagement for speech and language interventions as well as wider community/family and school programmes across the spectrum. The Consortium should consider the model when devising strategies in support of families and children outside of the speech and language environment. For the next year of the project, Happy Talk should consider alternative strategies for engaging with crèche and preschool parents. This strategy is likely to include a specific campaign to raise awareness of the amount of language children learn in their early years, together with the importance of language development.
Transferring the Learning

Happy Talk was a demonstration project. The model has been proven and is successful at eliciting results for children and in engaging with key stakeholders especially parents. It is recommended that the agencies involved in the Consortium should lobby for Happy Talk to be resourced and rolled out in other communities with high levels of speech, language and communication need in Cork City and beyond.

The Happy Talk team has spent a significant amount of time putting together a detailed manual, which outlines the Happy Talk approach, including resources, materials and guidelines. The Happy Talk manual supported by training for Speech and Language therapists would form a good foundation for the approach to be used in other places and indeed this process has already commenced in other parts of Cork, Limerick and Kerry.
Introduction

Happy Talk was devised as a novel and grassroots response to high level of need in the area of SLCN among children in The Glen and Mayfield. A leading study in the UK lead by John Bercow has set out a number of recommendations and strategies to improve speech and language outcomes for children, especially in disadvantaged areas. The Happy Talk model, although not specifically designed to do so, has created an effective response to the recommendations in the Bercow Report.

This chapter explains the importance of oral language as a building block for learning and future educational outcomes. Finally, the last chapter outlines the link between the Happy Talk approach, national policy and international best practice.

Happy Talk is a three-year demonstration project funded jointly by a private philanthropic organisation led by Tom Cavanagh’s 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 up-skill the early childhood care and education workforce to support and enhance children’s language development.
5. To record, measure and evaluate the project.

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%\(^1\). The Bercow Report (UK, 2008)\(^4\) identified much higher levels of SLCN among disadvantaged communities, with up to 50% prevalence in some of these areas. The assessments of junior infant children in The T 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 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 Bercow Report in the UK recommended that 'to prevent poor outcomes for children and young people with speech, language and communication needs we need to raise the profile and understanding of speech, language and communication among all policy makers...and service providers nationally and locally, as well as among professionals working with children and young people in mainstream, targeted and specialist services'.

The report goes on to suggest strategies for implementing the recommendation, including:

Step 1 - Offering a user-friendly guidance to promote a community wide focus on early communication

Happy Talk’s Response
Happy Talk created a suite of materials and publicity which were pitched at a very accessible level and which were widely disseminated throughout the community. Feedback from stakeholders including parents was that the project had become very well known in the local area and that people were ‘talking about it’.

Step 2 - Suggesting ways of developing a local area strategy based on evidence of what works.

Happy Talk’s Response
Happy Talk implemented a community-based response to addressing a universal need for support in the area of speech and language development in the area. The approach focused on the main settings where parents engage with early childhood education and care, crèches, preschools and primary schools. The evidence from Happy Talk is that these settings are very appropriate to support high levels of engagement with parents. The fun, interactive and engaging nature of the work facilitated very fulsome and positive work to happen. An example of this was the strong foundations built within the 5 participating primary schools. The HSCL officers within the schools constantly engage with parents to involve them in school programmes and class activities with pupils and teachers. This collaborative model ensured the success of the approach.

Step 3 - Promoting the mainstreaming of speech, language and communication in universal service delivery.

Happy Talk’s Response
This is at the core of the Happy Talk approach. The model involved bringing universal speech and language support through coaching and mentoring to the grass-roots, empowering parents, care givers, early years practitioners and teachers to learn the importance of oral language development. In the case of the schools, where there was already a very high level of awareness of the importance of oral language, the focus was on skills development in support of staff.

Step 4 - Focusing on prevention strategies to reach children and their parents at the earliest stage.

Happy Talk’s Response
The Happy Talk team carried out assessments of a random sample of children in the linked preschools in year one and in the junior infant classes in all three years. In addition, they carried out needs based assessments on an on-going basis. This system has proven very effective in early identification of specific needs and has resulted in a high level of referral to mainstream services. Significantly, Happy Talk aimed to disseminate the importance of oral language development as widely as possible across the community, including meeting parents and carers at the regular 9-month check up in conjunction with the Public Health Nurses. This practice is aimed at reaching and empowering parents to understand the key communication milestones at an early stage.

Step 5 - Incorporating resources that demonstrate effective practice to save re-inventing the wheel.

Happy Talk’s Response
Happy Talk is firmly based on best international practice and on standardised assessment and training materials. Importantly the project also built on these materials and created it’s own innovations in terms of action based learning. Happy Talk was firmly rooted in participative community development practice, but again the project moved a step beyond the normal practice to define it’s own model of engagement, which has proven to be very successful, particularly in engaging with parents.

Step 6 - Seeking to embed sustainable strategies for the future.

Happy Talk’s Response
Happy Talk was initially funded as pilot project under the National Early Years Initiative (NEYAI) Programme The Happy Talk Consortium remains extremely invested in the project and has sourced the funding to keep the initiative running for at least one additional year with the clear goal of disseminating the learning and the practice beyond the

1 Ibid
two target communities. One of the key deliverables of the Happy Talk project in year three was the development of a manual, which can be used by Speech and Language Therapists as part of an integrated approach to speech and language support in the community.

**Why is it Important?**

Oral Language is the single most important platform from which literacy skills develop and literacy is the main tool for learning in the modern school environment. Oral language is also critical for social development, it is an important way to connect with other people, build relationships and share emotions. Research indicates that children who develop strong oral language skills during their preschool years create an important foundation for their later achievements in reading, especially reading comprehension. Catts et al (2002) presented evidence that children who lag behind their peers in language development are at risk for later reading difficulties, while Beck et al (2002) showed that vocabulary knowledge is strongly related to reading proficiency and overall academic success.

**Why is it Innovative?**

The Happy Talk project was born through a shared vision for intervening as early as possible with children to improve oral language. Happy Talk has been significantly informed by best practice in the field and by international literature in terms of what works for community intervention.

The Happy Talk Model can be visualised as a journey being taken by parents and children. The project provides assessment and referrals by qualified speech and language therapists (SLTs). The core elements of the project are training, coaching for parents and carers, teachers and educators and early years practitioners by specialist speech and language therapists. This coaching approach is at the heart of Happy Talk and is a unique feature that makes Happy Talk a very novel and innovative project. The SLTs prepare resources based on the identified needs of the children and bring the prepared material to a parents’ session. During this session the parents help to make materials for the class and the SLT provides practical

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Catts et al (2002) presented evidence that children who lag behind their peers in language development are at risk for later reading difficulties, while Beck et al (2002) showed that vocabulary knowledge is strongly related to reading proficiency and overall academic success.

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inputs and advice about oral language and literacy in a fun and non-invasive atmosphere. The parents’ session is followed by a session with the children, where the teachers/classroom workers and early years staff are encouraged to undertake the activities with the children. All of the stakeholders are effectively learning by doing in a hands on action learning environment. The children love having their parents involved in the classroom and the activities are fun and interactive. This process is nurtured and supported through building positive relationships and working in partnership to create a language rich environment. As the children move along their journeys from home to crèche, preschool and into primary school, Happy Talk supports work towards improvements in language and learning.

Figure 1 – Happy Talk Model

Happy Talk operates at Level 1 and Level 2 of the continuum. Interventions of this nature can have a very significant preventative impact, reducing the need for acute services at a later stage.

Figure 2 - Interventions Levels (Tusla)

During the past three years since Happy Talk was initiated; national policy and international best practice in areas including quality in preschool settings, delivering services in communities and an increased focus on early intervention in education has become more aligned with the core Happy Talk ethos.

In the UK especially, research and practical responses to the Bercow Report have focused on the need for speech and language services to be reconceptualised to respond to the needs of the whole population and according to socially determined needs with a focus on primary prevention. The British government set up the Better Communication Research Programme (2009-2012) as a response to the Bercow Review of provision for children and young people with speech, language and communication needs. The Programme resulted in a range of technical studies, thematic reports and a final report.

One of the six recommendations in the final report is that ‘Support for developing children’s speech, language and communication should be conceptualised at three levels: Universal provision for all children; Targeted provision for children requiring additional support within mainstream settings, guided by specialists (e.g. speech and language therapists); and specialist support within mainstream or special settings with a high level of direct intervention or frequent and sustained consultation by specialists with non-specialist staff (e.g. teachers, teaching assistants).’

Happy Talk has developed a model which enables this type of universal support coupled with effective referrals to happen in a way which is positively engaging families and children.

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About the Area

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.

A review of Census data from 2011 shows that this area remains one of the most disadvantaged in the City.

Happy Talk has been carried out in The Glen and Mayfield; two communities which are located in the Blackpool/ Glen and Mayfield RAPID area and which are roughly co-terminus with The Glen A, The Glen B and Mayfield Electoral Areas (EA).

The total population of the area was 9,019 in 2011. Both Glen A and Mayfield are designated as ‘Disadvantaged’ on the Haase and Pratschke Deprivation Index, with The Glen B being designated as marginally below average. The individual indicators of disadvantage clearly identify The Glen and Mayfield as being two of the most disadvantaged communities in Cork City.

Lone Parents

The Glen and Mayfield recorded a lone parent ratio of more than 45% in 2011, compared to the national average of just over 18.3% in the same period and 24% for Cork City.

Educational Attainment

Third level qualifications in the area ranged from 10.9% to 14.1%, compared to a national average of 24.6% of people with an ordinary bachelor degree or national diploma or higher. The proportion of the population with a primary education only in The Glen and Mayfield was 24.9% in 2011, compared to 15.2% for the state as a whole.

Unemployment

Unemployment rate was 29.4% for women and 38.1% for men, which was significantly higher than the national average of 11.8% in 2011.

Local Authority Housing

While there has been significant regeneration, especially in The Glen over the past decade there is still a very high proportion of the population living in local authority housing at 36.9% compared with 15.4% for the whole city. Nationally only 7.8% of households are rented from the Local Authority. In Mayfield 59.5% of all households are owned by the local authority.

Happy Talk Consortium

The 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. The key agencies involved in the Consortium are:-

- Barnardos;
- Cork City Childcare Committee;
- Cork City Council;
- Cork City Partnership Ltd. (CCP);
- Cork Education and Training Board (formerly City of Cork VEC);
- Health Service Executive (HSE);
- Schools representatives; and
- University College Cork;
Most of the agencies had worked together on previous projects and were critically aware of the need for an intensive language intervention in the communities to break the cycle and improve long-term outcomes for children and families in the area.

In addition to a strong commitment to improving outcomes for children, the Happy Talk Consortium has a core objective to raise awareness of the importance of prevention and early intervention in oral language across the community. The Consortium viewed that one of the most important outcomes from this objective would be improved inter-agency working. This is underpinned by a belief that improved inter-agency working among the statutory agencies would result in better outcomes for children and families.

Figure 4 - Happy Talk Consortium
This chapter provides an overview of some of the key issues addressed by Happy Talk and presents some data from international research in the area. Oral Language is the single most important building block for learning and literacy. Early intervention in literacy and language is critically important to prevent delays and poor educational outcomes for children. This issue is particularly acute in disadvantaged areas, where children experience much higher incidences of SLCN than the normal population.

The literature review goes on to provide an overview of the link between poverty and social exclusion and prevalence rates of speech and language and communication needs as well as the long term outcomes for children with poor literacy skills. Finally, the literature review provides a brief overview of interagency working and the implications for Happy Talk working.

There is a significant body of international evidence, which demonstrates the importance of primary and secondary prevention and early intervention in literacy and language. The diagram below depicts the brain development of a typical person. It is clear from the diagram the importance of the early years for the development of language and other higher cognitive functions. The diagram shows that peak language development is actually when the child is less than one year of age.

These growth trajectories in early childhood verify the strong case for ensuring the provision of high-quality programmes and experiences (both in and beyond the home) at this phase of life.

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. Poor language and literacy are indicators of poor personal and societal outcomes, such as antisocial behaviour, substance misuse, low lifetime earnings and criminality and incarceration.

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12 In speech and language therapy primary prevention mainly covers information and education of a population, as well as training all those who have a role to play with the population in question. Secondary prevention in speech and language therapy mainly concerns identification and early screening CPLOL: the Standing Liaison Committee of Speech and Language Therapist in the EU.


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\(^1\). In the National Assessment of Mathematics and English Reading (2009), Eivers et al\(^2\) 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)\(^{21}\).

A recent study commissioned by Inclusion Ireland entitled The Case of Speech and Language Therapy found major deficits in the number of speech and language therapists in Ireland compared to International Best Practice. The paper goes on to comment that many parents are accessing private therapists at a cost of between €50-€100 per session. The cost of these private sessions is clearly out of the reach of most parents living in poverty and serves to perpetuate the issues in relation to inequality of health and education.

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. Hart and Risley (1995) found that by the age 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.

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)\(^{25}\) 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.

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Table 1 – Median Prevalence speech and language delay and age (Law et al, 2003)

<table>
<thead>
<tr>
<th>Type of delay</th>
<th>Speech/language delay, language delay only and speech delay only</th>
<th>Language delay only Median of estimates (range)</th>
<th>Speech delay only Median of estimates (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>5.0</td>
<td>16 [8-19]</td>
<td>-</td>
</tr>
<tr>
<td>3.0</td>
<td>6.9 [5.6-8]</td>
<td>2.63 [2.27-7.5]</td>
<td>-</td>
</tr>
<tr>
<td>4.0</td>
<td>7.0</td>
<td>5.0 [2.27-7.5]</td>
<td>6.8 [4.56-19.0]</td>
</tr>
<tr>
<td>6.0</td>
<td>-</td>
<td>5.5 [2.02-8.4]</td>
<td>14.55 [12.06-16.5]</td>
</tr>
<tr>
<td>7.0</td>
<td>-</td>
<td>5.1 [2.03-8.4]</td>
<td>2.3</td>
</tr>
</tbody>
</table>

The Bercow Review of Services in the UK (2008)\(^{26}\) 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 Communication 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 that 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.

Interagency Working

The Happy Talk Consortium consider improved interagency working to be a key deliverable for the project, based on a belief that improved inter-agency working will lead to improved outcomes for children and families in the area.

The literature surrounding the area of integrating working in the context of the delivery of early years services points to a number of common challenges that researchers have identified, including:

- An apparent lack of clarity in the meaning of integrated working, as evidenced by the wide variety of terms used to describe it;
- Integrated working and multi-agency collaboration covers a range of organisational forms and practices and there is huge variation in terms of structures, implementation and the development.
- Integrated working takes time to achieve and to evidence outcomes;
- Some agencies may be more difficult to engage than others, resulting in a graduated model of integration;
- Integrated working is normally one of many influences that include individual child and family characteristics and contextual factors, such as related programmes and policy initiatives, making it difficult to establish a causal link between the mode of working and the outcome; and
- Issues around what outcomes are measured, who defines them, and ultimately which outcomes can be attributed to which service.

Defining Collaboration

While Happy Talk had a strong focus on interagency working, the project focus was clearly on delivering a specific language development intervention in The Glen and Mayfield. Unlike other NEYAI projects such as the Dublin South West Inner City Consortium supported project: Integration of Services and Continuum of Care Demonstration Model for Children 0-6 years, and their families which focused very specifically on improving coordination and indeed moving towards integrated models of service delivery. The main objective of the Happy Talk Consortium was for improved collaboration among statutory partners. The indicators used to measure this in the logic model are:

- Number of new collaborative interventions; and
- Qualitative reports from the stakeholders.

The Centre for Effective Services\(^ {27}\) (CES) defines this type of work as Interagency Collaboration, which may be defined as collaboration and partnership between government agencies and organisations. This has become a key concept underlying how governments’ provide services to children and families. These ideas now inform a large body of social policy initiatives including some statutory duties of interagency cooperation and an emphasis on working with service users and carers.


\(^{27}\) An introductory guide to the key terms and interagency initiatives in use in the Children’s Services Committees in Ireland. (CES Reference Paper 1st Edition, June 2010).

\(^{28}\) Addressing the Gaps between Training and Practice Evaluation of the South Dublin National Early Years Access Initiative. (Dr Mareesa O’Dwyer and Marlene McCormack, Early Childhood Ireland and NUI Maynooth. 2014).
Interagency Working
The Centre for Effective Services (CES) note that Interagency Working involves more than one agency working together in a planned and formal way, rather than simply through informal networking (although the latter may support and develop the former). This can be at the strategic or the operational level. It could involve planning and working in parallel, but it does not involve the combining of systems, processes and teams.

Multi-Agency Working
Multi-Agency Working involves more than one agency working with a client, but not necessarily jointly. Multi-agency working may be prompted by joint planning (the usual sense in which this term is used) or simply be a form of replication, whereby several agencies work in a more or less unplanned way with the same client or client group. As with interagency working, it may be concurrent or sequential. The terms ‘interagency’ and ‘multi-agency’ working are often used interchangeably.

Joined-Up Working
‘Joined-Up’ policy or thinking refers to deliberately conceptualised and coordinated planning, which takes account of multiple policies and varying agency practices. This has become the underpinning principle – at least in aspiration of almost all UK social policy today.

Integrated Working
CES define integrated working as that where everyone supporting children and young people work together effectively to put the child at the centre, meet their needs and improve their lives. Integrated working is achieved through formalised collaboration and co-ordination between agencies (that may retain their own separate identities), at all levels, across services, in both single and multi-agency settings. It requires commitment to common goals, strong leadership and management and is facilitated by the adoption of common service delivery tools and processes.

CES note that fully integrated working can be seen to differ from integration of systems, of administration or of service delivery to respond to clients. Integration can also occur within one service sector, across a population group or within a particular service delivery organisation.

Dr. Mareesa O’Dwyer and Marlene McCormack reference the following four levels of partnership working within child and family related services:

- **Cooperation**: Services work together towards a consistent set of goals, while maintaining independence;
- **Collaboration**: Services plan together and address issues which overlap, duplication and gaps in service provision towards common outcomes;
- **Coordination**: Services work together in a planned and systematic manner towards a set of shared and agreed goals;
- **Integration**: Different services become one.

Happy Talk did not aim to integrate services in the way described above, rather the Consortium aimed to improve collaboration by planning more effectively together and avoiding duplication to support common outcomes. Further analysis of the Happy Talk outcomes in relation to interagency working and collaboration are included later in the report.

![Image with thanks to NHS Western Isles, child protection support unit](image-url)
Methodology

Happy Talk has commissioned an external evaluation to support the project. The evaluation uses the data gathered through the standardised assessments which were carried out at the beginning and the end of the intervention during each of the academic years. In addition, the evaluation utilised data from the Early Development Instrument (EDI), which looks at school-readiness across a range of domains and sub-domains. The assessments identified very high levels of SLCN in children in junior infants in each of the three years of the project, but with significant and measurable improvements in children's language development between the beginning and the end of the intervention.

The Happy Talk evaluation is formative in nature. This form of evaluation enables the consultants to support the Consortium and Working Group on an on-going 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.

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 as an appendix to this report.

Research Design

Data collection was an integral part of Happy Talk and there were 6 main data collection points, at the beginning and end of academic years 2011/2012, 2012/2013 and 2013/2014. This approach makes the research element of the project quasi-experimental in nature. A quasi-experimental design is an empirical study used to estimate the causal impact of an intervention or interventions on its target population. The research design did not allow for the rigour associated with a Randomised Control Trial (RCT) through the establishment and measurement of random control groups. There were a number of reasons why an RCT was not possible in this case:-

1. The Consortium was concerned with the ethical issues arising from providing a service to one group of children and not another simply to support research objectives.
2. Achieving a true control group would have been very difficult given the high number of variables between classes, school and geographic and demographic areas.

A managed RCT would have been useful to compare the normal gains associated with junior infants with the gains attained in the Happy Talk classes. Due to a change in focus and resource issues, UCC was unable to conduct the EDI survey in the academic year 2013/2014, which means that the data for year 3 is not available for comparative purposes.

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 has been established against which progress can be measured.

**Sampling**

Each year the evaluator supported the project team to select a sample of children to be assessed. A random selection process was used to select children in the junior infant classes in the five target schools. The sampling technique was also used to assess children across the 14 pre-schools in the area to establish the level of speech and language delay and to inform the development of the programme. Children for whom English was a second language were excluded from the sample. In order to maintain consistency a confidence interval of 9% and a confidence level of 95% was applied in establishing the sample size.

**Assessments**

Happy Talk used a number of data sources to monitor change over time for all of the objectives. Assessments and re-assessments were carried out using a number of standardised assessment tools, including the Clinical Evaluation of Language Fundamentals Preschool 2 UK (CELF Preschool 2UK), Renfrew Bus Story Test and the Diagnostic Evaluation of Articulation and Phonology (DEAP). The overall language scores in the CELF Preschool 2UK 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 Happy Talk.

Children in junior infants were assessed at the beginning of the academic year and towards the end of the academic year. The assessment had a dual purpose, the first being to inform the team of the level of need and the main areas of need in the classes to enable them to devise the language development programme to meet these demands. The second reason was to enable the Consortium to carry out a quantitative evaluation of the project, in particular to assess the measurable gains in children’s language development across the life of the project.
Child Outcomes

Happy Talk aimed to improve the language and learning skills of children aged 0-6 living in The Glen and Mayfield. The data gathered across the three years of the demonstration project showed that there was an average gain of 14.7% between the beginning of the intervention and the end of the intervention.

Statistical analysis of the EDI also showed significant improvements in key domains including language and cognitive development and communication and general knowledge.

Objectives and Outcomes

The primary objective of the Happy Talk project was to improve the language and learning skills of children aged 0-6 living in The Glen and Mayfield. Within that objective the consortium set two outcomes against which to measure the project:-

- Measurable gains in children’s language development in the 0-3 and 3-6 age groups; and
- Improved social outcomes for children.

Coaching

Coaching and training is at the core of the Happy Talk model. Happy Talk is based on the hypothesis that coaching staff and parents from crèche and preschool to junior infants in primary school would have an impact on the overall language and learning outcomes for children. The process generally begins with a parent’s session, where parents are guided through the language-based activities. The parents are encouraged to engage proactively in the session, by making resources such as a rhyming dice, or characters puppets/feely bags for interactive storytelling. The parents then enter the classroom with the SLT and participate in the session with the SLT leading, supported by the teaching staff. Coaching sessions generally include (language development activities for parents and children) in the classroom and feedback with parents and staff. The sessions involve learning strategies to encourage oral language skills such as: waiting; (balancing questions and comments); modelling; and expanding. The SLTs are responsible for coaching the staff and parents and supporting them to practice these strategies. Participating parents receive the resources developed during the session to use at home with the strategies they have learned.

This coaching technique was customised and used in the crèche, preschool and primary school settings, using age-appropriate resources.

Training

Training is a critical element of Happy Talk. Training was provided to parents as well as crèche and preschool workers and junior infant teachers. Training was provided in support of the overall Programme and used the recognised Elklan Programme and referenced Hannen and other resources such as Parents Early Education Partnership (PEEP). Other training initiatives included Traveller awareness training, infant mental health training, PEEP training for VEC – now Education and Training Board (ETB) adult literacy tutors, as well as directed workshops for upcoming teachers and childcare professionals in colleges of further education and university.

The voices of the Children

Happy Talk succeeded in effectively engaging with both children and their parents. The children were very enthused by the use of the Nibbles, Twitch and Lulu puppets, which were used throughout the project to encourage participation and to elicit understanding of basic concepts. One of the most successful strategies implemented by Happy Talk was bringing the parents/carers, teachers and children together in a fun learning environment. It should be noted that each of the 5 participating primary schools had a strong commitment to collaborative working with parents, and this greatly assisted the Happy Talk process.

Observation sessions undertaken during the evaluation, and feedback from the children, indicates that the children were very enthusiastic about having their
parents in school with them. International literature shows that there can be significant gains for children when their parents engage with their education, for example Snow et al (2000)\textsuperscript{29} showed that children whose families engaged in both at-school and at-home activities of project EASE made significantly greater gains in language scores than comparison group children. The call outs below are actual feedback from some of the Happy Talk children.


\begin{itemize}
  \item We said rhymes, Twinkle Twinkle Little Star and I’m a little Teapot and the Mouse went up the clock. Eva - 4
  \item My favourite part was the day I read books with my mammy. Kasei - 5
  \item Kate would read stories. I got Farmer Duck. I read it at home with my mam. Katie - 4
  \item We did Duck, duck, goose. We did the actions. We did the animals on the farm and in the zoo. John Paul - 5
  \item We played animal games. We pretended we were animals. My favourite animal is a puma cos I love their spots. We had to hear the animal noise and guess the animal. Eva - 4
  \item We rolled the dice and we had to think of words that rhyme. Callum - 4
  \item Nibbles and Twitch live in The Glen. They went to the park. Twitch was pushing Nibbles on the swing. Luke – 4
  \item Our Mams and Dads came in. They helped us with our games. Luke - 4
  \item My mum did stuff with me. We had a popcorn box. We put the words that rhyme in the box. Jack - 4
\end{itemize}
Measurable gains in children’s language development

The central objective of Happy Talk was to achieve measurable gains in children’s language development in the 0-6 age group. The project has demonstrated that an early years’ setting, classroom and family based intervention like Happy Talk can achieve measurable gains in language development. The table below shows that there was an average gain of 14.7% between the beginning of the intervention and the end of the intervention across the 3 years of the project. In year 1, 40% of the children presented as average at the beginning of the intervention, this increased to 56% at the end of the year, a 16% improvement. Likewise in year 2, 42% of the children had average scores, which increased to 57% by the end of the intervention. In year 3 the improvement was 12% from 33% to 45%. When the data over the three years is collated and analysed it results in a p value of 0.0127, indicating a significant difference between the proportion of children with average skills at the beginning of the intervention and the end of it.

![Figure 7 - CELF Pre School II Results](image)

Of the children with below average skills, the breakdown between speech delay, language delay or speech and language delay was analysed. There were improvements in almost all groups between the beginning of the intervention and the end of the intervention. The average gains were highest when the speech and language delays were taken together. In this case the percentage of children with a speech and or language delay decreased by an average of 8.5%, with the highest gains in year 2 where 17.6% of children had a speech and or language delay at the beginning of the year and only 3.9% had the same delay following the intervention. In the case of speech delays the average gain was 1.9% across all three years. In the case of language delays there was an average gain of 6.1% across all three years. The most significant gains can be seen in year one where 18.7% of children had a language delay at the beginning of the intervention compared to just 8.3% at the end of the intervention. It is difficult to state exactly why this might be the case, without controlling for all possible variables across the three years of the intervention.
The severity of the language delays was analysed. This is where the most impressive gains can be seen. In year 1, 23.5% of children had a severe language delay at the beginning of the intervention, at the end of the intervention there were no children with a severe language delay. In year 2, 25% of children presented with a severe language delay, at the end of the intervention this had been reduced to 14.3%. In year 3 there was a similar pattern with a 20.6% improvement from 27.8% of children presenting with a severe delay at the beginning of the intervention to just 7.1% at the end.
During the assessments the Happy Talk SLTs used the 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. The figure below shows that at the beginning of the intervention 30.7% of children on average over the three years had average skills. At the end of the intervention 38.0% of children had average skills. This is an improvement of 7.3% on average.

Figure 10 - Comparison of Bus Story Instrument by Year

Figure 11 below outlines the breakdown by delay type identified through the Renfrew Language Scales Bus Story Test. The statistical analysis indicated that there was no statistically significant improvement in any of the domains tested by the Bus Story test. Of particular concern is the ‘delay in the use of subordinate clauses’ domain. The data shows that there was no improvement in this domain, in fact overall there as a 4% disimprovement over the three years, with 47.1% presenting with a delay in the use of subordinate clauses at the beginning of the intervention compared with 51.1% at the end of the intervention.
Figure 11 - Breakdown by Delay Type

Percentage of Children

- Delay in Information Provided
- Delay in Use of Subordinate Clauses
- Delay in Sentence Length

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep/Oct</td>
<td>May/June</td>
<td>Sep/Oct</td>
</tr>
</tbody>
</table>

(Artwork by Hugo from St. Patrick’s National School)
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).

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.

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.

EDI Domains

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

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

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.

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 12 - EDI Readiness to Learn Scale
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 1,474 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 Banrion, St Mark’s Boys National School, St. Brendan’s Girls National School, St Patrick’s Infant School and St. John the Apostle Boys National School.

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>
<thead>
<tr>
<th>Physical health and well-being</th>
<th>Social Competence</th>
<th>Emotional Maturity</th>
<th>Language and cognitive development</th>
<th>Communication skills and general knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glen and Mayfield Schools Mean Scores</td>
<td>All Cork Primary Schools Mean Scores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.0</td>
<td>8.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.4</td>
<td>8.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>7.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.0</td>
<td>8.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>7.2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 were considered vulnerable, compared to 27% of children in all Cork Schools in the academic year 2010/2011

In 2011/2012, which is the first year of Happy Talk, 48% of children in the Glen and Mayfield were considered vulnerable in one or more domain.

In the academic year 2012/2013 40% of children were considered vulnerable, with significant gains in language and cognitive development and communication skills and general knowledge. There is no data available for 2013/2014, which is the final year of the NEYAI demonstration element of the Happy Talk project. The downward trend seen between years 1 and 2 of Happy Talk are positive, but no definitive causality can be inferred at this stage.

The Results

The EDI instrument was re-administered in all 5 primary schools in The Glen and Mayfield in 2012 and 2013, and was used as a measure of social competence, language and cognitive development and communication skills and general knowledge.

The table below presents the results for all three years.

Table 3 - EDI Project Results, 2011, 2012 and 2013

<table>
<thead>
<tr>
<th></th>
<th>Physical Health and Well-being</th>
<th>Social Competence</th>
<th>Emotional Maturity</th>
<th>Language &amp; Cognitive</th>
<th>Communication and General Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>8.0</td>
<td>7.4</td>
<td>7.1</td>
<td>8.0</td>
<td>6.5</td>
</tr>
<tr>
<td>2012</td>
<td>8.0</td>
<td>6.9</td>
<td>6.8</td>
<td>8.1</td>
<td>5.9</td>
</tr>
<tr>
<td>2013</td>
<td>7.9</td>
<td>7.5</td>
<td>7.2</td>
<td>8.5</td>
<td>6.9</td>
</tr>
</tbody>
</table>
As with the assessment data, a chi-square analysis was undertaken on the EDI data to assess the difference between the baseline position and year three position. In each case the statistical analysis indicated a significant improvement. The most significant differences were in the language and cognitive domain and the communication and general knowledge domain.

**Gender Differences**

Gender difference has emerged as an area of interest during the course of the delivery of the Happy Talk project. Assessment data from all three years indicates that the speech and language delays among the boys are much more pronounced than among the female cohort. The data shows that there was a 3% gain for the boys compared with an 11.7% gain for the girls, when all other variables are controlled for.

This pattern can also be seen through the gender analysis of the EDI data. When the data is disaggregated it shows that significantly more boys than girls are vulnerable across all of the domains.
Parental Capacity

Parents are the most important people in children’s lives. This chapter outlines the importance of parental participation in children’s education and outlines what the international literature tells us about this issue. It provides an overview of the objectives in relation to parental engagement for Happy Talk and outlines how the process worked.

Parents in The Glen and Mayfield experienced Happy Talk in a very positive way. More than 75% of all parents with children aged 0-6 participated in the project and all parents consulted felt that the project was beneficial to them as parents and to their children.

Happy Talk has emerged as a model of very good practice in relation to parental engagement, earning commendations from the parents themselves, teachers, early years’ practitioners and especially the children who loved having their parents involved with them in their classrooms. Happy Talk has empowered parents to engage at a level which is appropriate, non-threatening and fun, resulting in very high levels of participation and learning.
Recognising the importance of parenting and parental engagement, Happy Talk supported a number of family interventions in association with the Cork Education and Training Board (CETB) and The Glen and District Neighbourhood Youth Project (NYP) delivering a programme called Parents Early Education Partnership (PEEP) and a 6 week parenting programme called Parents Together/Parents Plus which was run in both Mayfield and The Glen. The programme was facilitated by a HSE Community Development Worker and a private behavioural therapist.

Why is it Important?
Happy Talk has been hugely successful in that it has demonstrated a model of working which supports parents in disadvantaged areas to engage positively in their children’s education. International peer reviewed literature indicates the importance of this in improving children’s language scores (Jordan et al, 2000) and overall academic achievement (Hill and Taylor, 2004). A five year longitudinal study to review the importance of parental involvement in the development of children’s reading skills showed that children’s exposure to books was related to the development of vocabulary and listening comprehension skills, and that these language skills were directly related to children’s reading in grade 3.

Specific studies based in disadvantaged areas indicate that variations in the growth of vocabulary of children was positively related to diversity of maternal lexical input and maternal language and literacy skills. In Chicago, a major study into parental involvement in early intervention for disadvantaged children involving 704 families indicated that even after controlling for family background, the number of activities in which parents participated in preschool and kindergarten was significantly associated with higher reading achievement.

Objectives and Outcomes
The overall objective of the approach was ‘Improved parental capacity to support children’s language development’

Attaining high levels of parental engagement is widely agreed to be a critical success factor for Happy Talk. It is also one of the most difficult things to achieve. In the past two years the level of parental involvement has been significantly higher than in the first year of the project. The Happy Talk team recognised the need to specifically target parents after Year 1. The improvement in parental engagement was due in no small part to the strong efforts of teachers, crèche and preschool workers, principals and the Happy Talk team. Notwithstanding this effort, participation has been lower than expected in some of the crèche and preschool settings.

In Year 2, the Consortium approved a decision to prioritise work with parents at preschool and junior infant level. The crèche programme focused on upskilling staff with targeted support to the small number of parents who had concerns about their child’s language development.

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Parents Experience of Happy Talk

Parents of children in preschool and junior infants were interviewed by the evaluators in May 2014. In total, the evaluators interviewed 43 parents in eight preschools and 2 primary schools. Consultations were also held with the participants of the Parents Together Programme in The Glen. The consultations focused on eliciting their opinions and experiences of the Happy Talk programme. All parents interviewed expressed high levels of satisfaction with the project, were appreciative of it and found it to have been beneficial for their children.

Parents also reported high levels of personal benefit from exposure to the teaching methods employed, with many reporting that they felt that they were now more capable parents.

The parents that were interviewed had high levels of awareness of the Happy Talk techniques and many spoke about new tools for communicating with their children including listening to the child; letting them speak uninterrupted as well as specific techniques such as expanding, active listening, and various games played through which learning was made fun.

A very typical response showing how beneficial the parents found Happy Talk “I found it a very positive experience. It helps parents to teach kids. I got more out of it than the child. I learned how to read better (to my child), and not to keep asking the child questions”.

Parents whose children had already received a speech and language diagnosis or who received one due to Happy Talk interventions reported the most significant gains. These parents reported very obvious improvements in oral language, which they attributed directly to Happy Talk. Almost all parents reported having noticed significant improvements in vocabulary, which they attributed to Happy Talk. “Happy Talk has allowed my child to develop many new words and improve his vocabulary. I have noticed myself that he is using lots of new words”.

An increased interest in reading was also highlighted by parents, with many commenting on the amount of time spent reading to their child at home. This was often mentioned in conjunction with the ‘Borrow a Book Scheme’, which was seen as a great resource.

“My child has a newfound interest in books and reading, so I am now able to help my child with her reading, and correct her language in the right way. I thought it was great to get the books from Aoife, as I can continue to help my child with her learning”.

Reading is considered to be among the most influential ways in which a child may increase vocabulary and improve language skills[^36][^37][^38][^39][^40][^41], and especially so when it comes from the home as well as school environment.[^42][^43][^44][^45][^46]

Parents who were interviewed were clearly very engaged with the project, with many referencing specific aspects of Happy Talk they found successful in retaining children’s interest. A number of parents cited the Nibbles and Twitch storybooks, which are based in The Glen and Mayfield. Parents reported that the children recognised the setting of the storybooks, and were therefore more interested.

The success that Happy Talk has had with reaching out and engaging families and parents living in disadvantaged areas can be seen very clearly in the table below. The total number of parents involved in Year 1 of the project was 62. This was identified as a critical issue by the Happy Talk team and in the first interim evaluation report presented by Exodea Consulting in April 2012 and was very much taken on board by stakeholders at all levels.

The table below presents the total parental engagement in Years 2 and 3, which taken together with the Year 1 figures indicates that more than 1,000 parents engaged with Happy Talk.

number of individual parents who participated in Happy Talk is in the region of 770. The total number of families in the three EDs was 1,800 in 2011 according to the CSO, of which 714 families comprised all children under the age of 15. So although it is impossible to state exactly the percentage of parents from the area with children ages 0-6 who participated in Happy Talk, it is entirely reasonable to assume that at least 75% of the parents of children in the 0-6 age group participated in at least one Happy Talk intervention.

Table 4 - Parental Interventions – Years 2 and 3

<table>
<thead>
<tr>
<th>Interventions</th>
<th>0-3 and Crèche</th>
<th>Preschool</th>
<th>Junior Infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent training sessions</td>
<td>Parent training and parent coaching sessions as part of preschool programme</td>
<td>Parent training and coaching sessions as part of the junior infant programme</td>
<td></td>
</tr>
<tr>
<td>(56 parents)</td>
<td>(340 parents)</td>
<td>(157 parents)</td>
<td></td>
</tr>
<tr>
<td>Public Health clinics, 9 month check up</td>
<td>Preschool fun day May 2014</td>
<td>Celebrating HT session (1 per school)</td>
<td></td>
</tr>
<tr>
<td>(113 parents)</td>
<td>(76 parents)</td>
<td>(30 parents)</td>
<td></td>
</tr>
<tr>
<td>Elklan Programme</td>
<td>Elklan Programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7 parents)</td>
<td>(7 parents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEEP</td>
<td>(27 parents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents Together</td>
<td>(25 parents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting parents e.g. parent phonecalls/meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>23</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Referrals (HSE, SLT, Early Intervention of Needs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>14</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Referral for private OT/psychological assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is the Learning?

Parental engagement is likely to have long-term impacts for children’s educational outcomes. Happy Talk has supported preschools and schools to break down the barriers, which often exist between schools and parents especially in disadvantaged areas. Many of the principals and teachers interviewed had become advocates of the Happy Talk model. They felt that bringing parents into school on an activity-basis during which they are part of their child’s learning is a model which could and should be replicated for wider school activities.

There are a number of important lessons in relation to the Happy Talk parental engagement approach.

1. The Happy Talk approach works better in some settings than others. There are a number of possible reasons for this including the quality of the setting, relationships between parents and staff, efforts by staff to engage with parents and others.
2. Variations between parental engagement in preschool and primary school may be due to the widely held perception that preschool is childcare rather than education.
3. Where parents engage in the process, the overall experience for the educators, children and parents is much more positive.
4. The parents are more likely to engage if the schools and preschools promote the initiative actively and encourage parents to attend through phone-calls, text messages, personal reminders and other means.
5. Where parents participate in classroom based initiatives (like Happy Talk), feedback from teachers is that the parents are much more comfortable with the overall school setting and are more likely to engage with the school. This is a significant indicator of improved educational outcomes in the long term.

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Language Rich Environment

The Happy Talk Consortium understood that in order to improve language and literacy outcomes for children, it would be necessary to raise awareness of oral language in the wider community and especially among policy-makers, parents, teachers, early year practitioners and other key stakeholders. The activities undertaken by the Happy Talk team to achieve this became known as ‘developing a language-rich environment’. There were a number of planned outcomes for this objective and activities undertaken included networking with mainstream services to improve referrals and decrease the number of ‘do not attends’ at HSE SLT clinics. Happy Talk worked hard to develop a practical and usable model to support the transition of preschool children into primary school. A significant body of work was undertaken to support whole setting and book area audits in the preschool settings. All of this work was underpinned by a wide ranging and very successful publicity and branding campaign, which included information posters, a Facebook page, regular newsletters and conferences.

The importance of oral language as the building brick of all learning is a key message, which Happy Talk sought to impart over the three years. The Consortium developed a very ambitious plan in relation to raising awareness in the wider community. The overall objective of the Consortium in this area was ‘Greater awareness of early intervention in language and learning in the community’. There were four associated and planned outcomes from this objective being:

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

Referrals

The Happy Talk Consortium believed that access to, and engagement with SLT specialists within the school setting would encourage parents to seek assessments and would support parents to engage more positively with mainstream services. The reality has been much more dramatic than anticipated. From a baseline of 13 referrals in Year 1, the project has been directly responsible for 48 referrals to HSE SLT, Early intervention teams and SENOs in Year 2 and 30 in Year 3. In addition, the number of Do Not Attends (DNAs) from Happy Talk referrals is very low, with an overall attendance of 100% compared with 87% from the general client list. Happy Talk has also been responsible for supporting parents and schools to access private Occupational Therapy (OT) and private psychological assessment for 26 children between Years 2 and 3.
Transitions

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. International research indicates that the skills expected by teachers when children are starting formal school include social skills; independence; language and communication skills; and the ability to sit, listen and concentrate (Dockett and Perry, 2004, 2005; Peters, 2007; PNC Financial Services, 2007; 2007a).45

The transition from preschool to primary school is an area which was supported by Happy Talk. As part of the Elklan training, programme provided, preschool staff were introduced to using Mind Maps with individual or groups of children on the theme of ‘Primary school’ to prepare children for this transition. This was further supported through the Preschool Staff Coaching Sessions. A second tool, the Transition Flower was developed in conjunction with preschool staff, junior infant teachers and primary school principals. It is a tool for documenting individual children’s achievements across a range of areas including: self-help skills, motor skills, thinking skills, social and emotional skills and language and communication skills. The language and communication skills relate specifically to the areas supported by Happy Talk. The Transition Flower also highlights areas for the child to develop and provides preschool staff and parents with an opportunity to identify any concerns, which would be helpful for the junior infant teacher to be aware of.

Feedback from the evaluation in year two was that the transition flower had some operational issues, mainly due to the fact that the early childhood workers were concerned about recording anything that could be perceived as negative by the parents. The feedback was embraced by the Happy Talk team and support was provided to early years staff to clarify the purpose of the tool and was amended to include a section highlighting areas that the child had yet to develop. The feedback on the transition flower in the final round of consultations was that it is working very well. A number of principals from non-linked schools are also using the tool and the methodology to support the transition into primary school.

Reviewing and Learning

The Happy Talk team responded positively to feedback in relation to their tool to support transitions from preschool into primary school. The tool is now fully integrated for use in all of the settings and indeed is being used by some other schools, which are not directly related to Happy Talk.

Greater Awareness of Early Intervention

One of the objectives of Happy Talk was ‘Greater awareness of early intervention in language and learning in the community’. One of the key aims in this case was to raise awareness of the importance of early intervention in speech and language in the early years education and childcare settings, including crèches and preschools. The significance of this approach is highlighted in the Aistear Early Childhood Curriculum Framework which states ‘The adult also provides an environment which motivates children to interact with each other and the adult, and with the objects and places in it. By capturing children’s interest and curiosity and challenging them to explore and share their adventures and discoveries with others, this

environment can fuel their thinking, imagination and creativity, thereby enriching communication™.

Happy Talk encouraged crèches and preschools to develop a language-rich communication-friendly setting for children. It provided a Whole Setting audit tool to support them to review their setting - it is a self-assessment tool. The Whole Setting audit tool reviewed the following six key areas: environmental print: letters and words; opportunities for children to read independently and for adults to read with children, books and literacy areas; early writing; transitions and links with the local area. Each area had a number of elements which were rated on a scale of 1 to 4 where ‘1 indicated there was ‘no evidence’, 2 there was ‘some evidence’, 3 there was ‘significant evidence’ and 4 there was ‘extensive evidence’ of the relevant element with the setting (a rating system modelled on the Síolta Quality Assurance Programme). Each setting completed the baseline audit during September- November 2012. Subsequently each setting received a support visit and recommendations for improvement were made. Happy Talk also provided resources to settings based on some of the needs they identified. Resources included picture storybooks, dual language storybooks, puppets, puppet theatres/shops, storybook tents, writing belts, dressing up clothes. Each setting re-administered the whole setting audit in May 2014. The audit identified clear improvements in all areas, with a slight anomaly in the outdoor play area under ‘Early Writing’ with the number of those at Level 4 being reduced. Key improvements are noted between the baseline audit and the re-audit. Most of the settings now incorporate much more age-appropriate language throughout the setting for example the majority of settings now show significant or extensive evidence of children’s names and high frequency words being displayed at child height. Other key indicators of good practice noted from the whole setting audit include the fact that many more settings now report that parents are welcome to come into the setting and share a story or join in with literacy activities, with dads being given special encouragement in many places. There have been significant improvements in the book areas in all settings with all settings now showing significant or extensive evidence of having a book area/book corner, and now having book areas which contain books that have the characteristics of appropriate books for young children:

- A meaningful and enjoyable text
- A predictable storyline
- Illustrations that support the text
- Language and grammar appropriate to young children
- Appropriate vocabulary
- Clear, well-spaced print
- Repetition (and in some texts rhyme)
- Freedom from bias (gender, ethnic, culture, age...)
- Interactivity
- Ways to encourage children to draw on their own experience and linguistic knowledge

Observations

The Happy Talk coordinator spent a significant amount of time supporting the early years settings to improve the overall crèche and preschool experience for all children in the area. It was noted that the settings which would generally be regarded to be of lower quality continuously over estimated their scores in the audit and re-audit of the whole setting, while those settings which would be considered to be of higher quality with higher capacity consistently under estimated their scores in the audit.

™ - Aistear, the Early Childhood Curriculum Framework (NCCA, 2009)
Publicity and Branding

The Happy Talk Consortium took a very specific decision to brand the project as a separate initiative from any of the consortium agencies. This was agreed to ensure that the project would become known in its own right and would not be associated with previous initiatives of any of the partners. This strategy has worked very well. The name ‘Happy Talk’ is very well known in the community among parents and ECCE staff. The Happy Talk puppets, storybooks, stickers and posters were a key element in raising awareness. The Happy Talk posters were disseminated very widely in public locations, clinics and the local bus routes. This strategy in particular resulted in very high visibility for the project and is likely to have resulted in greater awareness of early intervention for language development. Conversely, although Happy Talk did establish a presence on Facebook and a section within the Cork City Partnership website; a separate Happy Talk website was not developed. This would have been an excellent resource, which could have been publicised using the posters, which were distributed across the area as well as the newsletters and other outlets. It is the opinion of the evaluators that this was an opportunity lost during the life of the project.

Language Rich Environment

There were many diverse activities within the overall objective of ‘Greater awareness of early intervention in language and learning in the community’, which became known as developing a language rich environment within the project. A signage project to be led by Cork City Council was not able to progress due to funding constraints. In addition to the planned activities referenced above the team planned and implemented a wide range of complementary activities including:-

- The development of customised local story books featuring the Nibbles and Twitch puppets;
- A storypoint in The Glen;
- Newsletters;
- Playdays;
- Pop-up events;
- Facebook competitions and Facebook ideas and tips;
- Rapping workshops and CDs;
- World Book Day event;
- Life Long Learning Festival Events;
- Borrow-A Book scheme; and
- Multi-media resources.

Happy Talk Conference

In addition to raising awareness within the communities of The Glen and Mayfield, Happy Talk was also committed to spreading the word about the initiative to a wider audience. To that end the Consortium organised a conference on the 1st February 2014, which was attended by early years practitioners, managers and policy makers from across the city and beyond. The agenda included insights into Happy Talk presented by coordinator Sheila Dillon and a presentation on why language development is important presented by the HSE SLT Manager for Cork North Anne Horgan. The keynote speech was given by Dr. John Sharry, social worker and psychotherapist and was entitled ‘Engaging parents in childcare settings – a strengths based collaborative approach’. Feedback from the conference was very positive; with the most positive reports coming from the action workshops led by the Happy Talk therapists and early years staff.

2. Let’s Play - Play and Language Development - Aoife Doyle SLT, Anne Walsh & Rose Crowley, Glenfields Pre-school.
5. Replicating the Learning from Happy Talk - Anne Horgan, HSE, Eleanor Moore, HSE & Sheila Dillon, Happy Talk Coordinator.

Conclusions

It is impossible to disaggregate the wide variety of initiatives undertaken by Happy Talk in their quest to create a ‘language rich environment’ and say conclusively that this or that resulted in greater awareness in the community, or resulted in significant change in this or that cohort. However, it is clear that the project is well known, liked and respected among all stakeholders who are engaged with it, especially parents, teachers, early years practitioners and community groups and activists. Raising awareness of the importance of literacy and oral language development among parents in disadvantaged areas is likely to have a long-term impact on educational outcomes.
Modelling

Model the word for the child — say it lots of times

Tip!
Model if it’s a tricky word or a new word.

She is sitting on it eating a carrot.

Lulu is sitting on the barn eating a carrot.

Balancing Questions and Comments

When you ask a question use the Hand Rule before asking another question.

What have you got there?

A crocodile.

Yes, it’s a crocodile.

It’s a small green crocodile.

I like small green crocodiles.

Crocodiles live in the swamp.

Happy Talk is a language development project supporting children age 0-6 years in the Glen and Mayfield, Cork.

For further information email: sdillon@partnershipcork.ie

Happy Talk is supported by

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(Happy Talk Posters – 2014)
Interagency Work

The Happy Talk Consortium was committed to improving services in The Glen and Mayfield to support improved outcomes for children. This chapter outlines the key agencies involved in Happy Talk, their experience of the project and an analysis of this interagency working in the context of international best practice.

This Evaluation has found that the model of interagency working implemented by the project, while not without its challenges was successful. The Consortium members stayed united in their focus on improving language and literacy outcomes for children and continued to work together to achieve these aims in sometimes difficult circumstances. Significantly the Consortium has come together towards the end of the 3 year pilot phase of the project to identify resources to continue the initiative.

Improved interagency working is a key aim of the Happy Talk project. One of the outcomes listed under Objective 3 is ‘Improved coordination between services in The Glen and Mayfield’. Happy Talk includes representation from statutory bodies with a remit in childcare, education, language and literacy and community health. The agencies participating in the project are listed below:-

- Cork City Partnership Ltd;
- Cork City Childcare Company Limited;
- Barnardos;
- Cork City Council;
- University College Cork (Access Service);
- Health Service Executive;
- Cork City Education and Training Board and
- Participating Schools

There is no baseline data available for improved interagency working. The evaluators conducted an online 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 at the beginning of the project. The questionnaire was re-administered in Q2 2014 to establish the position of the members at the end of the project. This was supplemented by interviews with key stakeholders.

At the time of drafting this report, 9 members of the Working Group and Consortium had completed the interagency working questionnaire of a possible 13. This represents a response rate of 69%. 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)⁴⁷, Blackstock et al (2006)⁴⁸, Hibernian Consulting (2009)⁴⁹ and McKeown (2011)⁵⁰.

In addition, the evaluator spoke to members of the Consortium and Working Group through one-to-one or telephone consultations during June and July 2014.

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About Happy Talk
The charts presented below shows the impact that the members of the interagency group thought that Happy Talk would have on families when first consulted in 2012. The aspirations for the project were high, with 80% of respondents believing that there would definitely be improved detection of speech and/or language delays in the area. 60% also believed that there would definitely be improved language and literacy among all children in the area.

Figure 16 - Expectations for Impacts on Families (2012)

The questions in the charts are outlined below for ease of reading:-

- They have easier and quicker access to services;
- They are being referred to appropriate services;
- There is improved detection of speech and/or language delays;
- There are improved social outcomes for children;
- There will be improved educational outcomes for children;
- There will be improved language and literacy among children in the 0-3 group;
- There will be improved language and literacy among children in the 3-6 group.

Overall the respondent’s expectations were exceeded in a number of areas. While 80% of respondents believed that there would definitely be improved detection of speech and/or language delays in the area, 89% felt that this had actually been the case. Conversely while 60% felt that there would definitely be improved language and literacy among all children in the area at the beginning of the intervention, only 22% felt this at the end. This is likely to be the result of greater awareness of the multiple challenges facing children in the area, which can impact on language gains.

At the beginning of the intervention only 18% of respondents felt that families would have easier and earlier access to services, by the end of the project 78% felt that this was the case. Consultations with parents and stakeholders has shown that this is happening especially in relation to speech and language and other educational supports. In 2012 54.6% of the members felt that ‘there will be improved language and literacy among children in the 0-3 age group’, by the end of the pilot phase of the project this number had dropped to 22.2%. This reflects the greater focus on the preschool and junior infant settings within the project. The fact that the Working Group and Consortium had such high levels of awareness of the focus of the project is a positive.

Improved Coordination
Through reviewing the responses from the interagency working survey together with the consultation responses, it is clear that the Consortium through the Working group remained very focused on the core objectives of the project. Most of the respondents did not attribute any significant increase in collaboration or interagency engagement directly to their involvement in Happy Talk, although in many cases the members commented that the relationships were strong to start with and Happy Talk has cemented these.

Some of the comments from the Working Group members indicate the strength of the relationships and commitment to working together going forward ‘Happy Talk has enabled us to deal with a very pressing issue in The Glen and Mayfield’, ‘It would be nice to do something similar in other parts of the city’ and ‘I think we all got on very well and will continue to work together going forward... nothing caused us to lose our focus’.
Conclusions

The most significant inter-agency collaboration happened within the project itself, between Happy Talk and the Health Service Executive (HSE) Speech and Language Therapy Department. From the beginning the HSE was extremely supportive of the initiative and provided a range of hands-on supports including:-

- Engagement in the recruitment process;
- Involving the team in HSE SLT team meetings and planning;
- Cooperation in supporting HT referrals;
- Supervision and support for SLTs;
- Advice on programme planning and development;

*and*

- On-going engagement with review and evaluation work.

This relationship has resulted in much higher than anticipated levels of referrals to HSE mainstream services, but also associated services including SENO, Early intervention team, occupational therapy and psychological services. These services were paid for through Happy Talk.

Interagency working is a very difficult model to get right. A number of the NEYAI projects focused on this issue specifically considering it to be such a key element of improving child outcomes. In the case of Happy Talk some issues have emerged including tensions between some of the partners. The Happy Talk team also experienced the demands of interagency working to be stressful at times and created an additional work burden to an already busy project.

However the feedback from the interagency survey as well as interviews with many of the key personnel involved in the project indicates that the project has enjoyed particular success in this area. A major testament to the relationships established and developed through Happy Talk is the level of interagency planning which took place at the later end of the project resulting in commitments of additional funds to match funding being provided by Tomar Trust which will maintain the project for a further year and potentially beyond. In circumstances where there are many competing demands for resources, this indicates a tangible joint vision underpinned by a genuine commitment from many key agencies.

Where issues emerged in within the Consortium/Working Group and between members and staff it was invariably caused by poor communication or lack of shared understanding. This could be mitigated by spending more time planning and outlining the roles and responsibilities of all partners in more detail at the beginning of the process.

In order to move from cooperation and collaboration to real joined up working, there needs to be genuine accountability among all of the participating agencies, to ensure that all participants deliver what they have committed to.
Upskilling Staff

The skills and capacity of staff working at crèche, preschool and primary school level was a key priority for Happy Talk. This chapter outlines the coaching and training activities undertaken over the 3 years of the demonstration project to up-skill these staff. 

Feedback from staff who participated in the project has been extremely positive and it is likely that the learning will have a lasting legacy in early years’ education throughout the communities.

Formal Training

Happy Talk provided formal training for preschool workers using the Elklan training programme. The course was offered in the first two years of the project, and ran over nine consecutive weeks. The courses were well attended, with 23 early years workers participating in year 1 and 36 in year 2.

Building capacity among preschool staff is central to supporting children’s language development. The Evaluation of the National Early Years Access Initiative and Síolta Quality Assurance Programme (2014) shows how a well designed and executed training intervention can measurably improve the capacity of staff to develop children’s speech language and communication as a way to improve quality in preschool settings.

Like many of the other NEYAI projects, the Happy Talk Consortium is working with a wide range of preschools some of which have lower overall quality and capacity levels than others. The need to improve quality in the Irish pre-school system is well recognised and is underpinned by the National ‘Pre-School Quality Agenda’ published by the Minister for Children and Youth Affairs in October 2013, comprising a new National Quality Support Service (NQSS) costing €2.5million in 2014.

While a focus on improving quality in preschools was not one of the original goals of Happy Talk, it was apparent that some settings could not engage as effectively as others due to the lower level of training and capacity among staff. During the fourth year of the project, there will be a specific focus on quality work with a small number of settings before any additional Happy Talk work takes place.

Coaching

Coaching is at the centre of the Happy Talk model. All early years practitioners and primary school teachers, special needs assistants (SNA) and classroom assistants were upskilled through the coaching that they received from Happy Talk. The Happy Talk SLTs provided one to one sessions with parents in advance of the work in the classroom or preschool. Once this was finished they provided a fun and interactive session within the setting or classroom. The teachers and preschool staff were encouraged to work in the same way with the children. At the end of each session the teachers and preschool staff were left with the resources used during the session.

Feedback from Staff

The evaluators undertook a comprehensive round of consultations with crèche, preschool and primary school staff during April and May 2014. The consultations showed an overwhelming positive attitude to Happy Talk. 100% of respondents said that they felt Happy Talk was the right type of programme to meet the needs of the children in the setting for a variety of reasons including, ‘...it got parents and kids together...’, ‘it is a great support to workers, it is great to get a second opinion...’, ‘the kids are young and it is difficult to keep their attention...Nibbles and Twitch were very effective characters in holding the kids’ attention...’.

Learning from Happy Talk

The consultations revealed that the level of awareness about the importance of oral language for young children was low among many stakeholders. In the case of the teachers, the awareness levels were relatively high, however there was a skills deficit in terms of the most effective ways of building oral language capacity among the children. All of the consultees commented about the amount they learned personally from the Happy Talk experience.

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of how critical early intervention is to improve oral language, which is the building block for all learning. All of the consultees commented about the amount they had learned personally from the Happy Talk experience.

‘There are lots of resources to use. I was introduced to many new ideas for activities. I am much more aware of language now and how to expand on it. I learned lots of new things that I didn’t know before HT’, ‘we have all been given great new ideas...’ and ‘I still can’t believe that this material is not covered in teacher training college!’

Happy Talk is committed to raising awareness of the importance of early language development. To that end, the Happy Talk team also presented workshops at 3rd level, to students from the BA in Early Childhood Studies and the BEd in Mary Immaculate College in Limerick, the BA in Early Childhood Studies in UCC and FETAC Level 5 and Level 6 childcare students and lecturers in the CET College of Commerce.

One of the key strategies for the fourth year of the project is to share the learning and strategies developed by Happy Talk to a wider audience.

The Happy Talk team was invited by Barnardos to contribute to informing a new Barnardos publication for early years educators on Quality Adult-Child Interactions in Early Years Services.

Other relevant Barnardos quality practice publications including Early Speech and Language Matters, Early Literacy and Numeracy Matters and What’s New? Supporting Children through Transitions in their Early Years were also made available to members of the consortium and early years educators through the project.

Conclusions

Happy Talk has been embraced by the crèches, preschools and primary schools in The Glen and Mayfield. Most of the respondents were extremely passionate about the initiative, with many stating that it is the best external programme to ever be delivered in their school or setting. Parental involvement was highlighted time and again as being a major success factor for Happy Talk. Where parents engaged the programme was seen to be more effective.

In the primary schools all of the teachers and principals commented on the successful model of engaging with parents and many felt that this would have very significant long-term benefits for these children. Many of the consultees commented that there is no specific speech and language training during either teacher training and at FETAC level 5 and 6 Early Childhood Care and Education. In reality this is not the case and further research into this identified a module entitled ‘Early Childhood Literacy and Numeracy’ which is a minor award at level 6 and is part of the FETAC level 6 Early Childhood Care and Education Programme. The module is worth 15 credits and focuses on equipping the learner with the knowledge, skill and competence to support early childhood literacy and numeracy in a specific ECCE learning environment. Likewise there is a significant focus on literacy and language in the curriculum for the primary school teacher training courses. Notwithstanding this the feedback from the consultees many of whom had recently completed this training and/or further education was that the area needs more focus. It is possible that more action learning and coaching type work based on the Happy Talk Model would be more appropriate, and would bring Speech and Language to life for the learners.
Promising Practice

Happy Talk is not unique in its approach, however it has taken best practice in a number of area including speech and language and participative community development to create an innovative and practical solution to speech, language and communication needs in The Glen and Mayfield. This chapter outlines the promising practice identified including the care and attention to building relationships, the focus on a whole community approach, interagency working, parental engagement and the actual intervention itself which underpins the work.

Happy Talk has steadfastly retained a focus on improving language and learning outcomes for children aged 0-6 in The Glen and Mayfield. The reason that the project has been so well received across the area and beyond is because the team did not underestimate the importance of building and nurturing relationships. Happy Talk is built on positive relationships between the team and the participating schools, teachers, principals, early years settings including early years practitioners and managers as well as other professionals

However, it is the relationships, which the team built and developed with the parents and with the children in all of the settings, which sets Happy Talk apart from other initiatives. At all times the Happy Talk team was actively and consciously working on strategies to engage parents in very disadvantaged communities, where this level of participation is quite rare. The team built a programme, which was entertaining, non-threatening and child focused. At all times the parents involvement was reinforced, resulting in higher and higher level of engagement as the project developed.

Community Focus

Happy Talk was established by a Consortium of agencies concerned with the high levels of speech and language delay and impairment in the Glen and Mayfield. The project was based in Cork City Partnership and the Partnership is the lead agency within the Consortium. Locating Happy Talk in a community based organisation like CCP has firmly embedded it within the communities in the Glen and Mayfield. The project has been able to build on the strong community networks already in place, while at the same time retaining a certain distance by branding the project as Happy Talk.

The community basis of Happy Talk is a key strength and is reinforced by the focus on providing services in the early years settings and the schools.

Interagency Working

Interagency working, collaboration and cooperation are terms often used but less often fully actioned. Although the Happy Talk Working Group and Consortium have had a number of issues over the course of the project, it is the view of the evaluators that overall the Consortium has worked very well. The member agencies have managed to retain the shared vision and focus on improving the language and literacy of children aged 0-6 in The Glen and Mayfield. Although some of the agencies were more active and engaged than others, almost all partners participated in a positive way and contributed to the work of the project.

Participation and attendance on the working group remained consistently high throughout the project and the group actively planned to retain the initiative at the end of the funding round.
Parental Engagement

The Happy Talk team identified very early on that parental engagement was hugely important to the overall success of the project. They worked tirelessly together with early years practitioners, teachers and principals to encourage parents to participate, and the results were very impressive. Feedback from the schools in particular is that by breaking down barriers between the school and the home at this early stage is likely to encourage the parents to have an active and fulfilling role in their child’s education. Some parents commented that they had negative experiences and memories from their own school days and they were glad Happy Talk was there to show them what school is like now. This feedback can be summed by with a quotation from one mother who said, “I hated school myself and I never wanted to come near the place when (name of son) started here, but Happy Talk changed all that. The teacher here now are lovely, it is no wonder the kids love coming to school..... I don’t mind coming up to school at all now”. International literature indicates that this is one of the most important indicators of long-term educational outcomes.

Happy Talk Intervention

Initial analysis of the assessment and reassessment data for the three years of the project indicates that there are measurable gains in children’s language development from when the children enter junior infants and when they leave junior infants. There are also significant gains for children in the language and cognitive development and communication skills and general knowledge domains of the EDI. Given the restrictions within the research design, additional research should be undertaken to ascertain the following:-

- The extent to which the gains can be attributed to Happy Talk as opposed to normal gains in junior infants;
- The extent to which the gains are maintained through the school cycle; and
- Whether the level of intervention provided by Happy Talk is sufficient to affect change within the target group.
Conclusions

This chapter explores the specific elements that make Happy Talk work, based on the experience of the stakeholders, measurable outcomes and the observations of the evaluator over the three years of the project. Like all projects, Happy Talk has experienced challenges and obstacles along the way. Many of these challenges have resulted in the greatest learning for the staff and Working Group. Finally, this chapter looks at some of the recommendations emerging from the Happy Talk pilot project, some of which will inform the further development of the project itself and some of which should inform national policy.

**Shared Concern** – All of the stakeholders involved in Happy Talk share a concern about the high level of speech and language delays in The Glen and Mayfield. They recognise that language is the key building block for all learning and are determined to break the cycle through focused interventions.

**Shared Messages** – The core message of Happy Talk is agreed by all stakeholders and is constantly reinforced. This means that practitioners and parents constantly hear the same message.

**Profile** – The Happy Talk brand has become well established in the area and is recognised as independent and family friendly. Additional high national profile exposure would enable strategic bodies to support the work.

**Active Learning** – Happy Talk has evolved since its inception in 2011, through focusing on the learning at each stage, customising work to reflect the learning and being responsive to new ideas.

**Working together** – Agencies, early years settings, schools and the Happy Talk team were by and large able to set aside their individual interests to focus on the task at hand.

**Focus on Relationships** – Probably the key success factor of Happy Talk is the focus on building relationships. The Happy Talk approach means engaging positively and from a strengths perspective at an appropriate level with all of the educators of children, especially the parents.

**Committed and Highly Skilled People** – The Happy Talk team were deeply committed to the vision of the initiative, they were extremely focused and delivered an excellent quality intervention by bringing people along with them.

**Challenges**

**Structures** – Happy Talk created two layers of stakeholder committee, the Consortium and the Working Group. While the principle was that the Consortium should meet less frequently and be more strategic, the reality is that for a small project, it was too heavy. Going forward it would be more appropriate to abandon the dual structure and just have a Consortium. More senior decision makers could be invited to attend for key meetings, which are focused on policy direction and influencing strategies at various levels.

A number of consultees from the Working Group and Consortium felt that as Happy Talk goes forward or another similar initiative is initiated, it would be advisable to spend more time planning the work, and especially the role of all of the individual agencies to make them accountable for their activities during the course of the project. This is a view, which was shared and reiterated strongly by the staff team.

**Parental engagement** – while parental engagement emerged as one of the key successes for Happy Talk the process did not work as effectively in all settings. This is due to a number of possible factors; including perceptions of crèche and preschools being primarily care environments as opposed to educational facilities; lack of capacity among staff in some of the early years settings; and lack of engagement by staff in encouraging parents to attend.
Feedback at the beginning of the process was that people in these communities were not interested in parenting programmes. Once Happy Talk had gained profile and the buy in of the parents, they were more than happy to participate in courses such as Parents Together because of its association with Happy Talk.

However, even where parents were very engaged it is challenging to find the right mix of times to attract the greatest number of participants, allowing for work, family and other commitments. Making this a priority has been very worthwhile.

Intervention – The process of engaging the crèches, preschools and schools, parents and children is an excellent model and is based firmly on best practice in international literature. Happy Talk was based on best practice in community interventions and relied heavily on standardised training and coaching programmes like Elklan and Hanen, which were customised for the local area. There was very little international literature to indicate the appropriate level of intervention to effect change in the target population. During the coming year of Happy Talk, it may be possible to experiment with additional classroom time with one of the classes to see if there is any significant difference in outcomes, controlling for other factors.

Gender Issues - Analysis of the data across all three years of the project, indicate that boys perform significantly worse than girls in speech and language. Happy Talk’s experience echoes international research, which indicates that the incidence of language impairment is higher among boys than among girls, a ratio anywhere from 2:1 and 3:1. It is possible that boys in disadvantaged areas are experiencing multiple disadvantages through higher prevalence coupled with increased risk factors associated with socio-economic status and in some cases lower quality settings.

Research Design
The Working Group was actively involved in planning the evaluation of Happy Talk. Happy Talk is a universal intervention, focused on improving the language and learning outcomes of all children aged 0-6 in The Glen and Mayfield. Given that the intervention took this universal approach of upskilling early years practitioners, educators and parents as well as the children, it was decided to carryout random sampling to assess if the overall population had improved as a result of the intervention. The data indicates that there are significant and measurable gains in childrens’ language development from the beginning to the end of the intervention. This focus has resulted in a number of limitations in the analysis:-

- Assessment of all of the children would have enabled a paired analysis, which would have enabled the evaluators to more easily attribute gains to Happy Talk.
- A control sample from a school with similar demographic characteristics would have enabled the evaluators to disaggregate gains which could be attributed to Happy Talk from the normal gains attributed to junior infants teaching.

Recommendations
Gender Issues – Boys generally experience more speech and language delays than girls. These differences in attainment are clearly evident before children enter primary school, even though they are educated together in preschool. The issue of whether boys achieve better in co-educational or single sex settings remains a major research topic internationally. Given the level of deprivation in The Glen and Mayfield it is possible that boys with SLCN will be left even further behind. It is recommended that the Working Group consider the possibility of providing additional supports for boys in the current year.

Given the scale of the gender issues emerging for boys in relation to speech and language, it is recommended that the Consortium facilitate a discussion to explore the reasons for these significant delays experienced by boys. The debate should centre on why this is happening, particular inputs to support boys and if co-education rather than single sex schooling could support boys speech and language and general educational attainment.

Prevention is better than cure

A recent report by Inclusion Ireland\(^{53}\) published in September 2014 found that Speech and Language therapists in Ireland are dealing with more than double the internationally recommended case load. The report goes on to highlight the many shortcomings of the Service, which is over-burdened and under-resourced. The Happy Talk model may offer an alternative and complementary solution to this problem. Happy Talk uses a universal approach to improving oral language through coaching, training and supporting work. Data from demonstration phase of Happy Talk shows measurable gains in children’s language development from the beginning to the end of the intervention, with a significant reduction in the number of children with a severe delay which would require mainstream speech and language therapy.

It is recommended that the Happy Talk model be tested and verified using control groups to identify the level of gains which are attributable to the intervention versus the gains that would normally be expected because of children starting school. Once this follow on research has been undertaken it would be possible to quantify the savings, which could accrue to the exchequer through a cost benefit analysis. It is likely that this early intervention, preventative approach to oral language development would result in significant net gains for the national purse through a reduction in the need for expensive clinical services.

It is imperative that a body of knowledge comparable to that being developed in the UK under the Better Communication Research Programme should be developed here in Ireland.

Educating the Educators - Feedback from teachers and principals is that there was a high level of awareness of the importance of oral language, however there was a significant demand from the schools to develop teacher skills in this area. Although there is a focus on literacy and language in the third level teacher-training sector and to a lesser extent in the further education sector through FETAC level 5 and 6, it is theoretical in nature. Feedback from early years practitioners and especially from national school teachers was that action based learning like the Happy Talk model should be incorporated into their training. It is recommended that an action model like Happy Talk should be introduced into the curriculum for FETAC level 5 and 6 Early Childhood Care and Education. Likewise practical, action focused practice could be introduced into the Bachelor of Education programmes across the country. Happy Talk training programmes could be offered to teachers as part of their Continued Professional Development (CPD) Programme including summer courses. It is recommended that Happy Talk Consortium members prioritise meeting with the Department of Education personnel to begin this process.

It is further recommended that speech and language training in university should include some community-based service in addition to the requisite training in childcare and educational settings. Ideally this training should be based in disadvantaged areas.

Community Based Interventions - Although Happy Talk is a relatively small-localised project, the learning in relation to what works well in terms of engagement is substantial. Delivering children’s services like speech and language in local, non threatening environments like schools has been shown to work through Happy Talk and numerous other pilot projects nationally and internationally. The model of early years settings, schools, health services, speech and language working together with parents and children is very effective and should be promoted. Happy Talk advocates and delivers a preventative, early intervention model as opposed to a clinical model. The universal approach to providing services before they are needed has resulted in earlier referral to mainstream services, and hence earlier intervention when it is needed. But more importantly, it is likely to reduce the number of children requiring clinical intervention at all. Going forward this approach to services should be normalised and encouraged through inter-agency collaboration and cooperation. Speech and language interventions should continue to be supported to be delivered in community based settings where families are living and working.

A Model of Parental Engagement

The Happy Talk model of parental engagement has been proven. It works and it has had a positive impact on all of the key people, children, the parents themselves, the early years services and the schools. Happy Talk and associated agencies should use the Happy Talk Model to encourage parental engagement for speech and language interventions as well as wider community/family and school programmes across the spectrum.

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The Consortium should consider the model when devising strategies in support of families and children outside of the speech and language environment. Intensive and supportive parenting work undertaken through the Parents Together Programme was very effective in this area and could be run in parallel with other initiatives to support parents.

For the next year of the project, Happy Talk should consider alternative strategies for engaging with crèche and preschool parents. This strategy is likely to include a specific campaign to raise awareness of the amount of language children learn in their early years, together with the importance of language development. A particular poster campaign aimed at removing the dummy may also be useful. Ultimately, it will require the Happy Talk team to support the staff of the crèches to understand why parental engagement is important and to try to bring parents into the settings.

**Transferring the Learning**

Happy Talk was a demonstration project. The model has been proven and is successful at eliciting results for children and in engaging with key stakeholders especially parents. It is strongly recommended that the agencies involved in the Consortium should lobby for Happy Talk to be resourced and rolled out in other communities with high levels of speech, language and communication need in Cork City and beyond.

The Happy Talk manual supported by training for Speech and Language therapists would form a good foundation for the approach to be used in other places and indeed this process has already commenced in other parts of Cork, Limerick and Kerry.
### Objective One - Improve Language and Learning Skills of Children aged 0-6 in The Glen and Mayfield

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Baseline</th>
<th>Indicators</th>
<th>Targets/Results</th>
<th>Methodology/Instruments</th>
<th>When</th>
<th>Responsibility</th>
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</thead>
<tbody>
<tr>
<td>Measurable gains in children’s language development in the 0-3 and 3-6 age groups.</td>
<td>60.4% of all children in junior infant classes in The Glen and Mayfield had speech and/or language difficulties at the beginning of the 2011/2012 academic year.</td>
<td>42% of all children in junior infant classes in The Glen and Mayfield had speech and/or language difficulties at the end of the 2011/2012 academic year.</td>
<td>5% improvement from baseline by 2014 Significant improvements within the class groups from the beginning of the intervention to the end of the intervention. Significant improvements in children presenting with severe language delays in year 1 the number of children with a severe language delay was 21%, this was reduced to 0 at the end of the intervention. Likewise in yrs 2 and 3 the numbers were 22% at the beginning of the intervention reducing to 12% and 28% at the beginning of the year reducing to 7%.</td>
<td>Formal diagnostic assessment of children using CELF Preschool 2nd instrument and the Renfrew bus story and DEAP.</td>
<td>Junior infants in Q4 2011. Reassessment in Q2 2012. (Same in 2013 and 2014) Preschool 1 – Q1 – 2012 Impact will be assessed by the assessment of junior infant pupils in 2012 and 2013.</td>
<td>S&amp;L therapists</td>
</tr>
<tr>
<td>EDI Language and Competence Mean = 8.0 EDI Communication Skills and General Knowledge – Mean = 6.3</td>
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<td>Improved social outcomes for children.</td>
<td>EDI – Social Competence = Mean 7.4 Emotional Maturity = Mean 7.1</td>
<td>Improved behaviour Improved social skills Improved self-confidence Engagement in learning Improved scores on 2 EDI domains</td>
<td>EDI – Social Competence = Mean 7.8 (Actual result 7.5) Emotional Maturity = Mean 7.4 (Actual result 7.2)</td>
<td>EDI will be re-administered by UCC in 2012, 2013 and 2014</td>
<td>As above</td>
<td>EDI will be re-administered by UCC in 2012, 2013 and 2014</td>
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<tr>
<td>Outcome</td>
<td>Baseline</td>
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<tr>
<td>Improved parental capacity to support children’s language development.</td>
<td>Zero baseline data available</td>
<td>Improved parental participation in school activities. Improved parental confidence (self reported)</td>
<td>Improved parental capacity to support children’s language development. More than 700 parents participated in the project between the three years. This equates to more than 75% of all parents of 0-6 year old children in The Glen and Mayfield. Feedback from parents was 100% positive. Feedback from the schools was that parents who participate in Happy Talk are more engaged with the school and are more likely to participate in school activities. Parents reported improved knowledge of the importance of oral language and especially of the importance of books and reading to children.</td>
<td>Customised programmes based on the Elklan and Hanen Parents Programmes at preschool level. Interviews and/or focus group with parents</td>
<td>Parents were a core part of the project and there was constant engagement at all stages. The evaluator undertook consultations with participating parents in year 1 and at the end of year 3.</td>
<td>S&amp;L therapists Consultation (evaluator)</td>
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## Table 6 - Objective Three

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline</th>
<th>Indicators</th>
<th>Targets</th>
<th>Methodology/Instruments</th>
<th>When</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Increase in number of children identified and assessed</td>
<td>3 speech and language assessments. 11 Early intervention assessments in the academic year 2011/2012 in the five participating schools.</td>
<td>28 additional children referred to HSE S&amp;L. 23 children referred to DES (SENO). Shared 5 assessment results with HSE. 2 Preschool children referred to early intervention team. 3 children referred to private OT and 10 referred for private psychological assessment.</td>
<td>5% increase in referrals from the baseline.</td>
<td>Report on data available from schools.</td>
<td>On-going</td>
<td>Schools and evaluator</td>
</tr>
<tr>
<td>Improved transition arrangements between preschool and primary school</td>
<td>Zero baseline – no transition arrangements were in place in the Preschools</td>
<td>Participation by preschool staff and teachers. 5 primary schools participating. 302 transition flowers completed in 2013.</td>
<td>Guidelines developed by December 2012. Guidelines being implemented by 100% of services by June 2014.</td>
<td>Qualitative review of documents and procedures. Stakeholder interviews/focus sessions.</td>
<td>March 2012 and March 2013</td>
<td>Evaluator</td>
</tr>
<tr>
<td>Improved coordination between services in The Glen and Mayfield</td>
<td>Zero baseline</td>
<td>Qualitative reports based on stakeholder consultations and observations. Number of new collaborative interventions.</td>
<td>Improved collaboration as evidenced by self reports from stakeholders. Stakeholders report continued good relationships and improvements in some cases. Improved collaboration attested by stakeholders.</td>
<td>Questionnaire to be delivered to all partners by the evaluators in Q1 2012 and Q2 2014.</td>
<td>Q1 2102. Re-administered in Q1 2014</td>
<td>Evaluator</td>
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<tr>
<td>Greater awareness of early intervention in language and learning in the community</td>
<td>Book Area Audit: Out of a total score of 152 (19 services x 8 domains) 32 ‘Not yet developed’ 93 ‘Developing’ 27 ‘Enhancing’</td>
<td>19 services participated in 2012/2013. 5 ‘Not yet developed’ 65 ‘Developing’ 90 ‘enhancing’</td>
<td>Book Area Audit: Out of a total score of 152 (19 services x 8 domains) 0 ‘Not yet developed’ 30 ‘Developing’ 122 ‘Enhancing’</td>
<td>Review of audit reports, stakeholder consultations.</td>
<td>April 2014</td>
<td>Evaluator</td>
</tr>
<tr>
<td>Outcome</td>
<td>Baseline</td>
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<td>Improved skills and capacity of early childhood care and education workforce</td>
<td>Zero baseline</td>
<td>Participation in training programmes. Participation in training with S&amp;L therapists</td>
<td>New skills development for 80% of core (non CE or Tús) early childhood care and education workforce in the area. 100% of preschool, crèche and junior infant teachers in the Happy Talk settings were upskilled. 59 early years practitioners and teachers received training in the Elklan Programme.</td>
<td>Reports of training numbers from Happy Talk</td>
<td>Review figures in 2014</td>
<td>Evaluator/National Evaluation team</td>
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