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Promoting language and literacy skills in the early years: lessons from interdisciplinary teaching and learning

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Abstract

The recent focus on joint training programmes to support the development of interagency/interdisciplinary collaboration places considerable emphasis on interprofessional education at undergraduate and postgraduate level. It is therefore important to ensure that interprofessional learning is embedded in Continuing Professional Development (CPD) and that professionals across health and education who work together to support children with communication problems can develop a better understanding and appreciation of each other's roles (Wright et al., 2004). This paper presents the findings from a study of interdisciplinary training for early years practitioners aimed at improving identification, understanding and practical support for children at risk of language and literacy difficulties (Wood, Wright and Stackhouse, 2000). Specific activities designed to facilitate interdisciplinary learning are presented and what the practitioners on the courses took away in terms of knowledge, skills and attitude is discussed.

Keywords: early years, evaluation, language, literacy, training

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Background

A range of initiatives and legislation have encouraged and supported collaborative working practices between professionals from health, education and social services. Government initiatives in the UK such as Sure Start (DfEE, 1999) (www.surestart.gov.uk), the Code of Practice (2001), National Service Frameworks, the Every Child Matters framework (2004) and the introduction of Primary Care Groups have had a significant impact on encouraging inter-professional education and learning. Professional bodies such as the Royal College of Speech and Language Therapists have also produced position papers (Gascoigne, 2006) which outline the need for interdisciplinary work to support children with communication problems.

The importance of understanding each other's professional roles through interdisciplinary work and the value of learning from each other has been recognized in initial professional training, leading to developments in interprofessional education (IPE) but opportunities to learn together need to continue once people are qualified through Continuing Professional Development (CPD). In this paper the term interdisciplinary is used to indicate that practitioners from different disciplines come together to solve problems, share and combine ideas.

Interprofessional education in initial training

The government pressure for more collaborative work has led to an increase in IPE. The Centre for the Advancement of Interprofessional Education (CAIPE) defines IPE as: 'Occasions when two or more professions learn from and about each other to improve team collaboration and the quality of care' (Barr *et al.*, 2000). IPE activities are found in initial or pre-registration courses where a range of opportunities are being provided for interprofessional education to occur and to be evaluated.

Interprofessional education as continuing professional development (CPD)

After gaining an initial professional qualification there is a need to continue to maintain and develop professional knowledge and skills throughout one's working life. This process is described as 'lifelong learning' and this provides the opportunity to increase our knowledge and develop and refine specific skills. This may occur through a range of activities related to our work and so come

under the umbrella term 'Continuing Professional Development' (CPD). CPD is now mandatory for many professional groups and it ensures that professionals keep up to date, ensures professional standards are maintained and facilitates an exchange of ideas. CPD can take many forms such as: being mentored by a specialist; attending conferences; reading journals; being part of an e-discussion group; studying for an advanced qualification such as a master's degree or attending short, locally run courses.

Interprofessional learning can also occur within the work place as well as through specific CPD events and when professionals from health and education work together to support children with communication problems they can develop a better understanding and appreciation of each other's roles (Wright *et al.*, 2004).

In recent years managers in the UK have had to be creative in the ways in which they enable staff to carry out their CPD activities as training budgets have been reduced and the cost of cover for staff absent from the classroom has increased. In the light of these financial constraints anything that enables people to acquire new knowledge by working together (Wright and Kersner, 2004; Wright, 1996) is an attractive proposition for managers, particularly where the event and the costs are shared with other agencies. For example, by being involved in multidisciplinary assessments staff can acquire new information and ideas (Wright *et al.*, 2004), and the opportunity to talk with other professionals and share ideas is a valuable way of increasing one's own knowledge of another's area. Tollerfield (2003) found that 'Professionals ... gained skills and knowledge as a result of planning, teaching, reflecting and evaluating together (p. 81).

Barriers to interdisciplinary learning and training

Working together is not always easy and practitioners have highlighted the barriers to such work (Wright and Wood, 2006; McCartney, 1999). Sharing information can be difficult when profession-specific terminology inhibits or confuses communication. Some professionals fear the loss of their area of expertise if professional boundaries are not maintained but Miller and Wright (1995) found that where professional boundaries are too rigid professional collaboration was unlikely to occur. If collaborative working practices are to develop and be maintained, it is crucial that this is supported by service managers as without the 'top-down' support it is difficult to overcome the different agendas and priorities that are held by the different professional groups.

When exploring the opportunities for facilitating collaborative training through a course that would update people's knowledge (Wood *et al.*, 2000),

it became apparent that even when managers supported training events they initially appeared to value the ‘knowledge building’ aspects of a course more than the IPE aspects. Managers also had some concerns about the knowledge base of different professional groups and how this might affect such a course. There was also an acknowledgement that practitioners from different disciplines often have diverse working patterns which influence when courses can be held. This was linked with the cost and logistics of providing cover for staff to attend courses and an awareness that participants from some disciplines may have to attend such training in their own time.

However, once barriers to providing interdisciplinary training have been overcome, the potential benefits can be vast. In a review of 217 studies of interprofessional learning, Freeth *et al.* (2002) categorized 53 studies out of the 217 as ‘higher quality’ and found that of the higher quality studies, 76% reported positive outcomes and none reporting wholly negative outcomes.

The positive outcomes which were reported included:

- 1) *a positive reaction to the training by participants*, for example a positive rating of the educational experience and enjoyment of the interdisciplinary interaction;
- 2) *changes in attitude and perception*, for example changes in attitude towards teamwork and perception of the competence of other professionals;
- 3) *changes in knowledge and skills relating to interdisciplinary collaboration*, for example increased understanding of the roles of other professionals, increased knowledge regarding the nature of interdisciplinary teamwork and the development of interpersonal communication skills;
- 4) *changes in practitioner behaviour*, such as improved interdisciplinary communication;
- 5) *changes in organizational practice*;
- 6) *benefits to clients*.

Findings from study of interdisciplinary training for early years practitioners

The authors of this paper worked with two charities, the British Dyslexia Association (BDA) and Afasic, on a project to improve the identification and understanding of children at risk of language and literacy difficulties. The main outcome of the project was the development and evaluation of an interdisciplinary course – *Language and Literacy: Joining Together* – for early years practitioners (Wood *et al.*, 2000). The course aims were to improve the identification and understanding of children at risk of language and literacy

difficulties and to provide practical support for early years workers and opportunities for interdisciplinary work.

Language and Literacy: Joining Together was designed following a training needs analysis and a review of relevant literature. It consisted of four 2-hour sessions covering:

- getting started with language
- language and literacy
- fostering good practice
- working together – building links.

The training needs analysis questionnaire was sent to nearly 300 early years practitioners including doctors (family doctors and paediatricians), health visitors, speech and language therapists, teachers, pre-school/playgroup staff and Portage home visitors in one authority in the south of England. The questionnaire was used to explore the practitioners' knowledge of children's language and literacy development, their CPD experiences in relation to this area and their future training needs. The majority of the respondents indicated that they wanted any training that related to children's language and literacy development to be offered as a course (82% of respondents) and they wanted it to be interdisciplinary in nature. In this way the findings matched the recommendations of Hammick *et al.*'s (2007) review of IPE in that the course was designed to provide an interdisciplinary learning experience that was 'customized' and reflected 'appropriate and relevant service delivery settings ...' The course objectives were developed in light of the literature review and the findings from the training needs analysis. Once the course had been designed, it was run three times by the same two tutors and participants completed evaluation forms after each session and after each course. The course catered for a broad range of early years practitioners including:

- pre-school and nursery staff
- health visitors
- speech and language therapists
- portage workers
- doctors
- librarians.

The following broad topics were included in the course content:

- normal language development;
- factors influencing language development;

- factors influencing early literacy development and the links between language and literacy;
- interaction with children and styles of interaction that benefit spoken and written language development;
- the early years curriculum and ways it can be used to promote language and literacy development;
- issues around team working, including roles of different practitioners, collaboration and use of shared terminology;
- the processes involved in working across multi-agency teams including: making referrals, keeping records and passing on information.

The content was amended in the light of participants' feedback and was then run again in a different authority by two new tutors. This provided an opportunity to further evaluate the course to ensure that it could be used by others.

Ways of facilitating interdisciplinary learning

As this was an interdisciplinary course it was necessary to ensure that the organization and running of the course facilitated the interdisciplinary contact. How could the interdisciplinary aspect of the course be made an explicit feature? How could people be encouraged to mix with others from different professions? How could practitioners from the early years be encouraged to talk to each other and exchange information? In an attempt to answer these questions the following approaches were used:

- the use of explicit course objectives
- controlling the physical layout of the learning environment
- the choice of specific activities.

Explicit course objectives In one of the four sessions the objectives focused specifically on interdisciplinary work. The aim was for participants to:

- be aware of the strengths and weaknesses of current systems for identifying and monitoring children at risk of having speech, language and literacy difficulties;
- understand how systems across the multi-disciplinary team can most effectively be used in combination;
- be aware of the potential routes for referring children to other members of the multi-disciplinary team;
- understand the issues involved in passing on information to others, including the child's future school.

Physical layout of the learning environment The arrangements for seating had the purpose of encouraging practitioners to work with people from other disciplines. It is not unusual when attending a course to sit beside someone you already know. To facilitate interprofessional contact right from the start of the course, participants were seated in small groups at tables. They were assigned to the tables via the use of coloured dots. A different coloured dot was used for each professional group and on each table a piece of paper had a number of coloured dots on it. This indicated how many people with a specific coloured dot could sit on that table. So, on a table for six people where there was only one blue dot this indicated that only one health visitor could sit at that table as health visitors had been assigned the colour blue. This ensured that professional groups were scattered across all the tables.

Choice of activities The activities used on the courses varied in the degree to which they facilitated interdisciplinary learning but all involved some interaction with the other people on the table either to discuss the results of individual work or as a task that had to be done by the group. The small group work enabled participants to talk through their thought processes and to learn from each other. It provided an opportunity for people to talk to each other, which is crucial when trying to develop collaborative working practices. The aims of the activities, which are described in more detail below, were to promote knowledge, interdisciplinary working and specific skills and attitudes. The activities were used to promote a deeper level of understanding among the participants (Gibbs, 1992; Rowntree, 1990). Three to five practical workshop activities were included in each of the course's four sessions, in order to encourage participants to actively engage with the material and with each other.

Activities were designed to encourage participants to share knowledge and information across disciplines. An example of one such activity was a discussion about the types of records that each discipline keeps. In this activity participants had to explain the purpose of their records and for example, the confidential nature of medical notes. This enabled course participants to be more aware of and understand the different requirements of various statutory agencies and professional bodies. In another activity participants had to match brief job descriptions to job titles for a range of early years practitioners. In this they were able to examine their own knowledge in the light of material that had been presented, update their knowledge base and challenge any stereotypical beliefs. It was also possible in this situation for practitioners from one professional group to update others on changing activities within their work as well as highlighting any organisational changes in the local area. There were activities that were designed to encourage people to reflect on their current knowledge

such as when they had to label statements about children's language development as 'true' or 'false'. In this activity some professionals such as speech and language therapists and Portage workers, had to make their own implicit knowledge explicit in order to support their decisions for answering a question in a certain way. In the small groups there was the opportunity to share specific knowledge with each other or apply their knowledge or what they had learnt to real and/or hypothetical cases such as when analysing the early literacy skills of two children whom they saw on a video clip.

Evaluation of the course

After designing the *Language and Literacy: Joining Together* course it was run three times. The same two tutors ran the course and a total of 87 participants attended the three courses. The evaluation process and the outcomes of the evaluation are described in the following sections.

At the end of every session on the three courses feedback forms were completed by those attending in order to provide a 'snap-shot' view of participants' perceptions of the course. The participants were asked to respond to five questions about the course after each session. Each question required them to rate one aspect of the course on a four-point scale and there was also a space for additional comments under each question. The five questions were:

- Were the session aims achieved?
- Were the session aims relevant to you?
- Were the activities useful?
- Were the handouts useful?
- Do you expect to make use of what you have learnt today?

After the last session on each of the three courses the participants were asked to respond to a further seven questions, listed below. Each of these questions was either in a yes/no or rating scale format and there was space for additional comments under each question. Participants were also invited to make any general comments at the end of the form.

- Did the course enable you to meet your personal learning objectives?
- What did you think about the way that the seating was organised (using coloured dots to mix disciplines on each table)?
- Which of the assignments did you find it possible to do?
- Were the assignments that you did useful?
- How would you rate the length of the course? (i.e. four sessions)
- How would you rate the tutors' presentation of the information?
- Would you recommend this course to other people who do the same job as you?

Findings from the feedback forms

Eighty-seven participants in total attended the initial three courses. The attendance rate was high throughout all three courses. There were only 20 absences out of a possible 348 across the three courses. The response rate for returning the feedback forms across the three courses was 98%. Overall, the responses were positive. For each question, over 50% of respondents gave the top rating and over 85% gave one of the top two ratings, 88% of them said that they would recommend the course to others that do the same job as them and 84% said that they had met most or all of their personal objectives. It was encouraging to see that 99% of the respondents thought that the multidisciplinary seating arrangement was either a 'good' or 'very good' idea.

Pre- and post-course semi-structured interviews

Semi-structured interviews were carried out with 23 participants (20%) before and after they attended the courses. The pre-course interviews took place up to four weeks before the start of the course and the post-course interviews took place 14 weeks after the end of the course. The period of 14 weeks was chosen to ensure that participants had had time to put any intended changes into practice and to avoid the next holiday period. The interviewees were seen at their place of work at a mutually agreed time.

All of the 87 course participants were invited to take part in pre- and post-course interviews. From the responses received interviewees were selected to ensure that there were representatives from each discipline and from each of the three courses. With the exception of preschool/nursery staff, one representative was selected from each course, for each discipline. Three representatives were selected from the preschool/nursery staff for each course (one leader and two assistants), in order to represent more closely the proportion of course participants from this discipline.

There were two interviewers, one for the pre-course interviews and one for the post-course interview. The interviewers were professionals working with children under five years and were specialists in the topic area. Neither interviewer had had any previous involvement with the project. This meant that the interviewees were more likely to view them as being neutral and to give honest answers to the questions.

The interview schedule for the pre- and post-course interviews covered the following topics which related to the aims of the course:

- reasons for attending the course (pre) / general opinion of the course (post);
- level of contact with other disciplines;
- use and understanding of terminology when talking to people from other disciplines;

- level of confidence regarding speech and language development;
- level of confidence regarding literacy development;
- methods of recording information about children;
- advice given to parents;
- attitude to and systems for passing information about children on to schools.

The semi-structured interview schedule enabled the interviewers to follow up the set questions with open prompts where necessary.

Findings from interviews

The interview data was transcribed and the analysis of the data involved the identification of common themes. For example, of the 23 people that were interviewed, 12 people said that the multidisciplinary nature of the course was really valuable and that they benefited from meeting others and finding out what they did. There were three people who attended the first course who said that it had helped other practitioners to know what they did. It was apparent that for some members of particular professional groups the nature of the course provided a PR opportunity for them to talk about their service. Some practitioners discovered new information about procedures and systems so that they knew who they could contact and how:

'I learnt more about Portage ... talking on the phone or reading a piece of paper about it isn't quite the same as meeting someone face to face.'

'I know that I can ring straight to the speech and language therapist. I thought I always had to go through the health visitor.'

Many practitioners emphasized the value of the contact with others who had a different perspective on issues either due to their training or their current role. Examples of some of the comments are given below:

'there were other people who had extremely valuable things to contribute ... it hadn't occurred to me ... I wasn't aware of their role before.'

'Its really beneficial to see everybody else's point of view because you do become very isolated – if you're just thinking one way you don't see it from a doctors point of view.'

'I liked the multidisciplinary part of it, the fact that there were people from all walks of life and all the different people that work with the children'.

'that's what I really enjoyed about the course, that it wasn't just us or just them, that we were all seen as very important people.'

After completing the course some participants were more confident about seeking clarification regarding the use of profession-specific terminology.

They realized that they could not be expected to understand every term used by different professionals.

'I always thought I was expected to know what the terminology was but the course explained that you're not.'

'It gave me the confidence to say, 'Hang on a minute, what does that mean?'

People took different things from the course. This may have been about the breadth of the subject matter covered under the heading 'language and literacy' or the roles that other people had in relation to children with such difficulties. The aim of the course in facilitating interdisciplinary contact and learning certainly appeared to have been valued by the participants.

'I think what the course has done has highlighted certain aspects of language development that perhaps I might have not thought about.'

'Interesting in respect of actually meeting other people from other professions and seeing how much work they do with the children with language and literacy and actually all pulling together in the group was really helpful.'

'I liked the system of the coloured spots so that we could sit with people from other disciplines and we could discuss things.'

Further evaluation of additional courses

After the evaluation described above further *Language and Literacy: Joining Together* courses were run in other parts of England by local tutors. To ensure that the training package was accessible to others who ran the course, two of these courses, which ran in two very different local education authorities (LEAs), were evaluated in some detail. The data were collected before and after practitioners attended the *Language and Literacy: Joining Together* courses. As in the original three courses, evaluation forms were used after each session to collect information about the satisfaction levels of the participants. Additionally, a combination of questionnaire surveys and telephone interviews were used to collect information before the course and to highlight changes in practice that occurred following course attendance.

Before the two courses in the two different LEAs telephone interviews took place with 12 course participants. They were asked to identify their personal objectives for attending the course and the current level and nature of their multi-agency working. After the course telephone interviews took place with the same people and they were asked about the level of achievement of personal objectives and the expected impact of the course on multi-agency working. Post-course questionnaires were sent to all participants exploring their personal objectives for attending the course and the level of achievement of personal objectives.

The courses in the two different LEAs were attended by 247 practitioners who evaluated the course in a positive way. However, in one of the local authorities the course ran with a mix of disciplines while in the other authority they had a predominantly education-based group of participants. One of the course tutors felt that the course was not as effective when they did not have a balance of disciplines. Despite this difference in composition the evaluation forms collected after each of the sessions showed similar results to those given by the participants who attended the pilot courses which were run during the development of the course. Practitioners who agreed to be interviewed before and after the courses indicated that the course had had an impact on their collaborative practice. Although they had had some personal objectives when they came on the course that were collaboration based, the majority of their objectives related to gaining new knowledge so that they were able to:

- identify children who are at risk;
- know what signs to look for in order to identify children with difficulties early;
- recognize whether a child's language skills are delayed;
- set achievable targets for children;
- gain new ideas for activities which extend vocabulary development;
- plan phonological awareness activities that extend children's language and literacy.

However, most of the final comments especially from those who attended the course where there was a mixed group of practitioners related to the benefits of networking. For example, a crèche worker who had not previously had contact with a health visitor had had direct contact following the course and was now a member of a working group that would continue to meet; a nurse felt that she had more knowledge and contact with SLTs and felt that her referral information had improved as a result of this contact and was now more relevant; and a health visitor had made arrangements to go into a playgroup.

Discussion

The interdisciplinary course discussed in this paper was developed in response to the request of the early years practitioners who responded to a training needs analysis questionnaire. It could be argued that the impact of training should include an evaluation of the impact on the children with whom the professionals work. However, this was not the aim of the project reported in this paper although this would be an important development for the future. In designing the *Language and Literacy: Joining Together* course the focus was on the need to develop the knowledge and practices of practitioners in the early years.

The findings from the training needs questionnaire were similar to those reported by Mroz (2006) who found that when asked about their training needs, practitioners in education settings wanted training sessions to include workshops with time between the sessions to apply new skills and knowledge. Courses/workshops are one way of delivering CPD and provide a structure within which people can learn together. A course that is going to facilitate interaction needs specific activities which enable this to occur as well as the possibility of people on the course meeting on more than one occasion so that they can develop a working relationship.

Of the 23 participants interviewed after the original three courses were run, 21 (91%) people responded positively to the interdisciplinary aspect of the course. Interdisciplinary learning was a central feature in the design of a course and participants' comments demonstrate that they had benefited from working together during the course.

'I think because it was multidisciplinary I learnt a lot from the other people who were on it not only from the tutors.'

'I suppose I'm more aware of the breadth of questions that I could ask to get information rather than being more medically orientated in my approach, which might have been the case before.'

'I know a bit more about the background of their work and what they are doing and where they are coming from whereas before they were just a name on a list of people.'

However, interdisciplinary learning is not easy to arrange and care has to be taken to ensure that participants with different levels of knowledge feel at ease and can gain from interdisciplinary courses. A small number of participants questioned why the seating had been organized to ensure that different disciplines sat together and one interviewee commented that initially it was not always a comfortable experience for those involved.

'Initially I have to say I'm not usually one to feel intimidated but there were a number of medical officers there ... we didn't need to be mixed up quite as much ... came out feeling 'oomph, hang on is this a good idea?' That changed because in the second session ... it was noticeable that the medical officers were taking on board more what we said about what happens to a child in a nursery environment ... I think that in the end they valued you for what you did.'

In general, however, the feedback from the majority of participants on this course was positive and echoed the benefits from interdisciplinary courses that

have been outlined by Freeth *et al.* (2002). The people on this course reported an improvement in their knowledge about the links between language and literacy and were more aware of the role of other professionals who worked in Early Years. They were also more knowledgeable about which professionals in their geographical area they could contact directly. The participants interviewed after the course were aware of ways in which they could improve the lines of communication between themselves and other practitioners. Participants who had originally stated that they attended the course to increase their knowledge in the area of language and literacy afterwards acknowledged that they had also benefited from the interdisciplinary education and learning provided during the course. They reported improved professional links after the courses:

*'I'm much more confident about ringing up somebody else now.'
'there are other people who can help us – help advise – and also be working in partnership with us.'*

In the light of these comments one way of measuring the impact of the course in the future would be to record numbers of referrals to the Speech and Language Therapy Services before and after the course.

The approaches used to facilitate interdisciplinary learning such as the organization of the learning environment and the types of activities used to promote learning can address issues that it may not be possible to deal with at work. For example one participant referred to the case studies and reported that:

'The thing that was most fascinating was the case studies where we had to prioritise them the one most at risk. That was a real eye-opener because there were things there that you just hadn't considered.'

In this activity participants were asked to read and discuss short case studies of children and then rank them in order of which children were most at risk of having language/literacy problems. Practitioners were able to bring their individual knowledge to the discussion and information was exchanged. In a work situation people may have been unwilling to reveal their lack of knowledge in relation to the children with whom they work whereas the hypothetical stories created a safe learning environment.

The practitioners varied in what they took away from the course in terms of knowledge, skills and attitude. For some people their focus was on the language and literacy links:

'I think it was the references to the literacy skills, linking the literacy to the language which I obviously knew but as I say hadn't really thought about ... and the course made me do that which I found very valuable.'

The majority of the interviewees felt more confident in identifying whether a child's language skills were developing normally. Six (26%) out of the 23 interviewees reported that the course had made a difference either in raising their awareness of their own use of terminology or it had increased their confidence to ask if they did not understand something.

Conclusion

Interprofessional learning can take many forms. People who are encouraged to work together as part of their job can learn from each other. People based in the same place, such as a school, are more likely to work together and learn from each other (Graham, 1995; Graham and Wright, 1999; Wright, 1996). Sometimes the physical layout of a workplace allows the possibility of an informal learning environment such as a 'staffroom' where there is an opportunity for 'casual' learning over a cup of tea or coffee. However, not everyone is around at the same time and not all health employees are able to visit educational settings and vice versa. Therefore, for people to work together and learn from each other there also needs to be a planned situation such as a multi-disciplinary assessment or a taught course with clear and shared goals. Such a course is more successful if it includes activities specifically designed to facilitate interprofessional working and if participants have the opportunity to discuss these activities with each other both within and between training sessions.

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