# **Using Participatory Action Research methods to implement** the BEST intervention in early years settings Laura Chambers, Dr Christine Jack, Professor Cristina McKean, Professor Helen Stringer & Dr Sean Pert

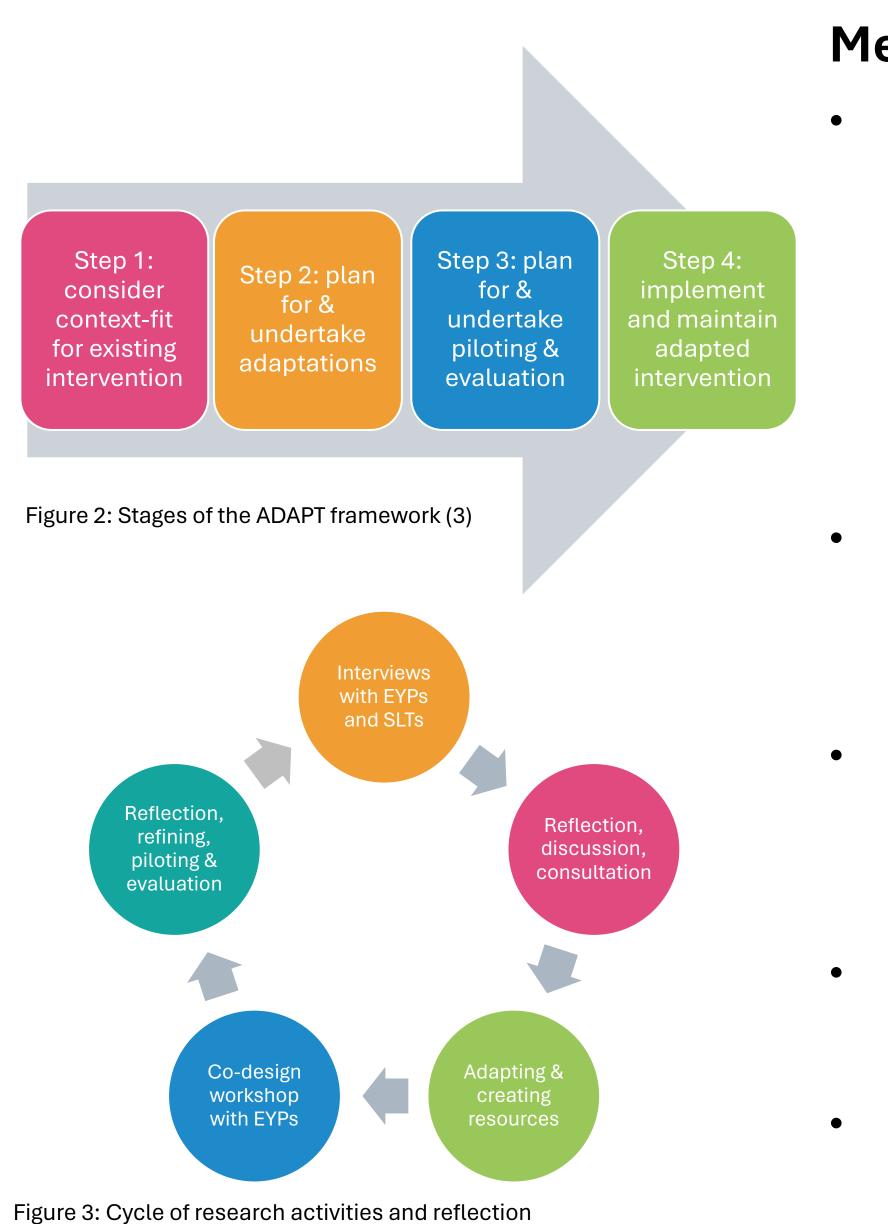
## Introduction

Pressure on Speech and Language Therapy services and a growing number of children with speech, language, and communication needs (SLCN) means that schools are increasingly looking for ways to support children's language development. Evaluated as part of the Language Intervention in the Early Years (LIVELY) project (1), Building Early Sentences Therapy (BEST) is an effective language intervention for children aged 3-6 with language difficulty or disorder (2). Currently, BEST is a specialist-level intervention delivered by Speech and Language Therapists (SLTs; figure 1). This project aims to work collaboratively with developers, schools and SLTs to adapt BEST so that it can be delivered by Early Years Practitioners (EYPs) in schools while retaining a focus on implementation fidelity (i.e., ensuring that the intervention is delivered as intended).

SPECIALIST: For children with high level of need, intervention delivered by SLTs **TARGETED**: Additional support for children with SLCN delivered by schools with support from SLTs

**UNIVERSAL**: High quality teaching and interaction for all children to support speech and language development

Figure 1: Tiers of Speech and Language intervention delivery models



#### Methods

- This ongoing project is guided by the ADAPT framework (3) for adapting and transferring existing interventions to new contexts (figure 2). Stakeholder involvement is an overarching principle central to all stages of adaptation. We invited EYPs and SLTs to participate in a range of research activities using an iterative cycle of reflection and development to understand what knowledge, resources and support schools will be needed to deliver BEST with confidence and high levels of fidelity (figure 3). We also consulted with two members of the original BEST development team (Professor Cristina McKean and Dr Sean Pert).
- We conducted face to face and online semi-structured interviews with six EYPs and with two SLTs with experience delivering BEST. Participants were given the opportunity to review current BEST resources prior to or during the interview.
- Interviews with EYPs focused on the acceptability and feasibility of delivering BEST in their schools, current practices relating to assessing, monitoring and supporting SLCN, and generating ideas about adapting resources and creating training materials.
- Interviews with SLTs focused on the suitability and feasibility of adapting BEST to be delivered in schools by EYPs, training, coaching and support needs for school staff, and how to promote and monitor fidelity.
- We consulted with a Special Educational Needs Coordinator with knowledge of BEST to inform the creation and adaptation of BEST resources which will be presented to EYPs at a future co-design workshop

### Findings

- •EYPs identified increasing levels of SLCN but often had limited access to SLT services. They are confident in their ability to deliver BEST, identify eligible children and administer assessments but do not have robust systems in place to monitor fidelity.
- •EYPs and SLTs made suggestions for training materials and adaptations to resources to improve accessibility.
- •SLTs believe EYPs will be able to deliver BEST with support and coaching but have concerns around eligibility criteria and the need to ensure schools understand that BEST may not be suitable for all children.
- •SLTs proposed a model of service delivery where SLTs lead on

### Discussion

Schools are enthusiastic about BEST and are keen to take a lead in delivery. Insightful and practical suggestions and feedback have informed the adaptation of existing BEST resources. SLTs support a school delivery model but would need to have strategic input to guide clinical decision making and support treatment fidelity. Further reflection and engagement with stakeholders including SLT managers will be needed to develop a service model which is acceptable and feasible for both schools and SLTs.

#### Next steps

 Host a co-design workshop with EYPs to present and review adapted BEST resources, generate discussion and encourage feedback.

eligibility, assessment and goal setting, and schools lead on delivery.

•SLTs could offer support to schools to ensure they are delivering

BEST as intended to maintain the integrity of the intervention.

•Successful implementation of BEST in schools has the potential to

reduce pressure on SLT services by delivering early intervention at

scale.

• Reflect on outcomes of co-design activities and make further refinements to

materials and resources.

• Reflect on outcomes of research activities so far and make plans to pilot adapted resources with schools.

#### References

1; Language Intervention in the Early Years (LIVELY). (2024). retrieved from https://research.ncl.ac.uk/lively/aboutlively/ 2; Trebacz, A., McKean, C., Stringer, H., & Pert, S. (2023). Piloting building early sentences therapy for pre-school children with low language abilities: An examination of efficacy and the role of sign as an active ingredient. International Journal of Language & Communication Disorders. 3; Moore, C, M., Copeland, L., Craig, P., Movsisyan, A., Hoddinott, P., Littlecott, H., O'Cathain, A., Pfadenhauer, L., Rehfuess, E., Segrott, J., Hawe, P., Kee, F., Couturiaux, D., Hallingberg, B., & Evans, R. (2021). Adapting interventions to new contexts—the ADAPT guidance. BMJ (Online), 374, n1679–n1679.







The University of Manchester



