



You Make The Difference® - An Australian Health Promotion Strategy

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Communication impairments are among the most common childhood disabilities in the western world, and as a result, their treatment has recently become an extremely hot topic for parents, family support professionals and researchers alike (Dowd, Withers, Hackwood & Shuter, 2007). It is well-known that early interventions which promote rich language-learning environments and address early literacy make the most of early childhood development, academic achievement and later outcomes for children. While studies have consistently borne this out, research carried out specifically on the You Make the Difference® Program has been scarce.

Until very recently, Hanen relied on the overwhelmingly positive feedback we received from parents, as well as the observations of the group leaders to confirm the effectiveness of the program. Thankfully, a recent and much anticipated study on the *You Make the Difference* Program in Australia provided a researched perspective confirming what we already knew – that YMTD is promoting language development and helping families build successful outcomes for their children. The following is a breakdown of the study as well as a short discussion of its results.

Study Design

The study, conducted by Queensland University in partnership with the Royal Children's hospital and health services office, looked at the *You Make the Difference* Program as a part of the "Play and Talk Health Promotion Strategy" in Australia. The "Play and Talk" strategy itself is aimed at curbing

the demand for speech pathology services within the Queensland Community Health District, and adopted a more comprehensive approach to child health in order to achieve this result. The study itself looked at eleven mothers – all of whom had children between 6 months and 2.5 years old. Nine of the eleven mothers were first-time moms, and "a small number" were in their late teens or early twenties when their child was born (a maternal age typically associated with additional family stressors). While the mothers were picked from several different settings (seven from child health clinics, two from a young mothers group and 2 more from a local school), the entire group lived in what the Queensland Health Authority described as a "disadvantaged community". The reason for selecting participants in that way was described by the researchers:

...unlike Hanen's other programs, YMTD targets young children without an identified communication problem, but who may be at risk of a communication problem. At-risk factors in the disadvantaged communities from which the participants for YMTD were recruited included limited social supports and financial resources, parenting experiences, or other family stressors than can contribute to difficulties in connecting with a child and providing a stimulating

This article was originally printed in the Flow Newsletter, July 2008.

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environment. (Dowd *et al*, 2007. p14)

Furthermore, “children who grow up in disadvantaged environments where social, emotional or physical stressors are present are at significant risk of language delay.” (Dowd *et al*. 2007. pg 15). The fact that YMTD is tailored to families in this demographic made it the perfect choice for the “Play and Talk” initiative in that region.

Armed with no shortage of existing research in one hand, the study group in the other and a signed informed consent form in their back pockets, the researchers got to work.

Data Collection

The eleven mothers in the sample were divided into two separate groups, both of which participated in an 8-week *You Make the Difference* Program. Data collection for the study took a three-pronged approach.

At the beginning of the program, parents were asked to fill out a short questionnaire (a modified version of Hanen’s pre-program questionnaire) which asked about their knowledge of their child’s communication and play skills, their current interaction and communication patterns and their communication goals.

At the end of the program, parents were asked to fill out another questionnaire, this one asking about their child’s communication and play skills, the changes they observed in their child’s communication as well as any changes they had made to their interactions style. Conclusions were drawn regarding the parent’s perspectives on the program by comparing the pre and post program questionnaires.

Parents were also interviewed by the community development worker four weeks after the program as another means of data collection. The interviews again focused on observed changes in the child, changes in parent’s interaction patterns and how well they had maintained these changes in the month since the program. All interviews were recorded so they could be transcribed for content analysis later on.

Finally, the SLP and community development worker took notes throughout the sessions on their impressions of the parents’ progress.

Results

The results of the research overwhelmingly supports the effectiveness of the YMTD program at stimulating language development in young children. They also further validate the use of the YMTD Program with this particular demographic, as demonstrated by the parent’s perspectives on the program (in the interview and post-program questionnaire). The following is a short discussion of the results of each data set.

The questionnaires were analyzed by grouping parents according to the age of their child. All parents with children aged 6-14 months in group A, and the older children in group B. The questionnaires used of a 5-point rating system (strongly agree to strongly disagree), allowing for easy statistical analysis of the data. The results of the parent questionnaires showed that, “overall, the parents had benefited from the intervention and intended applying their newly acquired skills” (Dowd *et al*. 2007, P 17).

Parent interviews were particularly interesting as parents are given the opportunity to discuss the *You Make the Difference* Program in their own words. All eleven mothers who participated in the program agreed that their communication and interactions with their children had improved beyond their expectations and that they were able to transfer the skills they had learned outside of the classroom and into numerous, everyday situations (Dowd *et al*. 2007, P 17). Here are some sample comments from the parents:

I like watching the positive parent-child videos, where I can see how other parents use the skills we have learnt to engage their child and interact with them.

Instead of fitting [my child] into my life I try to fit my life around [my child].

The program let me know that my child is progressing normally for his age.

...liked the discussions, that everyone was involved, not just sitting back and listening...got to hear different opinions.

Parents reported that above all, they had learned to “tune-in” to their child and allow their child to lead the interaction – both are key strategies of a YMTD Program. In addition, parents reported that they were reading with their child more often, building greater awareness of the print concepts which are critical for early literacy development.

Several of the mothers reported having a bit of difficulty integrating the skills they learned in the program into their daily interactions with their child, though they did consider their efforts successful. These mothers suggested that their ability to generalize the program strategies was hindered mostly by, “non-supportive partners and time pressures”. These are things to keep in mind when running your own YMTD Program.

Parents also reported some challenges associated with the YMTD Program:

- The program was a bit too long
- Parents would have liked to have learned more practical strategies with additional opportunities to practice them
- The need for child-care to be provided on-site

In their interviews, all eleven mothers suggested that the program should be widely promoted to other parents, and recommended that follow-up groups be set up to provide ongoing support (Dowd *et al.* 2007, P 18).

Implications

Considering that the “Play and Talk” strategy aimed to reduce the need for speech pathology services by increasing parent education about language development, YMTD was a perfect match for this health strategy. Not only does YMTD aim at preventing language and communication delay, but is geared specifically for families who may be facing additional stresses which have been shown to impede a child’s

language development. As the study demonstrates, all participants in this pilot program improved their ability to create language-stimulating environments for their children, as measured by both the participants and the professionals running the program. The study concludes that:

Parents who participated in the program reported that they had gained knowledge and a better insight into realistic expectations of their children’s levels of communication. They also reported improved communication with their children, which they were able to sustain in their home environment. (Dowd *et al.* 2007, P 18)

This study further demonstrates the effectiveness of the YMTD Program, especially as part of a broader health promotion strategy aimed at reducing the demand for costly intervention services over the long-term. As many communities all over the world are feeling the increased financial crunch as of late, prevention services which offer the prospect of long-term cost savings will become a welcome addition to any health strategy, if they aren’t already.

References

Dowd, T., Withers, E., Hackwood, J., & Shuter, P. (2007) An Australian pilot study of a parent-child interaction program – “You Make the Difference”. *Journal of Neonatal, Paediatric and Child Health Nursing*, 10 (1), 13-19.