“Let’s Read”

Literature Review

Executive Summary

March 2004

Prepared by:

Centre for Community Child Health

The Smith Family

Full copy of the Literature Review is available at www.rch.org.au/ccch/research
LET'S READ - A LITERATURE REVIEW
EXECUTIVE SUMMARY

Background
Let's Read is a project to develop an Australian program to promote reading to young children from 4-6 months to 5 years of age in order to encourage the skills which will increase their chances of learning to read and write successfully in later life. The project was initiated in mid 2002 by the Centre for Community Child Health in partnership with The Smith Family Australia and is funded by the Telstra Foundation.

This literature review was conducted to ensure that the program was based on the research evidence. It examined what the research suggested about how literacy outcomes for disadvantaged children can be improved by promoting home-based literacy activities during the years prior to school entry. A particular focus was on identifying those factors or activities that influence children in their efforts to acquire conventional 'print literacy' knowledge as distinct from how they acquire language.

Why is literacy so critical?
The links between literacy (the ability to read and write the printed word), self-esteem, school performance and adult life chances have been widely documented. This literature review confirms the findings that poor literacy skills are associated with generally lower education, employment and social outcomes as well as being linked to high rates of welfare dependence and teenage parenting. A 1997 survey by the Australian Bureau of Statistics found that individuals with 'very poor' literacy skills were more likely to leave school early, had a greater chance of being unemployed and earned less than those with 'good' literacy skills. Other studies cited demonstrate that poor literacy levels can also impact on both the health practices and health outcomes of individuals with poor reading levels.

Literacy and socio-economic status
Reading failure disproportionately affects children from socially disadvantaged homes, which in turn contributes to a continuation of the poverty cycle. Moreover socio-economic status (SES) has been found to be one of the strongest predictors of performance differences in children at the beginning of first grade. Perhaps even more alarmingly, the research evidence indicates that those children who experience early difficulties in learning to read are unlikely to catch up to their peers. It is hypothesised that children who struggle with reading will dislike reading and children who read less fall further behind.

Many children who struggle to acquire adequate literacy skills already show deficits in important emergent literacy skills prior to school entry.
**Literacy in Australia**
The Australian *Survey of Aspects of Literacy* found that some 20 per cent of Australians aged between 15 and 74 years have ‘very poor’ prose literacy skills (ABS, 1997). A national survey of the literacy standards of Australian children also found that nearly 30 per cent of the sample of Year 3 and Year 5 students failed to meet the appropriate grade reading standard. Consistent with other research, the ACER survey also found that there was a significant gap between the results of students from low SES and indigenous families compared with the achievement levels of children from high and medium SES families.

These findings are broadly consistent with the results of Australia’s national student achievement benchmarks, which represent the minimum level of competence deemed necessary to allow meaningful participation in the school learning program. The most recent results (2001) show that indigenous students were three times less likely to reach the Year 5 reading benchmark than Australian students as a whole. The results also provide evidence of potential differences between male and female performance in reading and writing, with a greater proportion of girls in grades 3 and 5 achieving the benchmark level than boys.

**Language and Literacy development**
A number of studies have highlighted the enormous impact of early experiences on brain development and the complex interaction of biological and environmental factors in the development of both language and literacy. What is more complex is to identify those factors or activities that influence children in their efforts to acquire conventional ‘print literacy’ knowledge as distinct from language.

Whilst there is an innate propensity for language in human beings, the development of literacy skills (reading and writing) is markedly different from the development of language, although dependent on it. Formal literacy is artificial in that its components (letters, words, punctuation symbols) were developed as a means of facilitating the use of language by capturing or symbolically representing the language. Literacy is accordingly thought to be ‘experience dependent’ as it can be encouraged by experiences that may not be available to everyone.

Although formal literacy education usually begins once a child commences school, the building blocks for success in literacy are laid much earlier in childhood. Researchers have identified a number of independent and identifiable skill sets that are early predictors of later reading success, often referred to as emergent literacy. These skills include language abilities (vocabulary), the ability to identify the names and sounds of letters (the alphabet), an ability to identify and manipulate sounds, an understanding of “print convention” together with literacy environments (having books in the home). A significant body of research has demonstrated a strong relationship between a number of recognised emergent literacy skills and later success in reading, particularly links between “letter knowledge” or phonological awareness and later reading proficiency.
**Home literacy activities**
Recognition of the various skills that are believed to precede the acquisition of formal literacy has enabled educators, clinicians and cognitive scientists to develop programs that are aimed at strengthening children’s abilities in these areas.

Research indicates that home literacy environments play an important role in both language and literacy development. Children's vocabulary skills have been found to be related not just to reading to the child but also to the number of books in the home, to library visits and to parents’ own print exposure. Children of low-income families have been found to be at greater risk for reading difficulties and slower in the development of language skills. Such children often come from homes where there are fewer books and where shared reading occurs less frequently.

**Shared Reading**
As the literature highlights, the benefits of reading to young children have long been recognised as having a positive impact on language development and on later reading achievement. A number of studies show that regular shared book reading from a young age is correlated with vocabulary scores. However, two often overlooked but important aspects of this shared reading, are book selection and the manner or style in which a child is read to. Recent research suggests that phonological awareness (a cognitive capacity that relates to the ability to identify and manipulate sounds in spoken language) is an important predictor of reading success in normally developing children. Active parental help in the form of increased book ownership, information about frequency and style of book reading, techniques such as interactive questioning and shared story telling all enhance the established language benefits of shared reading by promoting a number of important literacy prerequisites. The simple action of fingerpointing at words or phrases during storybook telling assists children in acquiring important skills, such as the ability to track print, alphabet knowledge, phonemic awareness and the development of word recognition.

The selection of predictable or patterned books and alphabet books is suggested as supporting parents to engage young children in the activity of shared reading and to assist in the development of word identification and awareness of how letters map onto sounds.

**Early Literacy Interventions**
In view of the increasing recognition of the importance of early childhood, especially in relation to brain development, there has been a growing interest in early intervention programs which propose to increase the likelihood of improved outcomes for children. It is now understood that the knowledge and experience that children bring to school is a key factor in literacy success and the home environment is a venue of critical importance in promoting literacy activities.

The literature review examined a number of early literacy intervention programs that specifically target children prior to school entry. The first two interventions are facilitated, curriculum based programs while the remaining four are book-based interventions.
**Facilitated, curriculum-based programs**

- **Support at Home for Early Language and Literacies (SHELLS)**
  SHELLS is a three-year early literacy intervention program developed by
  education staff at the University of Newcastle, with a particular emphasis
  on children in rural and remote educational settings. This is a home-based
  emergent literacy program for families with children from birth to three years.
  A full-time professional educator/facilitator works with up to 40 children in
  supporting parents as their “children’s first literacy educators”. Contact type
  includes home visits, group meetings, telephone calls, community radio and
  newsletters.

  The program has a solid theoretical framework base and is one of only a handful
  of facilitated early literacy interventions which focuses on engaging families.
  However there have been no randomised controlled trials to determine the
  effectiveness of the approach on literacy outcomes.

- **Home Instruction for Parents of Preschool Youngsters (HIPPY)**
  The HIPPY program is a 2-year, home-based early childhood enrichment
  program for preschool children targeting communities who have experienced
  disadvantage. Although HIPPY does not proclaim to be an intervention to solely
  promote literacy it does employ many activities that are thought to aid children in
  literacy acquisition. The HIPPY program was developed at the Hebrew University
  of Jerusalem, Israel in 1969 and is delivered in Australia by the Brotherhood of St
  Laurence.

  The program provides 60 weekly activity packets and 18 storybooks over the 2
  year program for the parents and child to work through together. A professional
  Coordinator who employs a number of parents in each community as Home
  Tutors heads up each HIPPY program. The Tutors are also parents in the
  program and implement the activity packets with their own child.

  The benefits of HIPPY have been supported by a number of independent studies.
  The most recent Australian evaluation of the intervention in 2001 found that
  children who had completed the full two years in the HIPPY intervention group
  scored significantly higher on all four standardised assessments (including
  literacy) compared to a matched comparison group.

  A secondary benefit of the HIPPY program is its role in community development.
  Fortnightly group meetings of parents provides a pathway towards creating
  friendships and decreasing the sense of isolation felt by many families in
  disadvantaged environments. In addition, the payment of parents as home tutors
  acts to enhance the self-esteem and potential employability of these parents.
**Book Distribution Interventions**

As well as the curriculum-based interventions, a number of ‘book distribution’ interventions were examined. These are emerging as a cost effective, sustainable model with obvious appeal and growing empirical merit. These schemes are based on the belief that it's never too soon to share books with babies and that children introduced to books at an early age start school with an advantage that can last throughout their life.

- **BookStart**

  *BookStart* is the national early literacy intervention in the United Kingdom. It is based around the provision of books for babies and guidance to parents with the aim of promoting ‘shared book reading’ between child and caregiver. First introduced in 1992, this national program provides a free pack with books to babies and guidance material to parents and carers at the 7-9 month health check up.

  The key messages in the *BookStart* program focus on providing information about how to share books with babies and the benefits of this; as well as encouraging parents to recognise themselves as their babies first, most important and most enduring teacher.

  Research efforts have also provided pleasing results in support of the 'single injection' intervention with participating parents reporting that they read more frequently to their children after the *BookStart* intervention.

- **BookStart in Australia**

  The successful implementation of *BookStart* in the UK has ignited great interest in Australia particularly within the public library sector as well as among municipal health services professionals. Unlike the centrally coordinated national program in the UK, Australia boasts a variety of *BookStart* style projects. A number of pilot programs have been trialed in local government areas in Australia, such as the “Babies Love Books Too” program operating on the Mornington Peninsula in Victoria and larger programs are currently under consideration in South Australia (“Babies Like Books Too”) and Western Australia (“Better Beginnings”).

  One of the first local government organisations in Australia to implement and evaluate an intervention based on *BookStart* appears to be the Moreland Council, situated in Melbourne’s inner north. Like the UK program, the Moreland Reading project was designed to encourage parents within the region to read to their babies. The Library Service coordinated the distribution of a BookStart kit (via post) to every new baby born in Moreland over a one-year period. Maternal and Child HealthCare Nurses also distributed *BookStart* kits during their first visit with parents of newborn children (within the first two weeks of the child’s birth).

  Evaluation of the year long trial was limited to a survey design and short-term funding (12 months) has prevented ongoing follow-up and the chance for any norm based measures being gathered to assess children’s language/literacy skills. However, results that were gathered certainly suggest that parental attitudes toward reading and awareness of the importance of reading to their babies to assist language development and bonding increased as a result of the intervention.
Reach Out and Read (ROR)

The other major book-based intervention was developed in the U.S. by a number of Boston paediatricians. Built around an ‘emergent literacy’ framework, Reach Out & Read (ROR) uses the primary care paediatric visit to promote early literacy skills in at risk children from 6 months to 5 years of age. The intervention, which uses a 3-pronged model, is based on the premise that reading aloud to children is the single most important parental activity to prepare children to succeed in learning to read.

The first of the three components proposes that paediatricians be initially trained to give ‘anticipatory guidance’ to parents at health supervision visits about the importance of reading aloud to their children. The second component requires the doctor to provide a new book to each child at each visit and the third component typically sees volunteers reading aloud to children in waiting rooms and modelling techniques for parents. To ensure a uniform mode of delivery ROR has developed an instruction book and training manual, which also outlines the process for getting new programs started and keeping them going.

Evaluations of the ROR program are promising. One pre and post-intervention study looking at literacy orientation in families, found an approximately fourfold increase in literacy orientation (reading aloud as a favourite activity, or as a regular bedtime activity, or reading aloud more than 3 times a week) in the after group. Studies examining language scores have also reported that receptive vocabulary scores were higher among children who were attending a ROR clinic than among children who were attending a clinic without ROR.

One of the key aspects of ROR is its delivery by paediatricians. In the United States paediatricians as they not only have the role of responding to illness but also provide anticipatory guidance to parents regarding children’s developmental patterns. Thus the success of ROR in the U.S., indirectly points to a system where much credibility rests on the professional status of the person delivering the content of an intervention. It would seem that the departure from the primary health care setting would inevitably change the entire way ROR is perceived and received by the general public.

Since Australia has a different health care system, other health care professionals would be required to assume the role taken by paediatricians in the United States. It is suggested that professions such as Maternal and Child Health nurses, who have a major primary care role in assisting Australian parents with the care of their young children, might be best placed to provide anticipatory guidance and other support.
Conclusion
The literature review confirms that reading to children assists language development and the crucial role that parents can play in promoting literacy success. Perhaps more importantly, the recent evidence suggests that reading to children is most beneficial when it helps young children to acquire emergent literacy skills such as early knowledge of letters and the sounds they make. Children who learn the conventions of print, such as the need to read from left to right and top to bottom in English, appear to have a head start in learning to read.

The evidence from the ROR program also suggests that the addition of anticipatory guidance messages to parents and other carers about reading styles and age-appropriate books can greatly enhance the quality and impact of “shared reading”.

Although the research acknowledges the critical role that parents play in promoting literacy skills, identifying the most appropriate way to engage parents in a shared reading program may depend to some extent on the literacy levels of parents themselves. As highlighted in the literature review, facilitated programs with full time staff overcome this issue as these staff can train, supervise and provide ongoing input to parents so that activities are carried out successfully. Interventions, which require frequent face-to-face contact with groups, trainers or facilitators also have the advantage of role playing activities and answering queries and concerns. They may also have wider community development benefits. Their major disadvantage lies in the issue of sustainability as they are costly and require ongoing funding to employ specialist staff.

With the exception of ROR, the relative paucity of rigorous and randomised control evaluations of most early literacy interventions makes it difficult to measure their effectiveness. Nevertheless, the research clearly shows that shared book reading is most successful when it is associated with a growth in phonological skills.

The recent research evidence suggests that promoting specific literacy-related activities during the years prior to school entry can improve future literacy outcomes for children in disadvantaged communities. Based on these findings, it is concluded that the *Let’s Read* program should include all of the following key components:

- **Shared reading** between child and care giver;
- Easy accessibility to age appropriate free books.
- **Professional involvement** to convey guidance messages and model shared reading practices to parents;
- Built upon an emergent literacy framework, which promotes emergent literacy knowledge skills and environments, including language abilities, letter sound/name knowledge, phonological awareness and conventions of print; and
- **Community involvement** to assist in the sustainability of a community-based early literacy program.