

Evaluating the effectiveness of a reading for pleasure intervention: A randomised control trial

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Reading and language development

- Promoting language development in the early years is important.
- Children from lower socioeconomic backgrounds are more likely to have poorer language skills compared with the national average (Qi et al, 2006).
- Children who are read to regularly tend to learn language faster, enter school with a larger vocabulary, and become more successful readers in school (Bus et al., 1995; Mol et al., 2008).
- Thus, the more we can encourage parents to read with their preschool aged children, especially disadvantaged parents, the more likely these children are to be protected against reading delay and difficulties at school.



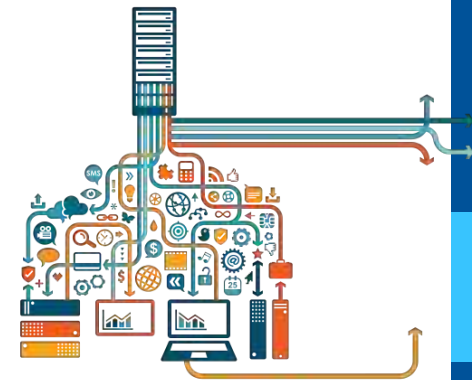
Do work shared reading interventions work?

Study	Interventions	Group	Effect size (d)
Bus et al. (1995)	Language, reading, and literacy	Low and high income	0.59
Manz et al. (2010)	Vocabulary	Low income	0.14
Manz et al. (2010)	Vocabulary	Middle income	0.39
Mol et al. (2008)	Dialogic Reading	At risk	0.13
Mol et al. (2008)	Dialogic Reading	Not at risk	0.53

- Interventions work less effectively for children from low income families and children who are at risk for language and literacy impairments.

Why are shared reading interventions less effective for disadvantaged families?

- Children from lower SES backgrounds are exposed to fewer books at home (Raikes et al., 2012) and they are less likely to be read to (Duursma & Pan, 2011).
- However, trying to impose unfamiliar cultural literacy practices on low income families is ineffective (Mooney et al., 2016).
- When adults do not feel familiar with books, or do not find books a source of pleasure in themselves, shared book reading is less likely to:
 - become embedded in family practice
 - to be sustained
 - to be enjoyed by children



The Reader, Liverpool.

- The Reader's *Shared Reading* programme emphasises the enjoyment of reading.
- The programme is based on small groups led by trained project workers, coming together weekly to read aloud.
- Empirical research conducted by Billington and colleagues:
 - Prison populations.
 - Health settings (depression, chronic pain, dementia).
- Extended to young families in areas of deprivation in Liverpool, UK.



Research aims

- Aim: To evaluate the effectiveness of The Reader's *Shared Reading* programme on:
 - Children's vocabulary
 - Attendance
 - Caregiver attitudes to reading
- Other measures:
 - Experience of The Reader's *Shared Reading* programme.
 - Dyadic reading behaviours during shared book reading, pre- and post-intervention (ongoing).



Procedure

- Nursery recruitment:
 - 12 pre-school nurseries approached.
 - 8 confirmed, 2 confirmed after cohort 1, 2 declined.
- Family recruitment:
 - Engagement with caregivers.
 - ‘Taster’ sessions.
- Random allocation:
 - Intervention and control (swap-over).
- Language tests and questionnaire data:
 - Baseline
 - 4 weeks post intervention.
- Delivery of intervention (8 weeks):
 - Intervention and control.



Who participated in the research?

- Eighty five primary caregivers and their children (3- to 4-year olds).
- Ten nurseries in deprived areas of Liverpool, UK.
- On average caregivers who participated in the project had 5+ GCSEs (grades A*-C) and were earning between £14001 and £24000 total household income.

Group Allocation	Maternal Education bracket	Income bracket	Children's age (months)	Gender
Library	3.44	2.04	44.90	23 girls, 19 boys
Intervention	3.39	1.76	43.24	23 girls, 20 boys
Total	3.41	1.89	44.07	46 girls, 39 boys



What happened in the different reading groups?

- **The Reader's *Shared Reading* programme** took place in nurseries. For the first 5 weeks, the project worker ran 'Magical Storytimes' which consisted of interactive shared book reading, nursery rhymes and craft activities. For the final 3 weeks, the project worker supplemented 'Magical Storytimes' 'Stories for You and Yours', in which caregivers were informed how to read interactively with their child and caregivers also read aloud with other caregivers.
- **Bookstart 'Story Time' groups** took place in local libraries across Liverpool. These reading groups consisted of interactive shared reading, nursery rhymes, songs and crafts suitable for children under the age of 5.

What did we measure?

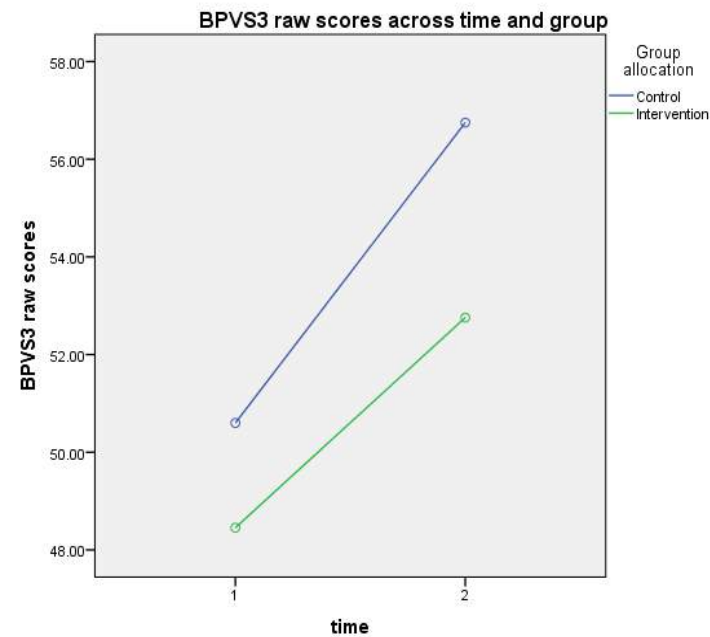
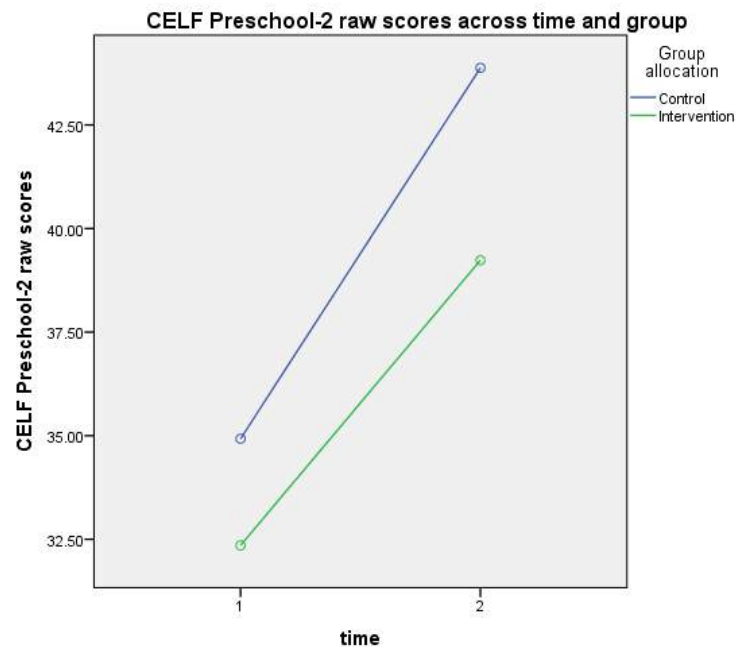
- Children's vocabulary
 - Clinical Evaluation of Language Fundamentals Preschool 2
 - British Picture Vocabulary Scale, third edition
- Attendance
- Questionnaires
 - Home Life Questionnaire
 - Title and Author Checklists
- Semi Structured Interviews
- Pre- and Post- Reading Behaviours



} Small subset of intervention families (N=10)

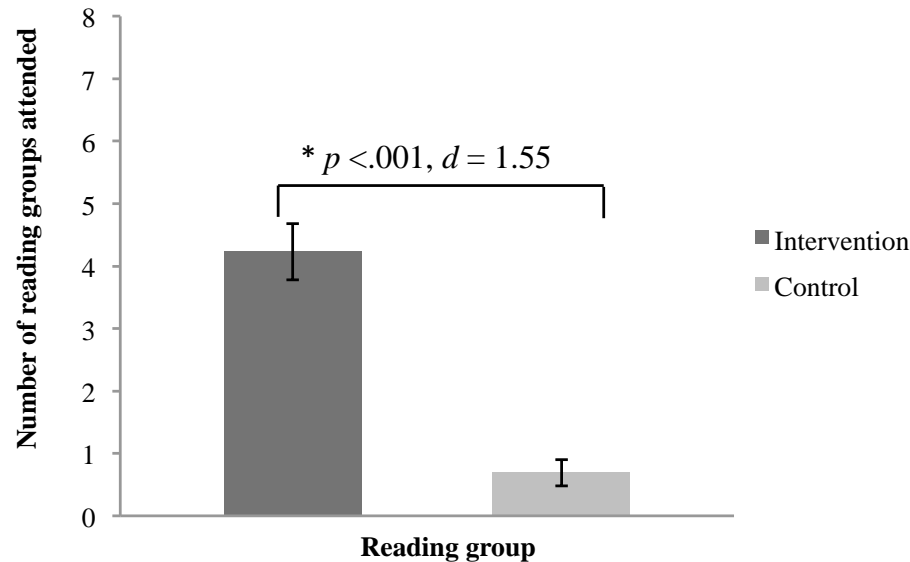
Children's vocabulary

- We compared how much children's vocabulary had improved during the intervention across the two groups.
- There was no difference in vocabulary growth between the two groups as measured by the CELF Preschool 2 or the BPVS3. In other words, both groups improved at the same rates.

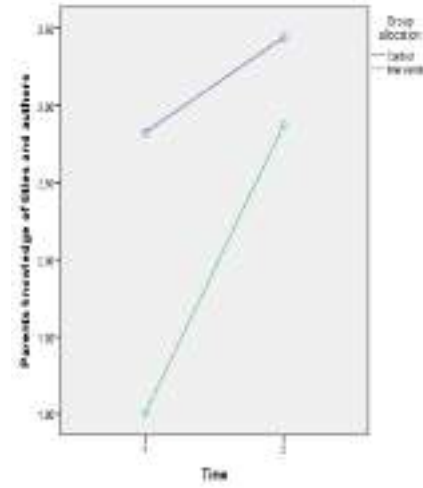
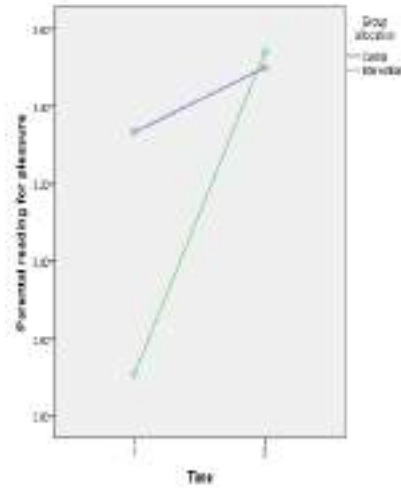
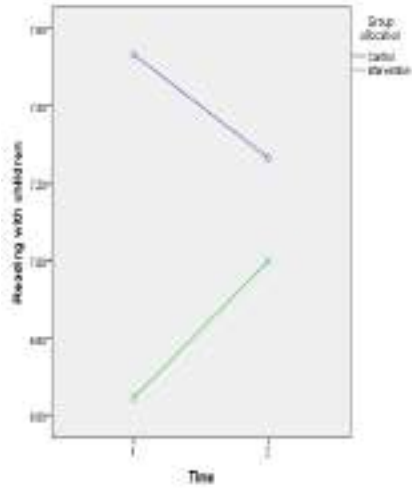


Attendance

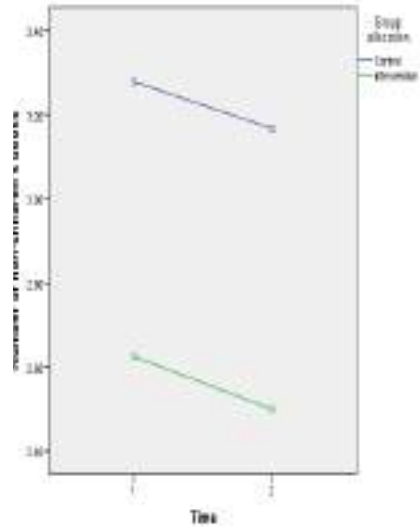
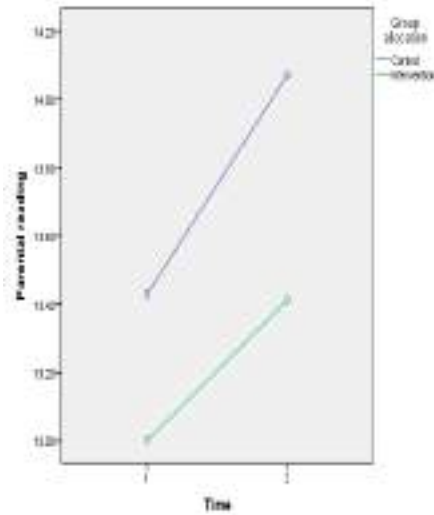
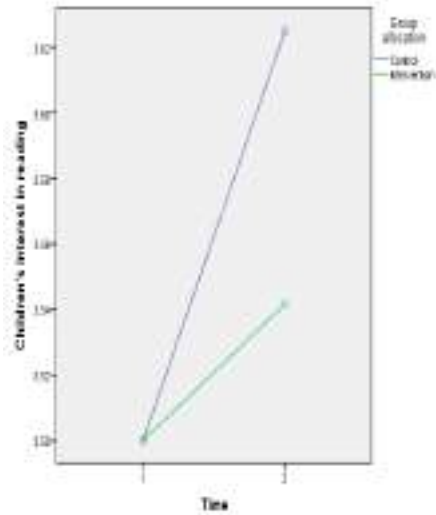
- We examined whether caregiver attendance differed across the two reading groups.
- Families who took part in The Reader's *Shared Reading* programme attended 53% of the reading groups and families in the Bookstart 'Story Time' group attended 9% of the reading groups.



Attitudes, Behaviours and Knowledge

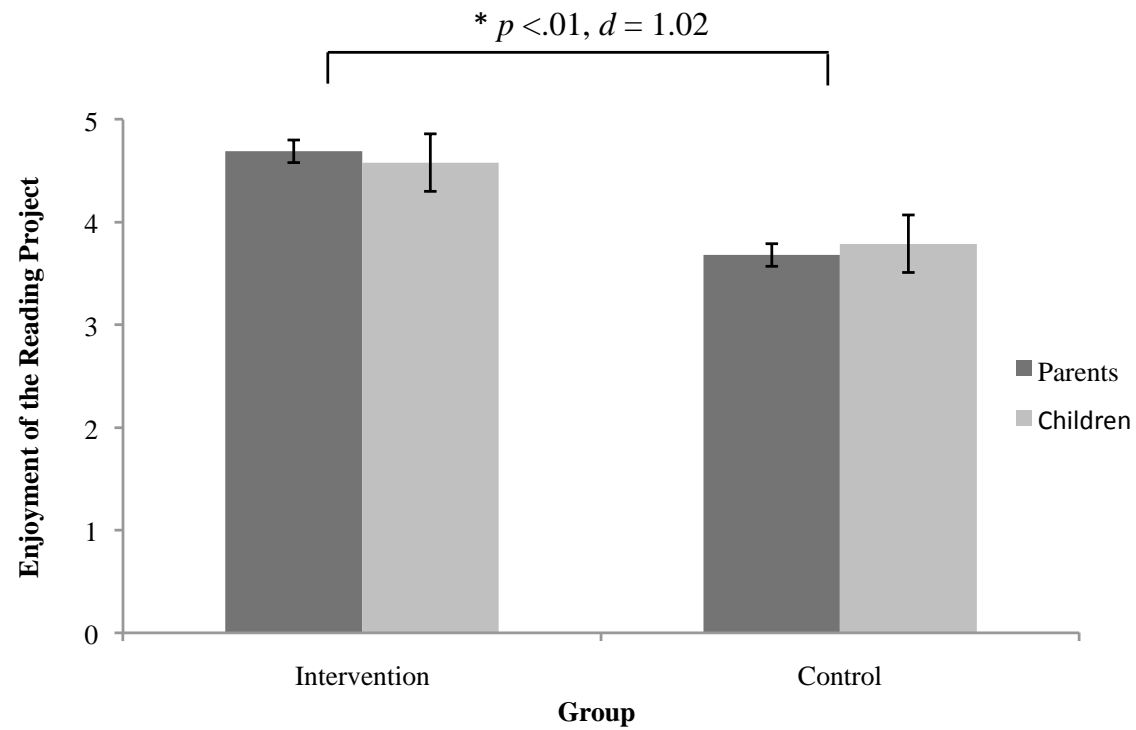


Numerical increases favouring the intervention



Increase or decrease at the same rate over time

Families experience of taking part in the project



Semi-structured interviews

Impact on caregivers

“When I’m reading books with her now I’ll ask questions...which I wouldn’t have done before, I would’ve just read the book”

“I wasn’t really a book reader”

“The poems she gave us were quite good...she read it to us and then we were all relating to it”

Impact on children

“We went to see his speech therapist the day before yesterday and she said she can see a huge difference in his speech since she seen him”

“It’s made him more enthusiastic into picking different books”

“At first he wouldn’t really speak...but by the end he was on the floor in front of the teacher, hand up at every question”



Enjoyment

“It was really fun, I’d do it again in a heartbeat”

“Every morning on a Tuesday he’d say is it reading group today?”

“She was dead good the way she got the kids involved in the book”

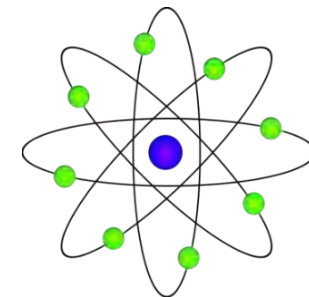
What conclusions can we draw?

- The Reader's *Shared Reading* programme had no significant effect on children's vocabulary gains.
- However, The Reader's *Shared Reading* groups were:
 - Rated more favourably.
 - Attended more often.
- Furthermore, in the intervention, there were numerical increases in:
 - How often caregivers read with their children in a typical week.
 - Number of hours they themselves spent reading.
 - Caregivers' knowledge of book titles and authors.



Does The Reader's *Shared Reading* model 'work'?

- The Reader's model is successful in engaging *disadvantaged* families to attend weekly reading groups.
- Previous research shows that disadvantaged families are notoriously 'hard to reach'.
- It is important here to emphasise the role of the group facilitator: engagement and taster sessions were key.
- The findings from our semi-structured interviews demonstrate how instrumental the group facilitator's role was when thinking about the positive impact the reading groups had on the caregivers and children.



Future research

- The Reader's *Shared Reading* programme is not long enough, or intensive enough, to have a significant short-term effect on children's language.
- However, even after 8 weeks there's evidence that The Reader's *Shared Reading* programme positively influenced:
 - attendance, caregivers' reading, reading with children, caregivers' knowledge of books, evaluation of reading groups.
- The Reader's *Shared Reading* programme has the potential to significantly impact on children's vocabulary and caregivers' reading attitudes and behaviours.
- However, the programme needs to be evaluated in a more intensive and/or longer intervention, with 6 month and 12 month follow ups.



Acknowledgements

- Children, caregivers and teachers.
- Lauren Liptrot, The Reader.
- Irene Mandelkow, Liverpool Council Libraries.
- Professor Caroline Rowland, University of Liverpool.
- Dr. Josie Billington, University of Liverpool.



Any questions?

