



Talk To Your Baby

TALK TO YOUR BABY
The early language campaign of the
National Literacy Trust
www.talktoyourbaby.org.uk

Guidance for developing a strategic approach to speech, language and communication in the early years.

Dr Cathy Hamer
Manager – Policy and communities,
Talk To Your Baby, National Literacy Trust
Updated February 2011 with the latest developments, practice and research,
including the findings from Face to Face.

Talk To Your Baby wishes to thank the JJ Charitable Trust for the grant that made the regional work and this resulting guidance paper possible and Department for Education for the grant from the Children, Young People and Families programme for the Face to Face project.

Thanks are due to the case study contributors from Coventry, Hackney, Leicester, Plymouth, Stoke-on-Trent, Warwickshire and Nottinghamshire for allowing us to feature their work. Thanks also to Lesley Staggs (consultant, and adviser to Tower Hamlets), Flis Parsons (Senior Joint Commissioner, Sandwell PCT) and Tracey Skeet (Senior Speech and Language Therapist, Sure Start Cannock Chase, South Staffordshire) for their assistance with this document and to Jean Gross, Communication Champion, for her interest and support.

Content

	Page
Part 1: Guidance	
Introduction	3
Who is this guidance for?	3
Why is this guidance needed?	4
The guidance	5
Dissemination	7
1. Why do we need a strategy for early years speech, language and communication? What is the context?	11
2.1 What is happening at the national level?	11
2.1.1 The Health Context	11
2.1.2 The Education Context	12
2.1.3 The Legislative Context	13
2.2 What happens at local level?	14
2.2.1 Local Strategic Partnerships	14
2.2.2 Children's Trusts	15
2.2.3 Commissioning	16
2.2.3a The Commissioning Cycle	17
2.3 What is the communication context?	18
2.3.1 Evidence from research	18
2.3.2 Recognition of the importance of communication	19
2.3.2a The Early Years Foundation Stage	19
2.3.2b The Bercow Report	20
2.3.2c Better Communication - An action plan	20
2.3.2d Every Child a Talker	21
2.4 What is the evidence base?	22
2.4.1 Face to Face findings: Three key aspects of parenting	22
2.4.1a Contingency - a reciprocal relationship	22
2.4.1b The nature and types of parent - infant interaction	23
2.4.1c The importance of the home literacy environment	24
2.5 Findings from the Face to Face research	27
2.5.1 Communication between parent and child	27
2.5.2 Barriers to Communication	27
2.5.3 Current awareness of, and attitudes to, messages relating to communication	28
2.5.4 Key messages from the Face to Face research	28
2.5.5 What messages work for parents?	29
3. Where are we now and where do we want to be? Let us get started.	31
3.1 Identifying key stakeholders	31
3.2 Where are we now?	33
3.3 Where do we want to be?	34
3.4 Developing a plan	35
3.5 Deliver the strategy	36
3.6 Evaluate the outcomes	37
4. What would help us?	38
A guide to acronyms	42
References	43
Appendix i: Recommendations supporting children with speech, language and communication needs within integrated children's services	49
Appendix ii: Promoting speech and language: a themed study in 15 Sure Start Local Programmes	51
Part 2: What are others doing?	54
Coventry: Talk Now 'Creating Confident Communicators for Life'	55
Hackney and the City: children's integrated speech and language therapy service	57
Leicester: Talk Matters	60
Nottinghamshire: Language for Life	64
Plymouth: The fence at the top: a preventative approach	69
Stoke-on-Trent: Stoke Speaks Out	76
Warwickshire: children's centre strategy – Time to Talk	82

Introduction

During 2007 and 2008 a grant from the JJ Charitable Trust allowed Talk To Your Baby to undertake on-the-ground regional work to investigate early communication strategies in the West Midlands, building networks with key people, supporting them in their work and bringing them together to exchange information. This approach was then extended to the East Midlands and the North West. Whilst a great deal of short-term project work was apparent, the need for a more sustained approach was identified. This guidance paper has been prepared to assist local areas in addressing this need. It has been updated in order to incorporate the latest reports, developments and research, in particular, the findings from the Face to Face project which was sponsored by the Department for Education's Children Young People and Families grant.

This guidance aims to help address the recommendation from *The Bercow Report: A review of service for children and young people with speech, language and communication needs* (DCSF, 2008) that:

“1.18 To prevent poor outcomes for children and young people with speech, language and communication needs we need to raise the profile and understanding of speech, language and communication among all policy makers, commissioners and service providers nationally and locally, as well as among professionals working with children and young people in mainstream, targeted and specialist services.”

by:

- Offering a user-friendly guidance to promote a community-wide focus on early communication.
- Suggesting ways of developing a local area strategy based on evidence of what works.
- Promoting the mainstreaming of speech, language and communication into universal service delivery.
- Focusing on prevention strategies to reach children and their parents at the earliest stage.
- Incorporating resources that demonstrate effective practice to save re-inventing the wheel.
- Seeking to embed sustainable strategies for the future.

Who is this guidance for?

This guidance is likely to be of interest to everyone with involvement in designing and delivering services to babies and young children:

- Commissioners of Children's Services and strategic managers with responsibility for designing and planning services to promote speech, language and communication in the early years.
- Operational managers and practitioners including health professionals, such as midwives, health visitors, and speech and language therapists, Sure Start children's centres and early years workers, including childminders, nursery nurses, early years professionals and teachers who deliver services to families with young children. All need to know about supporting young children's early communication, speech and language development as an integral part of their daily work.

- Parents have a key role in their young children’s development and learning. Parents who are seeking to find out more about their child’s speech, language and communication development may well be attracted to some of the practice examples and seek to influence ways of working in their area through actively participating in service development. Practitioners will also find the examples a useful resource to support their work with parents.

“1.14 Many parents commented that they did not know enough about speech and language development. They wanted to see information and guidance about speech, language and communication development given to all parents.”
Bercow Report (DCSF, 2008)

Why is guidance needed?

Talk To Your Baby (TTYB) supports early year’s practitioners working with young children and their families. Regular ongoing dialogue with practitioners has enabled TTYB to deliver a responsive campaign promoting good practice, providing resources and highlighting key messages. Focus group meetings in each Government Office region during 2008 and a scoping study of the West Midlands have facilitated networking of practitioners, complemented by close links with groups such as the Children’s Centres’ Special Interest Group of the Royal College of Speech and Language Therapists.

Whilst there are many projects and pockets of good practice in local areas, still only a few places have a strategic authority-wide approach to young children’s speech, language and communication.

“3.14 The need for, and discernible lack of, strategic planning at a local level for children and young people’s speech, language and communication services has been a recurring feature of evidence presented to the review.”
Bercow Report (DCSF, 2008)

Amongst the most successful initiatives have been those delivering a universal approach, such as Stoke Speaks Out, in Stoke-on-Trent, with everyone in the area working with children up to age eight participating in a comprehensive training programme. Thus, a wide range of professionals from many different service backgrounds are promoting a single delivery message. Evaluations of the programme are demonstrating improvements in children’s ability to communicate. Leicester delegates were inspired by attendance at the 2007 TTYB Conference to develop an authority-wide multi-level strategy focusing on the child, the family and the wider community. There are seven activity streams and identified means of measuring impact with validation by C4EO and the approval of Jean Gross, Communication Champion.

“Community-wide campaigns like Talk Matters! can make a big difference to children’s speech, language and communication skills. I’d like to see every local authority and primary care trust work together to develop a strategic approach like this”.

This guidance emanates from concerns about young children’s poor communications skills on entering early years’ settings, nursery and primary schools and builds on current developments including:

- The 2011 National Year of Speech, Language and Communication, Hello, aims to increase understanding of how important it is for children and young people to develop good communication skills. TTYB are actively promoting the national year through the up-dating of this guidance along with a consumer facing campaign and the development of a community approach which will include:
 - a professional community of research and practice
 - local area communities.
- The Marmot Review (2010), Fair Society, Healthy Lives, emphasised the need to reduce inequalities in the early development of physical and emotional health and cognitive, linguistic, and social skills.
- The Independent Review on Poverty and Life Chances (Field 2010) which found that “[t]here was agreement that social, emotional and cognitive development (particularly language ability) is vital and that the home learning environment is central to supporting all forms of child development.” Field includes language and communication development as a life chance indicator.
- The report Early Intervention: The next steps (Allen 2011) notes the number of people who remarked that “Babies don’t come with a handbook” and provides evidence for the claim that “The quality of a child’s relationships and learning experiences in the family has more influence on achievement than innate ability, material circumstances or the quality of preschool and school provision.”
- The report, Removing Barriers to Literacy (Ofsted 2011) examined ways of raising the attainment of learners in literacy who are most at risk of not gaining the skills they need for successful lives. One of the factors identified was “an emphasis on speaking and listening skills from an early age.”
- Narrowing the gap in outcomes – early years (0-5 years) (Springate et al, 2008) examined the evidence for programmes to address literacy and language development issues in narrowing the gap by improving outcomes.
- The publication of The *Bercow Report* (DCSF, 2008) and subsequent *Better Communication: Action Plan* (DCSF, 2008), which brought renewed focus and vigour to children’s speech, language and communication. TTYB seeks to complement Bercow’s recommendations through the development of this guidance to support the recommendations in relation to universal provision for babies and young children.
- The Early Years Foundation Stage (DCSF, 2008) which became statutory in September 2008, setting the standards for learning, development and care for children from birth to five. This guidance links TTYB’s expanding resource bank with the requirements for supporting children’s learning and competence in communicating, speaking and listening.
- The Healthy Child Programme (HCP) (DH, 2009). Led by health professionals, the HCP will offer every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices.
This guidance includes references to practice examples, materials and resources for professionals and parents.
- Healthy lives, brighter futures: The joint strategy for children and young people’s health and the guide to support its delivery. (DH, 2009).
- The Every Child a Talker (ECAT) early language programme funded by the Department of Children, Schools and Families. This is a rolling two-year programme for local authorities to help improve the skills and expertise of early year’s practitioners so that they are better able to support the development of young children’s speaking and listening skills. Every Child a Talker aims to ensure that

every baby gets a first class start to communicating. The programme has been rolled out in three waves: September 2008, April 2009 and April 2010.

- The Royal College of Speech and Language Therapists' Children's Centres Special Interest Group, who have expressed enthusiasm for the development of guidance: "Strategy would be useful at the moment. It feels like there are good pieces of work happening, but it would be good to put this into a framework."
Speech and Language Therapist

The guidance

This paper offers guidance and practice examples. It is divided into the following sections:

1. Why do we need a strategy?

This section contains key reasons emphasising why we need everyone to recognise and acknowledge the need for action. It demonstrates the imperative of succeeding in this vital area.

"By the time they hang up their coats for their first day at school, bright children from poor backgrounds have fallen behind children from affluent homes. Children from poor homes hear 616 words spoken an hour, on average, compared to 2,153 words an hour in richer homes. By the age of three, that amounts to a cumulative gap of 30 million words." (Putting a premium on fairness, speech by Nick Clegg, Deputy Prime Minister 15.10.10)

"Speech, language and communication are crucial to every child's ability to access and get the most out of education and life."

Balls and Johnson (DCSF, 2008) introduction *Better Communication*

2. What is the context?

This section considers local planning mechanisms, including children and young people's planning in the context of speech, language and communication as a whole community issue. Commissioning processes are explained to show the phases of activities and potential for joint working. The Face to Face project gives the evidence base for the TTYB campaign and the findings of real world research with parents.

3. Where are we now and where do we want to be? Let's get started.

This section looks at how to identify and involve key stakeholders within the area. It explains the key elements of a strategy, the need to make a case for a universal approach to speech, language and communication and the importance of partnership working to deliver positive outcomes for children.

4. What would help us?

This section provides links with the key early years universal programmes (Healthy Child Programme and the Early Years Foundation Stage).

Consideration is given to workforce requirements, competencies and training needs.

Part 2: What are others doing?

This section provides a range of practice examples from local areas. The challenges and opportunities of new ways of working are explored through examples from different localities.

Dissemination

This guidance is freely available to download from the TTYB website.

See further support for the National Literacy Trust's work with communities and local areas on page 37.

Training and support for local areas to promote implementation can be provided on a full cost recovery basis.

1. Why do we need a strategy for early year's speech, language and communication?

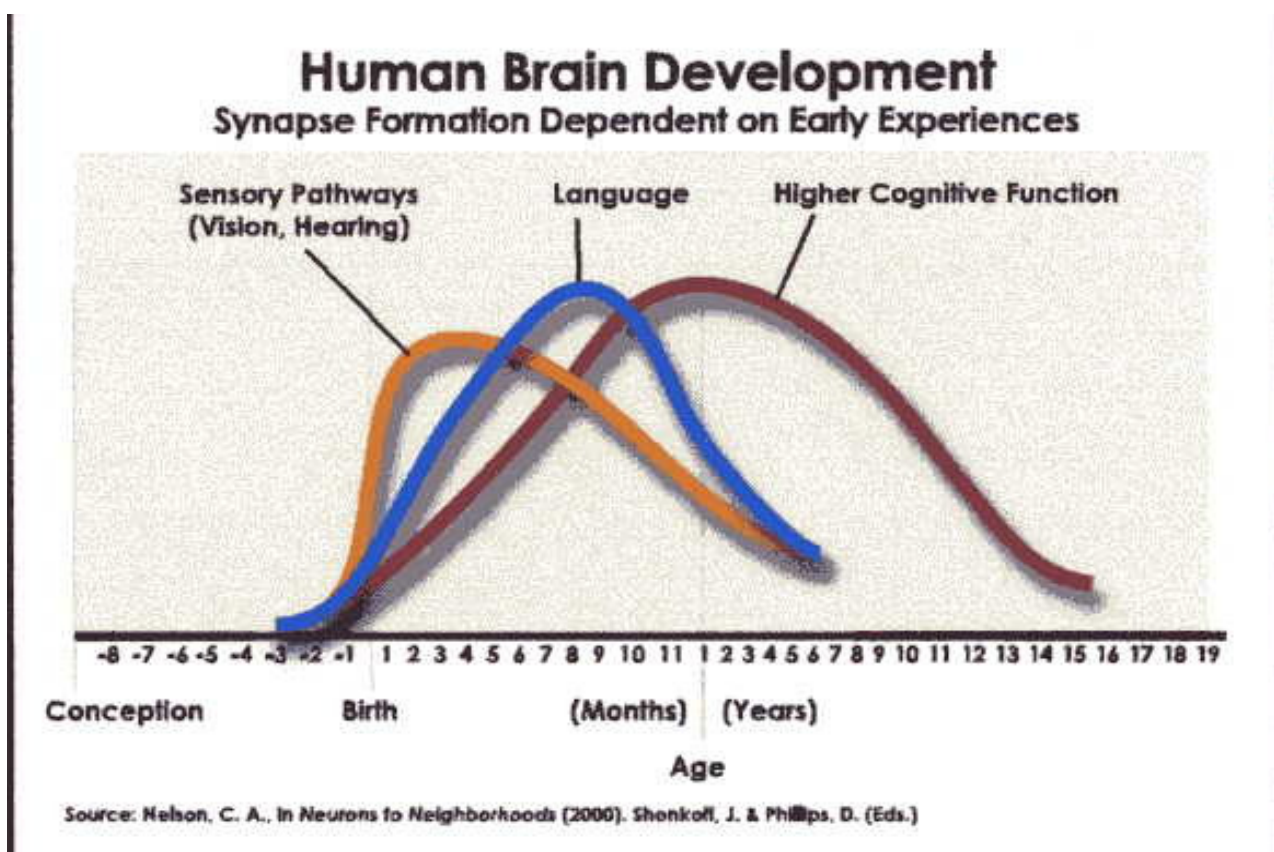
Promoting speech, language and communication for young children is not just about actions for individual children, or even individual families. It is about changing the way communities view speech, language and communication and changing the social and community context within which children develop.

Key Reasons:

- Communication is an essential life skill. It is the basis on which all children learn, achieve and make friends. It is vital to the development of children's social and emotional wellbeing.
"Speech, language and communication is the most important thing in all our children – it's their key to life."
Parent of a five-year-old child. Bercow Report (DCSF, 2008)
- UNICEF, UNESCO and the World Health Organisation define effective communication skills as one of the top ten core life skills.
UNESCO research – young people who develop their life skills see many benefits:
 - Improved social behaviour and decreased negative, self-destructive behaviour
 - Improved self-image, self-awareness, social and emotional adjustment
 - Increased acquisition of knowledge
 - Improved classroom behaviour
- Over 200,000 children and young people come into contact with the criminal justice system each year. Over 2,000 find themselves in some form of institutional setting. Many are acknowledged to have multiple health problems, including problems with mental health (as high as 90%), learning disabilities, speech and communication and sexual health. (Kennedy, 2010).
- The ability to communicate impacts on children's life chances. Communication is the foundation for children's health, wellbeing and educational achievement. It underpins the five Every Child Matters outcomes:
 - Be healthy
 - Stay safe
 - Enjoy and achieve
 - Make a positive contribution
 - Achieve economic wellbeingHow can a child be healthy and stay safe if they cannot communicate when they are in pain, upset or hungry?
How will we know whether they are enjoying and achieving if they are not smiling, laughing, sharing their stories and understanding what their teacher tells them?
How will they make friends if they cannot communicate confidently from the base of secure attachments?
How will they be successful in life if they have not achieved ways and means of communicating with others through listening, talking and sharing experiences?
- Language is key to the development of children's thinking. The Early Years Foundation Stage outlines how the development of language for thinking enables children to understand meanings conveyed in speech, and to share their feelings, experiences and thoughts. Talk is used to reflect, to connect ideas, explain and

anticipate. It promotes organisation, sequencing and clarification of thinking, ideas, feelings and events. Language enables children to imagine and recreate roles and experiences.

- Language skills are a foundation for the development of literacy skills. “Listening and speaking are the roots of reading and writing.” (Rose, 2005)
- Human brain development is dependent on early experiences. “Babies are like the raw material for a self. Each one comes with a genetic blueprint and a unique range of possibilities. Each little human organism is born a vibrating, pulsating symphony of different body rhythms and functions, which co-ordinate themselves through chemical and electrical messages. But, at birth the baby is ‘unfinished’. During the first year and a half the brain grows at its most rapid rate. The outcome of this depends far more on the parents than on the baby. The baby’s means of communicating gradually becomes more and more complex. Babies are social creatures who notice facial expressions, tones of voice, take turns in sticking out their tongue or making a sound. The first sources of pleasure are touch, smell and sound. Babies recognise their parents’ voices from the start and prefer them to any other.” (Gerhardt, 2007)



Source: www.developingchild.net

- Children have significantly different life experiences:

Hart and Risley (1995) found that the first two-and-a-half years are crucial:
 - Children of professional families hear 11 million words
 - Children of families on welfare hear three million words

“This was our most surprising discovery: that the size of the differences between families in the amount of talk to babies is so enormous – and that those differences add up to massive advantages or disadvantages for children in language experience long before they start preschool.

By the age of five a middle class child has heard 32 million words more than a child from a deprived background.”

“Every time you hear language you develop pathways in the brain.”
(Wolf , 2008)

- Bercow (DCSF, 2008) reported that:
 - 50% of children in some socio-economically disadvantaged populations have speech and language skills that are significantly lower than those of other children of the same age.
 - 7% of five- year- olds starting school in England (nearly 40,000 children) have significant difficulties with speech and/or language. These children are likely to need specialist help.
 - 1% of five- year- olds (more than 5,500 children) have the most severe and complex speech, language and communication needs – they may not understand much of what is said to them, have little spoken language and are likely to be completely unintelligible when they start school. These children are likely to have a long-term need for specialist help.

There is a real imperative to succeed in this vital area. This is recognised by the following:

“Effective oral language skills are the building blocks on which subsequent literacy and numeracy is based. Without solid foundations in language and communication skills, children run the risk of school failure, low self-esteem and poor social skills.”
(I CAN, 2006)

“Effective communication and language skills are fundamental to young people’s learning, developing social skills and fulfilling their potential.”
Ed Balls, Secretary of State, Department of Children, Schools and Families
Better Communication (DCSF, 2008)

“A skilled five- year-old grows from a busy four-year-old, a curious three-year-old, a cuddled two-year-old, an adventurous one-year-old and a communicative baby.” (Lindon, 2002)

The importance of investing in children is “good for all of us”. Using a Social Rate of Return on Investment model – for every £1 invested in a Sure Start children’s centre, £4.60 of social value is generated. (New Economics Foundation, 2010)

2. What is the Context?

2.1 What is happening on the national level?

The Coalition Government put forward its *Programme for Government* in July 2010 based on the tenets of freedom, fairness and responsibility. The Programme states that “The Government believes that strong and stable families of all kinds are the bedrock of a strong and stable society.” It goes on to say that “We will take Sure Start back to its original purpose of early intervention, increase its focus on the neediest families.”

2.1.1 The Health Context

The Government has published a series of health white papers focusing on the NHS, children and young people and public health: *Equity and excellence: Liberating the NHS* (DH, July 2010); *Achieving Equity and Excellence for Children: How liberating the NHS will help us meet the needs of children and young people* (DH, September 2010); *Healthy lives, healthy people: Our strategy for public health in England* (DH, November 2010).

The health white papers include proposals for GP commissioning, local council-led Health and Wellbeing Boards, the transfer of public health to local government, the creation of a ‘wellness’ service and the replacement of LINks (Local Involvement in Health Networks) with Local HealthWatch. There is a strong emphasis on service user involvement along the lines of “no decision about me, without me”.

The Health and Social Care Bill (February 2011) based on the white papers is the largest piece of NHS legislation ever tabled and sets out a new commissioning landscape in which GP Consortia will play a key role.

Healthy lives, brighter futures: The strategy for children and young people’s health (DH, 2009)

The child health strategy focuses on ensuring that the right services, support and advice are available to all parents, and that more intensive support is given to the most vulnerable echoing the progressive universalism of the HCP. Specific improvements include:

- Further development of the health visitor workforce to deliver the Healthy Child Programme.
- The development of a new Antenatal and Preparation for Parenthood programme.
- The expansion of the successful Family Nurse Partnership Programme.
- A strengthened role for Sure Start children’s centres – both through additional health-based programmes, focusing on reducing obesity and smoking, and by ensuring that each centre has access to a named health visitor.

The Healthy Child Programme (HCP), provides best practice guidance. It acknowledges significant changes in parents’ expectations, knowledge about neurological development, what interventions work and in the landscape of children’s policy and services since the National Service Framework for Children, Young People and Maternity Services was published in 2004.

The HCP is the early intervention and prevention public health programme that lies at the heart of a universal service for children and families. Universal health and development reviews are a key feature of the HCP with the following being identified as the most

appropriate opportunities for screening tests and developmental surveillance, for assessing growth, for discussing social and emotional development with parents and children, and for linking children to early years services:

- By the twelfth week of pregnancy
- The neonatal examination
- The new baby review (around 14 days old)
- The baby's six to eight week examination
- By the time the child is one year old
- Between two and two-and-a-half years old

2.1.2 The Education context

The Department for Education's Business Plan 2011-2015, published in November 2010, introduced the following new support for the early years:

"5.1 Retain a national network of Sure Start children's centres with a core universal offer, while also ensuring that they deliver proven early intervention programmes to support families in the greatest need

- i. Develop a Sure Start children's centres reform programme
- ii. Work with local authorities to develop a plan to increase voluntary and community sector involvement within Sure Start children's centres, improve accountability arrangements, increase the use of evidence-based interventions, and introduce greater payment by results
- iii. Introduce a new Early Intervention Grant to provide local authorities with the funding they need to support Sure Start and other intervention programmes

5.2 Ensure access to sufficient and high quality Early Years provision

- i. Implement the new Early Years Single Funding Formula for three to four-year-olds
- ii. Develop proposals to improve the quality of the Early Years workforce
- iii. Explore options for allowing parents greater flexibility to use their early education entitlement
- iv. Trial new approaches and begin to roll out extension of free early education to disadvantaged two-year-olds
- v. Put in place a new Early Years framework that is less bureaucratic and more focused on improving young children's learning and development"

On 26.1.11 Sarah Teather, Minister for Children and Families wrote in *Nursery World*

"A highly skilled Early Years workforce is critical if we are to combat inequality, help tackle poverty and improve the life chances of the most disadvantaged children. It's simply not good enough that the highest early achievers from disadvantaged backgrounds are overtaken by more well-off, lower achieving children by the age of five.

- We will continue to invest funding in graduate programmes in 2011-12.
- Children's Workforce Development Council (CWDC) will continue to deliver both the Early Years Professional Status (EYPS) and the New Leaders in Early Years (New Leaders – a 2 year graduate programme to achieve EYPS and an Early Years master's degree) programmes."

The Early Years Foundation Stage (DCSF, 2008), currently being reviewed by Dame Clare Tickell, sets the Standards for Learning, Development and Care for children from

birth to five. It is based on principles which are grouped into four distinct but complementary themes. Each principle is supported by four commitments which describe how the principles can be put into place:

- A unique child: Every child is a competent learner from birth who can be resilient, capable, confident and self-assured.
 - Child development
 - Inclusive practice
 - Keeping safe
 - Health and wellbeing
- Positive relationships: Children learn to be strong and independent from a base of loving and secure relationships with parents and/or a key person.
 - Respecting each other
 - Parents as partners
 - Supporting learning
 - Key person
- Enabling environments: The environment plays a key role in supporting and extending children's development and learning.
 - Observation, assessment and planning
 - Supporting every child
 - The learning environment
 - The wider context
- Learning and development: Children develop and learn in different ways and at different rates and all areas of learning and development are equally important and inter-connected.
 - Play and exploration
 - Active learning
 - Creativity and critical thinking
 - Areas of learning and development

The Children's Plan: One Year On (DCSF, 2008) reviewed progress, made recommendations (including taking forward the recommendations in the Bercow review on improving speech, language and communication provision) and produced a number of linked strategy documents including:

Next steps for early learning and childcare (DCSF, 2009)

By 2010 children's centres will offer universal provision.

2.1.3 The Legislative Context

The **Childcare Act 2006** includes a duty on Local Authorities to improve the five Every Child Matters outcomes for all children from birth to five years through access to integrated early childhood services, the provision of information to parents about services for children up to 19 and a reformed and simplified regulatory framework for early years and childcare to raise quality and reduce bureaucracy through the Early Years Foundation Stage (EYFS) from September 2008.

The EYFS learning and development requirements comprise three elements:

- The early learning goals – the knowledge, skills and understanding which young children should have acquired by the end of the academic year in which they reach the age of five.
- The educational programmes – the matters, skills and processes which are required to be taught to young children.

- The assessment arrangements – the arrangements for assessing young children to ascertain their achievements.

There are six areas covered by the early learning goals and educational programmes:

- Personal, Social and Emotional Development
- Communication, Language and Literacy
- Problem Solving, Reasoning and Numeracy
- Knowledge and Understanding of the World
- Physical Development
- Creative Development

The **Apprenticeships, Skills, Children and Learning Act (2009)** made children's centres statutory.

2.2 What is happening at local level?

The Coalition Government places significant emphasis on localism and the Big Society reform agenda (Cabinet Office, Oct 2010) with a transfer of power from central government to local communities.

2.2.1 Local Strategic Partnerships

Most local authorities currently have a **Local Strategic Partnership (LSP)** which bring together representatives from the public, private, community and voluntary sectors to establish a local vision and promote better outcomes for local people. However, many of the levers used by LSP's (Public Service Agreements, Local Area Agreements and Comprehensive Area Assessments and National Indicator sets) no longer exist and local authorities may choose to end their LSP in April 2011.

The Coalition Government aspires to "end the era of top-down government" and "to devolve more power and control down to the local level". The reduction in "top-down" prescription coupled with the coalition's view on the "localism" agenda is fundamentally re-directing the focus for partnership working. There is much greater emphasis being placed on:

- "outward accountability" – being held to account by the citizen rather than by Whitehall (data and transparency agenda)
- renewed interest in localism and devolution – and ensuring issues are
- addressed at the lowest practicable spatial level (principle of subsidiarity)
- a shift towards adopting more of an "enabling" role – helping people and communities do more for themselves and each other ("Big Society")

The context for partnership working, and indeed the landscape around it, is rapidly changing. Alongside substantial cuts in public spending, councils and their partners are responding to: the emerging localism and devolution agenda; the "Big Society"; significant health and policing reforms and a changing regional and sub-regional landscape. This includes the replacement of regional development agencies (RDAs) with local enterprise partnerships (LEPs) and the introduction of Community (Place-based) budgets (initially across 16 local areas) as announced in the Comprehensive Spending Review.

Previously statutory Children's Trusts are thematic partnerships within the Local Strategic Partnership, which some local authorities may retain.

2.2.2 Children's Trusts

Children's Trusts: Statutory guidance on inter-agency cooperation to improve wellbeing of children, young people and their families (2009) defines the purpose of a Children's Trust "as to improve the wellbeing of all children: improving their prospects for the future and redressing inequalities between the most disadvantaged children and their peers."

A Children's Trust is a local area partnership which brings together the key local agencies – some of which are under a statutory "duty to cooperate" – to improve children's wellbeing through integrated services focused on delivering the Every Child Matters outcomes.

The role of the Children's Trust Board is to put in place the five 'essential features' of the Children's Trust. This means:

- developing and promulgating a child and family-centred, outcome led vision for all children and young people via the CYPP, clearly informed by their views and those of their parents and the Joint Strategic Needs Assessment
- putting in place robust arrangements for inter-agency governance
- developing integrated strategy: joint planning and commissioning, pooled and aligned budgets and the CYPP
- supporting this via integrated processes: effective joint working sustained by a shared language and shared processes
- developing and promoting integrated front line delivery organised around the child, young person or family rather than professional or institutional boundaries

The Children's Trust arrangements are intended to ensure that local areas focus on:

- narrowing the outcome gaps between children from disadvantaged backgrounds and their peers, while improving outcomes for all children
- prevention and early identification
- involving and empowering parents and becoming more responsive to children and young people
- ensuring effective planning and commissioning of services and the flexible use of pooled budgets.

in order to:

- lead to more integrated and strategic infrastructure planning, making best use of all available assets and funding streams to deliver facilities for children and young people's services including through greater co-location
- drive effective integrated working between all professionals working with children and young people
- support families in securing world class health and wellbeing outcomes for their children
- tackle the problem of child poverty.

Statutory guidance on cooperation arrangements, including the Children's Trust Board and the Children & Young People's Plan was published in March 2010. It reflects the Apprenticeships, Skills, Children and Learning Act (ASCL) 2009 which strengthened Children's Trusts cooperation arrangements:

Under Coalition Government plans **Children's Trusts** will not be abolished; however, they will no longer be statutory and the forthcoming schools bill will "remove the duty on

schools, non-maintained special schools, academies and FE colleges to cooperate through Children's Trusts". Tim Loughton, Junior Minister for Children & Families, has said "Where Children's Trusts have proved successful local authorities are entirely at liberty to continue operating them. If they are such a good thing I'm sure most local authorities will continue working with that model. But, there are some areas of confusion that need to be addressed, such as the relationship between local safeguarding children's boards and children's trusts."

2.2.3 Commissioning

The commissioning process is a central part of the planning and resource allocation that occurs in the development and review of local children's services. This may well be the approach adopted in the allocation of the newly introduced Early Intervention Grant which replaces 20+ previous grants. The Coalition Government places emphasis on the potential of combining a reduction in central prescription with a stronger focus on what works for different localities to produce better results. Investing in early intervention – acting more strategically and targeting investment early, ensuring the maximum resources go to frontline services in order to have the greatest impact and secure better results downstream for children, young people and families may be an important pathway for achieving this new combination.

The new **Early Intervention Grant** (EIG) is an important plank of support to local leaders. The new grant is not ring-fenced so there is flexibility and greater freedom at local level to make choices in responding to local needs and drive reform. It will support a focus on early intervention in the early years and up the age range through to adulthood by pooling and aligning funding where that enables local authorities and their partners to target disadvantage and achieve better results.

In future, commissioners from across the public sector, including GPs and local authorities, will have a central role in securing improved outcomes for children, young people and their families. Joint Strategic Needs Assessments (JSNA) will continue with new audiences including GP Consortia and local HealthWatch. The JSNA Process identifies the current and future health and wellbeing needs of a local population, agrees commissioning priorities to improve outcomes and reduce health inequalities. There is an emphasis on the commissioner (a public body) working in partnership with providers and citizens. The Green Paper Modernising Commissioning: Increasing the role of charities, social enterprises, mutuals and cooperatives in public service delivery (Cabinet Office, December 2010) suggests the modernisation of commissioning to ensure that civil society organisations, the most effective and efficient mutuals, cooperatives, charities and social enterprises, have a much greater involvement in the running of public services.

The New Economics Foundation has produced *A guide to commissioning children's services for better outcomes* which complements their publication *Backing the Future: Why investing in children is good for all of us* (New Economics Foundation, 2010). The research makes the case for prevention and co-production explaining how a preventative approach to social problems can more successfully improve outcomes for children, families and communities.

Securing better health for children and young people through world class commissioning. A guide to support delivery of healthy lives, brighter futures: The strategy for child and young people's health (DH, 2009b) explains commissioning as a cyclical process that happens strategically across a population as well as individually for a particular young

person or family. Each phase describes the set of activities that typically make up the phase of the cycle as well as showing the expectations for joint working.

2.2.3a The Commissioning Cycle

The commissioning cycle for all strategic partners encompasses:

- A strategic needs assessment – engaging with children, young people and families, understanding their needs and collating data
- Planning and service design – identifying what services are needed to address each child's needs holistically and to prevent problems arising in the first place
- Deciding how to deliver those services – identifying which organisations are best placed to deliver, contract, broker or put service level agreements in place
- Reviewing and challenging – assessing effectiveness and monitoring the impact on children's lives and prospects.

Essentially there are 3 key phases:

Phase 1: Needs assessment and strategic planning

- Look at outcomes for children and young people
- Look at particular groups of children and young people
- Develop needs assessment with user and staff views
- Identify resources and set priorities
- Plan pattern of services and focus on prevention

The commissioning process starts with assessment of the current outcomes and needs (as well as emerging needs) of the local child population both universally and specific groups (e.g. vulnerable children and their families). This phase should be evidence-based and include meaningful engagement with children and their families as well as service providers. This phase also requires the mapping of existing provision to assess against the "ideal array of services, skills and capabilities" to meet the assessed needs.

Phase 2: Shaping and managing the market

- Decide how to commission services efficiently
- Commission – including use of pooled resources
- Plan for workforce and market development

This phase focuses on arranging services that are outcomes-based and represent good value for money. It may involve 'joint' commissioning through aligning or pooling budgets or aligning non-financial resources, such as staff.

Phase 3: Improving performance, monitoring and evaluating

- Monitor and review services and process

This phase involves regular monitoring of performance. It includes assessing delivery against particular standards and outcomes, reviewing the effective use of resources against priorities and reporting on performance to inform further assessment and planning.

2.3 What is the communication context?

The Communication Trust has produced definitions of speech, language and communication.

Speech refers to:

- Saying sounds accurately and in the right places in words
- The sounds people use to communicate words
- Speaking fluently, without hesitating, or prolonging or repeating words or sounds
- Speaking with expression with a clear voice, using pitch, volume and intonation to support meaning.

Language refers to speaking and understanding language:

- Using words to build up sentences, sentences to build up conversations and longer stretches of spoken language
- Understanding and making sense of what people say.

Communication refers to how we interact with others:

- Language is used to represent concepts and thoughts
- Using language in different ways: to question, clarify, describe, etc.
- Non-verbal rules of communication; good listening, looking at people when in a conversation, knowing how to talk to others and take turns, how to change language use to suit the situation or the person being spoken to
- The ability to take into account other peoples' perspectives, intentions and the wider context
- Many children and young people communicate successfully using non-verbal means such as signing, gestures, communication books or electronic communication equipment.

2.3.1. Evidence from research

The Effective Provision of Preschool Education (EPPE) project (Sylva et al, 2004) is the first major European longitudinal study of a national sample of young children's development between the ages of three and seven years. To investigate the effects of preschool education, the EPPE team collected a wide range of information on 3,000 children. The study also looks at background characteristics related to parents, the child's home environment and the preschool settings children attended.

Key findings include the importance of the home learning environment:

“For all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income. What parents do is more important than who parents are.”

The most important activities that parents can do with their children to “stretch a child's mind” are:

- Reading with and to children
- Singing songs and rhymes

- Going on visits
- Painting and drawing
- Creating opportunities to play with friends
- Going to the library
- Playing with letters and numbers

2.3.2 Recognition of the importance of communication

The first two standards of *the National Service Framework for Children* (DH, 2004) relate directly to the development of young children's communication skills, aiming to "...improve children's communication, social and emotional development and help children develop secure attachments ... optimising the quality of the relationship between parent and child."

The Children's Centre Practice Guidance (DfES, 2006) describes how children's centres provide a crucial opportunity to 'drive forward a preventative approach' and should give information and advice during the antenatal period and within the first two months of a baby's life. Children's centre staff should promote language acquisition and identify speech and language difficulties.

2.3.2a The Early Years Foundation Stage

The Early Years Foundation Stage (DCSF, 2008) outlines what Communication, Language and Literacy means for children:

- Communicating and being with others helps children to build social relationships which provide opportunities for friendship, empathy and sharing emotions. The ability to communicate helps children to participate more fully in society.
- To become skilful communicators, babies and children need to be with people who have meaning for them and with whom they have warm and loving relationships, such as their family or carers and, in a group situation, a key person whom they know and trust.
- Babies respond differently to different sounds and from an early age are able to distinguish sound patterns. They learn to talk by being talked to.
- Babies and children use their voices to make contact and to let people know what they need and how they feel, establishing their own identities and personalities.
- Parents and immediate family members most easily understand their babies' and children's communications and can often interpret for others.
- All children learn best through activities and experiences that engage all the senses. For example, music, dance, rhymes and songs play a key role in language development.
- As children develop speaking and listening skills they build the foundations for literacy, for making sense of visual and verbal signs and ultimately for reading and writing. Children need lots of opportunities to interact with others as they develop these skills, and to use a wide variety of resources for expressing their understanding, including mark making, drawing, modelling, reading and writing.

It also describes how settings can give all children the best opportunities for effective development and learning in Communication, Language and Literacy through giving particular attention to Positive Relationships, Enabling Environments and Learning and Development.

2.3.2b The Bercow Report

The Bercow Report. A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs (DCSF, 2008) recognises the importance of speech, language and communication to *all* children and young people. The Review identified five key themes and made recommendations in relation to the issues that needed to be addressed for real change and improvement to happen.

- Communication is crucial
“The ability to communicate is an essential life skill for all children and young people and it underpins a child’s social, emotional and educational development.”
Recommendations to raise the national profile of speech, language and communication include the creation of a Communication Council; the post of a Communication Champion to lead a National Year of Speech, Language and Communication; information for all parents.
- Early identification and intervention are essential
“Early identification means recognising a child’s difficulty quickly: both as early as possible in his or her life and as soon as possible after the difficulty becomes apparent. Early intervention means making a prompt intervention to support the child and family.”
Recommendations focus on ensuring a robust system for early identification of children and young people with speech, language and communication needs (SLCN).
- A continuum of services designed around the family is needed
“This will require a broad and varied continuum of universal, targeted and specialist services, delivered by an appropriately skilled and supported workforce.”
Recommendations relate to ensuring effective joint commissioning of services for children and young people with SLCN.
- Joint working is crucial
“No single agency can deliver any one of the five Every Child Matters outcomes for children and young people by working in isolation.”
Recommendations include each Children’s Trust appointing an appropriate senior member of its governing board to lead on speech, language and communication in the local area.
- The current system is characterised by high variability and a lack of equity
“The current system for providing support to children and young people with SLCN is routinely described by families as a ‘postcode lottery’, particularly in the context of their access to speech and language therapy.”
Recommendations relate to leadership development and performance management.

2.3.2c Better Communication - An action plan

Better Communication – An action plan to improve services for children and young people with speech, language and communication needs (DCSF, 2008)

This action plan sets out the previous Government’s response to *The Bercow Report* with work to meet the following objectives culminating in the National Year of Speech, Language and Communication in 2011-12:

- All professionals working with children should support the development of all children’s speech, language and communication skills. Practitioners need an

awareness of SLCN so that they can identify them and, if necessary, refer children for additional support

- Support delivery of universal services that promote language development
- Help local commissioners plan and deliver targeted and specialist services for children with SLCN that meet the demands of their local area, based on evidence of what works.

The suggestion is to be made to Directors of Children's Services that they give a member of the Children's Trust Board leadership for promoting speech, language and communication in the local area.

2.3.2d Every Child a Talker

Every Child a Talker (ECAT) (DCSF, 2008)

The aim of ECAT, a National Strategies programme, is to raise children's achievement in early language so that, against a baseline of 2008 Early Years Foundation Stage Profile* (EYFSP) data, the proportion of children aged five achieving six or more scale points in Language for Communication and Thinking improves in Local Authorities (LAs) by 2010.

ECAT is designed to equip practitioners to work both with children and with their parents and ensure children experience a language rich environment. The programme aims to improve the skills and expertise of Early Years practitioners so that they are better able to support the development of young children's speaking and listening skills.

In the year it enters the programme the ECAT strategic lead for the LA identifies 20 settings where maximum impact is most likely to be achieved. An Early Language Consultant (ELC) is recruited who has responsibility for supporting a lead practitioner in each setting, as well as facilitating networks of settings so that good practice is cascaded and fully embedded across the Local Authority. Wave 1 LAs increase the number of settings involved to 30. Waves 2 and 3 focus on 20 settings. All settings identify an additional linked setting for Early Language Lead Practitioner to disseminate the programme in a ripple effect although the link settings do not have the same degree of support from the ELC.

Around 50 Local Authorities joined the programme for each of the three years from 2008-09 to 2010-11. LAs' entry to the programme was prioritised according to the proportion of children in the bottom 5% nationally (based on 2007 results of the Language for Communication and Thinking scale of the Foundation Stage Profile). The 2009 Early Years Foundation Stage Profile (EYFSP) results for five-year-olds showed that nationally, 52 per cent of children attained a good level of development, an increase of three percentage points on 2008. Across all local authorities (LAs) the gap between the lowest achieving 20 per cent of children and the remainder was 33.9 per cent - a 1.7 per cent improvement since 2008. This meant that 23,000 children had achieved a better level of development in 2009 than previously with particularly good improvement for the most vulnerable children. Attainment rose in 12 of the 13 EYFSP scales, with the biggest increases in two of the Communication, Language and Literacy (CLL) scales. Girls' attainment continued to increase at a higher rate than boys in all scales with the widest gender gap persisting in writing. However, boys' attainment also improved on the previous year.

Guidance and case studies are available at <http://nationalstrategies.standards.dcsf.gov.uk/>

Annex A: Commissioning

The first part of this annex sets out developing work on an outcomes framework for services for children and young people with SLCN taking account of the five Every Child Matters outcomes and then drilling down.

2.4 What is the evidence base?

Little (2010) in his paper, *Proof Positive*, suggests that “Improving children’s outcomes depends on systematising evidence-based proof”. This approach has been taken forwards by the Centre for Excellence and Outcomes for children and young people (C4EO) who have developed a validation system for practice which leads to improved outcomes for children, young people and their families. Examples relevant to TTYB include:

- Child Development Programme Pilot – Darlington
- Every Child A Talker – London Borough of Barking and Dagenham
- PCT and children’s centre partnership to support the Baby Friendly Initiative – Blackpool
- Songs and Rhymes programme – Hampshire

These, and other strategic examples, can be accessed at <http://c4eo.org.uk/themes/earlyyears/localpractice.aspx?themeid=1>

The DfE (2011) Early years evidence pack illustrates the Coalition Government’s commitment to early years, providing “extensive evidence that investment in the early stages of children’s lives makes sense – socially, morally and financially.” The slide pack summarises evidence on:

- Achievement at the Early Years Foundation Stage
- Factors that influence achievement
- The impact of Sure Start Local Programmes

The pack is available at

<http://media.education.gov.uk/assets/files/pdf/e/early%20years%20evidence%20pack.pdf>

2.4.1 Face to Face findings: Three key aspects of parenting in relation to communicating with babies

In 2009 **TTYB’s Face to Face project** commissioned the University of Dundee to consider the evidence for why early communication matters. Three key aspects of parenting that matter in relation to communicating with babies were identified:

2.4.1a Contingency – a reciprocal relationship

Contingency is the extent to which a communication is produced when the intended recipient is fully oriented towards receiving and processing it. This means that the baby and the parent are engaged in reciprocal activity. In other words, they are cueing in and responding to each other, so they are “in tune”. This is also known as sensitivity or responsiveness. Child and adult gestures and child gaze are very important non-verbal communication.

High levels of joint attention and reciprocity are associated with more effective communication and more rapid child language development. Parents who take their lead from the child have more effect than those trying to direct the child.

Contingency between parents and babies is important:

- psychologically and cognitively in order for babies to form secure attachments
- linguistically in developing children's gestures, vocalisations, speech and syntax

Communication opportunities depend upon mutual engagement:

- Early maternal contingency predicted later maternal responsiveness in both behaviour and emotion and the importance of the quality of the mother-infant relationships as reflected in infant attachment status was critical in shaping later toddler behaviour and quality of dyadic interaction (Donovan et al, 2006)
- Parents who frequently produce contingent replies to their infant's early verbalisations subsequently develop syntax in their infant's communications more rapidly than those of less contingent mothers (Snow, Perlmann and Nathan, 1987)
- Children who at 14 and 15 months are better at joint attentional engagement with their parents develop language more rapidly than other children (Mundy and Gomes, 1998, Carpenter et al, 1998)
- Time spent in mother-child joint attention when the child is under 18 months predicts subsequent vocabulary growth (Carpenter, Nagell & Tomasello 1998, Laakso, Poikkeus, Katajamaki and Lyytinen 1999)
- Infants of more responsive mothers begin to talk sooner and may reach a 50 word vocabulary at a younger age than do children of less responsive parents (Tamis-LeMonda, Bornstein, Baumwell and Damast, 1996)
- Mothers who frequently react verbally to their children's play and vocalisations supply their children with more effective language input than mothers who respond occasionally. These responsive replies are likely to often be expansions, or recasts of children's prior utterances, which have been shown to be positive predictors of language development (Newport, Gleitman and Gleitman, 1977, Nelson, Carskaddon and Bonvillian, 1973)
- More rapid vocabulary development in children (particularly those under 19 months) is associated with maternal input that follows the child's attentional focus, rather than input that attempts to redirect the child's attentional focus (Akhtar et al, 1991, Harris et al, 1986, Tomassello and Farrar, 1986)

Depression, mental illness and anxiety impact on contingency along with having an impact on fathers.

2.4.1b The nature and types of parent – infant interaction

Babies communicate from a very young age through gesture, gaze, touch and sound.

- At 3 – 5 days babies have a capacity for detecting the complex elements of verbal communication in that their “cry melodies” accord with their mothers’ (Mampe et al, 2009)
- Gestures not only precede language but are fundamentally linked to it. Many of the lexical items that a child produced initially in gesture later moved to that child’s verbal lexicon. Children who were first to produce gesture-plus-word combinations conveying two elements in a proposition were also first to produce two-word combinations (Ilverson and Golin-Meadow, 2005)
- Communicative pointing has been related to both expressive and receptive language development at 24 months (Desrochers, Morosette and Ricard, 1995)
- A child’s gesture use at 14 months was found to be a significant predictor of vocabulary size at 42 months (Rowe, Ozcaliskan and Golin-Meadow, (2009)
- As babies’ communicative abilities develop, their mothers’ speech increases in amount and complexity, so extending the child’s communication (Henning, Striano and Lieven, 2005)
- There is evidence of differences between mothers’ and fathers’ language input, and functions, which thus provides the child with increased interactive negotiation, the crucial factor in language development. (Pansofar and Vernon-Feagans, 2006)
- Adult-child conversations are strongly associated with healthy language development (Zimmerman et al, 2009)
- The amount and type of talk are important and, in particular, reminiscing about events is a particularly effective way of helping young children understand, and use, words. This involves a context that is personally meaningful elaboration by the parent, the use of questions and explanations. (Reese, 1995). Peterson et al (1999) found that critical aspects of an effective reminiscing style include maternal elaborations, ‘wh’ questions, contextual information and explanations
- Parents can enhance their children’s language and literacy by talking about interesting events daily and encouraging children to do the same. An elaborative style (including varying intonation, information about causes and effects, peoples’ motivations, descriptions of objects and actions) is important for language and for enhancing children’s understanding of emotion and mind (Beals, 2001)

2.4.1c The importance of the home literacy environment

- The importance of verbal language during infancy has led researchers to highlight that lexically rich, naturally occurring conversations are significant to a child’s language skills and literacy development (Dickinson and McCabe, 2001, Weizman and Snow, 2001)
- Shared book reading, particularly when it includes open-ended questions and encourages the child’s responding is a powerful means of enhancing children’s spoken language skills and literacy development (Heuber and Meltzoff, 2005)
- Fathers’ book reading predicted children’s cognitive outcome (Dursma et al, 2008)

- Young children map words on to existing concepts or cognitive structures. This enables them to organise language and knowledge about familiar objects and events (Bloom, 1998)
- Shared book reading facilitates young children's vocabulary development, phonemic skills, print concept knowledge and positive attitudes toward literacy (Raiks et al, 2006)
- The time parents spent reading to their preschool children was related to children's language growth, emergent literacy and reading skills (Bus et al, 1995)
- In addition to reading, parents engage their child in other activities that promote the development of children's receptive and expressive language skills:
 - going to the library or museum (Payne, Whitehurst and Angell, 1994)
 - reciting nursery rhymes and playing rhyming games (Baker et al, 1995)
 - learning the alphabet, numbers and letters (Parker et al, 1999)
 - telling or discussing stories (Saracho, 2002, Watson, 2002)
- The number of picture books in the home has been positively linked to children's receptive and expressive language skills (Payne, et al 1994)
- Familiarity with storybooks has been associated with preschoolers' vocabulary and reading skills (Senechal et al, 1996)
- Early exposure to toys that facilitate symbolic play and the development of children's fine motor skills has been shown to relate to receptive language skills at 21 months (Tomopoulous et al, 2006)
- The Effective Study of Provision of Preschool Education study found that while the social class and levels of education of parents were related to child outcomes, the early years home learning environment was more important than family socio-economic status and income effects (Sylva et al, 2003)

Consideration was also given to when and how much parents talked to children and whether it made a difference. The findings were as follows:

- Parents tend to overestimate the amount they talk to their children
- Children with advanced language skills have parents who talk more. Talkative parents have talkative children
- Early parent talk predicts later language ability
- Most talk between parents and children aged 2 to 48 months typically occurs at the end of the day (Gilkerson and Richards, 2009)

In exploring parental evidence it was found that the age of the mother, parents' socio-economic status, ethnicity, first language and mental health have an influence on children's language development.

The effects of socio-economic status on children's language environments and language development are robust and substantial. There is consistent evidence across cultures that:

- Higher SES mothers talk more to their children than do lower SES mothers
- The speech of higher SES mothers is more frequently uttered for the purpose of eliciting conversation than the speech of lower SES mothers
- The speech of lower SES mothers is more frequently uttered for the purpose of directing their children's behaviour than the speech of higher SES mothers, (Hoff et al, 2002).

Age of mother is a significant variable: adolescent mothers (mean age 15 years) have been found to speak less, produce fewer utterances with joint attention, provide fewer object labels, produce less affectionate speech and issue more commands than young adult mothers (mean age 23 years), (Culp et al, 1996).

Children for whom a second language constitutes less than 25% of their language input (according to parental report) tend not to acquire that language (Pearson et al, 1997). However, given sufficient input for language acquisition to occur, the rate and course of language development in children acquiring two languages has been described as similar to the rate and course of monolingual development, (Genesee et al, 2004, Petitto et al, 2001).

Trust, rapport and respect are key to effective communication from professionals. For example, mothers responded well to being considered equal partners in the care of infants in newborn intensive care units, and parents of hospitalised children are considered "experts by experience", (Jones et al, 2007).

Depressed mothers are less contingent and use touch less, (Paris and Bolton, 2009). Partners of depressed women demonstrated less optimal interaction with their infants, indicating that fathers do not compensate for the negative effects of maternal depression on the child, (Goodman, 2008).

Mothers with more extensive social networks had more positive interactions with their infants than mothers with less extensive networks, (Gutman et al, 2009).

The role of siblings and peers was explored and it was found that:

- Child to child speech plays an important role in the development of communication, speech and language. Very young children (1 – 2 years) engage in sound play with peers and from 2 years on peers provide language socialisation opportunities, e.g. engaging in joint planning, negotiating conflicts, providing explanations, telling stories and engaging in a variety of types of multi-party interactions. Friends, in particular, may provide opportunities for using advanced language to express and resolve conflicts
- Mothers of twins were less likely to provide a 'strong elaborated communicative interaction' across play and book reading, (Rutter et al, 2003).

Latest research on the effects of using baby media:

A recently-published American study (DeLoache et al, 2010) examined how many new words 12 to 18-month-old children learned from viewing a popular DVD designed for infants, several times a week for 4 weeks at home. The most important result was that children who viewed the DVD did not learn any more words from their month-long exposure to it than did a control group. The highest level of learning occurred in a no-video situation in which parents tried to teach their children the same target words during everyday activities. Another important result was that parents who liked the DVD tended to

overestimate how much their children had learned from it. The researchers concluded that infants learn relatively little from infant media and that their parents sometimes overestimate what they do learn. <http://pss.sagepub.com/content/21/11/1570.abstract>.

2.5 Findings from the Face to Face research

In 2010 TTYB's Face to Face project commissioned Solutions Strategy, Research and Facilitation (www.solutions-research.co.uk) to undertake a qualitative real world research project. The research used parents, caregivers and key practitioners to identify motivating messages to encourage parents to communicate with their children under the age of three, and to understand key ways of delivering information to them. The research comprised 10 mini focus groups, in-depth interviews with 18 respondents and follow up telephone interviews.

2.5.1 Communication between parent and child

- On discussion about ways of communicating with a baby and child, different types of "activities" were identified which could be categorised into more "dedicated" activities, such as reading, and less "dedicated" activities, such as talking or singing. Time typically needs to be put aside for the "dedicated" activities, whereas "not dedicated" activities are more informal and typically therefore not scheduled into the day's routine.
- For parents, communicating in an informal way with their child, such as talking, was seen as a natural part of parenting that happened throughout the day. Consequently there had been little thought about this subject prior to research in terms of whether they were interacting sufficiently or correctly, or what such a level of interaction might be.
- On initial thought, most assumed that they spent a lot of time talking to their children, although they were often not considering the importance of interaction over talking, i.e. letting the child respond, and reacting to those responses. In contrast, "communicating" could mean "narrating", particularly when children were very young and could not understand speech.
- On consideration, parents often acknowledged that they probably did not spend as much time engaging in one-to-one communication with their baby or small child as they could.
- Some felt concern or even guilt about this, and many others could be made to feel guilty, particularly those already less confident about their parenting skills.

2.5.2 Barriers to communication

- Parents typically want to do the best they can for their children to get them off to the best possible start; however, there are lifestyle, practical and informational barriers that inhibit communication time.
- Increasing the salience and validity of communication time feels important. Parents were typically not "avoiding" communicating with their children, they just did not necessarily prioritise it in the busy lives that they lead, or realise the importance of communicating as much as possible. The benefits of time spent communicating were not fully appreciated and were therefore not top of mind.
- Not prioritising "baby time" over household duties was an often raised barrier for mothers when in the home, so emphasising the relevance and importance of interaction was motivating.

- Although some types of activities can suffer from parental embarrassment or concerns about skills, such as singing, or reading, for some parents a barrier was not appreciating the types of communication-activities that were relevant at different stages of child development. An example of this was when to introduce books and reading to a child, or whether to engage in babbling and “baby talk” or not.

2.5.3 Current awareness of, and attitudes to, messages relating to communication

- Parents were typically unaware of current messages to do with communicating, although in some locations for example Birmingham there was evidence of recall and a positive attitude to such information.
- Parents, however, welcomed information about why and how you should communicate with your child under 3 and actively wanted tips and suggestions.
- Fundamentally, most parents stated a desire to do the best they can for their child to get them off to the best possible start in life which drove this interest.
- The post evaluation telephone interviews conducted during the research also demonstrated that having discussed the issue of communication, and having heard about the benefits and reasons to communicate more, parents started to examine their own behaviour and some had started making changes.

2.5.4 Key messages from the Face to Face research

- A key stand-out fact for parents was *“Babies were born with brains that have a massive capacity for learning and most brain development happens in the first two years of life”*. This information about the rate of development at this age, was new news to most, and was a motivator to engage more in the early years and help their child get off to the best possible start in life.
- Following this information up with phrases that highlight that activities such as talking, singing, smiling and communicating with your baby or toddler helps the brain develop by stimulating it shows the importance of parent/child interaction in these early years and highlights what to do.
- This information was both a motivating “carrot”, but also highlighted a risk, as parents did not want to miss the window of opportunity. In fact some parents of older children could be concerned that they had not communicated sufficiently and in some way let their children’s development down.
- Parents were less interested in explanations of the science behind brain development as brain biology was difficult to comprehend, even in simple language.
- The end benefit of “getting a child off to the best possible start in life via well rounded brain development” felt most interesting to parents. This could encompass learning and education, social skills and confidence. Parents were less motivated by parent-focused benefits such as bonding, as it felt almost wrong in parents’ eyes to focus on this, over their child’s welfare or development.
- Parents liked and were engaged by messages that highlighted positives about their children’s potential, for example being told that their child was amazing already and had huge capacity for learning.
- They were also engaged by the tracking of brain development and developmental milestones, both in the womb and in early childhood. Milestones in the early months had not previously been recognised as stepping stones to speech-development, and this concept was interesting.
- Parents responded less well to strong “frightening” messages that highlighted the dangers of not communicating. Although these worked to scare parents, which in some might stimulate action, they risked leaving parents feeling worried and guilty.

- The risk with adopting this approach is that it can induce guilt or worry in responsible, sometimes over-anxious parents, who can be easily made to feel concerned about their own behaviour, parenting skills, and whether they were “doing it right”. This was particularly the case when discussing the impact on the brain – parents were worried about either doing something wrong, or not doing enough, and in effect damaging their children’s brain.
- As parenting and spending time with your child is a positive behaviour, that people typically want to do more of, the issue feels more about raising salience and validity, rather than convincing people to change a negative or damaging behaviour.
- However, there is also a danger in messages being overly soft, as this can falsely reassure parents that they already interacting enough with their child. This was particularly true when considering talking, which parents thought that they do naturally and often.
- There does need to be some sense of urgency to drive action, but this can be achieved through giving information about the importance of the early years in brain development, how to do it, and a gentle reminder not to leave it too late.

2.5.5 What messages work for parents?

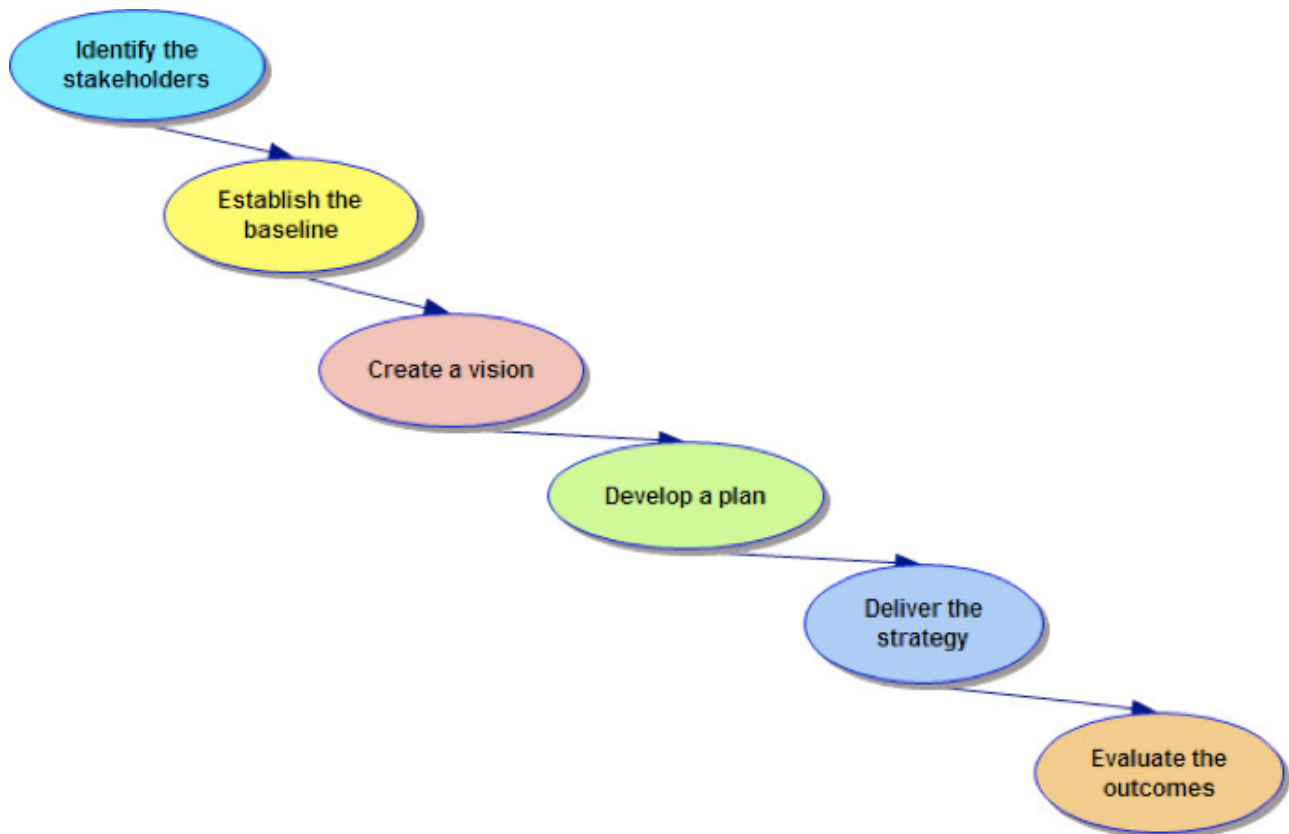
- Parents are interested in messages about why they should communicate, and tips and advice about communication. However, because they currently do not see a need or gap in their skills, they do not proactively seek information about it which suggests this information needs to be provided for them.
- Parents feel it is important to be given information about communication in the early months of a child’s life or in pregnancy, so that they are prepared for the important years ahead, particularly given there is a specific period of importance.
- The research demonstrated that information seeking before and after childbirth is different in terms of approach and channels, and this should be considered in the TTYB campaign development. Parents tended to search more online before the birth of their baby, and claimed to rely more on hard-copy information after the birth when they were less proactive in their searching unless they had a problem or concern.
- Parents welcome bite-sized information highlighting key reasons to communicate, and providing advice that is practical and provides guidance across communication topics e.g. talking, singing, playing, reading, and child development-stages and milestones. A key question that parents have is “how much” time should I be doing this for?
- The key route parents imagined was a leaflet/booklet/flyer handed out by the Health Visitor in the early weeks of a child’s life, or was available to pick up at GPs surgeries, health clinics or “baby touch-points”. Other types of hard copy material communication may be interesting and responses highlight that they are primarily expecting this information in the first few weeks after their baby is born, and in hard copy. This reflects how they currently source information after their baby’s birth, when they feel time poor and are less likely to look online unless they have a problem they want to research.
- Parents were also interested in receiving information during pregnancy to help prepare them. Parents-to-be, particularly first time parents, have more time available to them and are more likely to search for information proactively and to use the internet and also suggested using the midwife as a delivery channel. Although parents-to-be can be focused on immediate subjects such as fetal development and birthing, there could be an opportunity to engage them in the topic of brain development via development of their unborn baby, which would then follow

through to brain development after the birth. A potential route to this could be via pregnancy planners that mothers-to-be often reported using.

- Use of other media should also be considered. Posters were well liked, and likely to be read in “waiting” rooms. Other suggestions included engaging parents via a selection of tips sent out frequently and exploring how to access parents at pregnancy/child rearing “touch-points” for example Mothercare, the nappy aisle.
- Parents preferred communications that were simple, straightforward to read, had bullet pointed points/tips, and used text boxes and visuals to break up the text.

3. Where are we now and where do we want to be? Let us get started.

The diagram below identifies the key stages in developing a strategy.



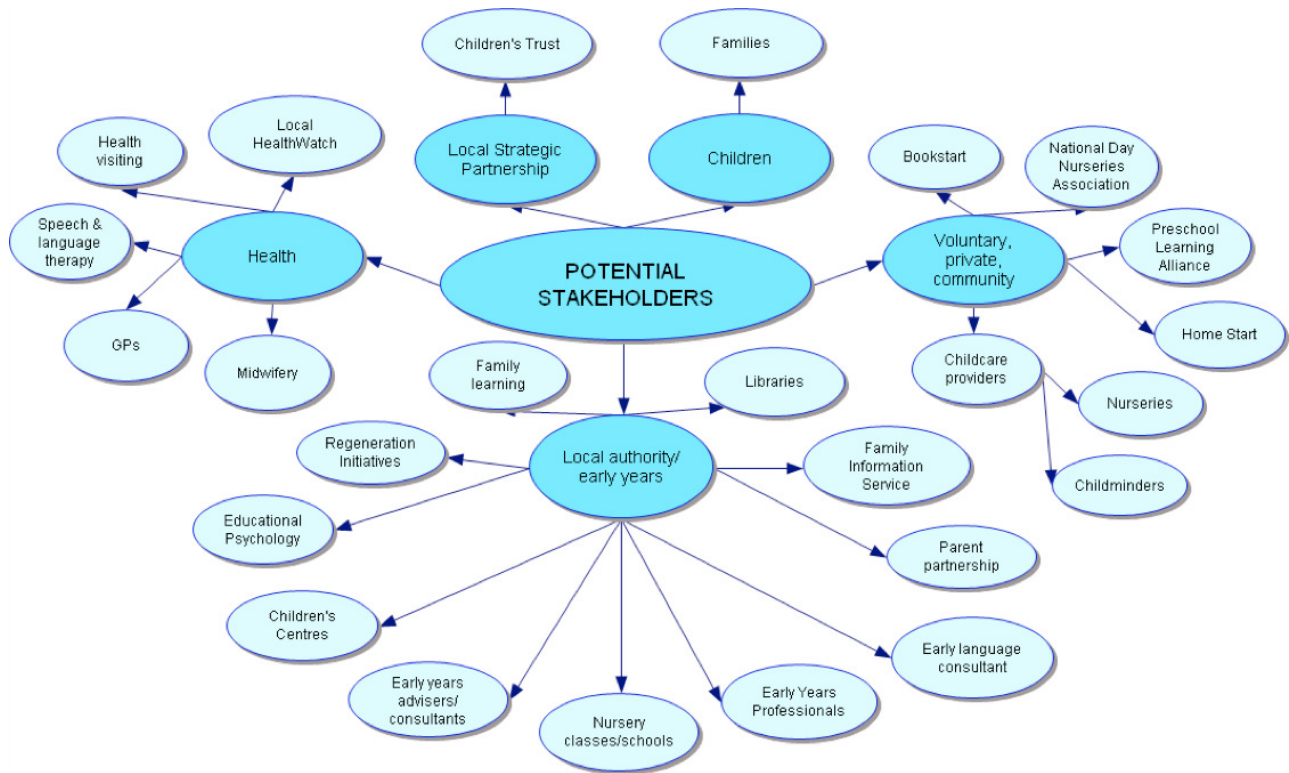
3.1 Identifying key stakeholders

A first step in developing a strategy is to identify key stakeholders. A strategy to promote young children’s speech, language and communication is a whole community matter so it involves the engagement of a wide range of partners from the outset. A senior Champion leading strategic development is most likely to achieve the high profile required for successful development, implementation and outcomes.

Recommendation of the Better Communication Action Plan: “We recommend that each Children’s Trust appoints an appropriate senior member of its governing board to lead on speech, language and communication in the local area. This leadership role should include overseeing a drive to improve outcomes.”

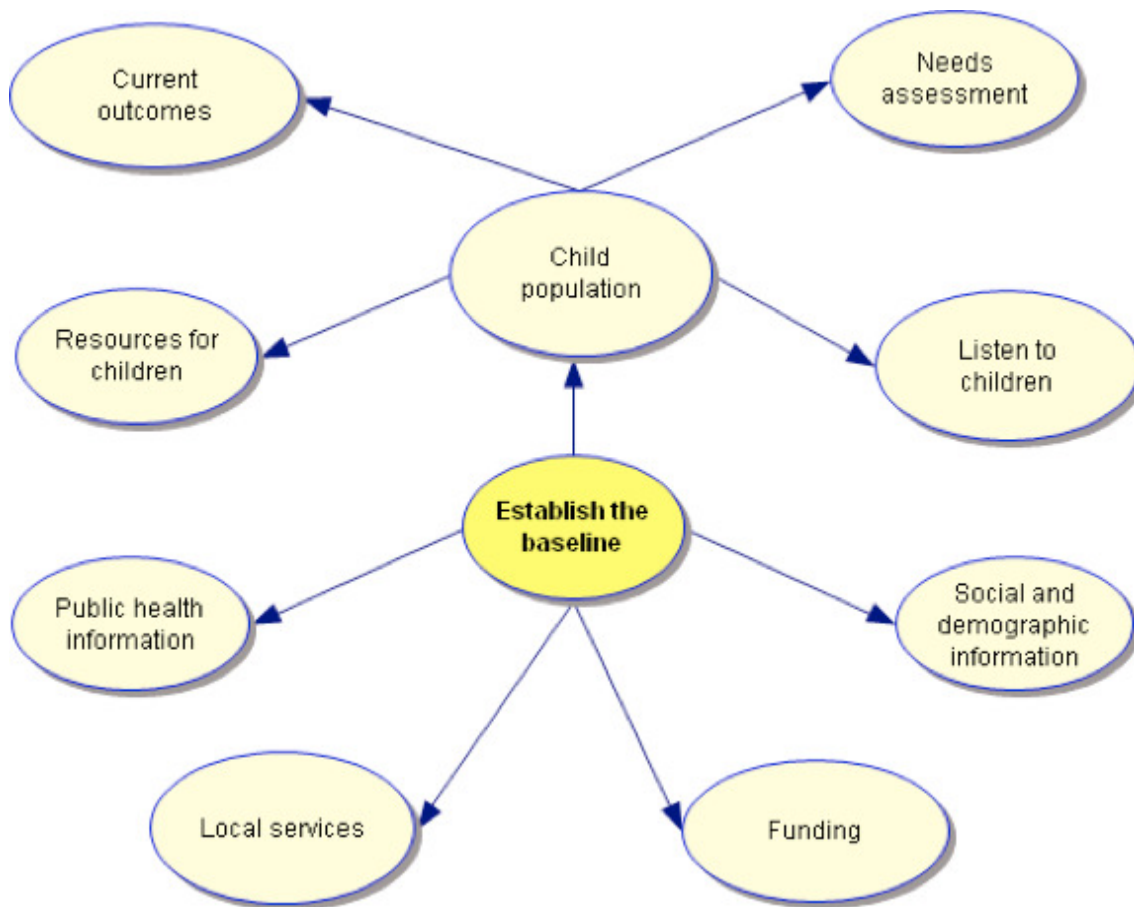
Inevitably the makeup of each local area will be different. However, the diagram below outlines some of the potential partners to be engaged in developing a fit for purpose

strategy. For some, such as children’s centres, it will be part of their core offer. For others, such as regeneration initiatives, there may well be collaborative advantage in seeking funding streams with the aim of achieving common goals and meeting targets.



After engaging stakeholders, a significant investment is required to build relationships and connections. However, many agencies have ‘whole child’ and multi-agency cooperation responsibilities. Multi-agency working and community involvement are key to improving outcomes.

3.2 Where are we now?



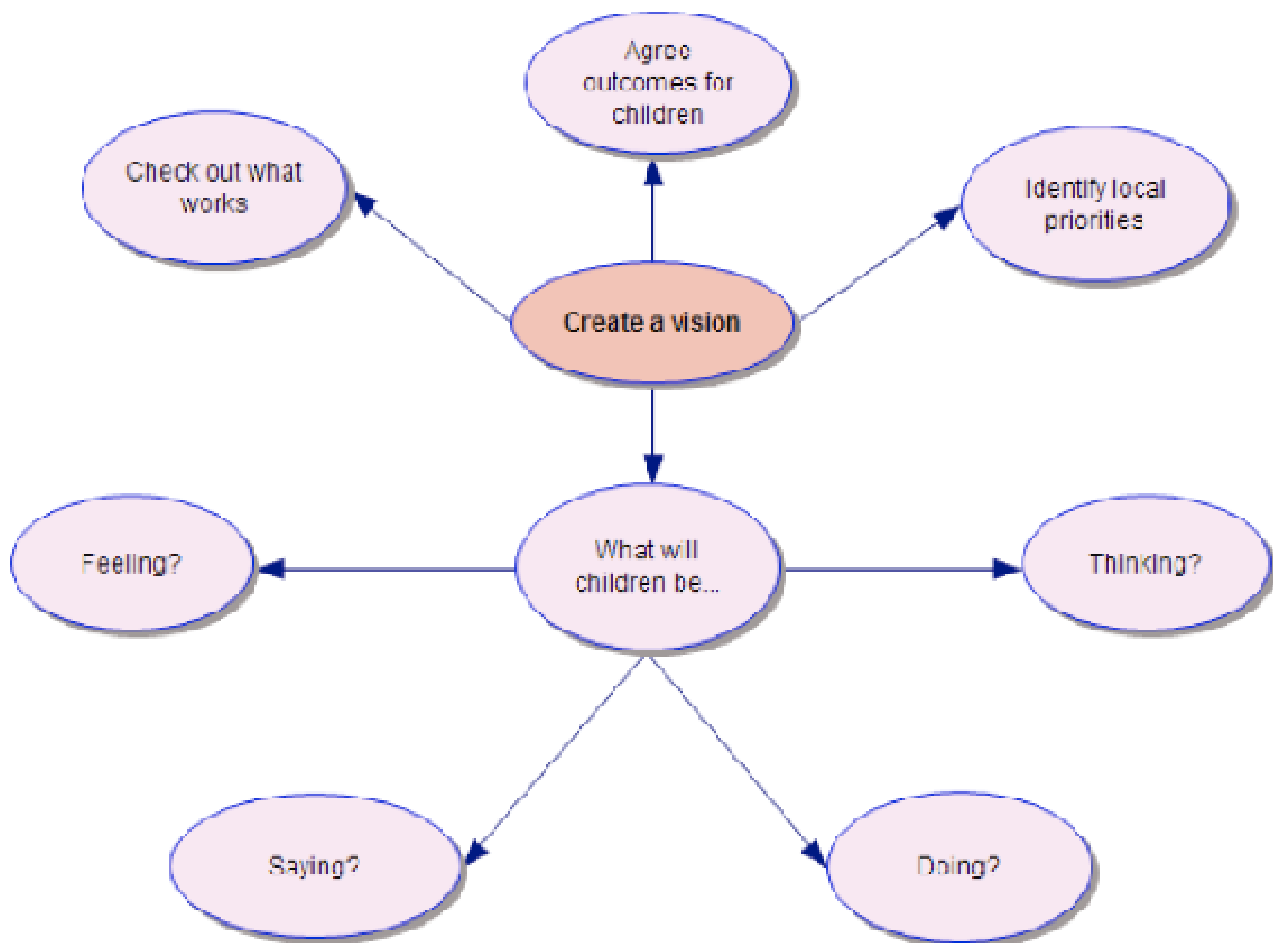
Establishing the context of the local area and drawing up a baseline through a comprehensive needs assessment is a crucial next step. This is key to providing services designed to respond to a local pattern of need. It should also provide a benchmark against which to measure future progress.

A current profile of the early year's population needs to be compiled. This may include data from health services, for example new births, specialist services, such as speech and language therapy referrals. Sure Start speech and language measurement, Ofsted ratings of early years settings, children at risk of language delay identified through screening and early years foundation stage profiles in Personal Social and Emotional Development and Communication, Language and Literacy can be collated.

Provision needs to be mapped too e.g. Ofsted ratings of early years settings, number of speech and language therapists and early years workers. Qualifications, training and expertise in speech, language and communication will need to be reviewed to provide a comprehensive starting point. All of the above should already be available in local authorities.

Most importantly funding needs to be audited to check out what's spent on what, when, where and by whom?

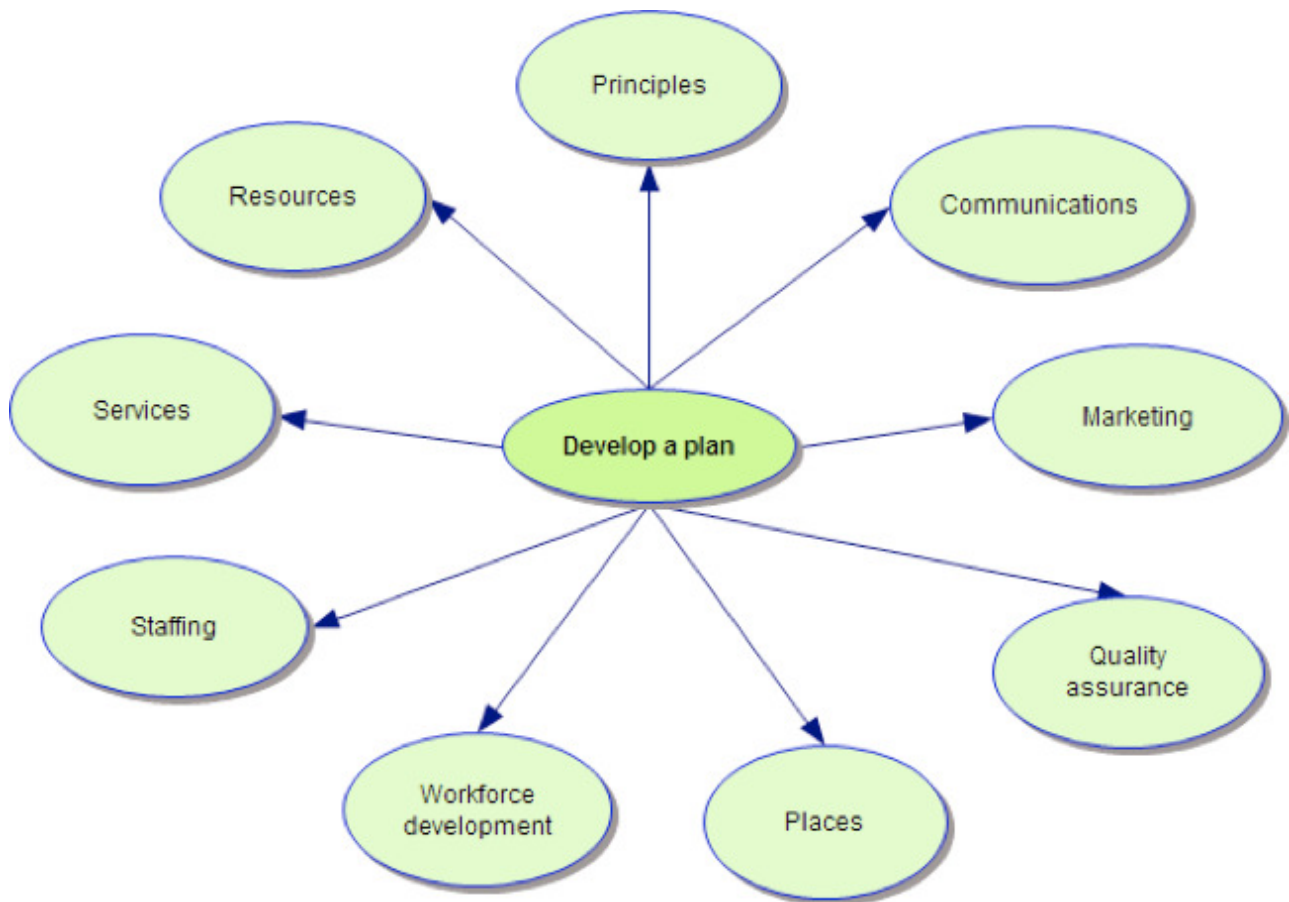
3.3 Where do we want to be?



Having a clear vision and shared understanding of the outcomes for young children is vital to success. In agreeing a way forwards local priorities will need to be established and key messages agreed. These should take into consideration evidence about different approaches, current thinking (such as the Royal College of Speech and Language Therapists' Position Paper in Appendix i which views the training of others, including parents, as a central activity of speech and language therapists to maximise the impact for the child and their family) and findings from research on Sure Start Local Programmes.

This is the point at which consideration should be given to what success will look like so that the stages on the journey can be identified. In changing practice, defining success criteria is helpful as a way of establishing a common understanding.

3.4 Developing a plan



A local plan will outline the principles on which the strategy is based and describe ways in which it will be communicated and marketed. The design and pattern of services, staff, resources, venues and locations will be set out. It is likely that there will be proposals for:

- Meeting all children's needs in developing their language and communication skills.
 - Giving children the best possible start
 - Improving access to services
 - Identifying children who need help as soon as possible
 - Delivering timely support and intervention
 - Monitoring children's outcomes
- Preparing people to promote children's communication through sharing knowledge, skills and training.
 - Supporting parents as their children's first educators and involving them in the design and delivery of services
 - Workforce planning – consideration of qualifications (including developments such as Early Years Professional Status, children's centre teachers) and new ways of working, such as speech and language therapy assistants and champions

- Training for parents and practitioners in promoting children’s speech, language and communication
- Deployment of specialist staff, such as speech and language therapists, exploration of their roles and responsibilities to maximise their effectiveness
- Ensuring that places where children go enable their communication.
 - Creating environments that support speech, language and communication
 - Communication friendly and language rich environments – home, early years settings, local community, e.g. libraries
- Raising awareness within the community of the need to talk with, and listen to, babies and young children.
 - Giving information through a variety of media
 - Developing ways to embed key messages in practice
- Quality assurance procedures for managing performance in promoting outcomes for children.

Ways of measuring impact need to be built into the plan to ensure that the strategy is making a positive difference for children and the investment made provides value for money. Practitioner observation will be at the heart of this. This may take the form of language measures, numbers of children identified through screening measures, referral rates to speech and language therapy, training received, Ofsted ratings of settings and the production of case studies to capture learning about children’s journeys. A useful guide *Knowing what you do works. Measuring your own effectiveness with families, parents and children: a short guide*’ has been produced by Rhodes (2009).

Aligning resources: a strong partnership of stakeholders will bring collaborative advantage to this process having a wide range of avenues to explore in supporting the vision for the strategy.

At this stage decisions will need to be made regarding the commissioning of services which may include the use of pooled resources. The plan should also include the way in which workforce development will take place.

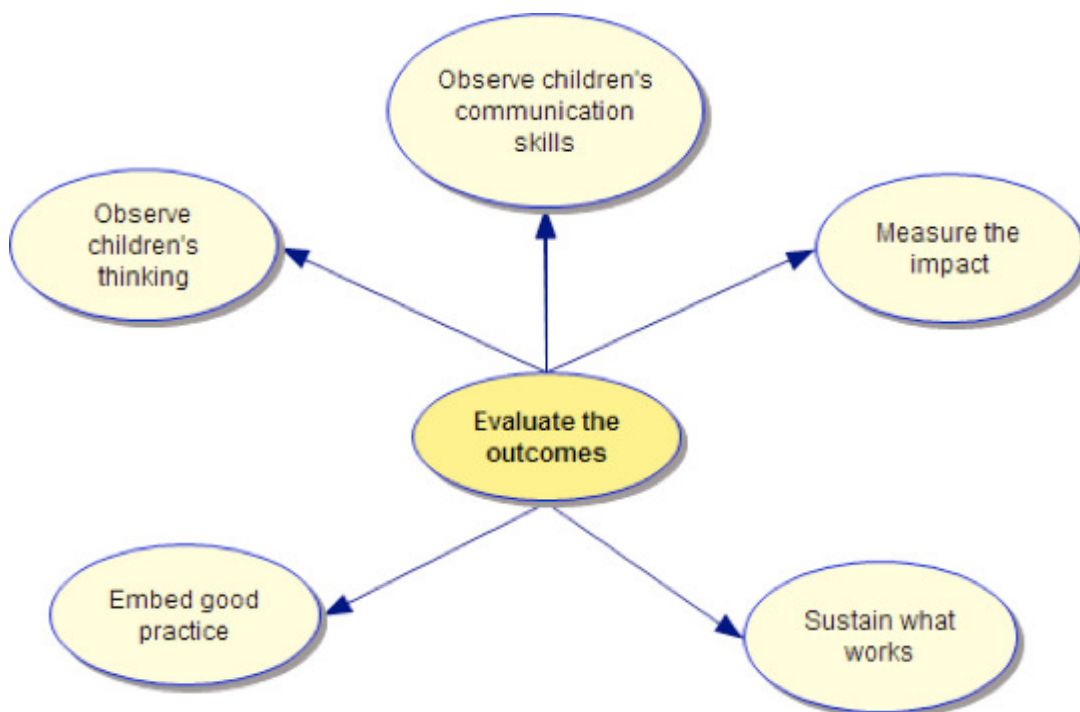
3.5 Deliver the strategy



The change process means that as the plan is put into place some existing services may be reshaped to meet the new direction while others may be decommissioned. However, sign up to a local area approach facilitates delivery based on a preventative approach

promoting speech, language and communication for all children within the framework of services that seek to close the gap between the least and the most disadvantaged.

3.6 Evaluate the outcomes



In examining the outcomes for children the following aspects of the Early Years Foundation Stage framework relating to Communication, Language and Literacy should be considered:

- **Language for Communication:**
How children become communicators: learning to listen and speak emerges out of non-verbal communication, which includes facial expression, eye contact, and hand gesture. These skills develop as children interact with others, listen to and use language, extend their vocabulary and experience stories, songs, poems and rhymes.
- **Language for Thinking:**
How children learn to use language to imagine and recreate roles and experiences and how they use talk to clarify their thinking and ideas or to refer to events they have observed or are curious about.

Stakeholders can return to the success criteria to check the progress of the strategy. Impact can be measured by:

- Percentage of children achieving 78 points or above across the Early Years Foundation Stage Profile with at least six points scored in each of the Personal Social and Emotional Development and Communication Language and Literacy scales (PSA10). These findings can then be used to embed good practice and sustain what works.

- Gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest (PSA11).

Case studies can be used to show the impact on children’s language and learning and positive results of early intervention. Evidencing impact and value is key to your strategy succeeding (Nesta, 2010).

4. What would help us?

The following tables link the Talk To Your Baby resources available on the website to the Healthy Child Programme and the Early Years Foundation Stage. In addition, the TTYB website is regularly updated to highlight promising practice and new research as it emerges.

Talk To Your Baby resources to support the Healthy Child Programme

Universal health and development reviews	Talk To Your Baby Resources
By the 12 th week of pregnancy	<ul style="list-style-type: none"> • Talk to your baby in your own language (for bilingual families) – Quick tips • Communicating dads – A resource
The neonatal examination	<ul style="list-style-type: none"> • Say hello to your new baby – Quick tips • Talk to me – Information from a baby’s point of view • Create a language rich home – Handy hints • Talk to your baby - Leaflet
The new baby review (around 14 days old)	<ul style="list-style-type: none"> • Dummies and talking – Quick tips • Talking with your baby – Quick tips • Communicate with your grandchild • Communicate through music – Activity pack • Babysitting activities – Quick tips • Communicating dads – A resource • Your baby is amazing – Quick tips
The baby’s six to eight week examination	<ul style="list-style-type: none"> • Playing and talking – Guidance • Sharing songs and rhymes – Quick tips • Playing with your baby – Quick tips • Talk to your baby – for parents and carers of children who are deaf – Quick tips • Talk to your baby – for parents and carers of children who have visual impairments – Quick tips • Talk to your baby – for parents who are spending time in hospital – Quick tips
By the time the child is one year old	<ul style="list-style-type: none"> • Baby’s first word – Quick tips • Baby’s first word – A toolkit • Sharing books with your baby – Quick tips • Making the most of television – Quick tips • Strengthening the bond - Advice

Between two and two and a-half years old NB Review of child's developing speech and language skills	<ul style="list-style-type: none"> • Parent's guide to television – Guidance • Share books and talk together – A toolkit
--	--

NB Quick Tips are available bilingually in 13 languages

Aspects of the Early Years Foundation Stage supported by Talk To Your Baby resources

Personal, Social and Emotional Development	Dispositions and attitudes Self-confidence and Self-esteem Making relationships Sense of community	<ul style="list-style-type: none"> • Talk to your baby in your own language (for bilingual families) – Quick tips • Communicating dads – A resource • Say hello to your new baby – Quick tips • Talk to me – Information from a baby's point of view • Communicate with your grandchild • Babysitting activities – Quick tips • Communicating dads – A resource • Talk to your baby – for parents and carers of children who are deaf – Quick tips • Talk to your baby – for parents and carers of children who have visual impairments – Quick tips • Talk to your baby – for parents who are spending time in hospital – Quick tips • Strengthening the bond – Advice
Communication, Language and Literacy	Language for communication Language for thinking Linking sounds and letters Reading	<ul style="list-style-type: none"> • Create a language rich home – Handy hints • Talk to your baby – Leaflet • Dummies and talking – Quick tips • Talking with your baby – Quick tips • Baby's first word – Quick tips • Baby's first word – A toolkit • Sharing books with your baby – Quick tips • Share books and talk together – Toolkit • Your baby is amazing – Quick tips
Knowledge and Understanding of the World	Exploration and investigations	<ul style="list-style-type: none"> • Playing and talking – Guidance • Playing with your baby – Quick tips

Creative Development	Being creative – responding to experiences, expressing and communicating ideas creating music and dance exploring media and materials	<ul style="list-style-type: none"> • Communicate through music – Activity pack • Sharing songs and rhymes – Quick tips • Making the most of television – Quick tips • Parent’s guide to television - guidance
----------------------	---	---

NB Quick tips are available bilingually in 13 languages

Talk To Your Baby information for practitioners

Long-term impact of early speech, language and communication difficulties	A review of research on the consequences of speech and language impairment for children and young people
Early language advocacy kit	Evidence and arguments for use by people campaigning for more support in the early language field
Discussion paper	Key findings in early language development and topics to stimulate discussion
School resource kit	A practical pack for Key Stage 4 teachers to convey the importance of speaking and listening. Includes a quiz and factsheet, Baby’s First Word toolkit and babysitting activities sheet
Talk To Your Baby quiz	A fact sheet and quiz to raise awareness and understanding of the benefits of early years communication
Conference reports	Communication: the child’s perspective Communication Consequences, Working Together to Get Talking Television is here to stay
Talk To Your Baby poster	An A4 colour poster/flyer promoting the benefits of communicating with young children

Other useful resources

Playing and learning together DVD produced by DCSF to help parents and carers get involved in their children’s early learning. Sections on:

- Talking, listening and learning
- Learning with dad
- Places to go
- Parents talk
- Where can I find out more?

Ref: Playing and learning together. 00671-2007DVD-EN.’s

Baby Talk Resource Pack: Positive communication with babies and young children.

Information and resources for early year’s practitioners on:

- Typical language development; communication from the start; finding the right words; encouraging talking.

- What adults do that helps to support language and social development.
- Ideas for play to promote the development of children's language and social interaction skills.
- "Hot Topics" including watching TV, dummies and bottles, being bilingual.

BookStart is a national programme that encourages all parents and carers to enjoy books with their children from as early an age as possible. BookStart aims to provide a free pack of books to every baby in the UK to inspire, stimulate and create a love of reading that will give children a flying start in life. Continued funding beyond April 2011 is currently uncertain.

www.bookstart.org.uk

The Speech, Language and Communication Framework describes the speech, language and communication skills and knowledge needed by anyone who works with children and young people. It is available as an interactive online tool for all members of the children's workforce. It defines competences around speech, language and communication from universal, through enhanced and specialist to extension across 8 strands:

- Typical speech, language and communication development and use
- Identification and assessment of SLCN
- Positive practice
- Speech, language and communication and behaviour, emotional and social development
- Roles and responsibilities of practitioners and structures of services
- The special educational needs context in educational settings
- Parents/carers, families, peers and friends
- Impact of professional development upon children and young people's speech, language and communication.

www.communicationhelppoint.org.uk

A guide to acronyms

CLLD	Communication Language and Literacy Development
ELKLAN	Training provider – Aiming High for Communication
EPPE	Effective Provision of Preschool Education
EY	Early Years
EYAT	Early Years Advisory Team
EYFS	Early Years Foundation Stage
HV	Health Visitor
ORIM	ORIM framework: parents can provide to support their child's developing literacy skills through: providing O pportunities for learning showing R ecognition of the child's activities Interaction with the child on literacy activities providing a M odel of a literacy user
PSA	Public Service Agreement
PSED	Personal Social and Emotional Development
SEN	Special Educational Need
SLCF	Speech Language and Communication Framework
SLCN	Speech Language and Communication Needs
SLTA	Speech and Language Therapy Assistant
SLT/SaLT	Speech and Language Therapist
TTYB	Talk To Your Baby

REFERENCES

Akhtar, N., Dunham, F., & Dunham, P. J. (1991). Directive interactions and early vocabulary development: The role of joint attentional focus. *Journal of Child Language, 18*, 41–50.

Allen, G. (2011) Early intervention: The next steps. A review for Her Majesty's Government.
<http://grahamallenmp.files.wordpress.com/2009/05/early-intervention-7th1.pdf>

Apprenticeships, Skills, Children and Learning Bill (2009)
www.services.parliament.uk/bills/2008-9/apprenticeshipsskillschildrenandlearning.html

Baker, L., Serpell, R., & Sonneschein, S. (1995). Opportunities for literacy learning in the homes of urban preschoolers. In L. Morrow (Ed.), *Family Literacy: Connections in schools and communities*. Newark: International Reading Association.

Beals, D. E. (2001). Eating and reading: Links between family conversations with preschoolers and later literacy. In D. K. Dickinson & P. O. Tabors (Eds.), *Beginning language with literacy: Young children learning at home and at school* (pp. 75–92).

Baltimore, MD: Paul H. Brookes Publishing Co.

Bloom, L. (1998). Language acquisition in its developmental context. In D. Kuhn & R. S. Siegler (Eds.), *Handbook of child psychology. 5th ed. Cognition, perception, and language* (Vol. 2, pp. 309-370). New York: Wiley.

Bus, A. G., Van Ljzendoorn, M. H., & Pellegrini, A. D. (1995). Joint book reading makes for success in learning to read: A meta-analysis on intergenerational transmission of literacy. *Review of Educational Research* (65), 1-21.

Cabinet Office (May 2010) The Coalition: Our programme for government.
www.hmg.gov.uk/programmeforgovernment.

Cabinet Office (October 2010) Building a Stronger Civil Society, A strategy for voluntary and community groups, charities and social enterprises.

Cabinet Office (December 2010) Modernising Commissioning.

Carpenter, M., Nagell, K., & Tomasello, M. (1998). Social cognition, joint attention, and communicative competence from 9 to 15 months of age. *Monographs of the Society for Research in Child Development, 63*(4), Serial No. 255.

Childcare Act 2006_ www.opsi.gov.uk/acts/acts2006/pdf/ukpga_20060021_en.pdf -

Culp, A. M., Osofsky, J. D., & O'Brien, M. (1996). Language patterns of adolescent and older mothers and their one-year-old children: A comparison study. *First Language, 16*, 61-76.

DeLoache, J.S., Chiong, C., Sherman, K., Islam, N., Vanderborght, M., Troseth, G>L>, Strouse, G.A., O'Doherty, K. (2010) Do babies learn from baby media? *Psychological Science* 21(11): 1570-1574, November 2010.

Department for Children, Schools and Families (2007) *The Children's Plan: Building Brighter Futures*. <http://www.dcsf.gov.uk/children'splan>

Department for Children, School and Families (2008) *The Children's Plan: One year on – Progress Report*.

Department for Children, Schools and Families (2008) *Better Communication: An Action Plan to Improve Services for Children and Young People with Speech, Language and Communication Needs*. www.dcsf.gov.uk/slcnaaction/

Department for Children, Schools and Families (2008) *The Bercow Report. A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs*. www.dcsf.gov.uk/bercowreview/docs/7771-DCSF-BERCOW.PDF

Department for Children, Schools and Families (2008) *The Early Years Foundation Stage. Setting the Standards for Learning, Development and Care for children from birth to five*. www.standards.dcsf.gov.uk/eyfs

Department for Children, Schools and Families (2008) *Children's Trust: Statutory guidance on inter-agency cooperation to improve wellbeing of children, young people and their families*. www.dcsf.gov.uk/localauthorities/_documents/content/1711080004_7961-DCSF-Childrens%20Trusts%20Guidance.pdf

Department for Children, Schools and Families (2009) *Next steps for early learning and childcare – Building on the 10-Year Strategy*. www.ecm.gov.uk/IG00356/

Department for Education and Skills and Department of Health (2006) *Joint planning and commissioning framework for children, young people and maternity services*. www.everychildmatters.gov.uk/planningandcommissioning.

Department of Education (2011) *Early years' evidence pack*. <http://media.education.gov.uk/assets/files/pdf/e/early%20years%20evidence%20pack.pdf>

Department of Health (2008) *The Child Health Promotion Programme. Pregnancy and the first five years of life*. www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083645

Department of Health (2009) *Healthy lives, brighter futures. The strategy for children and young people's health*. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_094400

Department of Health (2009b) *Securing better health for children and young people through world class commissioning. A guide to support delivery of healthy lives, brighter futures: The strategy for children and young people's health*. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_094401

Department of Health (2010) *Equity and excellence: Liberating the NHS* Department of Health (2010) *Achieving Equity and Excellence for Children: How liberating the NHS will help us meet the needs of children and young people.*

Department of Health (2010) *Healthy lives, healthy people: Our strategy for public health in England.*

Department of Health (2011) *Health and Social Care Bill.*

Desrochers, S., Morosette, P., & Ricard, M. (1995). Two perspectives on pointing in infancy. In C. Moore & P. J. Dunham (Eds.), *Joint Attention: Its origins and role in development* (pp. 85-321). Hillsdale, NJ: Lawrence Erlbaum.

Dickinson, D. K., & McCabe, A. (2001). Bringing it all together: The multiple origins, skills, and environmental supports of early literacy. *Learning Disabilities Research and Practice*, 16, 186-202.

Donovan, W., Leavitt, L., Taylor, L., & Broder, J. (2006). Maternal sensory sensitivity, mother-infant 9-month interaction, infant attachment status: predictors of mother toddler interaction at 24 months. *Infant Behaviour and Development*, 30, 336-352.

Dursma, E., Pan, B. A., & Raikes, H. (2008). Predictors and outcomes of low-income fathers' reading with their toddlers. *Early Childhood Research Quarterly*, 23(3), 351-365.

Every Child A Talker materials www.standards.dcsf.gov.uk/nationalstrategies/node/153355

Field, F. (2010) *The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances.* HM Government.

Gilkerson, J., & Richards, M. A. (2009). *The power of talk. Impact of adult talk, conversational turns and TV during the critical 0-4 years of child development.* Boulder, CO: LENA Foundation.

Genesee, F., J. Paradis & M.B. Crago (2004). *Dual language development and disorders. A handbook on bilingualism and second language learning.* Baltimore: Brookes.

Gerhardt, S. (2007) *Why Love Matters: how affection shapes a baby's brain.* London: Routledge.

Goodman, J. H. (2008). Influences of maternal postpartum depression on fathers and father-infant interaction. *Infant Mental Health Journal*, 29(6), 624-643.

Gutman, L. M., Brown, J., & Akerman, R. (2009). *Nurturing parenting capability: The early years.* Research Report 30. Centre for Research on the Wider Benefits of Learning, Institute of Education, University of London.

Hart, B and Risley, T (1995) *Meaningful differences in everyday experiences of young American children.*

Henning, A., Striano, T., & Lieven, E. V. (2005). Maternal speech to infants at 1 and 3 months of age. *Infant Behaviour and Development*, 28, 519-536.

Hoff, E., Laursen, B., & Tardif, T. (2002). Socio-economic status and parenting. In H. Bornstein (Ed.), *Handbook of parenting. Ecology and biology of parenting* (Vol. 2, pp. 161-188). Mahwah, New Jersey: Lawrence Erlbaum.

Huebner, C. E., & Meltzoff, A. N. (2005). Intervention to change parent-child reading style: A comparison of instructional methods. *Journal of Applied Developmental Psychology, 26*, 296-313.

I CAN (2006) The cost to the nation of children's poor communication.
www.ican.org.uk/upload2/chatter%20matter%20update/mcm%20report%20final.pdf –

Iverson, J. M., & Golin-Meadow, S. (2005). Gesture paves the way for language development. *American Psychological Society, 16*(5), 367-371.

Jones, L., Woodhouse, D., & Rowe, J. (2007). Effective nurse parent communication: A study of parents' perceptions in the NICU environment. *Patient Education and Counselling, 69*, 206-212.

Kennedy, I., (2010) Getting it right for children and young people. Overcoming cultural barriers in the NHS so as to meet their needs.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119445

Lindon, J. (2002) Toddlers and very early learning, Early Education Learning Together Series 12 www.early-education.org.uk/pdf/Learning%20together%2012.pdf

Little, M. (2010) Proof Positive, Demos.

Mampe, B., Angela, D., Friederici, D., Christophe, A., & Wermke, K. (2009). Newborn's cry melody is shaped by their native language. *Current Biology, 19*, 1-4.

Marmot, M. (2010) Fair society, healthy lives. The Marmot Review.
www.ucl.ac.uk/marmotreview

Mundy, P., & Gomes, A. (1998). Individual differences in joint attention skill development in the second year. *Infant Behaviour and Development, 21*, 469-482.

New Economics Foundation (2009) A guide to commissioning children's services for better outcomes. <http://www.neweconomics.org/publications/guide-commissioning-children%E2%80%99s-services-better-outcomes>

New Economics Foundation (2010) Backing the Future: Why investing in children is good for all of us. <http://www.neweconomics.org/publications/backing-future>

NESTA (November 2010) Whose story is it anyway? Evidencing impact and value for better public services. www.NESTA.org.uk

Newport, E. L., Gleitman, H., & Gleitman, L. R. (1977). Mother, I'd rather do it myself: Some effects and non-effects of maternal speech style. In C. E. Snow & C. A. Ferguson (Eds.), *Talking to children: Language input and acquisitions* (pp. 109-150). Cambridge: Cambridge University Press.

Ofsted, (2011) Removing barriers to literacy.

www.ofsted.gov.uk/publications/090237

Pansofar, N., & Vernon-Feagans, L. (2006). Mother and father language input to young children: Contributions to later language development. *Journal of Applied Developmental Psychology, 27*, 571-587.

Paris, R., & Bolton, R. E. (2009). Postpartum depression, suicidality, and mother-infant interaction. *Archives of Women's Mental Health, 12*(5), 309-321.

Parker, F. L., Boak, A. Y., Griffin, K. W., Ripple, C., & Peay, L. (1999). Parent-child relationship, home learning, environment, and school readiness. *School Psychology Review, 28*, 413-425.

Payne, A. C., Whitehurst, G. J., & Angell, A. L. (1994). The role of home literacy environment in the development of language ability in preschool children from low-income families. *Early Childhood Research Quarterly, (9)*, 427-440.

Pettito, L.A. & Holowka, S., Sergio, L. and Ostry, D. (2001) Language Rhythms in Babies' Hand Movements. *Nature* , Sept 6.

Raiks, H., Pan, B., Tamis-LeMonda, C. S., Brooks-Gunn, J., Constantine, J., et al. (2006). Mother-child bookreading in low-income families: Correlates and outcomes during the first three years of life. *Child Development, 77*(4), 924-953.

Reese, E. (1995). Predicting children's literacy from mother-child conversations. *Cognitive Development, 10*, 381-405.

Rhodes, H. (2009). Knowing what you do works. Measuring your own effectiveness with families, parents and children: a short guide. Family and Parenting Institute.

Rose, J. (2005) Independent Review of the Teaching of Early Reading.
<http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-0201-2006&>

Rowe, M. L., Ozcaliskan, S., & Golin-Meadow, S. (2009). Learning words by hand: Gesture's role in predicting vocabulary development. *First Language, 28*(2), 182-199.

Rutter, M., Thorpe, K., Greenwood, R., Northstone, K., & Golding, J. (2003). Twins as a natural experiment to study the causes of mild language delay: 1. Design: Twin-singleton differences in language, and obstetric risk. *Journal of Child Psychology and Psychiatry, 43*, 326-341.

Saracho, O. N. (2002). Family literacy: Exploring family practices. *Early Child Development and Care, 172*, 113-122.

Sawyner, V. Picstone. C. Hall, D. (2006) Promoting Speech and Language – A Themed Study in 15 Sure Start Local Programmes.

Senechal, L., LeFevre, I. A., Hudson, E., & Lawson, P. (1996). Knowledge of storybooks as a predictor of young children's vocabulary. *Journal of Educational Psychology, 88*, 520-536.

Snow, C. E., Perlmann, R., & Nathan, D. (1987). Toward a multiple-factors model of the relation between input and language acquisition. In K. E. Nelson & A. Van Kleeck (Eds.), *Children's Language* (Vol. 6, pp. 65-98). Hillsdale, NJ: Erlbaum.

Springate, I., Atkinson, M., Shaw, S., Lamont, E. and Grayson, H. (2008). *Narrowing the Gap in Outcomes: Early Years (0-5 years)*. Slough:NFER.

Sylva, K. Melhuish, E. Sammons, P. Siraj-Blatchford, I. and Taggart, B. (2004) *The Effective Provision of Preschool Education (EPPE) Project: Findings from Preschool to the end of Key Stage 1*.

Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I., & Taggart, B. (2008). *Final report from the primary phase: Preschool, school and family influences on children's development during Key Stage 2 (age 7-11)*. Effective Preschool and Primary Education 3-11 Project (EPPE 3-11). Research Report No DCSF-RR061. London: Department for Children, Schools and Families.

Tamis-LeMonda, C. S., Bornstein, M. H., Baumwell, L., & Damast, A. M. (1996). Responsive parenting in the second year: Specific influences on children's language and play. *Early Development and Parenting* 5, 173-183.

The Communication Trust. Explaining speech, language and communication.
www.thecommunicationtrust.org.uk

The Communication Trust. The Speech, Language and Communication Framework.
www.thecommunicationtrust.org.uk

Tomopoulous, S., Dreyers, B. P., Tamis-LeMonda, C. S., Flynn, V., Rovira, I., Tineo, W., et al. (2006). Books, toys, parent-child interaction and development in young Latino children. *Ambulatory Paediatrics*, 6, 72-78.

Wolf, M (2008) *Proust and the Squid: The story of science and the reading brain*, London: Icon Books

Zimmerman, F. J., Gilkerson, J., Richard, J. A., Christakis, D. A., Xu, D., Gray, S., et al. (2009). Teaching by listening: The importance of adult-child conversation to language development. *Paediatrics*, 129, 342-349.

Appendix i: RECOMMENDATIONS SUPPORTING CHILDREN WITH SPEECH, LANGUAGE AND COMMUNICATION NEEDS WITHIN INTEGRATED CHILDREN'S SERVICES

Position paper 2006 Royal College of Speech and Language Therapists

Recommendation 1:

Any Speech and Language Therapist (SLT) working with children should:

- Identify the speech, language, communication or eating/drinking needs of the child *as part of, or with reference to, the appropriate multi-disciplinary team* (this does not imply a static membership, more the team of relevant professionals for the individual child)
- Identify the *functional impact* of these needs
- Consider the *most appropriate context* for support i.e. which settings are most relevant to the child and their family
- Identify the contribution of the Speech and Language Therapist as *part of the wider team working with the child* to meet the child's needs – including the full range of options from advice to colleagues through setting up programmes to direct intervention where appropriate.

Recommendation 2:

Services should offer the full range of support for children, including direct intervention where appropriate, while ensuring overall management includes goals relating to activity and participation, managed by those most relevant to the child.

Recommendation 3:

The RCSLT regards trans-disciplinary working as central to work with children. The RCSLT supports the exploration of SLT roles within trans-disciplinary models and the development of new models that maximise the contribution of SLTs while ensuring that the specialist contribution to the system is recognised as essential. Emerging key worker roles and lead professional roles are also central to this model of working if it is to be successfully implemented for the benefit of children and their families.

Recommendation 4:

Training of others, including parents, should be viewed a central activity for SLTs to maximise impact for the child and their family.

Recommendation 5:

Service planning for children with speech, language, communication or eating/drinking needs should always be in partnership with other agencies.

Recommendation 6:

Service planning should take account of the most functionally communicative and socially appropriate environment for effecting change.

Recommendation 7:

There is a need to define the parameters of an appropriate advisory needs-based and dynamic approach to supporting children which integrates the concept of skill mix both within the profession and across professional boundaries. The term 'consultative' model should be replaced by a more accurate description of the service being delivered. The RCSLT supports the need for research to further define and investigate the impact of

approaches, which rely on the implementation of speech and language therapy advice by others.

Recommendation 8:

Service structures should reflect the changing context. Highly specialist, principal and consultant therapists need to use time to train, develop, coach and mentor less experienced therapists, who in turn need to be given the opportunity to work with all caseloads. The most specialist need to focus their skills on the strategic developments within their specialist area.

Recommendation 9:

The RCSLT recommends that within each local authority area there needs to be an SLT professional lead for children, who can interpret national policy and ensure partnership working occurs in terms of integrated commissioning of speech and language therapy provision, strategic planning and operational delivery. This professional lead should ideally be a member of key strategic multi-agency planning groups and be empowered to make key strategic decisions on behalf of local speech and language therapy services. The role of professional lead should also provide a focal point in terms of professional standards for all speech and language therapy provider services both within statutory and non-statutory provider organisations (including independent practitioners).

Recommendation 10:

The role of the SLT must be seen within the context of the specialist and wider workforce. Commissioners need to be aware of the unique contribution of SLTs across the population base.

Recommendation 11:

Managers and service leads should work together with their allied health professional (AHP) colleagues as well as colleagues from education and social care, in the development of new roles, in particular the development of consultants/specialist advisory posts and cross-agency posts.

Recommendation 12:

Management opportunities across agencies and across professional boundaries should be developed.

Recommendation 13:

The RCSLT supports the development of placements that offer student therapists a full range of opportunities as part of their practice-based learning and this would include working as part of trans-disciplinary teams.

Recommendation 14:

Speech and language therapists working with children should undertake continuing professional development (CPD) activities across health, education and social care in order to develop knowledge and skills that will prepare them for cross-agency roles. The RCSLT values CPD activities that are not limited to the health context.

Recommendation 15:

The challenges of the changing context mean that business and entrepreneurial skills sets will become more relevant for senior managers. Excellent communication and negotiation skills should also be developed by all speech and language therapy service leads as part of a portfolio of leadership competence.

Appendix ii: Reports from Sure Start relating to speech, language and communication.

Promoting Speech and Language – A Themed Study in 15 Sure Start Local Programmes

Key Findings:

- All programmes had employed a Speech and Language Therapist (SaLT) at some stage.
- The time commitment of SaLTs varies widely between programmes and in several SSLPs their input has ended or is being reduced.
- All the SaLTs are enthusiastic about implementing the newer concepts of prevention.
- Midwives are enthusiastic about their new role and parents value the insights about their baby's efforts to communicate.
- BookStart is widely used and supported by staff but in some cases insufficient time is available for modelling the optimal use of books.
- Some SSLPs are knowledgeable about the importance of developing rhyme awareness but there is less evidence of other pre-literacy work.
- Close collaborations between early year's library workers and SaLTs are evident. Links between SSLPs and schools are found in the SaLT support for 'Ready for Nursery' groups.
- SaLTs, in most SSLPs, work closely with SSLP staff and teachers. Practitioners value their joint learning with SaLTs and feel that it informs and improves their practice. Similarly parents endorse the value of the knowledge they gain from SaLTs.
- The early identification of children with difficulties in language or communication is one potential benefit of settings like Sure Start. Some SSLPs collaborate with SaLTs to improve their awareness of how to recognise these children but there remains scope for developing this function further.

In November 2010 the Department for Education published two research reports from the National Evaluation of Sure Start (NESS): *The Impact of Sure Start Local Programmes on Five Year Olds and Their Families* and *The Quality of Group Childcare Settings Used by 3-4 Year Old Children in Sure Start Local Programme Areas and the Relationship with Child Outcomes*. The NESS longitudinal Impact Study assessed the impact of early Sure Start programmes on a cohort of children and families living in areas served by those programmes. These were known as Sure Start Local Programmes (SSLP).

Summary of Findings: The Impact of Sure Start Local Programmes: This report presents data from the third sweep of the evaluation of the impact of early SSLPs on child development and family functioning outcomes. It followed up the progress of a randomly selected sub-sample of the original cohort of over 7,000 five-year-olds and their families in 150 early SSLP areas, whose progress was compared over time to that made by a control group living in similar areas that did not have an early SSLP.

The report's key findings: The report compares the two groups across 21 measures of progress – out of which a total of 8 effects were identified.

The reported positive effects are:

- Mothers living in SSLP areas reported greater life satisfaction.
- Mothers living in SSLP areas reported engaging in less harsh discipline.

- Mothers living in SSLP areas reported providing less chaotic home environment for their children.
- Mothers living in SSLP areas reported providing a more cognitively stimulating home learning environment for their children.
- Children in SSLP areas had lower Body Mass Indices.
- Children growing up in SSLP areas experience better physical health than their counterparts living elsewhere.

The reported negative effects are:

- Mothers in SSLP areas reported higher levels of depression.
- Parents in SSLP areas were less likely to attend their child's school for parents' evenings and pre-arranged meetings.

<http://publications.education.gov.uk/eOrderingDownload/DFE-RR067.pdf>(4054 KB PDF)

The Quality of Group Childcare Settings Used by Three-Four-Year-Old Children: This study investigates preschool group childcare (childminders were not included) used by children in 150 SSLP areas, and makes comparisons with childcare used by children in England overall. The study also investigated links between childcare quality and child development in SSLP areas. The report's key findings:

- There is a wide range of preschool childcare provision in SSLP areas.
- Group childcare settings in SSLP areas show a similar pattern in terms of staff qualifications, child numbers and group size to that across England.
- The quality of provision in SSLP areas is generally good; however, educational opportunities are mostly only adequate, as in most settings in England.
- The quality of provision in SSLP areas was slightly better than in England overall.
- There were modest links between childcare quality and adult-child ratio in SSLP areas: the fewer children per adult, the better the quality of care.
- SSLP-funded settings had more children and were open for more weeks a year and more hours a week than other settings in SSLP areas, and SSLP-funded settings also had slightly lower (better) adult-child ratios.
- Allowing for pre-existing family and area background characteristics, higher preschool childcare quality was linked with higher child language development as measured by standardised assessments and by teacher report in Foundation Stage Profiles, and this applied to all sections of the population in SSLP areas.
- Evidence from the NESS Impact Study (NESS, 2010) indicates that children in SSLP areas were not showing greater language development by age 5 than children in comparable areas elsewhere.

<http://publications.education.gov.uk/eOrderingDownload/DFE-RR068.pdf>(1456kb PDF)

Further support from the National Literacy Trust

In addition to this guidance paper, the National Literacy Trust offers support to communities and local areas developing a multi-agency approach to literacy (speaking, listening, reading and writing). We provide free access to guidance and resources and facilitate a network of local authorities, sharing learning on this approach.

The National Literacy Trust can also work with you to develop a literacy strategy involving a greater range of services and partner organisations to improve literacy levels across your locality. We can help you reach more parents and carers with babies, toddlers and preschool children, supporting them to promote literacy in the home. Working in partnership with us will enable you to:

- Audit existing provision to support literacy in the home and help improve signposting to services
- Identify priority families in the local area – helping to target support to the greatest need
- Engage and work with a wide range of partners who are already supporting the most vulnerable families
- Embed a commitment to literacy at a strategic level in the local authority
- Develop an evaluation framework to capture the impact your strategy makes.

To find out more about how the National Literacy Trust can work in partnership with you to improve literacy levels in your area please contact Emily McCoy via emily.mccoy@literacytrust.org.uk or visit www.literacytrust.org.uk/partners_in_literacy



Talk To Your Baby

TALK TO YOUR BABY
The early language campaign of the
National Literacy Trust
www.talktoyourbaby.org.uk

Guidance for developing a strategic approach to early year's speech, language and communication

Part 2 What are others doing?

The following practice examples provide a range of approaches taken by local areas in developing strategic ways of working:

- All Talk Now is creating confident communicators for life in **Coventry**
- A children's integrated speech and language therapy service is provided for **Hackney and the City**
- Talk Matters! is a child, family and community strategy based on seven work streams in **Leicester**
- Language for Life – supporting all children, including those hardest to reach, through an integrated strategy for speech, language and communication in the Early Years in **Nottinghamshire**
- The Fence At The Top is a toolkit for a preventative approach in **Plymouth**
- **Stoke** Speaks Out is a multi-agency project supporting children and families from birth to seven years
- Time To Talk is a children's centres strategy in **Warwickshire**

COVENTRY: Talk Now 'Creating Confident Communicators for Life'

Coventry Talk Now is the umbrella title for a multi-service forum which has developed a portfolio of training and resources for early year's practitioners and parent/carers in Coventry over a three year period. The catalyst for services coming together was a jointly planned conference in Coventry in February 2006 at which Professor Charles Desforges spoke about his research on the impact of parental involvement in children's early language development. The I CAN Cost to the Nation report in October 2006 and the implementation of the Communication Matters and Parents as Partners in Early Learning programmes all gave added impetus to the process.

Services represented in the forum include:

Coventry City Council's Children, Learning and Young Peoples' Directorate

- The Early Years' Service (including children's centres)
- The Pre School Education Service (including the Area SENCO team)
- The Children and Family Education Service
- The Early Years Foundation Stage Advisory Service
- The Minority Group Support Service

Coventry City Council's Culture and Leisure Directorate

- BookStart
- The Adult Education Service

Coventry PCT

- Speech and Language Therapy Service

Services come together to share information and good practice, to develop and deliver joint training where appropriate and to plan and organise one-off events to promote and showcase the work being done around supporting children's early language development. Funding has been made available through the Excellence in Cities Early Years Fund and the Parents as Partners in Early Learning programme to hold two conferences for practitioners, an event for families and to develop a website www.coventrytalknow.co.uk. Joint training programmes have also been developed and delivered at introductory, universal and enhanced levels. In the last twelve months a Children's Fund programme, Listen Think Talk and the Every Child a Talker programme have enabled the extension of the range of training and support on offer.

Joint working with the PCT is formalised through the Early Years' Service funding a team of speech and language therapists to work in the children's centres. These therapists are also part of the PCT speech therapy team and help to provide a link between the PCT and other services. As well as working in and through the children's centres, they contribute to the planning and delivery of training programmes and events. The Children's Fund Listen Think Talk programme is the result of a joint bid from the PCT and the City Council and its steering group is made up of representatives from a number of the agencies listed above.

A great deal has been achieved over the three years through good, collaborative, working relationships and cooperation. The forum has now reached a stage where it recognises that, in order to consolidate existing provision and to keep moving forward, a more formal strategic plan to support and develop children's early language and communication is needed. A key part of this process, which has been given added impetus by the

requirements of ECAT, is the mapping of current training against the Communication Trust`s Speech, Language and Communication Framework. A discussion document Coventry **Talk Now Speech, Language and Communication Framework** has also been produced and a steering group established to take the process forward.

Mary Pettifor

All Talk Now Coordinator/ Family Learning Teacher

mary.pettifor@coventry.gov.uk

Jane Moffatt

ECAT Coordinator/ Speech and Language Consultant

jane.moffatt@coventry.gov.uk

Children, Learning and Young People`s Directorate, Coventry City Council

HACKNEY AND THE CITY: children's integrated speech and language therapy service

Whole Service Overview

An Integrated Team

The Children's Integrated Speech and Language Therapy Service (CISLTS) for Hackney and the City is an innovative, jointly funded service between City & Hackney Teaching Primary Care Trust (tPCT) and The Learning Trust (TLT). Staff are employed flexibly with a choice of contract. The service is embedded within both organisations at senior and practitioner levels and accesses the benefits of corporate and support services from both organisations.

Accessible and Equitable Provision

The CISLTS provides support for children and their families with speech, language, communication (SLCN), and /or eating and drinking needs, in the most appropriate environment for the child and family. Accessibility and equitability are key delivery tenets within the service model. An open referral system, including from parents, allows for direct and speedy access; models of intervention are available to all, irrespective, for example, of whether the child has a statement of educational need. The service has a strong ethos of working at universal, targeted and specialist levels.

- **Partnership working**

The SLT team sits within Children's Therapies with shared policies, strong joint working and a commitment to future closer links. Key to the service is the provision of teams around the child through partnership working with parents and the wider children's workforce, as part of multi-agency teams within Hackney and the City. Staff work in strongly established partnerships with health, education and social care across a range of clinical needs and settings; all staff are also established members of at least one other multi-disciplinary team e.g. within a children's centre.

- **Locally Based**

The service is organised geographically based upon children centre areas, reflecting the integrated nature of the team. The service is offered to children and young people from birth to 19. The service aims to facilitate the language and communications of all children. Any child / young person for whom there are concerns regarding SLC and / or eating and drinking can be referred and will be offered an assessment.

The aim of the whole SLT service in Hackney and the City is to provide a comprehensive range of services within a universal, targeted and specialist framework of delivery. The overall aims of the service are:

To improve the speech, language and communication skills of all children and young people in Hackney and the City

To maximise eating and drinking skills in children and young people with particular regard to safety and nutrition

To work in partnership with parents, all professionals and the wider children's workforce to form effective local and ,where necessary tertiary, teams around any child or young person with an identified need

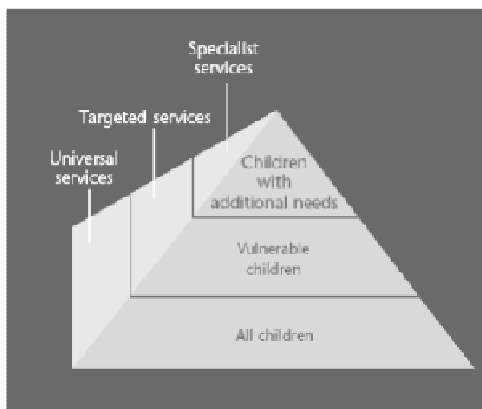
Through innovative training packages available to parents, all professionals and the wider children's workforce, to achieve a high level of awareness and knowledge of:

- the development of speech, language, communication, eating and drinking skills
- an understanding of what can go wrong
- strategies to maximise support for all children and young people in their own environment/s

Through expert integrated working the service offers:

- Health promotion
- Identification
- Assessment
- Interventions
- Training packages for any team around a child / the wider children and young people's workforce
- Empowerment of parents and young people

The Early Years' Service



As stated, the whole service model in Hackney and the City places children, young people and families at the centre of planning, considering need across the spectrum of universal, targeted and specialist provisions. SLTs work at each of these levels, providing a service for: all children and young people, children and young people at risk of speech and language delay, and children and young people who have identified speech and language needs. The concept of the clinical team has given way to a locality model in which transitions are seamless.

Universal work may include promotion and profile raising of the SLT service, promotion of good practice guidelines for encouraging language development and maximising a child or young person's potential, improving the language learning environment of all children and young people, general advice and training. Work may be **directly with children and young people** (for example, we may run storytelling sessions at the local library which children can enjoy and benefit from), **with the family** (e.g. written and verbal information and advice delivered directly to the door through local advertising or via the Health Visitor), the **community** (displays around the borough, raising general awareness, promoting SLT amongst professionals and in places where children and families spend time), and **society** (this includes SLTs having a significant presence in relevant working groups and committees, seeking to make organisational and structural changes at operational and strategic policy levels).

General Aim of our Universal Work in Children's Centres

To raise awareness about speech and language development in the whole local community, specifically targeting families with children birth to five years and ensuring that all environments in which children play and learn are language rich. Where possible, to prevent speech and language difficulties from emerging and to support early identification of difficulties and timely intervention when needed.

Key Messages

- Children's language development is important – talking is fun!
- Adult's play an important role in language development – talk to your child!
- The Golden Rules: Talk about what you and your child are looking at or doing; listen to what your child has to say and add words (Child: milk, Adult: oh you want **more milk**); get down to your child's level: it's easier to talk if you are face to face
- What to expect at each developmental age

Come along to a Talking Walk-in if you are worried.

Targeted work may include running groups for children at risk of speech and language delays or difficulties, running groups for children with mild to moderate language difficulties. It is expected that around 80% of children and young people on the SLT caseload will have their needs adequately addressed at the targeted level.

Specialist work may include individual work with a child in their home or school setting, specific ongoing work with a child in their environment. Speech and language therapy support at the Specialist Level is for children and young people who have complex or individual speech and language needs. The majority of children and young people at this level will have special educational needs requiring intensive support from a variety of professionals. Other children and young people may have specific speech and language needs (for example, a significant speech sound disorder or a specific language impairment) requiring individualised specialist SLT input.

All SLTs working with children in the early years in Hackney and the City work at each of these levels. Children's centre and core PCT funding are pooled to allow two whole time equivalent SLTs to be allocated to each children's centre area in Hackney (there are six areas covering the whole of Hackney), as well as some core PCT SLT time to be allocated to the City.

In order to ensure that each area of work is appropriately prioritised SLT time is split according to the following formula:

Universal: 30%

Targeted: 50%

Specialist: 20%

For more information please contact: annabelle.burns@nhs.net

LEICESTER: Talk Matters!

Leicester's approach to developing a speech, language and communication strategy.

Background

The teachers working with young children with special needs in Leicester City and the speech and language therapists from the PCT have good, long-standing habits of collaborative work at casework, training and planning levels. Both agencies have also been part of the integrated teams working across the city in children's centres since their inception.

Triggers for change:

- Hearing the Stoke Speaks Out presentation at a Talk To Your Baby conference made us realise that we had failed to take account of all the language development strands of work going in individual centres across the city and develop a coherent set of activities and training
- The publication of the I CAN Cost to the Nation report, put the negative impact of poor language skills into an accessible form
- The publication of the foundation stage profile for Leicester raised awareness that poor attainment at Key Stages 1, 2 and 3 was mirrored by very low attainment at the end of the foundation stage
- Support from a senior LA officer who understood the importance of the issue and was willing to support the development of a strategy.

The Leicester vision

We want our children to be able to:

- Make friends and form relationships with the adults that care for them in all settings
- Express feelings and emotions fluently
- Understand and take the views of others into account and use language to solve problems and express their views
- Understand and use language to work out and clarify ideas
- Enjoy choosing and reading books
- Make use of their knowledge of language to write effectively

To achieve this vision the strategy needs to operate at three levels:

Level 1 - Community

The community a child grows up in influences their communication development. To ensure that every community supports positive communication development we will:

- Raise awareness in the wider community of the importance of interacting with children to support their communication and language development
- Ensure that all providers and practitioners working in a community have the appropriate training and resources to support the children's developing communication skills
- Conduct a range of community development activities that support language rich environments for children, (for example 'Dump the dummy', 'Turn off the Telly', 'Talk To Your Baby'), and provide a preventative level of intervention.

Level 2 - Family

A child's family has the biggest impact on how a child communicates. We will ensure that all families:

- Receive good information and guidance during pregnancy and early childhood on how they can promote their child's communication skills from birth so that every child has support to develop their potential as a communicator
- Understand the stages of communication development and are encouraged to engage in all areas of their child's learning so that their child is happy and successful at school
- Have access to resources in their community that promote good communication
- Know where to get help early if they think their child needs it.

Level 3 –The Child

Every child will:

- Have timely assessments of their communication development at nine months and 24 months through the children's centre networks
- Receive the earliest possible intervention once a communication development difficulty has been identified
- Have access to language rich environments from:
 - Birth to one year
 - One to two years
 - Two to four years
 - Four to five years
- Experience positive interactions daily with a caregiver, if they attend a Leicester childcare or early education setting.

The seven main work streams of the early year's communication strategy will:

1. Define a preventative pathway that offers the kinds of environments and activities that will build resilience to language delay and enable both parents and childcare practitioners to provide the opportunities young children need to develop the skills to communicate and build relationships.

By October 2010 we have:

agreed that we will have a set of 4 age-related, consistent language development programmes across all children's centres
'Discovering babies' now operating in every neighbourhood.

2. Improve the skills of the children's workforce by developing a training framework that takes into account the differing skill needs of practitioners who:

work in direct contact with, and support the language development of young children

lead teams in settings and schools and are responsible for planning language enabling environments

work with children experiencing language delay

support the parents of vulnerable children.

There will also be a training programme for raising awareness in the wider communities of children's centre networks of the importance of early communication skills.

By October 2010 we have:

- Developed training at the four levels identified by the Speech Language and Communication Framework:
 - Universal
 - Enhanced

- Specialist
 - Extension
- Delivered the 2-day Universal training to 515 practitioners since training programme began in January 09
 - Trained 38 'Early Language Lead Practitioners' at enhanced level
 - Supported 10 Early Years teachers on Communication Module at Leicester University.
3. Work with professionals in children's centre networks to establish a system of universal screening for language delay at nine and 24 months.
By October 2010 we have developed:
- Multi-agency universal screening at age 2 across all children's centres
 - Uni-professional universal screening at age 1 by Health Visiting Teams.
4. Establish prevalence of language delay amongst three-year-olds by developing a baseline assessment to be used with all three-year-old children in Leicester as they enter the foundation stage. This should enable us to establish a baseline of communication difficulties and provide both qualitative and quantitative evidence of changes in the incidence of language difficulties in the city.
By October 2010 we have:
- Developed 'baseline' to be administered the September after child's 3rd and 4th birthdays
 - Piloted in autumn 08, modified and incorporated into SIMs for autumn '09
 - Particularly good returns from schools in the second run.
5. Develop and implement a communication campaign in conjunction with C&YPS Communications Policy Officer. This campaign will:
- raise awareness amongst the wider community of the relationship between communication and learning
 - engage the key stakeholders through children's centre networks who are in a good position to make a difference to communication environments of young children
 - support workforce development activities by keeping the workforce aware of training opportunities
- By October 2010 we have:
- A dedicated Information Officer to promote awareness of strategy and key messages
 - J C DeCaux boards, on buses, on the radio, at community events, in all the libraries, on our own and with others
 - On 10 September 2010 a Talk Matters day across the city with I CAN.
6. Provide improved communication environments for all children in EYFS settings by motivating early years providers to achieve accreditation by I CAN (a national charity for language-impaired children) to provide a supportive environment for children learning to communicate.
By October 2010 we have:
- I CAN Early Talk audit tool in use to quality assure our foundation stage settings
 - Delivered as part of ECAT funding for 18 months
 - 9 accreditations completed by schools
 - 7 pvi settings now accredited and a number completing during autumn term
 - Identified a number of settings where the good practice can be used to inspire other practitioners.

7. Establish a multi-agency/sector advisory group to measure the success of the implementation of the strategy and widen participation in the strategy:

By October 2010 we have:

- A wider stakeholder group
- For example Family learning, PCT, Universities, Voluntary sector and Primary Head teacher
- Those who can take on the role of 'critical friend'.

Measuring Impact

1. Monitor the % of three-year-olds assessed as having language delay, during the programme's existence. This would be available by comparing the results of an annual baseline assessment
2. Monitor the % of children achieving 78 points or above across the foundation stage profile with at least six points in PSED and CCL
3. Monitor the number of settings achieving and maintaining recognition by I CAN
4. Monitor the numbers of children at risk of language delay identified by the screening programme
5. Monitor the uptake of language training programmes, and identify those achieving accreditation at level 3, level 5 and post-graduate levels
6. Monitor referral rates to speech and language therapy service
7. Monitor awareness of the strategy, and its key messages.

Progress

The strategy and its programmes were launched in September 2008 and progress has been made in all seven work streams as shown 'by October 2010 we have'.

M. Campbell
Project Manager Talk Matters!
Service Improvement Manager

Nottinghamshire: Language for Life – supporting all children, including those hardest to reach, through an integrated strategy for speech, language and communication in the Early Years

The context¹

- Total population 776,500, including 179,600 children aged 0-19
- 58 children's centres
- 285 primary schools, 44 secondary schools and 11 special schools
- 263 private, voluntary and independent settings registered for nursery grant funding

Drivers for change

The key driver for change was the local authority's need to improve outcomes for children in the Early Years Foundation Stage.

Aims of strategy

- To ensure that all children have language experiences which will support development of their language for life, by bringing together practitioners across universal, targeted and specialist services to make this a reality.
- To provide early identification and effective intervention for children with speech, language and communication difficulties.
- To narrow the gap between the achievements of children from more and from less advantaged backgrounds.

The journey

Ten years ago the speech and language therapy (SLT) service was commissioned to provide a service to the early Sure Start local programmes. The service developed a range of universal speech and language promotion/prevention activities and an approach to support targeted children whose families did not attend mainstream NHS SLT services. They undertook ongoing evaluation of the impact and demonstrated success.

In 2008, the service ran a 'Language for Life' conference for the rapidly growing number of children's centres, at which children's centre coordinators and their seniors were invited to consider the range and menu of SLT activity that was on offer and to choose what would be most useful. Their views were used by the local authority children's centre Service manager, to develop a proposal on what could be provided for £750,000 over three years. From this came an agreed specification for the service to be provided. The commissioner and funder is the local authority. The primary care trust is the employer and provider.

Other initiatives such as the Healthy Child Programme and Every Child a Talker blend seamlessly with the commissioned SLT work in children's centres and the communities

¹ Data is for Nottinghamshire local authority. The Language for Life strategy covers the whole local authority area, which includes two primary care trusts.

they support. An overarching 'Language for Life' strategy brings these and other programmes together across the 0-7 year age range.

Language for Life

The strategy is steered by a group made up of leads from these services and has a number of working groups, which include representation from the health visiting team.

The children's centre offer

The 70% least disadvantaged areas receive half a day a week of SLT time per children's centre to provide a 'core offer'. The 30% most disadvantaged areas receive one day a week of SLT time per children's centre, to provide the core offer plus an additional top-up service. The children's centres services extend beyond the building to the communities that they serve. The focus for the core offer is support to practitioners working within the children's centres teams and support for harder to reach families with children from birth to three-year-olds. The NHS-commissioned part of the regular SLT service identifies families who do not respond, following referral, to a letter asking them to call the SLT service to arrange an appointment. These families are contacted by the children's centre SLT and where necessary are visited at home.

Also within the core offer is support for children's centre staff who lead on speech, language and communication needs (SLCN). Every Centre has a strategic language lead, who acts as an advocate for work on language and ensures that language enrichment activities are embedded within all services offered to families. Every centre also has a Home Talk Worker - an Early Years practitioner who has enhanced training and support from the SLT and supports families of children who have delayed language development at 2 years.

Top-up services for children's centres in the most deprived areas include:

- Workforce development for those working with three to five-year-olds.
- Work with the private and voluntary sector, for example providing training on a "Talking Matters" – a basic awareness programme for practitioners. They are then able to share this information with parents
- Mentoring for settings in auditing and developing a communication-promoting environment
- Support to practitioners to run listening and narrative groups for children with language delay - robust data on children's progress was gathered, teachers were trained as group facilitators, and these trained teachers were then buddied with practitioners in other areas to improve their practice, where groups were not producing good outcomes.

Promotional materials Therapists have developed leaflets, posters and charts aimed at parents of young children, helping them understand how to support their child's language development. Early Years advisory teachers have developed a leaflet for parents of children with EAL. One poster, for example, is a "Talking Tree" height wall chart which also includes speech and language milestones. All the promotional materials are made available free, in multiple quantities, to every children's centre, health visitor, midwife and SLT. Leaflets and posters are also shared with every school and early years setting via the local children's centre teams through the centres' Enjoy and Achieve groups and are available for schools and settings to purchase.

The training strategy

Within the local authority there is a universal training offer to all early years practitioners, SLTs offer basic 'Talking Matters' awareness-level training, and a more advanced "Let's Interact" course in which participants film themselves interacting with children and use an analysis of the film to prompt changes to their practice.

All the Early Years work, in children's centres and beyond, has been developed collaboratively by SLTs working with local authority Early Years advisory teachers.

The Healthy Child Programme

Nottinghamshire have developed a model for implementing the 2-2 ½ year development checks in the Healthy Child Programme. The SLT service has developed a parent-interview language screen and has trained health visiting teams in its use. Every family receives guidance on communication development by the health visiting team.

A series of colour-coded leaflets have been developed. If the language screen suggests, for example, that 'play' might be an issue, then there is an appropriate leaflet for the health visiting team to talk through with the family. If the areas of receptive language or vocabulary are highlighted as 'red' by the screen, families are offered enhanced support from a Home Talk Worker, who can provide six-weekly home visits to focus on play and language and encourage the family to join in local groups, go to the local library and so on. Any child with an expressive vocabulary of fewer than ten words is referred to the SLT service. The impact of these early prevention and intervention systems is being closely monitored, to establish how many children subsequently need no further help.

Impact

Helping harder to reach families

Monitoring of referrals to the SLT service in the north of the Nottinghamshire Community Health area showed an increase of referrals of children of 2 years and under from 4 in 2008 to 121 in 2009, illustrating the success of a number of early identification strategies. Monitoring of children's centre SLT approaches to provide home based flexible services for families has shown that it is labour-intensive but provides much needed input for families who would otherwise not engage and allows the children's centre SLT to work with other agencies to provide integrated support. This has led to demonstrable improvements for children and families.

Home Talk Worker visits to two-year-olds

A small-scale evaluation of work with 14 families identified by the Healthy Child Programme two-year check showed that, for 60% of children, the home support package prevented language delay, and the remaining 40% of children were referred early for SLT. At the start, no families were accessing support from children's centres, but by the end 57% were accessing support.

Practitioner training and mentoring

The vocabulary of a cohort of children in 18 nursery classes rose dramatically after practitioner training and mentoring in how to interact with children, and how to run listening and narrative groups. The tables below show the cohort's scores on the British Picture Vocabulary Scale, in 2007 before the training began, one year later in 2008, and a second year later in 2009.

British Picture Vocabulary Scale (BVPS) – cohort of children, scores 2007-2009

	2007 (pre-project)	2008	2009
Average BVPS centile score for cohort	43	55	67
Percentage in cohort scoring very low (below 25 th centile)	30%	9%	6%

Improving quality and productivity

Building capacity within the early year's workforce has meant that funding for the specialist SLT input into each children's centre has been progressively reduced. Whereas therapists were initially commissioned to provide two days a week per Sure Start local programme, the current average allocation for each children's centre is between a half and one day per week. This minimal level is required to sustain all aspects of the Language for Life strategy.

Next steps

- The language for life strategy is to be included as a major target within the early years outcome duty/early years and childcare business plan for 2010-2011, which will underline the integrated working across agencies to improve outcomes for children in relation to Communication, Language and Literacy Development.
- Developing training at enhanced level of the Speech, Language and Communication Framework for enhanced practitioners of children aged 0-5 years.
- Developing a fully sustainable system of support through children's centres, SLTs, Early Years consultants and Early Years specialist teachers.
- Developing a local 'Language for Life' accreditation scheme for practitioners and settings.
- Working towards a "Language Lead" practitioner in every early years setting.
- Implementing a research study of the impact of the Healthy Child Programme two-year screening, involving a control group.
- Thorough analysis of the Language for Communication for Thinking scales of the Foundation Stage Profile in subsequent years when this work has begun to impact on the current five-year-olds.
- Auditing the training on speech, language and communication currently available to staff working with five to seven-year-olds; and developing training at universal (awareness) and enhanced levels to mirror that available to early years practitioners.
- Using the launch of the strategy in 2011 to further raise general public and professional awareness of the importance of their role in developing Language for Life for every child.

Speech and Language Therapy Service Lead
Children's Centres and Universal
Nottinghamshire Community Health

PLYMOUTH: The fence at the top: a preventative approach

Imagine children playing in a playground at the top of a cliff – you have 2 choices...

- 1) Build a hospital at the bottom of the cliff which would be expensive, fixing the symptom but not addressing the cause
- 2) Or build a fence at the top which is a better use of resources

In Plymouth we went for the fence at the top for positive communication development. **Why?** We want to get in early and support all children's communication development, not wait until there are problems. For many children, prevention or reduction of difficulties **is possible** and is better for everyone.

What is it? Fence building

- Shared vision and values
- Working together
- Sitting together – two SLTs based with the EYAT team
- Training together – children's practitioners
- Birth to five across the city
- Supporting communication coordinators x 12 – reaching families
- Funded for three years beyond pilot, until March 2011...so far

Core principles

- Promoting positive communication environments
- For all children from birth to five (getting in early)
- Focusing on skills and interaction of practitioners and parents
- Shared understanding and skills
- Shared consistent messages across the city

What drives the fence look like?

- Every Child Matters
- EPPE research
- ICAN Cost to the Nation
- EYFS
- Early Years Outcome Duty
- Children's Workforce Development Council
- Bercow review

Local Level

- FSP data was lower than the national expected level
- 50-100% of children entering school with poor communication
- High rates of referrals to SLT of children whose language was delayed, and from particular postcode areas
- It's Good to Talk Initiative – in 2005 a city wide multi-agency forum created a joint approach to early language development birth to three. Awarded NHS Alliance Acorn Award for Clinical Engagement and showcased at TTYB conference 2006

- Sure Start local programmes 2001-2007 aspects trialled by SLTs informed the fence
- Research by Educational Psychologists in Plymouth in 2005 – children in seven children's centres were assessed on language and behavioural scales, teachers and

practitioners from each setting were trained to support communication development using the Elklan ten week course. Post-training the children were reassessed and found to have improved significantly, in some cases up by 22 months in a ten month period. This demonstrates that when the workforce has a better understanding of how language works, and how to support it in practice, there is a great effect on the children they work with – for communication, language and behaviour.

Who makes it work?

It is very important to identify and involve key stakeholders at a strategic level to endorse decisions and at an operational level to make it happen.

Key stakeholders include:

Plymouth City Council

NHS Plymouth (PCT)

Private and Voluntary agencies (Third Sector)

Director of Health Services for Children and Families

Head of Speech and Language Services

Head of Early Years Education

Clinical and Professional Lead (Community Public Health Nursing)

Operational Level:

Early Years Advisory Teachers (EYAT)

Inclusion Advisory Services

Children's centres

Early year's practitioners

SLTs and SLTAs

Health Visitors

Midwives

Library Service

Childminders

Educational Psychologists

What makes it work?

- **Shared concern** – there was already a network of people across Plymouth who recognised the impact of poor communication skills and wanted to do something about it – this gave motivation and reason to support the work at all levels

- **Shared messages** – Agreed by all stakeholders – this means that every practitioner and every parent hears the same messages in the same ways – **stay focused**

- **High national profile** opportunities – e.g. conferences and awards – this helps strategic bodies to support the work

- **Taking time and problem solving**– it takes time to develop, to get everyone on board, understanding why the messages and priorities are there, to create a message that suits everyone involved. Bringing about change to a different way of working feels risky; people need time and support to adjust and progress

- **Willingness to work together** – agencies and children's centres were able to set aside their individual interests to serve one whole, more effective 'fence' – they needed to understand the long-term benefits of doing this

- **Quality assurance**

INTERNAL – built into standard provision e.g. communication training in EY settings, registration criteria, health visitors audited to give out TTYB information through service standards

EXTERNAL – heightens the profile at strategic level – e.g. I CAN Early Talk accreditation, Every Child A Talker (we will be third wave)

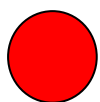
- **Launch** – high profile in the city, to launch the idea at the start and then to remind and keep it running

- **Committed people** – find people in each agency who understand and can speak up. Everyone involved really cares about the issues and are signed up to the work

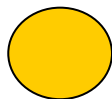
What do we say? Shared messages

- “**It’s Good to Talk**and Listen with Babies and Children in Plymouth”

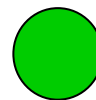
- **Traffic lights** of interaction (by kind permission of Elklan) – for parents and practitioners



Stop



Watch & Listen



Respond

- **TTYB leaflets** e.g. Talking Tips given out at first post birth visit by health visitors

- Interaction tips in all HV ‘**Red books**’

- **Blast** – every setting trained to carry out the Blast programme

- **Communication Training package** –

to be monitored using SCLF – delivered by EYATs.

All EY settings receive same set of training including Elklan at different levels. All EYAT training goes through a ‘language sieve’ to make sure language opportunities are maximised whatever the topic e.g. in maths, dance

- **Children’s centres** – Communication coordinators (see later)

for parents – consistent messages across all e.g. Talk to Your Bump session, Talk To Your Baby session, Chatterbox group, Baby Talk group (see later for some of these examples)

- **Chatterbox monkey** is used to indicate anything that happens across the city that is to do with communication

How do we do it? Communication coordinators

- One in **each** Children’s Centre – 12 out of 16 so far

- **Variety** of experience – e.g. early years workers, portage

- Following a **model from Plymouth Sure Starts** – those were SLTs, these are not.
- Main role to **share messages about early communication** and how to support it – with families
- Called **coordinators** as they are enabling the whole team in a children's centre to be talking to parents about communication – it is not meant to be the sole responsibility of this worker for example they help the team to look at all their activities e.g. lunch bunch, buggy walks and maximise communication messages and opportunities
- Through groups, displays, campaigns, TTYB material, resources – they are always around parents and are equipped to talk about supporting early communication development
- They use a variety of **topics** e.g. books, routines, messy play, outdoors and it involves other agencies too e.g. helping to create a booklet with Plymouth BookStart – Rhymetimes Rock, that has tips especially for parents with babies
- The **role of the SLTs** is to support the team of communication coordinators and bring them together to receive extra input, swap ideas, and have shared messages in each children's centre. It also means less re-inventing of the wheel as resources and ideas are planned together and shared. The children's centre managers have reported that communication is the topic that is most effectively cascaded/coordinated across the city. The communication coordinators' confidence and skills have grown as they have tried out new skills e.g. presented at a citywide conference and running workshops for parents
- They are also trained to run certain groups/sessions which are consistent across the city e.g. Talk to Your Bump, Talk to Your Baby (a session for parents with young babies), Chatterbox

How do we do it? Talk to your bump

A session within Great Expectations, an eight week antenatal course run by midwives, health visitors and others. The Talk to Your Bump session is about earliest communication before birth and immediately following, and the essential link between attachment and communication. It was written and trialled by Sure Start SLTs and uses material from 'Your Bump and Beyond' a pack developed by SLTs and midwives in Wales. It is an interactive session with quizzes, video clips etc. SLTs are not available to run this session in all the children's centres. So the session has been **cascaded**. Training sessions are run, to train up communication coordinators and other workers in children's centres, to run it in pairs. The training session includes the content and why the content is there, how to put information across and how to manage workshops. So far over 40 workers in children's centres have been trained to run it.

The **benefits** of this method:

- Every children's centre in the city runs the **same session**
- Every parent has **access to the same information**, whichever children's centre they go to, ensuring equity and reducing inequality
- Parents who might have travelled across the city now choose to go to their local Children's Centre
- The skill and **understanding of workers** is raised – there are more workers across the city who understand about very early communication and the importance of attachment and can explain it
- More parents can find out that their babies are born able to communicate, and that they can prepare for this while they have a bump. We make sure we include fathers and grandparents in this too. When we say getting in early – we mean it!

Feedback from parents: “I can now see that my baby is already a person and I can start getting to know him now”

“I never realised how developed a newborn is”

“It is really useful knowing how to express myself and have good communication with my baby”

Feedback from a communication coordinator: “When I ran a post-natal group, I could tell which parents had attended the Talk to Your Bump session by how confident they were interacting with their baby, chatting more, tuned in, and one had even been to the library already to get baby books!”

How do we do it? Chatterbox groups

- **Health visitor clinics with a play session** – originally set up by local Sure Start programmes – currently up for a regional award
- Chatterbox monkey is used to indicate anything that happens across the city that is to do with communication
- Strong **communication focus** and messages – activities, stories, snack time and posters etc. are all around communication and it is another opportunity to spread the word and model ideas
- Joint working – because it is a health visitor weigh in clinic parents come who might not otherwise come to a children's centre. Health visitors find that parents stay longer than they might do because of the play workers and family workers
- **Principles and aims agreed** across the city
- Quality Assurance: other toddler groups were being set up and calling themselves Chatterbox without the key ingredients, or health visitors were left without any extra workers. Representatives from all the Chatterbox groups in the city met, including parents, and agreed values, ingredients and quality markers of a Chatterbox group. A regular working party maintains these
- Qualities of group matched to **Every Child Matters outcomes** for children's centres – leaders then keen to support it

How do we know it works?

- ICAN Early Talk – 17 settings have so far received the accreditation, following our training package and support
- Blast programme - qualitative data from groups across the city
- Educational psychologists – qualitative research on these SLT roles
- SLT service – types and number of referrals monitored
- EYFSP data – CLLD aspects particularly
- Families – qualitative data of responses, and numbers of those attending

What next? Summary

We need to maintain quality and evaluation for practice, groups and messages.

We will be introducing Every Child A Talker into our fence in April 2010.

We need to maintain our close working links with the community paediatric SLT service.

We need to extend the number of people who hear and understand the messages.

The project works because there is such a mutual respect between agencies and we are all willing to share knowledge with each other and learn from each other. It is a privilege to be part of such effective joint working.

Communication is now at the top of the agenda in Plymouth Early Years – we all know it is important but it is easy to keep it implicit – this approach is making everyone aware and able to do something about it.

We want everyone in Plymouth, all parents, families and practitioners, to be excited about communication development, informed about how to support it and working together to give every child the best communication skills possible.

Alice Thornton and Joanne Meade
Speech and language therapists
Early Years training and support

Promoting positive communication environments
For every child
From birth to five
Focusing on skills and interaction of practitioners

Training:

- Running training jointly with EYAT & IAS teams e.g. Blast, Elklan, Communicating Matters, Treasure Baskets, EAL, Letters and Sounds
- Implementation of the EYFS
- Inputting language ideas into other EYAT training

Children's centres:

- Supporting Communication Coordinators
- To help develop and implement these posts
- Regular meetings
- A coordinated city wide approach
- Shared messages across the city
- To liaise with CC leaders
- To link with QTs

Links between agencies:

- To offer ideas to EYAT team
- To take ideas & information to and from SLT team
- Liaise about Blast
- Birth to three forum
- ICAN Early Talk

Input to Whole settings - available to all in city

- Baby Talk 0-3s - for workers
- More informal, tailored input and support to embed training

Links between agencies:

- To offer ideas to EYAT team
- To take ideas & information to and from SLT team
- Liaise about Blast
- Birth to three forum
- I CAN Early Talk

We are **NOT**:

- There to treat children
- There just for those with difficulties

To contact us: tel 01752 307130

Email: Joanne.meade@plymouth.gov.uk Alice.thornton@plymouth.gov.uk

Toolkit designed by: Gaye Powell, Head of Speech and Language, and Alice Thornton, Specialist Early Years SLT



STOKE-ON-TRENT: Stoke Speaks Out

Stoke Speaks Out is a multi-agency project which tackles the causes and effects of children's speech and language delay and poor parent/child attachment. The project is based in Stoke-on-Trent and focuses on support for children and families from pre-birth to seven years. It was set up in response to local research which highlighted the shocking level of language delay amongst the City's children (nearly 70% in 2001 as against a national average of 10-12%).

Needs analysis:

Newcastle-under-Lyme PCT was commissioned by Sure Start Local Programmes across Stoke-on-Trent to conduct speech and language baseline measures between 2001 and 2003 using the Reynell Developmental Language Scales and the Renfrew Word Finding Vocabulary Scale. In 2004 a series of questionnaires was conducted to discover the extent of practitioners' and parents' knowledge in relation to speech and language. These questionnaires demonstrated that practitioners' initial training did not cover parenting, speech, language and communication in sufficient detail and that there were limited opportunities post-qualification. This lack of knowledge was mirrored by a lack of confidence in the subject area, an issue also highlighted by EPPE (2004).

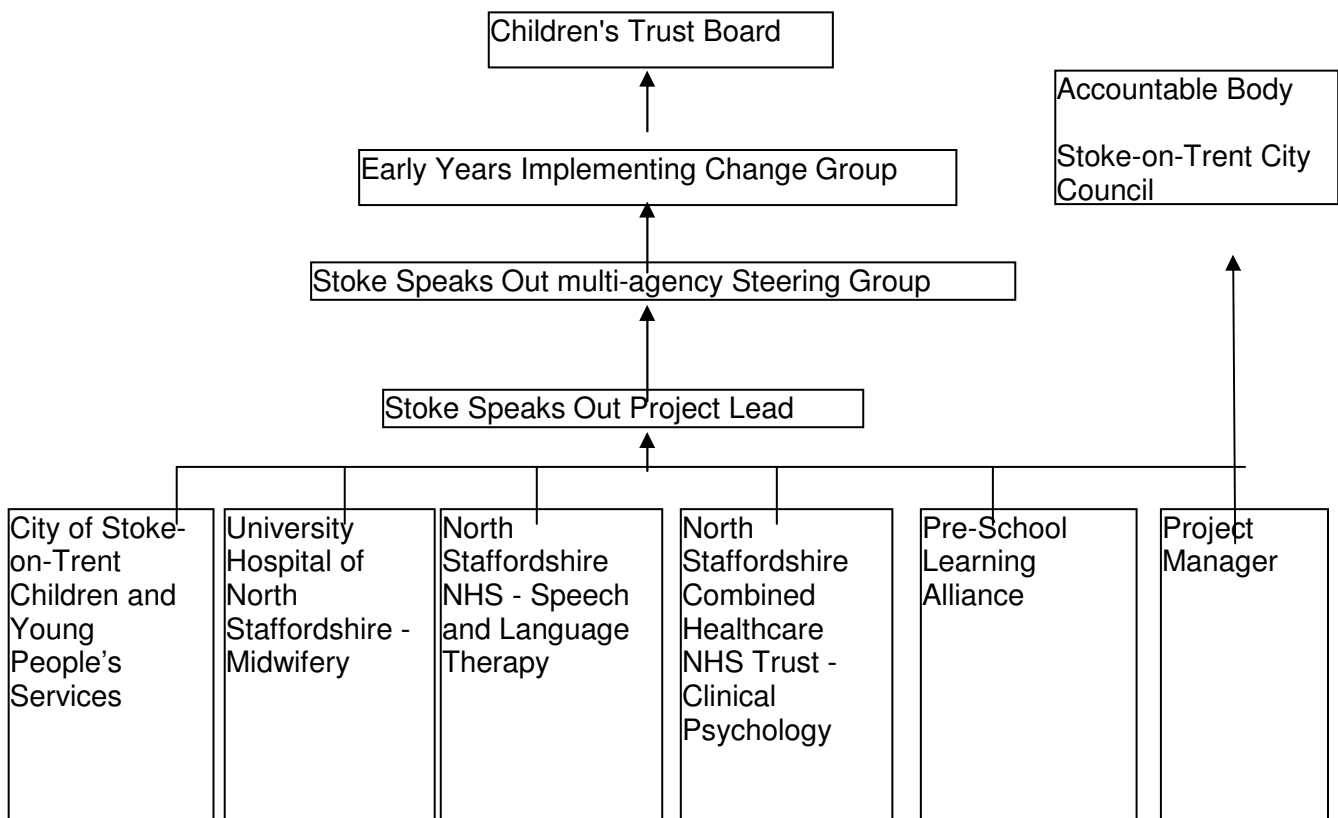
Stakeholders, staffing and structure:

Stoke Speaks Out is a multi-agency project which focuses on support for children and families from pre-birth to seven years. It brings together people from a variety of agencies: Stoke-on-Trent Children & Young People's Services; the Preschool Learning Alliance; Stoke Primary Care Trust; North Staffordshire Community Healthcare Trust (Speech & Language Therapy); North Staffordshire Combined Healthcare Trust (Child Psychology); and midwifery consultancy. Using this combined expertise, Stoke Speaks Out trains the children's workforce and increases their skills, confidence and knowledge in promoting children's communication development.

Stoke Speaks out brings together a number of agencies involved with young children and their families. The steering group is a multi-agency partnership and the project delivery team is also multi-agency, combining skills from a number of organisations. The structure is shown in the following diagram.

The majority of staff work for Stoke Speaks Out on a part-time basis and include:

- Project lead
- Midwifery
- Playworker
- Community playworker
- Assistant psychologist
- Inclusion (SEN) manager
- Early years worker
- Literacy worker
- Bilingual nursery assistant
- Business manager
- Administration



Delivery:

The project began in 2004, and was funded through two cycles of Neighbourhood Renewal funding. Phase 3 of the project began in April 2008.

Stoke Speaks Out delivers a variety of “service lines” in a wide range of settings across the city. The key ones are as follows:

Practitioner Training

Stoke Speaks Out’s practitioner training takes place on four levels:

Awareness: a brief introduction to the project and its messages regarding secure attachment and confident communication development – highlighting the fact that the whole children’s workforce has a role to play in this area.

Level 1: a two-day course, designed to give staff an overview of the causes and effects of speech and language delay. As part of the course, trainees are asked to consider how they can implement good practice in their workplace. They are also introduced to the innovative preventative Staged Pathway, a practical toolkit designed by Stoke Speaks Out to support practitioners in providing in-setting support for children with attachment or communication difficulties. Practitioners must submit completed Action Plans following their Level 1 training in order to receive their certificates – this encourages them to consider how they will implement their learning in their settings.

Level 2: following Level 1, staff identify an area of need within their setting and consider how to achieve best practice in promoting secure attachment and confident communication there. Stoke Speaks Out mentors provide support to practitioners to help them implement their ideas within their settings. OCN accreditation is also available for Level 2 projects.

Level 3: a series of 12 modules designed for those who wish to develop further expertise in particular areas of attachment and communication development:

- Assessing and Working with Language Delay
- Attachment, Separation and Transition
- Language Development within a Multicultural Society
- Ante and Postnatal Attachment
- Cued Articulation
- Language Development through the Senses
- One Step at a Time
- Communication through Music
- Communication through Play birth to four years
- Communication through Play four to seven years
- Attachment Over Time
- Working with Autistic Spectrum Disorders

Practitioners must complete two modules - with an action plan for each regarding how they will implement the learning in their settings – to achieve a Level 3 award.

Two new Level 3 modules on Child Development (birth to three years and four to seven years) are currently being developed, in response to practitioners' identified needs and the requirements of the new Early Years Foundation Stage.

Level 4 Communication Friendly Status: awarded to settings who can demonstrate an excellent and consistent level of good practice in promoting positive relationships and good communication. It encompasses excellence in learning, teaching, and involving parents and children as partners in their education.

Ante/Postnatal Training

Stoke Speaks Out has developed a series of education workshops for parents and parents-to-be to give them detailed, reliable information and support around early attachment, parenting issues and early child development. There is currently no other provision in the City for this. The target is to use this resource to train and mentor other practitioners to deliver this directly to parents within their locality with the children's centres identified as the ideal model.

Nursery Induction

This has been developed in response to identifying that many children are scoring low on the Early Years Foundation Stage Profile (EYFS). Whilst a lot of work is being developed preschool it is acknowledged that many children begin nursery with significant delay in their communication skills. The induction programme has taken six key areas from the EYFS and developed workshops for both parents and children to demonstrate simple strategies that they can use in their home environment.

Packs for Vulnerable Families

It is acknowledged that some families will not access groups or community opportunities but may well have a number of agencies they regularly see in the home. The Ready, Steady, Grow packs are being developed as a take-in resource which has simple key

messages, not literacy-dependent, with many visual messages through pictures or DVD. They will be accessed by any agency working with the family who identifies these areas as a key area to support. Through liaison with children's centres, outreach workers will use the packs with these families in their homes to support them in their parenting.

Work Around Secure Attachment

Stoke Speaks Out Level 1 training demonstrates how the ingredients for secure attachment are the same as those for good speech & language development: face to face contact; reciprocity and turn-taking; proximity; listening; attunement; shared knowledge; and quiet space. Secure attachment provides a secure base from which children can learn effectively and develop communication skills with their families, peers and teachers.

Understanding the link between attachment and communication is also important for practitioners, and this is where Stoke Speaks Out fulfils another important workforce need: for example, midwifery and nursing training does not cover attachment at all, other than that which is provided by Stoke Speaks Out. Similarly, teachers do not cover much child development or communication development in their training – not at all in some cases.

Stoke Speaks Out provides a source of reliable and credible trainers who are experts in the field of attachment and communication development – backed up by research and resources – who are linked to core services and therefore able to effect a real culture change. These experts provide specialist subject knowledge and are able to respond to a wide range of queries from practitioners.

Stoke Speaks Out also trains practitioners in infant massage as a means of supporting secure attachment. These practitioners will now establish classes for parents in their area.

One Step At A Time (OSAAT)

The aim of OSAAT is to provide children with the communication skills that they need to be successful throughout their school life. The scheme focuses on spoken language. Assessments are conducted by classroom practitioners at three points during the academic year.

One Step At A Time (OSAAT) assessments are undertaken by classroom practitioners, for example, teachers and teaching assistants, through their observations of children in social situations. The children are given up to four weeks to settle in to their new environment. Two classroom practitioners observe each child against set criteria. Both practitioners then have to agree on a score for the child. This is to ensure that they know whether the children possess and can use identified skills and that the most appropriate teaching and support is given to each child where necessary.

Website to support parents and practitioners

In 2006 Stoke Speaks Out launched a new website offering a wide range of useful and practical information for parents and practitioners to help with children's language development. It includes activities for children, rhymes and songs for different age groups, a section with advice and tips for parents, an area for practitioners that includes research, training materials and information, and an area dedicated to speech and language therapy advice. 'Meet the Potters' is a fictional family from Stoke-on-Trent, whose family members

are used on the site to show how families can work together to improve the language development of their children.

Outcomes

The results of assessment of three to four-year-old children’s language delay is as follows:

The confidence of practitioners is assessed pre-training and post-training with the following results:

Pre-training Questionnaires 2008 (n=167) Post-training Questionnaires 2008 (n=234)

<i>How confident do you feel to:</i>	<i>before</i>	<i>after</i>
Encourage positive parent-child interactions	46%	88%
Develop children's communication skills	46%	89%
Identify when children's communication is not developing	39%	88%
Identify causes when children's communication is not developing	19%	80%
Know when and where to get help for children's communication difficulties	34%	88%
Identify when positive parent-child interactions are not developing	32%	82%

The One Step at a Time programme is also assessed. Assessments are conducted by classroom practitioners at three points during the academic year. Two practitioners observe each child against set criteria. Both practitioners then have to agree on a score for the child. A 66% improvement in those children working with the OSAAT programme has been demonstrated.

Stoke Speaks out is credited within Children & Young People’s Services with contributing to improved teaching and learning at the Foundation Stage: out of 45 Section 5 Ofsted inspections since September 2005, 73% of Foundation Stage provision is judged “good” or “better” with 7% judged to be outstanding. No provision has been judged inadequate.

Stoke Speaks Out is also seen as an important tool in narrowing the achievement gap and moving towards equity in provision.

Next steps

Today, as a result of Stoke Speaks Out's work in changing practice across the children's workforce, the level of language delay in Stoke-on-Trent has been reduced to 54.5% (November 2007 Citywide assessments). There has been a 5% improvement in the last two years alone. It is now no longer appropriate to refer to it as a "project" as its messages, services, resources and materials have been embedded into mainstream delivery in health and educational settings.

Year	2001	2002	2003	2004	2005	2006	2007	National Av
Percent of children with a delay	69.1%	68.8%	48.6%	70.5%	59.0%	58.6%	54.5%	11.0%

The DCSF programme Every Child a Talker (ECAT) is designed to help practitioners create a developmentally appropriate, supportive and stimulating environment in which children can enjoy experimenting with and learning language. The City Council is using Stoke Speaks Out resources as the means of delivery for ECAT.

Janet Cooper
Project Lead, Stoke Speaks Out
www.stokespeaksout.org

WARWICKSHIRE: Children's centre strategy – Time to Talk

The vision: Every child should be given the best available opportunities to develop their potential speech, language and communication skills helping them go on to enjoy life able to express themselves; form positive relationships; understand and respond to others; learn; and, where appropriate, succeed at school and beyond.

This strategy was written to give clear guidance and direction to those within children's centres who organise and deliver services aimed at supporting and improving the ability of young children to communicate.

Principles

- Time to talk recognises the crucial role parents play in developing their children's early communication skills and suggests a way of supporting them in this. It places emphasis on sharing knowledge and information with parents as early as possible and promotes a preventative way of working.
- Time to talk is a framework for making sure that services reach children and families who need them most, as quickly as possible and with the best use of resources. It places emphasis on prevention, early identification and early intervention.
- Time to talk recognises that those who are disadvantaged in any way need services designed especially for them and where specialist help is needed it should be easy to access. It also acknowledges that families who are least likely to seek support will need additional help to access services.
- Time to talk outlines the training that should be available to all parents and early years' practitioners enabling them to understand how language develops, how to tell when things are not developing well and how to offer or access help. It emphasises that whatever activities children take part in or settings they attend these should be appropriate, of excellent quality and provide a wide variety of communication opportunities.
- Time to talk offers a way for many people from different backgrounds to work together to improve the speech, language and communication of children in their early years; providing services which are integrated, holistic and built around the child and their family. It recognises that everyone who comes into contact with a child has a valuable and important role to play in developing their speech, language and communication skills.
- Time to talk sees the children's centres as being an integral part of the community in which young children and their families live. It recognises the impact a community can have on children's communication skills through its support of parents and its valuing of children.
- Time to talk aims to be responsive and flexible as a result of ongoing evaluation.

The **time to talk** strategy has been developed to provide a way of using what we know (from experience, consultation and all the many research, policy and practice guidance documents) to guide children's centres in effectively supporting the speech, language and communication development of all children.

The current research suggests that, to work preventatively, information and support needs to be given to parents before the birth of their child and continued in the first months and years of their child's life.

Children who are at risk of developing speech, language and communication difficulties need to be identified early and offered appropriate and accessible speech and language help and support.

The research has implications for training and development of staff, stating the need for a confident and skilled workforce who can identify and support children with speech, language and communication difficulties.

Services need to be adapted to meet the needs of parents who find it difficult to engage with traditional forms of support.

Finally it is important that children's centres should see the child in the context of the community in which they are living and developing and work with those communities in their support of children's communication development.

The **time to talk** strategy identifies what we want to achieve for children in their speech, language and communication development. It makes recommendations on how we might achieve these goals, what resources we need to do so and how we might measure our effectiveness.

To achieve the vision the **goals** are:

- **To give children the best possible start**

'Sure Start children's centres provide a crucial opportunity to drive forward a preventative approach...'

We want to help children get off to a positive start. This will mean giving information about speech, language and communication development to parents before a baby is born. We want to develop skills of parents-to-be and those working with them and providing support where potential problems or risk factors are identified.

- **To improve access**

'Ensuring that centres offer ... access to services for those groups that are often excluded...'

We want to make it easy for families to ask for and access help. For those most often excluded we want to provide more opportunities and support to ensure that all children receive the help they need. When specialist help is required we want families to be able to ask for and receive that help quickly and easily.

- **To identify children who need help as early as possible**

'....spotting the children who may be at risk immediately puts them at less risk...'

We want parents and all early years' professionals to know what children's speech, language and communication skills should be at any stage, to be able to spot when help might be needed and to know how to ask for that help.

- **To provide help and support as soon as the need is identified**

'Early intervention has been shown to provide the best outcomes'

We want it to be easy for parents and staff to ask for help when concerned about a child's speech, language or communication development. We want children to be able to receive help quickly and easily through a variety of activities as well as individual help where appropriate.

- **To provide appropriate training**

'...training of others including parents should be viewed as a central activity...'

We want to ensure that parents, staff and the community have the information and training necessary to support speech, language and communication development. We want to provide training at a variety of levels to meet both parent and staff needs. We want to provide information about speech language and communication in a way which suits the different needs of all who are involved with babies and young children.

- **To provide an integrated and holistic service to families**

'the understanding that the child in isolation cannot be meaningfully supported'

We want all those involved with babies, young children and their families to recognise speech, language and communication as an essential part of all that children do. We want every member of the children's centre to recognise their own role in supporting speech, language and communication development and to work with one another in achieving this.

- **To create environments which support Speech, Language and Communication**

'...children learn language in a social context that provides them with opportunities and motivation to interact....'

We want early year's settings and activities to be communication friendly and for children's centres to promote this in the wider community. We want every place a child goes to promote speech language and communication and make time to talk.

How we achieve our goals

The following actions are specified for the following staff groups:

whole team
specialist staff and centre managers
speech and language champion

- **Prevention** – giving children the best possible start
 - Give information to parents as early as possible including before and during pregnancy and in the antenatal period
 - Train staff to know what information to give, at the best time and in the best way
 - Ensure staff have appropriate knowledge and information
 - Use the local community to give information and support to families

- **Early identification** - the earlier a problem is spotted the better the chance of sorting it!
 - Give people the knowledge and skills to identify problems
 - Make sure everyone knows they have a role and responsibility in spotting when there is a problem with a child's speech, language and communication skills
 - Make sure parents and staff know what speech, language and communication skills babies and children should have at different ages
 - Make sure parents and staff know when they need to be concerned about a child's speech language and communication skills
 - Give information through a variety of media
 - Make sure the community have information which enables them to support families

- **Early intervention** - it works; wait and see does not.
 - Support speech, language and communication development through every contact with a child and their family
 - Make sure that the children's centre supports the speech, language and communication development of all children
 - Make sure that within every activity offered there are communication opportunities
 - Provide support to all children whatever their level of need
 - Provide targeted activities for all children who have been identified as needing extra support
 - Provide specialist advice from a Speech and Language Therapist
 - Make sure parents and staff know what help is available and how to ask for it
 - Identify all those involved with families who are able to support speech language and communication development
 - Work in an integrated and collaborative way to provide the most effective intervention

- **To improve access** - making it easier for everyone to get the help and support they need
 - Provide advice, support and direct therapy from a Speech and Language Therapist
 - Make sure parents and staff know what help is on offer for speech, language and communication development
 - Make sure parents and staff know how to ask for help and support
 - Offer lots of different sorts of help and support for speech language and communication development in a variety of settings
 - Provide flexible and responsive support

- **To provide appropriate training** - skilled staff, parents and community
 - Identify the training needs of each member of staff
 - Have a training programme offering different types and levels of training
 - Offer training to parents including how language develops, how to spot problems and how to help
 - Share information with parents through a variety of media

- **To provide an integrated and holistic service to families** - integrated services working together
 - Identify the speech, language and communication opportunities in every activity offered
 - Ensure staff know what sort of help or support is available from other agencies
 - Work in partnership with other professions and agencies identifying who can best help families in supporting children's speech, language and communication development
 - Share information and knowledge with everyone involved with young children
 - Keep services flexible and responsive to meet the changing needs of families
 - Make sure the local community knows what help is on offer for families and what part they can play
- **To create environments which support Speech Language and Communication** – communication friendly communities
 - For all settings to be communication friendly
 - For staff to be aware of how the environment can create opportunities for communication
 - For parents to understand how the home environment can help
 - For the local community to support and encourage children's communication

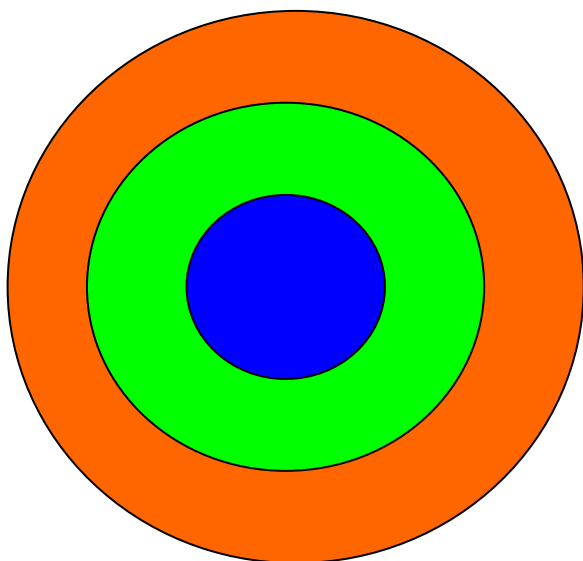
Implementation

The strategy is based on a series of tables proposing ways of delivering speech and language support with each children's centre having a children's centre speech and language specialist, a named locality therapist and a speech and language champion. A comprehensive appendix includes:

- What works in practice
- 'What works best' session
- Delivering speech and language therapy through children's centres: a new way of working for early years speech and language therapists in Warwickshire
- What do we mean by speech, language and communication?
- A top talker diagram
- The triangle of embeddedness diagram
- Legislative and policy agendas
- Recommendations of the national Sure Start evaluation: promoting speech and language
- Recommendations supporting children with speech, language and communication needs within integrated children's services. Position paper 2006 Royal College of Speech and Language Therapists
- Training programme in speech and language development
- Speech and language champions – what are they?
- Planning and Performance Management Guidance for Sure Start Children's Centres
- Recommended resources, reading useful websites and references

The diagram on the following page maps the speech and language provision to children's centres.

Speech and language provision to children's centres



Specialist Speech and Language therapist

Speech and language assistants/champions

Locality speech and language therapists

Locality SaLT

Develop services to CC with speech and language development specialist

- Work alongside the Centre S&L champion
- Provide monthly drop-in service in a locality
- Offer screening and assessment in Children's Centre
- Offer therapy sessions in Children's Centre
- Co-run 'language enrichment' sessions with centre staff
- Training of CC team with S&L specialist

A highly experienced SaLT to coordinate the delivery of services to children's centres.

Role would include:

- Establishing service within CC's
- Establish team of S&L champions
- Coordinate and deliver training
- Coordinate delivery of language activities e.g. chattermatters
- Supervision of S&L champions
- Development of community SaLT role
- Establish drop-ins/therapy sessions/language enrichment sessions
- Inter-agency work
- Research, develop and pilot new ways of working
- Attend SIC for SaLT in children's centres

Speech and language assistants or member of each children's centre team given additional hours to take on role of speech and language champion

Role would include

- Share vision with centre team
- Monitor implementation of strategy and liaise with S&L specialist
- Work with locality SaLT
- Maintain resources
- Act as a link to SaLT for parents – a pathway for help
- Act as a link for other workers and agencies
- Undertake training to level 3

How will we know if we have got it right?

Short term

- Staff will have undertaken training at an appropriate level
- Children's centres will have identified how to give information about speech, language and communication development to parents from before the birth of their child and throughout their preschool years
- Children's centres will have provided a simple, quick and effective way for parents to obtain help for their child's speech, language and communication skills
- Children's centres will have identified how to provide easy to access speech, language and communication support for all children
- Children's centres will work in collaboration with the local speech and language therapists to offer advice, assessment and intervention
- Children's centres will offer communication supportive environments

Long-term

- Parents will know what speech, language and communication skills their children should have at key ages
- Parents will have the skills and confidence to support their children's speech, language and communication development
- Staff will be skilled and confident in identifying and supporting children with speech, language and communication difficulties
- All activities offered by children's centres will support speech, language and communication development
- Speech and language therapists will be working as part of the children's centre team
- Families most often excluded will be accessing the support and help they need
- Children will be starting nursery able to communicate effectively and appropriately for their age.

Alex Williams