



Llywodraeth Cymru
Welsh Government

Flying Start – Annex

Guidance on Speech, Language
and Communication

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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i About this guidance

Flying Start is the Welsh Government targeted Early Years programme for families with children under 4 years of age in some of the most disadvantaged areas of Wales.

The core elements of the programme are drawn from a range of options that have been shown to influence positive outcomes for children and their families. These include:

- an intensive Health Visiting service;
- access to Parenting support;
- free quality, part time childcare for 2 – 3 year olds; and
- support for speech, language and communication development.

This guidance should be read in conjunction with Welsh Government's guidance relating to Flying Start, including the Flying Start Strategic Guidance and other specific guidance relating to the programme's core elements. These can be found at

<http://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/>

Language is the unique attribute that defines us as humans. It is the key skill that we use in shaping our understanding of the world and transmitting our culture from generation to generation. Well-developed speech, language and communication skills are fundamental to the ability to form and maintain social relationships with family, peers and friends and are essential for future learning in school.

Parents¹ are a baby and young child's first teacher. The years from birth to 3 are crucial in developing all of a young child's growing need to communicate. Evidence indicates that a child's level of language development is strongly influenced by how they have been responded and spoken to (Tamis-LeMonda et al, 2001). The more stimulation babies and young children receive in terms of being talked and responded to, played with and read to, the greater their capacity for language and later literacy.

For most children the development of language, the most complex cognitive skill, proceeds without any undue difficulty, so that by the age of 5 a child has mastered the major building blocks of language. The rest of childhood is spent refining and integrating these language skills so they can be used for an increasingly complex range of tasks. These include reading, writing, debating and hypothesising.

¹ the term 'parent' has been used as a short hand to include mothers, fathers, foster carers, adopted parents, step-parents and grandparents.

Language skills are a critical factor in the intergenerational cycles that can perpetuate poverty (Hart and Risley, 2003). Studies of whole populations reveal a clear social gradient for language development, with children from the most disadvantaged groups more likely to have weaker language skills than those in more advantaged groups (Law et al, 2013a). A UK survey of children's language skills, Clinical Evaluation of Language Fundamentals Preschool (CELF-Preschool^{UK})² indicated that children from low socio economic status (SES) backgrounds are almost twice as likely to experience receptive language delay and five times more likely to experience moderate and severe expressive language delay, than children from mid and high SES backgrounds (Peers et al, 2000).

Children's poor speech, language and communication skills have an impact on a wide range of outcomes including behaviour and mental health, 'school readiness' and employability.

This guidance provides the underpinning principles that should be used to develop Flying Start speech, language and communication services to support parents, families, children and all practitioners. This will ensure that all children are given the opportunities to develop their speech, language and communication skills to their full potential.

It has been informed by the findings of two reports commissioned by the Welsh Government:

- 'A review of practice in the implementation of the early language development support element within Flying Start' (Welsh Government, 2014a); and
- 'A review of research evidence on the effectiveness of different approaches to promoting early speech and language development' (Welsh Government, 2014b).

The two Welsh Government research papers were welcomed by the Royal College of Speech and Language Therapists (RCSLT) as they highlighted the role of speech and language therapists in tackling early language delay among Wales's youngest and most disadvantaged children. This guidance has also been shaped by contributions from national policy papers, evidence based practice and international research.

The Welsh Government has developed a set of evidence based 'Learning to Talk' key messages (containing information and advice) to promote and facilitate early speech, language and communication development (see Appendix B). There are two messages relating to the antenatal period, seven specifically for babies and children under 2 and seven for children over 2 years. These key messages have been developed by an expert group of Flying Start professionals from across Wales. The group included speech and language therapists, health visitor managers, childcare leads, a language and play lead, and an advisor on raising children in the medium of the Welsh language. Furthermore three parent engagement events were held to explore parent's views about advice and support for speech, language and communication development.

² CELF Preschool is a standardised language assessment for children between 3 and 6 years

The 'Learning to Talk' messages will be embedded throughout all elements of Flying Start. Additionally these messages have been incorporated into a bilingual 'Learning to Talk' pack for new Flying Start parents.

Audience

This guidance is for those who have direct and/or indirect responsibility for providing services which promote and facilitate speech, language and communication development within Flying Start. It is intended to inform decisions about;

- types of speech, language and communication support;
- working with parents;
- identification of speech, language and communication need;
- workforce development; and
- evaluation and monitoring.

This guidance may also be of interest to those working within the health and education sectors that are planning and/or delivering children's services to support speech, language and communication development.

ii Definitions

Speech, Language and Communication needs (SLCN) – an umbrella term to describe the full range of communication difficulties in children, irrespective of origin or presenting features. This term was introduced during the Bercow report³ into services for children with speech, language and communication needs

Language delay – used to describe a child whose receptive and expressive language skills fall significantly below expectations (Law et al, 2013a)

Late talker – used to describe children between 18 – 35 months who acquire language at a slower rate than their typically developing peers. These children have limited expressive and / or receptive vocabulary. This term excludes children with identified neurological, socio-emotional, or sensory difficulties. (Rescorla, 1989; Thal, 2000)

Communication (sending and receiving messages) comprises of:

- **Verbal communication** – involves communication with spoken words; and
- **Non-verbal communication (NVC)** – involves communication without words. It includes facial expressions, eye contact, gestures and tone of voice, as well as less obvious messages such as posture and spatial distance between individuals. Babies, young children and many children with speech, language and communication difficulties use NVC to communicate.

Language comprises of:

- **Receptive language** – the comprehension of spoken (and/or written) language, includes an understanding of vocabulary and grammar;
- **Expressive language** – the use of vocabulary, grammar, and morphology;
- **Syntax/ Grammar** – the way that words are put together to form phrases and sentences;
- **Morphology** - the study of internal word structure. This includes small changes to words e.g. plural 's'; and
- **Pragmatics** – the study of the social use of language. This includes the capacity to interact effectively, to use the right word in the right place and to take the listener's perspective into consideration when talking.

Speech comprises of:

- **Articulation** - the ability to pronounce sounds. This relates to the movements of the articulators; tongue, soft palate, jaws, teeth, lips; and
- **Phonology** - the study of speech sounds, their patterns and sequences and the rules that dictate sound combinations to create words.

Stammer (also known as stutter or dysfluency) Speech that is characterised by frequent repetition or prolongation of sounds, syllables or words, or by frequent

³ www.afasic.org.uk/download/56/

hesitations or pauses that disrupt the rhythmic flow of speech. It should be classified as a disorder only if its severity is such as to markedly disturb the fluency of speech.⁴

Bilingualism - when a child/ adult understands and / or uses two or more languages. A child/ adult can be described as bilingual regardless of their level of ability in either language. The term bilingual will be used throughout the guidance to describe both bilingual and multilingual (two or more languages) parents and children.

Home language - this term will be used to describe the language/s a child hears in their home environment in this guidance. Within literature the terms mother tongue, first language and language 1 (L1) are also used.

Additional language - this term will be used to describe the language a child hears in addition to their home language/s. Within literature the terms second language and language 2 (L2) are also used.

⁴ <http://apps.who.int/classifications/icd10/browse/2010/en#/F98.5>

iii Summary

1. Introduction

This section provides the rationale for the importance of supporting early speech, language and communication development within Flying Start.

2. Principles and expectations

This section gives an overview of the principles that the Welsh Government expects should underpin all elements of speech, language and communication support throughout the Flying Start programme.

3. Understanding speech, language and communication development

This section provides an overview of the components of speech, language and communication development and provides information on prevalence, types of speech, language and communication needs and the outcomes for children with speech, language and communication needs (SLCN).

SLCN are classified into two groups. The first are transient SLCN – children with impoverished language who have immature or poorly developed speech, language and communication skills. They may have difficulty understanding language, have a smaller vocabulary, shorter sentences and their speech may be unclear. With the right support, children with transient needs are likely to catch up with their peers. The second are persistent and long term SLCN - children may have difficulties understanding and using language, processing and using speech sounds, or understanding and using language in social contexts. Some of these children may have specific and primary speech and language impairments; others may have difficulties as part of more generalised learning difficulties or other conditions such as hearing impairment or autism. Given the nature of some communication impairments, some children will experience persistent SLCN, even if the social and environmental impact is reduced.

4. Types of speech, language and communication support

This section provides an overview of levels and types of speech, language and communication support.

4.1 Universal services

These services should be provided to all Flying Start families to prevent early speech, language and communication difficulties. The aim is to raise awareness of the importance of speech, language and communication development throughout all elements of the Flying Start programme and ways to help children develop their speech and language skills to their full potential. The Welsh Government has developed a set of evidence based 'Learning to Talk' key messages (containing information and advice) to promote and facilitate early speech, language and communication development. There are two messages relating to the antenatal period, seven specifically for babies and children under 2 and seven for children over 2 years. These key messages have been developed by an expert group of Flying Start professionals from across Wales.

The group included speech and language therapists, health visitor managers, childcare leads, a language and play lead, and an advisor on raising children in the medium of the Welsh language. These key messages should be embedded through the Flying Start health core programme, parenting and childcare. These messages have been incorporated into a bilingual 'Learning to Talk' pack for new Flying Start parents.

4.2 Targeted services

These services are provided for specific subgroups of children within Flying Start who have been identified with early speech, language and communication needs, for example children with transient needs. It is anticipated that children with transient needs will respond to intervention and therefore acquire speech and language skills comparable to their typically developing peers.

4.3 Specialist services

These services are provided for children whose speech, language or communication needs have persisted despite earlier intervention or support, and for those who need specialist approaches. This may include children with cleft lip and palate, profound and severe hearing impairment and children with SLCN as a result of significant learning difficulties. The aim of specialist speech and language therapy is to reduce negative impact of SLCN rather than necessarily being able to remove it altogether. Children with long term and persistent SLCN should be referred to NHS Speech and Therapy Services.

4.4 Speech, language and communication development within Flying Start parenting programmes and childcare

This section gives information about early speech, language and communication in parenting programmes and the importance of providing childcare that promotes speech, language and communication development.

5. Working with parents

This section summarises the importance of working in partnership with parents to deliver early speech, language and communication support services.

5.1 Working with bilingual families

This section gives information about bilingualism and ways to support bilingual children and parents. It also provides information about bilingualism and speech, language and communication needs.

5.2 Home learning environment

Supporting parents to foster a communication and language rich environment is fundamental to improving children's early speech, language and communication development. This section details the evidence based strategies and activities that are known to support speech, language and communication development in the home. The Welsh Government 'Learning to Talk' key messages are based on these strategies and activities.

6. Identification of speech, language and communication needs

This section summarises the risk factors and predictors relating to early speech, language and communication needs. It also provides information relating to early identification and monitoring of speech, language and communication needs as well as age of identification. In addition there is information relating to transitions for children with SLCN, both within Flying Start and as children enter the Foundation Phase.

7. Workforce development

This section explores workforce development; particularly speech, language and communication training packages and a competency framework that can be used to support all Flying Start practitioners. It also provides information on the role of Speech and Language Therapists within the Flying Start core team.

8. Evaluation and monitoring

This section gives information on monitoring and evaluating early speech and language outcomes. This includes;

- monitoring changes in a child's speech, language and communication development;
- gauging parental opinions on speech, language and communication services; and
- monitoring the impact of speech, language and communication needs on families' lives.

1. Introduction

Support for early speech, language and communication development is one of the four core entitlements in Flying Start as it is well established that proficient speech, language and communication development is fundamental for positive outcomes for children.

United Nations International Children's Emergency Fund (UNICEF), United Nations Educational, Scientific and Cultural Organisation (UNESCO) and the World Health Organisation (WHO) identify effective communication skills as one of the top ten core life skills (National Literacy Trust, 2011 page 8).

For the majority of children, language development occurs without any cause for concern. They are exposed to positive language models and have a range of communication opportunities that allow them to develop their skills. At the age of 18 – 24 months most children will have a single word vocabulary of at least 50 words. They will be beginning to use two word combinations with a range of meanings and for a range of social uses, including requesting, commenting and describing (Lahey, 1998).

It is well known that a variety of factors affect children's early speech, language and communication development. Recent research has shown that both environmental and genetic factors impact on a child's language and communication development. The most significant factor in the early years is the child's environment, particularly the amount and quality of 'talk' that children experience with their parents, families, peers and childcare providers. It is noted that genetic factors play an increasing role as children reach middle childhood (Law et al, 2013a).

Poverty can significantly impact upon a parent's ability to adequately respond to their child's early language needs and provide a home learning environment which is best suited to enhancing language and communication skills. Hart and Risley (1995) found a significant difference in the 'amount of talk' in different homes during a week. They noted that children of professional families heard 215,000 words, whereas children of families receiving welfare heard 62,000 words. Heath (1990) found similar evidence, noting that children living in social housing, with single mothers with little education, were living in virtual silence.

The importance of well-developed speech, language and communication skills as children enter school is well documented, yet many children are entering school without the speech, language and communication skills needed to fully access the Foundation Phase. Speech, language and communication needs are the most common type of Special Educational Needs (SEN) in 4 - 11 year old children, and the numbers are rising (Gascoigne, 2012). In England, the number of pupils with speech, language and communication needs as the primary difficulty increased by 58% between 2005 and 2010 (Gascoigne, 2012) It is unclear, however if this is due to actual growth or better identification.

In January 2014, 105,303 (22.6%) pupils in maintained schools in Wales had some form of Special Educational Needs (SEN). Of these, 12,530 pupils with SEN had a statement accounting for 2.7% of all pupils. It should be noted that statements of special educational needs are not used in every Local Authority. There are 13,900 pupils with SEN who have been recorded on Pupil Level Annual School Census (PLASC) as having speech, language and communication difficulties.⁵

Many policy papers and reports have recently highlighted the importance of the development of speech, language and communications skills. 'The Bercow Report: A Review of services for Children and Young People with Speech, Language and Communication needs' (2008) recognised the importance of speech, language and communication for **all** children. The review identified five key themes and made a series of recommendations which shaped the 'Better Communication Action Plan'.⁶ The five key themes were

- communication is crucial;
- early identification and intervention is essential;
- a continuum of services designed around the family is needed;
- joint working is critical; and
- the current system is characterised by high variability and a lack of equity.

'Early Language Delays in the UK' (Law et al, 2013a) identified five language specific principles in the early years. These are available in Appendix A. Additionally, a UK All Party Parliamentary Group on Speech and Language Difficulties⁷ published a paper examining the links between speech, language and communication and social disadvantage.

The Welsh Government's target is to ensure that, by 2020, no child in Wales is living in poverty. The Child Poverty Strategy sets the direction to target child poverty through programmes such as Flying Start, Families First and Communities First. The Flying Start Programme aims to ensure that children, living in families in some of the most disadvantaged areas of Wales, are given the best possible start in life. Speech, language and communication support is prioritised as one of the four core entitlements.

There is a wealth of research in the field of speech, language and communication development. Momentum is building to focus on children's early language and communication skills, particularly on understanding typical and atypical language development trajectories and developing evidence based preventative and targeted interventions for preschool children. There are a number of approaches and evidence based interventions that are known to facilitate language development. Law et al (2013a) noted that the priority now should be on further and improved evaluation of promising interventions, particularly focussing on services for children under 3 years.

⁵ <http://wales.gov.uk/statistics-and-research/schools-census/?lang=en>

⁶ http://www.education.gov.uk/publications/eOrderingDownload/Better_Communication.pdf

⁷ https://www.rcslt.org/about/parliamentary_work/appg_sld

2. Principles and Expectations

This section covers the principles that the Welsh Government expects should underpin speech, language and communication support delivered through Flying Start.

2.1 Speech, language and communication information and advice should be embedded throughout all elements of the Flying Start Programme.

Flying Start speech, language and communication information and advice should be embedded throughout all elements of the Flying Start programme, including health support, parenting support and childcare.

The Flying Start ‘Learning to Talk’ key messages should be shared with parents and practitioners working across all Flying Start entitlements.

The information and advice contained in the ‘Learning to Talk’ key messages should be used in all environments, including the home, childcare and other settings.

The Welsh Government has prioritised children’s speech, language and communication skills as they are essential for positive long term outcomes.

This recommendation is supported by one of the five language-specific principles stated in the paper ‘Early Language delays in the UK’ (Law et al, 2013a) (see Appendix A). This view was also supported by strategic guidance published by The National Literacy Trust, (2011, page 8) which stated, ‘*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 language*’.

2.2 Descriptors and benefits of early speech, language and communication support.

The term ‘learning to talk’ instead of ‘early language’ should be used to describe the development of speech, language and communication skills to all parents and families.

The long term benefits of children acquiring proficient speech, language and communication skills should be promoted to all parents and practitioners.

To inform this guidance the Welsh Government hosted three parent engagement events for Flying Start to explore parents’ views about early speech, language and communication development. There was a consensus of opinion that parents preferred the terms ‘talking’ and ‘learning to talk’ to describe the development of speech, language and communication. Parents and families were also interested in understanding the benefits of positive early speech, language and communication development, particularly in relation to school readiness and the links with reading and writing.

The National Evaluation of Flying Start qualitative research with high need families noted that the Early Language Development element of the programme was ‘much less appreciated by parents than the other entitlements because parents failed to understand the ‘point’ of [it], often not understanding how it would help’ (Welsh Government, 2013a, page 49). Furthermore, some parents had not realised that their children had early speech, language and communication needs or were unsure about how to seek help. Others had not sought help because they thought that their child would improve with time (Welsh Government, 2013a, page 66).

The research ‘A review of practice in the implementation of the early language development support element in Flying Start’ (Welsh Government, 2014a) recommended that speech, language and communication advice should be promoted to all parents earlier, starting in the antenatal stage. This recommendation was supported as one of the five language-specific principles stated in the paper ‘Early Language delays in the UK’ (Law et al, 2013a, page xi). It states that ‘*The importance of early communication skills and their implications for the child’s social and educational development across the early years and beyond need to be understood by all parents*’.

It is essential that all practitioners use the terms ‘talking’ or ‘learning to talk’ in reference to any early speech, language and communication advice or intervention and explain the benefits of using positive language and communication friendly strategies. This will promote understanding of the importance of early speech, language and communication development, enhance engagement and therefore, help improve long term outcomes for children.

2.3 Bilingualism - Welsh Language and other Languages

All families should be made aware of the benefits of bilingualism from birth, and best practice in the principles of interacting with babies and young children when using more than one language.

Every effort should be made to actively offer early speech, language and communication support in the families’ home language.

It is essential that practitioners understand the differing language learning patterns that can occur when learning more than one language. Practitioners need to consider a child’s language abilities in the home and additional language/s.

The Welsh Government is committed to promoting and facilitating the use of the Welsh Language. The Welsh Language (Wales) Measure (2011) gives the Welsh language official status in Wales and established the principle that the Welsh Language should be treated no less favourably than the English language. Every effort should be made to promote the Welsh Language and families should be actively given the option of receiving early speech, language and communication support through the medium of Welsh.

Bilingualism is when a person understands and/or uses two or more languages. A person is described as bilingual regardless of their level of ability in either language. Bilingual families are no more likely to have children with speech and language difficulties than any other monolingual family (Westman et al, 2008). All families should be made aware of the benefits of bilingualism from birth and best practice in the principles of interacting with babies and young children when using more than one language. Practitioners should also consider and be sensitive to the diverse range of languages and cultures across Wales. Further information about supporting bilingual families and children is given in section 5.

2.4 Evidence Based Practice (EBP)

All early speech, language and communication support should be based on evidence based practice (EBP) of what works for positive outcomes.

Evidence based practice combines current, high quality research evidence with practitioner expertise and families' preferences and values (American Speech-Language-Hearing Association, 2005).⁸

Practitioners and managers need to consider the following;

- **The best research evidence base**

In recent years research has focussed on children's early language and communication skills. There has been a particular focus on understanding typical and atypical language development trajectories and on developing evidence based universal (preventative) and targeted interventions. There are some evidence based targeted interventions that are known to facilitate early language development. (see Appendix C).

- **Evidence based practice (EBP)**

Interventions should be underpinned by evidence based practices that are known to facilitate early speech, language and communication development. The Flying Start 'Learning to Talk' key messages that will be embedded throughout the programme have been designed around 'what works' within a child's environment and adult child interaction strategies. (See section 5).

- **Practitioner skills, qualities and knowledge**

Practitioners should be appropriately skilled and trained to deliver early speech, language and communication interventions. This is particularly important for those who have specific responsibilities for providing universal and targeted early interventions.

⁸ <http://www.asha.org/policy/PS2005-00221/>

- **Evaluation and monitoring**

Monitoring and evaluation of early speech, language and communication services needs to focus on:

- monitoring changes in children's speech, language and communication development;
- gauging parental opinions on early speech, language and communication services; and
- monitoring the impact of speech, language and communication needs on families' lives.

2.5 Safeguarding children and adults

Guidelines on Safeguarding children and adults should be followed at all times. Those delivering early speech, language and communication support either directly with the child or indirectly via the parents and/or childcare should be able to recognise safeguarding issues. Practitioners should know when and to whom to refer to.

Safeguarding children and adults is a key priority for the Welsh Government. Welsh Government guidelines on safeguarding children should be followed at all times and those working directly with children or indirectly through parents should be able to recognise safeguarding issues and know when and to whom to refer to. Safeguarding Children: Working Together under the Children Act 2004⁹ sets out how all agencies and professionals should work together to promote children's welfare and protect them from harm.

2.6 Information sharing

Practitioners delivering early speech, language and communication support should follow their organisational information sharing and record keeping protocols. The Welsh Government expects that the Wales Accord on the Sharing of Personal Information is used as a practical method of assuring safe information exchange.

Sharing personal information effectively and appropriately underpins partnership and integrated working and service delivery. It is a key element in providing a holistic and seamless service to meet families' and children's needs and to support early identification of speech, language and communication need or risk. Information sharing is critical if there are concerns that a child or young person may be at risk of suffering harm. This may be related to a safeguarding issue (see above) or may be that the child is not developing as expected. Information sharing has a vital role to play at key transition points in a child's life – for example, if a child is moving from childcare to school and has speech, language and communication needs and/ or has an individual development plan (IDP) or play plan to support their needs. Another example of this could be if care is being transferred between health professionals, for example, from a Speech and Language Therapist working in Flying Start to a NHS Speech and Language Therapist.

⁹ <http://gov.wales/topics/health/publications/socialcare/circular/nafwc1207/?lang=en>

The Welsh Government expects that organisations should be developing or have established systems in place for information sharing. The Wales Accord on the Sharing of Personal Information (WASPI) is being promoted by the Welsh Government as a single framework for sharing personal information. It is a practical and tested approach to multi agency sharing for all public service organisations. It aims to make sure that public services, as well as appropriate third and private sector providers, share personal information about individuals legally, safely and with confidence. WASPI has been adopted by all public sector organisations in Wales and public service leaders have committed to using WASPI.

Practitioners delivering early speech, language and communication support should follow their organisational information and record keeping protocols. In general, parents should be provided with information about why, what, how and with whom information will, or could be shared. However, this may not be possible or suitable at all times, for example if there is a significant safeguarding issue. Parents can be asked to provide consent (if appropriate) for information to be shared. By developing information sharing protocols practitioners can be confident about types of information to be shared, how and when it will be shared, how parents will be told about the sharing of information, whether consent is required and who from, and how it can be obtained.

3. Understanding speech, language and communication development

In order to develop effective services to promote early speech, language and communication development in babies and young children it is essential that the different components of development are understood.

It is important to note that attention, listening and play skills are fundamental building blocks that underpin the development of language.

Receptive language (what children *understand* from what they hear) plays a central role in child development. When considering the long term consequences of early language delays, 'receptive language' is extremely important. It is the foundation for the development of expressive language and is closely linked to cognitive development (Owens, 2005). Some children have difficulty understanding and processing what adults and other children are saying to them and this puts them at a distinct disadvantage. Environmental influences can have an impact on the development of receptive language (Law et al, 2013a).

Equally, 'expressive language' is a significant building block of children's language development and is highly dependent on the child's experiences. Once children have acquired sufficient vocabulary they start to combine words and use grammar. It is this capacity to put words together, forming sentences and expressing more complex ideas which are the real indicator of whether the child is going to be able to express themselves effectively.

Practitioners and parents often focus on the most notable element of communication, that is the child's speech and how they say words. During typical speech development, sounds are learned in a developmental order as a child develops mastery of their neuro-musculature. Speech development is usually separated into 'articulation' and 'phonology'. (See definitions page 5).

Speech comprises of phonemes (individual sounds) and the phonological system (sound patterns of a language). In order to produce speech, a child must have an intact articulatory system, be able to articulate the phonemes and access the phonological system of their language. Children acquire the majority of their phonological system by 4 – 4 ½ years of age (Fletcher and Hall, 1992), sufficient for their speech to be intelligible to those outside their immediate social circle. In Flying Start, a child's phonological development may be influenced by environmental factors, whereas articulation skills are not likely to be affected.

It is also important to consider a child's 'pragmatic language skills' or 'social use of language' – not just their speech, vocabulary and grammar. Pragmatic language skills relate to the child's capacity to interact effectively, to use the right word in the right place and to take the listener's perspective into consideration when talking. As a result of this, early language development is closely associated with early attachment behaviours.

Children vary substantially in their early language development. Research in recent years has focussed on understanding typical and atypical early language development and identifying those children who are at risk of persistent and long term SLCN.

3.1 Understanding speech, language and communication needs.

Approximately 15% of 2 year olds present with expressive vocabulary delay, in the absence of a known underlying pathology, such as a neurological, sensory, or cognitive deficit (Rescorla et al, 2000). These children have been labelled in the literature as 'late talkers'.

Research has highlighted that 'late talkers' are a heterogeneous group with different individual and environmental characteristics (Hawa and Spanoudis, 2014). Some of these children have an expressive delay only, whereas others have both expressive and receptive delay. In some children, language delay may be an indicator of an underlying neuro-developmental condition, for example autism.

Studies have shown that many children with 'expressive language delay' will resolve their difficulties by 3 to 4 years of age (Reilly et al, 2007). By school age 'late talkers' had age appropriate grammar and conversational skills (Rescorla, 2011, Domsch et al, 2012). However, even though most 'late talkers' scored within the normal range on standardised language measures when they started school, they continue to show significantly weaker language skills compared to typically developing peers (Rice et al, 2008).

ICAN (2009), the children's communication charity, classified SLCN into two groups:

- **Transient needs** – children with impoverished language who have immature or poorly developed speech and language skills. They may have difficulty understanding language, have a smaller vocabulary, shorter sentences and their speech may be unclear. With the right support, children with transient difficulties are likely to catch up with their peers; and

- **Persistent needs** – children may have difficulties understanding and using language, processing and using speech sounds, or understanding and using language in social contexts. Some of these children may have specific and primary speech and language impairments; others may have difficulties as part of more generalised learning difficulties or other conditions such as hearing impairment or autism. Given the nature of some communication impairments, some children will experience persistent SLCN, even if the social and environmental impact is reduced.

In some areas of the UK, particularly in areas of social disadvantage, 50% of children start school with transient speech, language and communication needs (Locke et al, 2002). It is estimated that 10% of all children in the UK have long-term, persistent SLCN. 7% of these children have specific and primary speech and language impairments, while 1% have the most severe and complex SLCN (ICAN, 2009 page 4).

Speech, language and communication needs are a common and central feature across most areas of disability and special educational needs. A growing number of studies show that a very significant proportion of language difficulties can be long-term and persistent (Stothard et al, 1998).

3.2 Outcomes for children with speech, language and communication needs

Children's poor speech, language and communication skills have an impact on a wide range of outcomes from behaviour and mental health, to 'school readiness' and future employability. Some of the outcomes are reported as follows:

School readiness

- Children from lower income families lag behind their high income counterparts, at school entry, by 16 months in vocabulary. The gap in language is very much larger than gaps in other cognitive skills (Waldfoegel and Washbrook, 2010).

Educational attainment

- Children's vocabulary and ability to talk in two to three word sentences, at the age of 2 is a strong predictor of 'school readiness' at 4, as measured by baseline assessments of reading, maths and writing (Roulstone et al, 2011); and
- Vocabulary at 5 is a very strong predictor of the qualifications achieved at school leaving age and beyond (Feinstein and Duckworth, 2006).

Employability

The changing job market means communication skills, along with influencing, computing and literacy skills, have shown the greatest increase in employer –rated importance over the past ten years.

- Speech, language and communication needs are a risk factor for those 'Not in Education, Employment or Training' (Scottish Executive, 2005); and
- Nearly half of employers in England report difficulty in finding employees with an appropriate level of oral communication skills (UK Commission for Employment and Skills, 2009);

Behaviour, offending and mental health

- 40% of 7-14 year olds referred to child psychiatric services had an undetected language impairment (Cohen et al, 1998); and
- 60% of young offenders have speech, language and communication difficulties (Bryan et al, 2008).

4. Types of early speech, language and communication support

Flying Start speech, language and communication support services should be classified into three levels reflecting the way that they are offered and explained to parents.

- **universal services;**
- **targeted services; and**
- **specialist services**

A coherent pathway of support should be available for parents and children for the whole Flying Start age range (i.e. from the antenatal period up to age 4) This should be clearly described in a plan showing what support (both formal and informal) is available at each stage of a child's development.

The National Evaluation of Flying Start (Welsh Government, 2013a) suggested that different models of delivering the early speech, language and communication development entitlement could help improve parental engagement.

This guidance recommends that early speech, language and communication support should be offered and explained to parents using three levels:

- **universal services** - provided to all Flying Start families to prevent early speech, language and communication difficulties. The aim of universal services is to raise awareness of the importance of speech, language and communication development and ways in which children can be helped to develop their speech and language skills to their full potential;
- **targeted services** - provided for specific subgroups of children within Flying Start who have been identified with early transient speech, language and communication needs, for example language delay. It is anticipated that children with transient needs will respond to early intervention and, therefore, acquire speech and language skills comparable to their typically developing peers; and
- **specialist services** – provided for children whose speech, language or communication needs have persisted despite earlier intervention or support, and for those who need specialist approaches, for example children with cleft, lip and palate, profound and severe hearing impairment and children with SLCN as a result of significant learning difficulties. The aim of specialist speech and language therapy is to reduce the negative impact of SLCN, rather than necessarily being able to remove it altogether. Children with long term and persistent SLCN should to be referred to NHS Speech and Therapy Services.

There should be close liaison and links with the Speech and Language Therapists in Flying Start to ensure that children's speech, language and communication needs are being met and outcomes achieved.

The concept of a continuum of universal, targeted and specialist services designed around the family was advocated in the Bercow report (2008). The review found that more effective services adopted this tiered approach. Specialist practitioners, for example speech and language therapists, were involved at all levels, with a specific contribution to training and supporting the wider workforce, as well as delivery of interventions to individuals and groups of children.

A UK All Party Parliamentary Group paper entitled, 'The links between speech, language and communication needs and social disadvantage' noted that the tiered framework can be understood as a 'response to intervention' model (2013, p 15). Practitioners assess the level of a child's need partly by delivering relatively low level support. Children from socially deprived backgrounds often have relatively low level speech, language and communication needs that can be effectively addressed through low level interventions, for example child centred play opportunities or small group work.

Public health interventions are also described using a tiered system, for example primary, secondary or tertiary levels of prevention (Law et al, 2013b). The rationale underpinning public health approaches is that while some causes of ill health/disability may lie within the individual, for example inherited predisposition, physical or sensory disability. Many lie within socio-economic circumstances and consequently the solutions to many problems need to be met socially, rather than individually.

Population studies have made it increasingly clear that prevention and intervention for speech, language and communication needs cannot be just about disorders or the extreme end of the spectrum of delays. It must be about leveraging change with respect to social determinants that operate at a population level (Law et al, 2013b).

The concept of a continuum of services is also embedded in the Special Educational Needs Code of Practice for Wales (2004). This proposes a 'graduated' response to meeting the needs of children and young people with special educational needs particularly, increasing specialist expertise if a child's difficulties persist.

Flying Start children and families may access support from universal, targeted and specialist services simultaneously, dependent on the needs of the child and the family. An example of this could be when a child is receiving targeted support in childcare while the parent is also attending 'language and play' sessions.

4.1 Universal services

These services are provided to all Flying Start families to prevent early speech and language difficulties from developing. The aim is to raise awareness of the importance of speech, language and communication development and ways to help children develop their speech and language to their full potential.

The NHS Wales paper, 'Our plan for a primary care service for Wales' (Welsh Government, 2014) has also highlighted the importance of prevention and early intervention for improving health, not just treatment.

The Flying Start Health team (particularly health visitors and midwives) are an essential component in the delivery of preventative messages. Health visitors or midwives are the first point of contact for most families and they continue to engage with and visit families regularly during the antenatal and post-natal period. They have a key role in signposting parents to Flying Start services and encouraging participation.

The National Evaluation of Flying Start (Welsh Government 2013a, page 5) found;

"Health visitors are instrumental in information provision as they not only give parents information about services, but persuade them about the benefits of taking them up and encourage the most reluctant to attend".

4.1.1 'Learning to Talk' key messages about speech, language and communication

The 'Learning to Talk' key messages should be shared with all parents as part of the Flying Start Core Health visiting programme. These messages provide information and advice relating to the development of speech, language and communication.

All new Flying Start parents should be given the 'Learning to Talk' pack which contains the 'Learning to Talk' key messages and a CD with songs and rhymes in Welsh and English.

The findings from the Bercow report (2008) highlighted that parents did not know enough about speech and language development. Parents wanted information and guidance about speech, language and communication development given to all families.

In response to the recommendations detailed in the research paper 'A review of practice in the implementation of the early language development support element within Flying Start' (Welsh Government, 2014a), the Welsh Government has developed a set of resources and universal key messages relating to speech, language and communication development. The evidence based messages will be embedded throughout all elements of the Flying Start health programme, parenting and childcare. (see Appendix A).

Additionally, all new Flying Start parents will receive the 'Learning to Talk' pack consisting of a CD with songs and nursery rhymes (in Welsh and English) and the key messages. There are two messages relating to the antenatal period, seven specifically for babies and children under 2 and seven for children over 2 years. Qualitative research with parents (Talk to your Baby, 2010) highlighted themes relating to speech, language and communication information for parents. It noted that they wanted 'bite size' information that was simple and straightforward to read, had bullet points and visual information to break up text. Furthermore, they welcomed information about 'why' and 'how' parents should communicate with a child as well as highlighting positives about a child's potential.

Parents were not engaged by ‘frightening’ messages that stressed the dangers of not communicating. These themes were incorporated into the design of the ‘Learning to Talk’ pack.

In the UK a number of areas are developing and implementing universal, public health messages to promote early speech, language and communication development for example ‘Stoke Speaks Out’¹⁰ in England and ‘2rhymes by 2’¹¹ in Northern Ireland.

4.1.2 Universal speech, language and communication interventions

All Flying Start parents should be offered a universal intervention to support early speech, language and communication development. This may be delivered in one to one session or in a group, within the home, in Flying Start settings or in childcare.

- **Formal interventions:** defined as published and structured interventions. These are interventions which have a curriculum, a published manual and resources and are run for a specified amount of time. Groups have to be led by a person specifically ‘trained’ to provide the intervention. They are used across the UK and internationally. Some of these interventions will allow parents to gain an accreditation. These include Elklan ‘Let’s talk with your baby’ and ‘Let’s talk with the under fives’ (see Appendix B).
- **Informal interventions:** defined as interventions that have a curriculum and run for a specified amount of time. Some of these interventions will allow parents to gain an accreditation. These include Language and Play (see Appendix B).

4.1.3 Accreditation for parents

Parents can be offered the opportunity to be awarded an accreditation on completion of an early language course either via Agored Cymru or Apt Ed. (Access Progress Transition through Education). This can support parents to continue their education or find work.

Please see Agored Cymru and the Elklan websites for further information:

<http://www.agored.org.uk/Units-and-Qualifications>

<http://www.elklan.co.uk/courses/for-parents-and-carers>

Supporting documents

Your Bump and Beyond – A pack of information and activities to use with expectant mothers, new mothers and family to maximise the baby’s full potential. ISBN 0-9547963-0-6

¹⁰ <http://www.stoke.gov.uk/ccm/navigation/advice/stoke-speaks-out/>

¹¹ <http://www.setrust.hscni.net/2597.htm>

The Best Start at Home (2015) What works to improve the quality of parent-child interactions from conception to age 5 years. A rapid review of the interventions - A paper giving an overview of the evidence based interventions to support language and communication published by the Early Intervention Foundation. It gives an explanation of standards of evidence (page 11) and interventions (pages 72- 96)

<http://www.eif.org.uk/wp-content/uploads/2015/03/The-Best-Start-at-Home-report1.pdf>

4.2 Targeted speech, language and communication interventions.

All Flying Start children with an early identified speech, language and communication need should be offered targeted intervention. This may be delivered in a one to one session or in a group, within the home, in Flying Start settings or in childcare.

All targeted interventions should be based on evidence based principles. These include positive child-centred adult child interactions, focussed stimulation techniques, language environments that are appropriate for children and visual support.

These interventions are provided for specific subgroups of children within Flying Start who have been identified with early transient speech, language and communication needs for example children with language delay. It is anticipated that these children will respond to intervention and therefore acquire speech and language skills comparable to their typically developing peers. (For information on tools for early identification see Appendix E).

These interventions should use evidence based principles, run for a specified length of time and have defined aims, goals and outcomes. They may be delivered by support staff although they will need to be guided by specialists (e.g. Speech and Language Therapists). It is essential that parents understand and are fully engaged in any targeted intervention, particularly if the intervention is taking place in childcare. Further information about specific interventions is in Appendix B and on the Communication trust, 'What works' website.

The evidence based principles that should be followed include:

✓ positive child - centred adult child interaction

The quality of adult-child interaction can influence a child's opportunities to communicate and can facilitate language development (Zimmerman et al, 2009). Being a responsive communication partner encourages a reciprocal relationship and increases the ability to build a conversation. Speech and Language Therapists encourage a range of adult-child interaction strategies. These include promoting joint attention by following a child's lead, modelling rich language, repeating and expanding upon the child's utterances, and monitoring the number of questions and instructions. It is noted that these strategies are known to support typically developing children as well as those with delayed language.

✓ focussed stimulation techniques

Focussed stimulation is a technique used to draw a child's attention to specific aspects of grammar or vocabulary. The idea is to target a particular word, phrase, or grammatical form, and to use it repeatedly while interacting with the child.

✓ providing an appropriate language environment for the child

There are a number of published language programmes that have been designed to support children who have difficulties in developing language skills. These include the Derbyshire Language Scheme and Living Language Programme. (see Appendix B)

✓ visual support

Children who have language learning difficulties often show strengths in their visual skills (Archibold and Gathercole, 2006). The approach covers a wide range of ways of supporting children's language learning through the use of additional visual clues, for example sign support systems and / or symbol systems. (see Appendix B)

'Better Communication: Shaping speech, language and communication services for children and young people' (2012, page17) noted that '*the impact of the relative lack of targeted provision had a 'vortex' effect with children being drawn from universal services through to specialist services, often unnecessarily*'.

Supporting documents and contacts.

What Works website is designed primarily for practitioners - teachers, school leaders, early years practitioners, and speech and language therapists (SLTs) - to help find evidence based interventions for SLCN

<http://www.thecommunicationtrust.org.uk/projects/what-works/whatworkssearch.aspx>

<http://www.speech-language-development.com/focused-stimulation.html> (Focussed stimulation)

https://www.derbyshire-language-scheme.co.uk/cgi-bin/live/ecommerce.pl?site=derbyshire-language-scheme.co.uk&state=page&page=splash&suppress_header=yes
(Derbyshire language scheme)

The Living Language handbook (1985) and Teaching Talking (2005). Black Sheep Press have picture material representing some of the key vocabulary used in living language.

<http://www.blacksheepress.co.uk>

The Best Start at Home (2015) What works to improve the quality of parent-child interactions from conception to age 5 years. A rapid review of the interventions - A paper giving an overview of the evidence based interventions to support language and communication published by the Early Intervention Foundation.

It gives an explanation of standards of evidence (page 11) and interventions (pages 72- 96)

<http://www.eif.org.uk/wp-content/uploads/2015/03/The-Best-Start-at-Home-report1.pdf>

4.3 Specialist services

All Flying Start children with persistent and long term speech, language and communication needs should be referred to local NHS Speech and Language Therapy services.

There should be close links and liaison between NHS Speech and Language Therapists and Speech and Language Therapists working in Flying Start to ensure that children's speech, language and communication needs are being met and outcomes are achieved.

These services are for children whose SLCN's have persisted despite earlier intervention or support, and for those who need specialist approaches. This may include children with cleft lip and palate, profound and severe hearing impairment and children with speech, language and communication needs as a result of significant learning difficulties. The aim of specialist speech and language therapy is to reduce the negative impact of speech, language and communication needs rather than necessarily being able to remove it altogether.

Children with persistent speech, language and communication needs should be referred to NHS Speech and Therapy Services through existing referral mechanisms. In some areas Speech and Language Therapists working in Flying Start are case holding (the assumption is that Speech and Language Therapists in Flying Start will be non case holding) and are working with children with persistent and long term SLCN. Where a local authority has agreed with their Flying Start Account manager that their Speech and Language Therapist can be case holding, and therefore children's therapy transferred across from the NHS Speech and Language to the Flying Start Programme, the local authority should also agree, with the health board, the contribution which will be transferred across. This contribution should reflect the proportion of the NHS Speech and Language caseload which is being transferred to the Flying Start Speech and Language Therapist.

There should be close links and liaison between NHS Speech and Language Therapist and Speech and Language Therapists working in Flying Start to ensure a child's speech, language and communication needs are being met and outcomes are achieved. For further information on the role of the Speech and Language Therapist see section 8.

Examples of models of speech, language, and communication services in the UK are available in 'Better Communication: Shaping speech, language and communication services for children and young people' (2012)

4.4 Speech, language and communication development within Flying Start parenting programmes and childcare

4.4.1 Parenting programmes

All Flying Start families are offered access to formal parenting programmes. Training parents in effective behaviour management strategies and modelling techniques has shown benefits for child behavioural outcomes and parental well-being. Yet there is limited evidence for improving other developmental domains such as language. (Gridley et al, 2014) It is noted that a number of the Flying Start parenting programmes incorporate strategies to help parents support their child's language development, for example the Incredible Years Parents and Toddler programme (IYPTP). The IYPTP is a behaviourally based parenting programme that includes components that teach parents how to support their child's language development using positive praise and encouragement. Gridley et al (2014) looked at the impact of the IYPTP on five observable parent language measures. It demonstrated significant benefits for passive and encouraging language interactions however no benefits were found for the quantity and variety of parental speech, parent led or critical language. They noted that the IYPTP may require additional language content. Reese et al (2010) noted that programmes tailored to specifically promote language, for example book sharing, are more beneficial to parent-child language outcomes than programmes targeting other aspects of behaviour.

4.4.2 Childcare

All Flying Start childcare staff should have an understanding of speech, language and communication development.

All Flying Start childcare practitioners should be providing a rich learning environment that fosters language and communication opportunities for all children including those with early speech, language and communication needs. Research indicates positive outcomes through the use of explicit vocabulary teaching and multi media.

All Flying Start childcare staff must be aware of and promote the 'Learning to Talk' key messages. The information and advice in the 'Learning to Talk' messages should be embedded in all childcare.

Childcare practitioners working with bilingual children should be aware of the need for differentiated approaches for language learning within mixed language groups.

All Flying Start children are entitled to receive free, high quality childcare between the ages of 2 and 3.

The Effective Provision of Pre-school and Primary Education (EPPE) project found that the quality of early childhood education and care had a long term impact on children's cognitive and social development (Sylva et al, 2004). The US national study of early childcare found that the amount of language directed at children by caregivers is a positive predictor of children's language development (NICHD Early Childcare Network, 2000).

Other studies have similarly found that the amount of one to one interaction with adults that a child experiences is a positive predictor of language development (McCartney, 1984). A further finding identified by Melhuish et al (2004) indicated that improving staff training can improve the quality of childcare provision. Research suggests that training in language practices for early years practitioners can have a positive effect on the vocabulary of the children, and the amount and quality of language input has effects on children's language development (Hoff, 2006). The Nutbrown report (Nutbrown, 2012) emphasised that all those working in early years contexts should have an understanding of language development. For further information on training for practitioners is included in section 8.

The Head Start Programme in USA provides comprehensive early childhood, health, nutrition and parent involvement to low income children and families. Evidence from the 'World of Words' instructional programme, used within Head Start classrooms for 3 to 4 year olds indicates the importance of explicit vocabulary teaching and the use of multi media. Marulis and Neuman (2010) noted that providing children with explicit instruction of words in storybooks and in other environments, discussing words in meaningful contexts, and reviewing words on several occasions was found to be more effective than implicit, embedded instruction alone. Kozma (1991) demonstrated that students learned significantly more from multimedia instructional presentations than when materials were presented in one medium alone. Mayer and Moreno (2002) found that the addition of moving images, diagrams and pictures allows for better retention. Combining verbal and visual content (i.e. words and pictures) gives learners multiple pathways to retention and comprehension.

Within Flying Start many childcare settings will be working with bilingual children. All practitioners should be sensitive to the child's language abilities in both / all languages. The 'review of research evidence of the effectiveness of different approaches to promoting early speech and language development' (Welsh Government, 2014b) indicated additional considerations when supporting language development in Welsh-medium or bilingual settings. One factor is that the settings often involve mixed groups i.e. including children where Welsh is used in the home or it is their home language being supported alongside children learning Welsh as an additional language. Hickey et al (2014) reviewed policy and practice in Welsh-medium preschools and noted the need for training and ongoing support for cychoedd leaders in differentiated approaches to working with children whose home language is Welsh and those who are learning Welsh as an additional language in the same *cylch*.

Many children will enter Flying Start childcare with early speech, language and communication needs. In some areas practitioners are using published tools, for example the Wellcomm speech and language toolkit to identify and provide targeted intervention in small groups. Some areas are using play plans to provide individualised interventions for each child. It is essential that the evidence based principles that are set out in section 4.2 are used to support any child with early SLCN.

The Welsh Government Flying Start qualitative research with high need families (2013a) highlighted the positive impact that parents reported childcare had on their children's speech and language development.

There are many resources available for childcare settings to promote improvements in the language and communication environment.(see Appendix D).

Supporting contacts

The **Communication Trust** website – provides information about communication friendly spaces.

https://www.thecommunicationtrust.org.uk/media/93826/making_your_place_great_for_communication_final_1_.pdf

Every child a talker – guidance for early years lead practitioners (2009) – a document to support early years practitioners to promote speech, language and communication development.

<http://www.foundationyears.org.uk/2011/10/every-child-a-talker-guidance-for-early-language-lead-practitioners/>

Inclusion Development Programme: supporting children with speech, language and communication needs: guidance for practitioners in the Early Years Foundation Stage (2009)

<http://www.idponline.org.uk/eyslcn/launch.html>

5. Working with parents

All Flying Start practitioners should work in partnership with parents to maximise motivation and encourage opportunities to facilitate early speech, language and communication.

To ensure that children and families receive the full benefit of early speech, language and communication interventions parents should be able to attend all sessions, understand the aims of interventions and meet intervention goals.

Flying Start should be using parent ‘advocates’ to promote the importance of early speech, language and communication development. Parents who have attended speech, language and communication interventions should be supported to share information within their communities.

Parents are the first teachers of their children (Bornstein, 1995; Britto et al., 2006). It is imperative to consider how parents can help improve their children’s language. Recent research indicates that when parents and practitioners work together they can positively affect the language development of children under 5 (EPPE 3 – 11DFES).

Working in partnership with parents and families is essential as they are the people likely to be spending the most time with the child. They have an insight into their child’s communication skills and know what will or won’t work for them depending on the family’s cultural context and dynamics of the home environment.

The importance of partnership working is also stated in the NHS Wales plan, ‘Our plan for a primary care service for Wales up to March 2018’. It states that one of the key principles is, ‘*Active involvement of the public, patients and their carers in decisions about their care and wellbeing*’ (Welsh Government, 2014, page 5).

This plan also notes the importance of 'co-production'; that is '*people are treated as equal partners with the professional in agreeing goals, action and care options*' (Welsh Government, 2014 page 6')

Parents listen to other parents, and at every stage of their children's lives, the one source of information that parents rely on most is other parents. ICAN, the children's communication charity has demonstrated positive outcomes through a 'Communication Ambassadors' volunteer project in areas of social deprivation. The project aims to establish teams of community advocates who can raise awareness of speech, language and communication development in children aged 0 – 5 years. The importance of parents delivering and co-delivering aspects of the Flying Start programme was highlighted (Welsh Government, 2014).

There is good evidence that co-ordinated, community-wide, multi agency strategies to up skill the children's workforce and empower parents to give their young children the best start in life, can significantly improve language skills across a community (Gascoigne, 2012).

Suggested contacts

ICAN, 'Communication Ambassadors Project' The children's communication charity worked with the Communication Trust to establish the 'Communication Ambassadors' Project. Community volunteers are recruited and trained to 'spread the word' to their local networks, through informal conversations and local events.

<http://www.ican.org.uk/communicationambassadors>

5.1 Engagement with parents

The following solutions may improve engagement with families:

- offer transport, when necessary and if possible;
- offer a crèche;
- offer snacks or refreshments;
- choose an accessible venue;
- co-locate services within childcare or Flying Start settings. In some areas specialist Speech and Language Therapy services provided by the NHS are available in Flying Start settings;
- consider the timing and location of services that will be most convenient to parents, for example take into account school times and term dates;
- use a range of methods to communicate times/ dates of sessions with parents, for example text messages;
- consider using parent advocates to engage other parents, particularly young mothers. Swansea Flying Start team have made a DVD for teenage mums 'Talk 2 Baby' to promote a baby's speech, language and communication from birth;
- consider using bilingual advocates to engage bilingual families;
- use a variety of methods to share and disseminate 'Learning to Talk' messages, for example social media and the Family Information Service; and
- use the Flying Start promotional DVD for families.

5.2 Working with bilingual families

All families should be made aware of the benefits of bilingualism, from birth, and best practice in the principles of interacting with babies and young children when using more than one language.

Every effort should be made to actively offer early speech, language and communication support in the families' home language.

It is essential that practitioners understand the differing language learning patterns that can occur when learning more than one language. Practitioners need to consider a child's language abilities in the home and additional language/s.

Bilingualism is when a person understands and/or uses two or more languages. A person is described as bilingual regardless of their level of ability in either language. Bilingual families are no more likely to have children with speech and language difficulties than any other monolingual family (Westman et al, 2008).

Evidence suggests many benefits of bilingualism, including increased creativity, improved planning and problem solving skills and improved access to people and resources.¹²

The language learning of bilingual children varies enormously due to varying levels of exposure to languages, for example:

- one language may be spoken in the home but another in the community;
- two languages may be spoken in the home but only one in the community; or
- the home and community may be bilingual.

When children are learning more than one language their exposure to the languages may be fairly balanced, or one language may dominate.

Different terms may be used to describe how a person becomes bilingual. The terms most commonly used are:

- **Simultaneous bilingualism** - a child who has been exposed to two languages from birth or a very early age; and
- **Sequential bilingualism** - a child who is exposed to an additional language after their home language.

Sequential bilingualism is thought to be the most common route to bilingualism. It often occurs when a child exclusively speaks their 'home' language/s at home until they begin school, where their learning takes place in a different language. It can also occur when children emigrate to a country where a different language is spoken. Some sequential bilingual children may go through a 'silent' or 'non-verbal' period when they are first exposed to a second language. This can last from a few weeks to several months.

¹²<http://www.cal.org/earlylang/benefits/marcos.html>

Code switching (also called code mixing and language mixing) is where a bilingual person uses two (or more) languages together. 'Code' is a linguistic term for a language. Code switching is normal and not a sign of confusion.

All families should be encouraged to use their home language (when it is a families' preferred choice). Research suggests that not speaking the home language will disrupt cultural learning. Parents who are trying to speak a language to their children which is not their home language are likely to have altered parent- child interaction (National Literacy Trust)¹³.

5.2.1 Bilingualism and speech, language and communication needs

When practitioners are considering if a bilingual child has speech, language and communication needs it is essential that they take into account the child's exposure to the home and additional language/s and to ascertain the child's abilities in both or all of their languages. When formal assessment of speech, language and communication needs are required this should include all languages to which they are exposed. (Royal College of Speech and Language Therapist (RCSLT) guidance on best practice, 2006) .This will allow differential diagnosis to establish if there are underlying speech, language and communication needs. If an interpreter is required to support the assessment it is essential that they understand the assessment process.

Supporting contacts

'Cymraeg i Blant' / Cymraeg for Kids' offers free advice to parents on raising children in Welsh and English. The website has tips and resources for introducing two languages from day one.

<http://cymraeg.llyw.cymru/learning/cymraegiblant/?lang=en>

London SIG Bilingualism. This website provides a range of resources for practitioners who are working with children from diverse cultures.

<http://www.londonsigbilingualism.co.uk/>

<p>Flying Start practitioners should be sensitive to the different linguistic and cultural needs of families.</p>

Within Wales there is increasing diversity of linguistic and cultural needs. Cultures differ in the communicative opportunities and language models that they provide for young children (Crago et al, 1997). In some cultures there are differences in the values, beliefs and practices underlying parent / child interaction (Van Kleeck, 1994). These include the value of talk, how status is handled in interaction and beliefs about teaching language to children, for example some groups of African Americans do not regard young children as potential or appropriate conversational partners (Heath, 1983). Van Kleeck (1994) noted a potential cultural bias in language intervention approaches that train parents to interact with their children. She concluded that the theory underpinning the intervention almost exclusively focussed on white, middle

¹³ <http://www.literacytrust.org.uk/assets/0000/0804/FAQsonbilingualism.pdf>

class families. It is essential that Flying Start practitioners are sensitive to the different linguistic and cultural needs of families and modify approaches dependent on the needs of the family.

5.3 Home learning environment

All parents should be made aware of the importance of the home environment on long term speech, language and communication outcomes.

The ‘Learning to Talk’ key messages should be promoted and explained to all parents. Parents should be actively encouraged to use all strategies as part their daily routines with their children.

Supporting parents to foster a communication and language rich home environment is fundamental to improving children’s early speech, language and communication development. The Effective Provision of Preschool Education project stated that *“For all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income”* (Sylva et al, 2004).

Roulstone et al (2011) looked at features of the child’s “communication environment” such as the number of books available to the child, the frequency of visits to the library, parents teaching a range of activities and the number of toys available. They looked at the relationship between these factors and language development at 2 and 5 years. It is noted that these environmental factors were more significant than a composite measure of disadvantage.

It is now widely recognised in the literature that what parents **do** to foster language development is more important than who they are (Roulstone et al, 2011).

The following section gives an overview of evidence based adult child interaction strategies and activities that are known to promote speech, language and communication development. The Welsh Government ‘Learning to Talk’ key messages have been based on these strategies and activities. The key messages are noted in brackets next to each point. The information in this section can be used to support extended discussion with parents about the key messages.

5.3.1 Early intervention (“Play your part right from the start”)

Pregnancy and the birth of a baby are critical ‘windows of opportunity’ when parents are especially receptive to offers of advice and support (1001 Critical Days, 2014). ‘1001 Critical Days: The Importance of the Conception to Age Two Period’ (2014) highlighted the importance of acting early to enhance the outcomes for children, particularly, the 1001 critical days from when a baby is conceived until the age of two.

Babies can do many things before they are born. By 24 weeks a baby can hear music and voices (Hepper and Shahidullah, 1994). Talking and singing during pregnancy can help a baby learn the sound of their parent’s voice which will help a baby feel relaxed and calm. Bilingual families should be encouraged to use all languages when talking to their baby in the womb.

5.3.2 Bilingualism (“Keep our language alive and I will thrive”)

Evidence suggests many benefits of bilingualism. These include increased creativity, improved planning and problem solving skills and improved access to people and resources.¹⁴

Every effort should be made to promote the Welsh language and give families the option of receiving early speech, language and communication support through the medium of Welsh.

5.3.3 Early attachment and interaction (“Our best place is face to face”)

Babies are born with brains that have huge capacity for learning. From birth to 18 months, connections in the brain are created at a rate of one million per second. The earliest experiences shape a baby’s brain development, and have a lifelong impact on the baby’s mental and emotional health. Neuroscience has shown that the circuits or ‘wiring’ of the brain is strongly affected by the kind of care and stimulation a baby receives, and the quality of attachments with caregivers. If parents are unresponsive, inattentive and inconsistent or hostile, the wiring of the brain may be disrupted, insecure attachment can develop and later learning, behaviour, and health maybe impaired (Moulin et al, 2014).

Unresponsive or neglectful parents may be the result of parental stresses associated with poverty, social isolation, substance misuse and/or mental health issues, for example post-natal depression. It can also be due to a parent’s limited understanding of the importance of interacting with their baby.

During the Welsh Government parent engagement events for Flying Start one parent reported that *‘they did not see the point of talking to the baby when it could not talk yet’*.

All parents need to be made aware of the importance of early interaction with babies and the positive benefits for the baby’s long term development.

5.3.4 Singing/ Rhymes (“Sing me a rhyme at nappy time/ anytime”)

The Welsh Government ‘Learning to Talk’ pack for new parents contains a music CD with nursery rhymes and songs in Welsh and English.

It is widely acknowledged that singing with or to a baby and young child promotes early communication and interaction. The Effective Provision of Preschool Education (EPPE) project (Sylva et al, 2004) found that the frequency with which parents taught their child nursery rhymes had an impact on language scores at school entry. Nursery rhymes and songs can be taken anywhere and are one of the most transportable forms of play. They are short and repetitive so are an ideal way to introduce language.

¹⁴ <http://www.cal.org/earlylang/benefits/marcos.html>

In addition, songs and rhymes are also known to develop phonological awareness. Phonological awareness involves rhyme, identifying syllables in a word and breaking up words into constituent sounds. There is extensive research supporting the relationship between exposure to rhymes and later literacy development (Dunst et al, 2011; Stackhouse & Wells, 1997).

5.3.5 Adult child interaction (“Talk, Talk, Talk – Please talk to me”)

There is a significant amount of evidence that the quantity and quality of ‘talk’ and ‘interaction’ between parents and children has a significant impact on language outcomes.

Review of the literature on socio economic status (SES) and parenting has found consistent evidence across cultures. Mothers with higher SES talk more to their children and use language to elicit conversations, whereas mothers with lower SES use less language and tend to use language to direct their child’s behaviour (Hoff et al, 2002). The importance of the quantity of talk to children’s language outcomes was also cited by Hurtado et al (2008). They noted that the more words children hear between 14 and 26 months, the quicker their vocabulary grows.

The impact of the quality of ‘talk’ and ‘interaction’ is often described as ‘maternal responsiveness’. Maternal responsiveness is parenting that is ‘prompt, contingent and appropriate’ to a child’s needs’. (Bornstein and Tamis-LeMonda, 1989). Being responsive encourages a reciprocal relationship and increases the ability to build conversation between parent and child. This allows the child to initiate the topic of interaction and the parent to respond in a meaningful way (Macdonald, 2004). There are two specific elements of maternal responsiveness that are thought to benefit child language development (Hudson et al, 2015). The first, ‘joint attention’, (focussing on a child’s interests, rather than attempting to direct the child), provides the child with an optimal learning environment for processing and learning new linguistic information.

Secondly, the mother’s use of ‘developmentally appropriate language’ whereby the mother is sensitive to specific changes in a child’s development and provides linguistic input that matches their development. It is well established that infants of more responsive mothers begin to talk sooner than children of less responsive parents (Tamis-LeMonda et al, 2001).

5.3.6 Television (“Listen to me, not the TV”)

Television is a central feature of children’s daily lives. Language exposure via the television differs from language exposure through social interaction. The child is generally not an active participant while watching TV. The National Literacy trust published ‘Television and Language Development in the Early Years’ (2004). It provided an overview of factors that affect whether language learning is likely to take place during television watching. These include:

- **a child’s age and linguistic maturity**
For children under 2 their comprehension and vocabulary are extended more effectively by one-to-one interaction with adults than by television.

Furthermore, extensive exposure to television may mean that interaction with adults is reduced.

- **the suitability of the content of the programmes for a child’s age**
Children between the ages of 2 and 5 may experience benefits from watching high-quality television, for example programmes that offer opportunities for verbal responses and a balance between familiar and new content (Huston et al, 2001). Watching general programming and programmes aimed at younger or older audiences is unlikely to benefit to language development.
- **the amount of television viewed**
The evidence suggests that children who are heavy viewers of television are more likely to be linguistically underdeveloped. Roulstone et al (2011) studied the number of hours that the TV was on in the child’s home. It was noted that as the time exposed to TV increased, so the child’s score at school entry decreased.
- **the involvement of parents**
The optimal viewing experience that encourages language development is one that offers possibilities for interaction and adult co-viewing and teaching.

The conclusion of the National Literacy Trust (2004) report states that television should be seen as just one of the many activities that offer opportunities for language learning. As there is no conclusive evidence on optimal viewing times, television viewing should be closely monitored to keep it to a minimum, especially for children under 2.

5.3.7 Sharing and reading books (“Let’s look at a book”)

As part of the National Bookstart campaign, all children in Wales receive two sets of books between the ages of 0 – 4 years. Children living in Flying Start areas also receive an additional book bag at 2 years old.

The Save the Children ‘Read on Get on’¹⁵ campaign has acknowledged the importance of children’s early language skills as an important foundation to reading. Additionally ‘1001 Critical Days: The Importance of the Conception to Age Two Period’ (2014) stated that *‘all health and early years professionals should encourage parents to read to their children as an effective and straightforward way of strengthening early attachment and language development’*.

It is important for all children to be exposed to books. However, the earlier parents start to share and look at books with babies and young children, the more profound the results and the longer-lasting the effects.

Several studies have compared the mother–child interactions that occur in book reading to those that occur in toy play. The studies indicate that mothers produce more speech per unit of time in book reading and that mother’s speech during book reading is structurally more complex and uses a larger vocabulary (Weizman and Snow, 2001). The frequency of object labels and of explicit labelling (e.g. ‘this is a tiger’) is greater during book reading than during interaction in toy play (Hoff, 2003c).

¹⁵www.savethechildren.org.uk/sites/default/files/images/Read_On_Get_On.pdf

Many studies have specifically cited ‘dialogic book reading’ as an effective intervention to support language development (Tsybina et al, 2010, Dockrell et al, 2010). Dialogic book reading is joint reading that involves much more than the simple reproduction of text by an adult. Instead, book reading is the basis of a dialogue between the adult and child, where the adult engages the child by providing pertinent information and asking open ended questions, and the child uses language to explore the story in the book. Books used for dialogic book reading need to be appropriate for the stage of the child’s development. Younger children need books that have relatively little text, clear illustrations and an engaging story (Tsybina et al, 2010).

There are various approaches that can be used to facilitate book sharing and reading. (Welsh Government, 2014a). These include:

- parents developing and producing their own books. In Caerphilly parents have made and published a book, Petra Penguin;
- parents and children making bespoke books with personal photos;
- early language sessions taking place in local libraries;
- use of story sacks and story boxes to promote interactive book sharing;
- using dual language books (for example Urdu and English) to help literacy in home and additional languages; and
- exposure to simple text.

5.3.8 Developmentally appropriate play opportunities (“Let’s play every day”)

Play has been termed the ‘work of childhood’ and is the child’s way of learning about the world (Ward, 2000). It is widely acknowledged that play and language are intertwined and tend to develop in a parallel fashion (Piaget and Inhelder, 1969). A child’s first words usually appear at the same time as first symbolic play. Play is of major importance in language learning. It helps develop the prerequisites that are essential to language development. These include listening, observation, imitation, concept formation and symbolic understanding.

Play and language both develop in well defined and overlapping stages. It is essential that Flying Start parents are supported to provide developmentally appropriate play opportunities.

5.3.9 Use of dummies (“For clear speech keep my dummy out of reach”)

The use of dummies is a common practice in many countries. Dummies have been used with young children for many years - evidence of them have been found in Cypriot and Roman graves dating from as long ago as 1000BC.

For parents and carers, the most important advantage of the use of dummies is their role in helping babies settle down to sleep or to soothe them. Some studies show that dummies can help establish good sucking patterns in very young babies, especially those born prematurely. However, it is not recommended to give a baby a dummy until breastfeeding is well established, usually when babies are around one month old ¹⁶

¹⁶ <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/getting-baby-to-sleep.aspx>

There are disadvantages associated with the use of dummies, including

- *reduced babbling and experimentation with sounds.* When a baby or young child has a dummy in their mouth they are less likely to copy sounds adults make or to attempt to babble and play with sounds themselves. This is important in the development of speech skills¹⁷;
- *dental problems.* The British Dental Health Foundation does not recommend the use of a dummy and discourages thumb sucking. This is because the use of either can cause problems with how children's teeth grow and develop. Treatment with a brace might be required when children get older;¹⁸ and
- *ear infections (Otitis media).* Babies given a dummy are more likely to have an ear infection, the risk increasing with longer use.

The younger a child is, the easier it is to wean them off the dummy. It is recommended to stop giving children a dummy when they are between 6 and 12 months old.¹⁹

Supporting documents and contacts

Bump, Baby and Beyond is a bilingual resource and provided free to new mothers in Wales.

<http://www.healthchallengewales.org/sitesplus/documents/1052/BB%26B%20English%20WEB%20compressed.pdf>

The **Hanen Centre** is a Canadian not-for-profit charitable organization committed to supporting parents, early childhood educators and speech-language therapists in their efforts to promote the best possible language, social and literacy skills in young children. Their website has tips and ideas about ways to help children learn to talk.

<http://www.hanen.org/Helpful-Info.aspx>

Talking Point website will give parents the information they need to check their child is developing, and contains tips for them to support their children's speech and language.

<http://www.talkingpoint.org.uk/directory/free-resources-parents>

The National Literacy Trust '**Talk To Your Baby**' website has a series of quick tips for parents and practitioners to help children develop good talking and listening skills. Each sheet is available bilingually in thirteen languages.

http://www.literacytrust.org.uk/talk_to_your_baby/resources/418_q

The National Literacy Trust '**Their Words for Life**' website has advice and resources for parents to help their children develop vital communication and literacy skills. <http://www.wordsforlife.org.uk/>

¹⁷ www.talkingpoint.org.uk/parents/speech-and-language/do-dummies-affect-speech

¹⁸ <http://www.dentalhealth.org>

¹⁹ <http://www.lullabytrust.org.uk/document.doc?id=297>

I CAN is a children's communication charity which provides, information, advice, resources and assistance to parents and professionals to support children's communication needs. ICAN also has a Help Enquiry Service to arrange a free phone call from one of I CAN's speech and language therapists call Tel: 020 7843 2544 or email: help@ican.org.uk <http://www.ican.org.uk/>

The **Peers Early Education Partnership (PEEP)** has developed Learning Together materials to support parents and practitioners. There is information and ideas for things parents can do at home for babies to four-year-olds. Please visit the Peers Early Education Partnership website for more information <http://www.peep.org.uk/section.asp?id=30&cachefixer=cf17225978334996>

The Welsh Government has set up two Facebook pages '**Education begins at home**' in Welsh and English which provide parents and carers with tips and links to websites which can help them support their children to learn within their home environment. <https://www.facebook.com/beginsathome> & www.facebook.com/dechraucartref

Play and early years: birth to seven years

This information sheet, produced by Play Wales, explores what is play and its importance to and for children's development in the early years. It also explores the importance of adult roles, advocacy and the child's right to play. <http://www.playwales.org.uk/eng/information sheets>

Learning and Play – giving your child the best start

This booklet for parents produced by the Family and Parenting Institute (now Family Lives) explains why play and time with parents can give very young children a good start when they go to school. It includes practical tips and ideas. <http://merthyrfis.org/media/1077/learning-and-play.pdf>

Book Trust Cymru, is a charity that supports reading and writing for families in Wales. Book Trust provides Welsh and English books to babies and toddlers by working in partnership with libraries and health visitors. <http://www.booktrust.org.uk/cymru/>

Afasic Cymru is a charity supporting parents who have difficulties talking and understanding language. They provide training, events and resources for parents and professionals. They provide a telephone helpline for parents – 0300 666 9410, and an online enquiry form. <http://www.afasiccymru.org.uk/>

The Communication Trust is a coalition of over 50 not-for-profit organisations. They work together to support those who work with children and young people to support their speech, language and communication. They provide resources and information for parents and professionals. <https://www.thecommunicationtrust.org.uk/>

Best Beginnings is a charity working to help end child health inequalities across the UK. It has a free baby buddy phone app for parents which includes early communication video footage with babies and parents. <http://www.bestbeginnings.org.uk/>

‘What to expect when’ handbook developed in England by the Department of Education and 4children. The guide is for parents to check their children’s physical, social and language development and learn how best to support them in their development. <http://www.foundationyears.org.uk/2015/03/what-to-expect-when-a-parents-guide/>

Family Information Services (FIS) are the first point of contact for advice and information on local services for families and carers. FIS are found in each local authority in Wales.

<http://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/familyinformationservices/?skip=1&lang=en>

6. Identification of speech, language and communication needs

6.1 Risk factors and predictors of early speech, language and communication needs

All practitioners should be aware of the risk factors and predictors of early speech, language and communication needs.

It is widely acknowledged that children living in areas of social disadvantage are at greater risk of early language delay; however researchers have identified further risk factors which Flying Start practitioners need to be aware of.

Some researchers have cited ‘risk factor’ and ‘predictor’ models when considering early indicators of possible speech, language and communication needs (Olswang et al, 1998, Paul and Roth, 2011 and Hawa & Spanoudis, 2014)

Table one provides an overview of the risk factors and predictors (taken from Olswang et al, 1998)

The greater the number of factors present, (particularly if they are present from early on), the greater the risk for manifested language delay and the greater need for intervention (Hawa and Spanoudis, 2014).

It is important that all practitioners are aware of the predictors and risk factors relating to early speech, language and communication needs. This will allow them to best identify children with the greater risk of persistent and long term speech, language and communication needs.

Table 1: an overview of the risk factors and predictors (taken from Olwang et al, 1998)

Predictors	Evidence
Expressive language <ul style="list-style-type: none"> • small vocabulary for age; • few verbs; and • reliance on general all purpose verbs (for example <i>go, get, do, put, look and make</i>). 	Olwang et al (1998)
Receptive language <ul style="list-style-type: none"> • delay of more than 6 months; and • large gap between receptive and expressive skills. 	Elis and Thal (2008)
Phonology <ul style="list-style-type: none"> • quiet baby with few vocalisations; • limited number of consonants and vowel errors; • limited babble; • less than 50% of consonants correct; and • a restricted syllable structure. 	Stoel- Gammon, (1991)
Imitation <ul style="list-style-type: none"> • few spontaneous imitations; and • reliance on direct model and prompting. 	Olswang and Bain, (1996)
Play <ul style="list-style-type: none"> • limited symbolic play. 	Rescorla and Goossens, (1992)
Gestures <ul style="list-style-type: none"> • few communicative gestures. 	Olswang et al,(1998)
Social skills <ul style="list-style-type: none"> • behaviour problems; • few conversational initiations; and • interacts with adults more than peers. 	Robertson and Weismer, (1999)
Risk factors	Evidence
Family history of language or literacy difficulties	Paul and Roth(2011), Rescorla and Schwartz (1990)
Parent characteristics <ul style="list-style-type: none"> • Low socio economic status; • Directive more than responsive style of interaction; and 	Hart and Risley (1995) Horwitz et al (2003)

<ul style="list-style-type: none"> • Extreme parental concern. 	Irwin et al,(2002)
<ul style="list-style-type: none"> • Prolonged periods of untreated glue ear. 	Olswang et al,(1998)

6.2 Identification of speech, language and communication needs

All Flying Start practitioners should to be able to identify early speech, language and communication needs.

There should be systems in place to monitor and record progress of children with identified speech, language and communication needs.

Flying Start Practitioners should start monitoring children’s speech and language development from 18 months, particularly those children with a range of early predictors and risk factors (See appendix E for tools that can be used to monitor speech, language and communication development)

This recommendation is supported by one of the five language-specific principles stated in the paper ‘Early language delays in the UK’ (Law et al, 2013) (See Appendix A).

All Flying Start children should have their developmental progression assessed at 15 and 27 months of age. The assessment should normally be undertaken by a Flying Start Health Visitor. Where appropriate, the Flying Start Health Visitor can choose to delegate the assessment to the Flying Start health workforce skill mix. Such delegation should only occur when there are no prior or current concerns about the child’s development. Where there are, the developmental progression assessment should always be undertaken by a Flying Start Health Visitor.

If the 15 and 27 month assessments are undertaken by the Flying Start health workforce skill mix the results should be shared with the Flying Start Health Visitor who should record the results of the assessment in the child’s record.

15 Month Development Review

The Flying Start Health Visitor should review with parents/carers their child’s development at 15 months of age. The assessment outcomes should be used to identify any developmental delays and provide appropriate support and interventions.

Where a potential delay or concern in the child’s development is identified, the Schedule of Growing Skills (SoGS) assessment should be undertaken by the Flying Start Health Visitor and the child’s development reviewed again at 18 months of age.

The Flying Start Health Visitor should assess the child’s speech and language development and provide advice and support.

All parents/carers should receive information about promoting their child's language development through early talking, book sharing and invitations to groups i.e. music and interactive activities. The relevant key messages from "Learning To Talk" should also be discussed.

If the assessment identifies any concerns about the child's social or language development, an early referral to the Flying Start Speech and Language Therapist, where available, or to a specialist team should be considered. Children with identified language delay can be offered support through language interventions.

Any issues which arose at the 15 month development assessment should be followed-up by the Flying Start Health Visitor at 18 months. A discussion should take place with parents/carers about any concerns and additional support needed in order to assist families to help their child reach their full potential.

At 18 months, where a SoGS assessment was undertaken at 15 months, the Flying Start Health Visitor should use the results of the assessment to provide advice and support to parents regarding the promotion of SLC development. The relevant key messages from "Learning To Talk" should also be discussed. All parents/carers should receive information about promoting their child's language development through early talking, book sharing and invitations to groups i.e. music and interactive activities.

27 Month Development Review

The Flying Start Health Visitor should review with the parents/carers their child's development at 27 months of age.

Where a potential delay or concern in the child's development is identified, the SoGS assessment should be undertaken. Where there is a concerns raised about the child's development or a delay identified appropriate referrals for additional support within the Programme or to external specialist provision should be made.

The health visitor should undertake an assessment of speech using the 27 month developmental review and provide advice and support regarding promotion of Speech, Language and Communication development. The relevant key messages from "Learning To Talk" should also be discussed all parents/carers should receive information about promoting their child's language development through early talking, book sharing and invitations to groups i.e. music and interactive activities.

If there are concerns relating to any child's social or Speech, Language and Communication development an early referral to the Flying Start Speech and Language Therapist, where they are available, or to a specialist team, should be considered. Children with an identified Speech, Language and Communication delay should be offered support through language and development schemes.

Schedule of Growing Skills (SoGS) Assessment

There are two areas of the SoGS assessment which specifically relate to speech, language and communication development;

- Hearing and Language - which relates to responding to and understanding language (receptive language); and
- Speech and Language – which relates to vocalisations and use of language (expressive language and speech).

Where the results of a SoGS assessment identifies a potential delay, appropriate referrals should be made for additional support within the Programme or for external specialist provision.

There has been much debate and consideration of the national use of screening tools specifically for identification of language delay. The UK National Screening Committee defined screening as *'a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition'*. A report by the child health subgroup of the National Health Screening Committee (2005) indicated that a formal screening process is not appropriate for identifying a delay in speech and language acquisition. It is noted that this recommendation was due for review in 2013. The National Screening Committee (2001) noted that screening on a single occasion cannot capture the patterns of change inherent in developmental difficulties. The Better Communication Research programme report (2010 page 25) noted that

'There is no single, simple method of screening children to identify speech, language and communication difficulties.... rather a systematic approach is required, one built on the three level approach (universal, targeted and specialist), using evidence based tools and procedures, joint working by professionals, active involvement of parents and 'response to intervention' models of implementation'

In many areas, Flying Start teams are using additional tools to monitor and record children's speech and language development. Some tools require direct observation of the child skills whilst others rely solely on parental report. Appendix C gives an overview of tools that can be used to identify and monitor children with early speech, language and communication needs. It also includes information on a universal screening tool for neuro-developmental difficulties.

6.3 Age of identification of speech, language and communication needs.

It is widely acknowledged that children living in areas of social disadvantage are at greater risk of early language delay (Law et al, 2013a). This guidance advocates universal, preventative services to support early speech, language and communication skills.

Within the literature there has been much discussion about age of identification with definitions of 'late talkers' being described from 18 – 35 months (Thal, 2000).

Research in Australia, by Wake et al (2011) looking at population based outcomes in slow to talk toddlers noted that 18 months may simply be too young to identify children with early language delays as many children go on to spontaneously develop normal language. A recent report by Law et al (2013) looked at the 'Sure Steps to Talking' (SSTQ) parental questionnaire with babies at 12 months and compared performance at 4 years in Northumberland. The report concluded that the 12 month performance predicted 4 year achievement. On no occasion was specificity within acceptable limits suggesting that this measure is good at picking up those who do have later problems but over identifies children. The report concluded that there should be formal evaluation of the measure. Furthermore it noted that there could be a second filter, perhaps between 12 months and 48 months, which looks to pick out the children who were over identified and to confirm children who are performing within normal limits and reassure parents.

Within Flying Start practitioners should start monitoring children's speech, language and development from 18 months, particularly those children with a range of early predictors and risk factors to ensure early identification and intervention for SLCN.

6.4 Supporting children with speech, language and communication needs during transition.

Transitions for children with speech, language and communication needs (particularly those with persistent and long term needs) should be carefully planned and communicated in partnership with parents.

Well planned and communicated transition arrangements are important for all children. This is especially important for children with speech, language and communication needs (particularly those with persistent and long term SLCN). Parents and carers are the most constant adults in a child's life. They are able to ease the transition process for a child, providing they are kept well informed about the process.

Transition arrangements need to cover:

- **Transition from home into Flying Start childcare**

Children with speech, language and communication needs, particularly those with persistent and long term needs, will require a carefully planned and coordinated transition into Flying Start childcare. With parental consent, health visitors should notify childcare settings about the SLCN of children as early as possible so that the setting can plan effectively to meet those needs and to prepare a plan for transition. Any documentation should be passed on as early as possible, preferably with a face-to-face meeting, which includes parents.

If there are significant concerns about a child's speech, language and communication development in the setting, this should be discussed with the parents and permission sought to seek further advice from other sources of support e.g. health visitor, early years inclusion team, educational psychologist, speech and language therapist or paediatrician. The setting should make sure that parents are as involved as possible with their child's learning and should be kept informed about how the setting is seeking to meet their child's needs.

The graduated approach, as described in the Special Educational Needs Code of Practice for Wales (Welsh Government, 2004), should be firmly based within the setting. This approach recognises that there is a continuum of additional learning needs and that children should be provided with differentiated learning opportunities depending on their needs. Where necessary, the setting should involve increasing specialist expertise to support children with the difficulties that they may be experiencing. The use of person centred planning and One Page Profiles should be used to support children with persistent and long term SLCN.

- **Transition from Flying Start childcare into the Foundation phase.**

As stated in “Building a Brighter Future: Early Years and Childcare Plan” (Welsh Government, 2012) transition from Flying Start to the Foundation Phase is an important time for children and their families.

Children with speech, language and communication needs, particularly those with persistent and long term needs will require a carefully planned and coordinated transition into the Foundation Phase. With parental consent, the childcare setting or other relevant Flying Start staff should notify the Foundation Phase school/setting about the SLCN of children as early as possible. Any documentation should be passed on as early as possible, preferably with a face-to-face meeting, which includes parents. A One Page Profile or All About Me Information Card can be written with the child/ parents and professionals which can be sent to the receiving Foundation Phase setting. It is essential that early years staff are made aware of the child’s SLCN and are able to plan any additional support that may be required using the Special Educational Needs Code of Practice (2004). The Special Needs Coordinator (SENCO) or Additional Learning Needs Co-ordinator (ALeNCO) should be informed of the child’s speech, language and communication needs.

If children meet the requirement for the Early Years Pupil Deprivation Grant, this funding can be used to support early speech, language and communication needs when they transition into early education. Guidance on the Early Years Pupil Deprivation Grant will be available online at the Learning Wales website later in 2015.

- **Transitions between Speech and Language Therapist working in Flying Start and NHS Speech and Language Therapist.**

When a Flying Start child is deemed to require specialist intervention from a NHS Speech and Language Therapist or a child is 4 years old and therefore no longer eligible for Flying Start services it is essential that there is close liaison and links between the Speech and Language Therapist working in Flying Start and NHS Speech and Language therapists to ensure smooth transition.

Further information about transitions is available from the Flying Start Transition guidance available on the Welsh Government website at: <http://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en>

7. Workforce Development

All practitioners should be suitably skilled, trained and supported to promote speech, language and communication development and be able to identify those children who are experiencing early difficulties.

Practitioners who are directly responsible for providing specific speech, language and communication interventions should be able to use evidence based strategies to facilitate speech and language development.

This recommendation is supported as one of the five language-specific principles stated in the paper 'Early language delays in the UK' (Law et al, 2013a). This states:

'All professionals need to be aware of how to identify early language delays and confident about what they can do to enhance language skills'

The Flying Start workforce responsible for delivering early speech, language and communication support is diverse. It consists of a wide range of individuals from various agencies and sectors. These range from paraprofessionals, without any formal qualifications, to graduate level professionals such as health visitors, teachers and speech and language therapists. It is essential that practitioners are appropriately skilled, trained and supervised to provide early speech, language and communication support. It is particularly important that those practitioners who are providing specific early speech, language and communication interventions are able to use evidence based strategies to facilitate speech and language development. Working with children with speech, language and communication needs and their parents requires highly skilled practitioners. Practitioners who are working with bilingual children should be supported to ensure that they are able to meet the cultural and linguistic needs of all children. Practitioners need to have excellent communication and interpersonal skills, so they can establish and maintain relationships with children and parents.

The 'Review of practice in the implementation of early language development support' (Welsh Government, 2014, page 65) indicated that *'all staff should receive a minimum level of training relating to speech, language and communication development and good practice in adult child interaction.'* In addition, 'staff spending a greater amount of time working with children should be encouraged to undertake more detailed training'. Information about speech, language and communication training courses is detailed in Appendix E.

7.1 Supervision and Professional Development

Practitioners should be provided with regular supervision sessions to support their role. This will allow an assessment of practitioners' knowledge and understanding, promote reflective practice and support continued professional development.

'The Communication Trust' has developed a 'Speech, Language and Communication Framework' for all practitioners. This aims to provide increased coherence for professional development for managers, practitioners and training providers across the children's workforce.

The framework sets out the skills and knowledge for practitioners to support the speech, language and communication development of **all** children, including those who work with children with speech, language and communication needs. There are four stages: universal, enhanced, specialist and extension. The stages cover the skills and knowledge that everyone who works with children should have (universal) through to specialised learning around speech, language and communication needs at a postgraduate level (extension). Some of the units have been accepted onto the Qualifications and Credits framework (QCF).

The Speech, Language and Communication Framework can be used to:

- support continued practitioner development;
- identify knowledge and skills gaps; and
- support reflective practice.

Supporting documents and contacts.

The Communication Trust, **Speech, Language and Communication Framework** sets out the skills and knowledge for practitioners to support the speech, language and communication development of all children, including those who work with children with SLCN.

<http://www.communicationhelppoint.org.uk/>

Learning wales.gov.uk gives information on speech, language and communication development and ways to promote language skills in the classroom.

<http://learning.wales.gov.uk/resources/learningpacks/mep/module2/speech-language-communication-development/?lang=en>

7.2 Accreditation for practitioners

Practitioners attending the Elklan formal training courses can be offered the opportunity to be awarded an accreditation with AptEd.(Access Progress Transition through Education). Elklan level 1 - 4 courses are accredited units through Apt Ed, In addition Elklan level 3 courses are registered on the QCF. This can support practitioners' professional development.

Please see the Elklan website for further information:

<http://www.elklan.co.uk/accreditation-update-qcf>

7.3 Speech and Language Therapists working in Flying start.

All Flying Start teams should include a Health and Care Professions Council (HCPC) registered Speech and Language Therapist.

Speech and Language Therapists working in Flying Start should, where possible, be co-located within the Flying Start team and be provided with adequate administrative support.

Speech and Language Therapists working in Flying Start should undertake the necessary requirements to maintain their HCPC registration.

The 'review of practice in the implementation of the early language development support element within Flying Start' (Welsh Government, 2014a page 6) stated that *'All local authorities should employ Speech and Language Therapists as part of their core teams'*.

Historically, the speech and language therapy profession has operated within a 'medical model' of disability (Llewellyn and Hogan, 2000), focussing on diagnosing and remediating specific problems by providing individualised therapeutic service. Law et al (2013b) have suggested the profession shift in emphasis, from a clinical 'within-child' focus to one grounded in public health principles. Furthermore, they noted that the profession has tended to emphasize the individual with a disorder at the expense of understanding the broader population perspective and the social factors that drive communication competence (Snow, 2009).

Speech and Language Therapists working in Flying Start have a crucial role in ensuring all children have the opportunities to develop their speech, language and communication to their full potential as well as providing support for children with speech, language and communication needs. Speech and Language Therapists working in Flying Start have a key role to play at the universal and targeted services but always in collaboration with parents, carers and colleagues in the wider Flying Start team. In some areas, Speech and Language Therapists working in Flying Start are case holding and are providing specialist services for children with persistent and long term speech, language and communication needs. (see Section 4.3)

Most Speech and Language Therapists working in Flying Start are provided by the Local Health Board. This arrangement should be underpinned by a written Service Level Agreement. In many areas Speech and Language Therapists work part time for Flying Start and part time for the Local Health Board. This enables strong communication links and collaborative working between the services.

Local Authorities should work in partnership with their Local Health Board to determine their speech and language therapist workforce requirements. There should be consultation between the Flying Start Local Authority Lead, Health Lead and the professional person accountable for the Speech and Language Therapy within the Local Health Board. The process of determining an appropriate speech and language therapy workforce skill mix should be informed by a community needs analysis. For further information please refer to 'Speech, Language and Communication Needs, Needs Assessment' (2011)²⁰. This should ensure that the speech, language and communication needs of children in their local area are met. The results of the needs analysis needs to be discussed with the Local Health Board to ensure that their speech and language workforce requirements are met. The agreed release of speech and language therapists from the Local Health Board's workforce to the Flying Start Programme should be reflected in the Service Level Agreement between the Local Authority and the Local Health Board.

²⁰ https://www.thecommunicationtrust.org.uk/media/12898/slcn_tools-1_needs-assessment_1_.pdf

7.3.1 The role of the Speech and Language Therapist within Flying Start

The main roles and responsibilities of the Speech and Language Therapist working in Flying Start might include: ²¹

- providing advice, training and support to parents, Flying Start practitioners and childcare settings particularly embedding the 'Learning to Talk' key messages;
- delivering national programmes of training and tailored local programmes;
- supporting all children in Flying Start childcare, for example through use of structured vocabulary teaching, visual timetables and training practitioners;
- developing general input to support speech, language and communication development for parents, practitioners and childcare staff to carry out in the context of the child's learning or home environment;
- using tools to identify early speech, language and communication needs. Speech and Language Therapists may also train and support others to use early identification tools;
- working with individual children and groups of children, in conjunction with their parents, Flying Start practitioners and childcare practitioners, who can embed the strategies and advice relating to speech, language and communication development into the child's everyday environment;
- developing activity programmes for parents, practitioners and childcare staff to carry out in the context of the child's learning or home;
- helping to identify and overcome barriers to learning to enable practitioners to differentiate the learning environment in childcare;
- providing specific coaching and modelling for Flying Start practitioners;
- working and liaising with other disciplines for example, health visitors, midwives, educational psychologists and paediatricians; and
- planning, delivering and monitoring the speech, language and communication entitlement in Flying Start.

As part of the Flying Start team the Speech and Language Therapist will also be expected to:

- record their contacts with Flying Start families and the interventions provided in line with the Welsh Government's reporting requirements and the Local Authorities and Local Health Board requirements;
- contribute to the monitoring and evaluation of speech, language and communication interventions;
- comply with safeguarding and child protection processes, including referral in line with the All Wales Child Protection Procedures;
- identify the need for and support referral to specialist health and other support services; and

²¹ Adapted from

https://www.rcslt.org/speech_and_language_therapy/commissioning/schools_as_commissioners

- ensure they attend all mandatory training and identify any gaps in their knowledge and skills to their line manager and that they attend their annual personal development review.

7.3.2 Clinical Supervision

Speech and Language Therapists are regulated by the Health and Care Professions Council (HCPC), and they are bound by the regulatory standards.²² Clinical supervision is an essential element for ensuring safe, effective practice. Regular clinical supervision is one of the ways in which Speech and Language Therapists will be able to demonstrate that they are meeting the HCPC Standards on Conduct, Performance and Ethics. It is important that time for clinical supervision is factored into the work planning for Speech and Language Therapists working in Flying Start.

8. Evaluation and monitoring

Systems for monitoring and evaluation should be used to assess effectiveness of early speech, language and communication support within Flying Start. This will include information about types of support delivered and outcomes following an intervention. This information should be submitted to the Welsh Government through the Flying Start monitoring workbook.

The Welsh Government is committed to monitoring the reach of the Flying Start programme, including the early speech, language and communication entitlement. Evaluation provides a measure of quality assurance and an indication of whether children and parents are benefitting from the early support they receive. In order to assess whether services are working effectively, systems for monitoring and evaluating interventions should be put in place. As cited by Law et al (2013a) priority should be on further and improved evaluation of promising speech, language and communication interventions, particularly focussing on services for children under 3 years.

8.1 Evaluation indicators

The Commissioning Support Programme paper ‘Speech, language and communication, evaluating outcomes’,(2011)²³ describes the four indicators to support evaluation. These are:

8.1.1 Inputs

This details the resources invested into Flying Start early speech, language and communication support. These include both ‘hard’ inputs such as funding and

²² RCSLT Communication Quality 3 (CQ3), Appendix 1, Standard 3; HPC Standards of Proficiency from: <http://www.hpc-uk.org/publications/standards/index.asp?id=52> **Error! Hyperlink reference not valid.** HPC Standards of conduct, performance and ethics from: www.hpc-uk.org/publications/index.asp?id=38

²³ https://www.thecommunicationtrust.org.uk/media/12886/slc_n_tools_evaluating-outcomes_1_.pdf

numbers of staff and also broader 'soft' inputs such as support and engagement of families.

8.1.2 Processes

These are the processes undertaken as part of programme delivery for example the development of materials and training programmes.

8.1.3 Outputs

These are the immediate results of programme activity, for example number of parents attending early speech language and communication interventions, number and types of activities completed for example training courses for practitioners. Examining outputs related to early speech, language and communication services can provide valuable information about whether services are meeting the needs of children and the parents and identify other patterns of service delivery. These could include:

- characteristics of parents using the service, for example how many young parents or bilingual parents (Welsh and other languages are engaging in services);
- number of children receiving targeted services and referrals to NHS speech and language therapy services;
- attendance patterns, for example, how many sessions are attended and why parents/ children drop out at what stage, how many parents gain accreditation through the programme;
- practitioner characteristics, for example qualifications in speech, language and communication - how many practitioners gain accreditation or have attended training to cover the universal level in the SLCF (see section 8.1); and
- monitoring the uptake and perceived value of the Welsh Government 'Learning to Talk' parent pack.

8.1.4 Outcomes/ Impacts

These relate to the impact of Flying Start services, particularly gains in children's speech, language and communication development. There will often be a cause and effect chain of outcomes, with some leading to others (for example improvements in speech and language skills leading to improvements in behaviour).

Speech, language and communication, evaluating outcomes (2011) notes that there are three types of measure that can be used to evaluate speech, language and communication outcomes: Within Flying Start these are:

1. The impact on the child's speech, language and communication skills, attainment and well-being as indicated by the SoGS and/or other speech and language monitoring tools (see Appendix E). In some Flying Start teams they are using the identification tools to monitor and record progress of children for example, the WellComm speech and language toolkit. This will be appropriate for most children but not for all. For some children with significant, long term

and persistent speech, language and communication needs improvement may not be measured in receptive or expressive language levels. Instead, improvements will relate to participation and well being;

2. The achievement of goals during an intervention. This explores the extent to which goals agreed at the start of the intervention have been achieved at it's conclusion; and
3. The parent's (and child's where appropriate) experiences of the service, for example user satisfaction surveys.

The Royal college of Speech and Language therapists have recently recommended Therapy Outcome Measures – Core Scale (TOMs) (Enderby, John and Petheram, 2006, Enderby and John, 2014) as 'best fit' against 11 agreed criteria for outcome measurement. TOMs address four dimensions of an individual – impairment, activity, participation and well being. Some Flying Start areas are using 'Outcome stars'²⁴ which measure and supports progress for families towards self-reliance or other goals.

Speech, language and communication, evaluating outcomes (2011) describes 'intermediate outcomes' and 'final outcomes'. 'Intermediate outcomes' could be those defined at the end of Flying Start while 'final outcomes' are often long term and take time to become apparent for example educational achievement. Longer term outcomes relating to speech, language and communication and early literacy skills could be evaluated using the Foundation Phase Profile.

The Foundation Phase Profile (FPP) is an assessment tool for 3 to 7 year old children to provide schools and settings with a consistent approach that aligns assessment at the beginning and the end of the Foundation Phase. The FPP became statutory from September 2015 and assesses children's abilities and development in four Areas of Learning (AoLs). These are:

- Personal and social development, well being and cultural diversity (PSDWCD);
- Language, literacy and communication skills (LLC);
- Mathematical development (MD); and
- Physical development (PD).

The FPP is to be expanded for use in Flying Start to enable the baseline of children on transition into Flying Start childcare and the assessment of progress at the age of three. The assessment at the age of three will help support transition into the Foundation Phase.

Expansion of the FPP is required to make it fit-for-purpose to allow use with children at the age of two as they enter Flying Start childcare settings.

²⁴ <http://www.outcomesstar.org.uk>

8.2 Flying Start Key Population Indicators relating to early speech, language and communication development

Local Authorities must be able to demonstrate how services are contributing to the Flying Start Programme's three key outcomes, through the use of population indicators (PIs). There are two key outcomes that are related to speech, language and communication development, Outcome 1 and Outcome 3.

Outcome 1: Flying Start Children are healthy and thriving

PI 1: Percentage of Flying Start children reaching or exceeding their developmental milestones at **2 years**.

This is an indicator of the effectiveness of the Flying Start Programme in monitoring whether children are meeting their developmental milestones at age 2 through the use of the Schedule of Growing Skills (SoGS). There are two areas of the SoGS assessment which specifically relate to speech, language and communication development:

- Hearing and language - which relates to responding to and understanding language (receptive language); and
- Speech and language – which relates to vocalisations and use of language (expressive language and speech).

PI 2: Percentage of Flying Start children reaching or exceeding their developmental milestones at **3 years**.

This is an indicator of the effectiveness of the Flying Start Programme in monitoring whether children are meeting their developmental milestones at 3 years.

82 per cent of children in the pre-expansion Flying Start programme areas reached, exceeded or were within 1 age band of their developmental norms¹ at age 3 years while 55 per cent met or exceeded their milestones at this age (Flying Start Summary Statistics, 2013-14).

External analysis showed that in 2014, 85% of Flying Start children age 3 met or exceeded their developmental norms for speech and language skills (Welsh Government, 2014).

Outcome 3: Flying Start Children are reaching their potential.

PI 1: Percentage of children taking up Flying Start childcare (of those who are eligible and were offered).

86 per cent of offers of childcare in a Flying Start childcare setting were taken up during 2013-14. (Flying Start Summary Statistics, 2013-14) This is an indicator of the effectiveness of the Programme in making childcare accessible to families and the degree to which children take up Flying Start services. Flying Start childcare supports children in reaching developmental milestones at age 3. As cited in section

5.4.2 high quality childcare can have positive outcomes on children's language development. (Melhuish et al, 2010)

Performance Monitoring Arrangements.

Performance monitoring within Flying Start is administered through the Account Manager Structure and the Flying Start Monitoring Workbook. Each Local Authority submits their management data to the Welsh Government on a termly basis through the workbook. This includes what early speech, language and communication support is delivered and outcomes (distance travelled) following early intervention. Please also refer to the Flying Start Performance Data Monitoring Guidance for more information.

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Appendix A

The five language-specific principles cited in Early Language Delays in the UK (2013)

1. Communication is key to the fostering of life chances in early childhood. Everyone in the child's environment has a role to play in fostering the child's communication skills. This starts at birth and includes immediate and extended family, and potentially a wide range of professionals, health visitors, speech and language therapists, early educators, teachers, psychologists.
2. The importance of early communication skills and their implications for the child's social and educational development across the early years and beyond need to be understood by all parents.
3. All professionals need to be aware of how to identify early language delays and confident about what they can do to enhance language skills.
4. We need to scale up and roll out interventions that have been shown to work, and test their value across whole populations and over an appropriate length of time.
5. We need to sustain the pressure on policy-makers to improve services for the child who is language-delayed, especially in the very early years (e.g. before three years).

Appendix B – Learning to talk key messages

The main message: Talking is what we need to do and I will learn it all from you.

Key Message	Suggested implementation (as part of the core Health visiting programme).	Evidence
1. Play your part right from the start <ul style="list-style-type: none"> I can hear your voice from 24 weeks of pregnancy. After birth, I can soon recognise voices that I heard in the womb. I love to hear you sing to me. 	Antenatal – Flying Start health team	See Flying Start Speech, Language and Communication Guidance page 33
2. Keep our language alive and I will thrive <ul style="list-style-type: none"> I can absorb Welsh and other languages from birth. If I am bilingual from birth, I find it easier to learn other languages. I can learn our language and culture from you. 	Antenatal – Flying Start health team	See Flying Start Speech, Language and Communication Guidance page 33
3. Our best place is face to face <ul style="list-style-type: none"> Before I can speak I communicate with you through eye contact, smiling, gurgling and crying. Keep me close when you talk to me. When we are face to face you can see what I am trying to tell you. 	Birth to 6 weeks – Flying Start Health team	See Flying Start Speech, Language and Communication Guidance page 33
4. Sing me a rhyme at nappy time <ul style="list-style-type: none"> I like hearing the same song again and again. 	Birth to 6 weeks – Flying Start health team	See Flying Start Speech, Language and Communication Guidance page 34
5. Talk, Talk, Talk. Please Talk to me <ul style="list-style-type: none"> Copy my sounds or words back to me. Tell me what I can see and what is around me. I need to hear the same words again and again 	6 months – Flying Start health team.	See Flying Start Speech, Language and Communication Guidance page 34

so I can remember then.		
6. Listen to me, not the TV <ul style="list-style-type: none"> • Turn the TV/ music/ computer off when we are talking together. • Our talking time is special so leave your phone in your pocket. • I can't listen to two things at once. 	6 months – Flying Start health team.	See Flying Start Speech, Language and Communication Guidance page 35
7. Let's look at a book <ul style="list-style-type: none"> • I can't read yet but I love looking at pictures and listening to you. • Don't worry about all the words just talk about the pictures. • I love it when you use silly voices to tell me a story. 	6 months to deliver with book start – Flying Start health team	See Flying Start Speech, Language and Communication Guidance page 36
8. Let's play everyday <ul style="list-style-type: none"> • Playing with you is my favourite game ... have a go at peepo. • Meal times, nappy time and bath time. Anytime is play time. • Talk to me when we are playing and I will learn new words. 	6– 12 months – Flying Start health team	See Flying Start Speech, Language and Communication Guidance page 37
9. For clear speech keep my dummy out of reach <ul style="list-style-type: none"> • I only need my dummy when I want to go to sleep. • It's hard for me to babble and talk with a dummy in my mouth. • I don't need a dummy after my first birthday. 	6 – 12 months – Flying Start health team	See Flying Start Speech, Language and Communication Guidance page 37

The seven key messages from birth to two years will be shared with parents through childcare staff. The bullet points linked to the message have been adapted to be developmentally appropriate for children between two and three years.

<p>1. Our best place is face to face</p> <ul style="list-style-type: none"> • Look at me when I am talking to you. • It's easier to hear and understand each other when we are face to face. 	<p>All to be given together in the first four weeks of childcare</p>	<p>See Flying Start Speech, Language and Communication Guidance page 33</p>
<p>2. Sing me a rhyme at any time</p> <ul style="list-style-type: none"> • I can join in with the words and actions of songs and rhymes. • I still like hearing the same songs again and again. • If I know lots of songs and rhymes I will learn to read more easily. 	<p>All to be given together in the first four weeks of childcare.</p>	<p>See Flying Start Speech, Language and Communication Guidance page 34</p>
<p>3. Talk, Talk, Talk. Please Talk to me</p> <ul style="list-style-type: none"> • Tell me everything about that I can see, hear, touch, taste and smell. • Let's take turns at talking. • Remember I may need more time to choose and use my words. Please wait for me to talk. 	<p>All to be given together in the first four weeks of childcare</p>	<p>See Flying Start Speech, Language and Communication Guidance page 34</p>
<p>4. Listen to me, not the TV</p> <ul style="list-style-type: none"> • Turn the TV, music and computer off when we are talking and playing together. • Our talking time is special so leave your phone in your pocket. • I can't concentrate for long if there is a lot going on. 	<p>All to be given together in the first four weeks of childcare</p>	<p>See Flying Start Speech, Language and Communication Guidance page 35</p>

<p>5.Let's look at a book</p> <ul style="list-style-type: none"> • I still can't read yet but I love joining in with books and stories. • Words are everywhere, point them out to me. • I love to hear some of my favourite stories again and again. 	<p>All to be given together in the first four weeks of childcare</p>	<p>See Flying Start Speech, Language and Communication Guidance page 36</p>
<p>6.Let's play everyday</p> <ul style="list-style-type: none"> • Help my imagination grow, lets play pretend. • I'm learning to play with my friends but sometimes we need your help. • I play for longer when I choose the game. 	<p>All to be given together in the first four weeks of childcare</p>	<p>See Flying Start Speech, Language and Communication Guidance page 37</p>
<p>7.For clear speech keep my dummy out of reach</p> <ul style="list-style-type: none"> • I really don't need my dummy now, it makes my words unclear. • If my words are not quite clear, let me hear <u>you</u> say it right (please don't tell me I've got it wrong). 	<p>All to be given together in the first four weeks of childcare</p>	<p>See Flying Start Speech, Language and Communication Guidance page 37</p>

Appendix C: Interventions to support speech, language and communication development

Intervention	What is it?	Nature of the Intervention	Evidence	Qualification	Further information
BookStart Corner	Programme designed for socially disadvantaged parents and children aged 12 – 24 months. Families attend four group based sessions parents are offered intensive support.	Universal/ Informal	Formative evidence from one study as cited in Early Intervention Foundation (EIF) (The Best Start at Home report, 2015 page 86)		http://www.eif.org.uk/publication/the-best-start-at-home/
Hear and Say – Reading with toddlers	Programme for parents with children aged 2- 3 years focussing on dialogic book reading. Three ways of delivering: two by self- instruction using tape instructional video and third by in-person training (two group based sessions for 45 - 60 mins to model behaviour, role play and feedback.	Universal/ Informal	Formative evidence from one study as cited in Early Intervention Foundation (EIF) (The Best Start at Home report, 2015 page 77) Evidence suggests increase in parents' dialogic reading behaviours and gains in children's language use. The in-person delivery was shown as the more effective method.		http://www.eif.org.uk/publication/the-best-start-at-home/
Elklan - Let's talk with your baby	Course for parents and their babies aged 3 – 12 months. Delivered over eight one-hour interactive	Universal /Formal	No evidence as present. Uses evidence based strategies known to promote parent/child interaction. 68		https://elklantraining.worldsecuresystems.com/courses/for-parents-and-carers

	<p>sessions. Can be delivered to groups or individual parents.</p>				
<p>Elklan - Let's talk under fives</p>	<p>Course for parents (including child minders) and pre school practitioners to develop key skills and knowledge relating to speech and language development</p> <p>Delivered over seven two hour sessions but it can be run over 3 days</p>	<p>Universal /Formal</p>	<p>https://elklantraining.worldsecuresystems.com/reviews/evaluation-reports-lets-talk-with-under-5s</p> <p>Elkan indicate that all courses are evidence informed and teach strategies listed on the What Works database</p>	<p>Apt Ed Level 1 six credit award</p>	<p>https://elklantraining.worldsecuresystems.com/under-5s/lets-talk-with-your-baby</p>
<p>Hanen - You make the difference</p>	<p>Parent-Child Communication Program is a nine session, community-based, general education/prevention program that encourages positive, language-rich, parent and child interactions.</p>	<p>Universal /Formal</p>	<p>Uses evidence based strategies known to promote parent/child interaction. Hanen also developed 'It Takes Two to Talk' for children with language delay which is known to have a positive impact on how mothers interact with their children and aspects of children's language development.</p>	<p>Agored Cymru have accepted a business case for accreditation. Cardiff Flying Start are finalising the workbook and marking criteria for level one accreditation.</p>	<p>Please note that Hanen no longer 'train' trainers to deliver 'You make the difference'. The resources are available at http://www.hanen.org/Guidebooks---DVDs/Parents/You-Make-The-Difference.aspx</p>
<p>Kaleidoscope Play and Learn</p>	<p>Parents and caregivers and children meet in group setting and they are encouraged to interact in ways that support the</p>	<p>Universal/Formal</p>	<p>Formative evidence from one study as cited in Early Intervention Foundation (EIF) (The Best Start at Home report, 2015 page 81)</p>		<p>http://www.eif.org.uk/publication/the-best-start-at-home/</p>

	<p>child's learning. Groups of 12 – 15 families meet weekly for 90 minutes over a year.</p> <p>Delivered by facilitators that have relevant professional background and are trained in the programme.</p>				
Language and Play	<p>LAP was developed by the Basic Skills Agency (BSA). It aims to give parents information on talking and listening with their young children (0-3) and to encourage parents to share books, stories and rhymes.</p> <p>The original programme was structured as six sessions;</p> <ul style="list-style-type: none"> • The Importance of Talk • Everyday Routines • Out and About • Sharing Books and Stories • Songs and Rhymes • Early Writing. 	Universal/ Informal	An evaluation report was completed in 2004 by CRG Research Limited	Agored Cymru	
Parents Early Education Partnership (PEEP)	<p>Parents and caregivers and children meet in group setting and they are encouraged</p>	Universal/ Formal	Two studies have shown post outcomes as cited in Early Intervention Foundation (EIF) (The Best Start at Home report, 2015 page 82)		

	to interact in ways that support the child's learning. Parents, children and siblings attend weekly group sessions that run for 33 weeks a year.				
Parents as Teachers	Programme of home visits that focus on promoting positive parenting practices and improving parent-child interaction. There is a strong emphasis on increasing parent-toddler verbal interaction. Home visits last approx one hour. Programme is delivered by early years professionals	Universal/ Formal	Mixed evidence of impact as cited in Early Intervention Foundation (EIF) (The Best Start at Home report, 2015 page 78)		http://www.eif.org.uk/publication/the-best-start-at-home/
Playing and Learning Strategies (PALS)	Programme of home visits. There are two versions of PALS. One for parents and children aged 6 – 8 months (PALS I) and one for those aged 24 -28 months. Trained family coaches deliver PALS curriculum through 10 x 1.5 hour home visits over three months. It aims to deliver responsive	Universal/ Formal	Two Randomised Control Trials (RCTs) in the USA as cited in Early Intervention Foundation (EIF) (The Best Start at Home report, 2015, page 79).		http://www.eif.org.uk/publication/the-best-start-at-home/

	parenting style and uses educational video, coaching and feedback on videotaped interactions.				
Reach Out and Read	Programme is dialogic reading intervention delivered during children's check-ups by paediatrician. Parents are asked to read for 10 mins a day. The number and frequency of visits is not specified.	Universal/ Informal	A number of studies have shown a positive impact on aspects of children's language/ communication and/or parent literacy behaviours as cited in in Early Intervention Foundation (EIF) (The Best Start at Home report, 2015, page 85).		http://www.eif.org.uk/publication/the-best-start-at-home/
Sing and Grow	A music therapy programme targeted at 'at risk' families uses interactive music based activities for parents and children aged 0 - 3 years	Universal/ Informal	Formative evidence from several pre-post evaluations as cited in Early Intervention Foundation (EIF) (The Best Start at Home report, 2015 page 86)		http://www.eif.org.uk/publication/the-best-start-at-home/
Derbyshire Language Scheme (DLS)	The Derbyshire Language Scheme, is a system of language intervention intended for children who have difficulties in developing language skills. The scheme is made up of teaching activities linked to approximately 200 language objectives.	Targeted	On the <i>What works</i> website - DLS has an indicative evidence level, with limited evidence available. It's included here because of the strength of its face validity and significant use in practice.		https://www.derbyshire-language-scheme.co.uk/cgi-bin/live/ecommerce.pl?site=derbyshire-language-scheme.co.uk&state=page&page=splash&suppress_header=yes

	The format allows practitioners to make up an individual education plan consisting of any combination of objectives, based on an assessment of the child's language skills.				
Home Talk	For parents of children aged 2 years with delayed language development. There are six one hour home visit. It is delivered by a Sure Start worker who has enhanced skills and training in facilitating language development and support from a Speech and Language Therapist.	Targeted	Formative evidence from one study as cited in Early Intervention Foundation (EIF) (The Best Start at Home report, 2015 page 91)		http://www.eif.org.uk/publication/the-best-start-at-home/
Living Language (LLP) Programme	Living Language is a programme for teaching spoken language. (Locke 1985). It has a strong foundation in theory and is highly structured. It is a developmental programme which is intended to mirror the way that children normally learn	Targeted	On the <i>What Works</i> website LLP has an indicative evidence level. It is included here because of the strength of its face validity and continued use in practice.		Ann Locke's Teaching spoken language: The Living Language handbook (1985) and Teaching Talking (2005). Black Sheep Press have picture material representing some of the key vocabulary used in living language in their vocab builder resources: www.blacksheepress.co.uk/products/details?id=109&productname=Vocab+Builder+1&rv=0

	language. It breaks language down into its basic components of vocabulary and syntax and includes the essential words and sentence constructions which children need to know, both for social interaction and to enable learning.				
Signalong	Signalong is a total communication system and sign-supporting system based on British Sign Language. SIGNALONG is committed to empowering children and adults with impaired communication to understand and express their needs, choices and desires by providing vocabulary for life and learning	Targeted	On the <i>What Works</i> website visual approaches which include signing have an indicative evidence level, with limited evidence available. It's included here because of the strength of its face validity and significant use in practice		http://www.signalong.org.uk/
Makaton	Makaton is a language programme using signs and symbols to help people communicate. Designed over forty years ago, it is aimed at adults and children	Targeted	On the <i>What Works</i> website Makaton has a moderate evidence level.		http://www.makaton.org/

	<p>with learning difficulties although it has been used more widely for children learning to speak. The signs and symbols can be used either as a main method of communication or as a way to support verbal communication and the development of early language.</p>				
<p>Wellcomm speech and language toolkit for early years practitioners.</p>	<p>Wellcomm speech and language toolkit for early years practitioners working with children from 6 months to 6 years. The toolkit consists of a screening tool, intervention (big book of ideas) and resources and training DVDs. There is also a Wellcomm report wizard which helps recording and analysing children's progress.</p>	<p>Targeted</p>			<p>https://www.gla-assessment.co.uk/products/wellcomm/</p>

Appendix D – Resources to develop communication friendly spaces

	Name	Brief description	Cost	Further Information
Early Years	Every Child a Talker guidance	This document includes a section on features of a communication friendly setting in the Early Years	Free	Every Child a Talker: Guidance for Early Language Lead Practitioners first instalment 00854-2008DOM-EN http://www.foundationyears.org.uk/2011/10/every-child-a-talker-guidance-for-early-language-lead-practitioners/
	The Early years communication handbook: a practical guide to creating a communication friendly setting in the early years	This book is aimed at practitioners and covers a wide range of topics to support children's communication development	£	Written by Janet Cooper. Published by practical pre-school books. ISBN 10: 1907241035
All Ages	Communication Friendly spaces™	This is an approach which includes training and resources to develop communication friendly spaces.	£	www.elizabethjarman.co.uk
	I CAN Talk Programmes Early Talk 0-3; Early Talk.	These programmes all include a focus on developing communication supportive environments.	£	http://www.ican.org.uk/en/What-we-do.aspx
Inclusion	The Symbols Inclusion Project	This is collaboration between Widgit Software and Warwickshire Integrated Disability Service on the use of symbols to support inclusion and curriculum access. The purpose is to create genuinely inclusive learning environments for all children and young people	Free	http://symbolsinclusionproject.org/evidence/cfe/index.htm

Appendix E: Tools for the identification of speech, language and communication needs

Tool	Method	Sensitivity and Specificity	Additional comments/ Further information
<p>Universal assessment of neurodevelopment at 30 months: using three instruments; The Strengths and Difficulties Questionnaire (SDQ), the abbreviated Sure Start Language Measure and a two item language screen.</p> <p>This universal assessment was researched in Scotland in 2013. Further research work is ongoing.</p>	<p>Information was collected as part of the universal child health contact by a health visitor at 30 months</p>	<p>Universal assessment of neurodevelopmental function at 30 months identified a significant proportion of children, including those previously considered at low risk, with both language and social/emotional difficulties.</p> <p>Tool has been shown to predict neurodevelopmental difficulties one to two years later with sensitivity at 87% and specificity at 67%.</p>	<p>Sim, F, O'Dowd, Thompson,L, Law, J, Macmillan,S, Affleck, M, Gillberg, C & Wilson, P (2013) Language and social/emotional problems identified at a universal developmental assessment at 30 months. <i>BMC Pediatrics</i> 2013, 13:206</p>
<p>Wellcomm speech and language toolkit for early years practitioners working with children from 6 months to 6 years. The toolkit consists of a screening tool, intervention (big book of ideas) and resources and training DVDs. There is also a Wellcomm report wizard which helps recording and analysing children's progress.</p>	<p>Children are screened using a combination of techniques – observation, discussion with parents and children complete a variety of tasks. When children are screened they are given a colour code according to their overall score:</p> <p>Red – those most likely to need intervention from a specialist service</p> <p>Amber- those for whom targeted support is likely to help them develop age appropriate language skills.</p> <p>Green – those are not considered in need of any extra input or assessment at the moment.</p> <p>Screening is not seen as a one off experience. Screening tool has been designed to give a profile of strengths and needs.</p>	<p>The sensitivity of the wellcomm tool is reported to be high:</p> <p>100% for children between the ages 3 and 6 years with both a receptive and expressive delay</p> <p>88% for children between the ages of 3 and 6 with either delayed receptive or expressive language</p> <p>The specificity of the wellcomm tool was found to be 58.5% which means that it identifies children with language delay (false positives).</p>	<p>https://www.gla-assessment.co.uk/products/wellcomm/</p>

<p>Sure start language measure (2004) consists of a 50 word vocabulary checklist (based on the McArthur Communication Development Inventory) and four questions about parental concerns including whether or not they have concerns about their child's speaking and listening.</p>	<p>The Sure Start Language Measure (SSLM) is a parental report tool to measure change in the language skills of two year old children in Sure Start Communities.</p>	<p>Surestart language measure was adapted and standardised for use in Sure Start programmes in England. It is now used in Scotland.</p>	<p>The Sure Start Language measure standardisation study, July 2004 – March 2005. Penny Roy, Helen Kersley and James Law.</p>
<p>Speech, Language and communication progression tools. Age 3 progression tool aims to support early years practitioners to identify children who may be struggling to develop their speech, language and communication skills. It can also be used to track progression of these skills over time or following interventions. This Tool is not a diagnostic tool. However, it will provide information to help decisions decide whether individual children would benefit from a targeted intervention or whether they need specialist assessment and support.</p>	<p>The Tool is designed to be used on a one-to-one basis with the child. The Tool has 2 main sections, questions and observations. Question sections are designed so that practitioners are able to work through each question easily with each child or young person. The observations section asks more general questions about how the child communicates in other situations, such as in the childcare. This is to be completed by a member of staff who knows the child and who is able to make realistic judgements through observations or knowledge of them.</p>		<p>This Tool is the first in a series that can be used with children from 3 to 18 years.</p> <p>enquiries@thecommunicationtrust.org.uk</p>

Appendix F – Speech, Language and Communication for Practitioners

Course	Content	Qualification	Length of course	Evidence
ELKLAN Speech and Language Support for 0- 3's	Course for staff working in Early Year s settings to enable them to develop the communication skills of babies and very young children.	Accredited thorough Apt ED awards (formerly OCNSWR) Level 3 or Level 2 award available. Both levels are now on the Qualifications and Curriculum framework (QCF) A portfolio of evidence will need to be submitted.	Ten weekly sessions but can be taught over three days E Learning course are available	Elkan indicate that all courses are evidence informed and teach strategies listed on the <i>What Works</i> database. www.elklan.co.uk
ELKLAN Speech and Language Support for the Under 5's	Course for those working with 2 5 year olds. It provides information and strategies to develop the communication skills of all children but especially those with speech, language and communication needs.	Accredited thorough apt awards (formerly OCNSWR) Level 3 or Level 2 award available. Both levels are now on the Qualifications and Curriculum framework (QCF) A portfolio of evidence will need to be submitted)	Ten weekly sessions but can be taught over three days E learning courses are available	Evaluations are available on the ELKAN website www.elklan.co.uk Elkan indicate that all courses are evidence informed and teach strategies listed on the <i>What Works</i> database.

<p>Working with under 3s –Positive approaches to supporting communication development</p> <p>Working with Parents Supporting Development in Under-3</p>	<p>speech, communication and language skills and also aims to develop skills to support children with identified, mild and moderate SLCN.</p> <p>This course is designed for family support practitioners with the aim of enhancing parental support of early communication development. It includes some information for practitioners carrying out the Child Development review at 2-21/2 years.</p> <p>This course is designed for family support practitioners with the aim of enhancing parental support of early communication development. It includes some information for practitioners carrying out the Healthy Child review at 2-21/2 years.</p>		<p>One day</p> <p>One day</p>	<p>Department for Education.</p>
<p>Level 3 : Supporting children and young people's speech, language and communication</p>	<p>The Award is relevant for practitioners in a wide range of settings, including early years, primary and secondary schools, and</p>	<p>This Award is accredited by CACHE and apt awards, has been accepted onto the Qualification and</p>		<p>http://www.thecommunicationtrust.org.uk/</p>

	<p>across a number of roles. It may be particularly applicable for those working in early years or in a support role in schools, such as teaching assistants or learning support staff.</p>	<p>Credits Framework (OCF). This qualification is made up of 65 credits</p>		
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<p>Afasic Cymru</p>	<p>The course is for advocates of children & young people to increase awareness of SLCN. Advocates may include: Parents, carers, foster carers & fostering agencies, Health Visitors, Social Services & English as an Additional Language (EAL) Services, play workers, youth justice case workers.</p> <p>Course aims: What do we mean by speech, language and communication skills? How do you spot if there might be a problem? What you can do – highlighting a few key strategies that may be immediately helpful in the course of your work.</p>		<p>Free 3 hour course</p>	<p>http://www.afasiccymru.org.uk/training/</p>
<p>Some Flying start areas have developed bespoke informal training packages. These packages should be advocating evidence based principles.</p>				