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SureStart

National evaluation report

Promoting Speech and Language –
a themed study in fifteen
Sure Start Local Programmes

SureStart

Report 022

Evidence
& research

Promoting Speech and Language –
a themed study in fifteen
Sure Start Local Programmes

**Promoting Speech and Language
– a themed study in fifteen SureStart Local programmes.**

**By
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Executive Summary

Themed Study on Speech and Language in Sure Start Local Programmes (SSLPs)

Research Background

A central aim of SureStart was to ensure that children would be ready and able to benefit from their education when they start school. The ability to use spoken language to communicate and the acquisition of pre-literacy skills are important components of school readiness, but children in areas of social deprivation often lag behind their more fortunate peers in these areas of development. The extent to which SSLPs can and do facilitate improvements in language and pre-literacy is, therefore, an important issue.

Research over the past three decades has elucidated the mechanisms by which children acquire language and begin to understand concepts of literacy, and has also highlighted some of the reasons for the differences between children growing up in different social backgrounds. Although genetic differences play a part, the quality and quantity of interaction between parent and child are crucial; there are marked differences in both measures between social groups and these become more apparent as the child gets older.

Parents benefit from an increased understanding of how children learn language and pre-literacy skills. They can support learning from earliest infancy and encourage listening, discrimination between sounds, referential looking and turn-taking behaviour. Repetition, re-phrasing and expansion of the child's utterances are helpful strategies but many parents appreciate having these skills explained and modelled.

Using books helps to focus language interaction between adults and infants and helps to develop an interest in and familiarity with books. Focussing children's attention on environmental print is also a useful strategy. These activities lay the foundations for literacy and help children to be "ready for school".

The role of speech and language therapists (SaLTs)

In the past SaLTs worked primarily within a medical or clinical model, treating children with speech or language problems on a one-to-one basis. Although this is appropriate for children with severe problems, there is increasing evidence that this is not the most appropriate model for the very large number of children with delayed language acquisition, since many of these children are victims of inadequate opportunity to learn rather than suffering from a disorder.

As a result, there has been growing interest within the profession in the possibilities of prevention. The Royal College of Speech and Language Therapists has increasingly emphasised a more public health approach,

advising that SaLTs should devote more time to the promotion of optimal language development, putting into practice the evidence already available about the mechanisms of language acquisition. This could be done either directly, working with parents, or indirectly, working with other staff in a training, support and consultancy role.

Aim of this themed study

The aim of this study was to determine the extent to which the emerging knowledge about speech, language and pre-literacy is being utilised in SSLPs, and the role played in this process by SaLTS. The public health approach advocated by the RCSLT represents a radical shift in professional practice and it was important to ascertain firstly whether it is feasible and secondly the readiness of SaLTs to espouse this different approach to their work. The study also sought to identify examples of good practice and to analyse the ways in which the many different disciplines and staff groups in SSLPs approached issues of language and pre-literacy.

Methodology

This was a themed study of fifteen SSLPs. The programmes were selected to give a spread of programmes with high, medium and low outcomes for language development in three year olds (derived from the NESS Impact study). Three additional programmes were used to pilot interview schedules. The researcher and project leaders were blind to the programmes' language scores in order to avoid bias in making observations of practices related to speech, language and literacy development. The SSLPs included programmes that ranged in size from large to small and were of different ethnic mixes and in different urban and semi-rural locations.

Fieldwork included an initial interview with each Programme Manager about their views on speech, language and literacy development. Subsequent visits were made to interview practitioners from a wide variety of disciplines, observe groups and meet parents. Interviews were recorded. The interventions studied were of two main kinds – work with individual parents and families, and group work.

Findings

All programmes had employed a SaLT at some stage in their development. All SaLTs interviewed had been enthusiastic about implementing the newer concepts of prevention, by promoting language development directly with parents and through other staff. Most continued with some one-to-one clinical work, particularly with children who had previously proved difficult to engage in any form of assessment or therapy. However, the time commitment of SaLTs varied widely between programmes. In several SSLPs their input had ended or was being substantially reduced.

Four programmes, led by midwives, had a particular focus on the development of communication in the newborn and in early infancy. The

midwives were enthusiastic about their new role and parents valued the insights they were given about their baby's efforts to communicate.

Bookstart was widely used and was supported by many staff groups including early years librarians and health visitors, though in some cases the latter had insufficient time to model the optimal use of books with very young children. Some SSLPs were aware of the importance of developing awareness of rhyme but there was much less evidence of other pre-literacy work.

In some SSLPs there was close collaboration between early years library workers and SaLTs.   Many parents were grateful for the advice and information offered by the early years librarians and those who had previously rarely used libraries found their support helpful and encouraging.

SaLT support to 'Ready for Nursery' groups had in some SSLPs focused on a speech, language and literacy link between schools and Sure Start programmes. There were variations in the ease with which different agencies could collaborate and focus on speech, language and literacy development or give priority to speech, language and literacy practice in their communications with parents.

SaLTs in most SSLPs worked closely with the SSLP staff and in many cases also with teachers, both within SSLPs and from local schools. Practitioners valued their joint learning with SaLTs and said that it had informed and improved their practice. Similarly parents endorsed the value of the knowledge they had gained from SaLTs. However, there were also examples of difficulties in professional communication between SaLTs and teachers over issues such as the Foundation Stage curriculum and approaches to supporting language development in classroom settings.

The early identification of children with major difficulties in language or communication is one potential benefit of settings like Sure Start. Some SSLPs had collaborated with SaLTs to improve their awareness of how to recognise these children but there appeared to be considerable scope for developing this function further, particularly in the light of the reduced input into routine developmental screening by health visitors in the last few years.

Programme Managers' backgrounds were important – their attitudes and opinions about the balance between community development, parent support and pedagogy strongly influenced the direction and emphasis of programmes as did the previous history of the area, especially the varied development of nursery schools and childcare, and the strength of inter-disciplinary and inter-agency relationships.

Recommendations for Sure Start Children's Centres

All early years programmes serving deprived areas should have an agreement with SaLT services to ensure that the good practice observed in this study can be maintained. In particular there should be sufficient SaLT input to support staff training and development in language and pre-literacy

promotion and in the early detection of children with serious communication disorders.

SaLTs should train and offer support to midwives, health visitors and early years staff so that they can continue to offer parents demonstrations of how infants communicate and respond, because these are key aspects of children's healthy development.

There should be regular opportunities for teachers and SaLTs to collaborate and learn from each other at all levels.

The contribution of early years librarians should be examined and perhaps developed further.

Although Bookstart is well established its full benefits are not being realised and staff would benefit from more training and more time so that they can model the use of books with parents.

Early literacy needs more attention to evidence-based approaches such as Hannon's (1995) work.

The early identification of children's language difficulties and the promotion of language acquisition and pre-literacy skills should be part of any early years curriculum.

The importance of understanding language and literacy issues should be emphasised in Children's Centres with regard to staff selection, programme planning, training and evaluation.

1.   BACKGROUND TO THE STUDY

1.1.   An aim of Sure Start was to "ensure that children would be ready to benefit from their education when they started school". This was elaborated as follows: "to work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children-particularly those who are disadvantaged-so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children".

1.2.   Helping children to "flourish when they get to school" is a laudable aim and there have been a number of attempts in the educational literature to define what it means, most often in terms of "school readiness". One recent example (Saluja et al, 2000) considers school readiness under several headings:

➢ Physical and motor development
➢ Language
➢ Pre-literacy
➢ early numeracy
➢ emotional maturity
➢ social maturity
➢ attention
➢ attitude to learning
➢ sense of independence /self.

1.3.   Language and pre-literacy

1.3.1. From its inception, Sure Start programmes have had a particular emphasis on speech and language acquisition and pre-literacy skills. The relevant PSA (Public Service Agreement) target as set out in April 2001 was "to achieve by 2004 for children aged nought to three in the 500 Sure Start areas, a reduction of five percentage points in the number of children with speech and language problems requiring specialist intervention by the age of four". Data on the extent to which this target was reached and the challenges of measuring progress have been reported elsewhere (Harris, Law and Roy 2005).

1.3.2. Strategies by which this aim might be achieved were set out in the Sure Start publication "Promoting Speech And Language Development-Guidance For Sure Start   Programmes" (Law and Harris 2001). The authors noted that "it is not necessary, or even helpful, to focus entirely on language per se in order to help the child's language skills to develop. Speech and language development initiatives cannot easily be separated out from the overall framework of a Sure Start programme. A focus on parent skills, the home environment, the parental network of social contacts, community resources and even the child's health will all be of relevance." They set out five themes which are important for helping to develop children's communication skills:

i.   The importance of adult child interactions, especially parent child interactions;
ii.   The relationship between communication skills and other aspects of a child's general development;
iii.   The potential for the local community environment to impact upon a child's development;
iv.   The importance of collaborations between the many people involved with a child's development;
v.   The potential for a child's or parent's resilience to reduce the impact of potentially stressful circumstances and the importance of enhancing that resilience.

1.3.3. SSLPs have in general recognised that all five of these themes are important if child outcomes are to be improved; however, in this project we concentrated on ways in which Sure Start programmes have approached the particular challenge of developing children's communications skills, in the light of four areas of recent research:

➢ Children growing up in impoverished circumstances are generally exposed to language that differs both qualitatively and quantitatively from the experience of more fortunate children. A social class gradient in language skills is already emerging by the time a child is two years old and the gap widens substantially by the time children reach statutory school age.
➢ Language skills and the prerequisites for literacy are of central importance when a child starts school.
➢ There has been a shift in focus from a largely descriptive and analytic interest in language acquisition and pre-literacy, to mechanisms of and reasons for language delay and the possibilities for intervention.
➢ Speech and language therapists (SaLTs) have a unique in-depth knowledge and experience of early language acquisition. Recent literature and reviews on the role of speech and language therapy for children with delayed language development (Law and Boyle 1998) have prompted many SaLTs to re-think their role and the best ways of using scarce personnel and resources.

1.4.   *The changing roles and aims of SaLTs*

1.4.1. Because of the high prevalence of delays in language and speech development, SaLTs across the UK are often overloaded with referrals of young children initiated by parents or by other professionals. There are in general three main reasons for such referrals-

➢ to exclude the possibility that delayed language development might be secondary to other problems such as hearing loss, autism spectrum disorder or general learning disability;
➢ to consider whether the child may have some fundamental abnormality of language processing (often called specific language impairment);
➢ having excluded these various conditions, to assess the child's difficulties and offer appropriate advice, therapy or treatment.

1.4.2. It is difficult to shift the focus away from problems that are managed within the traditional clinical practice role of one-to-one assessment and therapy, when there is an unremitting pressure for clinical services. Nevertheless, the Royal College of Speech and Language Therapists (RCSLT) recognises the need for a more public health oriented approach that emphasises prevention, promotion of optimum development and early identification and referral of problems. The College set out the aims of their

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Box 1

Key Aims of SLT health promotion services

- To promote awareness of the process of speech, language and communication development in children
- To promote awareness of potential risks and risk indicators related to speech, language and communication difficulties
- To make health information accessible and support self-advocacy by individuals understanding and communicating their own health needs
- To prevent the development or exacerbation of speech, language and communication difficulties

Key Aims of SLT services to promote participation

- To promote participation of individuals and their parents with speech, language, communication and swallowing difficulties in a full range of life activities

Key Aims of developing services to meet the needs

- To ensure that SLT services are providing a range of secondary and tertiary services to appropriately meet local speech, language, communication and swallowing needs
- To inform the process of identifying local health, education and social needs

Key Aims of enabling timely access to tier 3 services

- To enable appropriate and timely access to SLT tier 3 services as the clinical need arises
- To work with other professionals /agencies in Identification of risk/need via Single shared Assessment process
- To provide information about SLT services
- To enable easy access to SLT through ensuring appropriate referral mechanisms are in place
- To enable equal access for all regardless of ethnicity, age, social class, disability, language and location

Bilingual children and those whose first language is not English: (a) Important Issues

- Under reporting of language difficulties in bilingual children in UK - referral agents lack awareness; children often do not access services
- Wrong advice about abandonment of mother tongue, e.g. seeing bilingualism as an inherent disadvantage.
- Risks of applying data gathered on monolinguals to bilingual children (tests etc)
- Lack of therapy materials or information translated into community languages may limit family involvement in interventions

(b) Key Aims
- Access to trained workers, bilingual support, interpreters etc; information, and training where needed, for other staff (including commissioners and programme managers) on the needs of these children and families
- Assessment of communication skills in all languages to which child is exposed (for differential diagnosis and to establish whether there is a primary communication difficulty
- Providing intervention in mother tongue and supporting family in its use when necessary or appropriate
- Ensuring culturally clear explanations available in most appropriate language

Based on *"Communicating Quality 3"* (2006) –aims and roles of SaLTs

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discipline in a report called "Communicating Quality" (RCSLT 2006). Box 1 summarises the aims that are relevant to children in the context of Sure Start.

1.4.3. As Sure Start particularly targets disadvantaged children and families, it is important to ascertain the extent to which the emerging knowledge about *prevention* – i.e., the *promotion* of language acquisition and early literacy – is

in fact being utilised by SaLTs in Sure Start settings, both directly and through staff training and development. This project aims to answer that question.

2.   THE RESEARCH QUESTIONS

2.1.   The project was designed to address the following questions, and to illustrate the answers with examples of practice observed in a study of 15 Sure Start local programmes:

➢ *What is the level of awareness and application of existing knowledge about speech and language acquisition for individual families?*
➢ What is the range and variation in preventative strategies, approaches and innovative practices being undertaken in SSLPs with respect to speech and language?
➢ What examples of good practice can be identified?
➢ To what extent is the substantial body of knowledge about strategies for encouraging language acquisition and pre-literacy being used in SSLPs? And is this knowledge being presented in accessible ways to parents in SSLPs?
➢ Are parents using the services and applying the strategies suggested in SSLPs?
➢ How do SSLP support parents with respect to identification and follow-up of children with suspected speech and language problems?

➢ *What is the level of awareness and application of existing knowledge about speech and language acquisition as applied to groups?:*
➢ What types of groups are provided, for which age groups, and how do they promote speech and language acquisition?
➢ How are these groups staffed and supported?
➢ What is the impact of Birth to Three Matters, Bookstart, Talk to your Baby Campaign and other related initiatives?

➢ *What is the extent and nature of collaboration and mutual learning between the staff of SSLPs with respect to speech and language issues?:*
➢ Which staff/agencies are involved, and how do they see their various roles?
➢ What are the roles of SaLTS in SSLPs; what is the balance between clinical case load, preventive practice, advising / training other non-specialist staff.
➢ How has Sure Start improved access to SaLT services; are referrals to the service more appropriate?
➢ How might Speech and Language services work in children's centres and extended schools?

2.2.   In reporting the results, we will focus on: the extent to which research evidence is incorporated into everyday practice; the ways in which this is done and the roles played by various disciplines; the relevance of the findings for children's centres and extended schools.

3.   RESEARCH OVERVIEW

3.1.   There is a vast literature on speech and language development. This review will be confined to aspects directly relevant to the present study: the variability between children and between social classes in the rate of language acquisition; the role of interactions between parents and children in language acquisition; resilience and vulnerability; the impact of bilingualism; pre-literacy skills; education and day-care.

Box 2		
Subtypes of responsive language strategies	**Examples of approaches**	**Suggested benefits**
Child oriented strategies	Follow the child's lead by talking about the same topic and attending to the same activity	Shared focus of attention Adult is often positioned at same eye level as the child
	Waiting for the child to respond Pace of language use to allow time to process language	Supporting child to achieve skills
	Scaffolding to child's level of play performance	
Responses that promote interaction	Encourage the child to interact by engaging child in conversation	Maintaining attention Encouraging child to use language to initiate and reply
	Including open questions, encouraging turn taking	Skills in conversational turn taking
	Use of comment rather than mainly questions	Opportunities for initiation
Modelling of language	Providing good models of language including labelling, and models of uses of vocabulary and concepts and grammatical forms	Opportunities for child to build on language skills through imitation
	Scaffolding to child's level of language performance	

3.2.   Language acquisition

3.2.1. Language skills are distributed over a continuum and (with the exception of a few rare specific neurological disorders) there is no absolute distinction between "normal", "delayed" and "disordered" speech and language development (Bishop 1997), nor is there any comprehensive evidence – based guidance as to which children benefit from formal speech and language therapy interventions (Ward 1992; Smith 1998).

3.2.2. Language acquisition is not a "hard wired" function that can flourish irrespective of quantity and quality of input; rather it is critically dependent upon input. Interaction is regarded as a proximal pathway to influence

language development. The effect may work in both directions – parents talk more and more effectively to more responsive babies and the increased communication in turn stimulates further development. Thus, to some extent young children create their own environment (Bornstein 1999).

3.2.3. Genetic influences play a part in language acquisition (Dale et al 1998) and the genetic influence on language overlaps with that affecting cognitive abilities.   Environmental factors are also important. Children in disadvantaged circumstances tend to have less experience of language and fewer opportunities for responsive interaction (Hart and Risley 1995; Hart and Risley 1999; Hoff and Tian 2005) and neglect of children has a greater effect on communication development than physical abuse (Law 1990). By the end of the second year of life, a gap is already opening up between the language skills of children living in poor circumstances and those of more fortunate children (Feinstein 2003) and part of the difference between these groups may be explained by differences in the quantity and quality of the language to which the child is exposed (Box 2).

3.2.4. Supporting evidence for the role of experience in language development comes from twin studies - mild language delay is prevalent in twins relative to single born children and this is related to a poorer quality language environment (Thorpe et al. 2003). The way adults relate to and talk to young children, and the intensity and quality of language input, affect the rate of language, social and cognitive development; 'responsive' adults (Mahoney, Boyce et al. 1998; Darling 1999) whose responses are contingent on the child and socially patterned have been shown to be most facilitative (Trivette 2004).   This responsive style can be taught (Kaiser, Mahoney et al. 1999; Trivette 2004) and a range of parent education approaches including parent administered interventions have been developed for children (Girolametto 2004) although there are very few well designed studies of parent administered interventions (Yoder and Warren 1998).

3.2.5. Although the evidence reviewed above suggests that the language skills of children in poor circumstances could be improved by enhancing their exposure to language in the first few years of life, the extent to which such improvements could be achieved is uncertain and further intervention studies are needed.

3.2.6. Most research has focused on parent-child interactions but other child-caregiver relationships are also important. For example, toddler security with their teacher was positively associated with more positive peer play, which is associated with later social adjustment (Howes, Hamilton and Matheson 1994). Belsky (2006) found a negative effect for younger infants when they experienced extensive poor quality non-maternal care before the age of one year.

3.3.   Interactions-parents and children

3.3.1 *The first six months*   Infants actively seek communication; infants can distinguish between their own mother's voice and that of a mother of another infant, within the first month of life this demonstrates the infant's sensitivity

and processing of auditory information (Mills and Melhuish 1974); the importance of eye contact and the phenomenon of "turn-taking" behaviour are now well documented (Berk 2003). Yet few parents are aware of the range of abilities that the newborn infant possesses. The work of Brazelton on the assessment and demonstration of the abilities of the newborn is widely used in United States and to a lesser extent in United Kingdom as a tool for educating parents (Brazelton and Nugent 1995). The extent to which this intervention has any major long-term benefits is uncertain but it may help parents to understand that even newborn infants have a personality and want to communicate with their carers.

3.3.2   *Six to 12 months*   During the second six months of life, infants further develop their ability to discriminate between different speech sounds of the languages to which they are exposed and begin to "tune out" sounds that are not part of their language (Berk 2003). They produce an increasing range of consonant and vowel sounds leading onto the production of first words At this time it is important for parents to appreciate the benefits of talking to the baby and using appropriate strategies in their speech-although there is no firm evidence that such strategies have a major impact on the rate of language acquisition, guidance based on detailed expert observation is available and is widely accepted. One popular strategy is the early introduction of books-this has two benefits in that it facilitates shared attention and listening, while at the same time introducing the baby to books as one of the first elements of literacy (see section 3.6 on pre-literacy).

3.3.3   *From 12 to 24 months*   In the second year of life, language develops rapidly, with comprehension generally several months ahead of expression or production. Vocabulary expands dramatically towards the end of the second year and in the third year, though there is a wide variation in the rate of acquisition (Hart and Risley 1995). A variety of strategies used by parents are thought to be conducive to language acquisition – these were summarised in Fey (1986) and Girolametto (2004).

3.4   Resilience

3.4.1   The concept of resilience means that there are both temperamental and environmental factors that affect the ability of an individual to cope with and reduce the impact of potentially stressful events or circumstances (McCubbin et al 1997). It is relevant both for adults and for children. The environmental factors that are important for children include reasonably predictive and stable routines to their lives particularly when young; having warm and accepting parenting; having other people such as grandparents outside the nuclear family who care about them and support them. SSLPs can do only a limited amount to build resilience directly, but they contribute by providing a safe and stable environment, encouraging parents in good childcare and when appropriate being supportive to the role of other relatives and family members.

3.5   Bilingualism – EAL (English as Additional Language): concepts, terminology and evidence[0]

3.5.1   The UK is an increasingly multi-cultural society but the term "multi-cultural" should not be equated with "bilingual".   Many children served by SSLPs are learning *English as an Additional Language* (EAL).   The language the child knows and uses best is known as the *dominant* language; however, this can change over time especially if it not used regularly.   Bilingualism does not *cause* communication disorders and there are no reasons why a population of children with EAL should have a higher incidence of language disorder than a monolingual population (Bialystok 2001).

3.5.2   Where individuals are learning two (or more) languages, those who do have limitations in *both* languages are considered to be "communication impaired". Identifying young children with communication impairment is challenging because of the paucity of instruments for identifying delayed language in bilingual populations or in those whose home language is not English (Duncan 2000; Stow and Dodd 2003)). Professionals often lack confidence in applying their knowledge about 'normal' language development to pre- school children learning other languages (Patterson 2000; Oller and Eilers 2002). In fact, some of the attainments are the same irrespective of whether the child is learning one or two languages (Bialystok 2001).

3.5.3 The evidence base for interventions with children learning more than one language has been challenged by methodological difficulties, highlighted by Oller and Eilers (2002), including the failure to take account of socio economic status in studies. Further more, effective research in this area is premised on reliable assessment information about the child's skills in each of the languages used and the paucity of standardised instruments for many languages makes this impossible in some cases. Thorough assessment includes mapping the child's language skills, taking account of different settings and different partners, recognising that some skills in syntax, morphology and vocabulary may be known and used in one language and not in others and Oller and Eilers (2002) conclude that without such extensive assessment, knowledge of the language skills of bilingual or multi lingual children is incomplete.

3.5.4. In working with children learning languages other than English in the home, it is important to appreciate that there is a continuum of language exposure (children may be exposed to a home language in the home but to English in nursery and school) and a continuum of language proficiency (different languages used confidently in some situations and not in others). The child's rate of language development will relate to the amount of exposure to each of the different languages and to the age at which this exposure begins. Cultural variables, including beliefs, values and practices, may influence the way that services to support language development are received (RCSLT 2004, 2006; Toppelberg and Claudio 2002). Strategies to enhance the language learning of all non native speakers of English in the pre school years include, understanding of the developmental sequences of language learning, understanding features of language learning which are language specific, the relationship between oral and written language and the quality of the language exposure which children have in early years settings (Wong Kwok Shing,2006).

3.6   Literacy and pre-literacy

3.6.1   There are important but complex relationships between language acquisition and literacy and between delayed or disordered language development and reading problems (Snowling et al 2000). Children's exposure to books and to environmental print, and being read to, affects their progress in learning to read (Whitehurst 1998). There are deep cultural differences between communities in language and book use (Heath, 1983). Adult mediation in literacy enriched play settings may represent an important opportunity for assisting minority children who live in poverty to think, speak and behave in literate ways (Neuman and Roskos 1993). Heath's classic US study of two communities of children learning language at home and Peterson's (1994) Canadian study of narrative skills and social class show that some children's skills from home are well matched to the discourse requirements of school whereas other children's are not. Mismatches mean that some children have difficulty meeting their teacher's demands.

3.6.2   Bryant and Bradley (1987) highlighted the value of children's *phonological awareness* for literacy development ("phonological awareness" is the capacity to distinguish qualities of the sounds of language). Awareness of *syllables and rhyme* appear earlier on in childhood than the capacity to distinguish the *elemental sounds or 'phonemes'* within a language system. Phonological awareness is present in children living in both literate and non literate cultures - they notice and enjoy rhyme and the different sound effects of syllables, including alliteration, if they are exposed to these. See Harrison (2002) for a review.

3.6.3 *Phonemic awareness* is an aspect of phonological awareness, involving conscious awareness of the elemental speech sounds of a spoken language. Where an alphabetic writing system is used (as for English) phonemes link to the written symbols of language. Forty four phonemes make up the sound of spoken English and these can be represented by either single letters or combinations of the twenty six letters of the alphabet. Much phonemic awareness needs to be taught and children become increasingly aware of phonemes when shown how they link with written symbols (letters). Children tend to notice the beginning (onset) and end (rime) sounds of words more readily and this has implications for developing children's phonemic awareness and also their reading capability. Goswami and Bryant (1990) argue that *phonological* awareness is very important *before* children begin to read - *phonemic* awareness develops further with teaching that links sounds and written words. For a detailed review of these issues, see the US National Reading Panel Report (NICHD 2000).

3.6.4   The best predictor of children's early reading attainment at school is knowledge of literacy at school entry which included experiences of listening to stories, sharing picture books, drawing and colouring and early writing (Wells 1985). The likelihood of children being 'non-readers' or 'poor readers' at age 7 is strongly related to social class. Within disadvantaged social groups parental involvement is strongly associated with literacy achievement Nutbrown et al (2005) (Davie et al.1972, Hewison and Tizard 1980, Hannon 1987, Bus et al 1995).

3.6.5   Hannon's (1995) ORIM framework outlines four ways in which families can support early literacy learning: (1) by providing *Opportunities* to read texts and attempt writing; (2) by giving *Recognition* to children's early literacy achievements; (3) through *Interaction* with more proficient literacy users, usually through facilitation rather than by instruction; and (4) by providing *Models* of what it is to use literacy. Hannon developed the ORIM framework from these to support families' literacy achievements as in the Sheffield REAL project (see below 3.6.6). Children's questions and awareness of environmental print can stimulate talk about literacy and this presents an opportunity for adult interaction with children to move them on in their literacy knowledge.

3.6.6   In a randomised controlled trial of the REAL (Raising Early Achievement in Literacy) project, with several elements (home visits by programme teachers; provision of literacy resources (particularly books); centre based group activities; special events (e.g. group library visits) postal communication between teacher and child), the intervention group showed superior pre-literacy skills. There was also a significant difference in another measure of literacy development, the number of letters children were able to recognise (Hannon et al 2005, Nutbrown et al 2005).

3.6.7 Projects like Bookstart aim to promote a love of books by providing opportunities for children to enjoy books from as young an age as possible. There is an association between participation in these activities and improved parent attitudes to books and book sharing (Wade and Moore 1998) (Moore and Wade 2003) (Klass 2003) although an impact on long-tem outcomes for children has not yet been demonstrated.

3.7   Day-care and Education - Interventions for disadvantaged pre-school children

3.7.1 In England the most effective types of provision are integrated centres and nursery schools (Melhuish 2004, Sammons et al 2003 a and b). There are currently few integrated centres but the expansion of Children's Centres, if handled appropriately, may partly alleviate this deficit in provision. The UK presents a situation of very diverse early childcare and education settings.

3.7.2 High quality childcare (see below 3.7.3 for characteristics of high quality childcare) can produce benefits for cognitive, language and social development (Sylva 1994, Sammons et al 2003 a & b, Geoffroy et al 2007). Low quality childcare produces either no benefit or negative effects - unfortunately, low income families tend to have the lowest quality of care. The quality of day care is a strong predictor of language development after controlling for family variables (see Shonkoff and Meisels 2000). Melhuish (2004) found that high quality day-care with the addition of associated home visits appeared to be the most effective package to support the development of disadvantaged children.   Benefits were noted particularly when pre-school provision was in socially mixed groups rather than homogeneously disadvantaged groups. Pre-school interventions boosted children's confidence

and social skills and provided a better foundation for success at school (& eventually work). Rutter (1985)'s review concluded 'the long term benefits stem not from what children are specifically taught but from effects on children's attitudes to learning, their self esteem and their task orientation'.

3.7.3 The Effective Provision of Pre-School Education (EPPE) study [Sylva et al 1999 Melhuish et al 2001; Sammons et al 2003a,b] of over 3,000 children showed lasting benefits for children's intellectual and social/behavioural development (see also the Northern Ireland study - EPPNI). "Researching Effective Pedagogy in the Early Years" (REPEY) examined the characteristics of effective early years teaching and showed the importance of shared educational aims with parents and adult-child interactions that involve sustained shared thinking.   Melhuish (2004) summarised the following characteristics of early years provision as most important for enhancing children's development:

➢ Adult-child interaction that is responsive, affectionate and readily available
➢ Well-trained staff who are committed to their work with children
➢ Facilities that are safe and sanitary and accessible to parents
➢ Ratios and group sizes that allow staff to interact appropriately with children
➢ Supervision that maintains consistency
➢ Staff development that ensures continuity, stability and improving quality
➢ A developmentally appropriate curriculum with educational content

3.8   Reach

3.8.1 The importance of Reach has become obvious in all Sure Start programmes. It is vital to involve and engage families in order to deliver interventions to promote language development but the question "Why are some families – often the most needy – difficult to reach and engage" has no easy answers. Several studies and reviews have addressed the issue, both with respect to Sure Start and to a wide variety of projects that aim to provide support for parents (see for example Barlow, et al., 2005; Murray et al., 2003).

4.   METHODOLOGY

4.1   A pragmatic decision was made to conduct the study in 15 Sure Start local programmes (SSLPs), based on the need to study in detail as broad a spread of SSLPs as possible within the time available. A further three SSLPs were used as pilot sites to develop the methodology.

4.2   Sampling of SSLPs for inclusion in the study was partly based on the programmes' effectiveness with child language outcomes in three year olds, which were available for 151 programmes. These effectiveness scores were derived from the NESS Impact Study and were adjusted for local factors including deprivation, ethnicity etc., and presented in terms of how much better or worse each programme was doing compared to what would be expected for that population. Data were also available on parents' responses to questions about the extent to which they were given advice and information about reading to their child. These data were used as a proxy for the interest of each SSLP in promoting language acquisition.

4.3   The NESS Director selected 15 SSLPs (Appendix 1) using data on programmes performance on child language outcomes to give a spread of high, medium and low scoring SSLPs, which did or did not appear to give high priority to book-reading to children. Of the initial selection (20 programmes) five were excluded after identifying programmes that were not currently suitable, for example because of a sudden substantial loss or change of staff. We visited SSLPs in large cities, smaller industrial towns and rural locations. The number of eligible families served by these SSLPs ranged from 300 to 1,200. Some SSLPs served predominantly single ethnic groups including several mainly white British populations, some had a high proportion of Indian Sub Continent heritage families and some had an ethnically diverse population. The reasons for this selection procedure included obtaining a sample that represented a wide range of programmes with regard to language-relevant work

4.4   The researcher and project leader were blind to the programmes' performance on language outcomes until data collection had been completed in order to avoid bias, and to allow the researcher to make an independent observation of the provision for speech, language and literacy development at the time of the visit to each programme.

4.5   Data collection

4.5.1 The researcher visited each SSLP (Appendix 2) and each SSLP manager was interviewed. Interviews with members of each Sure Start team were arranged, observation were undertaken of some sessions whose stated aims included promoting language development and where possible individual parents were asked for their views. A semi-structured interview format was used. Each interview was recorded for subsequent analysis. All Programme Managers' and SaLTs' interviews were transcribed as were some with other practitioners whose discussion of speech, language and literacy had been

more developed. Data were extracted on the issues highlighted by the Programme Manager, the ways in which SaLTs had worked within the SSLP and how they had promoted speech, language and literacy development

4.6   Limitations of the study

4.6.1 This report is based primarily on what staff and parents *told* the researcher about activities in the SSLP, rather than on detailed observation of what *actually* happened. Within the timescale available it was not feasible to interview every member of staff in every SSLP or the numerous other professionals involved. The staff include those from a health background [1] - Midwives, Health Visitors, Speech and Language Therapists (SaLTs) School Nurses, Community Nurses, Community Psychiatric Nurses (CPN) – and those from other backgrounds, Programme Managers, Nursery Managers, QTS Teachers, Library Links Staff, Child Care Officers, Nursery Nurses, and many others.

4.6.2 It was also not possible to undertake observations in the many settings where children are cared for. Children may be visited by outreach practitioners, attend crèche facilities, playgroups or nurseries or be cared for by child minders. Parent involvement varies widely.

4.7   Presentation of findings

4.7.1 In the following sections we summarise what was observed and learnt from the study regarding good practice with individual families, good practice with groups of children and the ways in which staff collaborate with and learn from each other with respect to language and literacy issues. Where relevant, we include observations of good practice and, in some instances, examples of practice that we felt should be questioned.

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[1] NHS staff working in or with SSLPs fall into two groups – those who are employed as members of the Sure Start team (having relinquished or been seconded from their permanent NHS post) and those who still work in their NHS posts but are in contact with and collaborate with the Sure Start service.

5. INTERVENTIONS – (1) WORKING DIRECTLY WITH PARENTS AND CHILDREN

5.1. Newborn skills

5.1.1. Four SSLPs in particular helped parents to understand the skills and communicative abilities of very young babies.   The SaLT took the lead in three of these and the programme manager and a health visitor in the fourth. One SaLT had produced a book called '*From Birth To One Year-Speech And Language Development'.*   It helped parents to see babies as active participatory beings and emphasised that "*communication is linked to the development of other skills like hand-eye coordination, sitting, walking, eating, drinking and the senses."* This book divided the baby's first year into three month periods and listed things the baby '*may be doing'* (see Box 3 for example). Listing things that the baby "may" be doing is preferable to things they "should" be doing. Meisels, in the "Ounce of Prevention" project (Meisels and Atkins-Burnett 2000) notes that it is better to encourage parents to observe developmental phenomena rather than to set out norms, age-related milestones, which vary widely, can be difficult for the layman to observe and often cause an anxiety.

Box 3	
0 – 3 MONTHS	
Developing sounds…. By 3 months your baby may be producing • Vowel sounds, 'ah, eh, uh' • Cooing and gurgling • Different kinds of cries	Understanding what they see and hear… Your baby may • Jump when he hears a loud noise • Watch and follow something move when he is lying down • Turn his eyes towards sounds • Listen and turn to a voice • Look at a spoon or bottle • Turn towards the light • Hold and look at two objects (1-4months) • Put some objects in his mouth
Developing Play Your baby may • Look for a long time at large things such as windows, walls • Lift his head with your help • Open and close his hand if you touch it He may • Reach out to hold objects although his hands are often closed • Hold an object when it is put in his hand Reach out for an object but misses	Developing an understanding of their world… Your baby may • Look briefly at people • Watch someone moving around him • Quieten on hearing sounds and respond more to speech than to noises • Smile/coo when someone smiles or talks to him • Become excited when you come near • Use different cries when he is tired, hungry or in pain • Quieten when picked up

5.1.2. The booklet used cartoon figures that had been created within the SSLP. The cartoons were a feature of other local publications, such as a desk diary which included Sure Start contact numbers and inserts to remind users about local events through the year, and so created a recognisable 'house style' which linked the local publications. It was used at a weekly playgroup drop in called 'Play and Learn' that the SaLT ran for parents and children up to one year old and at courses for both parents and practitioners offered by the SSLP. The parents at the drop-in appreciated the booklet but emphasised that it was the way the SaLT was available to talk to that really helped. The SaLT booklet '*From Birth To One Year*' by comparison with the Department of Health publication "Birth to Five" is very short and focussed on skills to do with baby activity. It is less challenging to adults with literacy problems and is relevant to the particular issue of development concerning the parent at the time.

5.1.3. Other examples of work with newborn infants included:

➢ A service called 'Play in the home' – this involved outreach SureStart team workers/ nursery nurses, supported and led by SaLTs, to develop all aspects of attention, play, behaviour and speech by modelling and teaching strategies to parents and carers in the home.

➢ A series of 'I Can' books, which alerted adults to the skills of babies from birth.

➢ Creation of several home DVDs about baby play and interaction. Some professionals expressed understanding that parents do not always want to come to groups. One SaLT said that she had recently had a baby herself and she would not necessarily choose to go to a group but enjoyed doing things with her baby at home.

➢ One SaLT used Brazelton's (1995) work to argue for the provision of antenatal visits, to inform parents about new babies' communication skills and to encourage parent child communication and more acute observation of the baby.

5.1.4. One project manager interested in neonatal development explained how she built on work she had done with an health visitor: *"… we got very interested in neo-natal behaviour and how to support very young babies in their communication … it's about them* (parent and baby) *getting to know each other, having a nice time, feeling relaxed and that's where we went from."*

In this SSLP an Health Visitor's core visit at 6 to 8 months to a family was followed by a visit from the Sure Start Nursery Nurse to introduce baby play and this included using books with babies and the first Book Start Pack was given to families.

Midwives' role in SSLPs

5.1.5. Increasingly midwives see their role as going far beyond the traditional tasks of monitoring the pregnancy for health problems and supervising normal labours (Box 4). There are now midwives who specialise in, for example, teen pregnancy or substance abuse. As a result there has been a growing interest in psychosocial issues and child development. Health visitors support the development of communication skills after taking over the care and support of the family from the midwife. In this study midwives working in SSLPs reported a number of initiatives relevant to early language acquisition The midwives described their role as *making and keeping contact with mothers at antenatal and postnatal stages in order to support mothers' confidence and relationship with their babies – and their older children so that strong initial bonds between mothers and healthy babies could be established.*

5.1.6. They were instrumental in informing mothers and supporting families into networks and services to support them and their children: *"We are able to put a foot in the door and let people know where we are."*

One midwife said: "*To be honest in this area they didn't really see the point of midwives. They've had other babies, they've smoked through the pregnancy they've bottle fed them, their mothers said it was alright."* By introducing developmental ideas, the midwife established herself and her profession with clients as "*really something that was 'quite nice' rather than 'what's the point of that'?"*

Midwives stressed their increasing interest in: "….*developmental things really, talking [to mums] about when the baby can see and hear, how important it is to talk to your baby even when they cannot answer you."*

Several midwives collaborated to set up a group where mothers could: " ….. *talk about what was going on in their lives socially, which is not always good, they talk about depression, how they are feeling. Then they can keep coming up until the baby's three months which is good because it's all that time when they are feeding, when they're depressed and when they've got new stuff going on at home."*

5.1.7. The midwives' own concepts of Good Practice in SSLPs are summarised in Box 4.

Box 4
How Midwives defined Good Practice in SSLPs

➢ Taking account of the local area, lifestyles and vulnerabilities of particular groups.
➢ Developing mothers' confidence and personal use of neighbourhood networks.
➢ Being aware of all the agencies that Sure Start could offer in support of the mother and baby
➢ Being able to support mothers and babies by working flexibly with other practitioners.
➢ Being aware of other siblings and their possible needs for support in speech and language development.
➢ Introducing and supporting families in using opportunities in Sure Start to develop children's speech and language and readiness to thrive in school.
➢ Keeping in touch with professional development in the multi-agency field.
➢ Staying in professional communication with the other agencies in order to be able to sign post families or seek advice.

Promoting child development

5.1.8. The relative impoverishment of language skills that characterises many children from deprived backgrounds is but one facet of the relative disadvantage they experience when they start school. Other aspects of development are also very relevant in determining the degree of readiness for school, as summarised in paragraph 1.2 above. Many of the activities that are initiated, suggested or undertaken in SSLPs can be regarded as informal learning opportunities and general developmental experiences that are likely not only to encourage language development but also other desirable qualities such as social skills and attitudes to learning.

5.1.9. Health visitors' role in SSLPs

5.1.10.   Health visiting is a universal service, though that does not mean that it provides exactly the same to all families - Box 5. The principle of "progressive universalism" states that a basic service should be available to all but relevant additional support should be available to those who need it. Health visitors working in the NHS have a caseload that averages around 320 families, whereas those attached to SSLPs are free to work in different and more flexible ways. This provides opportunities for them to work more closely on specific problems and issues: *"When I came to work in Sure Start I knew I'd be working with families but I wouldn't have a caseload. That took a lot of time to get used to but now I have been able to develop a family centred public health way of working. The initial work was building networks with the local community and other practitioners…..I forged really good links with the local Health Visitor team and found a way of working with and alongside them (not replacing them)".*

5.1.11.   Some Health Visitors were deeply involved in the running of the SSLP facilities: *"With the local Health Visitors I took on a child health clinic that in recent years had seen numbers declining. One of the first things I noticed was that people would come and queue outside the door. That was a big thing I wanted to change. So with some Sure Start money for toys and a more child friendly floor covering we made it more of a weigh and stay session. Now I average fifteen to twenty families every session".*

5.1.12.   Parents attending the SSLP had opportunities to learn more about child development by observing their own and other children and benefited from the explanations offered by the Health Visitors: *"This … had an effect on family relationships…(now) it's not just a baby in a pram being wheeled to a task orientated weighing…parents are coming to the clinic and chatting with one another. They are chatting with the baby, they take the baby out. If there is a queue the baby goes onto the floor and plays. There is no rush to go…..often they stay and the chatting continues. We* (The Health Visitor and her NNEB assistant) *are constantly saying things to and about the baby with mothers….noticing things about them… 'what big blue eyes'…then you open up dialogue around wider issues. Parents might say 'Oh I've noticed how he rolled over in such a way….. and that sparks off a conversation about development. Another parent might say 'eee that happened with mine…' In*

that respect it ultimately has to affect the development of the individual child. But it's difficult to measure that. It is a long term thing.

5.1.13.   The Health Visitors' aim was to support and develop the health and confidence of families to meet the aims of Sure Start. They were often key agents in supporting families' sustained involvement in Sure Start and other local services. They helped families to understand their child's development and facilitated family engagement in wider interactive networks and: "… *to recognise how important play is to their (babies') development - they don't always put the two together. But most (parents) will interact beautifully with their babies and I always make the point that 'while you're doing that you are developing your baby's brain'*"

5.1.14.   Health visitors observed that courses run for parents on developing speech and language in the first year of the baby's life were often not taken up because parents did not perceive the potential benefit. By changing the age to up to eighteen months parents began to attend, as after one year they were more concerned about language development. However, SaLTs observed a gradual change in attitude as language development was introduced at antenatal classes and immediate postnatal groups, so that more parents were realising that language development begins at birth.

5.1.15.   Health visitors' concepts of good practice are summarised in Box 5.

Box 5

How Health Visitors defined Good Practice in SSLPs

➢ Being explicit with parents and practitioners about the development of speech, language and literacy and the role these played in children's healthy development.
➢ Supporting families at home in their relationships with their developing children.
➢ Supporting home visiting teams with knowledge and supervision
➢ Developing groups in which parents, carers and children had the opportunity to learn more about healthy development and take part in interaction with their children and others.
➢ Supporting bilingual families
➢ Working with other practitioners such as Nursery Nurses, Family Support Workers, Child Care workers, Speech and Language Therapists, Early Years Librarians and others to promote the development of speech language and literacy.

5.2.   Using books to promote language acquisition and to develop an interest in books

5.2.1. A variety of schemes on both sides of the Atlantic involve introducing babies and their parents to the use of books at a very young age (see research review, paragraph 3.6). Books were used in many SSLPs in Stay and Play groups – for example, as a resource in the free play time in groups or modelled during a rhyme or story time. However, there was a wide variation between SSLPs.

5.2.2. Among the most popular schemes is Book Start. A wide range of staff was involved in helping parents to understand and use books with their children. In particular, early years librarians proved to be very popular with parents and they actively promoted   Book Start. Health Visitors were often asked to take Book Start packs to families that were not coming to SureStart baby groups; however, often there was no time for them to model and explain early book use with young babies because of the many other issues in disadvantaged families. Not all families were being reached with Book Start packs and librarians were not always informed by HVs whether Book Start packs had been delivered. Some nurseries and SSLP Centres had very good library facilities that were well used by families. Good practice examples are summarised in Box 6 and an example in Box 7.

5.2.3. Parents were often surprised and excited by the ideas they were given about the creative use of books with very young children: *"When I first heard about Sure Start it was a long time ago and I used to think it was social services. It wasn't until I came across Catherine* (the early years librarian) *here in the library that I found out it was about looking out for your child and doing things with them."*

A grandmother who had the care one day a week of her grandson had come across a Sure Start song and story group at the library and discovered that he was not responding to language as might be expected: She said: *"If it hadn't been for dropping into the library and coming across this group we wouldn't have realised he had a problem."*A mother said of her twenty month old daughter:*"It's really good coming along here (to the library) Ellie sits still and joins in the songs, it's going to help her when she goes to school."*At the library a mother talked about making a story bag for her daughter: *"Talking with Catherine* (the early years librarian) *I realised how it was good to link the real things we did with the story so that she* (her daughter) *could see how the cartoon tiger was like the real tiger when we talked about it."*Another mother said: *'I'll admit I was just handing Amelia* (fourteen month old daughter) *things and she did not need to ask for them. Coming here* (to the library group) *I realised that I could encourage her to ask for things and use the words."*

Box 6

Examples of Good Practice with books in SSLPs

➢ Parents were shown how to make developmentally appropriate book bags and the use of books and supporting puppets was modelled.

➢ At a local library, parents and children came each week to activities planned by the Early Years Librarian. The parents reported that this had greatly extended their use of books with their children at home.

➢ From their first contact with the library the children can start 'Book Crawl'. To do this they must register with the library and then every time they borrow a book a sticker is put on their card. Each time they collect five stickers they receive a special certificate illustrated by a well-known children's book illustrator.

➢ One SSLP had produced a DVD of story sharing with local parents set in the new Children's Centre library so that the building interior would be familiar even before a first visit. These approaches had increased registration of children at the library - in one SSLP parents were registering their children before birth!

➢ The library links workers told parents about the different qualities of books very young children could enjoy and how they could enjoy them in very different settings.

➢ One mother and baby swimming group had swimming bath books.

➢ In some SSLPs they offered bilingual literacy opportunities including bilingual story sacks and information about bilingual story sessions in the library or at the crèches and nurseries.

➢ Bi-lingual story sacks were featured in two SSLPs where longer established minority ethnic bilingual populations were served. One SSLP had translated common British nursery rhymes into Urdu retaining the rhythm of the British rhyme so that Urdu-speaking children could sing along in their home language.

➢ Other bi-lingual activities were story-telling sessions but for many language groups, if they occurred, they were intermittent and uncommon.

5.3   The role of Early Years librarians.

5.3.1 Early Years librarians were involved with other staff in face-to-face work with children, parents and childcare practitioners when they ran play and learn groups and story sessions in a library, the Sure Start centre, at nurseries and play groups.   Several SSLPs had input from Early Years librarians in developing listening and story times and in promoting Book Start. Librarians were aware that parents may have problems with literacy themselves; they wanted to present libraries as non-threatening places where parents and children would feel welcome. They suggested that this early contact would help parents to feel more confident in coming to library groups (Box 8). Sessions in libraries support and encourage parents whose previous experiences of "academic" environments may have been fairly negative.

5.3.2 Library links workers [2] have a wide range of ages in their drop-in library groups; from a few months to five. This was a challenge to meeting the needs of the wide age range, so several were developing more age focused groups; however, this demanded more time or personnel and was not always

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[2] People who worked for the library service and were bought in wholly or partly by SS had different titles: Early Years Outreach Librarian; Library links worker; Early Years Library worker; Family literacy outreach worker. Although the titles differed they were similar roles.

possible. All groups included play activities linked to early language and literacy: *"My big thing is complementing the literacy skills with art, craft and play. I'm very keen on getting children working with their hands and linking it to stories, rhymes and songs so that they can make that connection."*

"…. She made a beautiful lolly, so the listening skills were obviously there! It's the interaction she needs to develop, and I said to grandma it will come, keep bringing her. I explained to grandma that although Mary was not talking to me at all I was talking all the time as she did things.. 'shall we put all the yellow ones there'….. .she didn't …I said to grandma she might not be talking to me but keep conversation going around her."

Six Early Years Librarians were interviewed. Several were qualified nursery nurses and one was a Qualified Teacher who had specialised in the Foundation Stage in her initial training. All six were warm friendly individuals and were enthusiastic about enabling parents to enjoy books and other literature: *" They learn so quickly which way up a book goes and that it goes from front to back and not to put them in their mouths. It is quite evident when you see two children of the same age and one who hasn't had the use of books and one who has. They do cotton on pretty quickly."*

"We plan stories linked to themes which we plan ahead for the story telling sessions. Parents are asked to bring an artefact linked to the story theme to link home and the library".

"… sometimes a mum says 'he loves this book, he's so attached to it' and then I'd say, you know, just use it as long as you want. The main point is getting it across to the mums that this is a valuable and rewarding and life changing gift you are giving to your babies."

5.3.3 They defined their roles and aims as:

➢ To increase library membership of under fives and to provide events and activities to support early library membership.
➢ To be familiar with early years learning and literacy, child development and children's literature.
➢ To use the "Birth to Three Matters" Framework and the Foundation Stage Curriculum in supporting children's development and early literacy.
➢ To promote national projects for literacy such as Book Start.
➢ To have links with adult education and could signpost parents to this.
➢ To collaborate with other practitioners and link with parents of newborns, for example through visits to antenatal and early postnatal groups.

Box 8
Observations in a library.

The Family Literacy Outreach Worker ran a 'words and Pictures' course in the local library for parents and toddlers. This is an eight-week course and she plans using themes including: 'Colours', 'All about me', 'Festivals' 'Shape'. For each theme she sets up play activities including role-play and has rhymes and stories to link with the theme. The researcher saw the practitioner and four parents and toddlers enacting a story, which the children had enjoyed previously. The story featured a train and cardboard cartons had been decorated that morning to be the train. The children enjoyed 'riding' in the train while the story was read. Sound effects were provided on the tape recorder. The parents (one a grandparent) said how much they and the children enjoyed these library play sessions, which gave ideas for play at home, and they borrowed books for the children.

5.4 Involving Fathers

5.4.1 Fathers are often neglected in early intervention projects. Several authors have argued that young fathers are often stereotyped and assumed not to be interested in their infant offspring, whereas in reality many would like to be involved and to be good fathers (Featherstone 2004). The evidence suggests that fathers play a crucial role in child rearing – their influence is beneficial except in the case of those with antisocial behaviour and a tendency to criminality. SSLPs in general have been well aware of this and many have tried to engage fathers (NESS 2003), though their efforts have been coordinated and effective in only a minority of programmes. Thus, only a small number of observations could be made in the present study about fathers' inclusion, particularly with regard to young babies. Many women believed men had little interest in children's development but one evaluation officer questioned this: *" ….. men do want to know more about children's development from before birth"*

5.4.2 During one visit to an SSLP, the nursery nurses were seen to take time talking to both parents and accompanied both over to the nearby Children's Centre to become familiar with what was available. At a midwife clinic a young father and mother attended with three-month-old twins. The father was much involved with their care and he made sensitive observations of the babies. One Children's Centre had plans for parents to be able to register births at the Centre; they anticipated that this might offer another opportunity for fathers to establish contact.

5.4.3 Most of the emerging groups were however more focused on men with toddlers and older children rather than with newborns. Several mothers said they needed to encourage their partners to come along to the playgroup with children and they thought that it could feel uncomfortable for a man in the mainly female settings; but a father and grandfather denied that they felt uncomfortable in the playgroup - they were welcomed in a straight forward way and took part just as any carer did. Pictures on the walls showed men playing, feeding and supporting children.

5.4.4 The timing of sessions was important – weekday activities during office hours often meant that fathers were excluded. There were several examples of schemes operating on Saturdays:

➢   A male outreach worker ran a Saturday male carers group. He emphasised the many different male carers including fathers, stepfathers, grandparents, friends, siblings, uncles etc. and made clear

that all were welcomed. The group always ran art and craft activities and a story session. They were thinking about doing drama activities.

➢ Local volunteers with male SureStart practitioners were developing groups.

➢ One group of men brought children to a breakfast club on a Saturday morning.

➢ An antenatal parent-craft group was provided on a Saturday and in the evenings - this helped employed women and increased the involvement of the fathers.

5.5 Meeting the needs of bi-lingual families

5.5.1 The RCSLT emphasises the importance of good practice in dealing with bilingual families and those for whom English is an additional language (EAL); the key points were summarised in paragraph 3.5.   SSLPs were generally well aware of the particular challenges involved in working with families whose first language is not English. Contacting and engaging parents in multi-cultural settings is sometimes the first and most difficult hurdle. For example, one SSLP had recently merged with an area with many bilingual families and the SaLT highlighted the needs: *" …. there was a really low referral rate, an abnormally low referral rate mainstream so there was concern around the number of children being missed. I think that's partly because the other area that I work there's a large Bangladeshi population and a lot was being put down to sort of second language learning rather than difficulties with communication …   there was a sort of history of low expectations around what children could achieve. And I think to a certain extent that's maybe still happening".*

5.5.2 Another SSLP was coping with an influx of different minority ethnic groups and there was a need for other language support and support to bilingual families. The teacher recognised the complexity of the language and cultural issues: *"I think it's probably not been explored to the maximum .. Again sort of reviewing what the sort of current research is and the things we were using before and we want to know if it's suddenly to be coming to things like cued articulation with the children and what the view of the speech and language therapist is on that. And also the fact that 90% of our children come from BME (Black* and Minority Ethnic) *groups and the vast majority having an additional language when they come in. If there's anything we need to be looking at in particular around that. So I think those links* (between SaLTs and teachers) *will develop more strongly."*

A SaLT emphasised that the need was not just for interpreters but also for people who understood language acquisition: "We're getting more families now where we are having to work via interpreters and it feels as though maybe it's not as effective. What we're thinking of trying to do is maybe doing a parent group with those people who don't speak English or Bangla, have the interpreters there and go through stuff so that they can work with their children - yes, it's one of the challenges we face."

5.5.3 Many SSLPs relied to a considerable extent on staff who were not qualified as SaLTs but had been trained by SaLTs in issues of early language

acquisition for these children. Several variations on this theme were observed. For example, in three SSLPs, Indian subcontinent heritage families had been settled for several generations and SaLTs were supported by having bi-lingual SaLT assistants: *"I've been really, really fortunate actually in that I had a girl who used to be based within the Speech and Language Therapy Department and transferred over to Sure Start with me, so she had kind of a bit of a therapy assistant background and then when she left I was able to get a Nursery Nurse who again, she's had lots of experience of play, you know she's come more from a play background, again. Sometimes it feels like I literally work through them, that it's all kind of done by them really and I think what it's really important to stress is that they're not simply interpreters, that they have got more sort of knowledge and experience of the communication issues really".*

5.5.4 In another SSLP SaLTs had trained the nursery workers to run Say and Play activities and the programme had strongly developed staff in speech and language support:*"We've got seven bi-lingual trained childcare workers and that's just such a wonderful resource that we draw on all the time".*

5.6 Support for parents

5.6.1 SSLPs staff understood the impact of the depressing nature of rundown neighbourhoods, and of ethnic, linguistic and cultural issues. They help children by supporting parents who are suffering from stressful life events, mental health problems, intimate partner violence or serious financial difficulties. These parents are unlikely to have the emotional resources required to put into action the developmental and language activities suggested to them. SSLPs help parents with their problems and enable them to start making choices and plans for their own future. See example 3 (Box 9) for an account of how adult learning opportunities can be combined with group work for children.

5.6.2 Many SSLPs have been very creative in offering experiences that benefit family life and social networks for parents living in Sure Start areas. Parents on low incomes often have little opportunity to participate in community activities, outings etc. SSLPs promoted adult activities like simple art and craft or cooking;   these relaxed and undemanding activities could be used to get adults attuned to a regular classroom setting and this could lead on other more ambitious study. For parents who had mainly experienced education as a disappointment and a failure, these were important objectives. Some parents had ambitions for their children's education in spite of these negative experiences but many needed guidance in how best to support their child's learning.

5.6.3 Staff set out to empower parents by asking their views; one SaLT said: *" ….. maybe you do not agree with a parent but you can find a compromise or you can go with their beliefs and sometimes you get a lot further."* This therapist previously used to *" … go in with the programmes and take control and say this is what you do."*

Box 9

Adult Education and children's literacy development

The Local Authority ran an Adult Education course linked to Sure Start. "Early Start" is aligned with Birth To Three Matters and the national Skills for Life agenda for adult basic skills. This initiative for children under four and their parents (*see* Appendix 3**)**   has three key aims:
- helping parents enhance their children's early development
- helping parents develop their own skills
- providing relevant activities for babies and young children

The course was in a community hall where an educare crèche supported the session. Children spent time playing in the crèche then had a joint activity with their parents. The childcare practitioners planned play activities and kept records of children's achievements. Two SaLTs were involved. They challenged thinking - for example, asking if next time parents would do anything different. They:
- helped parents to develop story sacks linked to their child's developmental needs.
- were explicit about these learning aims with parents.
- explained the qualities of books and how they supported different phases of children's development.
- took opportunities to repeat knowledge and enable parents to be explicit about literacy knowledge.
- modelled book use with children (in a joint session).

Parents choose suitable books for their children, discuss the attributes of the book and make puppets to link with the chosen story. They then write an 'Early Start Diary Sheet' based on activities with these items. One parent who was learning to speak English was supported in writing her diary.
A male Sure Start practitioner was also present. He was well known to the parents and children. He gave information about a course (Computer based) beyond Early Start that parents were considering.
Two parents were open about their difficulties in committing to routine rigorous courses but said they enjoyed this one because of how it helped with the children and it was timed so that older children could be dropped at school first.

5.6.4 Another SaLT said she had feared that only those parents that really knew about language development had turned up at her classes. However, she found on feedback from them that these parents felt that they had really learned ways to interact that they had not previously thought of or known about and felt the courses had had a strong effect on what they did with their babies. Similar observations were made by a specialist language worker who made a DVD with volunteer local parents about developing communication – ideas that had seemed simple and obvious to the worker were a revelation to the parents.

5.6.5 It would be extremely difficult to undertake any formal measurement of the benefits or outcomes of supporting parents in the ways described here or providing new experiences but observation and anecdotal evidence suggest that their importance should not be underestimated.

5.7 Identification and management of language delay

5.7.1   Delays and difficulties in language acquisition may be due to hearing impairment, global developmental difficulties, autism spectrum disorders or specific language disorders. Often parents are the first to suspect that the child's development is different from that of other children, but this is not always the case, particularly for first-time parents. SSLPs were asked how they identified children who might have significant delay in speech and language development. The commonest mechanisms were: by health visitor suspicion; observations by childcare practitioners; parental referral (though it is often difficult to determine whether parental concerns are first raised by professionals).   One SaLT expressed concerns about late diagnosis or dismissal of parental worries by general practitioners. The information and raised awareness provided by SSLPs about language issues seemed to result in an increased number of referrals by parents though this was not the case in all programmes.

5.7.2 Early years staff used their training and experience, and their opportunities to observe and compare children in day care settings, to identify those whose development may not be proceeding normally. For example, one assistant at an SSLP described an important observation that led to prompt diagnosis:*"I become concerned about a child's language and I mentioned it to the SaLT – it turned out the child was autistic".*

5.7.3   In the light of evidence that screening tests for language delay do not perform well (e.g. Law and Boyle – Health Technology Assessment), and are therefore used less extensively than was the case in the past, there are obvious advantages in seeking to identify these children in a variety of pre-school settings by observation over a period of time (Ireton 1990). This approach is also being developed at the Royal Children's Hospital in Melbourne. We were therefore interested to know how much education and training was made available to the staff of SSLPs, by speech and language therapists or others, on the ways in which speech and language problems could be identified, and the appropriate action to be taken.   An obvious corollary to this question was the extent to which SSLP staff could also support these children. This question has been more fully addressed in a themed study on Special Educational Needs in SSLPs.

5.7.4 In at least 4 SSLPs, the SaLT identified one or more individuals to train in speech and language issues so that they could become the local "expert". This could be for example a nursery assistant, or a nurse with some developmental knowledge. Three levels of skill were thus defined:

➢   general knowledge about communication for all staff;
➢   practical and applied knowledge for "frontline" staff working directly with children;

➢   extra training and support for individuals who were keen to develop more expertise and insight so that they could offer advice in their own SSLP and raise the overall standard of communication work with children.

5.7.5 These "communication advisers" would visit families, use toys (e.g. "treasure boxes"), model language, and generally raise parents' awareness. In some cases, they also worked with teachers and groups of children. The SaLT visited and observed regularly to monitor progress and advise.

5.7.6 In another SSLP there was close collaboration between SaLT and education development workers. They developed "Stay and Play" sessions in which practitioners identified children having difficulties with attention and listening.   SaLTs in one SSLP ran special language groups at nurseries to which children were referred when there was a concern over speech and language development. The purpose of the group was both diagnostic and supportive. It helped the SaLT decide whether a child would need one to one therapy at a clinic or continued support in school. All children had their own targets within the group and their progress was monitored. Parent consultation sessions gave parents ideas to work on at home and increased their knowledge of language acquisition. Unsurprisingly, parents varied in the involvement they wanted.

5.7.7 Some teachers had become interested in how SSLPs were affecting language development. One SSLP was comparing the language and development of school entrants who had or had not attended SSLP facilities. There was anecdotal evidence in many SSLPs that school teachers were recognising the positive effect for children who had Sure Start experience, especially in settings with "ready for nursery" provision where parents and children were supported in understanding nursery learning activities.

5.7.8   At least three service models were observed:

➢ The two SaLTs led the 'Education and Child Development Team' which included two child development workers, an education development worker with Qualified Teacher Status and an early years background and an occupational therapist. The majority of SaLT work was in programme development but they also did occasional home visits when parents had not taken up referral.

➢ The SaLT spent more than 50% of her time in home visiting – on the grounds that referrals are often not taken up because: *" …. parents with complex life situations do not put Speech and Language high on their agenda".*

➢ In a third SSLP, the SaLT and one Portage worker were managing many home referrals but it appeared that some of these families could more appropriately have been better supported in the use of "play and stay" facilities.

5.7.9 These three communities each received a different service response, and each of these approaches had different resource implications, though on the evidence available it is impossible to say which were the most effective and the most cost-effective. In view of the large numbers of children with slow language development, particularly in deprived areas, it is important to build capacity and ensure that wherever possible children can be both recognised and supported in mainstream pre-school and school services. This means that all new staff need continuing educational development on speech and language. For many Early Years and even for qualified teachers, their knowledge of these issues was surprisingly limited; though support and advice from the SaLT can enable them to become more expert and take on more difficult situations – provided that this support is maintained.

SaLT services in SSLPs – referral and assessment

5.7.10 In one SSLP, a child would be seen within six weeks of referral. There were special nursery language groups for further assessment. The SSLP had improved the service by providing facilities in a Children's Centre building where SaLTs could meet with parents and other practitioners more easily and library links workers were available.

5.7.11   However, many SaLTs complained that, if service level agreements for SaLT were no longer available, there were no straightforward routes for practitioners to arrange referral to SaLT services.

5.7.12   Children who are thought to have significant difficulties with language or general development often need assessment by several professionals. Parents often comment on the number of appointments needed and the range of professionals they have to consult, in order to obtain a comprehensive picture of their child's needs. Ideally all necessary consultations would be provided at a "one-stop shop", but in reality this is rarely achieved in the UK. We did not find any example of an SSLP able to provide such a service though some SaLTS provided at least an initial consultation within the SSLP premises.

5.7.13   There were no arrangements at the SSLP centres for hearing tests. Some mentioned that the SaLT would check for hearing. One Sure Start centre was within a building where a GP practice was sited and it was said that children could be referred to the doctor. Three Sure Start centres were sited within a very short distance of an NHS health centre and there were plans that hearing would be tested at these. All other centres would refer to hospital audiology departments. One SSLP immediately said that they would accompany a parent should they wish it.

5.7.14   We were concerned at the comment by one member of staff – that "there is no need to worry about (the child's) hearing as they all have newborn testing now!". In reality, hearing loss can be acquired at any age and therefore remains a concern in any child whose language is not progressing normally; newborn screening only detects about half of all childhood cases (Fortnum et al 2001).

5.8 Therapy and other interventions

5.8.1   Speech and Language Therapists in the SSLPs carried out some individual work with children. They undertook casework where children were not reaching mainstream clinics for diagnosis, either because of parental reluctance to attend or because of difficulties or delays in access. The illustration in Box 10 describes the support given to a boy in whom the SSLP Speech and Language therapist had identified language delay - it illustrates how the network of the SaLT and SSLP nursery worked with the family to support his language development, adapting their service to fit in with the parent's other commitments such as taking siblings to school.

5.8.2 In addition to the increased convenience for parents of receiving advice about their child's speech and language within the SSLP centre, there was also some concern about the issue of stigma. For many parents, the suggestion that their child may be delayed in this aspect of development is perceived as implying criticism of their parenting abilities and may be taken as an accusation of neglect (Glogowska and Campbell 2004). Another difficulty for many parents is understanding the extent to which their child is delayed compared to population norms, particularly in poor neighbourhoods where so many children are delayed. For example, one parent had not been responsive to unsupported clinic advice; by her own admission she could not understand what the problem was until she saw the SSLP SaLT demonstrating the difficulties and modelling the approach.

Box 10

Four Year Old Scott at the Play and Learn Group

Scott's mother had noticed he wasn't talking as quickly as his older brother (age 6). Scott's mother was expecting her third baby at the time and the SSLP midwife referred her to the Play and Learn group where the Sure Start SaLT and other practitioners provided a mother and toddler group that helped children and parents. Scott's mother felt this was what brought Scott on. The SaLT showed her how to get Scott to attend when she spoke and helped her to speak slowly and simply. '*Jan showed me how. I could do it at home then.'*   She now made sure he was listening and that she had eye contact with him. Scott's listening and speech improved over the year. The record of his difficulties with language would be passed on to his school along with concerns about his motor control.

Scott's mother brought Scott's ten week old brother to Play and Learn too. This was her third child and she had successfully breast fed him for ten weeks. She said she'd not breast fed her first two and it was "good to have a place you could come to where they helped and you could feel relaxed".

Months later Scott's mother got a place for the baby at the Children's Centre nursery and was herself signed up to maths and English classes. She said she'd arranged the nursery place first - she wanted people she could trust to look after him.

5.8.3 Several SSLPs were running a Speakeasy course developed by the Family Planning Association (FPA) and aimed at helping parents with ways to talk about sex with their children. One SSLP encouraged parents to come as

early as possible in their child's life to be ready with ways to talk to children as they grew up. The course was popular and it was also helping young parents manage their own sexual choices and delay further pregnancy until they had done other things such as college and work.

5.9 Using the Sure Start Speech and Language Measure

5.9.1 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. It has been designed to measure the Sure Start's PSA target on speech and language skills at both the national and local programme level.   It was developed in 2001 for the Sure Start Unit by City University in conjunction with Sure Start local programmes. (Harris, Law and Roy 2005)

5.9.2 In several programmes visited, the SSLM had been taken into households by a range of different practitioners and the SaLTs had spent time with staff explaining the measure. By the time of the visits undertaken for this report, most programmes were carrying out only the required sampling use of the measure, although one visited used it still with all families. While there was some criticism of the measure amongst SaLTs because it relied on parent/carer observation, they also found it useful in raising awareness of speech and language development with parents. A range of practitioners other than SaLTS had administered the SSLM and found that it had raised their awareness of speech and language development.

Section Summary.

5.10 Four programmes in particular were working with parents on the early communication skills of infants. Midwives were enthusiastic about this new dimension of their work.

5.11 As we anticipated, health visitors (who have always been much involved in child development) played a leading role in supporting parents of young children with respect to all aspects of their development and their needs.

5.12 Most programmes were introducing parents to the use of books for very young children and "Book start" was widely used. Lack of time often inhibited health visitors from modelling optimal use of books. Librarians played a major role in this and there is scope to extend this contribution further as their input was highly valued by parents, even those for whom libraries had been perceived as unfriendly.

5.13 Although all programmes were sensitive of the need to involve fathers, and several good initiatives were observed, this remains a challenging area for early years workers.

5.14 Many examples of good practice were observed with bilingual families and those whose first language is not English, but all programmes recognised the limitations in their current service delivery and the need for a wider range of interventions.

5.15Parent support for a multitude of life problems was regarded by many programme managers as an essential prelude to any successful direct interventions targeted to child development.

5.16Many staff were well informed about problems of language acquisition and understood the importance of identifying children communication disorders; they valued the support of SaLTs in deciding on the appropriate action but were concerned about the withdrawal or reduction of SaLT input in many programmes.

5.17 Most SaLTs offered some direct one-to-one therapy where appropriate, for example with families who had proved hard to reach.

6.   INTERVENTIONS – (2) GROUPS

6.1 Group work, classes and courses

6.1.1 A wide variety of groups was observed – many of these had similar aims and objectives and some were modelled on established programmes such as the Canadian Hanen courses and PEEPs (Appendix 4 for web links), though they often used names chosen locally. Some of these groups and classes were age specific, others spanned the pregnancy and the child's first and second year of life. The latter arrangement seemed especially valuable for very young parents who often feel lonely and isolated – the continuity over a long period helped them to build relationships with staff and to make friends. All SaLTs interviewed had contributed to programmes for parents to increase knowledge of speech and language development. Examples included a '0-1 years parent's workshop', parent and toddler groups where children and parents learn together, for example to make age appropriate Story Sacks. SaLTs visited playgroups, antenatal groups or parenting classes. SaLTs (some of whom had experience of adult language or learning difficulties) also had input to basic skills adult education classes. Box 11 summarises some examples of good practice.

Box 11

Examples of Good Practice – group work and courses.

➢ In one SSLP the Programme Manager or the Educational Psychologist ran a course for parents *and* practitioners called Bright Start. This emphasised the importance of speaking, listening and language development and the links to behaviour and cognitive development. It taught specific strategies for maintaining and extending interaction with children, such as the use of open questions and of feedback to encourage children's thinking - e.g., ' *what do you think would happen if…?'* and '*Tell me how you did that.*'

The programme aimed to help adults challenge children in positive ways so that '*a challenge from a teacher does not mean their answers are wrong.'* The course emphasised developing a '*mediational teaching style*' that was '*concerned not only with what one teaches but primarily with how one teaches it.'* It comprised four planned sessions and a handbook. Part of each session was discussion of the home-based activity and then parents tried out these strategies at home.

The Bright Start Programme was explicit about the strategies it taught being those used by good teachers and by parents whose children were successful at school. Sessions involved tutees working in pairs on a sequence of questions to develop conversation around an everyday activity. Tutees were informed about research reasons for doing these activities with children.

➢ The same SSLP ran a language group based on the Hanen (*see* Appendix 4) approach to developing language in naturalistic settings for parents and SS practitioners.

➢ One Sure Start teacher was also a trainer in a behaviour management programme that she ran in school and playgroup settings throughout the locality.

➢ One SLT had attended a six unit course known as 'Keep Kool Kooking Kids' (KKKK) – this was "*made up of a series of recipes dealing with behaviour problems and improving family skills and developing thinking, play and speech and language."* The SSLP produced a small descriptive handbook of the six 'Behaviour Programmes' that referred explicitly to language development aspects of these courses.

6.1.2 Many SSLPs offered courses or a series of sessions but, for parents who found it hard to commit to regular attendance, some also offered "drop-in" sessions – for example, these might be run by the SSLP health visitor for parents with babies. Current life problems were discussed – for example, eviction, coping with an over-drinking partner, baby sleep difficulties. This offered both peer and professional support and advice. The following examples were visited:

6.1.3 A baby group called 'Baby Play' was timed when the midwife was available in the centre for consultation in the early months. The mothers came to her clinic for their postnatal examination and at this time could be introduced to the group. The play workers at this group promoted early book use and play.

6.1.4 Many SSLPs ran 'Bumps and Baby' groups where expectant parents and parents with newborns met.

6.1.5 Several playgroups for parents and babies in their first year were run by Sure Start play workers and crèche workers with the explicit aim of developing developmental skills and parents' strategies in this. For example a 0 to 10 month olds' PEEPS (see Appendix 4) group session was observed which included a routine starting greeting song and other songs and rhymes. Staff explained to parents that these were intended to develop phonological awareness as a pre-cursor of early literacy skills.

6.1.6 One SaLT worked with groups on behaviour and parenting issues using the Webster Stratton (Webster Stratton and Mostyn 1992) parenting strategies. These and similar programmed intensive parenting courses have strong elements of communication skills in speech and language, using indirect modelling and good practice in communication linked to behaviour management.

6.1.7 Two programmes were using the PEEP (Appendix 4) framework but there was a concern that trained staff were no longer available and the training had not been repeated with other staff.

6.2. Play and Learn Groups

6.2.1 Groups run at SSLPs where parents and children were together with practitioners had various names. "Play and Learn" was used in two SSLPs by two of the examples in and the title has been used to cover all the groups mentioned below in which modelling for parents took place. Many SSLPs and the majority of day-care facilities for young children include some formal learning opportunities in the day's routine. There are however wide variations in the frequency and the content of such activities and the extent to which they form part of a coherent planned programme, as opposed to being simply delivered on a more random basis. The wide variation in the quality of day care described in the research literature was repeatedly observed in this study.

Box 12
Good Practice – examples of "Play and learn" sessions

➤   A drop in session: The modelling part of the session was deliberately planned towards the end so that most parents were present. It included songs and rhymes with actions with children sitting on their parents' knees. Staff pointed out aspects to parents of children's engagement such as their anticipation of a familiar part of a song. Puppets were used to demonstrate the action of the mouth and tongue when words are formed.

➤   A drop-in run by the SaLT (supported by a Sure Start counsellor and a Citizen's Advice Bureau finance adviser): This used a permanently set-up room with full nursery equipment including a ball pool and a sound and light sensory area. The SaLT worked with individual parents and children where concerns about language had been raised. She modelled good eye contact and clear simple sentences with a child and was explicit about what she was doing with the parent. The session included a song and rhyme session that emphasised development of sound discrimination.

➤   A group led by the Early Years librarian jointly with a nursery nurse with Foundation Stage experience: Some children had been referred because of concerns about language development. The children varied in age from a few months to over two years. Parents could share books with their child. The practitioners planned art and craft activities linked to songs in the song and rhyme session.

➤   Use of songs: A group included a song time for parents and children and percussion instruments were used. The group also sang two songs from the Jolly Phonics (*see* Appendix 4) scheme. This was done purely aurally with the children who enjoyed the two songs (l for Lolly and d for Drum). Printouts of the songs were offered to parents and all parents took a copy of these. A parent said she thought this knowledge about phonics would help her when her child started school. *Comment*   This instance of developing phonics awareness was unusual in this age (two years) group.

➤   One "Ready for Nursery" Group (see below) encouraged awareness of print with children of two years and nine months by using name cards that the children were helped to identify.

➤   Modelling of story telling with books took place at several library based activities. Parents were supported in selecting developmentally appropriate books and making story bags for their child. The qualities of books were discussed, including their sensory qualities for very young children and stories with flaps to be lifted which could support children's anticipation and memory of stories.

6.3 Parent-led Playgroups

6.3.1 In some SSLP playgroups practitioners deliberately 'stood back' to give parents the main role in interacting with children. Often, this was not as successful as staff hoped. The lack of interaction was evident at a community hall playgroup where play activities were available each week. Parents said they enjoyed meeting each other and played at times with their children although most chatted with other adults. The Play Worker found it difficult not to get involved with the children but hoped that the parents would eventually run the group, so she would stand back and encourage them to take the lead. Several project managers reported gradual change in parents' engagement with children and saw it as a success when requests from parents for Sure Start were for more developmental activities for the children rather than outings for themselves.

6.3.2 Parent led groups had to learn to be responsible. One group was stopped by the Programme Manager and then allowed to re-start, but parents first had to be taught that they must be responsible for basic things like tidying up and supervision of the children. The manager did this by asking parents to come up with some rules for the café which ensured care of children, resources and the inclusion of all. This 'hands on' activity of the project manager, interacting with parents, children and staff, was a good example of leadership and relationship building at the centre. The need for a structure and a curriculum for parent-led groups was emphasised.

6.3.3 Development of volunteer staff was a significant aspect of several programmes The skills and interests of volunteers were assessed and they were supported in taking different roles, such as nursery assistants or local 'befrienders' to newcomers in the neighbourhood. They were encouraged to take relevant courses, for instance a volunteer was one of the tutees in a 'Bright Start Course' (Box 11), developing her capacity to use the strategies with children and also disseminate the course ideas to others. Tesco vouchers were used to encourage volunteers in one programme and eventually several had acquired jobs in the SSLP or elsewhere.

6.3.4 In another group, parents were invited to develop their own skills by learning about computers. Some young parents at a group with a relaxed start time said they were not keen on starting courses that required a prompt start time 'like school' and this was putting them off taking a computer course on offer. Staff reported that it had been hard to maintain discipline – parents did not arrive on time and they would prefer to have coffee and chat! Another project manager said that she had deliberately stopped 'drop in type activities' because the parents needed to plan their lives and make appointments as 'this is what adults do.' There was a distinction between running a regular known drop-in time where parents could come informally or in a crisis and find support and running courses as drop ins. The former were useful to support the inclusion of parents who moved into areas and needed to make contact quickly with a local network.

6.3.5 Some staff admitted that they had been slow to realise that depressed parents do not necessarily welcome groups. This had to be addressed by

outreach workers going to the parents' home, supporting them to come to nurseries or groups when possible. Parent agoraphobia was thought to be an issue affecting use of Sure Start nursery, but parents often defined the issue in terms of the child, for example lacking experience of mixing with other children. Parents were encouraged to come to the Ready for Nursery Group by practitioners defining the needs of the child for mixing with other children and learning what to do at nursery.

6.3.6 Aromatherapy, massage etc do not have much evidence base but staff and parents found that it helped relationships with baby and offered a group experience, helped them make friends, and presented the idea of gentleness (which was novel to some victims of domestic violence). One social worker had been trained to do massage – parents liked the idea that a social worker could do this and use the skill to relate to them in a different way

6.4. Getting Ready For Nursery Groups

6.4.1 Some SSLPs ran transition groups which supported parents and children's knowledge and confidence in using a nursery. All children of two and a half were offered a Sure Start play session and some would move onto the 'Ready For Nursery Group' but others simply continued with the centre play session with similar routines and planning using the Birth to Three Framework. Teachers at local schools collaborated with each other and with SSLP to enhance parental understanding of school practice. In a typical example, each session lasted from 9.00 am to 11.00 am once a week and followed a clear routine so that children could develop confidence. The routine was printed in a booklet given to parents:

➢ Independence- Hanging own coat, post own name
➢ Welcome-Song
➢ Free choice activities
➢ Tidy-time/toilet
➢ Visit to nursery
➢ Snack time/story
➢ Outside play
➢ Book club
➢ Goodbye-song

6.4.2 Programmes of "Ready For Nursery" sessions were well planned in conjunction with nursery staff (several schools were involved) so that similar routines and activities could be modelled. The sessions were for small numbers (about six) of children who had been referred for a variety of reasons, for example if parents and practitioners felt a child needed to develop confidence, or if there were concerns with speech and language. In the small group, the child's needs could be assessed before going into the nursery and nursery staff could plan to support identified needs.

6.4.3 The average age of the children at "Ready for Nursery" sessions was about two years and nine months, which corresponded with the term before they were eligible for the school nursery place. A key aspect was the development of listening skills, enjoying story and early book use. The groups were helpful for parents in two ways: firstly, they informed parents about the

kind of learning and expectations of children in the Foundation Stage and ways children could be helped by their parents; secondly, they helped parents to feel able to leave their child and see this as a positive development of their child's independence and skills.

6.4.4 One Ready for Nursery Group offered explicit modelling of book use. Activities to develop children's knowledge about print were widely used. Listening bags or story bags were used by the nursery nurses at story time and each week a story bag was taken home. They were developmentally graded and had been prepared in collaboration with the Sure Start SaLT; they supported preventative work done by the team in preventing speaking and listening difficulties for children. These children also received their Book Start pack at this group. Crèche and Nursery group information was shared with

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Box 13

Example of Good Practice – "Ready for Nursery" Group

A booklet was given to parents explaining the group in a question and answer format. An extract from the parents' book:

"What is expected of me?

We ask that you bring your child to this group and support them in the activities that we have set out. The group is run differently from a toddler group, with our support we ask that you assist your child with simple tasks that will be expected of them in nursery. Such as; learning to recognise their own name, hang up their own coat, use the toilet and wash their hands on their own. We also encourage children to sit together for story and snack time, and with your help we hope to develop their listening and communication skills.

We hope that you will develop relationships with the nursery staff and build a first bridge between home and school. We also hope to develop your interests by having speakers, or videos for information sharing on subjects such as healthy eating, children's speech and language, training opportunities at the local college, managing behaviour, treating lice, etc. Please let any staff know your interests."

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parents through profiles,books and pictorial records of children's developing achievements showing how these had been encouraged and extended through the nursery activities. Parents were encouraged to add to these with aspects from home life.

6.4.5 For some young parents, becoming a parent makes them feel they are now adults – an alternative pathway to school success, getting a career and an income. But the routine and discipline of a "Ready for nursery" group were found to be quite tough for some parents. For example, some 3 year olds were still receiving diets suitable for babies and were regularly offered a feeding bottle. At snack time, the requirement for hand washing surprised many parents who tended to be lazy about this discipline. Some parents were embarrassed by the routines of songs and actions.

6.4.6 Developing work with schools is one aspect of linking Sure Start with mainstream services. Part of the practitioners' task in Sure Start areas was the exploration and definition of a new role. In some Sure Start localities there had been progress in Early Years education and parental communication but in others there was still much to be done. In disadvantaged areas parents' memories of school have often not been positive; in several programmes,

parents wished to distance themselves from school and had not welcomed Programme Managers' efforts at school contact.

6.4.7 Teachers in particular were learning new roles and skills, especially in working with children's development from birth to age three. The Sure Start programmes visited had varying experiences of incorporating teachers into Sure Start work. In some cases a Sure Start teacher role had existed from early days of the programme and in others there had not been a specific Qualified Teacher Status role.

6.5. Teachers working with Sure Start

6.5.1 *Teachers' knowledge of speech and language acquisition*

6.5.2 Qualified Teachers were involved in SSLPs in three ways:

➢ As members of the SSLP staff, often in those that were already Children's Centres or moving towards that status. Some had a QTS post within the centre, some had access to and designated time from an advisory teacher who also covered other SSLPs and in one case a nursery school and SSLP centre building shared a geographical site and merged as the Children's Centre - the Nursery Head Teacher became the designated Children's Centre teacher.

➢ Employed in SSLPs but not as teachers - for instance an Early Years Librarian drew on her teacher training in her Sure Start literacy role. Another SSLP employed a teacher in their education team but not as a teacher, though she intended to apply for the designated teacher post when the SSLP became a Children's Centre.

➢ Collaborations with local schools - for example, SaLTs invited local teachers to their training programmes or Sure Start practitioners set up Ready for Nursery Groups in association with local schools.

6.5.3 Some SSLPs teachers were well informed about speech and language and there was a constructive collaboration with SaLTS as well as other professional groups. One Early Years advisory teacher said:*"We (teachers) have a valid contribution, we know about sound discrimination, we know about phonological awareness, development of language, the importance of communication and interaction. What we can't do is … if a child has a specific difficulty…if I've done all the things we're supposed to do to develop speech and widen vocabulary without success, I need someone to refer to. In the Children's Centre I have that availability of expertise within the centre, who may not be there all the time, but is a known specific person. The Children's Centre building is a hub … with resources and expertise".*

6.5.4 There was a wide variation in both the knowledge and the interest of schoolteachers in language acquisition. For example, one SaLT arranged with a teacher to develop a group to work with children identified with attention and listening problems, but instead the teacher selected children with articulation problems. This perhaps reflects a finding that was common in

the Health Service some years ago when SaLTs first began to train health visitors; they found that both parents and professionals were much more likely to focus on unclear articulation as the main "speech problem", because it is obvious to everyone, not realising that difficulties with syntax, semantics and comprehension are in reality much more likely to represent a serious long term difficulty (Bishop 1997).

6.5.5 Such observations suggested that some teachers had not been instructed in normal and atypical language acquisition in either their basic training or their continuing professional development. It is therefore perhaps regrettable that in some SSLPs (doubtless due to time pressures), teachers would prefer to send teaching assistants to speech and language course, rather than attend themselves.

6.5.6 In recognition of the need for teachers to acquire expertise in this field, some LAs had seconded teachers to work in local SSLPs to gain professional knowledge in "Birth to Three" issues and learn about Sure Start multi-agency working. In one area, advisory teachers worked with private and voluntary sector nurseries on developing the Foundation Stage. Such measures develop a pool of Foundation Stage (FS) teachers, some of whom may apply for subsequent Children's Centre QTS posts.

6.5.7 Teachers' commitment to the aims of Sure Start

6.5.8 In the disadvantaged areas that characterised SSLP settings teachers were keen to encourage a positive attitude to education for parents and children. One teacher said: *'There's a lot of deprivation in this area where parents don't have work and that really does affect how they bring up their children and it effects their attitude to education. Children often don't attend any pre-schools or early education. Out of 170 children only 70 were accessing preschool services. When the children were getting to nursery they were unable to construct a small sentence or even string one or two words together.'*

The teacher wanted to help parents and carers understand the enjoyment and benefits their children would have from early education. She set up groups *" because I felt that parents in this area who haven't had a good experience themselves are a little bit thinking …. "I wonder what happens when they get to school, how will I be able to help them?""* The first session she did was 'time for a story'; each week the parent and child took home a little matching game *"because I said - matching is one of the first stages of children's reading - and they all went "ahh" in relief and said "well I can do that, I can help them"."*

6.5.9 This experienced Foundation Stage teacher was very knowledgeable about the Birth To Three Framework. She was running another successful group with parents and carers on early maths. She provided handouts that explained how this developed language skills in maths and that it was fun. *" I reiterate all the time it's fun, its play because that's how children learn".* She explained to parents and carers how they could develop maths language

using the environment - *"look at road signs, for example, because there's lots of different road signs you know, hexagons, triangles, circles and squares…. say.. "oh look there's the name of the street on a rectangle". So you're adding those language words into their everyday chit chat and play".*

6.5.10 Teachers working with SSLPs had firm ideas about what constitutes good practice (Box 12).

Box 12
How Sure Start Teachers defined Good Practice:

➢ Being able to articulate the opportunities for language and child development across the Birth To Thee Matters Framework and the Foundation Stage Curriculum to differently qualified staff.

➢ Recognising and acting on the child development knowledge needs of different parents, practitioners and professionals.

➢ Having a management role supported by the Programme Manager

➢ Understanding the ways in which SS and other agencies could support families especially families subject to social and economic disadvantage.

➢ Liaison with other professionals, especially SaLTs, in promoting language development.

➢ Maintaining high quality links with their profession especially well founded research knowledge in child development and learning.

➢ Being familiar with and using ideas and concepts which defined children as active learners including a variety of established programmes and approaches - High/Scope, Reggio Emilia, MOSAIC, PEEPs (*see* Appendix 4).

6.6 Professional issues and concerns raised by teachers

6.6.1 There was anecdotal evidence from interviewees that teachers' activities with parents and SaLTs' encouragement to parents were having an effect on the take up of school nursery places. An SaLT in one SSLP reported that this was changing *"as parents become more aware of the social benefits for their children"* and she thought that providing playgroup facilities up to age three made it easier for parents to make the transition to nursery school*.* Three head teachers and early years teachers who were interviewed had observed improved skills at school entry amongst children who had used Sure Start and other interviewees (Programme Managers, SaLTs, Childcare Managers) reported similar feedback from local nursery teachers and school teachers.

6.6.2 Teachers interviewed welcomed the emphasis on child development in "Birth To Three Matters" and were optimistic about the proposed Foundation Stage Curriculum (FSC) for the same reason. However, there were concerns about possible loss of status in the area of young children's learning, because the new Foundation Stage Curriculum had been taken out of the Education Bill into the Child Care Bill. Some SSLP practitioners felt that whereas they could make positive links with Nursery class teachers this was not always the

case with school head teachers and they suspected that some head teachers lacked a clear understanding of play based early learning.

6.6.3 In addition, with the proposed new FSC only extending to age five rather than six, the Early Years Curriculum remained divorced from statutory school starting age.

6.6.4 Several early years teachers interviewed felt strongly that the FSC should extend to age six or seven. Teachers and some nursery nurses thought that the National Curriculum and its assessment processes beyond age five were detrimental to the curriculum for language. One Children's Centre Early Years Teacher felt that *"the new FSC is associated with childcare more than education"* resulting in reduced status of practitioners such as herself.

6.6.5 A nursery nurse working with a library links worker to develop language and literacy through Sure Start play and stay groups was pleased to have left the assessment pressures she had perceived when working with Key Stage 1 in a school and to have more flexible opportunities to work with children's interests. She emphasised the far higher ratio of adults to child in the play and stay group which led to more focused interaction with individual children but also stressed that this provided opportunities to introduce phonemic awareness using knowledge of school based Reception and Key Stage 1 activity.

6.6.6 Early years qualified teachers' professional knowledge allowed them to look across the Birth To Three Framework and the FSC and advise and support practitioners in developing their child development and language environment. They worked with private providers in preschools and school based Foundation Stage Teachers in developing the curriculum. There were dilemmas in needing to support the various professional requirements for pre-school providers or QTS Foundation Stage Nursery teachers. The pre-school providers needed more basic pedagogical information whereas the FS teachers wanted to look at the whole curriculum and wanted to work on developing assessment profiles. Regarding pre-school providers, a teacher said: *"They do know what they want to do with the children but they need back up with why they are doing it and what they are developing with children. One of the things we did for early mark making was make tracks with cars on a huge piece of paper and that was to be a road for the transport topic. I explained we're doing this because they all need to develop the muscles in their arms before this movement comes* (she mimics a hand writing*) all this* (indicates upper arm) *has to be developed. …. the children need to use the scissors* (rather than be given ready cut out pictures) *to develop the muscles in their hands. So it's all those sort of things that they* (less qualified staff) *want to do quickly for the children but they need to think how they develop the children."*

6.6.7 Working in Sure Start, teachers often met with parents under stress and they were able to call on the other agencies to help families. Families encountered multiple problems. The teacher needed to know how to intervene sensitively. An example was a family where the son had been diagnosed on

the autistic spectrum but also the marriage was breaking up. The mother disclosed her worries at the play and learn group to the teacher:*" it all came out in the wash as it does when you're working alongside a mum. I was able help her. I knew she would not be very confident if I said right away - I'll get you family support - so in fact I asked the family support worker to come to the play session. Because I knew with the different parts of the team what goes on here. She's a really different mum now family support are working with her and her little lad is in pre-school."*

6.6.8 The teacher's way of working helped parents and practitioners understand their opportunities for encouraging language development, know how to recognise their children's achievement, have ways to interact with their children and model language. The SaLT's work on language development with parents had shown similar attributes. As a result, parents and children benefited from approaches shown by research (Hannon et al 2005) to be effective in children's language and literacy development. Involvement from the earliest months of life is likely to be more effective than a few weeks attendance at a "ready for nursery" group.

6.6.9 Teachers sometimes had a problem in explaining the reasons for ways of working to less qualified staff and to other professions:*" sometimes when I've explained the theoretical reason why we're doing something there's a glazed expression and I have had to think about the language that I use, because education can be full of phrase words and buzz words."*

6.6.10 Teachers needed to keep in touch with their professional knowledge and they valued links with the Local Authority teacher networks, visits to other districts to see and discuss practice with other Sure Start teachers, opportunities to learn with and from colleagues in research and Higher Education, and close collaborations with SaLTs. One teacher had implemented the Reggio Emilia approach and felt that it offered an effective integrated approach to learning.

6.6.11 Early Years Teachers based in Sure Start could find it a lonely job and difficult to defend their child pedagogical knowledge unless it was recognised by the programme manager and unless they were given a strategic role - Box 12. Their networks with other teachers in Sure Start settings were an important support in managing their role. Their difficulties were compounded at times by some teachers (including head teachers) in school settings who did not have a background in birth to three pedagogy or even three to five year old pedagogy and who had less informed contact with child and family support agencies outside their school settings.

6.7 Links between the Birth to 3 and over-threes and the Birth to Five Curriculum

6.7.1 Where there had been collaborative links between staff working with the Birth To Three Framework and those working with the Foundation Stage Curriculum, there was much evidence of practitioners developing links between them. For instance, one SSLP had worked with the local nursery

school and were developing the Children's Centre agenda. Several factors had enabled them to build a working relationship:

➢ Children moving between Sure Start and nursery
➢ Two Sure Start staff had been school based Nursery Nurses.
➢ The Sure Start family support team had helped nursery school hard to reach families by helping families get children to school and follow a routine.
➢ Sure Start staff had supported nursery children with special needs
➢ The nursery school had joined in with Sure Start story sessions.

Box 14

Listening and speaking with children and working from their interests

The Centre teacher explained that *"to work from the children's interest, you need staff who are very well trained in how children learn"*. She was using the Reggio Emilia Approach with the team and working with a local artist as part of her continuing professional development, aiming to be '*not creative as in 'Art' necessarily but creative literacy and problem solving and finding other ways of doing things.*'

The practitioner may capture an activity with the digital camera and write more about the child's developing interests, linked to areas in "Birth To Three Matters" and staff could then plan activities to move the children's interest on. The profiles were shared with parents who were invited to put in their own comments and observations of their children. Each profile was reviewed every six weeks for possible lines of development.

The children always wanted the 'Three Billy Goats Gruff' story so staff took this as a theme, building bridges over the water trough. They took the children to look at bridges over the canals. The children took photos with the digital camera and began to make suggestions of where the Troll might be. They found a bridge they thought was the Troll's - there were graffiti on the bridge and the children suggested the Troll had been practising his writing there and speculated that he had gone to Asda. Back at the nursery the children drew pictures of the Troll shopping with his trolley and made shopping lists for him. A local Artist was commissioned to work with children and built a bridge with them. The children used power tools to put up the bridge in the nursery.

The teacher said '*So we took their interest to another plane*' and , referring to the Foundation Stage Curriculum, "*We covered all the stepping stones by going with the children's interests"*.

➢ There was good liaison between Sure Start SaLT and nursery school Special Educational Needs Coordinator (SENCO)
➢ Families involved in adult and family learning opportunities.

6.7.2 The Sure Start Child Development Manager said:*" We use Birth To Three Matters on a daily basis, we've embedded it into our setting and do learning journeys, observations documenting children's language, it's absolutely brilliant."*

6.7.3 The Nursery Teacher said: " *Our children come with so little in terms of routines and ability to listen and make choices we need to balance what we offer. For example many don't have a garden, they live in a flat they haven't the experience of playing with the soil, planting things. So we plan for various features of their learning across the Early Learning Goals. I can't work out how you could meet all the needs of the children by giving them free rein. We*

give then opportunity to make choices and develop their thinking within what we call our work time."

6.7.4 Not all staff were as confident with the Birth To Three Matters Framework as the NNEB trained Manager quoted above. For instance one day care nursery used High/Scope (Appendix 4) as a framework for planning and developing learning, which the practitioners linked to Birth To Three Matters. A Nursery Officer interviewed at the setting appreciated High/Scope because she found Birth To Three Matters "*so broad that you could read anything into the statements"* whereas High/ Scope gave "clear descriptions of levels of activity" she could observe and develop with a child. The descriptors helped to differentiate her observations of children's behaviour and helped her plan next steps in their learning.

6.7.5 Qualified Teachers and Nursery Professionals were worried about the Birth To Three Framework being used as a 'tick list'. They emphasised that staff needed to develop their interaction and observation skills in working with young children. Child care practitioners had a wide range of experience and training and programmes needed to develop practitioner knowledge and skills at several levels. A Qualified Teacher in one programme was proud of the training they had achieved for unqualified childcare assistants and said: '*a lot of the women that are working in the child care programme are really local parents who've trained up with us since we started and now every single one's got qualification in early years'.*

6.7.6 The Birth To Three Framework was generally seen as a positive document that looked at very young children as learners in their own right and was not (as one teacher said) *"the three to five curriculum pushing down".* In several programmes there were concerns that this would be the effect of the new Birth To Five Curriculum but there were also positive statements welcoming a seamless approach; with one project manager wanting a minus nine months to five curriculum and others wishing to extend it to seven years. The following quote from a teacher offers some of the dilemmas and positive aspects encountered."*Well I was feeling very excited when the original idea [of the 0-5 curriculum] was to almost push Birth to Three Matters upwards because I think the idea of tailoring the curriculum to following individual children's needs rather than a sort of blanket curriculum and then serve a little bit here and a little bit there of what children are doing, to actually plan for individual children was a huge step forward and I think that, it's obviously not come out yet but the sort of vibes are that going to be watered down slightly. But I think the pulling together so it's seamless, that six months to five years, and combining of care and education, not just having some false division between the two, is a great step forward so. And working with the staff, people do lack the confidence in their skills because of the status. Even though their actual practice is excellent, they don't feel they've got the arguments to back up why they do what they do. And they're not sort of told about why practice changes, you know why is it suddenly not a good idea to do that and it's a good idea to do this."*

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6.8   Groups were widely used but varied considerably in style, frequency and quality. Some had a clear plan, explicit aims and an expectation that parents would attend on a regular basis; others had little or no structure. Drop-in groups were however justified by some programmes on the grounds that some parents found it difficult to follow a regular timetabled programme.

6.9   Some groups were based on established programmes for promoting language acquisition; others focused more on behavioural methods though these also included a significant language component.

6.10 Parent led groups presented a number of challenges – parents often had to be educated about their responsibilities and duties; some parents found, the discipline required of them, quite difficult but the imposition of a routine may have been helpful for their children in preparing them for transition to nursery.

6.11 "Getting ready for nursery" groups were valued for children with a variety of problems including communication difficulties.

6.12 Liaison between SSLPs and teachers took a variety of forms, where this worked effectively, we observed a creative interaction between teachers' knowledge of curriculum and with the early years expertise of programme staff and SaLTs.

6.13 In some cases, early years staff would have benefited from a more in-depth knowledge of pedagogy and teachers' basic training and continuing education seemed deficient in an understanding of early development in general and language acquisition in particular.

7. EDUCATION AND TRAINING FOR SSLP STAFF AND OTHERS WORKING WITH SSLPS – INTER-DISCIPLINARY COLLABORATION

7.1. The crucial importance of professional networks, referral processes and staff training is widely recognised in Sure Start publications and was reinforced in this project. The many agencies working with children support each other in promoting children's readiness to thrive in school. Child care practitioners benefited from working alongside one another and moving between different settings (crèche/home visiting/nursery etc) as a way of developing professional skills. This facilitated contact with and learning from a wide range of professionals. Staff with less advanced levels of training or trained in disciplines lacking a particular focus on very young children particularly valued working with SaLTs. For example, one SaLT developed professionals through facilitating research into their own practice; they 'plundered' Hanen (see appendix 4) to support this approach and used videoed examples of each other's practice.

7.1.1. Many SSLPs had run a generic training for all SSLP practitioners to raise awareness of speech and language development. The training was most often directed to those practitioners who had direct responsibility for child care. In some programmes the training included all staff; in one case, the kitchen and cleaning staff were included so that they could support a child with delayed speech and continue with good practice such as eye contact, listening and using simpler language structures to support the development of his communication.

7.1.2. Practitioners from many disciplines and agencies contributed varying levels of knowledge about child development and the increased awareness of speech and language development resulting from working with the SaLTs helped them to advance practice in their own area of expertise. For example, one social worker said: "*If I had previously* [before working with Sure Start] *gone in to work with a family I would have been more focused on the cause for concern such as child protection* now *I would be able to make better links with child development in terms of an assessment, you know, what am I looking at, ask more questions and seek out professionals that do know* [such as speech therapists]. *So if this child is not doing this why aren't they doing it? I would think more about the child's development right from being a baby. When you have a baby you are not given a hand book saying this is how you do it and coming here I would actually promote it more and say you need to get involved with Sure Start because it can help you understand your child better."*

7.1.3. A Sport and Play Development Manager attended a SSLP speech and language course. This made her aware of the links with her own work: *"for instance, activities like 'Tumble Tots' use so much repetitive language such as up, down, under, over and it gives a good opportunity to see whether children have heard and understood instructions and explanations".*

7.1.4. The Sport and Play Development Worker and the SaLT subsequently arranged to work together. They devised a six to eight week course of sessions for children who had recognised speech and language delay or other speech problems. The sessions were run at the Sure Start centre and in a nursery class. The gross motor and fine motor activities were planned by the Sport and Play Manager and the SaLT advised on supporting speech and language development objectives. The SaLT visited the group from time to time to evaluate the children's progress and the parents were also invited to be present at the sessions.

7.1.5. There were many other examples of collaborations and inter-disciplinary learning, but several difficulties and obstacles were also observed:

7.1.6. In several SSLPs there was duplication of effort – for example, in one area NCH, PCT and LA were all putting staff through diversity training.

7.1.7. SSLPs valued opportunities for training of all staff together and some had managed to set up training days, or 'Away days'. In spite of these widely accepted benefits, release of staff for training was problematic.

7.1.8. There was concern over the sustainability of support from SaLTs due to financial constraints. Staff felt that the lessons they had learned would become diluted. Training has to be repeated at intervals as staff turnover is high in early years work. All SSLPs had at some stage had a Service Level Agreement with an SaLT but there was much variation between programmes and, because of the instability of the service agreements, many SSLPs no longer had a direct relationship with an SaLT. Consultation with SaLTs was becoming more difficult due to loss of posts and ongoing professional development of staff suffered. New staff had to take on duties such as family visiting in spite of having received no training in speech and language issues.

7.1.9. Changes are needed in professional education. Early Years staff cross agency and discipline boundaries; they need expertise drawn from a range of areas including social work with families, developmental issues and topics like housing and benefits. Health Visitors began to realise that supervision (in the sense used in social work and psychotherapy) would be valuable.

7.2. The role of speech and language therapists in inter-disciplinary work

7.2.1. The Speech and Language Therapists emphasised the need for flexibility and the varied nature of their contributions to SSLPs:

➢ Training;
➢ collaborative work with other practitioners;
➢ developing materials (such as leaflets) to raise awareness of speech and language development;
➢ group work with parents and/or children;
➢ one to one case work with parents and children;
➢ assessment and referral work (including writing reports to other professionals such as Educational Psychologists or Paediatricians);

➢ carrying out evaluations.

7.2.2. Training and support of other staff was seen as a priority by many SaLTs. For example, a SaLT identified one teaching assistant as being: *"… talented in developing children's language and also very able to form positive communicative relationships with parents…… she* [The Teaching Assistant] *can relate extremely well to children in the first instance which is what you look out for and she really has embraced that role and is very good at that. But we* [Sure Start SaLTs] *did make sure she had the skills that she needed. It's all fairly informal - it's not like you must go on this course or that course that is set by somebody else, it was observing us and going through different assessments and things. …. we were learning and feeling our way* [with how to train another practitioner] *and she got to a point where she was also, she was grouping children and doing different activities with different children without it being particularly formalised. And because she's so skilled she picks up that this one (child) actually doesn't fit into either of the groups and she'll squeeze them in for 20 minutes individual (attention)."*

Interviewer: "*So she's become like an advanced skills practitioner?"*

SaLT: "*Yes*"

7.2.3. The teaching assistant clearly benefited from this supportive training and she had developed a key role in the SSLP; several other practitioners praised her ability to communicate well with parents to support their children's language development. Also the SaLT had drawn on this experience of collaborative professional learning to develop a 'mentor style' training programme for specialist language assistants in other areas.

7.3.   Learning opportunities for SSLP staff

7.3.1. Child care staff valued their learning from SaLTs (and other professionals) who worked alongside staff to develop practice. There were several examples:

➢ training in specific strategies that an SaLT may model for a practitioner while working with a child or group of children in a nursery setting or on home visits;
➢ an SaLT and childcare staff engaging jointly in practitioner research. This involved the SaLT observing in the crèche setting and then discussing observed practice with the staff with a view to enhancing language development with children;
➢ ongoing incidental observation of practice by other practitioners such as an SaLT, Teacher or another skilled practitioner;
➢ consulting SaLTs over concerns that arose around language development;
➢ nursery nurses working on case studies on a training day with an SaLT to increase their knowledge of language development.

7.3.2. There is a natural assumption that child care staff would be well-informed on issues of child development generally and specifically on speech

and language, but it became clear that this is not always the case. Although some staff had received excellent training, others were less fortunate. The role of SaLTs working with SSLPs in supporting staff continuing professional development is, therefore,vitally important.

7.3.3. One Nursery Manager encouraged staff to be 'open minded' about continuing learning: "(it is) *… important to learn new ways when they are supported by sound theoretical knowledge … I don't see it as criticism as such. It's about moving on doing things better, learning."*

7.3.4. The Nursery Nurses reported that "Birth to Three Matters" had helped them to be 'much more focused' in what they offered at the groups they ran - it linked knowledge of child development and practical approaches. They criticised some child development courses as not practical enough, not linking theory with practice. A Nursery Nurse said that she could sometimes: *"get something going by saying and modelling some of the things the speech therapist might do on a first visit such as talking alongside a child while they play."*

7.3.5. Professionals and practitioners linked rhymes and songs to children's language development and often the SaLT had been instrumental in developing nursery rhymes and songs. Nursery rhymes and songs were almost universally used in groups, and all staff knew that it should be a regular activity. Familiar songs were repeated from week to week, emphasising sounds and rhyme. Babies who had been coming to these sessions showed signs of anticipating aspects of the songs. Some practitioners clearly understood why this is thought to be important though this may not have been true of some less well trained practitioners.

7.3.6. Many parents enjoyed these activities. One parent worked in the mornings - in the afternoon she attended the Teeny Weenies session so that she 'met other parents' locally and got to know the songs and activities with her baby. Another said the group was "really good" as she got out to meet other people and life would be very lonely without the groups. She described how her baby was "really coming on" and recognised the songs. However, many mothers were embarrassed about joining in with songs and rhymes, perhaps feeling it to be "childish". This is probably a cultural phenomenon and deserves further exploration.

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7.4. The staff of SSLPs, and those with whom they collaborated, benefited from sharing expertise and training sessions. The input of experts, in particular SaLTs, was appreciated but concerns were expressed that the increased skills of SSLP staff which supported children meant that their questions and concerns became increasingly sophisticated, so that the need for access to expert consultation did not disappear; furthermore, the high staff turnover in early years work necessitated regular training sessions for new staff.

7.5.   SaLTs had adapted well to the new ways of working – they were spending far more of their time in training and supporting staff in issues of language promotion, and less time in one-to-one therapy; however, they did not allow their clinical expertise to atrophy and continued with some therapeutic work.

8.   THE ROLE OF SURE START MANAGERS

8.1.   Sure Start programmes and the children's centres now being developed need to remember the basic aims of early intervention programmes. The SSLP   managers carried a heavy responsibility in developing the philosophy, services and programmes, the configuration of staffing, staff development and training, monitoring mechanisms etc. SSLP   managers were interviewed in-depth at all the sites visited. They came from a variety of backgrounds and their personal life experiences and attitudes seemed to play at least as big a part in the way they shaped their particular SSLP as their professional background and employment history. We were interested in how each SSLP operated, in terms of the Managers' stated short term objectives and how these related to the overall aims of the Sure Start programme. We found considerable variability in the ways SSLP managers articulated the links between the services they were providing and the overall aims.

8.2.   Programme Managers' leadership generally focused on a generic community building approach. They were charged with bringing different agencies together and with bringing local parents on board to empower parents in the development of services. We wanted to know where children's speech and language development fitted into SSLPs. In all the SSLPs visited the project managers had worked with SaLTs in their programme and the SaLT had been the key agency in developing early language awareness raising and skills with staff.   However, many managers believed that by supporting the development of the community, especially through the provision of activities involving parents and children, interaction with children would be improved and consequently children's speech and language development would be enhanced. Services were needed for parents such as debt counselling, benefit information and support in situations of domestic violence, drug and alcohol abuse; the aim was to give families a level of stability and relief from anxiety which would benefit children's development. Parents in crisis could come to the centre and receive immediate help which kept the family together.

8.3.   In order to clarify project managers' thinking about the role of educational and pedagogic approaches, we asked project managers *"what do you think this SSLP is in business to achieve".* Their replies highlighted the familiar issue (from studies on approaches to schooling), of the contrast between a broad curriculum with many activities that engage children and a narrow focus on high standards for reading and numeracy. Less frequently, perhaps, high quality pedagogy was emphasised.

8.3.1. Thus there appears to be an important distinction between on the one hand the view that community development and parent support would be the most potent way of helping children's development and on the other, the view that a more focused educational or pedagogic approach would be more powerful. This study could not answer the key question as to how much the community development approach as an "indirect" support for language and literacy development does help the children of disadvantaged families that Sure Start intended to help thrive in school.

8.3.2. For further clarification, project managers were then asked "*can you tell me what a child is like that's ready to thrive in school?*

8.3.3. Project managers had some difficulty in articulating the attributes of a child ready to thrive in school (paragraph 1.2). A common response was that to be ready for school children should be 'happy' and 'confident' and the strongest emphasis was on the children's social and emotional development:

➢ *"I guess enthusiastic and happy and content and confident and willing to explore and not be frightened."'*

➢ *"We must be looking for a child that's socially competent. Emotionally can handle the dynamics of relationships with another child."*

➢ *"Happy, a happy child is one that's ready to thrive, one that feels settled, one that feels comfortable and confident in themselves, I think that's your starting point not how intelligent they are or whether they can read their name or, to me if you're sound and stable as a person then everything else will come."*

8.3.4. Several project managers immediately related children's capacity to thrive to the parent's capacity to support their children's confident independence and all talked of parental influence in relation to children's ability to thrive. A project manager linked the development of a child's confidence to the very first qualities of the mother's confidence: "*Start with the mother. .the mother needs to be confident in her own life, status, own experiences. So she actually feels she is able to nurture, that she has love to give, she has that nurturing ability.*"

8.3.5. Children's communication development was listed in the non-prompted *first* statements of 5 of the 15 interviewed and all included this with further interviewer prompting:

".... well they've got to have their language haven't they, they've got to be able to use words".

"A child who is able to communicate and able to say what they'd like. A child who can build relationships but I recognise that might be at different sort of levels. A child who feels confident and comfortable really"'

".... speech and language and the ability to communicate by a young child, if they can have that by two, they're half way there. …I think a child is further disadvantaged when they cannot communicate"

" … we know that some children going to school, they don't know this, they've never had a book in their hand and they don't know the way up it goes and all that sort of thing."

"The stuff that we do [in the Sure Start programme] are like the pre-requisite for the reading, writing and things like that so you want them to be used to

spending time sitting and listening, whether it's to stories or whatever, you want their concentration span to be a little bit better, rather than them just running around."

8.3.6. Independence with personal skills, such as using the toilet, was also often mentioned. Managers identified a positive attitude to learning as an important factor in school readiness. With reference to pre literacy skills project managers said that children should have had experience of books and *'know how a book works'* - but others were worried about pre-literacy skills as an identifier of school readiness. Some managers were especially aware of children with special needs and were concerned that the criteria for school readiness should not exclude them and that whatever the child's issues their positive attitudes to learning should be developed: "(One) *can't generalise about children in that way, there are children with special needs for example. So if I was to say a child is ready to thrive then they're really interested in learning, really curious I think being curious is a quite a key indicator to me, that's not to do with psychology or anything but probably the parents. When they're curious and their curiosity is taking them off and they really want to engage and learn but a child with special needs might be curious in a different way, so I don't want to generalise too much."*

Section Summary

8.3.7. Programme managers set the tone and philosophy of their SSLP though historical links and relationships also played an important role.

8.3.8. They differed widely in their attitudes to the aims of SSLPs. Broadly speaking, there were two schools of thought - some emphasised community development and parent support as the main way to facilitate children's development, whereas others focused more directly on issues of quality care and pedagogy.

8.3.9. All managers recognised that parents were key to their children doing well in school, whatever their philosophy.

8.3.10.	Managers' definitions of what it means for a child to be "ready for school" differed considerably with varying emphasis on maturity, attitude etc as well as developmental skills.

9.   DISCUSSION

9.1.   Our findings in general were very encouraging, as illustrated in the summaries of each section. We observed much good practice and it was clear that SaLTs had been able to change their style of practice, with considerable benefits for SSLP staff and therefore for children and their parents. Emerging concepts of early language acquisition were being applied in a wide variety of ways, by many different staff groups.

9.2.   In this section we will summarise the answers to our research questions, consider the implications of what we learned from the study, review the gaps in our knowledge of how Sure Start currently works and how its impact could be strengthened in the area of speech and language acquisition and pre-literacy, and finally address the implications for future practice, with particular reference to Children's Centres.

9.3.   *Programme variability*

9.3.1. In attempting to answer our original questions, we need first to address the degree of variability between SSLPs. Programmes varied in the nature and extent of their work to promote speech, language and literacy and although the source of such variation was not immediately obvious, it could to some extent be traced back to programme philosophy, policies and structures, and the challenges of creating and sustaining multi disciplinary teams and collaborations. Programmes differed in terms of:

➢   Differences in underpinning philosophy - the relative emphasis placed by project managers and their staff on community development and parent support, versus child-focused programmes and pedagogy.
➢   The timing of interventions offered from birth to pre school – in particular, the investment in engagement of parents' interest in the process of language acquisition from birth onwards.
➢   The amount of input from specialist professionals, in particular SaLTs.
➢   The degree of structure and programming in sessions designed to support language acquisition – ranging from clearly specified programmes like Hanen (applied with varying degrees of fidelity) to essentially unstructured ad hoc sessions.
➢   The infrastructure – location and design of buildings, past and current inter-professional and inter-agency relationships, levels of staffing etc.

9.3.2. A high degree of programme variability is a challenge to researchers, particularly in a small study. Our study involved only 15 SSLPs, and much of our data was necessarily qualitative so, although we can comment on programme differences, examples of good practice and their apparent significance, we did not expect that we would be able to answer our research questions in quantitative terms.

9.4. Research questions

9.5. Our first set of questions focused on *"the level of awareness and application of existing knowledge about speech and language acquisition for individual families".*

9.5.1. Parents were being informed about strategies for encouraging language acquisition and pre literacy. Information was provided by a variety of staff, including midwives, health visitors, family support workers, library links workers, childcare workers and teachers. Knowledge was disseminated through antenatal and early postnatal contacts at home and in groups; through activities in crèche and nursery settings where profiles of children's achievements were made and shared with parents. Some adult education courses included specific information on developing communication and literacy with children.

9.5.2. The quality, the quantity and the accessibility of information all varied. There were good examples of midwives demonstrating the communication skills of the newborn; many health visitors and early years librarians were familiar with modern concepts of how parents can promote language acquisition; there were SSLPs where good pre-literacy work comparable with or even influenced by that outlined by Hannon (1995) was evident in which parents, practitioners and children engaged in opportunities for book-sharing, sound and rhyme play, recognising environmental print etc. On the other hand, there were SSLPs in which there was apparently less awareness of or interest in this body of knowledge and how it could benefit Sure Start children. There is certainly scope for further training and practice development in pre-literacy activities. The role of Early Years Librarians and link workers deserves support and further development.

9.5.3. The number of parents benefiting from this knowledge was inevitably affected by the reach of the programme. One programme had a sophisticated method of tracking children's experience of the different opportunities available in Sure Start and thus were in a better position to support family involvement. In contrast many SSLPs could not track an individual child's experience of the programme. Some SSLPs were building in assessment processes [in order to support development and spot developmental delay] into all aspects of childcare offered, including the more intermittent use of the crèche. All programme managers were aware of families not being reached and tried a variety of strategies to reach more families. Such outreach included such things as a fully resourced 'playbus' which visited streets bringing play, stories and books to children who did not come to the Centre. It was not within the scope of the study to meet and talk with a wide range of parents but parents reported increased interaction they had with their youngest children as compared with their children born before Sure Start, and early identification of speech and language needs by themselves or health visitors. The information they were receiving was accessible and usable.

9.5.4. The NHS investment in universal developmental screening has been reduced in recent years because of the lack of evidence that it has significant benefits. This means that the early detection of developmental problems

often rests with parents and with pre-school services.   In some SSLPs staff were clearly more aware of the valuable role they can play in the early identification of children who may have an intrinsic communication problem (i.e., not explained solely by social circumstances). Training provided by SaLTs enabled them to recognise deviant patterns of communication and several SSLP staff gave examples of how they had identified such children and referred them to the SaLT service. They emphasised the vital importance of easy access to SaLT advice in maintaining their skills and their confidence in this role. However, a number of SSLPs lacked any individual with this expertise among their regular staff. More work needs to be done on how delayed development is detected. What contribution is made by parents and what by staff? Are staff adequately trained for this aspect of their work?

9.5.5. We were not able to gather systematic quantitative information on referral patterns but anecdotal reports included: greater understanding of the indications for referral and improved efficiency of the system; progress with childcare workers in enabling more appropriate referrals; fewer referrals to SaLT services from schools for children that had attended Sure Start programmes; concerns about language development raised at an earlier stage by parents involved in SSLPs.

9.6.   Our second set of questions was to do with group interventions: we asked "*What is the level of awareness and application of existing knowledge about speech and language acquisition as applied to groups?*"

9.6.1. A wide variety of groups was observed, differing in age range, involvement of parents, methods and objectives.   Many 'Ready for Nursery Groups' really addressed parents' knowledge needs and could help to de-mystify schooling, particularly for those parents whose memories of their own schooling were largely negative; however, some schools with apparently good practice in the classroom seemed to overwhelm parents with information that they could not take on board - 'too much too soon'.   Many programme managers emphasised social support and the creation of structures and ways of working that made parents feel welcome; however, the issues of reach and of parent mental health still present many challenges.

9.6.2. Seven of the SSLPs had very high quality day-care and crèches. These had been linked in with the EYDCP from the beginning of the Sure Start. However, many programme managers were aware that further improvement is needed in the quality of care. For example:

➢ One nursery was over-crowded and inadequately supervised;
➢ In another, parents were not encouraged to participate in activities;
➢ Child care practitioners were unhappy with a staff ratio of 1:3 when caring for babies;
➢ There was wide variation in the extent to which activities were planned, programmed and structured; and in the quality and quantity of work relevant to communication skills;
➢ Parents can and should contribute to various forms of group activities but sound leadership is important to ensure safe practice and a disciplined approach.

- For many programmes, record keeping and sharing information were still in the early stages and more work was needed
- Concerns were expressed by head teachers about the quality and training of some Sure Start workers, and time for practitioners to articulate ideas, plan work and reach a mutual understanding.
- Conversely, some teachers with limited early years training and experience found that the developmental focus promoted by SSLPs, and particularly by SaLTs was unfamiliar;
- Some good practice regarding *bilingualism* was observed but this was patchy and there is a need to share practice more widely and to ensure that staff understand the research background and the terminology involved with bilingualism and English as an Additional Language.

9.6.3. These observations applied to nurseries linked to a wide variety of settings. Many of these issues might be effectively addressed if all early years' staff were to train and qualify within a standardised nationally agreed framework (DfES 2005). There was general support for a strong educational input to SSLPs and for tools such as "Bookstart" and "Birth to Three Matters", although simple, brief locally produced booklets and DVDs were also highly valued in those SSLPs where these were available. Some managers however felt that a subtle political shift from an emphasis on early education to the delivery of day care was adversely affecting quality of these early pre-school experiences. If true, this is regrettable in the light of the accumulating evidence about the importance of *quality* in early years settings.

9.6.4. The DFES training package *"Communicating Matters"* was considered unwieldy by some staff and SaLTs wondered how they would find training time to do it as set out. There was also concern over who was included in training with the package, which is intended for use by teachers and SaLTs in collaboration. In one SSLP the SaLTs had not been invited to take part in training run by the Local Authority using the package with teachers. It would also seem important to involve childcare practitioners and early year's librarians.

9.7.   Our third set of questions was about staff; we asked " *What is the extent and nature of collaboration and mutual learning between the staff of SSLPs with respect to speech and language issues?"*

9.7.1. Much good practice and mutual learning was observed on most SSLPs. SaLTs were disseminating information to various agencies about how children develop speech and language, and pre-literacy skills, and what can be done to support this. SaLTs trained non-specialist staff, specialist language childcare workers and teacher assistants.

9.7.2. SaLTs have in the past been trained primarily as practitioners working with individual clients and until recently were much less familiar with systematic work at the level of the community. Their involvement in training others, in improving accessibility and shaping services to meet the needs, including those of the most vulnerable, is a welcome example of a more systematic public health and community level approach in which issues of sustainability and mainstreaming are vitally important.

9.7.3. We found that many SaLTs supported the move away from individual therapy as the main focus of their professional practice and had embraced concepts of prevention and the promotion of optimum language and cognitive development as set out by their professional organisation and supported by much research. Therapists invested more of their time in primary prevention and were enthusiastic about this role. They were also involved in early identification of possible speech and language delay and in some work with individual clients in Sure Start where specific need was identified. This was not (with one exception where the mainstream service was very overstretched) to replace existing services but to support children who were not getting to SaLT appointments in spite of support by family support workers.

9.7.4. Many individuals and agencies expressed concern that in some programmes there was no longer a Service Level Agreement for a Sure Start SaLT. The training offered in SSLPs had increased capacity and raised awareness of speech and language development and staff agreed that the early identification of speech and language delay and disorders had improved. But staff changes meant that the level of knowledge of speech and language was falling in the absence of a specialist SaLT for consultation and ongoing professional development. Staff training often falls by the wayside when the system comes under pressure of time, staffing or resources. Furthermore, as staff gained experience they found that they were becoming involved with increasingly complex situations and their need for expert support from SaLTs increased rather than the reverse; yet in many SSLPs the input from SaLTs was being reduced or withdrawn.

9.8.   *Complex interventions*

9.8.1. SSLPs are an example of "complex interventions" (Campbell et al 2000) which operate in a different way to 'medical' interventions. Any evaluation has to take full account of the context, participants and implementation. Thus, the question has shifted from 'What works?' to 'What works for whom and in what circumstances?' The literature suggests (Bentley, personal communication) successful interventions must be:

➢ evidence based
➢ outcomes oriented
➢ systematically applied (and not dependent on exceptional circumstances and exceptional champions)
➢ scaled up appropriately
➢ appropriately resourced
➢ persistent

9.8.2. In the light of these generic findings together with our research review, we suggest that for SSLPs the successful programmes are likely to be those that:

➢ take a systematic approach to language and literacy development, often using programmed approaches grounded in research evidence

- ➢ have clear and explicit objectives and a detailed plan as to how to do it
- ➢ have staff who are continually trained to support language and literacy development and have appropriate supervision
- ➢ have an infrastructure locally to offer accessible information about language development
- ➢ train staff in diverse settings and <u>show </u>parents how to play and interact with their child with books and toys to encourage language at every stage
- ➢ create settings that parents want to come to and are not stigmatising

9.9.   *The balance between community development approaches and high-quality pedagogy*

9.10. We noted earlier in this section that managers' approach was affected, often explicitly, by their views on the balance between a public health approach involving community development and parent support on the one hand, and high-quality developmental and educational experiences for young children on the other.   Although all SSLPs did to some extent address some of the root causes of poor language attainments in the community, the quality of early years settings and the application of emerging knowledge varied widely. The literature suggests that both approaches need to be delivered to a high standard if the maximum benefit for children and families is to be obtained.

10.   IMPLICATIONS AND RECOMMENDATIONS FOR CHILDREN'S CENTRES.

10.1. Although there is no concrete evidence that guidance on the communication skills and needs of infants alters long term outcomes, the comments of parents suggest that they value this guidance and that it helps to enthuse them about issues of language acquisition much earlier than might otherwise be the case. We therefore **recommend** that training and support be offered to midwives, health visitors and other early years staff so that they can offer appropriate advice and information to parents and model or demonstrate how infants can communicate and respond.

10.2. Research on early education suggests that the observed differences in quality between the various settings providing day care and early years education are likely to be reflected in the magnitude of benefit obtained for the children and their families. This is particularly relevant to speech and language development in view of the evidence about the quantity and quality of language input in such settings. We therefore **recommend** that monitoring and feedback arrangements for pre-school settings should include input from speech and language professionals to ensure that good practice is established and maintained. Early years teachers have a related but slightly different range of skills and we recommend that teachers and SaLTs should have regular opportunities to collaborate and to learn from each other.

10.3. The SSLPs varied widely in their knowledge of and interest in early pre-literacy work. Book Start was widely used but often there was insufficient time to model ways of using books with very young children and so maximum benefit was probably not obtained. Only a few staff were familiar with evidence-based approaches such as that based on Hannon's (1995) work. We **recommend** that more attention to implementation of these approaches be paid to this area, that a further more detailed study of pre-literacy be undertaken in early years settings and that in particular the role and contribution of early years librarians be examined and perhaps developed further.

10.4. SaLTs have been enabled by the Sure Start programme to turn their attention more than was possible in the past to questions of prevention and the promotion of optimal language development, particularly in less fortunate families, and they have increasingly adopted a public health and whole population orientation. To do this, they have needed to train and support many other staff whose basic education in child development may have been much less comprehensive and perhaps out of date. This has been a welcome development, but early years staff have a high turnover rate and the provision of training is not therefore a one-off event but a continuing necessity. Early years staff are well able to work effectively with young children and to support their language development but they need ongoing access to SaLTs to advise them on the wide variety of more complex problems that they encounter in SSLPs. We therefore **recommend** that all early years programmes serving

deprived areas have an agreement with SaLT services to ensure that the good practice observed in this study can be maintained.

10.5. Some children have language difficulties which are not solely due to social circumstances and these need to be identified and assessed to exclude conditions such as hearing loss and to arrange appropriate intervention and education. There is undoubtedly scope for extending the skills and confidence of early years staff in recognising which children are not progressing in their language development so that they can make appropriate and timely referrals to the specialist services. We **recommend** that this topic should be part of any future early years curriculum and that SaLTS should provide practical support and training for staff in the identification of language and communication problems.

10.6. We did not attempt to answer the complex question of how best to balance investment of resources in community development and parent support work with investment in high quality education and pedagogy, but it seemed clear that the attitudes of programme managers on this issue, whether or not they were clearly articulated, were likely to influence the way they structured their programmes. We do **recommend** however that understanding language and literacy issues should be made explicit in staff selection and training, in programme planning and in any future evaluations.

Appendix 1 - GLOSSARY of abbreviations

CPN	Community Psychiatric Nurse
EAL	English as an Additional Language
FPA	Family Planning Association
FS	Foundation Stage
FSC	Foundation Stage Curriculum
HV	Health Visitor
LA	Local Authority
NCH	NCH The children's charity (originally National Children's Home)
NHS	National Health Service
NESS	National Evaluation of Sure Start
Ofsted	Office for Standards in Education
ORIM	Opportunities, Recognition, Interaction, Modelling
PCT	Primary Care Trust
PEEP	Peers Early Education Partnership
PSA	Public Service Agreement
PM	Programme Manager
QTS	Qualified Teacher Status
RCSLT	Royal College of Speech and Language Therapists
SaLT	Speech and Language Therapist
SSLM	Sure Start Language Measure
SSLP	Sure Start Local Programme

Appendix 2 – SSLPs visited

Short Descriptions of SSLPs Visited

1. Small +350 children 0-4. High % BME Indian sub-continent with incoming additional ethnic minorities. Centre building planned.
2. 400+ children 0-4 (2005 expanded to730) city mainly white British families. With centre building.
3. 400+ children 0-4 small ex-mining town majority white British families. Centre building
4. +700 families isolated outlying residential estates to large conurbation majority white British population. Building planned.
5. Small 400 children 0-4 majority white British families in ex mining area. Centre Building
6. Majority white British families living in isolated rural locations in extensive ex mining district. SS building.
7. Small industrial town with mainly white British population. Centre building.
8. 800+ families mainly white British district within an ethnically diverse town. Centre building.
9. Large estate in city with multi nursery centres mainly white British district. High movement of families in and out of the area. Trailblazer SS centre building.
10. Estate in ex-mining town mainly white British families. Trailblazer with centre building
11. 1,200 families with children 0-4 mainly white British families but increasing ethnic diversity. Outer city estate in ex-mining area. Trailblazer with centre building
12. 800 families with children under 4. Estate in industrial town with high % families with Indian sub-continent heritage. Mainly white British district with some BME families. SS centre building
13. Smaller SS population. Impoverished outer city area with very poor housing. Mainly white British families.
14. Small ex-mining town mainly white British. Trailblazer with centre building.
15. Larger SS population. Inner City area with diverse multi-ethnic families. Movement in and out of the area. Trailblazer SS centre building.

Appendix 3 - Number of Interviewees by role title:

Some roles had a variety of titles such as Library Links Staff but appear under one title. Some different titles below were similar roles.

Role Title	Number interviewed
Programme Managers	16
Speech and Language Therapists	12
Mid Wives	6
Health Visitors	7
Teachers QTS	9
Nursery Managers	10
Library Links Staff	6
Child Care Workers	7
Adult Educator	1
Information Officer	2
Parents*	3, 4, 5,1, 3, 4 +
Community Development leader	2
Family support workers	5
Family Support Coordinator or manager	3
Educational Psychologist	1
Community Development team leader	1
Head Teacher	2
Sport and Play Development Officer	1
Home Visitor	1
School Nurse	1
Portage Worker	1
Community Development Officer for Fathers	1
Community Learning Coordinator	1
Research/ training and evaluation Officers	2
Children's Community Nurse	1
Play and Child care Coordinator	1
Artist	2
Volunteer	2
Health and Family Support Coordinator	1
Community Coordinator	1

*Parents. More parents than those indicated contributed through many informal conversations in the settings. Those indicated here were in groups where the researcher had arranged to observe. The latter conversations were also informal during or after a group session.

Note: many additional conversations were informal opportunities taken during visits and they are not listed.

Appendix 4

The High/Scope Approach

This approach was developed in the US by David Weikart and evaluated in the Perry Pre-School Project. It is described by Schweinhart, Barnes and Weikart (1993) and based on Piagetian theory in regarding children as active learners. The approach has been disseminated to many countries and depends on teachers training in the High/Scope Approach. Children are encouraged to become decision-makers who can plan initiate and review their activities. There is an emphasis on Adult-child interaction strategies, which encourage problem solving on the part of the child. A daily routine is established in which children 'plan, do and review' their work with an adult around self chosen, self initiated activities from a learning environment thoughtfully resourced by the trained practitioners.

The daily routine is an important feature of the approach and also includes small group time and large group times with an adult. The original two cohorts of the High/Scope Perry Pre-School Project were rigorously evaluated and found to make a significant difference to children's social, emotional and cognitive development. The high quality of the evaluations is discussed by Evangelou and Sylva (2003) who point out that: "In the case of the Perry Pre-school Project the intervention was well structured and guided by developmental theory; despite the relatively small sample size, the research design was rigorous in assessment and high in internal validity". (p44).

The Reggio Emilia approach

The Reggio Emilia Approach has evolved in the schools of the Italian region of that name. Following World War II the parents and citizens wanted to build a better society for their children. A nursery school was developed through the vision of Loris Malaguzzi, a young teacher. The approach has continued to develop and is maintained by the strong cultural traditions of the area. The approach is influenced by the theory of Lev Vygotsky which states that children and adults co-construct their theories and knowledge through their communicative relationships and interaction with their environment. The approach also draws on the theories of Piaget, Howard Gardner and Jerome Bruner. The approach regards the child as a capable participant in his own learning in a reciprocal relationship with a teacher. The model of education depends on a strong relationship between the school and the community.

Some of the key features of the approach include:

•Early childhood is seen as a distinct developmental phase in which children demonstrate curiosity about the world.

•The role of the adult in children's learning is crucial — the adult acts as facilitator and encourages children's explorations.

•The expressive arts are central vehicles for learning. Children are encouraged to participate in a wide range of expressive activities including sculpture, dramatic play, puppetry, painting, dancing, music, ceramics, construction, writing. These allow children to experience their world in many ways using all their senses.

•The curriculum is child centred but not unplanned or unprepared. Each classroom is an 'atelier' (workshop) thoughtfully resourced by the atelierista (specialist art teacher) who works closely with a group of pedagogista (curriculum team leaders) and all the school staff including cooks and cleaners. Roles are defined but equal.

•There is an ethos of collectivity and participation. The nurturing of parent and school and community relationships is paramount. For instance the parent teacher relationship begins before the child starts school so that the teacher has an 'image' of the child and his life and interests to be a stimulus for their interaction and discussion.

•The physical environment of the nursery is carefully thought out to encourage autonomous thought and to encourage communication between children and also with adults. To offer stimuli for imagination and different sensory experiences. Also to provide private and quiet opportunities.

The Mosaic Approach

The Mosaic Approach is a multi-method one in which children's own photographs, tours and maps can be combined with talking and observing to gain deeper understanding of children's perspectives on the places of their childhood. It also has potential for use with older children, particularly those with communication difficulties or for who English is an additional language. (Clark and Moss 2001)

 Jolly Phonics
A UK commercial scheme for teaching phonics devised by Susan M. Lloyd.

Links - Other systems mentioned in the report

Peers Early Education Partnership PEEP:
http://www.peep.org.uk/
Also see research report Evangelou and Sylva 2003 at:
http://www.dfes.gov.uk/research/data/uploadfiles/RR489.pdf accessed 06/04/2007

The Hanen Centre: early language intervention programmes:
http://www.hanen.org

Book Start http://www.bookstart.co.uk

Early Start

Basic skills for parents of children aged 0 to 3 years. Basic Skills Agency:
www.literacytrust.org.uk/socialinclusion/**early**years/**earlystart**practice.html

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