

The role and impact of speech and language therapy provision in Sure Start in Northern Ireland

(antenatal to school-entry)

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Background

This document has been developed in partnership with speech and language therapists (SLTs) who are members of the RCSLT Sure Start clinical excellence network (CEN). While recognising that everyone makes a contribution in supporting and developing speech, language and communication for children attending Sure Start projects, the CEN SLTs met to scope their own role and impact in delivering against Sure Start outcomes. Since the original scoping work was undertaken, there has been a restructuring of SLT services, and a new strategic approach to service delivery is currently being agreed. It is hoped that this document may be of use in providing impact descriptors and an evidence base as a reference point for the CEN Sure Start SLTs.

This document provides examples of speech and language therapy provision in Sure Start projects and also highlights the importance of everyone working together to deliver improved speech, language and communication outcomes for children in socially disadvantaged areas. We hope that this work will be a useful tool for SLTs working in Sure Start projects, and for the wider speech and language therapy profession working in early years.

The document focuses upon the individual and team contribution that SLTs make in delivering Sure Start speech, language and communication outcomes. It sets out who SLTs work with, the kinds of work that they do and the impact that speech and language therapy should make. It also sets out how speech and language therapy supports the delivery of the Sure Start outcomes when working within a Sure Start team, and references how these impacts and outcomes can or are being measured.

The vision

For every child to start school having the best possible speech, language and communication skills to help them make friends, enjoy learning and reach their full potential.

How will we achieve this?

This vision can be achieved by SLTs working in an effective and dynamic partnership with parents, the Sure Start workforce, other early years professionals and the wider community. This partnership recognises the unique contributions of everyone involved in supporting and developing children's speech, language and communication in the early years.

Working together, we can...

- Ensure that children have the underpinning skills that are necessary for acquiring good speech, language and communication.
- Empower parents and caregivers by giving them the tools and knowledge to maximise the development of their child's speech and language skills at home.
- Provide an optimum communication environment for children in Sure Start centres by working with the early years workforce to support children in acquiring good speech, language and communication skills.
- Work with the wider community by developing and sharing public health messages that raise awareness of the importance of good speech, language and communication skills and how they can be supported.

What is Sure Start?

Sure Start is a government programme which provides a range of support services for parents and children under the age of four who live in disadvantaged areas across Northern Ireland. It aims to support parents from pregnancy and to give children the best start in life. Sure Start work is focused on six high-level outcomes to ensure children are:

- Being healthy
- Enjoying learning and achieving
- Living in safety and with stability
- Living in a society that respects their rights
- Experiencing economic and environmental wellbeing
- Contributing positively to community and society

What is a speech and language delay?

"A wide variety of terms is used to describe the skills of children who are slow to start speaking. Language delay is probably the most common term for young children, but we also hear the term 'late talker' being used. If difficulties persist, the terms 'language impairment', 'specific language impairment' or 'developmental language disorder' are used. A distinction is sometimes drawn between language delay and speech delay or even communication delay, although not always clearly. Most recently the term 'speech, language and communication needs' (SLCN) has been adopted after the Bercow Report to describe the whole range of children whose communication skills are affected across childhood."¹

¹ Law J, et al. *Early Language delays in the UK.* London: Save the Children Fund, 2013.

The policy context

There has been an increasing policy focus on early intervention in Northern Ireland recently, and, as a result, a number of cross-agency initiatives have been developed to concentrate resources on delivering better outcomes for children from disadvantaged backgrounds. These policies have been operationalised in projects such as Sure Start, The Children and Young People's Strategic Partnership (CYPSP) and the Early Intervention Transformation Programme (EITP).

All of these projects are outcomes-focused and increasingly recognise the importance that speech, language and communication plays in delivering the best outcomes for a child's social, emotional and educational development.

Other countries in the UK have been equally aware of the importance that speech and language skills play in a child's overall development. In 2014, Ofsted revised its framework for the Early Years Foundation Stage (EYFS)² and continues to place a strong emphasis on "communication and language as one of three prime areas considered to be crucial for igniting children's curiosity and enthusiasm for learning, and for building their capacity to learn, form relationships and thrive". They define the early learning goals under communication and language as follows:

- Listening and attention: children listen attentively in a range of situations. They listen to stories, accurately anticipating key events, and respond to what they hear with relevant comments, questions or actions. They give their attention to what others say and respond appropriately, while engaged in another activity.
- Understanding: children follow instructions involving several ideas or actions. They answer 'how' and 'why' questions about their experiences and in response to stories or events.
- Speaking: children express themselves effectively, showing awareness of listeners' needs. They use past, present and future forms accurately when talking about events that have happened or are to happen in the future. They develop their own narratives and explanations by connecting ideas or events.

Across the UK, Save the Children Fund has also focused on the importance of early language skills for developing later literacy skills. Save the Children's 'Read On. Get On' campaign is a national initiative that highlights that literacy skills are underpinned by early speech and language development.

"Since children's early language skills have a strong influence on their language and literacy throughout childhood, we are also working to ensure that every five-year old is achieving good early language development by 2020."³

² Department for Education & HM Treasury. *2010 to 2015 government policy: childcare and early education* (Policy Paper). London: Department for Education & HM Treasury, 2015. Available from: <a href="http://www.gov.uk/government/publications/2010-to-2015-government-policy-childcare-and-early-education/2010-to-2015-government-policy-childcare-and-early-education/2010-to-2015-government-policy-childcare-and-early-education

³ Save the Children. *The power of reading. How the next government can unlock every child's potential through reading.* London: Save the Children, 2015. Available from: www.savethechildren.org.uk/resources/online-library/power-reading

The local evidence of the need for early speech, language and communication support

Speech, language and communication difficulties affect more children and young people in Northern Ireland than any other single condition, and are core impairments for many children with a learning, physical or sensory disability.⁴ Seven per cent of all children (two in every classroom) have speech, language and communication needs (SLCN), rising to more than 50% of children from socially disadvantaged communities.⁵

Recent studies in Northern Ireland (referenced below) support the findings that children from disadvantaged backgrounds are failing to reach expected standards in speech, language and communication by school entry.

- 1997: 'Language Matters', a study in Twinbrook and Poleglass, evidenced a preschool prevalence of 60% speech and language difficulties, 42% of whom required referral to a speech and language therapy service.
- 2009: A study in the Colin area, using standardised assessment tools, highlighted that 41% of children entering primary one (P1) had speech, language and communication difficulties (Coulter, Halligan and Jordan, 2009).⁶
- 2013: The Colin study was replicated in the Downpatrick area and evidenced 46% of P1 children with speech and language difficulties requiring intervention.
- 2014: A study in the Lisburn area evidenced that boys in deprived areas of Lisburn were three times more likely to have speech and language difficulties than those in non-deprived areas.
- 2014: 'Now you're talking Fermanagh' found that 57% of nursery school children had speech and language difficulties. These were preschool children from the four most-deprived wards after the introduction of Sure Start, and who were not in receipt of any early intervention programmes.

⁴ Northern Ireland Speech and Language Therapy Task Force. *Report on Speech and Language Therapy Services for Children and Young People*. July, 2008.

⁵ All Party Parliamentary Group on Speech and Language Difficulties (Westminster). *The links between speech, language and communication and social disadvantage.* February, 2013. Available at: <u>www.rcslt.org/governments/docs/appg_report_feb_2013</u>

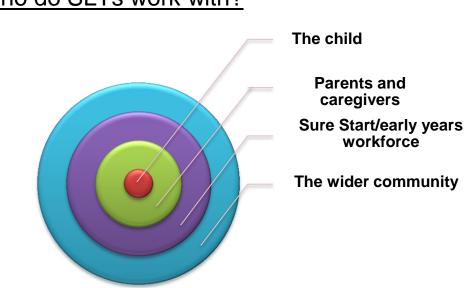
⁶ Coulter, Halligan and Jordan. *Prevalence of speech and language delay in primary one children in Lisburn neighbourhood renewal areas.* Dundonald: South Eastern Health and Social Care Trust, 2009.

The role and impact of speech and language therapy

This section demonstrates the link between speech and language therapy activity and the six high-level Sure Start outcomes (mentioned on page 5) by describing the impact that speech and language therapy provision has upon the child, the parent/caregiver, the Sure Start workforce and the wider community. It describes:

- who SLTs work with;
- what they do; and
- when they do it (SLT activity by age of child).

Speech and language therapy activity is set out into four main themes: **screening**, **training**, **intervention**; and **public health messaging**, and details existing data collection and external evidence sources that can evidence some of the interventions and outcomes.



Who do SLTs work with?

The child

SLTs working in Sure Start report that children involved in Sure Start projects reflect the general population in terms of the nature of their speech and language difficulties but not in terms of the prevalence of these difficulties.

The majority of children typically have speech and language difficulties that may not be permanent but may improve by developing their pre-language skills such as attention, listening and imitation skills, and by providing a rich language and communication environment at home and in their play groups. Other children may be identified who have additional learning needs and more complex communication difficulties. These children and their families may need more-specialist speech and language therapy interventions and support.

Parents and caregivers/the family and home

Recent research has evidenced the importance of a rich home learning environment for the development of speech and language skills. Hart and Risley⁷ evidenced that "the number of words directed towards a child over a given year ranged from 11 million in the 'professional' families to three million in the 'welfare' families". This pattern was reflected in parenting style and in the amount of encouraging feedback that the children had experienced, and also in the non-verbal IQ and tested vocabulary scores that they achieved.

SLTs work with parents and families to optimise the home learning environment by developing parent/grandparent/carer understanding of speech, language and communication development and how to promote it. They may also develop a parent's specialist skills and knowledge for children who have a persistent SLCN. This might be by introducing alternative and augmented communication strategies, such as Makaton, TEACCH or the Picture Exchange Communication system (PECS), for children diagnosed with autism spectrum disorder or a learning disability.

Sure Start/early years workforce

"Speech and language therapists provide training to the wider workforce as an integral part of their role, as outcomes for children are improved when the whole workforce can contribute to care pathways."⁸ SLTs work with early years practitioners, including Sure Start staff, to help them identify children with speech and language delay or disorders, and in developing their specialist skills to support those children with persistent SLCN. SLTs also work alongside early years staff to optimise the learning environment by developing their understanding of speech, language and communication and how to promote it.

The wider community

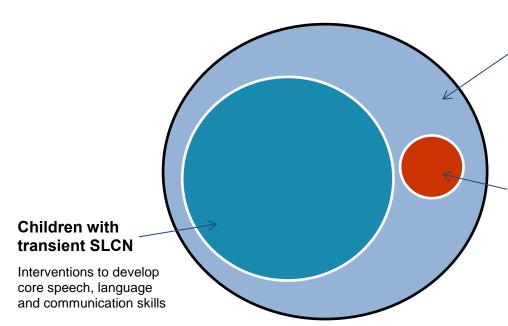
SLTs work in the wider community by raising awareness of how to promote good speech and language development, how to signpost parents to sources of information on speech, language and communication development and how to contact speech and language therapy services when they have concerns. They also contribute to the wider public health agenda by promoting health and wellbeing for people with communication difficulties.

⁷ Hart B and Risley T. *Meaningful Differences in the Everyday Experience of Young American Children*. Baltimore, MD: Brookes Publishing, 1995.

⁸ Enderby P, et al. *Resource Manual for Commissioning and Planning Services for SLCN*. London: RCSLT, 2009.

What do SLTs do?

The child



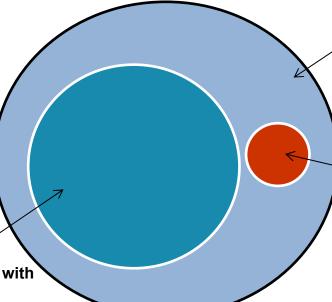
All children

Training others to develop a supportive and enriching speech, language and communication environment

Children with persistent SLCN

Screening and identification, specialist interventions and referral

Parents and caregivers/the family and home



Parents of children with transient SLCN

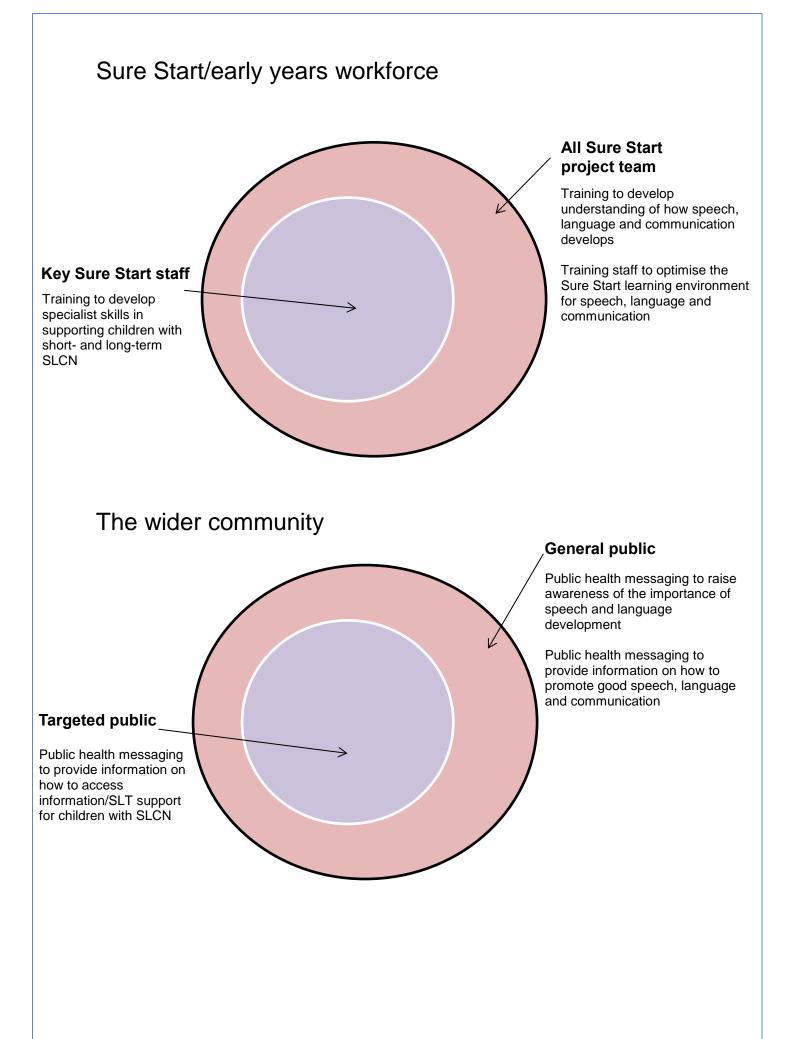
Training to develop parents' understanding of how speech, language and communication develops and how to promote it

All parents and caregivers

Training to optimise the home learning environment for speech, language and communication development

Parents of children with persistent SLCN

Identification and referral and training to develop parents' specialist skills to support children with long-term SLCN



When SLTs work (ages and stages)

The tables on pages 11 to 29 demonstrate the link between speech and language therapy activities and Sure Start outcomes under the following themes:

- Screening
- Training
- Interventions
- Public health messaging

And under the following age groups:

- Antenatal
- 0–18 months
- 18 months 2 years
- 2–3 years
- 3–4 years

The tables also provide the link to the Sure Start outcomes as below:

- Being healthy
- Enjoying learning and achieving
- Living in safety and with stability
- > Living in a society which respects their rights
- > Experiencing economic and environmental wellbeing
- > Contributing positively to community and society

The role and impact of speech and language therapy in antenatal services

	Activity		Impact		Sure Start outcomes
	•Existing screening tools are carried out with parents and results analysed		•Child •Early identification ensures appropriate interventions and strategies that will address long- term health and education inequalities for the child	2	Being healthyEnjoying learning and achieving
Screening	 Parents at risk are identified, and appropriate support mechanisms are put in place 		 Parents/carers Hard-to-reach parents get access to early speech, language and communication (SLC) support and advice 	_	•Living in safety with stability
	•SLTs communicate with the wider workforce regarding the	>	•Parents are supported in understanding the needs of their children and can start to identify and contribute to strategies that support SLC development in the home		 Living in a society which respects their rights
	needs of the parents and children that have been identified		 Wider workforce The wider workforce is using reliable and validated information regarding the specific needs of the family Local community (public health) 		•Experiencing economic and environmental wellbeing
			•The results of the screening processes can be used to build a picture of the wider public health needs of the population and inform wider government initiatives to support SLC at a regional and national level	>	•Contributing positively to community and society

The role and impact of speech and language therapy in antenatal services

	Activity		Impact		Sure Start outcomes
	•SLTs provide training in		•Child		•Being healthy
ning	 Speech, language and communication (SLC) Baby sign language 		 High-risk children are better supported in their home environment Children experience greater early attachmentwith both parents 	>	•Enjoying learning and achieving •Living in safety with stability
	 Nurturing and social and emotional wellbeing of the parents The 'Solihull programme' 		 Parents/carers Hard-to-reach parents get access to early public health messaging 		 Living in a society which respects their rights
	•At community events, eg Parents' Week Fair	>	 Wider workforce Wider workforce is able to identify children/parents who need additional support re SLC Local community (public health) The diversity in the population is reflected appropriately in the numbers accessing services There is a local culture that values parents talking to their babies 	>	 Experiencing economic and environmental wellbeing Contributing positively to community and society

Babysign <u>www.babysign.co.uk/</u>

The Solihull programme available from solihullapproachparenting.com/

The role and impact of speech and language therapy in antenatal services

Activity

•SLTs deliver public health, speech, language and communication (SLC) and weaning messages through local area partnerships – and campaigns, eg 2 Rhymes by 2

Public health messaging

•Sure Start SLT provides information to all local early years settings

Impact

•Child

•The child is more likely to benefit from good communication environments and closer attachment to caregivers

•The diversity in the population is reflected appropriately in the numbers accessing services

•Parents/carers

• Hard-to-reach parents get access to early public health messaging

 parents are better equipped to provide good communication environments

- Wider workforce
- •Staff embed key messages into their practice so that they provide positive role models in this area
- •Local community (public health)

•Establishing a local culture that understands the importance of SLC and values parents talking to their babies

Sure Start outcomes

- •Being healthy
- •Enjoying learning and achieving
- •Living in safety with stability
- •Living in a society which respects their rights
- Experiencing economic and environmental wellbeing
- •Contributing positively to community and society

The role and impact of speech and language therapy in services for children aged 0–18 months

	Activity		Impact		Sure Start outcomes
	 Links are made with existing screening/ surveillance systems within core health services and Sure Start services, eg: Health visiting 		 Child Children at risk of feeding difficulties are identified and supported Early identification ensures appropriate interventions and strategies that will address long-term 	>	 Being healthy Enjoying learning and achieving
Screening	•Social work •Audiology	≯	 health (and education) inequalities for the child Parents/carers Hard-to-reach parents get access to early speech, language and 		 Living in safety with stability
			 early speech, language and communication (SLC) support and advice Parents feel supported in understanding the needs of their children and can start to identify and 		 Living in a society which respects their rights
			 • Wider workforce • The wider workforce is using reliable and validated information regarding the specific needs of the family 		•Experiencing economic and environmental wellbeing
			 Local community (public health) The results of the screening processes can be used to build a picture of the wider public health needs of the population and inform wider government initiatives to support SLC at a regional and national level 	>	 Contributing positively to community and society

Activity		Impact		Sure Start outcomes
 Provide training to staff and pare on feeding and weaning 	onte	 Child Children at risk of feeding difficulties are identified and supported Better health outcomes due to quality of diet; fewer children with prolonged use of 	>	 Being healthy Enjoying learning and achieving
•Drouido training in spooch, langu	-	bottle •Parents/Carers •Parents have increased confidence re feeding and weaning		
 Provide training in speech, languation and communication (SLC) development (published programinand bespoke) 		 Parents are equipped to bond with their baby and to foster early communication skills Parents feel supported in understanding the needs of their children and can start to identify and contribute to strategies that support SLC douglanment in the home 		• Living in a society which respects the
•Provide training re nurturing soci and emotional wellbeing of the	ial	 support SLC development in the home Wider workforce All staff are competent and confident in giving consistent key messages regarding the development of SLC, eg: 		 Living in a society which respects the rights
parents and child (based on Solih approach)	>	 Parent-child interaction Wise use of screens Bottle/dummy use Weaning Staff are more aware of the increased 	≯	•Experiencing economic and environmental wellbeing
 Provide training to staff regarding vulnerability of children with SLCI 	Ň	 vulnerability of children with SLCN Staff are confident in knowing when to consider SLC as a risk factor Local community (public health) There is consistency of key messages regarding bottle and dummy use in the community 		•Contributing positively to community and society

The role and impact of speech and language therapy in services for children aged 0–18 months

Activity

•In the 0-18-month population, direct face-toface intervention should be minimal

- •Parent programmes, eg:
- •Hanen You Make The Difference (YMTD)
- •Weaning programme
- •Nurture programme

 Provide input to parent groups through one-off sessions and/or regular presence

• Provide targeted messages for particular groups, eg:

- •Weaning
- Rhymes

• Carry out assessment of individual child as necessary and liaison with others as required, eg:

- Health visitors
- •Child development clinic
- Social worker
- Audiology

In

•Child

 All children enjoy enriched communicative environments at home and in early years settings

•All children experience positive early attachment

•High-risk children are identified and supported •Parents/carers

• Parents are equipped to bond with their baby and to foster early communication skills

•Parents feel supported in understanding the needs of their children and can start to identify and contribute to strategies that support speech, language and communication (SLC) development in the home

•Wider workforce

•Staff have a thorough understanding of the foundation for early SLC development (including pre-verbal stage)

•Staff are providing appropriate language models

•Staff are aware of the process for early identification and referral to SLT

•Local community (public health)

•There is consistency of key messages regarding bottle and dummy use in the community

•There is a local culture that values parents talking to their babies

 Sure Start outcomes

 •Being healthy

 •Enjoying learning and achieving

 •Living in safety with stability

 •Living in a society which respects their rights

 •Experiencing economic and environmental wellbeing

• Contributing positively to community and society

Interventions

	Activity		Impact		Sure Start outcomes
	•SLTs deliver public health, speech, language and communication (SLC) and weaning messages through local area partnerships – campaigns, eg 2 Rhymes by 2	>	 Child The diversity in the population is reflected appropriately in the numbers accessing services Parents/carers Hard-to-reach parents get access to early public health messaging Parents are equipped and supported so they can bond with their baby and foster early communication skills 	>	 Being healthy Enjoying learning and achieving Living in safety with stability
ıblic ealth essaging	•Sure Start SLT provides information to all local early years settings	>	 Wider workforce Staff embed key messages into their practice so that they provide positive role models in this area Staff have a thorough understanding of the foundation for early SLC development, and are confident about delivering and supporting key SLC 		 Living in a society which respects the rights
	•SLTs participate in local community events, eg Parents' Week Fair		 messages Local community (public health) There is a local culture that understands the importance of SLC, and values parents talking to their babies Discourse in the local community changes to reflect key messages which support SLC development, eg time parents spend on mobile phones; use of library 	>	 Experiencing economic and environmental wellbeing Contributing positively to communit and society

The role and impact of speech and language therapy in services for children aged 18 months – 2 years

	Activity		Impact		Sure Start outcomes
	 SLT links with existing child health surveillance systems and other professsionals to identify at-risk 	≯	•Child •Earlier identification and intervention for child with SLCN, including further assessment, signposting and onward		•Being healthy
	 SLT carries out informal play based screening for child who cannot cooperate for formal screening tool 		referrals •All children enjoy enriched speech, language and communication (SLC) environments at home and in early years settings	≯	•Enjoying learning and achieving
Screening	•Formal screening tool, eg Wellcomm Toolkit (home/centre/group-based)		 Parents/carers Increased awareness of and information on early SLC development and milestones 		 Living in safety with stability
	• Differential diagnosis of children with speech, language and communication needs	>	 Increased skills in supporting their own child's SLCN Wider workforce Increased skills in supporting the 		 Living in a society which respects their rights
	 Assessment of child's communication environment, eg home/Sure Start centre/early years settings 		 child's SLCN Increased skills in identifying and supporting children with long-term specific SLCN Local community (public health) 		•Experiencing economic and environmental wellbeing
			•The results of the screening processes can be used to build a picture of the wider public health needs of the population and inform wider government initiatives to support SLC at a regional and national level	>	 Contributing positively to community and society
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The role and impact of speech and language therapy in services for children aged 18 months – 2 years

	Activity		Impact		Sure Start outcomes
	•General in-service training for staff within the Sure Start team	≯	•Child •Earlier identification and intervention for child with SLCN, including further assessment, signposting and onward	→	•Being healthy
	•Bespoke training session for parents on development of speech, language and communication (SLC) skills		referrals •All children enjoy enriched SLC environments at home and in early years settings		•Enjoying learning and achieving
Training	 Delivering accredited recognised training courses, eg: Hanen YMTD, It Takes Two To Talk (ITTTT) 	≯	 Parents/carers Increased knowledge and awareness of normal speech and language development and cause for concern 	≯	•Living in safety with stability
	 Elklan Speech and language Support for 0-3s), Elklan Lets talk with Under 5s 		 Parents recognise their key role as their child's first educator Wider workforce Increased skills in supporting the child's SLCN; staff are providing appropriate language models 		 Living in a society which respects their rights
			 Increased skills in identifying and supporting children with long-term specific SLCN; staff are aware of typical and atypical SLC development 	≯	 Experiencing economic and environmental wellbeing
			 Local community (public health) Increased awareness of referral pathway/process for accessing SLT Increased awareness of the benefits of early intervention There is a culture of SLC development being everyone's business 		 Contributing positively to community and society
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The role and Impact of speech and language therapy in services for children aged 18 months – 2 years

	Activity	Impact	Sure Start outcomes
	 In the 18 month – 2 year population, direct face-to-face intervention should be minimal 	•Child •All children enjoy enriched speech, language and communication (SLC) environments at home and in early years settings	•Being healthy
	•Assessment of individual child as	 Parents/carers Increased knowledge and awareness of normal speech and language development and cause for concern 	•Enjoying learning and achieving
Interventions	necessary and liaison with others as required, eg: •Health visitors •Child development clinic	 Increased skills in supporting their own child's SLCN Wider workforce 	•Living in safety with stability
	•Social worker •Audiology	 Increased skills in identifying and supporting children with long-term specific SLCN Staff are more aware of typical and 	•Living in a society which respects their rights
	•General advice to staff/parents	atypical development and strategies to support children's SLC •Local community (public health)	•Experiencing economic and
		 Increased awareness of referral pathway/process for accessing SLT Increased awareness of the benefits of 	environmental wellbeing
		 early intervention There is a culture of SLC development being everyone's business 	•Contributing positively to community and society

	Activity		Impact		Sure Start outcomes
	 Writing articles on speech, language and communication (SLC) development 		•Child •All children enjoy enriched SLC environments at home, in early years settings and in the community	>	•Being healthy
	 Sure Start project on social media, eg Facebook 	≯	 Parents/carers Increased knowledge and awareness of normal speech and language development and cause for concern 		•Enjoying learning and achieving
	 Sure Start quarterly newsletter PHA leaflets, eg Healthy child, healthy future 	>	 Increased skills in supporting their own child's SLCN Wider workforce Increased skills in supporting the 		•Living in safety with stability
Public lealth nessaging	 Advice sheets and strategies, eg Elklan leaflets Hosting special events, eg: 	→	 child's SLCN Staff are providing appropriate language models Increased skills in identifying and supporting children with long term specific SLCN 		 Living in a society which respects the rights
	 Storytelling Ditch the dummy Chatterbox Challenge 		 Staff are aware of typical and atypical SLC development Local community (public health) Discourse in the local community 	≯	 Experiencing economic and environmental wellbeing
	 Signposting to good-quality web- based support, eg Talking Point 		 changes to reflect key messages that support SLC development, eg time parents spend on mobile phones; use of library There is a culture of SLC development being everyone's business 	≯	 Contributing positively to community and society

The role and impact of speech and language therapy in services for children aged 2–3 years

Activity		Impact		Sure Start outcomes
 Informal screening carried out by SLTs, SLT assistants 		•Child •Earlier identification and support for children with SLCN, including further assessment and onwards referral	>	•Being healthy
• Programme for Two Year Olds (P2YO)	≯	•Parents/carers •Increased knowledge and awareness		 Enjoying learning and achieving
 Formal screening tools used, eg: CLEAR PLS Derbyshire language scheme 		of normal speech and language development and cause for concern •Parents are better able to support their child's SLCN •Wider workforce		•Living in safety with stability
 Informal tools used, such as Wellcomm or bespoke speech and language therapy tools and speech and language therapy clinical observation and recording 	>	 Increased skills in identifying and supporting children with long-term specific SLCN; staff are aware of typical and atypical speech, language and communication (SLC) development Local community (public health) 	>	 Living in a society which respects the rights
• SLT acts upon reports of concern from parent and creche staff, family support workers, bilingual workers, Sure Start staff (HV, Toybox), day care and private nursery staff, and gives tailored		 There is a culture of SLC development being everyone's business The results of the screening processes can be used to build a picture of the wider public health needs of the population and inform wider 		 Experiencing economic and environmental wellbeing
advice		government initiatives to support SLC at a regional and national level		 Contributing positively to communit and society

The role and impact of speech and language therapy in services for children aged 2–3 years

	Activity		Impact		Sure Start outcomes
Training	Activity Provide training in speech, language and communication (SLC) development to both parents/carers and other groups, eg: Sure Start staff Homestart volunteers and other voluntary or statutory agencies SLTs provide accredited and evidence-based training, eg: Elklan Hanen Makaton ICAN and bespoke training 	>	 Impact Child Child experiences more-positive communication-friendly language-enriched environment at home and in early years setting Improvement in the child's educational attainment and social skills The key SLCN are identified and this will inform decision-making for management of SLCN if identified Parents/carers Increased knowledge and awareness of normal speech and language development and cause for concern Parents are better able to support their child's SLCN Wider workforce Staff have been empowered to identify speech and language concerns and know how to access advice Staff have increased confidence in creating a communication-rich environment 	>	Sure Start outcomes •Being healthy •Enjoying learning and achieving •Living in safety with stability •Living in a society which respects their rights •Experiencing economic and environmental wellbeing
			how to access advice •Staff have increased confidence in creating	>	

The role and impact of speech and language therapy in services for children aged 2–3 years

Activity

•Interpret results of specific screening and investigate further as required

• Undertake research, quality assurance and audit of speech and language services, including the development of care pathways and protocols

• Provide specific and specialist advice/support to meet child's individual needs including language development, dysfluency, voice, phonology, and advise re management of children with complex needs and hearing impairment

 Provide specialist SLT-led language group interventions to target specific needs in the areas of attention and listening, expressive and receptive language, parent and child interaction, attachment and play, and social communication

Interventions

• Liaise with health, education and voluntary agencies to develop care pathways and protocols for children with SLCN

• Develop resource materials to help parents, early years workers and other professionals develop language skills of children with SLCN, eg language boxes, Wee Talk packs

•Support transition to playgroup/nursery post-Programme for Two Year Old (P2YO)

•Child

•Child benefits from earlier referral to other services (eg community paediatrics, core SLT)

Impact

•Child experiences more-positive communication-friendly languageenriched environment at home and in early years setting

• Child receives the appropriate intervention specific to their needs

•Parents/carer

• Increased knowledge and awareness of normal speech and language development and cause for concern

•Parents are better able to support their child's specific SLCN

- •Wider workforce
- •Staff have been empowered to identify speech and language concerns and know how to access advice
- •Staff have increased confidence in creating a communication-rich environment

•Staff have a greater understanding of the role they play in meeting a child's SLCN

- •Local community (public health)
- •There is a culture of SLC development being everyone's business

Sure Start outcomes

•Being healthy

•Enjoying learning and achieving

- •Living in safety with stability
- •Living in a society which respects their rights
- •Experiencing economic and environmental wellbeing
- Contributing positively to community and society

The role and Impact of speech and language therapy in services for children aged 2–3 years

Activity		Impact		Sure Start outcomes
 Hosting of events (eg Chatterbox Challenge, shopping centre leaflets (eg Talking Point 	≯	 Child Child experiences more-positive communication-friendly language-enriched environment at home and in early years 	>	•Being healthy
 Providing speech and language therapy workshops for general Sure Start staff Hosting awareness-raising campaigns, eg 	≯	 setting Parents/carers Parents can easily access accurate and evidence-based information regarding speech, language and communication 		•Enjoying learning and achieving
 Hosting awareness-raising campaigns, eg Ditch the Dummy, 2 Rhymes by 2 Hosting programmes, eg Rhyme Time, Bookstart programmes 		 (SLC) development Signposting to relevant events enables parents and others to be more aware of services available to them and their child 		 Living in safety with stability
 Producing and disseminating resources, eg I Can, Sparkle Box, Nursery Rhymes, Chatterpacks, home play materials 		 Wider workforce Staff can easily access accurate and evidence-based information regarding SLC development Staff have increased confidence in creating 		 Living in a society which respects their rights
 Signpost to recognised websites like ICAN, National Literacy Trust, Talking Point, Words for Life 		 a communication-rich environment Local community (public health) Discourse in the local community changes to reflect key messages that support SLC development, eg time parents spend on 		•Experiencing economic and environmental wellbeing
•Signpost families to community groups such as Rhyme Time in libraries, and local community groups such as Talking to our Babies, which also have similar public health messages to promote	>	mobile phones; use of library	≯	 Contributing positively to community and society

Public health messaging

The role and impact of speech and language therapy in services for children aged 3–4 years

Screening

Activity		Impact		Sure Start outcomes
 Informal screening carried out by SLTs/SLT assistants 	≯	•Child •Earlier identification and support for children with SLCN, including further assessment and onwards referral	>	•Being healthy
 Formal screening tools used, eg: CLEAR PLS Derbyshire language scheme 		 Parents/carers Increased knowledge and awareness of normal speech and language development and cause for concern 		 Enjoying learning and achieving
		 Parents are better able to support their child's SLCN Wider workforce 		 Living in safety with stability
 Informal tools used, such as Wellcomm or bespoke speech and language therapy tools, and speech and language therapy clinical observation and recording 	> >	 Increased skills in identifying and supporting children with long-term specific SLCN Staff are aware of typical and atypical speech, language and communication (SLC) development 		 Living in a society which respects their rights
• SLT acts upon reports of concern from parent and creche staff, family support workers, bilingual workers, Sure Start staff (HV, Toybox), day care and private nursery staff, and gives tailored		 Local community (public health) There is a culture of SLC development being everyone's business The results of the screening processes can be used to build a picture of the wider public health needs of the 		 Experiencing economic and environmental wellbeing
advice		population and inform wider government initiatives to support SLC at a regional and national level	>	 Contributing positively to community and society

The role and impact of speech and language therapy in services for children aged 3–4 years

	Activity		Impact		Sure Start outcomes
	 Provide training in speech, language and communication (SLC) development to both parents/carers and other groups ,eg: 	≯	 Child Child experiences more-positive communication-friendly language-enriched environment at home and in early years 		•Being healthy
	 Sure Start staff Homestart volunteers and other voluntary or statutory agencies 		 settings Children have skills necessary to access the curriculum when they start school, ie 'school readiness'; improvement in their educational attainment and social skills 	>	 Enjoying learning and achieving
			 The key SLCN are identified and this will inform decision-making for management of SLCN if identified 		•Living in safety with stability
Training	 SLTs provide accredited and evidence- based training, eg: Elklan Speech and language Support for 3-5s Hanen Makaton ICAN and bespoke training Solihull approach 	>	 Parents/carers Increased knowledge and awareness of normal speech and language development and cause for concern Parents are better able to support their child's SLCN Wider workforce Staff have been empowered to identify speech and language concerns and know how to access advice Staff have increased confidence in creating 	>	 Living in a society which respects their rights Experiencing economic and environmental wellbeing
			 a communication-rich environment Staff have a greater understanding of the role they play in meeting a child's SLCN Local community (public health) There is a culture of SLC development being everyone's business 		 Contributing positively to community and society

The role and impact of speech and language therapy in services for children aged 3–4 years

Interventions

Activity	Impact		Sure Start outcomes
 Interpret results of specific screening and investigate further as required 	 Child Child benefits from earlier referral to other services (eg community paediatrics, core SLT) Child is prepared for change of education 		•Being healthy
 Supporting transition into nursery or playgroup Undertake research, quality assurance and audit of speech and language services including the development of care pathways and protocols 	 Child is prepared for change of education setting Child experiences more-positive communication-friendly language-enriched environment at home and in education setting 	~	•Enjoying learning and achieving
• Provide specific and specialist advice/support to meet child's individual needs including language development, dysfluency, voice, phonology and advise re management of children with complex needs and hearing impairment	 Child receives the appropriate intervention specific to their needs Parents/carer Increased knowledge and awareness of normal speech and language development 		•Living in safety with stability
• Provide specialist SLT-led language group interventions to target specific needs in the areas of attention and listening, expressive and receptive language, parent and child interaction, attachment, and play and social communication	 and cause for concern Parents are better able to support their child's specific SLCN Wider workforce Staff have been empowered to identify speech and language concerns and know 		 Living in a society which respects the rights
 Liaise with health, education and voluntary agencies to develop care pathways and protocols for children with SLCN Develop resource materials to help parents, early years workers and other professionals develop 	 how to access advice Staff have increased confidence in creating a communication-rich environment Staff have a greater understanding of the role they play in meeting a child's SLCN Local community (public health) 		 Experiencing economic and environmental wellbeing
 language skills of children with SLCN, eg language boxes, Wee Talk packs Support transition to playgroup/nursery post- Programme for Two Year Old (P2YO) 	 There is a culture of speech, language and communication (SLC) development being everyone's business Improved access to specialist SLT support/advice 	>	 Contributing positively to commun and society

The role and impact of speech and language therapy in services for children aged 3-4 years

Activity

• Hosting of events, eg Chatterbox Challenge, distributing leaflets in shopping centres, eg Talking Point website

• Providing SLT workshops for general Sure Start staff

•Hosting awareness-raising campaigns, eg Ditch the Dummy, 2 Rhymes by 2

•Hosting programmes, eg Rhyme Time, Bookstart programmes

Public

health

messaging

• Producing and disseminating resources, eg I Can, Sparkle Box, Nursery Rhymes, Chatterpacks, home play materials

•Signpost to recognised websites like ICAN, National Literacy Trust, Talking Point, Words for Life

• Signpost families to community groups such as Rhyme Time in library, local community groups such as Talking to our Babies, which also have similar public health messages to promote

Impact

Child

• Child experiences more-positive communication-friendly language-enriched environment at home and in early years setting

- Parents/carers
- Parents can easily access accurate and evidence-based information regarding speech, language and communication (SLC) development

• Signposting to relevant events enables parents and others to be more aware of services available to them and the child

Wider workforce

- Staff can easily access accurate and evidence-based information regarding SLC development
- Staff have increased confidence in creating a communication-rich environment
- Local community (public health)

• Discourse in the local community changes to reflect key messages that support SLC development, eg time parents spend on mobile phones; use of library

Sure Start outcomes

Being healthy

Ð

• Enjoying learning and achieving

•Living in safety with stability

Living in a society which respects their rights

- Experiencing economic and environmental wellbeing
- Contributing positively to community and society

Data sources

The following table suggests data sets currently being collected, which may provide useful benchmarking information for use as outcome indicators.

Screening
 Percentage of children with SLCN against normal population (7-10% vs 50% in deprived communities)
Percentage of population accessing Sure Start services
 Children and Young People's Strategic Partnership (CYPSP) data sets – cypsp.org
 Sure Start Play including parental questionnaires and evaluations of speech and language service
Number of children on child protection register
WellComm and informal and formal SLC screening results
Universal screening info from the Healthy Child, Healthy Future programme
Statistics for referrals to core SLT services
Statistics for referrals to other health and social care services, Sure Start services and community groups
Individual and family case studies
Training
Sure Start staff evaluation of SLT service
Sure Start Play records
 Monitoring of children on entry and exit to programme for two year olds (PFTYO)
Bottle and dummy use
Reading habits
Quantity and severity of referrals to core SLT
Number of parents/Sure Start staff/early years staff attending training
Number of parents/Sure Start staff/early years staff obtaining certification
SLT interventions and public health messaging
Language development of children on entry into nursery school
Statistics for referrals to core SLT services
Number of transition reports completed
Number of home visits completed
Number of direct child contacts, eg to provide individual advice or programme
Number of parent contacts to provide specific advice or programme
Use of libraries by children aged under 4 years

Tools and approaches currently being used to measure change in children's language skills

Tool	Age range	Administration Who?	Administration How?	Administration When?	Technical standards Standardised	Technical standards Validity	Technical standards Sensitivity/ specificity*	Integral Intervention planning	Integral Progress analysis	Cost
	6 months – 6 years	Health professionals and childcare/ education staff	Observation Picture stimuli Activities/tasks	Any time in the given age range	NO	Validated against the Reynell Developmental Language Scales (RDLSIII) Strong validity with 0.899 positive correlation (With 0= no correlation and 1.0 = highest correlation)	High sensitivity identified ranging between 88% and 100% in the various age sections Specificity 58.5%	YES Intervention planning and activities directly linked to assessment results	YES Progress analysis achieved via re-screen following intervention	£320 for the complete toolkit (Manual, Rule and question book, Picture test book & Big Book of Ideas)
Language Measure BRISC (Bristol	23–27 months 12 months – 7 years	Health professionals, but usually SLT Health professionals and education staff	Parental report Word count on parental report Parental report Picture stimuli	23-27 months When considering making a	YES On 1,290 UK children aged 16-30 mths NO	- No evidence of validity studies	- No evidence	NO NO criteria for referral to specialist-	NO Assessment at one point in time only NO	Available online Available online

REEL (Receptive Expressive Emergent Language assessment)	Birth – 3 years	Speech and language therapist	Parental report Observation		YES US data only	Validated against the Developmental Assessment of Young Children, the Early Language Milestone Scale-Second Edition, and the Cognitive Abilities Test -	Not known.	NO Assessment information/ results only	Can be repeated	Could not find UK supplier \$56 for manual
WILSTAAR (Ward Infant Language Screening Test Assessment Acceleration & Remediation)	8–10 months	Health visitor undertakes initial screen, at risk followed up by speech and language therapy	Parental report Observation	Between 8 and 10 months	NO	Second Edition No evidence of validity studies, but linked with the REEL (see above)	Not known	YES Prescribed programme for infants identified at risk following screen		Not in print in recent years
Universal Assessment of Neurodevelop- ment	One-off assessment at 30 months	Health visitors	Parental report Picture stimuli	At 30 months	NO	Ongoing validity studies, based in Glasgow University	Sensitivity at 87% and specificity at 67% in predicting ongoing difficulties	NO Indicator of future need/risk only	NO Used as a predictor of future neuro- developmental difficulties 1 to 2 years later	Items available separately from different sources, rather than as pack
The Communication	Series for 3 –	Education,	Observation	Anytime between 3	NO	No evidence of	No	Information can help	Can be repeated, but	£29.99 for 3-year

Trust's Speech,	18-year olds	childcare staff	Test questions	years and 18	validity studies	evidence	staff to	no direct	screening
Language and				years			group	comparison	tool
Communication							children by	between	
Progression							ability. No	scores	£101.97
tools							integral		for pack
							intervention		of all 4-18
									year
									screening
									tools

External evidence sources

These references provide an evidence base for the speech and language therapy interventions included in this document. They are listed according to the activity headings and are also referenced by application to age group.

Evidence	Antenatal	0–18 months	18 months – 2 years	2–3 years	3–4 years
Screening					
 Seager E & Abbot-Smith K. Can early years professionals determine which preschoolers have comprehension delays? A comparison of two screening tools. <i>Child Language Teaching and Therapy</i> 2016; 33 (1): 67-79. Available from: journals.sagepub.com/doi/abs/10.1177/0265659016650977 Early years staff can accurately assess the language comprehension of 2-year-olds if provided with a tool that gives specific instructions on administration, but current frequently used procedures (EYFS:UCCS) are not fit for this purpose. The WellComm had good-to-acceptable levels of sensitivity and specificity, and significantly correlated with the Preschool Language Scale. 				Y	
 Berkman ND, et al. Screening for speech and language delays and disorders in children age 5 years or younger: a systematic review for the U.S. Preventive Services Task Force. Rockville, MD: Agency for Healthcare Research and Quality, 2015. Available from: www.ncbi.nlm.nih.gov/books/NBK305674 Studies examining the ASQ in children ages 2 years, 3.5 years and 4.5 years reported comparably low sensitivity at all three ages (ranging from 50% to 59%), and better specificity for the 2- and 3.5-year-old samples (95% and 92%) than for the older sample (79% and 83%). Comparisons indicated that sensitivity and specificity of the toddler and preschool CDI versions were fairly close, suggesting that the CDI is robust in its ability to detect a language delay across the toddler and preschool years. 		Y	Y	Y	Y
 Canadian Agency for Drugs and Technologies in Health. Screening tools compared to parental concern for identifying speech and language delays in preschool children: a review of the diagnostic accuracy. Ottowa: CADTH, 2013. Available from: www.cadth.ca/screening-tools-compared-parental-concern-identifying-speech-and-language-delays-preschool-children No health technology assessments, systematic reviews, meta-analyses, randomised controlled trials or non-randomised studies were identified regarding the effectiveness of screening tools compared to parents' expressions of concern to detect speech and language delays in preschool children. 		Y	Y	Y	Y
 Kasper J, et al. Population-based screening of children for specific speech and language impairment in Germany: a systematic review. <i>Folia Phoniatr Logop</i> 2011; 63(5): 247-63. PubMed: 21304231. Available from: www.ncbi.nlm.nih.gov/labs/articles/21304231 			Y		

Evi	dence	Antenatal	0–18	18	2–3	3–4
			months	months - 2 years	years	years
•	Law J, et al. Predicting language change between 3 and 5 years and its implications for early identification.					
	Pediatrics 2012 Jul; 130(1): e132-e137. PubMed: 22689865. Available from:					
	www.ncbi.nlm.nih.gov/pubmed/22689865					
•	Larson AL. Language screening for infants and toddlers: a literature review of four commercially available tools.		Y	Y	Y	
	Communication Disorders Quarterly 2016; 38 (1): 3-12. Available from:					
	journals.sagepub.com/doi/abs/10.1177/1525740115627420					
	Four language screening instruments for children under 36 months of age: the Early Language Milestone Scale					
	(ELM Scale-2; Coplan, 1993), The Capute Scales: Cognitive Adaptive Test/Clinical Linguistic and Auditory Milestone					
	Scale (CAT/CLAMS; Accardo & Capute, 2005), the Language Development Survey (LDS; Rescorla, 1989), and the					
	MacArthur Communicative Development Inventories (CDI; Fenson et al, 1994)					
	Researchers and practitioners should carefully consider how language screening tools relate to the population they					
	work with. Each tool in this review has drawbacks in terms of sample characteristics, gold standard comparison					
	tools or lack of data on sensitivity and specificity. Despite these concerns, the tools that were identified can, and					
	should, be useful for a variety of reasons.					
Tra	ining					
•	Law J, et al. Effectiveness, costing and cost effectiveness of interventions for children and young people with speech,					
	language and communication needs (SLCN). London: DfE, 2012. Available from:					
	www.gov.uk/government/publications/effectiveness-costing-and-cost-effectiveness-of-interventions-for-children-					
	and-young-people-with-speech-language-and-communication-needs-slcn					
•	McDonald, et al. Increasing early childhood educators' use of communication-facilitating and language-modelling				Y	Y
	strategies: Brief speech and language therapy training. <i>Child Language Teaching and Therapy</i> 2015; 31(3): 305-322.					
	Available from: journals.sagepub.com/doi/abs/10.1177/0265659015588203					
	Brief SLT training for early childhood educators can lead to increased use of some interaction strategies that help					
	children's communication skills develop.					
•	Nottinghamshire Sure Start Children's Centres 'Home Talk' service: supporting two-year-olds with delayed				Y	
	language skills and their parents/carers. Available from: tinyurl.com/hjs674a					
	A parent-implemented intervention for two-year-old children with delayed language development involving a					
	series of home visits by a children centre worker. Health visitors identified the children and the speech and					
	language therapy service provided the training. This intervention was evaluated with 16 families before the					
	intervention, immediately after and at four-month follow-up, by measuring expressive vocabulary, pragmatics and					
	parental stress. Twelve of the children's language skills developed at an accelerated rate and had caught up with					
	age expectations by three years of age. Five were identified as having SLCN and were referred to specialist services.					

Evidence	Antenatal	0–18 months	18 months – 2 years	2–3 years	3–4 years
 Girolametto L, et al. Training day care staff to facilitate children's language. American Journal of Speech-Language Pathology 2003; 12: 299–311. The Learning Language and Loving It programme increased early years practitioners' use of communication- facilitating strategies and children's talkativeness and participation in conversation. 				Y	
• Flowers, et al. Promoting early literacy skills: Effects of in-service education for early childhood educators. <i>Canadian Journal of Speech-Language Pathology and Audiology</i> 2007; 31: 6–18.			Y	Y	Y
• The Learning Language and Loving It programme increased early years practitioners' use of abstract language and the frequency of children's verbal responses to this abstract language in a book-sharing activity.			Y	Y	Y
 Girolametto L & Weitzman E. It takes two to talk—the Hanen program for parents: Early language interventionthrough caregiver training. In: McCauley R & Fey M (Eds.). <i>Treatment of language disorders in children</i>. Baltimore,MD: Brookes Publishing, 2006. See more at: <u>www.thecommunicationtrust.org.uk/projects/what-works/intervention.aspx?targetgroup=0&agerange=1&deliveredBy=0&focustier=0&format=0&evidenceRating=0&l D=69#sthash.7ddJAc8p.dpuf</u> [Please note: you need to register to view this page] 		Y	Y	Y	Y
 Carter AS, et al. A randomized controlled trial of Hanen's 'More Than Words' in toddlers with early autism symptoms. <i>Journal of Child Psychology and Psychiatry</i> 2011; 52: 741-752. DOI: 10.1111/j.1469-7610.2011.02395.x. See more at: <u>www.thecommunicationtrust.org.uk/projects/what-</u>works/intervention.aspx?targetgroup=0&agerange=1&deliveredBy=0&focustier=0&format=0&evidenceRating=0&I D=70#sthash.8YfMioNf.dpuf [Please note: you need to register to view this page] 		Y	Y	Y	Y
 Elklan - Communication Friendly Settings. The Communication Trust, 2017. Available at: www.thecommunicationtrust.org.uk/projects/what-works-training/training-database/elklan-communication- friendly-settings/ [Please note: you need to register to view this page] Elklan A key component of <i>Talking Matters</i> was the accredited 'Speech and Language Support for 0-3s' course. file:///C:/Users/alisonmccullough/Downloads/Final Elklan Evaluation Report 2017 University of Sheffield.pdf 		Y	Y	Y	Y
• Law J & Pagnamenta E. Promoting the development of young children's language. <i>Bulletin</i> 2017; 777: 12-15.	Y	Y	Y	Y	

Evidence	Antenatal	0–18 months	18 months – 2 years	2–3 years	3–4 years
SLT interventions					
 Johnson R & Wilson H. Parents' evaluation of understanding your child's behaviour, a parenting group based on the Solihull Approach. <i>Community Practitioner</i> 2012; 85(5): 29-33. Available from: solihullapproachparenting.com/wp-content/uploads/delightful-downloads/2015/11/JohnsonR-and-Wilson-H Parents-evaluation-of-UYCB-2012.pdf 		Y	Y	Y	Y
 NICE. Solihull Approach Parenting Group. London: NICE, 2009. Available from: www.nice.org.uk/sharedlearning/solihull-approach-parenting-group 		Y	Y	Y	Y
 Bickford-Smith A, Wijayatilake L, Woods G. Evaluating the Effectiveness of an Early Years Language Intervention. <i>Educational Psychology in Practice: theory, research and practice in educational psychology</i> 2005; 21(3): 161 – 173. Available from: <u>www.thecommunicationtrust.org.uk/projects/what-</u> <u>works/intervention.aspx?letter=M&ID=37#sthash.lb82GYkF.dpuf</u> [Please note: you need to register to view this page] 		Y	Y	Y	
 Millard SK, Edwards S & Cook FM. Parent-child interaction therapy: Adding to the evidence. International Journal of Speech-Language Pathology 2009; 11: 61-76. Available from: <u>www.thecommunicationtrust.org.uk/projects/what-</u> works/intervention.aspx?letter=P&ID=68#sthash.M9izjwvc.dpuf 				Y	Y
 Flippin M, Reszka S & Watson LR. Effectiveness of the Picture Exchange Communication System (PECS) on communication and speech for children with autism spectrum disorders: A meta-analysis. <i>American Journal of Speech-Language Pathology</i> 2010; 19: 178–195. Available from:www.thecommunicationtrust.org.uk/projects/what- works/intervention.aspx?letter=P&ID=54#sthash.QBsWnSU9.dpuf [Please note: you need to register to view this page] 		Y	Y	Y	Y
 Law J, et al. 'What Works': Interventions for children and young people with speech, language and communication needs. London: DfE, 2012. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/556912/DFE-RR247-BCRP10.pdf Fifty-seven interventions currently in use with preschool and primary school children. 				Y	Y
• Law J & Pagnamenta E. Promoting the development of young children's language. <i>Bulletin</i> 2017; 777: 12-15.	Y	Y	Y	Y	1

Evidence	Antenatal	0–18 months	18 months – 2 years	2–3 years	3–4 years
Public health					
• Law J & Pagnamenta E. Promoting the development of young children's language. <i>Bulletin</i> 2017; 777: 12-15.	Y	Y	Y	Y	
 Law J, et al. Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs (SLCN). London: DfE, 2012. Available from: www.gov.uk/government/publications/effectiveness-costing-and-cost-effectiveness-of-interventions-for-children- and-young-people-with-speech-language-and-communication-needs-slcn 		Y	Y	Y	Y
• Smith C, et al. An evaluation of an integrated model of speech and language therapy in public health practice for early language development. <i>Child Language Teaching and Therapy</i> [First published 16 November, 2016] Available from: journals.sagepub.com/doi/pdf/10.1177/0265659016674763		Y			
General references		1	1	1	
• Fuller A. Speech and language therapy in Sure Start Local Programmes: a survey-based analysis of practice and innovation. <i>International Journal of Language and Communication Disorders</i> 2010; 45(2): 182-203.					
• Gibbard D & Smith C. A transagency approach to enabling access to parent-based intervention for language delay in areas of social disadvantage: A service evaluation. <i>Child Language Teaching and Therapy</i> 2016; 32(1): 19- 33.					
 Melhuish E, Belsky J, Leyland AH & Barnes J. Effects of fully established Sure Start Local Programmes on 3 year old children and their families living in England: a quasi-experimental observational study. <i>The Lancet</i> 2008; 372(9650): 1641- 1647. Available from: www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61687-6/abstract 					

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