Talk To Your Baby Conference 2011  
Foundations for Life: Shaping babies’ futures in an evolving landscape report

On Friday 16 October 2011 the National Literacy Trust held a Talk To Your Baby national conference at the Institute of Engineering and Technology, Savoy Place, London. The conference shared latest research on the development of early communication, emerging public policy on the support for early communication and examples of good practice taking place across the UK. The conference also reported on activities which have taken place as part of Hello, the National Year of Communication. Over 160 delegates attended the conference including senior officers from local authorities, health authorities and third sector organisations, early years practitioners, children’s centre managers and speech and language therapists.

Welcome: Jonathan Douglas, Director of the National Literacy Trust in opening the conference reflected on all that had happened since last year’s conference. The past year had seen the end of the national Every Child a Talker initiative and the announcement of a new and exciting framework for early years. Hello, the National Year of Communication celebrates the very essence of what Talk To Your Baby is about. Talk To Your Baby itself is moving forwards in response to the new evidence base, and has changed the way it responds to families. Jonathan hoped the conference would refresh people’s vision ready to meet future. The Institute for Fiscal Studies recently predicted that the number of children living in poverty will increase to 20 per cent by 2020, making the work of Talk To Your Baby and those present at the conference more important than ever. A clear framework is needed for supporting children born into poverty in order to take advantage of the opportunity to break the cycle of intergenerational poverty. This is now more important than ever.

The early communication environment and language development  
Professor Sue Roulstone, Underwood Trust Professor, University of West England

Professor Roulstone’s presentation was based on Bristol University’s Avon Longitudinal Study of Parents and Children. She focused on the key findings and learning from the research.

The study was based on children born in the 1990s. 14,000 families were originally involved, half of whom are still being followed today. The children are now at college and having babies of their own. The strength of the project is the extent of its data, which includes biological information as well as information from parents about what they did with their child and what went on at home.
The early communication environment can most usually be described as ‘what their mothers say and do’. The findings provide a really important message for encouraging parents, regardless of their social background, to make a difference to their child’s learning.

The research showed a wide variation in language acquisition by age two, when nearly four per cent were still babbling and 15 per cent had only single words. However in contrast, almost 55 per cent were stringing three to four words, meaning they probably had a vocabulary of several hundred words. So what were the factors that created these differences? Generally social background was highly predictive and had an impact on performance at school.

In terms of social background the researchers were able to identify the factors that had any impact, but were unable to understand the mechanism by which they did so. Maternal health was a very important factor, as was the specific language used, the amount of verbal input and the physical environment. Chaotic homes were clearly not good environments for communication development. When the children in the study started school there was no Early Years Foundation Stage, but in Avon there was baseline testing which provided a type of outcome measure of early years experience. The results of this measure showed broad social background had a predictable impact on school entry scores but the early communication environment also impacted on variation across the scores.
When looking at the components that made a difference four things in particular were revealed. Sue suggested that the reason for these four things in particular was puzzling and difficult to interpret, so some speculation was used.

Books owned at six months: Book ownership under six months is considered very early, or too early in some parents’ views. If a child does have their own books, bought for them by their parents, it is a good indication that their parents value books and are sharing them. This will indicate to a child that books are good fun, exciting and interesting. Experience of handling books is really important and will have a positive impact when starting school, by helping with vocabulary, sequencing and scaffolding. The ALSPAC project has shown that scaffolding at 12 months and three years helps school readiness.

Frequency of trips to the library at 18 months: If a parent is willing to take their child into a controlled environment such as a library, then it says something about the parent’s confidence and the confidence they have in their child. Additional factors can be included in trips to the library, such as shared time together, opportunities to take part in activities going on in the library and of course the importance of visiting a place that is all about books, books and more books.

Home and parenting score: This was based on factors such as whether parents gave a running commentary while doing their housework, the type of toys in the home (indicating the parent’s ability to pick the right of toys), special places and times for play and learning, for example the use of peek-a-boo, hello and goodbye, etc.
Amount of TV on at home at 18 months: TV and young children is always controversial. National Literacy Trust research shows that while children maybe able to gain visually from watching TV they cannot learn vocabulary from it as well as in other ways. The point is the amount of time the TV is on in the home, the loss of opportunities to do other things and also the difficulty it creates for young children in selecting what is important to listen to against the background noise it creates. The use of TV in the home says something about parents’ understanding of the communication process and what helps their child to develop language.

Sue concluded by saying that while none of the ideas are new, what is important is how early the impact can be seen. Children’s earliest experiences and social background are important but the quality of their early communication environment is more important. Sue acknowledged the colleagues involved in the research and the Department for Education for funding it, she thanked Jonathan for his help and also referred to links with EPPE and PEAL.

Conclusions

- Children’s earliest experiences influence their language development and prepare them for school
- Social background is important BUT early communication environment is more important in the first two years

Questions

Q. You talked mostly about mothers, is that because only mothers were included in the research?

A. The research data is based on mothers, mostly because they were the main respondents. Partners were also asked but the response rate was much lower. Much of the data is about what was going on in the home so I have used ‘mothers’ as a shorthand for ‘home’.

Q. Given the changes that have taken place in the last 20 years (Sure Start, increase in mothers working, the time children now spend in nursery versus home), has there been any follow-up?

A. No, no specific follow-up of this kind. The focus has been on what has happened to the children born in the 1990s as they have get older, rather than the difference between their experience and the experience of children now. Some of the children in the study did attend nurseries and daycare. We are just starting a project in Bristol where we are looking at how we can target and shape the certain sub-group of parents who didn’t access services in the same way.
Q. Regarding your data on two-year-olds, in particular the group that are still babbling, does it refer to the two to three-year-olds?

A. It refers to children by the time they reached two years, not from two to three years. I am less surprised at the range of ability but I am impressed by just how accomplished some of them are, probably because I am more used to seeing those at the bottom end. Some are just wonderful talkers by age two.

Q. Was all the information gathered through questionnaires? If so, doesn’t that reflect on the type of parents who responded? Wouldn’t there be quite a low return rate from more disadvantaged parents?

A. All the date collected was through questionnaires, but we do have a range of data from families across the whole range of social backgrounds. There is more data from parents at the upper end of the scale but still a sufficient spread across the range to make the data reliable.

Q. Did you find any special differences related to gender or ethnicity?

A. The group was mostly White, which was a reflection of the local population in the early 1990s, so there were no ethnic differences to mention. Regarding gender, boys were very definitely slower. How that plays out overall is difficult to unpick but it is an important part of the whole picture.

Keynote speech – Foundation for Life: Shaping babies’ futures through the Early Years Foundation Stage
Dame Clare Tickell DBE, CEO of Action for Children and Early Years Foundation Stage review author

Dame Clare Tickell had been called back to the Department that week to discuss how things looked now and what the next steps might be. On the basis of this she was prepared to say what she could about the possible way ahead based on this.

The Early Years Foundation Stage (EYFS) had been introduced by the last government in 2008, with the intention that it would be reviewed in 2010. It was initially intended to provide a framework and benchmark for all those working in early years. It was developed from of a strong evidence base which gave it a brilliant start and remains one of its strengths. The EYFS is something to be very proud of and should continue to be.

Dame Clare is not an expert in this field, a fact that Sarah Teather, Minister for Children and Families, was aware of when she chose her. Dame Clare was able to cut through some of the dense conversation surrounding the review, having not been involved in discussions on the content of the review for the past 25 years, there were concerns before
the review that EYFS would be done away with altogether. Sarah was aware of this and wanted the EYFS protected to ensure quality for our youngest children.

Dame Clare quickly became aware that the EYFS was very successful and seen as ‘flagship’ policy which had attracted interest from other countries. It was also clear from Ofsted inspections that it was having an impact because standards were improving. Lots of people who originally thought it unnecessary now supported it. There was consensus from childminders through to private schools on its success, which was probably due to it being based on evidence.

**EYFS – What was right**
- Flagship and successful policy
- Standards improving
- Broad support for the approach and universal engagement
- Approach based on evidence

**EYFS – What was wrong**
- Too much of it
- Inconsistencies from local authorities and Ofsted
- Assumed a level of infrastructure that will not survive the cuts – eg National Strategies gone, Ofsted reduced
- Primary heads opposition to size of EYFSP
- Insufficient emphasis on parental involvement
- Nothing specific on early identification
- Workforce issues
- Politics ….

There were, however, aspects which were not brilliant. By 2010 a universal complaint, including from those who loved it, was there was too much of it. The size of the EYFS was understandable, because it had been drawn from so many sources and there had been a desire not to leave anything out. The level of detail might have been necessary to start with, as a ‘beginners model’, but was not necessary now.

There was also a clear disconnect between Ofsted and what was happening locally; evidence for this was fairly consistent from review workshops and calls for evidence.

The disconnect existed between what Ofsted said the EYFS should look like and what local authorities and providers said about how it looked on the ground. Large providers were able to challenge Ofsted but smaller providers and childminders weren’t.

For the EYFS to successfully continue in its current form assumes a level of infrastructure that is not and will not survive the cuts. The National Strategies have already gone and the capacity of Ofsted has been reduced and reductions are still continuing. Unless it is revised the EYFS would not be able to deliver, develop or meet regulatory requirements, meaning there was a real risk of it falling into disrepute.

While the EYFS profile was seen as wonderful by many in early years, primary headteachers were against its size and Key Stage 1 teachers said they could not digest it. The aim was therefore to change it to something ‘small but beautiful formed’.

It was also evident that there was insufficient emphasis on parental involvement in the development of the profile. Parents said it was not clear to them; many found the language daunting and intimidating and said the assessment made them feel judged, which was never the intention.

The profile contained nothing specifically about the early identification of special needs and early intervention. Dame Clare had been in touch with Jean Gross, Communication
Champion, to gather the views of parents of children with special educational needs who needed support when they were under four. At the moment the only early identification in place which covers early identification and intervention is the checks made by health visitors, but there was nothing in the EYFS which ran alongside these.

Workforce issues were not within the remit of the review but Dame Clare acknowledged it was difficult not to consider the need for a highly trained workforce working with our youngest children.

The politics surrounding the review had been hard to navigate due to difficult and changing waters. To cut through these it had been necessary to decide what was ‘the golden thread’ and be clear what the battles were and what was the war, and to agree to tackle accordingly.

**The evidence – communication, language and literacy**

- Children need a natural flow of affectionate stimulating talk to describe what is happening around them, to describe things that they can see, and to think about other people.
- This is critical for children’s language and cognition, their general capacity to engage with new people and new situations, and their ability to learn new skills.
- Forms of overt instruction in language and reading, e.g. systematic phonics can be effective in some settings for some children younger than five.
- If children are to develop reading skills, they continue to need a balanced range of experiences which support their social and emotional needs.
- Academic literature about brain development shows that children begin to recognise sounds and associate them with objects and ideas within six months of birth; the brain is hard-wired to translate sounds into language.

(Taken from EYFS Report on the Evidence)

The evidence included a literature review by Kathy Sylva and colleagues which provided a lot of information. One of the most significant pieces of evidence was that children are born without a sense of self. To develop this children warm and positive relationships in which they can thrive. Findings from new research show how adults respond to children has an impact.

Dame Clare was also impressed by the Harvard research on brain development and the importance of understanding the architecture of the brain. While she felt there could be missed opportunities if we do not seize them while children are very young, she cautioned against the risks of these findings being misused and misinterpreted, which she knew was already happening.

Cognition and a positive sense of self cannot be separated; success at school and in the workplace and friends and relationships are all influenced by this.
Main recommendations

- Simplification of Areas of Learning:
  - focus on prime skills: personal social emotional development, communication and language and physical development in earliest years
  - with four specific areas where these primes are applied: literacy, mathematics, expressive arts and understanding the world
- 24 to 36 month assessment by early years practitioners for parents to sit alongside health visitor checks with red book link, eventually moving to single integrated check
- English language skills assessed
- Reduced set of early learning goals (from 63 to 17)
- Slimmed down EYFSP in line with reduction in early learning goals
- Emphasis on including parents
- Renaming of welfare to safeguarding and welfare to improve clarity with emphasis on child protection training
- Reduction in paperwork on risk assessments
- Commitment for government to look at workforce and raise expectations so that NVQ3 is entry level and new NNEB worked up
- Thought given to improving quality of supervision in early years settings
- Need for Ofsted and local authorities to work together and improve consistency of message, reducing burdens wherever possible

Other things which were important

- Play
- Conversation, its depth and breadth and content
- Problem solving and the need to encourage it
- Children's chronological skills in learning to read; the vocabulary they have at age five is a better prediction of the more complex task of reading
- Learning isn't always as linear as we thought
- The need to find ways into building children's confidence
- Children learn through narrative and scientific enquiry
- Importance of narrative being based on new and compelling evidence.

The recommendations recognise that particular skills will not necessarily be achieved in a chronological order but that the acquisition of one skill is a pre-requisite for the other; the review team worked hard to represent this.

The 24 to 36 month assessment sits alongside the red book and could eventually become a single check. Dame Clare is aware this is already happening in some areas. The intention is to make sure those early years providers who are not currently getting health visitor input do so, rather than wanting to change or undermine the good practice which already exists.
The recommendation for an English language skill assessment is because if a child reaches the end of the EYFS without English it will make it difficult for them to access the curriculum at key stage 1.

The reduced early learning goals are not that different from the originals, just more elegant and easy to use. The feedback on the new profile from primary school heads shows that it gives them something which is easier to interpret and use.

From her work with Action for Children, Dame Clare is aware that an increasing number of mothers with young children are going out to work and the fathers are staying at home. The revised EYFS must therefore extend its involvement to in include the mother and father, and also to include grandparents, since many are providing a lot of care for their grandchildren.

Dame Clare said that we need to do all we can to get the best qualified staff working in early years. NVQ3 was originally meant to be seen as the entry level qualification, rather than the standard level of qualification required which in many cases it has become. When the NNEB qualification was widespread, the sector felt proud of it. She suggested that while we do not need to bring back the NNEB we do need an equivalent for today, which should not be about ‘really wanting to be a teacher’ but about recognising and celebrating working in the early years.

Thought needs to be given, within the current financial situation, to how quality can be improved, for example in many local authorities funding has already ended for childminder networks. Emphasis needs to be given to the quality of supervision in settings. Working together with local authorities Ofsted needs to take the lead in being clearer and less ambiguous about what they want.

So what are the next steps for the EYFS? The committee is currently working through the responses and is close to a draft report. The Department knows which areas of the review they feel comfortable with and which areas they have anxieties about. The anxieties are mostly to do with resources, meaning far less support being available for delivery, and the need to operate in a much more challenging financial environment. We cannot get away from this and should not pretend otherwise. Hopefully the revised EYFSS can stand alone better, rather than failing due to lack of resources.

The Department of Health has been really helpful at looking at ways in which health professionals can support the EYFS; this will particularly have consequences for children’s centres and Payment by Results (PbR) proposals. The committee has tried not to promise things that cannot be delivered. As yet not enough work has been done on how to make parents partners in delivering the foundation stage.
There will be a revised EYFS but the context provided by the wider infrastructure in which it will operate is very important.

Dame Clare believed that children’s centres are an important part of this, suggesting that their infrastructure must be protected while adding the most value to the most vulnerable. In a climate of reduced funding she asked, “How can we ensure this is achieved? How can we protect the infrastructure, while adding support for the most vulnerable?” Statutory guidance must be strengthened to protect against closure, including the requirement for local authorities to undertake risk assessments on what interventions and services will be lost and mapping how these will be provided in the future. The role of children’s centres also needs to include increasing community capacity.

Changes in health include a needed increase in health visitors who she would like to see based in children’s centres. Changes in health, including no primary care trusts and the introduction of health and wellbeing boards, bring implications for early years. Dame Clare stated that while the background to changes in health is now shifting, how they will end up is inconclusive and the impact they will have on commissioning is not yet known.

The involvement of parents is part of the children’s centre Payment by Results trials, which include a scheme to offer vouchers for parenting classes to parents of children under five. There is also a focus on parental involvement in running services, which could include children’s services. Dame Clare is concerned that parents are not relied on, especially as services become more targeted, since we know in terms of safeguarding that the most vulnerable children in particular need well-trained, skilled professionals working with them.

£331m will be made available to local authorities in 2013-14 to fund an extra year of free early education for around 140,000 two-year-olds. However so many things that contribute to supporting children and families are being subtly cut away – it is slightly ironic that libraries are closing when we know the importance of taking children to libraries.

Jonathan Douglas, Director of the National Literacy Trust, thanked Dame Clare for her presentation and especially for her emphasis on the opportunities for making deep differences which are particularly strong through parental engagement. This is an area that the National Literacy Trust wants to model. Jonathan also referred to Dame Clare’s mention of the importance of libraries and added that since the start of the year 10 per cent of libraries have been closed and 20 per cent are under threat of closure.

Final thought

The earliest years in a child’s life provide the foundation for everything that follows. We must make sure that children are supported and encouraged to achieve their full potential as inquisitive, confident and secure individuals.
Questions

Q. I am the headteacher of a maintained nursery school. Did the issue that maintained and private and voluntary providers have different Ofsted inspections come up in the review? I believe this should be same if their status is equal.
A. Yes the issue was raised from both sides. Ofsted gave a commitment that they would sort it out, but I am unsure how much progress will be made on this. It wasn’t part of the review’s terms of reference but it is hugely relevant.

Q. From CWDC’s perspective, I would like to emphasise the raised importance of skilled practitioners.
A. I absolutely agree. I was dismayed to find during the review that early years, unlike teaching, is seen as a second-class profession, or at worse not even a profession at all. The most enlightened didn’t think that. What early years practitioners do is to help teachers. If we get it right in pre-school then it has an impact in school.

Q. I am a speech and language therapist. If the early learning goals are the product of a child’s early learning then I am concerned that the revised version will leave huge gaps. I am concerned we will lose the subtlety of the different levels of impact that the current data provides.
A. The expert group talked about this, but it was not a headline concern. In revising the goals we were very careful about tracking from one to the other. There was repetition, so similar goals were clustered together, but there is not a lot missing in the new version.

We ran workshops with childminders who had been very resistant initially to the framework because they viewed it as an over-professionalisation of the sector. Given that some of them had previously been proud of not working to a framework, we asked them what they thought. Integrating the existing goals into 17 spoke to them and made sense. It was thought that some childminders who were struggling might need more hand-holding to guide them through the process. The number of early learning goals doesn’t help this, and it should be addressed by using children’s centres and other resources to provide peer learning for childminders. As a practitioner you need to be able to stand back and contextualise what you are doing and then spend more time working with children.

Q. I am an early language consultant. In the light of reduced funding and reduced infrastructure, what are the recommendations going to be for next steps? I hope we are going to get something. It’s going to be extremely challenging working in this sector at this time. Ofsted need to think carefully about how they support the new EYFS, so that it can segue into something that will stand alone better. There is a really important role for colleagues in health to help by working alongside us. What do you suggest the local authority does to help enable that to happen?
A. We need to know how health and wellbeing boards are going to work. It is essential to engage in discussions with them because they are the potential way for giving strategic overview. Care and thought needs to be given to those services which exist in the community such as speech and language therapists, children’s centres and others; also with schools which provide care and education from early years through secondary, before pulling them or making them too targeted.

Q. I am the Enjoy and Achieve Lead for Children’s Centres Nottinghamshire. Regarding the two year check, the consultation is quite vague regarding its content. When will there be greater clarity on this, including whether it is going to happen?
A. We definitely don’t want to stop what in many areas is already happening and happening well. The aim is to help those who are not doing something. So we are looking at something which describes in very broad and simple terms what the early years aspect of this check should feature. The check will reinforce the importance of what health visitors already do, they won’t be asked to do the checks but to work alongside those who do.
Improving health and well-being for children and families: The health visiting and family nurse partner contribution

Viv Bennett, Deputy Chief Nursing Officer, Department of Health

The Department of Health’s national programme for child health focuses on improving public health in partnership with other agencies and the community through Children and Young People’s Partnerships which interface with the foundation years. The current Healthy Child Programme is divided into two age groups: pregnancy to five years, which includes immunisation, the two year check and making the role of health visitor visits much broader; and five to 19 years. There is currently a gap in delivery between the two age ranges, which is being addressed by looking at the transition care pathways from four to six years and considering what can be done to make them work better.

The Healthy Child Programme is broken down into universal, universal plus and higher risk; safeguarding runs as a theme throughout the programme. In terms of its interface with Talk To Your Baby, key aspects in each category, which directly impact on improving communication, are shown in red on the slide.

The Government had decided an additional 4,200 health visitors should be recruited. The current number of health visitors is 8,000. This decision was based on public polls which showed a high level of trust in health visitors, possibly because they are nurses.

Families said they would like more health visitors, but they would like services to be provided differently. They wanted health visitors to be much more supportive of them as parents and to create a better supportive environment overall. They particularly wanted support when having their first baby. They wanted the best advice when they needed it (because all families at some time need help with a specific problem such as sleep patterns or breast-feeding).
and they wanted to be able to build a relationship with their health visitor so they felt able to turn to them when they needed to. Families with a child with a disability or illness felt that they too had a right to a normal family life and asked professionals to work together as a team to support this.

The new health visitor service will operate at four levels. At community level it will bring together those who influence public health outcomes; the Department of Health and Department for Education are working together to look at ways to make this happen. Health visiting capacity has fallen by 10 per cent in recent years and health visitors are not spread evenly across regions or matched to levels of need. These variations have been taken into account when mapping where the increased capacity should be.

The revised universal service will include antenatal contact delivered through care pathways with midwives from 28 days to 28 weeks; support in the early weeks of life delivered by health service practitioners and others supporting families in those early weeks of their child’s life, e.g. in one area children’s centre outreach workers are offering the same advice and support on breast-feeding as health visitors resulting in increased rates of breast-feeding; the 2 to 2½ year review achieving national coverage; and deciding what a fully encompassing review for the early years looks like, including the best foundations for starting school and for health, e.g. the health foundations which will take a child into healthy adulthood and prevent obesity.

Universal Plus recognises that everybody needs some extra help some of the time and includes clear packages of support, including a national package for postnatal depression, which is known to be a major influence on early child development. Universal Partnership Plus is closely linked to safeguarding (see slide).
unique role. Clarity is also needed about how health visitors respond to identified needs, which often will have been assessed by other health care professionals, children’s centres or others. Health visitors need to be able to determine how to respond to these needs by either providing, delegating or signposting.

Since the February ‘call to action’ (see slide) a lot work has been undertaken on health visitor reform across the government, mostly between the Department of Health and Department for Education but also with the Cabinet and at community level.

How to grow the workforce is a challenge. In three years’ time health visiting will be a profession made up of 50 per cent new starters. The number of health visitors is currently still falling: 500 qualified in September and 1300 are in training this year. This is a massive increase on the past three years when 200, 500 and 500 respectively were trained. Children’s centres have been really helpful in providing placements for trainee health visitors.

### Key challenges and priorities over next months

| Supply side: | Fill rate on commissions and ‘filling the gap’ expanding placements/practice teacher |
| Demand side: | Jobs for 540 health visitors just qualified and gearing up for expansion |
| Systems: | Preparing for 2012 operating framework Commissioning over NHS transition to 2015 developing a commissioning framework |
| Cross Government: | Families and foundation years including joint work Department for Education review of children at two years |
| Service transformation and health improvement: | Maximising contribution to improved health outcomes Outcomes – public health outcomes framework and health visitor outcomes Early implementer sites – ‘Assessing Success’ and further sites Pathway development e.g. midwifery to health visiting Leadership Telling the story narratives |
| Partnerships: | Within health, foundation years and voluntary and community sectors nationally and locally |

A number of early implementation sites are testing out new ways of working and new service models such as delivering antenatal care in partnership with children’s centres and others.
The digitalisation agenda provides opportunities to use technology to do things better. With 50 per cent of the workforce being new practitioners the need for joined-up CPD for existing health visitors will be important.


The key challenges and priorities over the next few months are made harder by the difficulties created by many of the current health systems being in complete flux. However there is an operating framework for what must be done which includes commissioning and cross-Government work. The aim is to absolutely transform the role of the health visitor. The two key risks are that not enough health visitors are recruited, or sufficient numbers are recruited but the service does not really change.

**The Family Nurse Partnership**

**What is the Family Nurse Partnership?**

- FNP is an evidence-based, preventive, early intervention programme for vulnerable young first-time mothers
- It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two
- The programme developed in the US over 30 years
- Testing in England began in 2007

The Family Nurse Partnership works with very young parents to support them from pregnancy until their child is two. It is still part of a research trial so more evidence is becoming available as it progresses.

Parents need to be given confidence that they can do the right things for their babies. Many of the young people involved are kids that have always been told that they are rubbish; because of this much of the work focuses on asset and confidence building.

The message given is: ‘We are here to show you how you can do the best for your children’.

**Family Nurse Partnership in the UK**

**FNP Goals**

- Connecting with families to:
  - Improve pregnancy outcomes
  - Improve child health and development and future school readiness and achievement
  - Improve parents’ economic self-sufficiency

**Implementation of FNP services**

- Over 7500 families
- Over 50 sites
- Over 350 family nurses and supervisors
- Scotland and Northern Ireland
- Third year evaluation published
- Research trial underway
- Projects on eligibility criteria, interpreters, safeguarding, fathers
- Doubling capacity by 2015

This is a really key programme. The Government intends to double the number of Family Nurse Partnerships from 350 to 700 by 2012 and to reach 15,000 families by 2015.
The Family Nurse Partnership is based on a US programme developed 30 years ago. Evidence from a target group in the US of very vulnerable 14 and 15-year-olds showed it had made a real difference; the UK evidence to date is showing similar levels of impact.

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<tr>
<th>FNP has consistent results in improving outcomes across 3 scientific trials in USA</th>
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<td>Improvements in women’s antenatal health and behaviours</td>
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<td>Reductions in children’s injuries, child abuse and neglect</td>
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<td>Fewer subsequent pregnancies</td>
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<td>Greater intervals between births</td>
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<td>Increases in fathers’ involvement</td>
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<td>Reduction in welfare dependency</td>
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<td>Better parenting</td>
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<td>Improves children’s cognitive development, school readiness and academic achievement</td>
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<td>Improves children’s emotional and behavioural development</td>
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<td>Reduces children’s involvement in crime and anti-social behaviour later in life</td>
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<td>Reduces substance-use initiation</td>
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<td>Substantial cost savings – up to $5 for every $1 invested by age 15</td>
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What is the FNP programme?

- The nurse – qualities include understanding and skilfulness
- The supervisor
- The client – plus the father/partner/mother/family
- The relationship – the vehicle for change
- The approach/method/spirit strength based, MI infused
- The content – visit by visit guidelines with facilitators and educational materials and tools
- The context – team, organisation

The majority of Family Nurse Partnerships come from health visitor or paediatric nursing backgrounds. They take part in a strong training programme, which teaches them very specific ways of dealing with young people; supervision of practice is also very important. It is still under licence as a research trial which means its delivery is very prescriptive and changes to delivery cannot be altered. However because it is so clearly making a difference, lots of work has been done to ensure other practitioners can benefit from what is being learned.
Evaluation in England

- High-quality replication of the programme
- 87 per cent enrolment, fathers engaged and low rates of attrition
- There are early signs that clients now have aspirations for the future and cope better with pregnancy, labour and parenthood
- Reduction of smoking in pregnancy
- Breast-feeding initiation rate higher than national rate for same age group
- Significantly improved mastery, a form of self-esteem linked to positive behaviour change, at the end of the programme compared to the start
- Clients were returning to education and employment, making regular use of effective birth control methods and spacing subsequent pregnancies
- FNP children also appear to be developing in line with the population in general which is very promising as this group usually fares much worse
- Graduates of the programme were very positive about their parenting capability reporting high levels of warm parenting, low levels of harsh discipline and levels of parenting stress similar to that in the normal population

A crucial stage in determining whether the programme has been successful will be the outcomes from the two-year-old checks linked to the needs and problems and having the time to intervene. Health practitioners find difficult the concept of children being ready for school but fully understand children need a good pathway towards strong resilience so that inequalities are reduced.

What would success look like?

All communities have access to a full range of services from universal to support for vulnerable families to care for children with illness/disability at home and in local communities
Evidence-based services and practice are provided by mobilised and supported professionals
Strong partnerships are built between local organisations and families using services
Families receive joined up services to meet their needs and choices and express high levels of satisfaction
Needs/problems are identified early and the right service response is provided
Children are ‘ready for school’
Local health outcomes improve and inequalities reduce

Jonathan thanked Viv, saying he was particularly interested to hear that the role of the Family Nurse Partnership focused on the commitment to building parents’ confidence and the importance that communicating with children played in creating a warm home environment.
Questions

Q. Given that many families are more likely to go to their GP with concerns, how do you see health visitors linking with GPs around early intervention?

A. There are several quite complicated maps showing how health visitors will relate to Sure Start Children’s Centres and with primary health care. We’ve tried hard to avoid falling into the trap of thinking the relationship is with either one or the other; we have also taken locality and co-location out of the equation. We have looked at how strong partnerships can be developed through clinical commissioning, through the health and wellbeing boards and the providers who employ health visitors locally. We know that really effective joined-up communication and leadership-building on existing relationships will be really important.

Regarding early indication and intervention, it is not clear who people are most likely to go to; it is most likely that people turn to their own mums. We need to tell the story that health visitors are the place to go and clearly communicate to GPs what is available.

Q. Why is it a ‘Family Nurse Partnership’? As a children’s centre we would like to work with them. We have a fantastic relationship with health visitors, is there also an opportunity for us to have partnerships with Family Nurse Partnerships?

A. The focus is on the relationship between the family and the nurse because the US found there were better outcomes from relationships with nurse to family partnerships; however the way in which the role fits with GPs and others is key.
The Child’s Journey: Babysitting course
Angela Sugden, Early Learning Manager, Kirklees

The Child’s Journey acknowledges the central role of parents

- Parents and carers are the singular most influential, enduring and important teachers, playmates and protectors, in a child’s life and in the probability of the child achieving their potential.
- It is our job to engage them in the central role of responsibility they play in their child’s journey.

The Child’s Journey
Improving outcomes for all children

The Child’s Journey delivers key messages that are evidenced-based and that are accessible to all families with an emphasis on reaching the most vulnerable.

It provides a strong platform to improve outcomes for all children and to narrow the gap between the most disadvantaged and the rest by breaking the link between disadvantage and low achievement.

The Child’s Journey project began in 2006 as part of a Sure Start local programme. It is now a children’s centre and has become the ‘never ending journey’. The project acknowledges the central role of parents, which has been reinforced by today’s speakers. The reports led by Frank Field and Dame Clare Tickell both found that parents want to do a good job, but due to the mixed messages they receive they often feel they don’t know how.

The programme provides a positive, not a deficit model, because it starts from where parents are at. It was developed with the aim of achieving good outcomes for children based on evidence of what works. Highlights have included taking parents to Bridlington for the day as part of a National Strategies project.

The Child’s Journey
The Early Years of life are crucial for later success

The Child’s Journey provides information, opportunities, experience and activities that demonstrate and build on the infants and parent’s strength. It delivers a positive model of parenting and child development that focuses on the parent’s awareness and understanding about their impact on their child’s journey regardless of the service that the family are involved with.

The Child’s Journey is made up of four interrelated components: attachment; communication and language; developmental movement and play.

Multi-agency training was developed to embed the programme and ensure parents were receiving the same messages from different practitioners. To date 900 staff from 25 difference agencies have taken part. A DVD covering the four components is given to all families of children under five registered with a children’s centre in Kirklees. From this year the DVD is also provided by midwives during pregnancy. So far 1,100 families have received a DVD.
A really successful element of The Child’s Journey has been the babysitting course which started in June 2001. It was initiated by a trailblazer Sure Start Local Programme which contacted the PSHE coordinator of the local secondary school. Existing babysitting programmes were considered but they were very medical so the Sure Start Local Programme designed their own.

The course was very successful from the start and has remained so; there has never been any difficulty filling places. Initially there was some opposition because children under 16 shouldn’t be babysitting, but the reality was that they were. It makes sense to teach young people the skills and knowledge they will need as parents while they are still at school. Interestingly Frank Field talks of young people in Birkenhead who when surveyed said that one of the things they most wanted was to learn how to be good parents. The course has been developed by working closely with Kirklees College childcare department. It has been re-written to include the four components and has grown from a six week to 10 week course. In addition to the four components it includes being healthy, keeping safe and what to do in an emergency.

How the course is delivered is what makes the difference. Courses are not held on a school site. Instead they are now run in local children’s centres in disadvantaged areas close to a secondary school. Young people attend in their own time and they do not have to be there. Everything is on a first name basis, tea and coffee is provided and time is given for them to sit around a table and talk about their day. Sessions include one hour of course delivery made up of a bit theory and lots of ‘doing’. The young people get a little folder, and a copy of the booklet and DVD which is given to local families.

Impact is measured using the E-start evaluation system used by local children’s centres and includes ‘before and after’ surveys. Take up from ethnic minorities and boys as well as girls is good. Anecdotal feedback from students and schools is that it is the best extra-curricular activity provided. It has raised young people’s interest of working in early years and as a result a number of students have gone on to study early years courses.
My name is Cassie and I choose the boat! Encouraging babies to participate in Talk To Your Baby sessions
Gill Osmond, Parent Support, North Craven Children’s Centre, North Yorkshire

Gill started by saying: “I love babies; I know they are not toddlers but they can do things.” Gill works in North Yorkshire, a large county that takes nearly three hours to cross. She is based in North Craven – the area between Skipton, the foothills of the Lakes and York. Her presentation focused on a group which meets in Ingleborough, which is almost in Cumbria. Gill emphasised that it is not what the group does that is new or different, it is the way that they do it.

The group meets in a family room in a school for an hour and a half every Friday. There are eight children in the group, who come from a wide area. It is very rural – for some parents their nearest neighbour is three miles away. Some of the parents travel up to 25 miles to get there. One of the mothers came to the group when her baby was just 10 days old; she had been referred by her health visitor because she was very down after the birth. The babies range from a few weeks old to a year.

The sessions include treasure basket work, the opportunity to look at all kinds of books, time to snuggle up and look at books together, and playing round an activity frame. The activity which is central and most important is the Box.

The Box is a small plastic suitcase containing toys and everyday objects linked to nursery rhymes. The babies take part in this activity from six months, when they are starting to make sense of sounds. Hidden under a sparkly cloth it is placed on the floor in front of the babies. The babies are in full control of this activity; they whip off the cloth and take it in
turns to choose one of the objects. Whatever they choose Gill and the parents sing a nursery rhyme linked to the object; they sing each song through twice. A little girl called Cassie always chooses the boat and the group sings ‘Row, Row, Row the Boat’.

Normally babies are not offered a choice and this activity proves they do have preferences and can make choices. Some objects are never chosen, for example the spoon intended to be linked to ‘Hey Diddle Diddle’. Some babies always choose the same item; they know what they like. This is about babies choosing and babies being in control. They quickly learn the routine and wait for their turn. It is really magical: they listen, sit, concentrate and anticipate.

Each baby gets two turns to choose an object. Every song is sung twice, the first time for them to hear it and the second to encourage anticipation. The activity takes about half an hour and then we move onto treasure baskets. There are different baskets for different themes: a cold one, wooden one, a black and white one, etc. Then after all this hard work, it is time to choose a book and snuggle up with Mum to look at it together. After that it is Frame Time – an opportunity to listen to sounds, feel textures, watch and feel movement; they get so engaged with this process. The session finishes with a song – always the same one, ‘Hide your feet from mummy’ – using the parachute, because we are big on anticipation. Gill said: “We used to do lots of 10 minute slots because we thought they had a short attention span, but they don’t so now we only do four activities.”

So why do we do this? Answer, because it’s fun! Play is work for a baby. What we are doing helps them develop language skills. In the communication pyramid ‘speaking and words’ come at the top and ‘interaction, play and attention’ the base. The Box in particular helps to develop longer concentration spans. It is a fantastic Talk to Your Baby opportunity.

What the parents get out of it: they learn new songs and games and develop their confidence in singing and playing them. A lot of the work Gill does is with teenage parents who often don’t know any of the songs and games and if they do know some, then we are adding to what they know and affirming what they are already doing; this is really the key to reminding them what they can do and want to do for their babies. These sessions are about making Talk To Your Baby part of everyday life. The parents say it gives them something they can share with other parents. When they go back to work they arrange to take Fridays off so that they can still come. They use songs at home and in the car, which is particularly useful since they spend so much time driving. The songs also encourage time to talk. The sessions model good practice for the mums, especially the teenage mums. We show them that singing songs is normal and give them the confidence to take this home to their partners.
Recently one of the mums gave a party for her baby’s first birthday. She invited other mums and babies, some of whom came to the group and others who did not. She put together a box with objects like the one used at the group to use at the party. The four babies who came to the group sat for half an hour and chose toys and listened to songs, but the other babies who didn’t go to the group quickly got bored and moved away.

When children are engaged in the Box activity they never cry. It helps parents to better understand their babies and improves bonding. The babies benefit by hearing wider and more varied vocabulary. We are developing the activities as the children grow; now they are walking they need more physical activities.

Babies are an enigma so it can be tough to quantify the value of what you are doing with them. So much of the work we do is measured and the Box provides clear evidence of offering babies choice and their ability to choose and anticipate.

Talk To Your Baby: Where From, Where Next?
Cathy Hamer, Policy and Communities Manager, Talk To Your Baby

Cathy gave a brief background to Talk To Your Baby, which started over five years ago as a National Literacy Trust campaign. The Talk To Your Baby section of the National Literacy Trust website has lots of free downloadable resources and case studies on early communication. Cathy thanked those who had supported Talk To Your Baby by sending in ideas and case studies and asked that people continue to do so.

The two key areas which essentially underpin the work of the National Literacy Trust are supporting practitioners working with parents and parental engagement. At Talk To Your Baby our aim is to develop a participatory approach with practitioners: locally by driving improvement; regionally by promoting practice; and nationally by informing policy. Cathy said she was “…pleased to note that at today’s event there are delegates from Scotland, England, Wales, Jersey and Romania; it feels like we are on a roll. Local and regional improvement will happen if we engage you all as our Talk To Your Baby champions who can take forward the important messages we have heard today.”

We are looking to extend the scope of our work with practitioners to take in the whole age range covered by the Early Years Foundation Stage, focusing of course on communication, language and literacy. Building on the work we have done in East Yorkshire, we are also planning to work with local communities through early years hubs, children’s centres and health and wellbeing boards.

We know that it is not always easy for you to get out, so we have recently created a Community of Research and Practice, an online arena for sharing research and practice. To gain online access all you need to do is log on to the National Literacy Trust’s website and sign in. If you don’t yet have a log in you can easily get one by registering on the website. The Community of Research and Practice brings together those working on policy with those working on the ground. There are already a number of discussion threads on a range of topics and it is well worth looking at. If you are a speech and language therapist, you may be interested in an opportunity that was posted on the Community of Research.
and Practice yesterday by Liz Kirk of Hertfordshire University, who is about to embark on a programme of baby research and is looking for a speech and language therapist to work with her.

There is also a children’s centre reference group which we use as a test-bed for looking at ways to reach parents. The group is very informal, please consider joining it.

The National Literacy Trust is launching a new campaign called Words for Life to promote engagement with parents of children from birth to 11. The content is aimed at families in the C2DE (lower income) bracket. Marketing for the Words for Life website will be particularly aimed at families in deprived areas through a media campaign, including use of Facebook.

Cathy ended by saying: “We do need your help as champions for Talk To Your Baby and your feedback on the new Words for Life website. We love hearing about what you are doing – you never know, at next year’s conference you may be standing up here.”

Confidence. REAL is based on the work of Cathy Nutbrown and Peter Hammond at Sheffield University. PEAL, which came first, was helpful in establishing foundations for work with parents. Cathy is an associate who delivers training which she has adapted for different audiences. Helen said that in her talk she wanted to focus in particular on how we can link initiatives more coherently.

PEAL was funded by the last Government in the light of the Effective Pre-school and Primary Education project findings and in particular on the 3,000 early home-learning experiences recorded. The findings showed that what
parents do is more important than who they are. Joyce Connor, the Programme Director for PEAL, collaborated with Helen on the project. The project also had a strong working group which included Gillian Pugh, Barbara Sampson, Lucy Draper and Sue Owen. The project gathered findings from all over the country including Parents Early Education Partnership, Pen Green and Parents As First Teachers. The training has been attended by 9,000 people and more than a third of local authorities have participated in some way. The impact has been most effective where it has been rolled out strategically, for example a primary school in Sandwell attributes progress at the end of the Foundation Stage to involvement with PEAL.

PEAL is definitely not a prescriptive programme. It acknowledges a range of ways of working. There are three main areas that apply (see slide). Communicating applies to all those working with parents. The first two areas will only work if respectful relationships are built with parents by not making assumptions, stereotyping and grouping them together, but listening to them as individuals. Parents want more information and they like professionals encouraging them.

As part of the project we developed the *Baby and me* DVD, which shows the three main areas being put into practice at the Church Street Children’s Centre in Westminster. The DVD includes a range of clips showing parents talking to other parents in their own language. It is available commercially and has inspired others to make their own videos for use with parents.

Helen gave the examples of projects from Calderdale and Nottingham inspired by PEAL. Calderdale has developed a treasure basket library loan service for families which includes leaflets on how to use it, including how to make their own observations. At Sherwood Children’s Centre in Nottingham, parents are encouraged to develop two-way observations of their children, using learning packs and other resources provided by the centre. Centre staff have found parents get deeply involved with their children and what they are doing. Other examples of PEAL projects are available at: [http://www.peal.org.uk/about_us/history_of_peal.aspx](http://www.peal.org.uk/about_us/history_of_peal.aspx)
REAL is a lottery-funded project which is now in its third year. It is led by Cathy Nutbrown and local authority officers from Sheffield. The work derives from Cathy and Peter Hammond’s research in the nineties, which identified the substantial impact that could be made through using the early home learning environment, including gains up to age seven with the biggest gains for those most disadvantaged.

As part of REAL, families are invited to take part in four literacy events, which include mark making, trips to search for environmental print and visits to libraries and bookshops. Each child receives four home visits from a REAL practitioner, who looks at the four elements. The role of the practitioner is to hand over knowledge and build confidence. 128 families each year are involved.

Helen outlined a case study of a little boy called Ayaan living in Oldham, whose first language is Punjabi. The PEAL practitioner visited his home and did activities with him based around his interests. As was the case with this family, younger siblings from REAL, by joining in with activities and as a result of what their parents are learning. After each visit, some materials are left at the home so the family can repeat the activities with their children. Rhyme cards are sent to the child so they can have the experience of receiving print through the post. A popular activity, which is well-loved and well-used by parents, is the environmental print scrapbook. The parents and child make the scrapbook together by taking photos of environmental print locally and from magazines. They also go on a forest walk to gather sticks and leaves, etc to make characters for an oral story. By the end of the sessions Ayaan was talking a lot more and showing an interest in print and his mother had enrolled in English classes and was taking his younger sibling to the local children’s centre.

REAL also involves fathers – this year 38 took part. REAL has an underpinning theoretical framework known as ORIM (Opportunities, Recognition, Interaction and a Model), which is a really helpful way to plan and evaluate supporting parents. It is systematic but practical. Cathy Nutbrown has developed a new website, REAL online: [http://www.real-online.group.shef.ac.uk/](http://www.real-online.group.shef.ac.uk/)

Helen ended by saying she was tired of hearing how parents are not interested in their children’s education. She has found they are interested if people are really interested in them and their children. She gave two quotes from parents involved in the project.

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**Sharing PEAL with parents**

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The Nottinghamshire Language for Life strategy
Jane Moore, Early Years Adviser, Enjoy and Achieve Lead, Children’s Centres and Jane Young, Speech and Language Therapy Service Lead

Nottinghamshire is a large shire authority in the East Midlands and Nottingham city is a unitary authority within it. The population is mixed and includes affluent and disadvantaged and rural and urban areas. There are some ex-mining communities where people tend to be insular and inward-looking and aspirations can be quite low.

Jane Moore outlined the Language for Life strategy, which Jane Young had from the start been inspirational in driving forward. The vision is about bringing together all practitioners to work towards a shared agenda, with seamless transitions across universal, targeted and specialist provision. Jane said: “It sounds really easy but it’s not. It’s a bit like completing a really complicated jigsaw which has bits that keep falling off. The golden thread is the partnership with parents philosophy.”

The original strategy was aimed at children from birth to five, working in partnership with their parents. It has been extended to include children up to age seven (end of Year 1) with plans to take it up to age 13. The strategy is embedded within the early intervention strategy and commitment to it has been secured at a senior level.

We believe communication is everyone’s business. The strategy has always been a universal one, involving all early years services – universal, targeted and specialist. We help practitioners to understand the role they play in defining what communication is and to identify problems early through integrated working.

The strategy started originally from a Sure Start local programme commissioning the speech and language therapist service to do something about the language development of their children, which led to many innovative therapists developing new approaches. There was a lot of collaborative work happening, which meant Nottinghamshire was well placed to respond to Every Child a Talker, including working with health visitors through the Healthy Child Programme.
The key strands of the strategy included important training and development opportunities. The strategy included not just one-off training but also buddying, mentoring and providing someone to turn to for support. Speech and language therapists were employed to provide universal and targeted support for half or one day a week in children’s centres. New roles such as home talk workers were introduced and existing staff such as early years specialist teachers were given new specific responsibilities. Public and practitioner awareness training ‘Talking Together’ was introduced.

Resources from the Communication Trust’s Hello campaign were used to support the strategy, including its Training Triangle which was used to map training across the county to ensure total coverage. Training was universal and included everyone working with children, much of which was mentoring rather than direct training. Universal training was generally provided within the county and enhanced training was provided for those with special responsibilities. Specialist training was accessed out of county. ‘Seeing is Believing’ was a very good piece of work that took place within the county and was run by Language for Life staff. It used video interaction techniques to help practitioners to engage more effectively with children.

To help imagine what it is like to be a parent in Nottinghamshire, Jane described what was available at each stage. Input starts pre-birth when a speech and language therapist talks to parents in a subtle and gentle way providing information about attachment and communication. This is reinforced by displays in hospitals and clinics. Post-birth there is a home visit which includes a hearing test, a small book and leaflet on early communication, and a small present. The post-birth visit is followed by lots of visits giving more information. When their child gets a bit older, parents are encouraged to visit their local children’s centre, where they can attend specific sessions such as baby massage, where the therapist will talk about communication, and play and stay sessions, where a speech and language therapist is present.
Health visitors are very knowledgeable about communication. As part of the language and speech screen in the two-year-old check, they ask parents questions about their children’s communication and talk through with them any concerns they may have. If there are no concerns then the health visitor explains to the parents how they can support their child towards the next level. The aim is to ensure that every child is supported to reach their potential.

If a child’s communication is a bit delayed they will be invited to join the home talk programme. If more significant needs are evident then a speech and language therapist will see them at home or in the clinic. Home talk is a six-week programme delivered by an enhanced skills children’s centre worker trained and mentored by a speech and language therapist. The programme builds parents’ confidence in supporting their child’s communication through everyday tasks, plus going on visits.

Parents really like this programme and find it improves their child’s behaviour.

The team try to provide a safety-net approach and follow up those families who choose not to engage with the programme.
To ensure families continue to be well-supported when they go back to work and children enter early years settings, Language for Life has tried to ensure there are early years Language Leads in lots of settings, including childminders. Language Leads are responsible for keeping language development on the agenda and working with parents to develop their child’s language.

The role is given status by supporting Language Leads to achieve level 3 City and Guilds award in Supporting Speech Language and Communication and there are plans to link this achievement to a quality mark for settings.

Jane Young talked about the impact the strategy has made so far. The chart on the right shows improvement in the number of children who have achieved at least six points in communication, language and literacy development during the Early Years Foundation Stage over the last three years. In some of the most disadvantaged Super Output Areas the improvement has been even stronger with targeted children making even more progress as the chart on the far right shows.

The slide on the left shows by age the proportion of referrals made to speech and language therapy in the north of the county where the programme has been established the longest. In 2004 the majority of referrals were for children over the age of four, but by 2010 this had switched to mostly under four – a really important indication that early intervention has increased. The early referrals are due to the two-year-old checks, plus increased knowledge of practitioners on when to refer as well as greater parental awareness.
The two-year-old screen is now reaching about 80 per cent of children and over 90 per cent in areas where the programme is most established. We are now looking at some of the gaps and unpicking the reasons for them. Attempts are being made to identify missing children. The reason they have been missed is often either because they have moved or because they have complex needs. What is important is making parents get the right information whether their child has no particular needs, some needs or many needs.

Hot off the press are findings of a small-scale service evaluation of home talk. The survey involves 16 families (see slide) and looks at outcomes at the end of a six-week period of intervention.

Preliminary findings show most parents felt a lot less worried about their children’s language development by the end of the programme; three of the four parents who were still worried had children who were being screened for Autistic Spectrum Disorder.

Children with very impaired vocabulary showed substantial improvement after the six-week period. The parents of those children who were having problems putting words together were given support strategies that could be built into their home life.

Parental confidence and stress can influence their child’s language development. At the start of the trial over half the parents had clinically significant levels of parenting stress. At the end of the six weeks over a third showed reduced stress, including the parents whose children were being screened for Autistic Spectrum Disorder. The programme included signposting to other children centre’s services and family support.
Families who do not opt into clinical speech and language therapist services are followed up by children’s centre staff. The slide on the right provides a snapshot of the results of following up these families, who are potentially the most vulnerable.

The workforce development programme has meant there is greater skills and knowledge across the early years workforce, resulting in a lot more support for early years staff who are now better able to identify and support children’s speech, language and communication needs on the ground. A reduction in speech and language therapy time has been sustained due to the up-skilling of the workforce. The collaborative whole and the mix of skills is what make it so effective.

The ‘Let’s Interact’ training on interaction with children involves practitioners being videoed. The chart on the right shows the changes in practice following participation in the training, which led to improvements in child-led interactions.

The final two slides show quotes from practitioners about the difference the strategy has made to them, their settings and the children and families they work with.
The last line of the final quote saying “We were able to reassure her as now we have the knowledge”, illustrates the power of the strategy, which has given the workforce the knowledge to know when a referral is appropriate and not to raise the alarm when it is unnecessary.

A summary of the Nottinghamshire Language for Life strategy is available on the C4EO website at:


Foundations for life: Challenging and inspiring practice with our youngest children
Thom Crabbe, National Manager, Early Years, Children’s Workforce Development Council

Jonathan welcomed Thom, saying: “The importance of workforce development in early years cannot be underestimated; the younger the child the stronger the influence of the practitioner.”

Thom said he was pleased to be with an audience who was so practitioner-focused. He had been moved by the tangible evidence demonstrated which showed the difference good practice could make. He welcomed the conference’s thoughts on championing and leading workforce development in the sector. The four areas shown on the slide on the left are those covered in Thom’s presentation.

What are our dominant attitudes to work with our youngest children? What this audience here knows is not common knowledge. Lots of people think caring for babies and young children is very simple and very basic, when in fact everything that is going on is really profound. But it is often the least experienced and most poorly qualified practitioners who are spending the longest time with our youngest children. There is an issue of status which has already been touched on today. There are some quite hard-wired attitudes deeply held within some of our schools, that staff working with younger children are less important. When considering the deployment of staff careful thought and understanding needs to be given to the range of skills needed and the significance of the length and depth of training required.

The Children’s Workforce Development Council is trying to gather data on early years provision on what is being provided and by whom. The uptake of nursery education places by three and four-year-olds is now nearly universal, but provision and take-
up of places by under-threes is less clear. Some settings don’t provide for under-twos. What is the organisation and culture of provision for our youngest children? The baby room approach in settings can be helpful but childminders care for a wider age range and baby rooms can contain and constrain. Are the ways we organise care sometimes limiting? How are employers choosing to employ and deploy staff? Often they are putting the most skilled staff with children who are nearer the end of the foundation stage profile. There are of course exceptions.

How do we begin to challenge perceptions? Some of it is about understanding the nature of cognitive development which really only occurs in a social environment, for example babbling, turn taking and sense of self. Babies cut through the rules, they are scientists and as we heard earlier, for babies work is play. Thom talked of his continuing fascination with social referencing and the complexity with which it is shown by babies. He gave the example of babies looking at strangers but quickly checking first with their parents by glancing at them to see their reactions, which is an instinctive response.

Evidence around skilled practitioners and effective practice is still patchy and variable. Evidence from the Graduate Leader Research project led by Sandra Mathers is predominately related to children over 30 months and negligible for children under 30 months, probably because the leaders were not spending significant time with the children under 30 months. Important research conducted by Professor Ted Melhuish on the Early Years Foundation Stage and Early Years Professional involvement found that 70 per cent of early years professionals were working with over-thirds but only 20 per cent with under-twos. It also showed the standard of practice within childminding varied more widely than in other types of provision, with the best of childminding amongst the best provision and the worst amongst the worst. Hopefully the evidence and understanding about the difference that well-qualified and skilled practitioners make to our youngest children will be taken into account in the review of early years qualifications.

From 2013 funding for two-year-olds will be extended to all disadvantaged areas. We know that impact on young children is only significant where provision is good or very good. How insightful is practice for this age group given the lack of a trained workforce? How good is practice in readiness for expansion of the offer? These considerations are extremely important in policy terms.

In her presentation Dame Clare talked about the importance of a natural flow of affection which inspires communication. There has been a lot of inspiring practice which has been talked about today and help and inspiration is already being encouraged through Talk To Your Baby’s Community of Research and Practice. Would babies choose to be in a baby room? It is important that Early Years Professionals practise across the age
range from birth to five; there are experienced practitioners who had never worked with the younger age range who have been inspired to do so through training to become Early Years Professionals. Interestingly there is still a fondness for the Birth to Three Matters Framework.

How to set the tone and lead practice? This will be helped by the evolvement of the Early Years Professional. The practice of training and professional development in schools of specialist leaders in education should be mirrored within the early years sector; there is a clear intention of trialling this linked to what Margaret Whalley is doing at Pen Green. Perhaps we need a practice with babies champion?

Questions and answers

Q. In the absence of a children’s champion who should we refer to apart from this conference?
A. How can we all play a part in bringing people together? In the absence of an infrastructure within the sector, we need to create a focus at regional and local level which draws on national and international research and experience. There is no replacement for face-to-face conversations, but figurehead roles do have a brief for stimulating debate and could make sure there is CPD for early years practitioners working with the youngest children with a proper focus.

Q. I am a member of the Canterbury Christchurch Baby Room project. The sector needs clear articulation of what is expected of baby room practitioners.

A. The Children’s Workforce Development Council’s role has to play a part in promoting what it is that works well and convincing employers that it makes sense to work in that way, by showing what works and the underpinning skills needed. The role of the Council has changed and it can now only promote good practice rather than proscribe it.

Thom ended by recommending delegates read the findings of the Graduate Leader Fund Evaluation, which can be accessed at: https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR144. He also encouraged people to contact him by email if they had any questions or points for discussion.

Hello or goodbye? The highlights and legacy of the National Year of Communication

Jean Gross, Communication Champion

Jonathan introduced Jean, who had been appointed as Communication Champion following the recommendations of the Bercow Review.

Jean explained her role was a two-year time limited role, appointed by the Government but independent of them. The purpose of the role was to champion children’s and young people’s communication by working with national and local government. The
thinking behind it was that if you turn the dial on children’s communication you will turn a dial on their life chances. She gave a recent example of a project she had heard about involving young offenders about to become dads, who participated in a two-week programme to prepare them for fatherhood. This resulted in a rate of 90 per cent non-offending, evidence that the moment when people are about to become parents is a moment to change their lives.

Hello is run by The Communication Trust in partnership with 40 other charitable organisations, with backing from the Government. The aims of the campaign are shown in the slide on the right. The campaign has four audiences: parents, practitioners, 14 to 19-year-olds and commissioners (who have the money to spend).

A lot of the campaign’s messages are about children with special educational needs and SLCN, but those shown on the left are those more relevant to all children and the youngest children. Jean highlighted communication is a skill and it helps if we all know the milestones and can spot if children are not on track and know what to do if they aren’t.

Jean described what had happened so far. The first few months had focused on the early years age group. 300,000 children and 6,000 settings were registered with the campaign. Raa Raa the Lion, a new television programme for under-fives, was launched on CBeebies and a two to four-year-old pack was sent to every children’s centre and setting in the country. The National Literacy Trust’s Talk To Your Baby survey was published in March and showed that 19 per cent of parents thought it was only beneficial to talk to their baby after they were three months old. Via the National Literacy Trust’s website, Talk To Your Baby encouraged parents to make a pledge to talk more to their babies. It also provided ideas and resources for parents to hold a Talk To Your Baby party, and to celebrate Father’s Day the website provided tips and ideas for dads to communicate more with their babies.

In July BT launched a Facebook app for teenagers to test their communication skills with friends which was promoted on the Today programme. In August Talk and Go a book of activities for children to do in the summer holidays when they are not in school was published. The book was based on good practice and promoted by Bookstart. In Essex there was a special event ‘Speech on the Beach’ where the Hello logo was made out of seaweed and communication tips were printed on sandcastle flags.

September, the month when children go back to school, was marked by a Hello supplement in the Times Educational Supplement promoting No Pens Day Wednesday, to promote the importance of teaching and learning through speech and language without
writing. To celebrate No Pens Day St Joseph’s Primary School built a time machine which they used as a theme throughout the day.

The theme for October was ‘More than words’ which focused on children and young people who can’t communicate through speech but are able to communicate in other ways. A booklet entitled *Other Ways of Speaking* was made available to raise awareness and provide information about other forms of communication. This booklet can be downloaded from the Hello website [www.hello.org.uk/resources/resources/resources-for-parents/other-ways-of-speaking.aspx](http://www.hello.org.uk/resources/resources/resources-for-parents/other-ways-of-speaking.aspx).

November is the campaign’s month of celebrations. On 23rd November there will be an awards ceremony focusing on language and communication, including awards for the best communication setting, best local area Hello campaign, etc. In December a booklet will be available to download from the Hello website called *Celebrating Communication* which encourages parents to talk to their child in the language they are most comfortable with.

Involvement in the campaign had been encouraged at three different levels (see right). ‘Make a difference in your practice’ might just be about doing one small thing differently; ‘Make a splash in your setting’ encouraged people to get together to do something different and ‘Change the world!’ was about feeding into local strategy and setting up local events.

Jean gave examples of different levels of involvement which had taken place across the country throughout the year. Plymouth had a human communication chain and put up messages about Speech, Language and Communication on big screens in the city centre. In Humber they built the Humber bridge communication chain. Slough ran ‘Get Slough talking’ using a theatre production of the Gruffalo and follow-up activities. North Yorks Talks included the Talk To Your Baby sessions held in North Craven in North Yorkshire covered by Gill Osmond in her presentation earlier today. In Bristol the zoo provided 40 huge model gorillas decorated by artists that were placed on a trail round the city for families to follow. Local Hello team members used these as a focus for providing ideas for parents on how to enrich talk. Sheffield produced a huge poster which was displayed in the local maternity hospital with top tips for new parents and from now on every family will get a pack when their baby is born. Northamptonshire ran ‘Message in a bottle’ and sent bottles to all their settings with tips on how to support communication around the theme of pirates. In Buckinghamshire they held a competition for the biggest echo. For all these events there was a lot of local press coverage in papers and on the radio.

What next? Will children’s language be improved? The theme for December is Talk to the Future, when an evaluation of impact will be undertaken, thought given to what legacy has been created and what needs to be done to sustain it. Although it is hard to assess if the campaign has made a difference to communication and language skills it has made an impact on knowledge, skills, understanding and attitudes of parents and practitioners towards communication.

A questionnaire was circulated to practitioners at the start of the campaign which will be followed up at the end. There was also a survey of parents asking if they had concerns
about their children’s speech, communication and language, which will be followed up to ask if they have received help. One of the things that is still to happen is a group of local coordinators, parents and children meeting with Sarah Teather to talk about the next steps.

The systems and structures that will continue are likely to focus on reaching harder to reach parents.

At the end of the year all the materials aimed at parents developed under the campaign will be migrated to www.talkingpoint.org.uk which is part of ICAN. If The Communication Trust can raise any money then they will continue to print and send out materials. The National Literacy Trust will continue to provide resources for parents and practitioners through the existing website and the new website www.wordsforlife.org.uk, which will target those parents who are harder to reach.

During the course of the year a lot of information has been made available for parents and practitioners on the Hello website www.hello.org.uk including booklets, posters and other resources which can be downloaded. Some materials are available in hard copies and are sent out on request. ICAN also sent posters to all GP practices showing the stages of communication, speech and language development from birth to five.

There are also films available on the Hello website which can be downloaded. The survey highlighted the need for a film that showed what it feels like when you are being talked to by someone who is not like you. In response to this a film will be made from the perspective of children under five learning to communicate. One idea is for the film to be in a sarcastic child’s voice saying, for example, what it feels like to be stuck in a forward-facing buggy or sitting in the back of a car with the radio on and someone talking to you. The film will be made up of short clips which children’s centre staff have said they could use within their centres, or in housing offices and GP waiting rooms, to show parents how to support their child’s communication.

The structure of the 200 local coordinators and multi-agency planning groups will continue. Hello
didn’t come out of nowhere, it was developed from work done under Every Child A Talker in Stoke on Trent, by Talk To Your Baby and others; Hello has given a positive focus at a difficult time and added to what was already there.

As part of the Hello campaign the Department for Education is funding a couple of projects: ‘Talk of the Town’ is a replicable model to identify need and take action across a neighbourhood and the Parent Champions project is being developed by The Communication Trust and ICAN. The aim is to train 8,000 Parent Champions by March 2012 No Pens Day Wednesday materials are available for future years. Commissioning tools are being developed for use by the new commissioners for GP consortiums, etc and Pearsons have agreed to continue funding awards.

Future strategy needs to be about getting information to where people will see it, for example by placing lesson plans on the Times Educational Supplement website. New standards are being introduced which all teachers must adhere to, including being able to support all children’s articulacy as well as their literacy and numeracy. The ideal would be for every children’s centre to have a highly trained speech and language professional. E-kitten is a communication programme for the under-twos developed by Kent from Every Child A Talker. The Department for Education will announce tomorrow the organisation which has won the contract for an early language training programme; the funding is only for a very small model to be tried in just a few centres (contract won by ICAN).

Political leaders have now heard about the importance of children’s communication because of Hello; awareness has been raised but there is still a distance to go. Naomi Eisenstadt said when she first started talking to politicians about the trailblazer Sure Start local programmes they thought education began at age 11 but by the end of her time leading Sure Start they thought education began at five. Sarah Teather has been very supportive. There will possibly be health funding available to support communication via local health and wellbeing boards. Opportunities may also be created from the review of the National Curriculum and the Nutbrown review. The challenges are to embed what has been learned and identify how parents can get easy access to information.

Closing remarks
In closing Jonathan thanked everyone who had spoken or contributed to the event. He said we need to hold together research, practice and strategy and hold onto a focus on babies and stop everything defaulting to the higher age range. Finally he thanked all those who had attended and said the National Literacy Trust now more than ever depended on their support since it had lost all funding from the Government.
Speaker biographies

Jonathan Douglas was appointed Director of the National Literacy Trust in January 2007. Previously he was Head of Policy Development at the Museums, Libraries and Archives Council, where he also worked as Head of Learning and Access. Prior to that, Jonathan was Professional Adviser for Youth and School Libraries at the Chartered Institute of Library and Information Professionals. He has also worked as a librarian and in children’s services for Westminster Libraries. Jonathan is the Non Executive Director at the Consumer Finance Education Body. He sits on the Advisory Committee of the Man Booker Prize and is the Chair of Governors at his local primary school.

Dame Clare Tickell DBE has been Chief Executive of Action for Children since January 2005. Action for Children is one of the UK’s largest and most important charities, employing over 6,000 people in nearly 450 projects across the UK, and supporting more than 185,000 children, young people and their families within their communities. In July 2010 Children’s Minister Sarah Teather asked Dame Clare to carry out an independent review of the Early Years Foundation Stage which was completed in April 2011. Dame Clare is a member of the Public Interest General Council of the Office of Public Management, and the board of The Guinness Partnership, the social housing landlord. Dame Clare was awarded a DBE in the 2010 New Years Honours for services to young people.

Professor Viv Bennett BA MSc RGN HV, Deputy Chief Nursing Officer, Department of Health. Viv trained as a nurse in Oxford in 1976 and worked in children’s nursing before training as a health visitor in Oxford in the early 1980s. She worked as a health visitor and research health visitor in Oxford while studying for a BA and then Masters degree in health and social policy. Viv has worked in a number of NHS operational management and commissioning roles and has undertaken nurse executive roles in both provider and commissioning organisations. She has also worked for SHA and local government on projects relating to nursing strategy and services for children and families. Viv joined the Department of Health as Deputy Chief Nursing Officer in November 2007. The role includes providing professional and clinical advice to Ministers and policy leads as well as leading on professional and policy development for a range of services and health issues. Viv is the professional lead for the national Health Visiting Programme and School Nurse Development Programme, and leads the nursing contribution to public health and to commissioning. Her portfolio also includes primary and community care and community nursing, mental health and learning disability, and services for children and families. She is a Fellow of the Queen’s Nursing Institute and Visiting Professor at King’s College London.

Sue Roulstone PhD, MEd, FRCSLT is Underwood Trust Professor of Language and Communication Impairment, Faculty of Health and Life Sciences, University of the West of England Bristol, and Co-Director of the Speech and Language Therapy Research Unit, Frenchay Hospital, North Bristol NHS Trust. She is a qualified speech and language therapist in Manchester and has worked as a clinician, an educator, a manager and a researcher. Sue has worked mainly with children and has always been interested in the interface between therapy and education. Her research interests include evaluation of speech and language therapy service delivery; children and family perspectives on speech and language impairment; epidemiology of speech and language impairment; professional judgment; and decision making. As a Director of the Speech & Language Therapy Research Unit, Sue leads a programme of applied research focusing on the development and evaluation of therapy, the use of technology to support therapy and lifespan
perspectives on speech and language impairment. At the university Sue supports a programme of postgraduate research degrees and currently supervises a number of postgraduate research projects investigating parents’ and children’s perspectives. Sue was Chair of the Royal College of Speech and Language Therapists from 2004 to 2006.

**Angela Sugden MA** is an Early Learning Manager working in Kirklees, originally trained as an NNEB. She has extensive experience working as an early years practitioner in the voluntary, private and maintained sectors. Over the past 10 years Angela has led early years teams and managed Sure Start children’s centres in Kirklees, starting with one of the first 60 trailblazer programmes in 2000. From this she has moved on to develop a range of other children’s centres including centres in the Batley, Birstall and Birkenshaw locality where ‘The Child’s Journey’ was born. She has researched the opportunities that babies and young children have to experience the outdoors in day care, with childminders and with parents; for this she was awarded a Master of Arts Degree in Early Education and Care from Sheffield University. Angela holds the National Professional Qualification in Integrated Children’s Centre Leadership, Early Years Professional Status and is also a trained assessor for Early Years Professional status having undertaken this during the first wave in 2006, with Leeds Metropolitan University. She became an Early Learning Manager for the Spen Valley locality in 2007 and has written and developed ‘The Child’s Journey’ in Kirklees since then. She has affectionately named it ‘The Never Ending Journey’.

**Gill Osmond** is a Parent Support Adviser at the North Craven Children's Centre in the Yorkshire Dales. Gill has had a portfolio career as infant teacher, childminder, home educator, National Childbirth Trust antenatal teacher, mother of five and grandmother of two, and likes nothing more than spending time talking with, and listening to, babies and their parents.

**Dr Cathy Hamer** is the Policy and Communities Manager for Talk To Your Baby. She is an early years teacher and a health and educational psychologist who was involved with Sure Start from the outset. Cathy wrote the local authority strategic guidance paper for Talk To Your Baby and managed the innovative face-to-face project which aimed to identify key messages for parents and carers about communicating with babies and young children. This project helped inform the strategy for the 2011 National Year of Communication, as well as future Talk To Your Baby work.

**Helen Wheeler** is a Principal Officer in the Early Childhood Unit at the National Children’s Bureau. Helen has many years’ teaching experience in primary and nursery schools, has written and delivered family learning programmes, and led an early years ethnic minority achievement project across nursery schools in the London Borough of Ealing. She joined the National Children’s Bureau in 2005 to work on Parents, Early Years and Learning (PEAL), reviewing research and collating effective practice in involving parents in their children’s early learning. Helen is co-author (with Joyce Connor) of *Parents, Early Years and Learning: Parents as Partners in the Early Years Foundation Stage* (2009). She currently leads the Raising Early Achievement in Literacy (REAL) project in partnership with Oldham and Sheffield local authorities and Professor Cathy Nutbrown at the University of Sheffield.

**Jane Moore** is first and foremost the very proud mother of a thriving, energetic six-year-old. In her professional life she is a qualified teacher and early years professional with a particular interest in the early years. She worked for Derbyshire County Council for a
number of years developing the Early Years Consultant and Children’s Centre Teacher roles. Jane led on the introduction of ECERS (Early Childhood Rating Scale) and ITERS (Infant Toddler Environment Rating Scale) throughout the county’s non-maintained sector, to support quality improvement. Mathematics learning is a particular interest of hers, and she has co-written a series of mathematics articles for *Nursery World*. She currently works for Nottinghamshire County Council leading on attainment for the children’s centre programme, including the development of the Language for Life strategy. Jane is also working towards the National Professional Qualification for Headship.

Jane Young is the Speech and Language Therapy Service Lead for Nottinghamshire Children’s Centres and coordinates the Language for Life strategy on behalf of the multi-agency steering group. She has worked as a speech and language therapist since 1990 and for a short period as a research assistant at Cambridge University, on a project investigating the links between early language delay and behaviour. Working as a speech and language therapist again, she collaboratively established a Social Communication Assessment team in Rotherham and in 2000 gained a M.Ed. (Autism) from Birmingham University. In Nottingham City local authority, she worked with a Government Standard’s Fund project team that jointly developed innovative, collaborative practice between teachers and speech and language therapists. This was included in the National Standard Funds report as an example of best practice. Jane went on to work as a speech and language therapist for Sure Start trailblazers across Nottinghamshire (City and County). This provided her with the opportunity to work collaboratively with speech and language therapists and other colleagues to develop new universal approaches to support speech, language and communication in the early years, as well as ways of reaching those who otherwise would not access services. These now form part of Nottinghamshire’s Language for Life strategy.

Thom Crabbe FRSA is National Manager for Early Years at the Children’s Workforce Development Council (CWDC) and a regular contributor to early years conferences and seminars. He co-leads CWDC’s Early Years programme, delivering workforce reform and Sector Skills Council responsibilities. Prior to joining CWDC, Thom worked for six years at the Daycare Trust, the leading childcare campaigning charity, ending as Director of Services. Thom began working in early childhood services in 1996, initially in health services management and then in a national voluntary organisation. In recognition of his work in the field, and in particular challenging attitudes towards men working in early years, Thom was invited to be a Fellow of the Royal Society of Arts.

Jean Gross is the Government’s Communication Champion. Her role is to promote the importance of good communication, language and skills for all children, and coordinate efforts to improve services for children who need extra help in learning to communicate. A former teacher, educational psychologist and manager of local authority children’s services, Jean was until 2005 a senior director in the Primary National Strategy, responsible for its work on overcoming barriers to achievement. Here she led the development of the influential SEAL/SEAD (social and emotional aspects of learning / social and emotional aspects of development) approach to social and emotional learning. She has written many bestselling books on children’s issues and frequently acts as an adviser to Government. She sat on the Tickell review expert advisory group and works closely with both the Department for Education and Department of Health on their joint approach to early years provision.