

# being heard

‘towards a shared understanding’

**JAN LIDDEMENT M.A. – DECEMBER 2005**

An evaluation of the Citywide speech and language therapy service provision to Sure Start commissioned by the paediatric speech and language therapy within community children’s services  
Newcastle General Hospital.

Follow what interests your baby - she will let you know by pointing



# Abstract

The aim of this research is to evaluate the effectiveness of the Citywide Speech and Language Therapy Service in Sure Start response to:

Children's NSF Core Standards and Sure Start Objectives [incorporating 'Every Child Matters' Framework] and Working in Partnership

The qualitative methodology of narrative enquiry mirrors the forms of intervention used by the Team of interaction, words, and narrative. I as researcher reflected on my own experience in relationship with the professionals and families I interacted with during the process of the research.

This research highlights:

The effectiveness of the Co-ordinator led Citywide Speech and Language Therapy Model in responding to needs of families and professionals. The resulting pilot projects are now consolidated into a Primary Prevention Framework of 1:1 Work, Interactive Group Work and Resources to enable early communication development and support parents and professionals. That what has been put in place needs to continue given it is a response to an intergenerational problem.

The sphere of influence this Service has had extends across all Service boundaries and has come about through working from a 'needs led' ethos with families and professionals. The 'working in two ways', very much at a local level, personally visiting and talking to families and staff, listening and responding, finding common ground, really getting staff on board and also having influence at strategic level has been key to successful partnership working.

Narrative enquiry as a research method enables families to be heard. The unfolding narrative of their ongoing experience powerfully reminds policy shapers and service providers what works and how it works.

Work for the Co-ordinated Citywide Speech and Language Therapy Service to take forward to strategic level:

- Planned multi agency experiential training for Early Years Professionals to enable them to model early communication development in their everyday interaction with children and parents.
- Resources to be seen as 'living documents' and mainstreamed to support the work of professionals in Health, Early Years Education and Libraries.
- Care Co-ordination across the system for families with multiple and complex needs.
- development of a response to the identified gap of Service for Infant Mental Health

Pause and wait - babies need time to talk back



# Introduction

Paediatric Speech and Language Therapy within Community Children's Services, Newcastle General Hospital, sought an evaluation of the Speech and Language Therapy provision to Sure Start Programmes in Newcastle Upon Tyne

The research is based on three main areas of focus:

- Map what the team do in Sure Start against the children's N.S.F. core standards and Sure Start objectives (which now embrace 'ECM' outcomes). (1)
- Is what the Team does a good way of getting that Service into all the Sure Start programs?(2)

## How good is the team at Partnership Working?

### Methodological Approach

This research is based on the use of the researcher's heuristic process (Moustakas C 1990) which follows the six phases of:

- Initial engagement
- Immersion in the topic and questions
- Incubation
- Illumination
- Explication
- Culmination of research in a creative synthesis

The methodological design of this research is qualitative as it mirrors the forms of intervention used by the Speech and Language Therapy Team in Sure Start.

### **INTERACTION**

### **WORDS**

### **NARRATIVE**

I as researcher am reflecting on my own experience in relationship with the professionals and the families I interact with during the process of the research.

From before the very beginning of this research, I realised that someone sitting at the next table in the Café was someone I knew from my post-graduate training in Counselling. We began to catch up and found that although we were working in different parts of the system, our interaction worked for both of us as we shared our experiences and the questions that arose from them. The common ground we were establishing led us to agree to meet again – these meetings happened quite naturally for nearly a year and led to my taking up this research project.

Talk about what is happening  
and your baby will talk back



## Research context

My first meeting with the Speech and Language Team in Sure Start Citywide Service was on a Team Day focussing on:

### Evaluation & consolidation

SureStart ethos is the setting up of services and mainstreaming these to be run independently of the programme

The process of reviewing pilot projects and making proposals for mainstreaming has run concurrently with this evaluation.

The above process has been occurring at a time of massive change. There is an ongoing Review/Redesign of Paediatric Therapy Services North of the Tyne which involves Speech and Language Therapy. The North of the Tyne Commissioning Consortia with the support of the Strategic Health Authority is undertaking this work.

The review is in response to concerns raised by parents, children's leads and service providers.

"The review aims to look at how resources are currently used and identify areas which would benefit from redesign. This will help us all ensure that services are configured to meet the needs of children and families".

The autonomy of local Sure Start programmes with their 'ring fenced' funding is to be replaced within the next two years by local government control. Local authorities are to provide integrated services and health services will revert back to mainstream NHS.

"A more positive picture is emerging from evaluation of children's trusts, but we are very aware it needs to be a culture change rather than just a structural one. It's about pulling people together from sectors which have operated differently for many years. We are looking at this as a 10 year project.

There has been an enormous amount of communication about integration. We as local leaders need to ensure people working on the ground increasingly have the opportunity to look at the wider picture and help develop joint working.

While we believe it is for councils, with their partners to lead on the ground we must have strong leadership from government to ensure their departments are focused on the Every Child Matters agenda.

Engagement with health in particular may represent a major challenge locally. We must hope that uncertainty over future arrangements will not result in these important partners in the agenda taking their eye off the ball".

**Alison King, chair Local Government Assoc.** Children and young people board. Guardian, October 19 2005.

Within Health there is a massive change agenda, which will affect Newcastle Hospital Trust, the Strategic Health Authorities and the Primary Care Trusts.

The government commissioned research of Sure Start, from Birkbeck College in London, reported:

“Every Sure Start is different...without a fixed template, the same everywhere, researchers couldn’t know what they were measuring. We are in an unknown country without a map”. Prof. Edward Melhuish, of Birkbeck College. *Guardian* Sept. 13. 2005

Prof Melhuish advising a Treasury working party on what all children’s centres should do:

“...every month is vital for young children...He would expect better results from giving deprived children more professional help, with early talking and playing”.

The above recommendation itself raises a training issue for nursery staff, childminders and early years staff.

Within the same article Norman Glass, the main architect of Sure Start, is reported as stating:

“what works is important, but ‘how it works’ is equally, if not more important in community development projects. Now that it is becoming a mainstream programme, finer guidance may be needed”.

From the literature review, the complexity of the research context was clear and therefore I have looked to identify elemental templates to create a ‘map of the landscape’.

A template for the Speech and Language Therapy provision in Early Years Settings is outlined in the Professional Standards publication ‘Communicating Quality’.

Face to face your baby  
will copy you



# Communicating quality

## Speech and Language Therapy Profession

Professional ethics - early years settings

The professional standards for speech and language therapists 'Communicating Quality 2' states:

"since the publication of professional standards in 1991 the profession has progressed into new areas of service, absorbed new legislative requirements..." (Intro. Para 1)

TEMPLATE 1a

Indeed Chapter 2 outlines professional standards relevant to 'specific service locations, specific client groups' as in pre-school facilities (p48-49 - See Appendix 1) which outlines:

### Aims/Principles of Service Delivery

1. to ensure the early detection of pre school children with speech and language difficulties.
2. to offer advice and support to other professionals/staff in pre-school facilities to enable them to work effectively with pre-school children with speech and language difficulties.
3. to recommend and implement the appropriate intervention to meet the needs of children in liaison with other staff and carers.
4. to provide in-service training for other professionals and carers

### Assessment

Assessment can be an informal interview and play-based observation session, according to a child's individual needs. Following the assessment, therapist, staff and carers will work together in planning the intervention program.

### Intervention

Interventions may be carried out directly by the speech and language therapist or indirectly via programmes devised by them and carried out by staff/assistants/carers.

### The development of the Co-ordinated Speech and Language Therapy Service

In response to the Four Aims and Principles of Service Delivery outlined in 'Communicating Quality', the Sure Start Citywide Speech and Language Service has developed into the roles of:

#### CONSULTANTS

1, 2, 3

#### EDUCATORS

2, 3

#### TRAINERS

4

These roles are the embodiment of the aims and principles in action.

**Government Frameworks**

Children’s National Service Framework

The four aims and principles of Speech and Language Therapy Service Delivery have a goodness of fit with the Children’s National Service Framework

**Standard 1** Promoting Health & Wellbeing. Identifying needs and intervening early

**Standard 2** Supporting Parenting

**Standard 3** Child Young Person and Family-Centred Services

An example of how the NSF Core Standards are embedded in the Speech and Language Therapy service provision can be seen in the extract the Proposal for the amalgamation of the ‘Parent Language Group’ and the ‘Learning Language Together Group’ in the Community on p.( )

**Speech and Language Therapy Profession**

HANEN Program

The Speech and Language Therapy Team in Sure Start work from theoretical models which include the process based Hanen model.

The Hanen approach to increasing interaction and language skills truly reflects the ethos of the NSF Principles as the central tenet of Hanen is:

**ALLOW THE CHILD TO LEAD**



*Caption: Joining in - mum is first and best teacher*

This collaborative work looks at recognising which stage of communication development the child has reached, by how they express themselves and how to best join in with what they are doing. This is more about meeting the child where they are by developing skill in observing waiting and listening to become more attuned to that individual child's expression rather than the style adopted in 'Communicating Matters' – 'The Strands of Communication and Language' which is analysed by age.

A review of the Hanen program evidences that this provides a 'how to promote children's language development during everyday activities.

Hanen training with parents and professionals within collaborative experiential group work therefore has a 'goodness of fit' with Sure Start 'Birth to Three Matters Framework and is an essential conceptual model that would be a useful pre cursor to any use of the 'Communicating Matters' pack.

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"There's always Hanen in everything we do..." . (Speech and Language Therapist)

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There have already been pilot trainings with parents, nursery nurses, childminders, crèche workers and toddler group leaders and planned citywide training open to all Sure Start professionals.

Extracts from Speech and Language Therapy Training for pre-school professionals show the clear evidence of reflective learning that can be modelled in their interaction in their early years setting:

**How much learning did you gain from the course?**

"So much, all relevant and very well put across.  
Very appropriate. Thank you"

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"How important early bonding is. Re-birth onwards"

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"That children pass through different stages at different ages  
(all individuals)".

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"A good deal. An insight into the things we can do to encourage speech  
and language development".

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**How will you be able to use the learning from the course?**

"Probably everyday as I work with children"! (Nursery Nurse)

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"Everyday – in lots of situations. Raised awareness of lots of things we  
do and now I know why"! (Nursery Nurse)

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"I will be able to use the levels to see what a child needs".

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Again it is relevant to review extracts from feedback forms from early years staff that shows they would welcome further training:

**What further training would be useful?**

“How to support children with more specific needs”.

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“Special needs – help children to reach their full potential”.

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“Different speech problems children have and how to help”.

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Extracts from parents experience of the Learning Language Together Groups which is Hanen based:

“I feel the staff have a wide range of ideas, also they adapt to meet each individual’s needs”.

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**Are there any changes in the way you play with your child?**

“I let him take the lead more.

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“Since the group we seem to talk more and he wants to take his turn now”.

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**Have there been any changes in your child’s speech and language?**

“He’s is more confident around strangers”.

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“I could see the difference in J. after six months when I came back...she was quite happy to talk...I noticed a complete change in her...confident...talkative

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Play 'peek-a-boo' with your baby and she will learn to take turns



## Early intervention

As outlined NSF Core Standard 3 – Child and Person and Family Centred Services (11. Staff Training and Development) (See Template 2 on page 5)

This research shows that Hanen training is a very real way for professionals working with children experiencing the embodiment of the ‘Birth to Three Matters’ in action and would make a vital contribution to giving the children of Newcastle the very best start in life.

## Primary Prevention

### Hanen experimental group training

#### Primary prevention resources

Information sheets	Resources	Displays
Antenatal pack (1)		
‘Before Words’	Listening Box 1 (Development of listening & attention skills)	‘Fab faces & feelings’ (Session and book list)
‘Now we’re talking’	Listening box 2 (Developing vocabulary)	‘Children talkng’ (2) Displays (Info pack developed for nurseries)
	Listening box 3 (Narrative)* In Development	‘Breastfeeding is a time to share’
	Bag books (Resource can be used through all development stages) (useful for work with ‘routines’)	

(1) Please see Working in Partnership with Health for extract from introduction to the pack

(2) Focused around the ‘building blocks’ of communication as outlined in the ‘Children Talking’ Information Pack

## SUPPORT FOR CHILDREN WITH DELAYED COMMUNICATION



The group work and resources have been collaboratively developed from a 'needs led' ethos with parents and other services in the system. This process of the development of group work and resources is seen as a major strength of the Sure Start Speech and Language Therapy Team and examples of specific projects are outlined throughout this evaluation report.

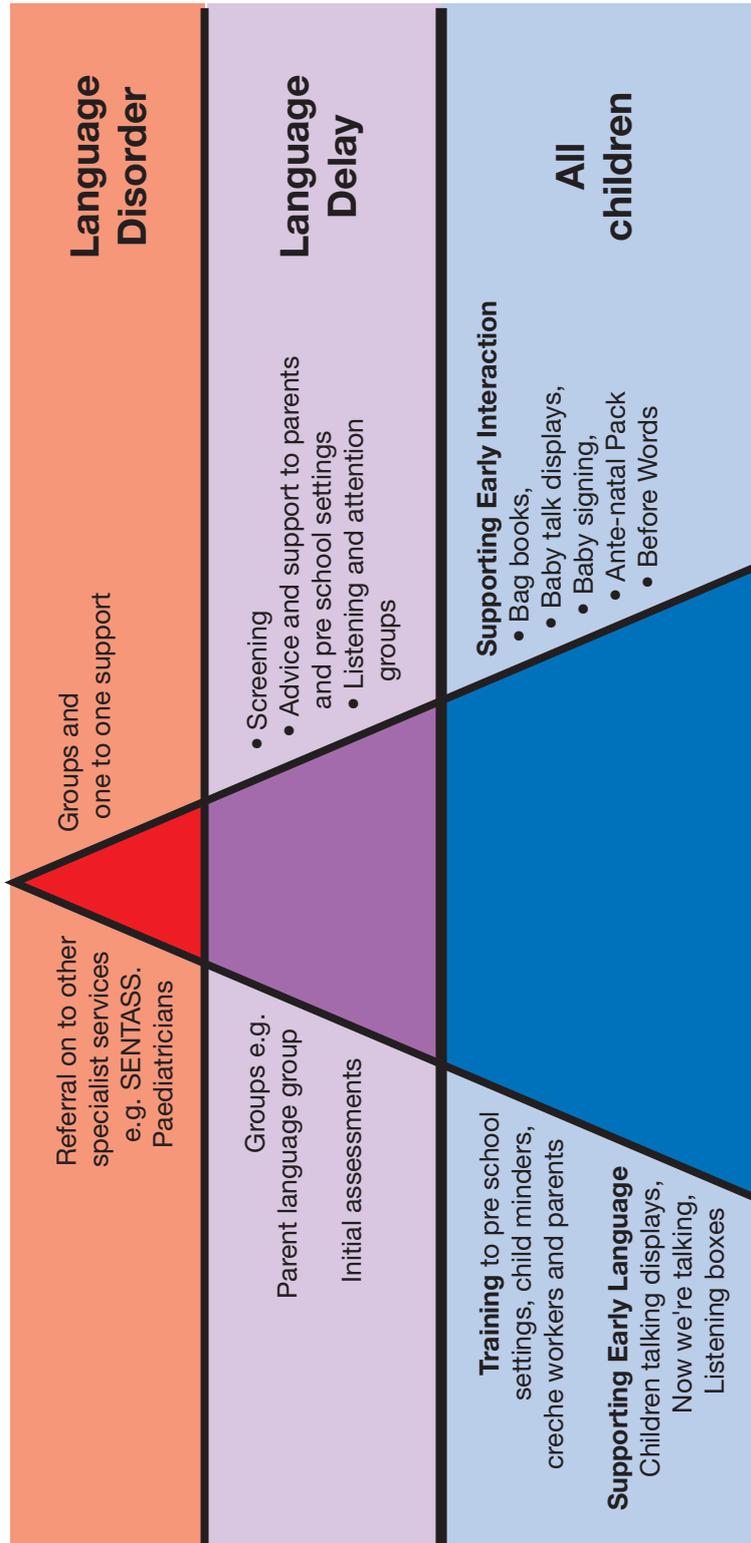
The following diagram shows how the 1:1 work, work in groups and resources developed by the Sure Start Speech and Language Therapy Team fit with those of the Mainstream Speech and Language Therapy Team. It also gives an outline of the map of the collaborative interface with other services in the system.

In discussion with the Manager of Paediatric Speech and Language Therapy the importance of the Sure Start Speech and Language Team was made clear. Prior to this team being in place 'children in the middle' may not have come to the attention of mainstream service and now with the Sure Start Speech and Language Team these children can be reached and they can get the support that they need.



*Caption: Sharing attention and eye contact - learning to copy*

# Mainstream



**SureStart**

Illustration showing the coverage and overlap of Speech & language Services in both Mainstream and Sure Start

## Hard to reach families

### Families with enough on their plate!

The following is a brief case history that shows how speech delay in a child may be just one of many competing priorities facing a family.

One mum reflected that she would never have got to mainstream 'parent language group'. Mum herself had learning difficulties. She had a newborn baby in hospital, her oldest child had behavioural difficulties and her middle child (one year old) needed a paediatric assessment because of concerns around global learning difficulty.

It was felt that local community provision in the 'Learning Language Together Group' was more possible for this family, than a mainstream, centrally located group.

- Enabled to attend by the support of the Health Visitor and Social Services who were prepared to change appointments to help.
- Attendance was only possible with the support from a Sure Start speech and language team member.
- A member of the Sure Start Team worked with the older child on behavioural routines.
- The Sure Start speech and language therapist took one of these routines the mum was already doing 'bedtimes', and added the Hanen Communication perspective; which she wrote up in a series of steps.

This is a good example of services working together in collaboration with the family. A further example of the levels of contact and support required to engage hard to reach families is Family E:

#### Family E

A child picked up a language measure ...mum had concerns regarding her child's speech and language development and as usual I recommend that they attend toddler groups etc (if they are not already doing so).

Mum felt that she 'had enough friends and went out lots, why did she need any more? I put together the advice pack that we use and went back to talk it through with her hoping that she may have reconsidered the toddler groups. We invited this family to the welcome session offering free lunch but they did not attend. Further reminders of a letter and a telephone call before the first session... they did attend. At the end of this session mum stated that she thought it would be boring and didn't think she would get anything from it but she had really enjoyed the group and had learned a lot.

Even though mum didn't attend all the sessions I feel that we made some difference. Mum had taken some of our advice and was more open to the advice from her Health Visitor and was working on a bedtime routine with her little boy as she could see the benefit of it".

Difficulties in accessing services, which leads to exclusion come in many forms as in Family A (see Appendix for Case Study) where the Mum works and considered that a main factor in making a difference to her daughter's speech development was,

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“maybe giving them something they haven’t had – social time in small groups of other kids and parents”.

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She took leave from work in order to attend the Learning Language Group with her children, and felt sad that their family could not access Sure Start groups because of her work commitments.

The mum in Family B (Appendix – Case studies) disclosed that she had only two people in her family network and looking back to when her first child was born would have welcomed,

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“...helpful to have had groups before you have your first child or just after. I would have liked information about children’s development”.

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Part of this would have come from developing trust in relationship,

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“I found it hard to talk to people I didn’t know”.

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Towards the end of our time together I got more and more of her sense of difficulty – wanting her children to be able to be in a social space to help their development but at the same time fearing disapproval and exclusion.

Complexity of needs cannot be allowed to create exclusion. In discussion with PCT Management, the whole area of how care co-ordination will be put in place is still being considered.



*Caption: Learning together in Baby Social*

## Multiple and complex needs

### Towards the development of care co-ordination of child and family centred multi agency working

During the Research period I was privileged to meet highly motivated early years practitioners in education and health who actively sought to work collaboratively across the system and make change happen. There is a clearly evidenced need for a care co-ordinator role where families present with a complex multiplicity of needs.

#### Extracts from Semi Structured Interviews (see Appendix):

“Support...something to link into...’ this is what’s going to happen... this is the plan for next year’, rather than ‘they’re the professionals... they know best. Everything is done in reports... you cannot do that...”!

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“In the midst of all this you are the only one thinking of joining it all up”.

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“It should be us (the parents) that makes the decisions”.

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Family D (for full transcript see appendix page ??)

This narrative evidences the continuity of care and collaborative multi-agency involvement with this little boy and his family. The fears of the mum that she and the system let her older children down, have been clearly listened to and everyone is working together so that for her youngest child, this early intervention can make a difference.

Make your talking tuneful  
and your baby will listen



## Early intervention – Birth to Three Matters

### Government Frameworks

SureStart Guides

On reviewing the ‘Every Child Matters’ Outcomes Framework I very rapidly came to the conclusion that unless a child’s early years communication development happens then all the NSF ‘Every Child Matters’ outcomes would be detrimentally affected.

The research went back to the Sure Start ‘Birth to Three Matters’ – a framework to support children in their earliest years – which outlines:



*Caption: Face to face - learning about me*

#### **A Strong Child**

- Me, Myself and I
- Being Acknowledged and Affirmed
- Developing Self-Assurance
- A Sense of Belonging

#### **A Competent Learner**

- Making Connections
- Being Imaginative
- Being Creative
- Representing

#### **A Skilful Communicator**

- Being Together
- Finding a Voice
- Listening and Responding
- Making Meaning

#### **A Healthy Child**

- Emotional Well-being
- Growing and Developing
- Keeping Safe
- Healthy Choices

There are a number of different languages to describe this above process:

**Health Visitors talk about** – relationships

**Speech and Language Therapists talk about** – early interaction and communication development

**Psychologists talk about** – attachment and bonding

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“and we are all talking about the same thing!” . (Sure Start Health Team Co-ordinator)

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What had become clear is how early communication development was inextricably linked with attachment and bonding. The importance of relationship is key from before birth:

“If the mother’s body is producing massive amounts of adrenal steroids during pregnancy, as a result of chronic anxiety, maltreatment, or fear, the infant in the womb automatically shares in these stress hormones: they pass right through the placenta. The infant is locked into a free-floating anxiety, a kind of permanent body stress...Locked into this tension, the infant in utero cannot develop intellectually or establish the bonding with the mother in preparation for birth”.

p 17 ‘Addiction to Perfection, A Psychological Study’ Woodman M 1982 Inner City Books

Citywide Speech and Language Therapy Team have responded to this awareness by working in collaboration Health to produce the ‘From the Beginning...’ an information pack for pregnant mums (an extract from which is included in the Working with Partnership Section).

The work of the Speech and Language Therapy Team has relevance throughout early communication development and their skills are also very relevant in supporting parents in their life transitions. The essence of ‘The Birth to Three Matters’ which I have outlined can be seen as an elemental template for all of us:

“...Throughout adult life the availability of a responsive attachment figure remains the source of a person’s feeling secure”. All of us, from the cradle to the grave, are happiest when life is organized as a series of excursions, long or short”.

p 62 ‘A Secure Base’ Bowlby J 1988 Routledge

In working with the relationship between parent and child, the Speech and Language Therapy Team are working at a meta level.

As part of this research I asked the Speech and Language Therapy Team what stayed with them from their clinical work with families and the following is an extract from a Speech and Language Therapy Assistant:

### **Speech and language work in progress**

The background to my visit came from this family having been referred to the Speech therapy services by their Health Visitor but they did not attend the Parent Language Groups they were invited to.

<b>Working with the family and initial observations</b>	<p>“...at the home visit mum talked very loudly, although the TV was turned off when I went in mum turned it on saying ‘the girls need their telly’. The twins were initially shy but by the end of the visit had ‘warmed up’ and we had a nice time. One twin was more dominant than the other and also louder; she enjoyed making lots of noise with the musical instruments in my ‘magic box’</p> <p>Mum confirmed that this twin had not passed her hearing test (I referred her for a further hearing test) and the other twin had past her hearing test”.</p>
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<b>Joint decision making</b>	<p>Following discussions with Mum it was agreed that it would best suit the family for the girls to become involved in a pilot ‘Listening Group’ to be held at ..... Early Years Centre which they already attended.</p>
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<b>Learning through play</b>	<p>“The group ran for six sessions, used a resource called ‘Hear Say’ (pictures of different animals, a bus and some background scenery pictures) and was run by a Speech and Language Therapist with the Assistant for a group of children they had identified with similar needs to the twins.</p>
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<b>Developing fundamental building blocks of listening and attention</b>	<p>Using the resource we built up the children’s confidence, attention and listening skills, the less confident and quieter of the twins became ‘louder’ and was happy to talk and became more outgoing. The other twin calmed down, settled and was also more confident.</p>
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<b>Developing routines as a template for further learning</b>	<p>Over the weeks the children began to know the routine and the twins were first to ask to help us get the equipment we needed. They chatted about all sorts of stuff, usually what they were wearing, talking more freely and would hold our hands to take us to see things around the Nursery.</p>
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In the final session we went on a ‘trip to the seaside’, using the resource and A3 sized pictures of the various animals that went for a ride on the bus. One child was the bus driver and each of the other children in the group was one of the animals.

<b>vocabulary and concept building</b>	<p>The story followed a theme...  ‘beep, beep where’s the bus? Come on cow, dog (etc.) get on the bus’.</p>
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<b>Teaching turn taking</b>	<p>The other children waiting at the bus stop, taking turns to be picked up by the bus.  ...one of the twins taking her turn, as the driver asked everyone for their ‘ticket’..off they went!</p>
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<b>Development of narrative and use of underpinning gesture to aid comprehension</b>	<p>We ended up digging, building sandcastles with flags on turrets, which blew away in the wind, splashing in the sea, being the waves crashing on the shore...even going to the farm on the way home to go in the mud and then washing off in the pond.</p>
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<b>Following the child's lead – Hannen approach</b>	All of this led by the children's imaginations and what we had covered in previous sessions that they had remembered and built upon.
<b>Carry over of new learning in to nursery setting</b>	<p>We took pictures during this session and I made a story board of our adventure which the Nursery put up I their reception area, each of the children got a picture as well as a certificate for 'best listener'.</p> <p>On subsequent visits to the nursery, the twins have come up to me to 'chat' – they remember me being there and have asked if we are going back to 'play'.</p>

Over the weeks running the sessions the Nursery staff noted changes in the twins and they have no further concerns and are happy with the twin's progress.

<b>Experiential learning and reflective practice – continuing professional development</b>	I so enjoyed working with the twins, doing the group and our final session, which was fantastic! And I enjoyed it just as much as the twins. As well as seeing the progress the twins made during the sessions, and have made since; I felt I learned a lot too by being able to put theory into practice, using and building upon previous experiences and knowledge".
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This work clearly illustrates a 'need led' collaborative approach with the Speech and Language Therapy Team working with the family to build trust in relationship that enabled this work to happen In the SLTA's self reflection we can see the 'how' of the 'Birth to Three Matters' framework in action.

It also demonstrates the power of narrative in the development of listening and language skills The children in the group experienced a multi-memory approach as each stage of the story – the who, the where and the when events happen and what happens in each event is supported by a picture card in addition to their embodied acting of the actual story which they themselves co-construct with the two Team members running the group.

In the development of the New Zealand national curriculum framework for early years more clearly defines the need for facilitating a child's learning through responsive relationships with people, places and things. and underpinning this the importance of:



*Caption: Learning to take turns*

Belonging – involving goals related to links to family and community, a sense of place, routines and customs and acceptable behaviour.

p 122 'Working with Children in the Early Years Ed. By Devereux J et al 2003 Fulton

In a later discussion with the Co-ordinator of the Citywide Speech and Language Team in Sure Start, Greta was sharing with me that she had made a video recording of children and parents working on a 'Children Talking':

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"...as the parents pulled the chairs around to watch the video -that was the first time they had acted like a group by themselves..."

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I reflected that they were like the twins in the above case study –

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"...and the twins were first to ask to help us get the equipment we needed".

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In both situations, both the twins and the parents had become comfortable in a small group social space and felt they had a 'sense of place' in relation to others.

Further extracts from cases are included in the Appendix.

Babies start to  
recognise names  
and familiar people



# Partnership working

## Working in partnership with 'universal services'

### HEALTH & EDUCATION

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NSF for Children, Young People and Maternity Services

CORE STANDARDS

**TEMPLATE 2a STANDARD 3** – Child, Young Person and Family-Centred Services

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#### 11. Staff Training and Development

Primary Care Trusts and Local Authorities develop staff training programmes to ensure that staff at all levels within organisations have a common core of skills, knowledge and competences which are appropriate to their responsibilities and degree of contact with children, young people and families.



*Caption: Learning happens before birth - twelve week foetus*

A common core of skill, knowledge and competences may include:

- Effective communication and engagement (listening to and involving children and working with parent, carers and families).
- Depending on their role, staff working with children may also need training to ensure that they are competent in the following areas:

- Identifying the early signs of developmental disorders (such as autistic spectrum disorder and language disorder) and mental health problems (such as attention deficit hyperactivity disorder, ...)" (extracts taken from p114-115)

## EVIDENCE OF CONSULTANCY EDUCATION AND TRAINING

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SLT WORKING WITH SURESTART

A MODEL FOR ALL PROGRAMMES ACROSS NEWCASTLE

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**TEMPLATE 3**

### Locally agreed project - citywide speech and language therapy

Project Description (1)

... "plan and implement a strategy to improve speech and language development across the Sure Start Programmes. This would include training other professionals to support language development..."

Midwives, Health Visitors and Nursery Nurses have participated in training in 'Speech and Language Awareness' offered by SLT in Sure Start (Templates 1, 2, 3, 4, 5 and 6 in practice).

In discussion with the SLT Co-ordinator, a Health Visitor shared her need:

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"I want a handout to show parents how to support their children's listening development that isn't a wordy handout!"

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*Caption: Face to face - early communication*

This 'needs led' enquiry led to the development of "Before Words" (Appendix ? ) a resource pack of sheets that shows in pictures and key words - how to facilitate children's early communication development. 'Before Words' is being piloted on the Ante-natal and post-natal wards at the RVI at the suggestion of the Senior Midwife to Community Services (Templates 1, 2, 3, 4, and 5 in practice).

(1) Please see Appendix for SLT Working with Sure Start – Model for All Programmes Across Newcastle

### **The Chief Nursing Officer's Review of Nursing and Midwifery and Health Visitor contribution to vulnerable children and young people**

The CNO's review identified gaps and omissions in services including earlier identification of vulnerability and protective factors in the antenatal period

As a result of a series of multi-agency and parent partnerships, ante-natal information on developing relationship/communication has been produced called 'From the Beginning...'

An extract from the introduction to the pack follows:

This is the story of a miracle. Your pregnancy is a forty-week journey for you and your baby. By the time he or she is born they are ready to listen, watch, copy, coo and cry – all the things they need to communicate with you! This book paints a picture of your baby's learning during pregnancy, from week twelve. Your special relationship with your growing baby is very important and the foundation of their present and future learning. From the very beginning you make a difference.

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"A story about the baby so that he knows his mother and father made a relationship with him before he was born." – a mother's words, Surestart Westgate

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## **Government Frameworks**

Department of Health Guidelines

**TEMPLATE 2C**

### **Chief Nursing Officer report on vulnerable children**

#### **3. Competencies of the workforce**

Core competencies for working with vulnerable children and young people are needed...effective communication with children and young people and child development and behaviour. All nurses, midwives and health visitors who come into contact with children and young people will require these competencies...

### **Infant mental health**

The proposal was raised, within the Citywide Infant Mental Health Strategy Group, for a particular focus on parent and infant attachment as part of early intervention strategy.

Arising from ongoing discussions the SLT Citywide Service is being invited to offer

training in early interaction and communication as part of a skill lift as this is seen as a first step before the Health Visitors undertake the 'Solihull Training' (Templates 2a and 2c).

### **Early years education**

A successful pilot of Hanen Training took place with early years professionals at Munchester Nursery. From a proactive initiative within the SLT Team, Hanen Training is now being offered to Sure Start Services on a collaborative basis. Hanen based training is also offered citywide to all Sure Start Staff (Templates 1a, 1b and 2a in practice).

A further example of collaborative initiatives with Nurseries is Walkergate Early Years. The following are extracts from the Head Teacher and Nursery Nurses who participated in the children's did the Listening Group:

"The input...gave practical help to staff and children, but was also the catalyst for the beginning of an 'in house group' at the Centre".

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"We do weekly sessions (40-50min) focussing on attention and listening skills...by two members of staff with additional speech and language training which has been extremely useful. Teachers have commented on children's progress".

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"They modelled the session for us and showed us a good range of resources and how to use them. They demonstrated enough sessions for us to feel comfortable taking over".

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The SLT Co-ordinator has acted in consultancy in early communication development, in meetings with Early Years Consultants.

During the period of this research the SLT Team linked the use of the 'Listening Box' resource with Key Stage 1 and extracts from the evaluation of this initiative include:



*Caption: The Listening Box - teaching children to anticipate, wait and listen*



*Caption: 'Old MacDonald's Farm' - sharing a song and learning to identify animal names and sounds*

“**Sound Lotto – musical instruments** - An enjoyable activity for children and staff on which everyone irrespective of ability could join in and reach a goal”.

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“**Hanging out the Washing** – excellent activity which really maintained the children’s attention and interest. It really helps the children to listen careful and helps the adult think about how they use language”.

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“**Animal stories** – worked really well in small groups. Activity easily adapted and developed the game to suit the need of the group. Very good activity. Really makes you think about how we use language”.

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(Templates 1a, 1b, 2a and 2b in practice)

Again all of this work happened by creating collaborative working partnerships, getting together, finding common ground, a common language and working to common goals.

### **Libraries Service**

The ‘Born to Read’ programme which became ‘Bookstart’ provided interdisciplinary meetings. This has created an opportunity for cross fertilisation of ideas between the Library Services, Sure Start Early Years Development, Play and Early Learning Co-ordinators, the Health Visitors, and Speech and Language.

The Speech and Language Team have sought collaboration from their colleagues in the Library Service to access this community space to provide interactive displays into six libraries from April through to June 2005 and from the success of this program to extend across all libraries.

The publicity for this series of events was supported by the libraries service through flyers in books and in displays, together with Health Visitors and Sure Starts promoting the events.

The Library Service published the following:

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“One of our close partners in support of the work we are delivering in libraries is the Speech and Language Service”. **Janice Hall (Informer’ Issue 83 26.08.05)**

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The article included a letter from The Co-ordinator of Speech and Language to thank all the library staff involved – extracts from which are shown below:

“It felt ambitious when we first thought about putting together **a photographic display to illustrate the ways in which children learn to communicate and how this learning can be supported**. We soon learned what a delight it is to work in partnership with your service, and that you could make it possible for us to make this display available to parents citywide.

**You also enabled members of the Speech and Language Team to put on events for parents and toddlers that underpinned our messages about communication...”**

“You might like to know how parents and children have appreciated the display”...

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“My children enjoyed playing and looking at the display”. - **Outer West**

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“Very interesting display. Reinforcing the need for face to face time with young ones”. - **Jesmond**

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“...reminds you of the things you can learn your baby and encourage them during everyday activity. Great use of photographs – some lovely ideas for using photos at home!” - **East End**

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The letter ends with a list of further developments:

1. Displays are to be more portable to move around local libraries in Sure Start Areas starting at the new library in Kenton ready for the opening on 3rd October.
2. Jesmond library have changed the time of storytelling sessions to enable younger children to attend with their carers “- in a sensitive response to carers feedback about the session we ran for younger children.  
“Very good. It would be nice if the library had story time for the under 3’s”.
3. Two parents from Surestart Northmoor visited ‘Now we’re talking’ at Gosforth and are interested in helping to put together the storytime event and opening display at Kenton library.
4. Speech and Language have contributed to the design and content of the Bookstart launch display at City Library for September.



*Caption: City Library display to support book start launch*

The above illustrates how the Speech and Language Team work at a meta level, in a needs led collaborative way with children, parents and professionals in consultancy, education and training.

The words highlighted in the extracts summarise the educative purpose to support 'parenting skills' which communicates meaning to the reader. The letter takes us through the process of where this project came from and how it happened, in a narrative form, ending with what is to happen in the future.

- In terms of 'influencing others' and 'developing self assurance' – as a result of their own experiential learning, two parents have come forward to become involved in putting together a future display
- Library staff have welcomed 'Story Times' run by Speech and Language Therapy in conjunction with library displays and this is seen as a way of 'modelling' the Speech and Language approach to their staff.

In my meeting with Janice Hall, the Senior Manager at Newcastle Libraries, she felt that, "being able to say that the Speech and Language Therapy Team had a professional input gave credibility to what we do. She went on to attribute the success particularly to the way the Co-ordinator of Citywide Speech and Language worked with the team:

"The work that Gretel McEwen, the Co-ordinator of Citywide Speech and Language Therapy Service did needs to be recognised – working in two ways:

- at local level, the Co-ordinator personally visiting and talking to library staff really got staff on board.
- on the strategic level on the Steering Group, giving advice on early communication development, developing joint leaflets etc".

Janice Hall went on to say that the Library Service had buildings in the local community, could organise the interactive displays and the partnership was cost effective, increased the Library Staff's confidence in holding 'Story Times' and that families benefited – **now every library has a story time.**

She briefly outlined the Consultancy work provided by the Citywide Co-ordinator of Speech and Language Therapy in helping the Library Service to focus enabling them to create a 'Thematic Book Collection" for families around topics of personal, social and emotional development. This enables families in transition to access books on bereavement. 'Starting School' etc. along with 'Story Sacks', 'New Baby', 'Visiting the Dentist' etc. which are further resources supporting parents.

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"Normalising it helps families to see that it's not just happening to them if there are books on these topics. It's about being able to articulate it (the presenting issue for the family) through a story that is so important".

(Janice Hall)

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All this had come about purely through collaborative work across the service boundaries.

# Summary of findings

## **The Citywide model**

As a response to the needs of the Sure Start initiative, the development of the Co-ordinated Citywide Speech and Language Therapy Service has provided a template for what good child and family centred practice looks like.

The Citywide Speech and Language Therapy Service have something to offer from their specialist training, in a wide range of areas. Early Communication Development connects to so many different professionals and services, so that working in partnership defines the 'Common Ground' that brings the Early Years System to work together. The impact of this Team in skill sharing through Consultancy,

Education and Training/Modelling has had a significant effect across Newcastle in Education and Libraries, Health, within individual families and local Communities.

## **The vital role of speech and language therapy assistants in supporting parents and children.**

Within the Service, the speech and language therapy assistants are vital to the success of the citywide model. As the assistants are program specific, accessible and visible presence they offer continuity and they are therefore well placed to carry out a 'key worker' role. The Assistants undergo specific job related training, are clinically supervised by and carry out programs of work devised by their Speech and Language Therapist.

It is clear that some Sure Starts have 'bought into' the resource of having a speech and language therapist assistant as an integral part of their team and value the continuity of that role. In discussion it has been repeatedly expressed about the need to 'keep the ball rolling' despite the uncertainties around Sure Starts being required to taper their funding. A bottom line is that if a Speech and Language Assistant is not employed within the Sure Start project then there will not be a Service available for the very children Sure Start has been designed to reach!

## **The speech and language therapist whose specialist training informs the whole process in designing individual programs and supervising and supporting assistants**

The Citywide Speech and Language Therapists in the team amount to 3 wte.posts. In discussion with Therapists about their time table and work remit – they carry a complex mix of work in creating opportunities within Sure Start to design initiatives/individual programs to promote early communication development, linking in with allied professions such as Educational Psychology and SENTASS as well as taking forward their own professional development in areas of clinical specialism within the Mainstream Paediatric Speech and Language Therapy Team.

### **The Co-ordinator of the citywide speech and language therapy service**

In close working partnership with the Manager of Paediatric Speech and Language Therapy at Newcastle General, there has been an extension of service from mainly being focussed at the top of the Thompson Triangle to be able to reach the 'Children in the Middle' and the children at the base of the triangle.

The Co-ordinator role requires a strategic overview of service development and the ability to elicit 'common ground' of shared need from both professionals and families. The regular clinical supervision provided by the Co-ordinator enables reflective practice by therapists and models the containment therapists can then offer the parents and children. The Co-ordinator modelled throughout the system how to build mutually rewarding relationships. Without exception every professional I talked to welcomed collaborative working with this Team.

Quiet time -  
babies need quiet time every day



## Conclusions

### Map what the team do in sure start against the children's nsf core standards

The first stage of this research was to identify the templates that inform the work of the Citywide Speech and Language Therapy Team.

The Children's NSF Core Standards are reflected in the Professional Standards outlining the Four Aims and Principles of Service Delivery in the Early Years.(1)

A triangulation of the results of informal semi structured interviews from the sample of Early Years Staff, Parents and Citywide Speech and Language Therapy Team professionals, evidenced that the Citywide Speech and Language Therapy Team work in close collaboration with their colleague's in Sure Start and Early Years Professionals across the system, their work being underpinned by the NSF 'Every Child Matters' Outcomes Framework and the Sure Start Programme Objectives.

### Is what the team does a good way of getting that service into all the sure start programs?

The Guidance for Sure Start Programs 2001 'Promoting Speech and Language Development' recommends the Hanen programs for children in the early years. (p38)

The principal aim of the Hanen program is to improve parent-child interaction so that the child's communication can develop. Only accredited Speech and Language Therapists can run the Hanen parent programme.

A process that has run concurrent with this research has been the proposal for the mainstreaming of the Learning Language Together Groups within community settings across the City following the review of the existing three pilot groups. The aims of this proposal evidence:

- the reciprocal benefits to both teams regarding planning, delivery, resources, staffing
- the development of a multidisciplinary approach with the planned involvement of SENTASS Young Children's Team
- awareness of informal training opportunities for on site staff
- this is the beginning of working in the context of the development of children's centres

As part of the process of evaluation and consolidation, the pilot projects (that organically evolved through response to family and early year's professionals needs), have gone through a process of reduction to essential elements of early communication development eg. 'building blocks of language' the principles have been reworked into information packs to inform early years professionals how to use the resource and understanding how that informs their own work. An example is the 'Listening Box' activities that have been introduced into nurseries being linked to Key Stage 1 requirement in Early Years Education.

(1) Appendix Speech and Language Therapy 1.

The Primary Prevention Resources have therefore retained their needs led malleability whilst still retaining the key elements of early communication development.

Questionnaires on the information sheets 'Before Words' received feedback from Health Visitors that unless they were PCT approved they would not be authorised for use. Given the fact that PCT managers were supportive of the development of these resources, a practical step towards mainstreaming their use across Newcastle to provide Parenting Support in early communication development, would be to review this with the PCT.

The professional training of the Speech and Language Therapy Team in early communication development has a direct relevance to the 'Birth to Three Matters' Framework, designed to support children in their earliest years.

Training for early years professionals in the Hanen method would enable them to model early communication development in their every day work with children.

This skill lift would benefit children across Newcastle and facilitate early identification of need and ensure early intervention

Pilot Hanen trainings have received overwhelmingly positive response from participants, has helped staff in raising their awareness in what they can do to encourage early communication development together with the confidence to use this learning in their every day work.

The Childminders Network, Nursery Nurses, Sure Start Colleagues, and Health Visitors have requested Hanen training as relevant professional development.

### **How good are the team at partnership working?**

The evaluation evidences this as a particular strength of the Citywide Speech and Language Therapy Team.

Given that this is a small team made up of a Co-ordinator, three WTE Speech and Language Therapists and their Assistants; they have responded to the needs of allied professionals and families and have made key contributions to the development of early years services not only in Newcastle but nationally.

The configuration of this team has been seen by other services as a useful template for future developments of co-ordinating a specialist service in the community with the development of children's centres.

This team truly worked from a 'needs led' ethos, both families and professionals, evolving a response to need in an organic process. The 'working in two ways', very much at a local level, personally visiting and talking to families and staff, listening and responding, finding common ground, really getting staff on board and also having influence at strategic level has been key to successful partnership working.

### **Multiple and complex need - towards a care-co-ordinated approach**

The Semi-structured interviews with families shown in the appendix powerfully remind policy shapers and service providers what works and how it works.

In the semi structured interview with Family C the Mum stated:

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“In the midst of all this you (herself) are the only one thinking of joining it all up”.

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I reflected to their ongoing experience as:

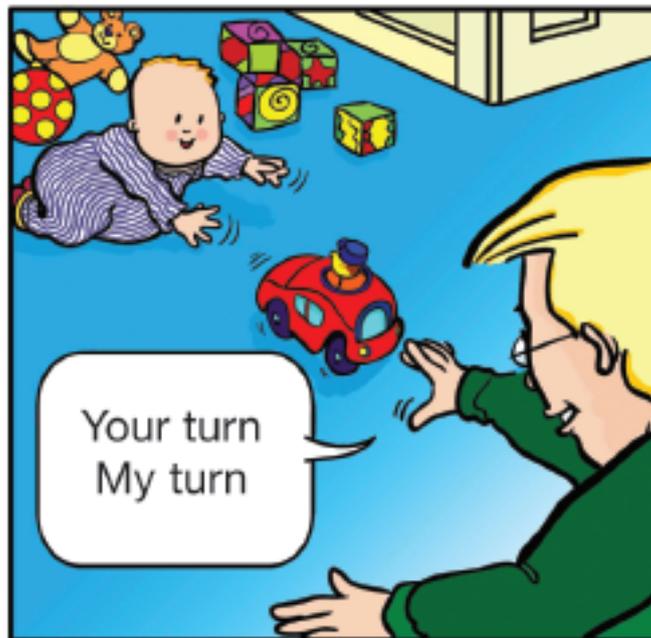
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“All the Services seem separate – they don’t talk to each other and they don’t talk to you. It’s thinking about the impact on all the family”.

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When presented with the palpable distress of a family’s on going experience, needs led services need to take such brave feedback on board and reshape services so future families experiences can be different. Without exception the families I interviewed were pleased that their own experiences were being put in front of commissioners of services so that it be different.

Taking turns when you play -  
this is the first step to taking  
turns in talking



# **Recommendations**

## **Service Configuration**

The continuance of a Co-ordinator led City Wide Model would provide the stability to further consolidate the work of the Service and ensure a successful transition into the Children's Centre Development.

## **Strategic Partnership Working**

The Co-ordinator role is key within the strategic Partnership working that needs to happen to plan a training infrastructure that will take both the Early Years Education Primary Strategy 'Communication Matters' and in Health, 'The Chief Nursing Officer's Report on Vulnerable Children' forward.

Planned multi agency experiential training based on Hanen is needed. This will enable any one working in an early years setting to model early communication development in their every day interaction in their workplace.

This seen as a useful first step before introducing aspects of the DfES 'Communicating Matters' training material which also recommends Speech and Language Therapist involvement.

## **Clinical considerations within child and family centred working**

The Co-ordinator role is also crucial in facilitating the child and family centred approach to Speech and Language Therapy Team's clinical work and their modelling of this way of working within training. Regular monthly clinical supervision ensures that the model of reflective practice is seen as an essential part of child and family centred working.

The government are actually requiring a paradigm shift in their requirement that early years professionals across the system work from a child and family centred approach. Mainstream Speech and Language Service are actively looking at changes in their ways of working to meet this, for example the pilot of collaborative 'learning language together' groups in the community.

## **Sure Start Speech and Language Therapy Team**

Government policy is shaping the possibility of Health becoming commissioners of services rather than employers. However, the findings of this evaluation evidence the clear benefits of the City Wide Model being a part of the Health Speech and Language Therapy provision. The existing team of therapists have a professional mix of working both within the community and developing knowledge of clinical specialties through their work with the mainstream team at Newcastle General Hospital.

This maximises their professional development, aids retention of staff and ensures the best use of a scarce resource that has a central role to play within the Government's early years strategy.

## **Speech and Language Therapy Assistants**

Speech and Language Therapy assistants need to be employed within each Sure Start/Children's Centre for the Speech and Language Service to be available for the very children that Sure Start has been designed to reach. Speech and Language Therapy assistants play a 'key worker role' - they are the accessible visible presence within the community. Speech and Language Therapy Assistants are clinically supervised by a Speech and Language Therapist and they can deliver agreed programs with families/groups.

## **Primary prevention resources**

The resources developed by the Sure Start Speech and Language Therapy Team – 'From the Beginning', 'Before Words' and 'Now You're Talking' need to be seen as 'living multi agency documents' which have authorisation for use across health and education so that there is no re-inventing of the wheel by individual agencies. All families interviewed would have welcomed timely easily understandable information that would have re-assured them and given them a knowing that what they were doing works. Two mums clearly said that what they most wanted was – **“a knowing of how to help their child”**.

## **Supporting the main teacher of children – the parents**

It is clear that the main teachers of children are their parents. It is therefore crucially important to offer collaborative group work, accessible information and support through Services in order that they too can become reflective practitioners.

## **Towards the development of care co-ordination for families with complex and multiple need**

A summary of recommendations that came out of the Semi Structured interviews with families:

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“...it's about building up a relationship with a sense of trust. The significant thing is honesty – that's it exactly”!

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For professionals to build relationship with the families, to work together towards discovering how best their child can be helped and the family supported. For professionals to be honest with parents and to ask how they feel; and listen to them. For the parents to feel that they are included in this process and they have support:

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“Support... something to link into... (knowing) this is what's going to happen... this is the plan for next year”.

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For assessments to be part of the ongoing process of knowing the child and family and for work to be 'child and family led' To sit with the parents and talk with them about the way forward and for any report to be written in language they can all understand. One parent recommended volunteer support from a parent who had a child with similar needs:

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"... they should take a person with them who stays (with the family) when they walk out. A parents left there who has been through it – that parent's not going to judge you... you're going to get a lot of support from someone who has been there".

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Only then can work with children and families be useful.

### **Research to inform a 'needs led' system**

Semi structured interviews, where a family are enabled to unfold their own narrative of their ongoing experience of services needs to be embedded into the ongoing practice across services and the implications reviewed and responded to in a multi agency way. If review of service stay within service boundaries then this fragmentation prevents the system following a truly 'needs led' ethos.

### **Acknowledging and working with the inextricable link between early communication development and attachment and bonding.**

This research clearly evidences that a small team – A Co-ordinator, 3 WTE Speech and Language Therapists and their Assistants have responded to needs of allied professionals, and families and have made key contributions to the development of early years services not only in Newcastle but nationally. The way forward towards a vision of families choosing to make their home in Newcastle and for the professionals in early years having a sense that they truly made a difference is in a prioritised, planned training of early years professionals so that they can model to families early communication development and attachment and bonding so that children and families in Newcastle can thrive.

# Appendix

EXTRACTS FROM: DfES & DOH PUBLICATIONS  
CHILDREN'S NATIONAL SERVICE FRAMEWORK  
CORE STANDARDS

SURE START OBJECTIVES  
NSF EVERY 'CHILD MATTERS' OUTCOMES

SPEECH AND LANGUAGE THERAPY  
AIMS & PRINCIPLES OF SERVICE DELIVERY –  
PRE-SCHOOL FACILITIES  
EXTRACT FROM HANEN – 'OWL'  
EXTRACT FROM INTRODUCTION OF 'CHILDREN TALKING' KIT

- 4 EXTRACT FROM 'BEFORE WORDS' ARTICLE - NURSERY WORLD
- 5 EXTRACTS FROM NARRATIVES OF CLINICAL WORK

BEING HEARD – SEMI STRUCTURED INTERVIEWS WITH FAMILIES  
FAMILY 1  
FAMILY 2  
FAMILY 3

SLT WORKING WITH SURE START  
A MODEL FOR ALL PROGRAMMES ACROSS NEWCASTLE  
March 2003 – Draft 2

Part B Project Description:

This model is proposed in order to;

ENSURE A CO-ORDINATED CITYWIDE RESPONSE TO ACHIEVING SURE START  
OBJECTIVES

Based on an assessment of need to:

PLAN AND IMPLEMENT A STRATEGY TO IMPROVE SPEECH AND LANGUAGE  
DEVELOPMENT ACROSS THE SURE START PROGRAMS

This would include:

TRAINING OTHER PROFESSIONALS IN SUPPORTING LANGUAGE DEVELOPMENT

CONTRIBUTING TO PARENT GROUPS

PROVIDING PROGRAMS OF WORK FOR CHILDREN WITH SPECIFIC LANGUAGE DIFFICULTIES

SPEECH AND LANGUAGE INTERVENTION WILL IMPACT ON MANY AREAS OF A CHILD'S DEVELOPMENT AND THE FAMILIES WELL BEING (Eg. Reducing parental anxiety, raising children's self esteem)

The project would aim to:

ENHANCE AND EXTEND EXISTING MAINSTREAM AND/OR SURESTART SPEECH AND LANGUAGE THERAPY SERVICE IN THE AREA, WORKING LOCALLY

And with:

AN EMPHASIS ON EARLY, PREVENTATIVE INTERVENTION

Examples of existing practices within Sure Start Speech and Language provision include:

Therapists working in the field of early communication and preventative interaction

Giving anticipatory guidance in communication skills in the under 1's for parents and professionals

Targeted play based groups for children with identified speech and language delay, working alongside other professionals

## **‘SEMI-STRUCTURED INTERVIEWS WITH PARENTS**

FAMILY A

### **HOW DID YOU GET TO SPEND TIME WITH THE SPEECH AND LANGUAGE THERAPIST?**

“...all through the Health Visitor – she came out and did a check. I had concern about J... she seemed very quiet...not saying a couple of words together.”

### **AS YOU CAME IN CONTACT WITH THE SERVICE FOR THE FIRST TIME WHAT WAS THAT LIKE?**

“I got to meet (the Speech and Language Therapist)... another group was coming up... another new person”.

### **WHAT HAPPENED NEXT AND WHAT WAS THAT LIKE?**

“Re-assurance for me, as a parent... came in and did a play session. Having twins I was comparing a lot: even now she’s not as clear as him”.

“It supported me. The re-assurance worked before the Learning Language Together Group”.

### **WHAT WAS THE LEARNING LANGUAGE TOGETHER GROUP LIKE?**

“To me, I was used to that kind of experience...it wasn’t as scary for me as someone who hasn’t been involved with groups”.

“They had a day when everyone met... not so scary then... I was disappointed I couldn’t attend”. (Working Mum whose partner was working away from home at the time. She arranged annual leave from work in order to attend the group).

“Because people were coming and going...the group was quite small....didn’t think the group should be too big. Some people decided it wasn’t for them... not to do with the group dynamics... maybe time? A few parents who were quite shy... waiting with the kids rather than talking to each other”.

### **WHAT STAYS WITH YOU FROM THAT TIME ...MAKING SENSE OF EARLY SPEECH AND LANGUAGE DEVELOPMENT?**

“A way of helping communication”.

“It’s support – knowing you’re doing the right things to help your child”!

“Am I doing enough for them? It was encouragement and giving you more tools”.

“We did routines as well”!

## **WHAT CHANGES DID YOU NOTICE ABOUT THE WAY YOU AND YOUR CHILD TALKED TOGETHER?**

“It was gradual...more over time and at the end of the course...she started to use more words in play and telling stories. She started to communicate more with them (Nursery) and they noticed”!

Before, K. (her brother) talked for her. When J. was more encouraged that speaking was a good thing she talked more”!

## **WHAT DIFFERENCE DID THAT MAKE?**

D “I could see the difference in J. after six months when I came back..she was quite happy to talk...I noticed a complete change in her ... confident...talkative”

M “...more confidence.. and that we were working together with the children in the group”.

“J had her turn... she sings all the time to her nursery rhyme tape”.

“Because it was a smaller group than nursery, J...having a chance to play with other kids and parents”.

“Having an influence... as well as the Therapist coming round and giving more idea about how to play with them. I just read at them and didn't let them participate. I wouldn't have known unless I'd seen it (video clip). A lot of things...I'd taken for granted”.

“Eye contact...letting them take a lead from the pictures (letting them participate in reading)

“K still has his turn to talk and learned that she had to talk and do things for herself. I think he's letting her talk more. They talk with each other now... having conversations with each other and singing to the nursery rhyme tapes. It's helped their relationship as well”!

“MAYBE GIVING THEM SOMETHING THEY HAVEN'T HAD – SOCIAL TIME IN SMALL GROUPS OF OTHER KIDS AND PARENTS”!

## **WHAT WOULD YOU WANT THE PEOPLE WHO ORGANISE THE SPEECH AND LANGUAGE THERAPY SERVICE TO KNOW SO THAT THEY CAN BE MOST USEFUL TO FAMILIES THEY MEET?**

“If there was more about it (Early Communication Development) – in the Sure Start leaflet”.

“Everyone gets the wrong impression...there's something the matter! - not just to help her and encourage her! If the feeling is under the umbrella of something 'wrong' it might stop people”

“It would be nice to go along before the group to have a chat maybe with the nursery staff.

Without that they might have discouraged people – they don't know them! (nursery staff ) People feel intimidated when they are in a small group if they don't know

anybody” .

“Maybe have a play session at the start. (The therapist) can see how they’re communicating at the start...also helps for the kids when they’re separated from their Mum”.

- D “Parent’s could spend a ‘work’ day in nursery with the kids to see what the kids do and what they’re being taught”.
- M “I took holiday so I could take the kids along. One Mum was into it (Learning Language Together Group) and really wanted to help her child and couldn’t get time off work – a shame”!
- D “I think it’s frustrating for a lot of parents, they really want to help their kids and can’t get time off! There’s very few men take their kids along to nursery. Maybe local Dad’s groups – football/rugby club maybe”?

## FAMILY B

### **HOW DID YOU GET TO SPEND TIME WITH THE SPEECH AND LANGUAGE THERAPIST?**

“Talking To the Health Visitor...he was two and a half and he wasn’t saying much”.

“I thought I left it too long. He was hiding and still plays on his own and doesn’t interact with kids. He’s being send off but I don’t know where to...thought I’d receive it (assessment Mum thinks was organised by the nursery staff concerned about H’s behaviour – she fears he may not be able to attend mainstream schooling) but it’s gone off – I wanted to have a copy but I don’t know who the lady was”!

### **AS YOU CAME IN CONTACT WITH THE SERVICE FOR THE FIRST TIME WHAT WAS THAT LIKE?**

Parent Language Group

“I didn’t see the point of the University to be honest. It was a stress trying to find the place. He was in a pushchair at the time”.

Work in the home

“..thought it was a bit weird at first just playing with toys – she (speech and language therapy assistant) came and played with him and named things”.

## **WHAT HAPPENED NEXT AND WHAT WAS THAT LIKE?**

### Parent Language Group

“I found it hard to talk to people I didn’t know”.

“I wasn’t pleased that he wouldn’t leave me – I was looking forward to seeing him interact (from the parent’s room) I missed the last session and didn’t hear about going to any more”.

“I feel that nothing goes right for me. I’m on antidepressants. Sometimes feel like not going anywhere because of H’s behaviour”.

### Work in the home

“He was a bit funny at first but he got used to her – he liked her. She took photos and brought round a book...sometimes we look through it...H. talks through the book and photos...it shows the words he could say – it helped him”.

“I still think he’s far behind. She came for quite a while. I think I left it too late”.

## **WHAT STAYS WITH YOU FROM THAT TIME...MAKING SENSE OF EARLY SPEECH AND LANGUAGE DEVELOPMENT?**

“Sure Start is good there’s someone to go to now”.

## **WHAT CHANGES DID YOU NOTICE ABOUT THE WAY YOU AND YOUR CHILD TALKED TOGETHER?**

“Everyone says he’s coming on with his speech. Now I come to ‘Mothers and Toddlers’ I can see what other kids are like. They’re all noticing he’s not where he should be – he’s nearly four. It’s all to do with his behaviour and this woman came to evaluate him...just feels like everyone thinks he’s naughty”

## **WHAT DIFFERENCE DID THAT MAKE?**

“My husband’s not happy because he feels he’s being labelled a ‘naughty child’

“That’s how I felt ‘cos when staff at nursery say ‘Oh he’s been naughty”.

## **WHAT WOULD YOU WANT THE PEOPLE WHO ORGANISE THE SPEECH AND LANGUAGE THERAPY SERVICE TO KNOW SO THAT THEY CAN BE MOST USEFUL TO FAMILIES THEY MEET?**

“Helpful to have had groups before you have your first child or just after. I would have liked information about children’s development”.

“...doesn’t feel like I’m getting anything off anyone”!

“Nursery nurses to have training in understanding the parent’s viewpoint”.

(Mum B goes on to express multiple concerns around her son’s behaviour, why his speech sometimes seems to be better than others and trying to make sense of it so she can get the help that he needs)

“...’cos it feels like for his age...seem like a baby...hitting, grabbing taking things off other kids...sometimes I think he might have ADHD. (fear expressed about use of forceps at birth)

‘hearing’ (difficulties in childhood) runs in the family...he passed the test and I don’t think he should have...”.

(Towards the end of our time together I got more and more of her sense of difficulty – wanting her children to be able to be in a social space to help their development but at the same time fearing disapproval and exclusion).

(She saw herself as quiet, with little personal support in the community...she now gets herself to ask questions of professionals because she wants to know how to help her son and she values having the Sure Start worker to talk with).

## FAMILY C

### **HOW DID YOU GET TO SPEND TIME WITH THE SPEECH AND LANGUAGE THERAPIST?**

“It’s for the bairns – you cannot not do it”.

“I phoned someone I knew in Sure Start. Within days they were both here. With the autism...it took a long, long time”.

### **AS YOU CAME IN CONTACT WITH THE SERVICE FOR THE FIRST TIME WHAT WAS THAT LIKE?**

“Their relationship was outstanding” (between the Speech Language Therapist and her son – from the 1:1 work they did at their home)

“When there were fears he had autism she was there for me as well as him”.

### **WHEN THERE WERE FEARS HE HAD AUTISM WHAT HAPPENED NEXT?**

“There was no one for me but (name of SLT)”.

“...waiting on a report... the only time when you see them people”.

“...a letter saying he had autism – I nearly dropped through the floor...came from those people. .They’d met him once...watched him for an hour – hour and a half, how would you like to have had that... they should have come to the door”.

“If she (SLT) hadn’t come that night I don’t know how we would have coped with the word autism”.

(I noticed that the assessment had taken place at her sisters and not in her home.

Her feelings were that she didn't know them ..."so I didn't want them in my house". She didn't want her son, herself, her home judged)

"She came to assess him for what they thought...he (her son) wouldn't have anything to do with him. They had come with children's books – everything he's interested in is animals".

### **WHAT STAYS WITH YOU FROM THAT TIME?**

"What they should have done was look at what he was into".

"They just met a two and a half year old they'd come out to assess". He wasn't there they didn't meet D".

"My heart was broken 18 months ago and won't mend. It's my heart they're playing with and my lad". "Nobody asks – how did you feel"?

"...it's about building up a relationship with a sense of trust".

"The significant thing is honest – that's it exactly"!

"Another parent said – wait and see you know best".

"You have got to be in tune with your child".

"You change, your life changes – it's not the little boy you gave birth to".

"He's got a label – I've got a label. No one's asked 'How are you?'".

"All I heard was the word Education Authority. To let people go away feeling as I felt and his dad felt is disgraceful".

### **WHAT DID YOU FEEL GOT INTERRUPTED WHEN THE SPEECH AND LANGUAGE THERAPIST IN SURE START LEFT?"**

"The bond, the support, the caring – pure...genuine...that's what's missing with the (other) professionals".

### **WHAT WOULD MAKE A DIFFERENCE TO YOU NOW"?**

"Support...some thing to link into...'this is what's going to happen...this is the plan for next year'. Rather than 'they're the professionals...they know best. Everything is done in reports...you cannot do that...'"!

"It's the emptiest feeling you can imagine – it's a horrible feeling".

### **WHAT WOULD YOU WANT THE PEOPLE WHO ORGANISE SERVICES TO KNOW SO THAT THEY CAN BE MOST USEFUL TO FAMILIES THEY MEET?**

"What they should do it take a person with them who stays when they walk out".

"To do what they do is absolutely appalling. "

"A parent left there who has been through it – that parent's not going to judge you...going to get a lot of support from someone who has been there".

"I just think they need to ask how people feel".

“Honesty about a child – you have to be very careful how you put it across. Not what they want to do as a professional”.

“In the midst of all this you are the only one thinking of joining it all up”!

“It should be us (parents) that makes the decisions”.

“There’s not enough out there. They got us a social work for autism – she fights for them. Disability North – I had to phone them. Eighteen months ago they promised me nappies for him at night – I’m still waiting”.

### **Reflection from Researcher**

“All the Services seem separate – they don’t talk to each other and they don’t talk to you”.

“A lady who has autistic children – she’s been out a few times”.

“I got this woman every other Sunday for four hours. I can’t go out, on a bus, can’t go shopping. Me and his dad had no life at all”.

“Lady at the childminding centre – she’s fantastic – she comes once a week”..

“Sleep...I’m lucky to get three hours a night. Don’t know what it’s like to lie beside his dad. Don’t know what it’s like to have an adult relationship – just not possible”.

### **Reflection from Researcher**

“It’s thinking about the impact on all the family”.

“I don’t know how me and his dad are still together”.

“We (mum and D) go out to soft play. If I knew how to open his world out any more I would do”.

“I want it back the way it was”.