Developing a Speech and Language Strategy for the Community: Thinking beyond Sure Start to the challenge of the mainstream

1. Background
One of the major challenges in Speech and Language Therapy work is educating others about communication as an over-arching element, a tree with many stretching branches, all relevant to infant-caregiver interaction. Play, pragmatics (social use of language), attention and listening skills, pre-verbal skills, language comprehension and expression are all part of the process. This report will explain how, in one programme, a strategy for Speech and Language Therapy was developed that had an impact on mainstreaming. The strategy was based on research evidence and then developed further through the use and enhancement of the already existing Sure Start Language Measure (SSLM) in one Sure Start programme (Turner et al 2004) Hilldene and Gooshays in the North East London Borough of Havering.

The SSLM is a tool that was developed by City University specifically to measure change in the language development of two year olds across all 524 Sure Start Programmes nationally. The tool was also used to monitor change within each individual programme (year on year) in response to the enhanced services that were being developed for pre-school children in Sure Start programmes. In one local Sure Start Programme the SSLM has unexpectedly been a catalyst for a number of new ideas that have led to positive change in practice (Turner et al 2004). As a result of using this tool a number of new initiatives have been established through the application of a multi-agency approach designed to enhance services already in place.

Delayed communication development is the most common symptom of developmental disability in children under 3 years (Rossetti 2001), affecting approximately 1 in every 10 UK children (I Can, 2003).

> "It is generally accepted that, among all childhood behaviours, communication skills provide the highest predictive correlation with later intelligence attainment and school performance" (Rossetti 2001).

In recent years the Labour administration have understood the key role of communication on child development, and this has seen Speech and Language Strategy advance to the forefront of social policy. Cost savings have been made on early intervention, instead of more intensive and expensive remedial services at a later point in time (Rossetti 2001). In a raft of different community based measures such as Sure Start, Connexions, The Children's Fund and now the development of Children's Centres, the government have shown commitment to early intervention and supportive measures for children and families. Alongside this action the rhetoric of government policy puts children at the centre in the reform process. Other policy documents such as Every Child Matters (DfES 2004) have as their focus:

- o Supporting parents and carers
- o Early intervention and effective protection
- o Accountability and integration – locally, regionally and nationally
- o Workforce reform

The report states that 'The Government has built the foundations for improving these outcomes through Sure Start' (section 11, DfES 2004). Specifically in this document

Speech and Language services are singled out for attention `'improving speech and language therapy…to improve services, including training para-professionals, supported by specialist staff'` (Section 11 point 5, DfES 2004)
In Sure Start the UK Government particularly wanted their early intervention in Sure Start to focus on language development (Harris 2002).

2. Working with Sure Start

Sure Start is a complex community initiative (Houston 2003) designed to tackle the roots of disadvantage and inequity. Sure Start is part of the government's priority on inequality policy to prevent social exclusion by focusing resources and support at the start of life. Resources are particularly aimed at reducing inequalities, releasing communities from deprivation, providing better co-ordinated support for children and carers, and offering new opportunities and improved life chances to children and families in those communities. Programmes, such as Sure Start, that combine child-focused educational activities with emphasis on relationships and interaction patterns, appear to have the greatest impact (Shonkoff & Phillips 2000).

Based on existing research, in 1997 the government decided that inequality reduction in the pre-school years, could be achieved through:
  ➢ Better access to early education and play
  ➢ Use of evidence-based practice
  ➢ Better health services for children
  ➢ Increased support and advice for families
  ➢ Empowered communities where change is locally led (by parents)
These ideals fit well within the ethos of supporting the development of speech and language.

Explanation has been offered elsewhere regarding the complete picture of Public Service Agreements (PSA) in Sure Start (Houston 2003). However the specific targets for the Speech and Language Therapist within Sure Start are worthy of mention here:

Box 1. Sure Start Public Service Agreement Target 3.

Sure Start PSA target for 2003/4 – 2005/6:
'An increase in the proportion of children having normal levels of communication, language and literacy at the end of the foundation stage and an increase in the proportion of young children with satisfactory speech and language development at age two years'.

Based on existing research and analysis a number of important factors have been highlighted regarding the importance of the focus on speech and language development (Toppleberg et al 2000). Many of these important aspects will be highlighted in this report.

3. The acquisition of language

Children acquire communication skills through naturalistic interactions with their world (Rossetti 2001). Language acquisition is a robust biological attribute, however it is dependant on the powerful role of the environment and how the child is enabled to interact with their environment. Interference with a 'child's ability to interact' normally can result in development, and communication delay (Rossetti 2001). Table 1. collects together some of the research demonstrating the factors that can interfere with normal environmental interaction increasing the risk of speech and language delay.

Table 1. Factors that impact on Speech and Language delay

Economically deprived background (Lower socio-economic status)	Horwitz et al, 2003 Locke et al, 2001 Toppelberg et al, 2000 Maas, 2000 Beitchman et al, 1996
Low parental education	Horwitz et al, 2003
Amount of maternal talk (number of words and length of utterances); quantity and sophistication of parent's vocabulary	Horwitz et al, 2003 Toppelberg et al, 2000 Hart and Risley, 1995 Snow, 1994
Poverty	Horwitz et al, 2003 Locke et al, 2001 Beitchman et al, 1996
High levels of parental stress	Horwitz et al, 2003
Reading and discussing children's stories and quality of dinnertime conversations	Beals et al, 1994
Adolescent mother	Rossetti, 2001
Parent with four or more pre-school aged children	Rossetti, 2001
Physical or social isolation and / or lack of adequate social support	Rossetti, 2001 Beitchman et al, 1996
Lack of stable residence, or dangerous living conditions	Rossetti, 2001 Beitchman et al, 1996
Parent or primary caregiver with severe or chronic illness, acute mental illness, history of loss and / or abuse, with drug or alcohol dependence	Rossetti, 2001
Parental concern	Horwitz et al, 2003 Rossetti, 2001
Birth order	Horwitz et al, 2003 Rossetti, 2001

Table 2. highlights the importance of early intervention by demonstrating the influence of failure in this area. Early intervention is very important for communication development because of the consequences and the impact of delayed communication development (Table 2.)

Table 2. The impact and consequence of language delay

Poor social competence	Horwitz et al, 2003 Law et al, 1998
Poor attention skills	Horwitz et al, 2003
Social and emotional problems	Horwitz et al, 2003 Irwin et al, 2002 Locke et al , 2001 Beitchman et al, 1996
Poor academic achievement	Horwitz et al, 2003 Locke et al, 2001 Maas, 2000 Law et al, 1998 Beitchman et al, 1996
Psychiatric disorders	Horwitz et al, 2003
Behavioural problems	Horwitz et al, 2003 Maas, 2000 Law et al, 1998 Beitchman et al, 1996
Cognitive outcomes	Beitchman et al, 1996
Poor development of literacy	Locke et al , 2001

Without early detection and intervention, some children could reach school age without speaking their first words.

3.1 New developments in prevention

The body of research highlighted in (Table 1 & 2) emphasised the importance of starting preventive strategies in the form of Sure Start programmes at an early pre-school age. The shift from *treatment* towards *prevention* with a focus on early detection has been welcomed in the speech and language world. It has meant an opportunity to incorporate an approach that is more global and holistic in problem analysis. This method is inclusive of the wider elements of the child's environment and home situation, rather than the previous narrow focus on the individual child seen in the context of only the clinical situation.

The Sure Start approach takes into consideration the environment and the circumstances in which people live as well as the problems that they experience. Partnership working is an important part of this type of intervention. This should include the parents in any action plan and extend to closer working across agencies in supporting families. This style of service delivery, using a system-based approach, provides appropriate opportunities for all children to be incorporated into an area-wide continuous developmental process from an early point in time, whilst involving parents actively in the care-planning process.

The Sure Start ideal of focusing on prevention and quality services that are locally accessible and flexible to the needs of families fits well with the government's new National Service Framework for Children Young People and Maternity Services (DH 2004). The government, for the first time, has set out, a list of standards of service provision. The stated aim is to allow children and young people to realise their full potential in an environment of child-centred, preventive services that take account of the needs of the whole child not just focusing on illness or problem. Part 1 in the list of NSF Standards allows the local Sure Start with its strategy for Speech and Language Development to measure "how it is doing".

Box 2. National Service Framework (2004) Standards

Part 1.

Standard 1. **Promoting Health and Well-being, Identifying Needs and Intervening Early:** co-ordinated programme of action, prevention and early intervention, working in partnership

Standard 2. **Supporting Parents or Carers:** enabled to receive information, services and support to help care for their children, to equip them with skills for optimum life chances

Standard 3. **Child, Young Person and Family-Centred Services:** families should receive high quality services coordinated around their individual and family needs that takes account of their views

Standard 4. **Growing up into Adulthood:** all young people should have access to age-appropriate services, responsive to their needs

Standard 5. **Safeguarding and Promoting the Welfare of Children and Young People:** prevent children suffering harm, promote their welfare, provide them with services they require to address their identified needs

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These standards require services to increase information and choice for parents in the type of support and treatment they receive, to focus on early intervention, improve access to services, tackle inequalities in service delivery, as well as promote well-being. Much of the approach in this National Service Framework is contained already in the ethos of Sure Start working where the focus has been on early intervention, prevention, multi-agency working and working in partnership with parents (Houston 2003a, Houston 2003b, Houston 2003c).

4. Speech and Language Development using a Primary Prevention Approach

Focusing on primary prevention means promoting good health and healthy behaviour. The aim is to bring about behavioural change in parental approach to 'child raising' alongside influencing the environment and circumstances of family life (Maas 2000). Influencing the child's environment can be achieved by working with parents and all professionals who come into contact with pre-school children. This work focuses on making sure that everyone is stimulating the speech and language acquisition of pre-school children in the community.

Developing definite links with those who work closest to or have most contact with the child, such as the parent or the playgroup leaders, is an important element in this new way of working. These community members both lay and professional workers may be more able to identify signals of possible speech and language delay. Therefore they have an important role, and must be supported by the community speech and language therapist, in the early detection of delayed language development in the pre-school years.

4.1 Developing a Preventive Model

Many Sure Start Programmes focus strongly on prevention of speech and language delay as part of meeting their Sure Start Unit targets. The Sure Start Programme offer many opportunities for parents to increase interaction between parents and pre-school children (Turner et al 2004). The role of the Speech and Language Therapist, working in the community and based within a Sure Start programme, has become very different from that of a centre-based Speech and Language Therapist (S&LT). This (Sure Start) preventive model explained here can be addressed conceptually as coming under a number of headings that demonstrates the difference between clinic and community S&LT provision:

Box 3. Elements of the Preventive Model

Providing: an extended service with training for professionals and parents (playgroup leaders, Sure Start workers, voluntary and statutory agencies such as the Pre-School Learning Alliance and the Library Service employees as well as provision of workshops for parents)

Advising: parents *and* professionals – no need for a formal referral. Additionally offering feedback to those professionals and community members making 'true case' referrals to the PCT (Primary Care Trust) based Speech and Language Therapist

Participating: in all aspects of Speech and Language community based provision such as the 'drop-in' service

Formative Evaluation (sometimes referred to as 'process evaluation') offers feedback during the course of the intervention. However, process evaluation also assesses inputs, outputs and activities within the programme to examine how the intervention is organised, delivered and received as well as how it can be improved (Houston, 2002). The aim in this report is to highlight evaluatively the process involved in the development of this new way of delivering speech and language services in the community, as well as addressing some of the issues associated with addressing outcomes.

The aim of working together with other agencies and networking the results of the activity can develop trust that may be necessary for the continuation of the cooperative nature of a community-based programme (Proenca 1998). This was particularly the case with this Speech and Language strategy development for Sure Start Hilldene and Gooshays local Sure Start programme.

4.2 Working as a multi-disciplinary team

The team involved in developing the new service, consisted of a number of different professionals. All were involved in fine-tuning the process through self-evaluation and reflection and they continually addressed the quality issues in the change process. Team members were:
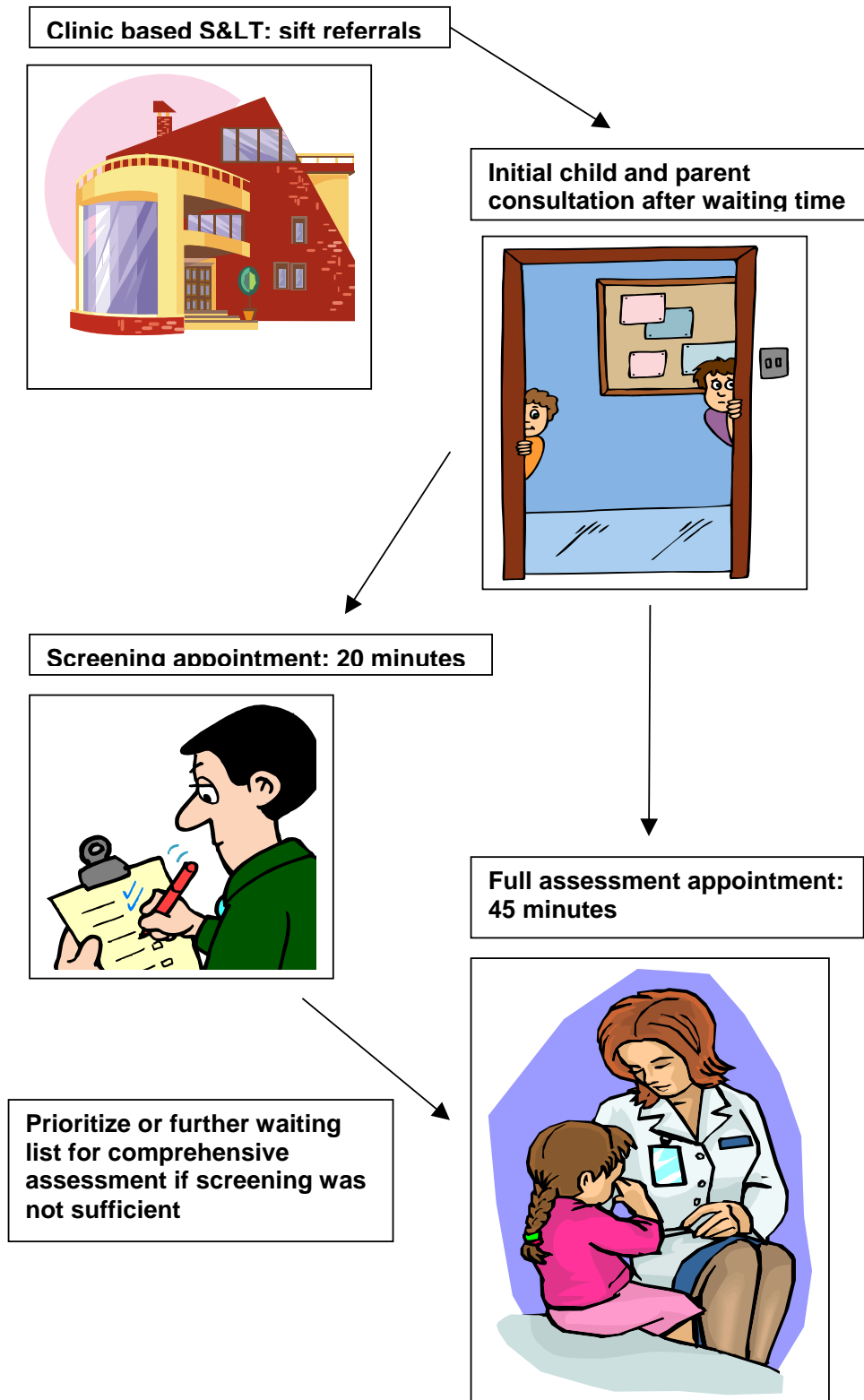
- ➢ Voluntary Workers
- ➢ Health Visitors
- ➢ Nursery Nurses
- ➢ Family Support Worker
- ➢ Way 2 Say Co-ordinators (Specialist communication system trainers)
- ➢ Speech and Language Therapist

Sure Start Speech and Language services are not intended to replace existing services. Rather, Sure Start Programmes should 'add value' and enhance what is already available in the community (see Fig 1). Sure Start is an *'as well as'* service not an *'instead of'* service (Houston et al 2004).

Local Services (See Figure 1.)

Referrals to the SLT service can be made by a Health Visitor, GP, school or other related professional. The referral is then acknowledged in writing, within 3 weeks, to the parents. A S&LT will then sift the referrals, in order to prioritise those children most in need and send an appointment for either a screening clinic or a full assessment. Waiting time for an initial appointment should be no longer than 12 weeks.

Figure 1. Local services already in the community

Clinic based S&LT: sift referrals

Initial child and parent consultation after waiting time

Screening appointment: 20 minutes

Full assessment appointment: 45 minutes

Prioritize or further waiting list for comprehensive assessment if screening was not sufficient

Following the initial appointment, children are assigned a priority level, depending on the severity of their communication difficulties. Therapy and review appointments are based on this priority system.

Priority 1: The highest severity level. ***One six-session block of therapy*** a year, which may be individual, plus ***two review appointments*** and home programmes as necessary.

Priority 2: ***One six-session block of therapy*** per year, which may be individual, plus ***one review appointment*** and home programmes as necessary.

Priority 3: ***Home programme*** plus ***two review appointments*** per year.

Priority 4: The lowest level – will be offered a ***home programme***, discharged and asked to contact the department again in one year if the parents are still concerned.

Due to a national shortage of Speech and Language Therapists it is very difficult to deliver even a prioritised service; this is the case locally.

The Sure Start Speech and Language programme aimed to enhance existing Speech and Language provision by increasing the proportion of children having normal levels of communication (Box1).This was a challenge for the local programme and local aims were set in 2002 to meet this challenge.

Box 4. The aims of the local Sure Start Speech and Language Therapy Service

> ***to deliver quality, accessible, holistic Speech and Language services that assist existing local speech and language provision***
>
> ***to make available new types of service delivery for the local Sure Start community***

5. Strategic aims for community based working
(developed by the Sure Start Speech and Language Therapist M. De Jager).

- To offer training sessions to parents and other professionals
- To offer support and advice to parents in order to raise awareness and expectations of their children's communication development
- To promote speech and language development of children aged 0-4 years through multi-disciplinary team work
- To develop mechanisms to identify, children at risk of developing communication difficulties at an early point in time
- To work in a preventive frame by sharing educational information with parents on the stages of communication development for example regular attendance at post natal groups to talk to parents and distribute booklets
- To offer flexible service provision in a manner that meets parents and children's individual needs
- To improve access to Speech and Language Services
- To maintain links with the core Speech and Language Therapy Service
- To evaluate intervention strategies through parental and professional consultation
- To improve services and develop new initiatives
- To develop a home visitation service for parents and children with a history of poor attendance
- To develop strategies to target 'hard to reach' families

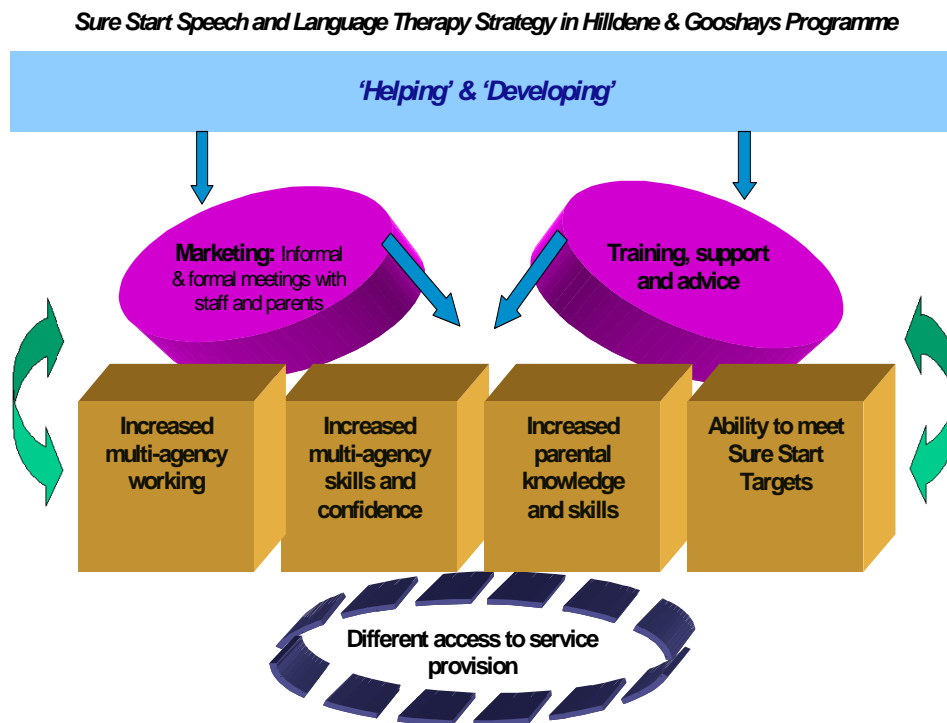**5.1 The Role of the Speech Therapy Service in Sure Start:**
The shape, type and aims of the Speech and Language Therapist community service shown here (Figure 2&3) were developed after the Speech and Language Therapist came into post. This strategy was strongly based on the features beginning to emerge from this particular local Sure Start Programme. In the beginning the strategy development involved a high level of local networking with Sure Start parents and all stakeholder agencies.

Working for a Sure Start Programme involved three distinct features that quickly became the business of the community based Speech and Language Therapist. Houston (2003b) defined her role as evaluator using three main activities:
1. Helping
2. Developing
3. Doing

These same aspects also fit well with the similarly isolated role of the Speech and Language Therapist working in a new way, to deliver a proactive service, for pre-school children and parents in the community.

Fig 2. Element 1 & 2. Speech and Language Strategy: *Helping* **and** *Developing*

Sure Start Speech and Language Therapy Strategy in Hilldene & Gooshays Programme

'Helping' & 'Developing'

| Marketing: Informal & formal meetings with staff and parents | | Training, support and advice | |

| Increased multi-agency working | Increased multi-agency skills and confidence | Increased parental knowledge and skills | Ability to meet Sure Start Targets |

Different access to service provision

'Helping'

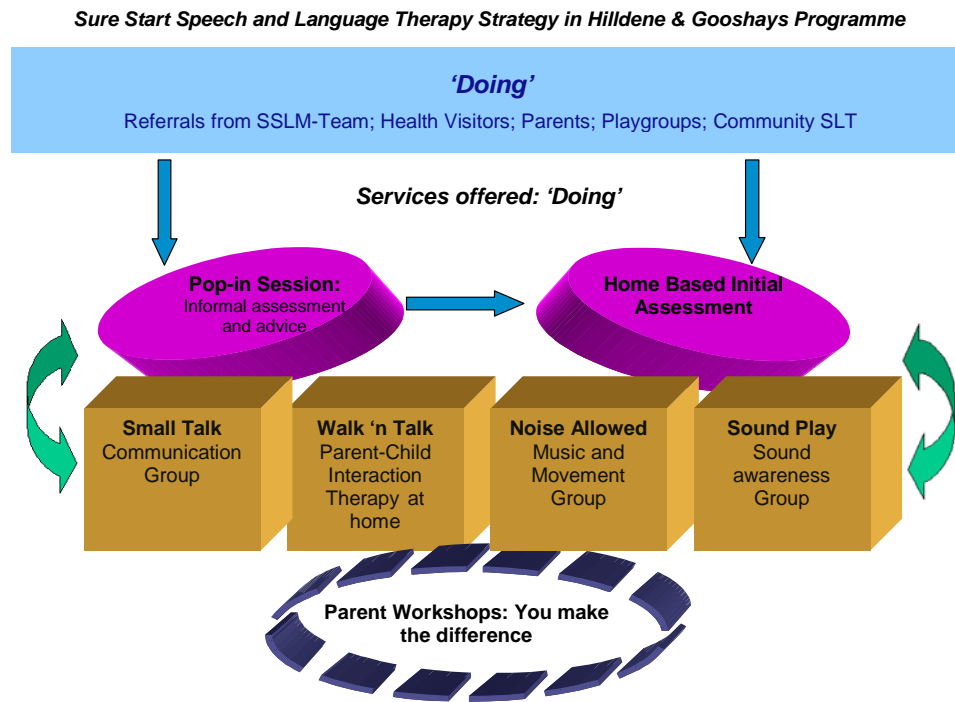The Speech and Language Therapist helps by:

- Offering support and advice to individual Sure Start projects or individual parents. This is in the form of ad-hoc assistance - professionals or parents seek out the S&LT in an informal manner for assistance with different elements of communication related issues
- Educating Staff: presentations were given to Health Visitors, Nursery Nurses, the Sure Start Team, and Crèche workers
- Involving parents and staff in the new programme by offering training: training sessions to parents, play group leaders, nursery staff, crèche workers, child minders and other health professionals e.g. using video images to promote optimal methods for stimulating normal speech and language development
- Changing the access to the service. Contact with the Sure Start Speech and Language Therapist was made easier by offering parents 'Pop-in-sessions' so that they could discuss concerns immediately regarding their child's communication development
- Offering advice to Sure Start parents within their local playgroup or child health clinic without the need for a referral
- Participating in all local projects as a means of furthering the aims of developing a heightened Speech and Language awareness within the Sure Start community
- Designing, marketing and distributing publicity materials, including information leaflets, PowerPoint presentations and Sure Start newsletter articles

'Developing'

The Speech and Language Therapist is working to:

- Develop the local parents' skills and confidence so that they can take responsibility for facilitating their own child's communication development at home
- Increase the knowledge of communication development by involving both local parents and local professionals (family support worker, nursery nurses, health visitors, crèche workers, playgroup leaders) in the delivery of group-work and other Sure Start projects
- Facilitate the process of identification of 'cases' (those children needing intensive, ongoing help) and provide the necessary feedback to those making the referrals

Figure 3. Element 3. Speech and Language Strategy: *Doing*

Sure Start Speech and Language Therapy Strategy in Hilldene & Gooshays Programme

'Doing'

Referrals from SSLM-Team; Health Visitors; Parents; Playgroups; Community SLT

Services offered: 'Doing'

Pop-in Session:
Informal assessment and advice

Home Based Initial Assessment

Small Talk
Communication Group

Walk 'n Talk
Parent-Child Interaction Therapy at home

Noise Allowed
Music and Movement Group

Sound Play
Sound awareness Group

Parent Workshops: You make the difference

'Doing'

Services offered by the S&LT: Table 3. Explores the entire gamut of 'doing' that grew from within the Speech and Language Strategy.

Table 3.Services/Activities delivered through the Speech and Language Strategy:

Service/Activity title	Frequency of Service/Activity	Total number of Sure Start adults and children using service	Progress / Outcomes
First project run by Speech and Language Therapist at the end of 2002, **Hanen Programme** - It Takes Two to Talk This programme is based on involving parents, regarded as the best way to help children learn to communicate.	The Programme involves: • an orientation meeting • an initial consultation with each family • seven group sessions with parents • three home visits and a written report	6 families agreed to receive an initial contact at home 1 family could not attend all of the sessions 1 family dropped out due to illness 4 families completed the course	Parents were highly satisfied with the group content and format; • children showed an increase in joint attention and opportunities to play • parents felt supported from professionals and also from other parents The Hanen-Course has been an effective and comprehensive intervention tool in Sure Start, but requires a high level of commitment from parents to complete the course. Parent training based on Hanen principles are useful for the Parent Workshops – 'You make the difference' at the end of the Small Talk Communication Group.
Small Talk Communication Group for children aged 2-4 years with communication difficulties. This group provides Talk-Talk Bags (backpack containing story book with supporting materials) each week new materials support and encourage learning experiences at home.	Small Talk is a group-based 6-week set of one-hour sessions with parents and toddlers. Each session consists of structured activities (language and listening), stories, nursery rhymes, snack time and free play. A Visual timetable (with symbols) is used to establish structure and routine. Activities are directed at improving children's ▪ Interaction ▪ Ability to make choices ▪ Turn-taking skills ▪ Listening skills ▪ Concentration and attention ▪ Language skills Other objectives: ▪ To support, empower and advise	Since January 2003: Invited – 39 children and their parents for 5 different groups. Regular attendance from 24 families. **What parents say:** ✓ She made so much progress ✓ Talking better with brothers ✓ Better behaved ✓ Can I come to another group ✓ The group is	Working together - a multi-disciplinary team: Health Visitor; Community Nursery Nurse; Speech and Language Therapist and Family Support Worker. The team, identified a need, through the use of the SSLM, to provide fast-track access to 'Small Talk' for particular children. This would provide additional opportunities for play and learning for these children. **Service Change:** direct referrals can now be made to 'Small Talk' following the new protocol (Turner et al 2004). Parents evaluated each group through feedback forms and discussion with S&LT: ✓ All parents attending rated the group as being very useful for their child's needs, they noticed progress

Highlighted text shows most important aspects

	parents • Ongoing-informal assessment of children • Onward referrals if required • In-service training of staff involved	wonderful ✓ It's helped me and my child so much ✓ Wonderful, it's a shame that they only last for 6 weeks ✓ Very beneficial	✓ Parents said that Talk-Talk Bags were useful in providing them with ideas to promote learning at home ✓ Parents said that they had enough time to discuss concerns ✓ Parents said that all the sessions were well planned and presented ✓ Parents said they were supported and they valued meeting other parents with children with communication difficulties ✓ All parents reported a change in the way they interact with their children The multi-disciplinary team also evaluated each group and regular changes were made to best meet individual needs. As a result of this group an outreach plan was developed and implemented to train and support community nurses and playgroup leaders to run similar groups in their early years settings, very positive feedback.
Noise Allowed Music and Movement Group for parents and toddlers aged 1-4 years. **Pop-in-Session** also provided after the group session.	A block of 6 sessions, running for one hour. Parents are encouraged to join in with activities which include: Stories, nursery rhymes, songs, musical bumps and parachute fun. Group activities are directed to: ➢ Develop imaginative play ➢ Introduce language concepts ➢ Improve listening and attention ➢ Improve social interaction ➢ Facilitate enjoyable interaction between children and their carers Access to the Speech and Language Therapist at the end of the group session.	Since January 2003: 3 Blocks of 6 sessions with an average of 12 children attending with their parents. Additionally there was also a Music and Movement Session running over the Summer.	Working in a multi-disciplinary team: Speech and Language Therapist and Family Support Worker with occasional input from other members of the Sure Start Team. Referrals to the group from i) SSLM, ii) Health Visitors iii) leaflets via mail shot. Parents attending the first block completed evaluation Sheets. Positive Feedback was given and their suggestions were taken into account when the next Block was planned. **Successes** ✓ Noise Allowed is over-subscribed and parents return week after week ✓ Noise Allowed gives children an opportunity to play and learn, and parents are given ideas to implement at home

Highlighted text shows most important aspects

			Each session is evaluated and planned by the multi-disciplinary team. S&LT attended a two day course on: 'A Musical Approach to developing Communication' and this was adapted into the programme. **Changes**: Free-Play and social time after group and pop-in-session in a relaxed atmosphere for anyone to access S&LT advice. **Outreach plan developed** and implemented: various workers from Libraries in the area have observed our sessions and further developed their own Rhyme Time in their libraries.
Sound Play Sound Awareness Group targeting children (3-4 years) with a Speech Development delay.	A block of six 1-hour sessions and a home-visit prior to the group. S&LT Developed and provided materials for parents to take home to improve on the skills learned in the group. This raised parents' awareness of the development of speech sounds and empowered them to follow a Sure Start 'Speech Programme' at home.	8 children were invited to the group. 6 attended regularly	Working in a multi-disciplinary team: S&LT and Community Nursery Nurse. This group developed from the needs of children (3-4 years) with identified speech delay, who were on the waiting list for clinic-based therapy. These children were fast-tracked and supported by provision of this group. Parents reported that (evaluation through parent interview and feedback form): ✓ It was very useful to see how to facilitate activities by attending sessions ✓ They learned by seeing the team modelling activities ✓ They felt confident to try these activities at home with materials provided ✓ They are more confident in following a speech programme at home following the group sessions.
Initial Assessment/home setting The general philosophy behind home visiting in speech and language support	Sure Start children referred to S&LT-service get fast tracked through the system. Offering a home-based assessment in the child's naturalistic environment within two to three weeks. This is a substantial reduction to the	All Sure Start children referred to S&LT-Service were offered an initial assessment at home within two to three weeks	Working in a multi-disciplinary team: S&LT and Community Nursery Nurse (CNN) work together to interview the parent and observe the child in play. Outcomes ✓ Parents and children are more relaxed in their

Highlighted text shows most important aspects

is that at-risk infants and parents with great need, (especially those who have economic difficulties, low literacy levels and low educational attainment) often face significant barriers in accessing the early intervention services that their children require. Home Visiting can reduce these barriers (Rossetti, 2001).	previous waiting time of at least three months. This service enables the S&LT to: ▪ Make S&LT-service more accessible for clients ▪ Establish positive trusting relationships with parents ▪ Work in a multi-disciplinary team offering a more holistic view of the child ▪ Have opportunities to discuss and encourage families toward other activities in the Sure Start programme and also to refer to other professionals when needed ▪ Reduce non-attendance at S&LT groups and appointments	of referral. Total of 26 children seen in this way since this new programme element commenced in January 2003.	home environment and a more holistic view of the child ✓ Practitioner is able to address the speech and language problem as well as consider the other emotional, social and cognitive impacts of language delay ✓ Parents in partnership with the home visiting team can make joint decisions ✓ Meeting parents in their home often establishes better relationships ✓ Parents are more confident accessing S&LT groups at Sure Start following home contact ✓ During home contact onward referrals can be made to other groups/activities in Sure Start
Walk 'n Talk Parent-child Interaction Therapy: Home-visiting service for children identified with communication difficulties and special needs. Early intervention focusing on interaction between child and parent.	This involves support and advice given to the parent in their home. Intervention focuses on meeting the individual needs of the family. This can include videoing of parent playing with child and direct video-feedback to identify a strategy for parents to work on until the next visit. Home visits take place once a month.	8 families seen	Joint visits are now often done with the Portage worker. This is a new initiative and will need to be evaluated to ensure the effectiveness. ✓ Changes in parent-child interaction can already be seen in parents receiving this level of support in their homes ✓ This intervention focuses on the parent as the key-person making a difference in helping their child ✓ This approach empowers the parent to facilitate their child's communication development through play

Highlighted text shows most important aspects

6. Discussion
6.1 The complexity of measuring outcomes in Sure Start
How can one isolated Speech and Language specialist worker evaluate the impact of a single strategy in the ongoing mix of a programme that offers a variety of different types of support to families through the auspices of one community development approach such as Sure Start? The answer has been to address outcome measurement through the domains of goals, quality and equity.

Table 4. W.H.O. Framework domains of quality to health system goals

Goal	Level (quality)	Distribution (equity)
Health	Health outcomes/improvement	Access/availability/continuity
	Technical quality/competence	
	Appropriateness	
	Effectiveness	
	Safety	
	Timeliness	
	Prevention/early detection	
	Access/availability/continuity	
Responsiveness	Consumer participation/choice	
	Patient/carer experience	
	Acceptability	
	Respect and caring	
	Availability of information	
	Timeliness	
Fair financing		Affordability
		Access/availability/continuity

(Adapted from WHO Report 2000)

Quality literature has focused on process indicators in the past but in more recent times measuring the quality of health systems against a set of desirable outcomes has become possible using the work of the World Health Organisation (WHO) (Evans et al 2001). It is useful to explore here the components of the WHO framework of domains for measurement. Focusing on outcomes also focuses the attention on whether the new system of Speech and Language community support is able to achieve the desired goal. There are drawbacks to this approach in Sure Start speech and language work because of the narrow focus within Sure Start at project level where sample numbers are small. Beyond this, alluded to earlier, the multi-focus of Sure Start support hinders individual projects from assuming with certainty specific positive attribution for their work. In other words there is difficulty in seeking to credit their professional input with having made the difference, particularly if parents (common in the Sure Start world) are attending a number of different group activities, run by other specialisms within Sure Start.

What is important here in addressing this particular framework (Table 4) is to highlight how many of the WHO domains were important in the Speech and Language Sure Start strategy. The S&LT practitioner was to be dedicated to the improvement of *health* through the introduction of timely, appropriate, early intervention techniques, that were supported financially by Sure Start in an accessible community based facility to offer parents continuity of contact with a local S&L therapist. The system would seek to increase the level of *responsiveness* from Sure Start parents by offering choice, participation, and availability of information in a respectful environment. In terms of *finance* there would be no additional fee for parents to attend any of the groups or 'drop-in' sessions. Additionally this client oriented approach addressed i) prompt attention to meet the client's perceived needs ii) provision of a positive, safe environment with quality amenities (such as toys) for the children and, iii) a gateway of access to other support structures within Sure Start for community parents.

The S&LT strategy for Sure Start has impacted positively on these domains in a number of ways. Parents have found the service relevant to their needs as shown through regular evaluation and feedback forms. However of most particular interest among all the outcomes has been the impact of the change in access to a wider variety of local S&LT based services. This has implications for the future issue of mainstreaming Sure Start services for the wider local population.

Parents are now able to readily get advice from a S&LT **without** the need for a formal referral to the S&LT service. This short-circuits the previous waiting times (see Fig 1), and improves the quality of 'true case' referrals through i) the increased skills of community referrers, and this creates, ii) a better prior 'weeding out' process. The local St. George's Centre where the S&LT community service is based is also easily accessible for parents living in the Hilldene & Gooshays Sure Start area. Additionally in this strategy, focus was placed on:

- initial home-visiting assessment, in addition to on-going outreach work
- provision of clear parent information that was bright and colourful
- developing acceptable next stage contact (usually group based)

In respect of the patient/carer experience good attendance was noted. The S&LT was able to offer flexible scheduling in appointment times to best meet the needs of the families living in the area. All Sure Start S&LT groups have been well attended but have relied greatly on personal contact in the form of phone calls, and home visits where the development of a positive trusting relationship with parents is already established prior to the S&LT input. There is no doubt from verbal and written feedback that the patient/carer experience was positive. Home-visiting the parents and children, in this S&LT strategy, has increased the interest in communication and language development in families as well as improving the uptake of the wider service offered by the Sure Start programme.

6.2 The SSLM as a local outcome measurement tool
The SSLM-team is a group of professionals within the Sure Start local programme who had the task of implementing the measurement tool to ensure that the local programme were able to meet their Sure Start Unit targets. Using the SSLM scoring system to measure the effectiveness of the local Speech and Language Strategy outcomes was not a specific target of the Sure Start Unit. However this was important as formative evaluation for the local programme in respect of the types of activities that they provided for children and families.
The Sure Start Language Measure (a parental measurement tool) was implemented in 2002 locally. This local implementation process has been explained elsewhere (Turner et al 2004).
The tool was developed in 2001 for the Sure Start Unit by City University in conjunction with Sure Start local programmes. It was designed to measure the Sure Start Public Service Agreement target on speech and language skill development at both the national and local programme level by monitoring changes in the language skills of two year old children in Sure Start Communities (Harris et al, 2003).
Hilldene and Gooshays Local Programme began their first round of data collection in 2002 as part of the national baseline data collected nationally for the City University audit. Data for this aspect of national monitoring will be ongoing through the life of the programme, and will be collected annually for submission to City University to continue to measure change against the original baseline data.

In order to address the impact of the Speech and Language Strategy it was proposed to use the local programme SSLM data to measure changes in the language skills of 2 year olds at individual programme level. For this, the programme collected SSLM data on 60 children, between March 2002 and July 2002, with children aged between 23 and 25 months of age as per the Sure Start Unit protocol requirements. During the

Second Implementation the required data were collected between Nov 2002 and March 2003. The third application of the SSLM was completed between April 2003 and March 2004. By this third round the SSLM had been revised and reduced by City University and the Sure Start Unit. The new format, was introduced at the time of the 3rd implementation. The local programme achieved all of the requisite number (60) each round.

At this point it is important to state that the comparisons made in this local report will not be of statistical significance (due to low sample size), additionally the time scales for the three different implementations have been different, there were many challenges for the programme in implementation of this measure (Turner at al 2004). For a programme to be able to measure statistically significant changes from one year to the next, a significantly larger number of SSLM interviews would have to be completed each year (at least 126) for reliable analysis. This would not be possible in this particular programme, due to a small number of two years olds (far less than 126) in Hilldene and Gooshays, also to achieve a sample of 126 a larger sample pool would have to be selected because of the expected high rate of attrition. Every single two-year-old child's parents would be unlikely to participate. It was very challenging for the Sure Start programme to achieve the analysis of even 60 infants for each round of the SSLM. It is important however in spite of the difficulties of gaining data to be able to detect patterns of change in the language skills of two year olds over time.

As Turner (2004) and colleagues explained the SSLM is a parental report tool; an interview in which parents answered questions about their child's language skills and general development. The current revised version of the SSLM, used for the 3rd implementation, (now known as the SSLM-R) consists of:

1. 4 questions from the Parents' Evaluation of Developmental Status (PEDS) form, concerning issues related to child development, speech and understanding language
2. A checklist of 50 words derived from the McArthur Communications Development Inventory (MCDI) form - parents are asked if their child can say the words on the list
3. One question for parents about how their child uses and combines words

The original SSLM (used during the baseline exercise in 2002 and the 2nd round national exercise in 2003) was more complex and consisted of 10 PEDS questions, a word list of 100 words, and 6 questions about how children use and combine words. Initial feedback from local programmes, for the original SSLM, to City University suggested that (Harris et al 2002):

- The PEDS forms were difficult to score
- Translation of some of the words was difficult (non-English speaking parents)
- The original SSLM was time-consuming to administer

6.2.1 Difficulties in comparison of the two versions
The SSLM measure was revised by City University and the Sure Start Unit from April 2003 to take account of these feedback issues. The measure is now short and simple to use, consisting of a smaller wordlist. However, to be able to compare sets of data collected using the two different versions of the SSLM, the local programme would need to first re-count the old data to find the word count out of 50 rather than out of 100 for all the children in the previous samples. This is not possible in this particular programme since the amount of SSLM's completed per annum was only 60, with 15 data forms sent to City University for national monitoring and the remaining forms sent to the Health Visitor Team to keep in the children's files as useful reference for their next development assessment or follow-up. The Sure Start programme

maintained only the summary sheets of the data collected. This seemed to be one episode when Sure Start partnership working in a multi-agency way circumvented, negatively, the research process. Following the change of procedure centrally from the Sure Start Unit and City University to the new revised SSLM-R system the data that the local programme now held was not useful for comparison across the three time frames.

Additionally following this disappointing discovery there is no possibility of manpower being found to carry-out the detective work of back-tracking to find the data and then completing a hand check and analysis of all the data retrospectively. On the basis of this only the aspects that are directly comparable across the three sets of data will be offered here for discussion.

The findings presented here are:
  ❖ putting words together (this remains the same for all three implementations)
  ❖ PEDS scores (language development concerns – slightly different for 3rd implementation).

The 'words together' score notes whether the child combines two words together or not. The baseline, second and third implementation scores are compared in Table 5. The percentage of children putting words together changed from 71.2% (base) to 85.6% (2nd) to 77.6% (3rd). There is a positive change in the two implementations following the baseline, and this means that more children at the age of two are now starting to put words together, however, these changes are not significant due to the small sample size.

Table 5. MCDI scores in the baseline, second and third implementation

SCORE	Words together (%combining words at least sometimes)
Baseline	71.2%
Second implementation	85.6%
Third implementation	77.6%

Table 6 demonstrates the percentage of parents with concerns about their child's language over the time period. This is down locally from 21.1% (baseline), to 17.8% (2nd implementation). Taking into account that less questions were asked in the revised SSLM, this percentage of concerned parents rose to 23.7% in the third implementation.

It is difficult to make any conclusions from this minimum data set, except to say that there is overall raised awareness amongst Sure Start parents of developmental stages.

Table 6: PEDS parental language concerns: Baseline, second and third implementation
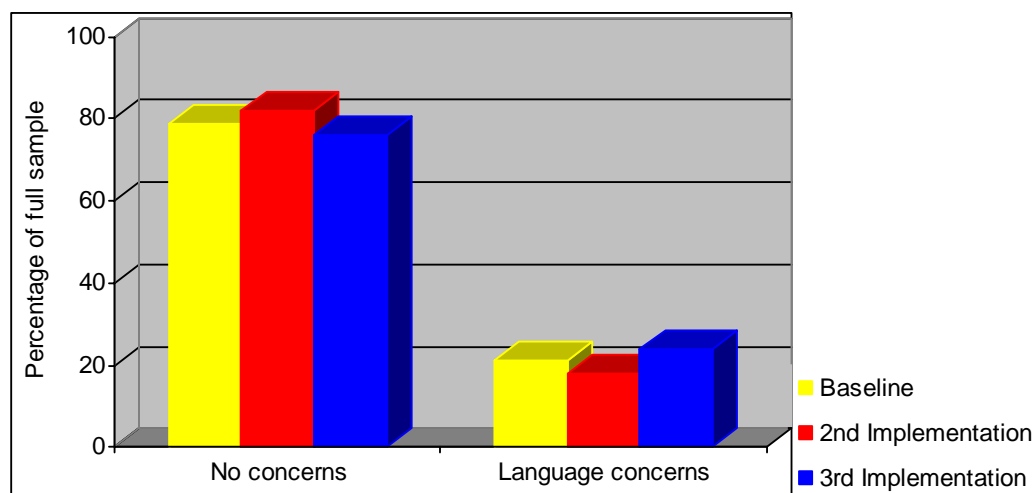
6.2.2 Summarising the SSLM results

Each child who completes a SSLM interview has a summary sheet of their score. These are then put together with the entire cohort in a larger summarised data sheet for submission to City University.

The word count scores are an indicator of a child's spoken vocabulary. Table 7 describes the relationship between the child's word count score and parental concerns about their child's language, the summary figures (Table 7) are labelled P, Q, R and S.

Table 7. SSLM – key indicators. Ideal changes over time and summary of comparison of three implementations

P: LOW number of spoken words WITH parental CONCERN	*Q:* HIGH number of spoken words WITH parental CONCERN
Ideal change: Reduction in % Shows more children attaining *higher* word count scores	*Ideal change:* Reduction in % Shows that parental concerns **do not** correspond with high word count score
Baseline: 16.6% *2nd Implementation:* 7.5% *3rd Implementation:* 10.2%	*Baseline:* 3.3% *2nd Implementation:* 11.8% *3rd Implementation:* 5.1%
R: LOW number of spoken words WITHOUT parental CONCERN	*S:* HIGH number of spoken words WITHOUT parental CONCERN
Ideal change: Stable or reduction in % Shows that 'no parental concerns' does not correspond with a low word count score	*Ideal change:* Increase in % Shows more children attaining *higher* word count scores
Baseline: 11.9% *2nd Implementation:* 21.7% *3rd Implementation:* 21.7%	*Baseline:* 58.3% *2nd Implementation:* 80.7% *3rd Implementation:* 72.9%

The main focus is that spoken words should increase whilst parental concern is reduced as shown in Table 7 **S**. In this Sure Start area this has been achieved as the comparison of the baseline (58.3%) with the third implementation (72.9%) has shown. **P** shows that children with a low number of spoken words with parental concern have decreased and this is a helpful trend. However, Q and R are much more complex to interpret, with **Q** parents are still concerned even though their children have a high number of spoken words and **R** is the reverse of this where parents are not concerned with their child's spoken words, and they should be. Currently we don't understand why this occurs, but future data will take account of children with Sure Start input from birth.

6.2.3 The role of the SSLM team in helping to develop the strategy

The SSLM-team overcame obstacles to the implementation of the measure (Turner et al 2004) and saw within the measurement tool the potential to develop something useful that could enhance the newly developed local multi-agency speech and language strategy. From the SSLM structure the team developed a useful referral system (Follow-up Protocol Form – SSLM-R) (Turner at al 2004). This innovation has been integrated into the local Sure Start S&LT strategy. Development of multi-disciplinary working has led to many new developments that promote Speech and Language Therapy initiatives locally in the Sure Start area and beyond. The team reviewed and fine-tuned many of the existing child-focused initiatives in the area. Using the new system many onward referrals occurred into other Sure Start groups as well as to appropriate and existing mainstream and core services.

6.3   Observing positive outcomes

All parents attending groups and training run by the Speech and Language Therapy Team were highly satisfied with the information shared and demonstrated. One parent mentioned that she had some idea of what to do but did not know how to put it into practice and how to interact on her child's level. Through observation and participation in activities modelled by the team, she grew in confidence with the practical aspects of play and interaction and was able to get down to her daughter's level and play with her. Parents in the group often shared feelings and fears on an informal basis and were able to support one another. Some parents who previously were only passive participants, on the outskirts of the group, were seen to gain confidence over time and get on the floor and join in with nursery rhymes as they learned how to interact with their children. Parents' expressed their feelings about the Sure Start S&LT services locally. They said that they felt that the different programmes had helped improve their communication with their children and that they had learned different strategies to promote language in everyday activities. Most of the children attending the groups showed progress in their ability to take turns, and to make choices. They demonstrated development in language and listening skills, attention and social interaction skills and play skills.

6.3.1 How the S&LT strategy fits with the Children's National Service Framework

The strategy development has been about setting standards for the local Sure Start programme and this approach to innovation and quality fits very well with the new National Service Framework (NSF) for children. Italics will be used to highlight the required NSF attributes that fit with the S&LT strategy. A multi-agency approach has been achieved through setting out a *co-ordinated* speech and language delivery plan that has been appropriately financed to facilitate partnership working through Sure Start funding to provide:

- Support workers
- Good quality information packs for parents
- Resources: video camera, lap-top, PowerPoint projector

- Good quality educational toys for example story sacks (cost £60 each to purchase, 12 currently in use)
- Comfortable facilities for S&LT service delivery
- Good quality crèche provision for parent training sessions
- Provision of specialised S&L assessment equipment
- Storage facilities

Supporting parents or carers has been achieved through the home visiting element as well as the centre-based group work and 'drop in' service. *Equipping parents with skills* that will enable them to be more effective communicators with their children was a challenge and had two elements:

1. Parents observing themselves
2. Parents observing us (S&LT providers)

Training for this type of support used video feedback sessions where parents could observe and talk about their own interaction with their child. Seeing themselves interacting allowed the parents to flag up their own deficiencies –

'We are not face to face'
'I'm not giving him a chance to take a turn'
'I'm not giving him a chance to speak'
'I'm not playing at his level'
'I'm doing all the talking'

In the evaluation feedback answers to *'What are you doing differently since the group?'* parents said:

'I'm giving him more choices'
'I'm playing with my child, not only giving her the materials to play with'
'I'm waiting more for him to take a turn'
'I'm using simpler language'

The strategist regarded a family centred approach as crucial. Taking account of parents' views by constantly using evaluation feedback was an important element of every speech and language project carried out locally. This type of constant feedback and the issues developed from it were discussed at the regular language strategy team meetings. Positive change was built on the comments from parents who had gone through the system.

Sure Start was committed to child-protection through staff training and client awareness. In the strategy there was an emphasis on a holistic approach to child safety and child protection procedures. The language team felt that it was important to accept responsibility for i) external safety issues such as: keeping children safe *physically* in the Sure Start environment by the use of quality toys and equipment and using rooms that provided a safe setting to hold groups and ii) internal safety issues such as: observation of family dynamics and staff awareness of child protection procedures. Both Sure Start and Pan London child protection policies as well as the local health and safety procedures were implemented to promote the positive welfare and development of all children in the language development strand of Sure Start work.

6.4 More Work to do
6.4.1 The Pilot Project
Although the Sure Start programme has reached a high number of families in the bounded area it is a challenge to connect parents into the speech and language programme within Sure Start locally. The process of engagement of families living in a disadvantaged area can be complicated. Part of the solution has been to implement a home-visit prior to the invitation to join the language groups, as well as information leaflets by post, and ongoing telephone conversations with the parents as a part of the new way of working. Additionally disseminating the work into the community is an essential part of the S&LT strategy in the local Sure Start Programme. In order to reach more Sure Start children locally in a non-direct way it will be important to continue training other staff groups in S&LT techniques, for example playgroup leaders. Currently a pilot project is tackling this important issue. **Community Small Talk** - offered training to the leaders of one local Playgroup. This involved transplanting the success of the 'Small Talk' group from the Sure Start facility in St. George's Centre out into the Early Years playgroup setting. This has involved planning together with playgroups to implement the strategy activities in their own groups and then assessing the outcomes together with the Sure Start Small Talk Team. The outcomes of this pilot scheme have been very positive and this intervention method will now be offered to other playgroups and Nurseries in the Sure Start area.

6.5 Mainstreaming
It is expected that Sure Start programmes (524 nationally) will reach only one third of disadvantaged children. The challenge in the future is to stretch out the supporting tree branches of Sure Start into a wider Children's Centre approach that includes the children beyond just the confines of the bounded Sure Start areas. However at the same time it is crucial to maintain the positive Sure Start principles aims and objectives in the inclusion process. Mainstreaming is about ensuring that health, early years and family support services work together to achieve positive service delivery for all families and not just for Sure Start families. Addressing the challenge posed by mainstreaming Sure Start services outwards means that strategic planners must allow for the adaptation of the mainstream services to take account of the elements within Sure Start that have been shown to be effective. The aim is to integrate the old with the new to create a wider service that is more responsive to the needs of the child and the family and that has a stronger, more 'Sure Start' ethos of preventive supportive service provision that will meet the needs of children and families.

In line with this approach the S&LT strategy addressed positive dissemination and outreach work by linking into other mainstream services. This has been in the form of training Health Visitors and Community Nurses to run a Communication group in their own occupational setting. Observation opportunities have been highlighted for Library staff to help in setting up their own Rhyme Time Programmes in their Libraries. Additionally the local Early Years Centre have been supported in developing their own language group based on the Sure Start model (Small Talk, Table 3).

It would be impossible for the Speech and language therapist to have an impact on every child in the Sure Start bounded area therefore this important mainstreaming element within the strategy has a strong focus on *'Helping'* and *'Developing'* (see schematic representation, Figure 1) other key players e.g. crèche workers, health visitors, nursery nurses, and the core Sure Start Team. This has led to a positive increase in teamwork and the opportunity to share the growing level of expertise across different agencies. This has been achieved through offering different opportunities to local professionals such as, training days, and ad hoc advice from the Speech and Language Therapist. The message has also been communicated

and taken on board by many of the local professionals who have observed the new service. This has also led to an increase in less formal referrals from other agencies to Sure Start S&LT service provision. It is crucial that these new professional links are nurtured and maintained to ensure that good practice continues alongside the early intervention referrals. These positive elements of speech and language therapy provision in Sure Start currently have the support of community professionals. This offers the Sure Start programme a real opportunity to reach into and affect positively mainstream services.

6.6 Trust development
It takes time to establish a trusting presence in a community such as Hilldene and Gooshays and to recognise the strengths and values of the families living in the community. It also takes time to develop a strategy that will produce the desired positive outcomes for the programme and also meet the central government Sure Start S&L targets. It is the authors experience that establishing positive trusting relationships through home visiting was an absolutely essential element of the strategy to help the Sure Start parents to develop the confidence to attend the S&LT groups.
Trust was not just elemental for work with clients, it was also crucial for the development of the working relationship with staff and lay members involved in the language strategy development. Regular team-based meetings were very necessary in developing a new way forward, where the challenges could be shared alongside the problem-solving. It was the role of the Sure Start S&LT to define the strategy with support from the team and then to make sure that reviewing, evaluating and further refining of the strategy was inbuilt in order to bring about positive change for the Sure Start community. In order to achieve this a consensus approach was used and when all parties in the team were satisfied, new actions were implemented. The process culminated in dissemination and outreach of the S&LT Sure Start community service to all other Sure Start partners and stakeholders.

7. Obstacles and Challenges
7.1 Difficulties involved in getting the new service underway
It is relevant to note that developing a programme of this magnitude (with so many diverse elements) is not without its difficulties. Firstly it is a new initiative, untried in the community setting. It involves implementing multi-agency working, developing a home-visiting service, meeting the Sure Start monitoring targets and lastly and not least, making sure that families actually receive a new type of access to S&LT services that is better than before. This particular strategy has been successful in what it has achieved in community based speech and language services. However, it would be to the detriment of the service change and the reporting back process if the authors failed to highlight some of the difficulties encountered along the way. Some of these issues have been explained elsewhere (Turner et al 2004).
The difficulties come under three distinct areas, explained in turn:
- lone specialist worker
- environmental problems
- staff training.

Firstly because of the nature of the specialism and in common with other specialists in Sure Start the S&LT can become isolated and experience a lack of appropriate professional support. This can occur in spite of being warmly received and well-respected in the 'Sure Start team'. The isolation of being cut-off, however intentional, from the prior-existing mainstream S&LT professional group can be testing. Problems associated with this involve: lack of day-to-day ability to vent anxieties, to receive profession-based supervision and the lack of another similarly qualified professional to offer a sounding board to thought development in vanguard working. Other Sure Start professionals have commented also on the feeling of being caught between the

different management structures their professional line management and the Sure Start system (Houston 2003) where the new support structures are fluid and uncertain. There is always pressure, as the leader of a change process, not to let others down. At the same time there is something of an acute learning curve, in the discovery process of innovation, regarding what is possible and also impossible to achieve in a community based setting.

Secondly, addressing what we have called the environmental problems, many Sure Start Centres operate a system known as 'hot-desking' this is a system of shared workspace and allows for the management of teams where space is restricted and there are a large number of team-members who have flexible working patterns. This flexibility can involve practitioners who hold active and passive roles, that is to say they are involved in desk-work only part of the time and so their work space can be used by others who work in a similar pattern. In Sure Start (Hilldene and Gooshays Programme) there were only a very few centre-based staff who required a permanent own-name desk. This approach created some problems for the S&LT service based within Sure Start. In practical terms this meant that like many other workers, the S&LT had no 'named' desk, no filing space to keep client's files, and no separate room to see individual clients. Limited space to keep resources needed for groups and therapy sessions was problematic, and most particularly there was no special space to have confidential conversations with clients. However, new local Sure Start facilities will be coming on stream soon making this note a reflection of past difficulties experienced and not a static unsolvable situation.

Finally in respect of staff training with the development and growth of the wider Sure Start programme there was also a high level of throughput and staff change for members involved in helping to run the language groups. The one constant was the Speech and Language Therapist. This meant that as people moved on to other projects time had to be spent in training new staff to allow them to become skilled helpers of the S&LT group and the home-visiting process. In order to retain the integrity of the S&LT strategy it was crucial for the staff involved to understand the protocols and procedures involved in the implementation of the S&LT strategy. This created additional stress for the organiser and in some respects added to the feeling of isolation because of the transient nature of this aspect of Speech and Language team working. However, it's been a valuable opportunity to spread S&L skills with the practitioners as they move on to other projects in Sure Start.
The stumbling blocks along the way in some sense strengthen the resolve to continue working to make the change happen and in some way this impacts positively on the change process itself.

8. Conclusion
As can be seen from this report the positives of the service change far outweigh any of the negative aspects discussed in this particular Sure Start mediated service transformation. It has been demonstrated here and also documented through the Sure Start monitoring and target system that this type of community based S&LT service change, delivered in a multi-agency way, can have enormous benefits for local families. It is part of an approach that supports a service shift towards a more preventive early intervention style that relieves the pressure on the clinic-based S&LT service and allows the Sure Start S&LT to work with families in their own home and at the Sure Start base. Additionally it allows the multi-agency team to address the child's development in a more holistic positive way in partnership with parents. Those parents invited to Sure Start language services showed a commitment to the process by attending sessions regularly. They attended carefully to all of the preventive child-focused early intervention messages that they were offered by the S&L team working on both a one-to-one and group basis with local families.
It was particularly pleasing for the Speech and Language Therapist to see the

positive outcomes resulting from the home-visiting S&LT service. It is not enough to address language intervention from a viewpoint of just offering extra appointments in areas defined by the government as deprived. It has been shown in this service change that parents require help to reach the stage of taking up an offered appointment. Many parents in the local area lacked the confidence or self-esteem to seek or accept help.

It has been shown in this work that there is an additional stage that is required within the process and that is the building of a positive trusting relationship both at home and in the Sure Start Centre. Parents need to feel confident to explore their child's speech and language issues in an non-judgemental environment with the help of skilled professionals who will offer them time and space as well as support to address their child's communication needs.

Alongside the creation of a new service within Sure Start there is the ongoing issue of how to make the new service part of the mainstream provision without creating an additional financial burden on service providers. This is even more important as communities move towards Children's Centres where everyone should have access to improved provision and not just residents of bounded Sure Start areas.
This S&LT strategy has shown the possibilities associated with team-working to deliver a new kind of service provision. It has also publicised an easily transferable method of achieving mainstreaming of S&LT innovation that is based on i) quality standard setting (as highlighted in government policy such as the children's National Service Framework and the ideals of Every Child Matters) ii) positive multi-agency working that is based on sharing and skills development iii) consumer involvement based on transparency and trust. It will remain the ongoing task for staff in both Sure Start and the future Children's Centre to maintain the strong foundation and pathway for change laid down by the implementation of this positive strategy for language and communication development in the pre-school years.

9. Recommendations

1. **Home visiting has been shown to be an effective way of building initial trusting relationships to encourage parents to get involved in S&LT groups offered at the Sure Start Centre. This example is something that the local Sure Start Team could consider in developing other aspects of their service provision.**

2. **Guidance supervision and increased support for lone specialist workers should be considered where they are separated from their mainstream service 'parent' provider.**

3. **The programme should consider client confidentiality issues in all respects, for example, storage of client information and private space for face-to-face client contact where required.**

4. **Promotion and maintenance of the new links with other professional/community S&LT role players, in order to continue with the successful multi-agency team-work approach.**

5. **The programme should continue with the dissemination of information to other key people in the community as a first step in the mainstreaming programme in order to maintain early S&LT intervention for children.**

6. **Maintain the Sure Start commitment to staff of all grades that were trained to take part in S&LT groups. Further with S&LT support and guidance allow the development of these staff to take more responsibility for the running and management of this new community based service.**

7. **Support from Sure Start will be needed to assist staff to develop the SSLM from purely a progress-monitoring tool at a local level towards consideration of how the tool could help practice in the future.**

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