



**“Five a day”? :**  
A survey of Child Language and Public Health practice in the UK

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Partners:  





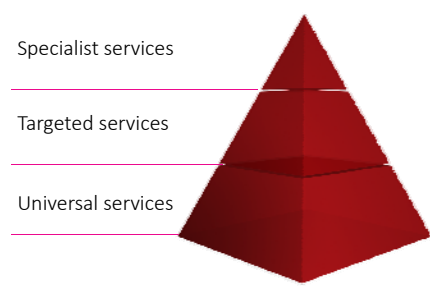


CRE week conference Melbourne - September 2015

### What we will be covering...

- the evidence underpinning a public health approach to intervention with the young child (0-3 years) drawing on:-
- intervention studies PLUS the development of evidence databases (The Early Intervention Foundation, The Education Endowment Fund and The Communication Trust)
- a recent survey carried out of practice in the UK

- What do we know about the effects of PH language interventions?



Specialist services

Targeted services

Universal services

### The “What Works for SLCN” resource

- Based on:-
- Cochrane review of interventions for children with primary speech and language delay/disorder (Law, Garrett and Nye 2003, Law, Charlton and Dennis forthcoming);
- On-line survey of speech and language therapists and others (536 responses);

Identifying the best quality, readily available interventions in the literature and combining these with the most commonly used interventions for which we could find evidence.

### Source

Speech and language therapy interventions for children with primary speech and language delay or disorder (Review)

Law J, Garrett J, Nye C.



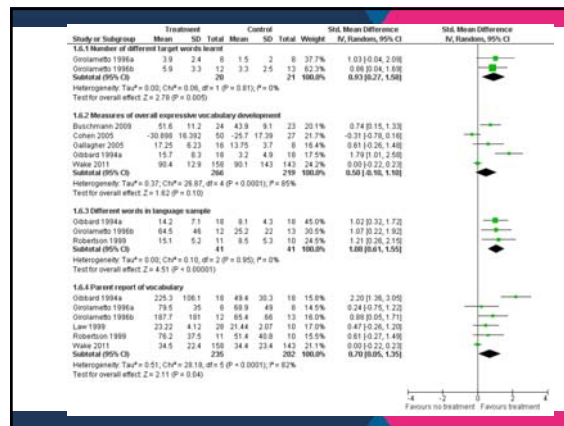
THE COCHRANE COLLABORATION®



<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004110/pdf>

## Differences from earlier version

- Searches conducted for the original (2003) version of this review identified 634 records;
- Three sets of comprehensive searches were run subsequently (in 2006, 2009 and 2011) in which a further 987 records were identified.
- 2003 version – 33 studies (25 in meta-analysis)
- 2011 version – 64 studies (54 in meta-analyses)
- 3872 participants



## And the “What works” (WW) for children with speech and language needs and the Communication Trust WW interactive website:-

**The Communication Trust**  
Every child understood

Search

Hello

Explanation of search terms

What Works

[www.thecommunicationtrust.org.uk/schools/what-works](http://www.thecommunicationtrust.org.uk/schools/what-works)

## Universal interventions (1-4 of 7)

- Every Child a Talker (ECAT)**  
Every Child a Talker (ECAT) provides a promise and structure by which early years settings can improve their early years language provision. ECAT is designed to raise children's achievement in early language development. It targets practitioners and parents and is designed to help them establish environments that will optimally support a child's language and communication development. It does everything you expect and opportunities, building on children's interests. [Click for more information](#)
- ICAN Early Talk, Early Talk (E-Talk), Primary Talk, Secondary Talk**  
These four programmes, developed and delivered by ICAN, are designed to support teachers, settings, practitioners and parents to support the speech, language and communication development of children and young people. [Click for more information](#)
- Lets Learn Language**  
Let's Learn Language is a parent language promotion training programme modified from the Harlem parent programme 'You Make a Difference'. It was developed in Australia at the Royal Children's Hospital, Melbourne and targeted at children aged 18 months with delayed expressive language in a community sample. [Click for more information](#)
- Living Language**  
Living Language is a programme for teaching spoken language. (Socik 1965). It has a strong foundation in theory and is highly structured. It is a developmental programme which is intended to raise the way that children normally learn language. It breaks language down into its basic components of vocabulary and syntax and includes the essential words and sentence constructions which children need to know, both for social interaction and to enable learning at school. [Click for more information](#)

## Universal interventions (5-7 of 7)

- Pre-school Autism Communication Therapy (PACT)**  
Pre-school Autism Communication Therapy (PACT) is an intervention programme designed to help the development of social communication and language skills of children aged 2-7 years who have autism or a related social communication disorder. It can be used with non-verbal children as well as with children who are in the early stages of their language development. [Click for more information](#)
- Talking Time**  
Talking Time is an intensive oral language intervention package designed to support language and to foster communication skills and networks in pre-school children. It was developed by Julie Dockrell and Mandy Stuart at the Institute of Education in London. The programme aims to develop children's language before they reach primary school so that they are at a level where they can make the best use of language for learning and socialising when they start school. [Click for more information](#)
- Visual Approaches to Support Speech and Language**  
The underpinning reasoning for this approach is that children who have language learning difficulties often show strengths in their visual skills (Ashford & Gathercole, 2006). The approach covers a wide range of ways of supporting children's language learning through the use of additional visual aids. [Click for more information](#)

Of these three have moderate evidence. *Lets learn Language, PACT, and Talking Time* and of these one *Lets Learn Language* from Melbourne showed no evidence of effects.

Teaching Together

Education Endowment Foundation

Teaching and Learning Tools

Oral language interventions

What is it?

How effective is it?

## The Early Intervention Foundation

What is Early Intervention? | About us | Planning Plans | Get involved | Contact us

OUR WORK | NEWS & EVENTS | GUIDEBOOK | PUBLICATIONS | EVENTS

### Guidebook

#### Programmes Library

The Programmes Library can be searched by child outcome, you may also have that one outcome per search, age and the Evidence Rating. Click the search button at the bottom of the page to display your results.

We currently have 80 programmes in our Library as starting points. These programmes were chosen to represent a range of outcomes and settings of programmes that have been implemented successfully within the UK.

We recognise, however, that there are many programmes that are currently not included in our Library. Your inclusion in the Programmes Library should therefore never be interpreted as a reflection of a programme's quality or evidence. We are happy to add a substantial number of new programmes over the upcoming months through our 'What's Next?' review and submission process.

Watch this space.

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## What are you trying to change?

**Family Nurse Partnership (FNP)**  
 Age: 0-2 | Rating: 1 2 3 4 | Assessed by: Blueprint, OJIP, NREPP, Commissioning Toolkit, RAND, Coalition for EBP  
 Outcomes: Enhance school achievement & employment; Positive early child development; The family and the home; Prevent risky sexual behaviour & teen pregnancy; Prevent substance misuse; Prevent child maltreatment; Prevent crime, violence & antisocial behaviour; Support children's mental health & well-being

**Incredible Years BASIC Preschool Programme**  
 Age: 3-5 | Rating: 1 2 3 4 | Assessed by: Commissioning Toolkit, OJIP, NREPP, RAND, CEBC  
 Outcomes: Positive early child development; The family and the home; Prevent crime, violence & antisocial behaviour; Support children's mental health & well-being

**Family Foundations**  
 Age: 0-2 | Rating: 1 2 3 4 | Assessed by: Commissioning Toolkit, NREPP, Blueprint, RAND  
 Outcomes: Positive early child development; The family and the home

**Helping the Noncompliant Child (HNC)**  
 Age: 3-8 | Rating: 1 2 3 4 | Assessed by: Commissioning Toolkit, CEBC  
 Outcomes: Positive early child development; The family and the home; Prevent crime, violence & antisocial behaviour

COST ACTION IS1406

## Enhancing children's oral language skills across Europe and beyond:

a collaboration focusing on interventions for children with difficulties learning their first language

#COSTIS1406

COST Domain: Individuals, Societies, Cultures and Health

- So what about population perspectives on language intervention?

## A survey of Public Health practice with regard to SLCN in the UK

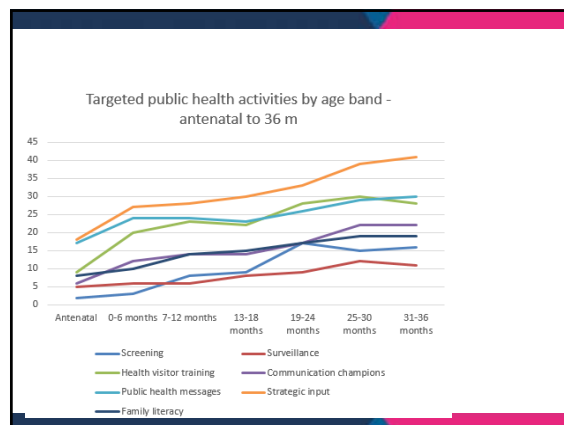
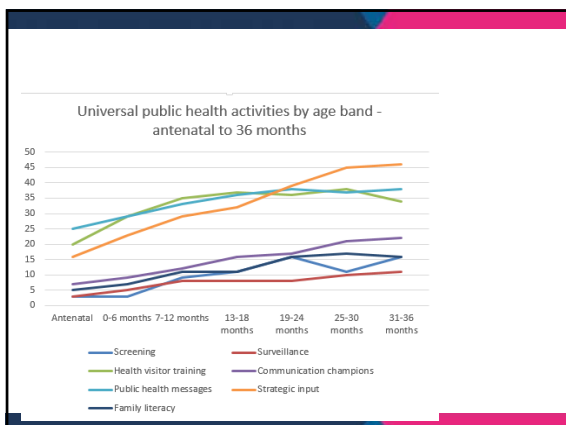
- National survey of all services in the UK (8.8.15)
- Those offering a service to children aged 0-3
- Focus on what they offer, the messages that are given etc.
- 85 responses
- We are able to share some provisional results



### Who commissions universal/primary prevention services?

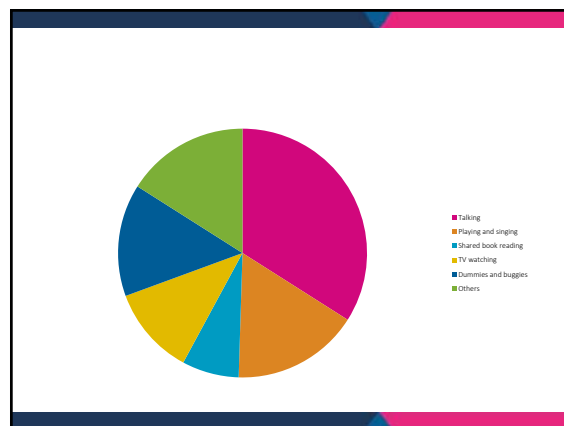
	Frequency	Percent
NHS	15	29.4
LA	20	39.2
NHS and LA	12	23.5
Charity	1	1.96
NA	1	1.96
Other	2	3.92
<b>Total</b>	<b>51</b>	

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### “Five a day”

	n	%
Talking to your child and how to do it (PLUS, where relevant, the importance of bilingualism )	74	34
Play and singing	36	16.5
Dummies and buggies	32	14.6
TV	25	11.5
Shared book reading	16	7.4
	183	84
Other eg. empowering parents, encouraging peer relations etc.	35	16
<b>Total suggestions</b>	<b>218</b>	



### Predicting early language at 24m (from ALSPAC) at univariable level

	R	R <sup>2</sup>	Therapist order	Analysis order
<b>Talking</b> <small>(babies meet stimulation, important to talk to babies etc.)</small>	.048	.002***	1	5
<b>Playing and Singing</b> <small>(teaches singing, nursery rhymes, mum sing, etc.)</small>	.31	.096***	2	2
<b>Shared book reading</b> <small>(#books, taken to library, reads to child, etc)</small>	.25	.063***	5	3
<b>TV watching</b> <small>(TV on, child watches TV, child watches TV etc.)</small>	.135	.018***	4	4
<b>Dummy use and buggies</b> <small>(Frequency child sucks dummy)</small>	.38	.144***	3	1

p<.001\*\*\*

### How do you target services?

- Geography:** Where they come from 38.8%
- Population:** Communities they come from 24.7%
- Attainment:** Test Scores 34.1%
- Wider problems:** Family receiving support from other services 23.5%
- Other reasons** 31.8%

Identified by a suitably trained colleagues in EY workforce  
We train settings to deliver evidence based targeted interventions  
where they live based on patterns of screen scores for population  
known areas of disadvantage and hard to reach communities  
As requested by nursery and SLT staff  
The local authority helps children's centres to identify 'priority families'  
The child's language levels who attend the Children's Centres and if they'll attend a targeted intervention  
Closing the Gap Information i.e. statistical evidence that boys especially white boys are falling behind.  
Staff/parental concern  
Assessing Families First Hubs (one stop shop)  
Plym Start staff identifying and raising concerns.  
Inclusion in the Sure Start Programme for Two Years Olds in Northern Ireland  
Specific nursery provisions  
within the Sure Start catchment area and age  
diagnosis of ASD  
Referral of expectant mother to Public Health Midwifery service, due to risk factors (mental health, domestic violence, safeguarding, substance misuse, learning needs)

- ### We asked who they trained..
- Health visitors 41.9%
  - GPs 4.9%
  - Midwives 14%
  - Local authority workers 53.5%
  - Library staff 9.3%
  - Voluntary sector staff 22.1%
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- ### Data collection and evaluation
- We asked them whether they made use of local data (57.9%), whether they evaluated using focus groups (28.1%) or questionnaires (87.5%).
  - 98% monitored referral accuracy and 68.4% said they collected prevalence data at least once a year (42.9%).

- ### Narrative evaluation reports
- 8 of 20 who indicated that they had evaluated their approach agreed to share their report.
  - Shankill Surestart**, from Northern Ireland used parent questionnaires to evaluate a 'message of the month' initiative. Parents rated usefulness and how much change had occurred in response to the message. For example message for the message 'Your words help my brain to grow' 47% rated the message as useful and 50% reported that they changed what they did at home (n=30). Parents were also asked about 'one thing that you have changed'.
  - 'Speech and Language Therapy Supporting Prevention and Early Intervention in North Ayrshire (SPIN)' project has evaluated training for parents and early years professionals by gathering rating on the usefulness of training.

- ### Narrative evaluation reports
- In **Bedfordshire**, a pre and post-intervention measure (ECAT monitoring tool) has been used to evaluate the 'Talk for All' programme across 6 settings. Data gathered for each child has been analysed to determine the change in proportion of children meeting expected levels in communication and language, listening and attention, understanding of language, speech sounds and talking and social skills. A decrease in number falling below expected levels and an increase in number scored above expected levels occurred for all domains (numbers of children not available).
  - Nottinghamshire** Children and Families Partnership carried out a range of evaluations for their public health initiatives. For example 'Home Talk' (parent-implemented intervention for 2 yr old children with delayed language development) measured expressive vocabulary, pragmatics and parental stress before and after intervention and at follow up for 16 families. 12 of the children's language skills developed at an accelerated rate and had caught up with age expectations by 3 years of age. 5 were identified as having SLCN and were referred to specialist services. This service has also evaluated an 'abridged Hanen' parent training intervention 'Let's interact', recently published by McDonald et al (2015).

## Summary

- Formal evaluation of PH interventions relatively thin on the ground.
- Nevertheless clearly a lot of focus on the issue of PH provision.
- Commissioning and delivery varies considerably
- Awareness of the need for data collection but suggestion that many services are not working from population data
- Identification and “treatment” of children in this age group less of a focus than training (of a variety of different professionals) messaging and strategic input. Similar pattern for universal and targeted work
- Messages pretty coherent at a universal level and supported by the literature (more needed on this)
- Similarly while many “evaluate” in the sense that they are collecting data on parental satisfaction few are formally evaluating their programmes

## In conclusion

- Lots of evidence from small targeted intervention studies that intervention can be effective. We need more robust larger studies.
- BUT clear evidence that there are population level issues, perhaps akin to obesity, which need to be considered. Social gradient a key issue.
- How do we address these at a population level (do we really know our populations?)
- What ARE people doing? And is it the right thing?
- How do we reconcile practice and evidence?

## References

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