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**Rebecca Fry**  
Centre for Community Child Health

**Shifting young children's language outcomes:  
Evidence, practice and the opportunity**

Murdoch Childrens Research Institute and  
The Royal Children's Hospital Centre for Community Child Health




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### Overview

- The opportunity
- The evidence
- Victorian practice
- Implications and concluding thoughts



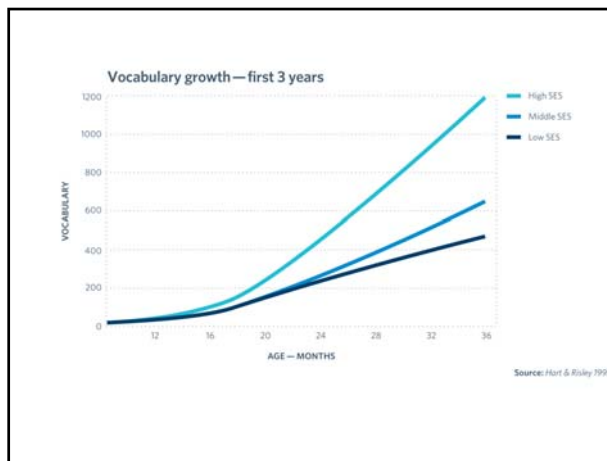
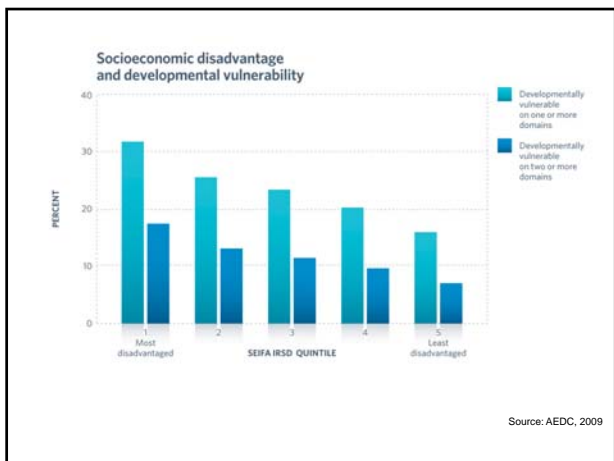
### Language and communication outcomes

 Australian Early Development Census

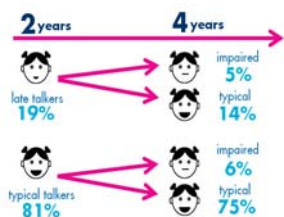
Number and percentage of children developmentally vulnerable in 2012

Geography	Language and cognitive skills	Communication skills and general knowledge	Vulnerable on one or more domains	Vulnerable on two or more domains
Australia	18,564 (6.8%)	24,520 (9.0%)	59,933 (22.0%)	29,543 (10.8%)
Victoria	3,915 (6.1%)	5,110 (8.0%)	12,407 (19.5%)	6,053 (9.5%)

Source: AEDC, 2012



### Language trajectories



Source: Centre of Research Excellence in Child Language

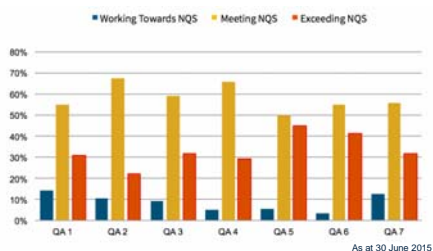
### The early childhood education and care platform



Source: NQF Snapshot Q2 2015, ACECOA

### Quality early childhood education and care

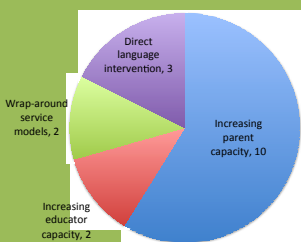
Victorian quality ratings



Source: NQF Snapshot Q2 2015, ACECOA

### The evidence


### 17 evidence-based programs



#### The evidence

#### Learning Language and Loving It


Study/program feature	Description
Target audience	- Educators
Content	- Responsive interaction strategies, e.g. OWL, turn taking - Language Stimulation techniques, e.g. expansions
Dosage	- Eight x 2.5-hour group training sessions - Six x 35-minute individual coaching sessions, with video feedback
Delivered by	- Trained and licensed speech pathologist or educator
Impact	- Increased language production in children - Increased use of language facilitation strategies by educators

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The evidence

### Training and coaching in joint attention

Study feature	Description
Target audience	- Educators in low quality settings
Content	- Child development and language acquisition - Focus, follow, talk model
Dosage	- One x 4-hour group training sessions - Three x 1-hour individual coaching sessions, with video feedback
Delivered by	- The researcher
Impact	- Increased children's vocabulary acquisition

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## Practice

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survey respondents

&

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interviewees

37 per cent ECEC (n = 152)  
19 per cent MCH (n = 78)  
17 per cent SP (n = 68)  
17 per cent other health specialists (n = 68)

26 per cent ECEC (n = 7)  
22 per cent SP (n = 6)  
15 per cent other health specialists (n = 4)  
7 per cent MCH (n = 2)

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strategies to promote children's language development were identified




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### Five most common programs

- It Takes Two to Talk (n = 30)
- Parent-Child Mother Goose (n = 28)
- Hanen (unspecified, adapted) (n = 25)
- Let's Read (n = 17)
- Baby time/toddler time (n = 16)




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### Five most common approaches

Conversation and everyday language  
Reading and books  
Parent capacity building

Music singing rhyme  
Play






**73 per cent (n = 296)** of respondents **collaborate** with professionals outside of their sector

Most common forms of collaboration:

- Networking
- Professional development


69% of professionals **working directly with children** are collaborating

82% of **managers** are collaborating



**Examples of collaboration**

- Supported playgroups
- Kindergarten screening
- Key worker model
- Community literacy workshops
- TaLKERS
- Kindergarten/child care and Community Health
- Learning Language and Loving It
- Teacher Talk



**Kindergarten/child care and community health together**

Program feature	Description
Target audience	- Educators working in disadvantaged areas - Allied health team
Content	- Tailored to the educator's goals
Dosage	- Eight to ten, weekly three-hour sessions at the ECEC setting - Fortnightly reflective sessions (1-2 hours)
Delivered by	- Education advisor
Impact	- Increased confidence identifying and supporting children with developmental delay - Increased confidence implementing strategies to support developmental outcomes - Increase confidence to refer to Children's Services team - Application of the VEYLDF, more practical centre-based programs



**Five most important factors for young children's language development**

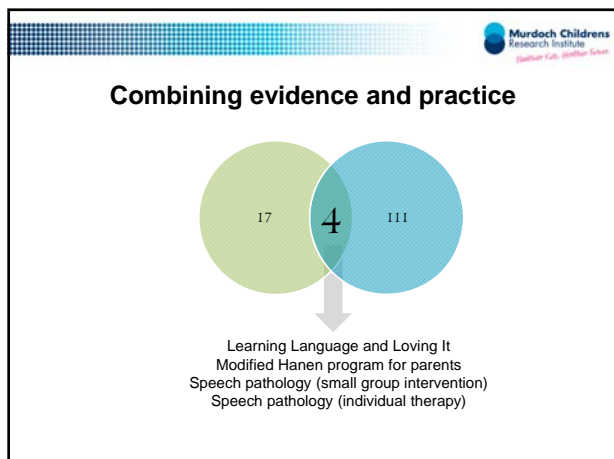
1. Build parent skills, knowledge and provide parents with support
2. Deliver strategies and activities that are relevant and applicable to everyday settings
3. Build the parent-child relationship
4. Communicate the importance of play and language to parents
5. Develop the capacity of educators


**Where do we think effort is needed?**

- More opportunities for professionals to build knowledge and confidence regarding young children's language development (56%)
- More opportunities for professional development (53%)
- **Greater focus on families' role in regards to children's language development (62%)**
- Changes in the services system (e.g. waiting lists) (39%)
- Other (5%)




Implications and opportunities




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## Questions raised

For researchers and policy makers:

*How can we increase the research evidence on the ECEC platform to guide practice?*

*If approaches, rather than programs, are most likely to be delivered – what guidance can be provided around quality, dosage and uptake?*

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## Questions raised


For practitioners

*Is there the opportunity to do more to strengthen the ECEC platform?*

*Can we shift effort to building language-rich environments, not just early detection?*

*How do we ensure our actions are of sufficient quality and dose?*

*Which services can you build a long-term relationship with?*

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Centre for Community Child Health