

**Promoting pupil attainment and social
inclusion**

**by enhancing the spoken language skills
of children in Moss Bay Ward:**

End of Phase Two Report

October 2013

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1. Executive Summary

1.1 Over-arching aim of this initiative This project has been specifically designed in response to an identified priority concern in the local area about children’s language skills at school entry being very significantly delayed, with direct implications for their later educational attainment, social inclusion and increased risk of entry into the criminal justice sector. These consequences of social language deprivation are underpinned by an extensive research evidence base and the timeliness of this issue has been recently been highlighted as a national priority agenda (All Party Parliamentary Group report, February 2013).

1.2 Phased project approach This report presents the combined output of the **Phase One** Scoping Exercise plus the **Phase Two** Stakeholder Consultation. The target of the phased project approach was to develop a research proposal for a pilot study (**Phase Three**) that comprises a community-based language enrichment intervention initiative, which is tailored to the unique needs of the local community. It is anticipated that the pilot project outputs may subsequently be used to inform recommendations and planning for a wider roll-out of the initiative across the Region.

1.3 Consensus recommendations from Advisory Group for Phase Three project protocol At the conclusion of the Phase One and Phase Two exercises, the Advisory Group discussed and agreed that the proposed intervention project (Phase Three) must address each of the following points:

1. **Engage with local community stakeholders**
2. **Maximise the experience and expertise of local stakeholders**
3. **Optimise the known (and anticipated) motivators for local families**
4. **Empower local families, especially “hard to reach” families**
5. **Focus explicitly on spoken language skills**
6. **Address challenges of sustainability of the (anticipated) impact**
7. **Generate tangible outputs including relevant resources**
8. **Demonstrate measurable positive benefits** (appropriate outcome measures to be determined, dependent upon the nature of the intervention activities).

The resultant Phase Three protocol “**Talk Time Club**” is detailed in section 8 of this report. A **briefing document** for “**Talk Time Club**” is also provided in section 2 of this report, for wider communication about this proposed research study.

1.4 Actions to initiate the Phase Three project

- Submission of funding applications to a range of local and regional bodies
- Submission for the required ethical approvals

2. Talk Time Club briefing document

“Talk Time Club”: accessing mothers’ perceptions of a community-based initiative to enrich the language environment for under 2 year olds

Why is this project needed?

This project has been specifically designed in response to an identified priority concern in the local area about children’s language skills at school entry being very significantly delayed, with direct implications for their later educational attainment, social inclusion and increased risk of entry into the criminal justice sector. These consequences of social language deprivation are underpinned by an extensive research evidence base and the timeliness of this issue has been recently been highlighted as a national priority agenda (All Party Parliamentary Group report, February 2013). There are multiple initiatives in the Workington area (some nationally-funded, others locally developed) which all share a common focus on early language development, particularly for children over the age of two years. However many of these initiatives have shown limited take-up and the challenge remains of many hard-to-reach families who have children who are at high risk of poor language directly associated with social deprivation. Initiatives to promote children’s early language development cannot have optimal impact without the active engagement of their parents and there is a significant dearth of research relating to the how best to engage with ‘hard-to-reach’ families. Hence this study is essential to access the perceptions and experiences of local young mothers, and these research findings will help to maximize engagement in future roll-out initiatives.

One of the project outputs of this Workington community-based initiative will be a DVD made by the mothers attending the Talk Time Club, which will comprise a valuable community resource to demonstrate approaches to help babies’ language to develop. Free copies of the DVD resource will be widely distributed across the local community. In this way, the mothers who participate in the project will additionally be encouraged and supported to develop a role as champions within their own community.

What will be the distinctive contribution to knowledge?

The key aim of this project is to access the perspectives of local mothers, to generate insights into their perceptions and priorities about their child’s language development, so that future initiatives can be targeted to more effectively engage these families. Their experiences of a participating in a novel initiative (Talk Time Club) to promote communication skills in children under the age of two years will have direct implications for increasing active engagement in future initiatives to enhance language development in this community context, with potential for wider application.

Rather than simply conducting research interviews with these mothers, the Talk Time Club DVD project has been designed to elicit these perspectives in a more naturalistic setting. The Talk Time Club initiative has also been pitched to support recruitment of mothers by offering them a tangible output from participating in the sessions. Additional sustainability and progression from this project will be achieved through actively introducing these mothers to other relevant services including the Adult Learning support networks, and other Children’s Centre initiatives.

What consultations and stakeholder participation have there been?

There has been a significant level of active support for this project design, which has been overseen by an Advisory Group which comprises wide representation from local statutory and community agencies; including health services, local authority education leaders and Children's Centre staff. The community support and agreed contributions in kind for specified aspects of the project delivery will also significantly offset the projected costs for the study.

The stakeholder consultations included participant involvement with local groups of 16 mothers, which has contributed to the study design. The high levels of interest generated from these mothers indicates that recruitment to the project will be assured.

What is the Talk Time Club project?

This project will recruit a group of local mothers who have a child under the age of two to join the Talk Time Club which will run for 12 weeks. The purpose of the club is to support these mothers to make a DVD to show how songs, games and book-reading can help babies' language to develop. The group members will have full control over the content of this DVD. The DVD will be freely available for all the mothers to have copies for themselves and to share with their families, friends and other young mothers. There will also be a number of dissemination events at the end of the project.

Who will run the project?

The Talk Time Club initiative will be jointly delivered by Victoria Infants School and the local Children's Centre. The sessions will be run by two club leaders from the local community who will be supported by an experienced researcher and by a local community film production team. The club leaders will feedback to the researcher on a weekly basis for the duration of the project, they will also conduct the research interviews with the mothers who take part. Dr Hazel Roddam is the researcher who has designed this project. Hazel will oversee the club leader training, and will monitor all aspects of the project delivery, analysis and reporting. The Headteacher at Victoria Infants School has offered the use of accommodation for the club sessions.

Summary

The project design is unique and distinctive: it has already generated substantial support from local stakeholders and is anticipated to attract wide attention from statutory and third sector agencies, local community stakeholders, strategic policy-makers and local politicians, as well as academic researchers. The outcomes of this small-scale study will have the potential for future roll-out to significantly larger comparative studies; for which more substantial research funding will be sought in due course.

The project will have a Research Steering Group of key local stakeholders who will have responsibility for monitoring that the project is delivered on-time and within budget. The project protocol has undergone academic peer review. Full ethical approval for this project will be confirmed by University of Central Lancashire prior to the commencement of the study.

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3. Introduction to Project

3.1 Project Aim

The over-arching aim of this project is to promote educational attainment and social inclusion of children in an area of high deprivation, by enhancing their skills in spoken language.

The target of the phased project approach is to develop a research proposal for a pilot study that comprises a community-based language enrichment intervention initiative, which is tailored to the unique needs of the local community. It is anticipated that the pilot project outputs may subsequently be used to inform recommendations and planning for a wider roll-out of the initiative across the Region. In addition, the project findings will be used to underpin a bid for more substantial funding to assure future sustainability and more in-depth research into factors influencing effectiveness of the language enrichment initiative.

3.2 Project Rationale

In 2009, South Workington Partnership identified a priority concern relating to the educational achievement of children in the Moss Bay Ward. National comparative Education data sources for the Moss Bay Ward pupil attainment scores showed that literacy levels in this Ward have been consistently below the national average, as well as below the Cumbria average since 2003 (source, Key Stage 1 Writing scores at Level 3 ie children aged 7 years). These figures also demonstrated a significant decline in pupil attainment over the past decade. These alarming data have been masked by the aggregated scores for Allerdale and West Cumbria Locality, but now need to be urgently addressed.

A recent analysis of the Index of Multiple Deprivation (IMD) additionally demonstrated that the Moss Bay Ward in South Workington has deprivation scores for Education and Health within the lowest 10% nationally (source, Public Health Intelligence Team for North Cumbria). This Ward ranked the worst for multiple significant health indicators, and considerably below the Cumbrian average on all health indicators in the index.

It has been recognised that social deprivation and an impoverished language environment have a direct influence on lower pupil attainment, as well as vulnerability for children to experience social exclusion and an increased risk of entering the criminal justice system (source, Department for Children, Schools and Families, 2008). Over recent years there has been an increasing recognition of the importance of the Public Health role of Speech and Language Therapy (SLT) services for early intervention with children and young families, in promoting an enriched language environment and spoken language (oracy) skills. The emergent findings from evaluations of these SLT initiatives emphasise that the effectiveness

of such input is maximised where these are tailored to the unique needs and priorities of the local setting.

3.3 Project Phases

This is a phased project, mirroring the distinctive project objectives detailed below. An application for funding to support this phased-project was submitted in June 2010 and was signed off in Spring 2011. The current funding from the Samuel Lindow Foundation covers Phases One and Two of this initiative.

Phase One: Scoping Exercise. A scoping exercise of relevant local demographic data for the designated cohort, current models of relevant services and initiatives, and local community engagement with those services. Relevant data will be collected as far as possible from existing data sources and will be compared to regional and national outcomes sources. A review of other relevant published initiatives will be reported.

Phase Two: Stakeholder Consultation. A consultation exercise with all relevant local stakeholders (including representatives from Education and Health, plus local families), to elicit perceptions of local barriers to accessing current service provision, as well as the reported priorities of the participants in this local setting for this cohort of children. The output from this Phase will be a proposed research protocol for a local research study that will comprise a pilot/feasibility intervention project.

Phase Three: Language Enrichment Intervention. The outcome of Phases One and Two is to develop a protocol for a community-based intervention to boost the spoken language skills in a designated cohort. This pilot intervention project is likely to comprise a maximum of a 12 week package of language-based activities across an agreed range of community locations (possibly with follow-up outcome measures 12 weeks after the end of the intervention). As well as direct intervention activities to enrich the children's language experiences, the project may include sessions for parents and other family members, teaching staff and classroom assistants (indirect interventions). Any children who have already been identified as requiring targeted and specialist SLT services (those children who have a diagnosed speech and language disorder) would continue to receive the standard SLT case management in addition to the community-based sessions specified in this project: this is explicitly not an initiative to substitute therapy services for children who may need them.

3.4 Project Advisory Group

An Advisory Group was convened at the outset of the project, to undertake responsibility for monitoring timely achievement of project milestones and deliverables. Invited members of the Advisory Group included key local stakeholders from Education and Health services. The list of Advisory Group members is attached as Appendix 2. There has been an exceptional level of local stakeholder support for this initiative, and substantial agreement for contributions in kind to support the planned research project protocol (Phase Three), which will offset the projected costs of the study.

The Advisory Group has been Chaired by Michael Heaslip, Vice-Chair of Governors, Southfield Technology College.

4. Social and political context

4.1 Deprivation indices

The figure below shows the West Cumbria localities (source = Social Investment Plan for West Cumbria, 2009

<http://www.webarchive.org.uk/wayback/archive/20100326102517/http://www.westcumbria.gov.uk/Default.aspx?page=312>



Indices of Multiple Deprivation (IMD) measure the relative deprivation between areas across a range of factors. It is not an absolute measure of deprivation. It is possible to say that an area with a higher score is more deprived than an area with a lower score; but twice the score does not necessarily mean twice the deprivation. A low score does not mean no or

little deprivation, just less deprivation. It is not possible to compare scores between different aspects of deprivation, for example between Health and Education, even in the same place, as they are measuring different things.

The Social Investment Plan used the most appropriate (IMD) measure for each of the Plan's four key priorities, mapped to the **12** West Cumbria localities. **Workington locality** was reported to have the following rankings at the time this report was published (pages 29-30):

- **Life Chances and Aspiration** (IMD Education, Skills and Training) = 4th most deprived
- **Poverty & Exclusion** (IMD Income) = 2nd most deprived
- **Facilities & Services** (IMD Barriers to Housing and Services) = 2nd least deprived
- **Health & Well-Being** (IMD Health Deprivation and Disability) = 2nd most deprived

These rankings underpin the original drivers for the current project proposal that was submitted by the South Workington Neighbourhood Partnership manager, as cited in section 1 of this report.

4.2 Regional community issues

The Social Investment Plan for West Cumbria "Communities that Work" was launched in September 2009. The most highly relevant statements have been highlighted below, to reinforce the timeliness of the current project. The document can be accessed at the following link: Social Investment Plan for West Cumbria <http://www.webarchive.org.uk/wayback/archive/20100326102517/http://www.westcumbria.gov.uk/Default.aspx?page=312>

The Social Investment plan identifies positive features of communities as being: "*active, safe, vibrant, harmonious and inclusive communities with a sense of community identity and belonging in which there is:*

- *Tolerance, respect and engagement with people from different cultures, background and beliefs.*
- *Friendly, co-operative and helpful behaviour in **neighbourhoods**.*
- *Opportunities for cultural, leisure, community, sport and other activities.*
- *Low levels of crime and anti-social behaviour with visible, effective and community-friendly policing.*
- ***Social inclusion and good life chances for all***" (page 7).

Opportunities for community development are identified around the following four key issues identified for the region (page 10):

- ***Life chances and aspiration.***
- *Poverty and exclusion.*
- *Facilities and services.*
- *Health and well-being.*

*“Primary school pupils in West Cumbria do as well as anywhere; even those who have the toughest start in life are catching up their peers by the age of 11. But too often by 16, **the gap between those from the poorest and wealthiest neighbourhoods is back where it was pre-school**; the progress in “narrowing the gap” made in primary education is reversed. This is the case irrespective of the secondary school attended; **what counts is the home and the community**. Where there is a culture clash between the community and school, attainment tails off, horizons narrow, confidence is damaged, and initiative is lost. Too often, those who succeed at school have to move away and are lost to the community. **Those who remain can have a negative attitude to learning and a low take up of education throughout life. If our communities can be built around education, breaking down that culture barrier, we can use that strength of community to provide a launching-pad for confidence and aspiration, rather than a safe retreat from it. Thus our life chances are improved and our communities are stronger for it. Only active communities can do this**” (page 11).*

The document specifies the following actions to address this issue (page 11, item 1.1):

- ***Learning is valued and promoted within the home. People expect to achieve and learning is celebrated.***
- ***Involving parents and other members of the community in supporting children’s learning.***
- ***Community Learning Champions to work with groups who less frequently access adult learning.***

4.3 Local neighbourhood issues

The Social Investment Plan (2009) affirms that:

- **a neighbourhood approach** to raising aspirations and mobilising the community is needed
- attitudes to education and work tend to be affected by **local contexts**
- raising aspirations is complex and requires a **multi-agency approach**
- working together is more effective and easier at the most **localised level**.

It is noted that strong local networks are often a source of empowerment, strength and support. However they can also constrain individuals to familiar choices and locations.

Attitudes are often very localised, being **influenced by social norms and networks**, plus local economic and employment histories. Evidence suggests that campaigns to shift attitudes need to be **precisely targeted, often to a very small geographical area**. Changing attitudes and behaviours related to raising aspirations in deprived neighbourhoods will **require an in depth understanding of the attitudinal and behavioural barriers encountered within different segments of the community**.

There is already a very significant track record of successful neighbourhood initiatives within this locality, which includes projects explicitly focused on supporting parenting and family intervention projects. These Interventions are of direct relevance to the experience and expertise that will be required to inform the effective design and delivery of any future initiatives.

4.4 Influences on aspiration and attainment

The Department for Children, Schools and Families has placed increasing emphasis on the **motivations, attitudes and behaviours that enable children to fulfil their potential**. In particular, policies have focused on the impact that young people's aspirations (and those of their parents) can have on educational attainment. Education policy has been increasingly **concerned with what happens outside the classroom** –recognising the **crucial role of parents and families. Increasing attention has been paid to school readiness, parenting capacity and the home learning environment, especially in the early years**. However it has also been acknowledged that there needs to be an emphasis on the broader influences on young people and their attitudes –particularly those within communities.

Studies of aspirations and attainment (Cabinet Office, Social Exclusion Task Force, 2008) have demonstrated that not all deprived communities are alike. Parents are the most important influence on their children, but in certain neighbourhoods, children are less likely to have high aspirations. Community characteristics associated with low aspirations include:

- Close knit social networks
- Sense of isolation from broader opportunities
- History of economic decline
- Low levels of educational attainment

There is evidence that a **“locally-tailored behavioural change approach”** that mobilises a community towards a goal of supporting the children and young people may be most effective in improving outcomes. This has been defined as constructive local partnership working, engaging social capital bonding between close family and friends (Putnam, 1995).

4.5 Early Years Interventions

Despite unprecedented levels of investments, **education has failed to break the link between attainment and family background**. Too Much, Too Late (Social Market Foundation <http://www.smf.co.uk/too-much-too-late-life-chances-and-spending-on-education-and-training.html>) argues that this will not change significantly as long as the pattern of spending on education and training continues to offer a far greater public subsidy to tertiary than preschool education.

Based on strong evidence of the contribution of early education to improvements in school attainment, the report proposes a reallocation of spending in the medium term in favour of

children under five. **This report argues that expanding opportunity can only be achieved by a reallocation of spending on education and training in favour of the under-fives.** Given current constraints in the public finances and competing priorities for investment, a reallocation of spending would provide the additional investment needed to offer all children under five access to the affordable, high quality services that will give them the best start in school.

“There is robust evidence that expenditure in the preschool years gives the highest rate of return on investment in human capital” (Wilson, 2010)

Language is one of the most crucial elements of a child’s development at this age and language delay has been identified as a highly sensitive marker of child neglect. (Over 80% of preschool children in care have language delay) (Wilson, 2010). Reading to a child regularly at 3 years old was estimated to be twice as important as family income for a child’s development at age 5 (Oxfam, 2010). Other comparative research studies indicate that the UK performs poorly compared to Europe. At 30 months 10% of children in Scotland were identified as having some degree of language delay, double the rate compared to Sweden (Wilson, 2010).

4.6 Working with communities

The West Cumbria Social Investment Plan (2009) confirms that neighbourhood renewal and community empowerment policies have recognised low levels of self-efficacy and self-esteem in some deprived communities. The conclusions are that:

- **Young people with low educational aspirations are concentrated in certain types of (deprived) neighbourhood**
- **Young people and their parents are influenced by the people and places where they live**
- **A neighbourhood approach to raising aspirations makes sense**

Initiatives should aim to build community pride, skills and confidence.

4.7 Working with Schools

The Social Investment Plan for West Cumbria (2009) identifies a wide range of recommendations, including a number that specify the key significance of schools within the local communities (page 18-20):

- *Schools are at the centre of sustainable neighbourhoods by providing community resources and venues for social enterprise, community facilities and public services*
- *Support to schools for out-of school activities, including breakfast clubs and after-school activities which involve parents and community groups*
- *Extend support for family learning*
- *Extend and continue Parenting Plus, Triple P programme, and intensive family support targeting families with new babies to promote bonding and attachment*
- *Resource Children's Centres and ensure they are supported by links to schools and primary health care facilities*
- *Children and families have access to health care and parenting support*

4.8 Working with families

Comparative international studies relating to working with families show that the **availability and uptake up of high quality parenting education in Sweden was identified as a particularly effective strategic approach**. Evidence shows that 95% of brain development occurs between birth and age 3 and during this time parents have the responsibility to ensure that many important skills are developed such as language, listening and behaviour:

"There are no bad parents, only untrained parents... No one taught me to be a parent. When I had my three children, I did what most people do: I copied my own parents. That is fine for those who had good parenting, but those who did not tend to replicate the cycles of abuse and violence." (Hosking, Finance Committee Official Report, 2010)

In the UK, 11.5% of children start school without the behavioural skills they need and are subsequently more likely to drop out of the education system (NESTA, 2010). **School un-readiness was also identified as having negative effects on the other children in classroom**, as highlighted in Hosking's comparative study into the performance of children in Switzerland, Slovenia and England (Hosking, 2010).

The Marmot review of health inequalities also identified communication skills as being essential for school readiness (Marmot, 2010; Department of Health, 2011). Hence, initiatives to enhance the communication development of children in areas of high social deprivation will have a fundamental benefit in promoting social equity.

5. Overview of supporting evidence

5.1 Importance and significance

The topic of this project is recognised as an international concern, as shown in the selection of comparative international sources below. This section of the report also notes a number of recent and current national government-led campaigns to raise awareness of this issue. In the UK context, the timeliness of the issue is demonstrated by the recent high number of related government papers and policy guidance publications. The main documentary sources that focus on improving outcomes for children are listed for reference at the end of this report and encompass directives on poverty (Frank Field), Early Intervention (Graham Allen), Early Years Education – Speaking and Listening (Clare Tickell). The sections below additionally refer to empirical results from regional and local projects closer to home.

This section of the report is not presented as an exhaustive critical review, but as an indicative overview of the related strands which underpin the rationale for the current project.

For this purpose, **key points are highlighted in the text**, and there is also the inclusion of **bullet point lists** where helpful.

5.2 Prevalence of speech and language difficulties

The following key points highlight the incidence and prevalence of children across UK who have speech, language and communication difficulties:

- Speech and language delay is the most common difficulty experienced by pre-school children (Law et al, 2000)
- One in twenty parents will have concerns regarding their children's speech and language (Hall 2004). However, not all of these children will warrant specific intervention from a Speech Therapist.
- **Up to 84% of children and young people (CYP) in some socio-economically disadvantaged populations have speech and language skills that are significantly lower than their peers (Hartshorne, 2006)**
- 7% of five year olds entering school in England – (nearly 40,000 children in 2007) have significant difficulties with speech and/or language.
- **Without the right support, 50-90% of Pre-school children with speech and language delay risk experiencing difficulties with literacy.**
- 1% of five year olds entering school in England - more than 5,500 children in 2007 - have the most severe and complex speech, language and communication needs (SLCN).
- 10% of all CYP with SLCN have a long term and persistent communication disability.
- Up to two third of Young Offenders have SLCN /one third of these not recognised throughout school life.

- **Up to 84% children and young people (CYP) in some socio-economically disadvantaged populations have speech and language skills that are significantly lower than their peers.**
- **Without the right support, 50-90% of Pre-school children with speech and language delay risk experiencing difficulties with literacy.**

5.3 Factors influencing children's language development

The following sections present a brief overview of the research evidence for factors that have been shown to contribute to differences in language competences that are directly linked to socioeconomic status.

5.3.1 Mother-child interaction patterns

The mother-child interaction comprises a range of component aspects, including joint attention, attachment and the mother's responsiveness and has been confirmed as a predictor of the child's future language competences (Bee et al, 1982). There has been some evidence of mothers in less well-advantaged homes playing and talking less with their children (Farran & Haskins, 1980): however, differences in interaction style are certainly not exclusively correlated with socioeconomic status. Hart & Risley's (1999) study of 42 US families demonstrated distinctive differences in both the quantity and quality of language directed to young children in contrasting socioeconomic groups, based on monthly visits to these families until the child was 3 years old, plus a follow-up visit at 10 years old. Their three study groups equated to UK professional/business class; blue-collar workers, and low-working class.

5.3.2 Quantity and quality of child-directed speech

The average number of words per hour addressed to the children in Hart & Risley's three study groups showed a very considerable range: from only 600 words per hour in the lowest socioeconomic group, to over 2000 words per hour in the most advantaged families. This was also matched by the professional/business parents spending approximately double the time interacting with their children than the low-working class parents; and more than treble the frequency of affirmative feedback to their children. These authors asserted that children will gain a greater potential advantage from the relative amount of time their parents talk to them, than from any other benefits of their parents' wealth.

5.3.3 Home environment

The influence of the language environment in the home has been shown to impact directly on the child's language development, as well as their early reading skills and later reading comprehension level (Snow, 2001), as well as for other developmental outcomes. However, this is not exclusively related to socioeconomic status. Lawrence & Shipley's work (1996) into racial as well as economic groupings, found differences in the home language

environments of 3 – 5 year old children which they attributed to “distance from mainstream culture” (Labov & Harris, 1986).

5.3.4 School environment

Striking differences have been noted between children from different home backgrounds in nursery classes. Interactions in the classroom between staff and groups of children are quite different from parent-child exchanges; mostly comprising question-answer patterns. Topic language in the classroom is mostly decontextualised, and is also adult-led rather than initiated by the child. Children from less advantaged backgrounds have been seen to be more passive and more dependent than they are in their own homes (Tizzard & Hughes, 1994). This in turn appears to influence the way in which classroom staff adapt their language level when speaking to those children, so there is a direct influence on the way children are taught in school and on their learning (Ginsborg, 2006).

5.3.5 Link between spoken language and literacy development

The link between children’s spoken language and the development of literacy skills has been unequivocally demonstrated. A child’s potential for success in early reading is underpinned by their competences in phonological awareness (Cooper et al, 2002); metalinguistic awareness (Chaney, 2000); narrative ability (Roth et al, 2004); vocabulary (Dickinson et al, 2003); and semantic skills (Roth et al, 2002). A longitudinal study was conducted with over 1,000 children in UK aged between 3 – 9 years, to monitor their progress in reading (NICHD, 2005). Reading was measured by decoding skills and word recognition at approximately 4 ½ years, then by comprehension at approximately 8 ½ years. The strongest findings from that study showed that the correlation between spoken language skills at ages 3 – 4 years was highest in low socioeconomic groups. This was interpreted to be even more critically significant for children whose home environments were less likely to promote reading awareness (Senechal & LeFevre, 2002).

5.4 Features of children’s language in social disadvantage

Children with poor spoken language skills will experience difficulty in all the following:

- Expressing themselves through speaking, writing or non-verbal communication
- Understanding the spoken or written word, body language and facial expressions
- Listening to what is said to them
- Remembering the information they receive
- Expressing their feeling and emotions in an appropriate way, eg they may use violence instead of words to express themselves
- Relating to others in socially acceptable ways

(Source = Royal College of Speech and Language Therapists, 2010)

The following list highlights key features of language used by children in socially-deprived settings compared with normative data samples:

- **Quantitative and qualitative differences**
- **Less diverse and rich**
- **No differences in phonological skills, but do have difficulty in meta-phonological skills**
- **Poor narrative skills, especially in the most chaotic homes**
- **Persistent receptive difficulties up to 13 years +**

- **No difference in word-learning potential “fast mapping actions”**

Seminal work with UK families in the 1970s by Joan Tough showed that young children from disadvantaged families were less likely – or less able - to talk about experiences in the past or present; to talk about possible future events or to plan for them; to problem-solve; empathise with others’ feelings; engage in pretend play (Tough, 1997). Subsequent bodies of research have confirmed Tough’s original longitudinal work, to show that **these differences will be persistent over time if there is no direct intervention**. Recent work has also confirmed that **these children have the potential to improve their language skills, given appropriate input, and that these gains can be achieved relatively rapidly**.

- | |
|---|
| <ul style="list-style-type: none">➤ These differences will be persistent over time if there is no direct intervention. T➤ These children have the potential to improve their language skills, given appropriate input, and these gains can be achieved relatively rapidly. |
|---|

There is strong evidence that up to 50% of children in areas of high social disadvantage may show significant language delays ie that there is a strong “social gradient” (All Party Parliamentary Group, 2013). **It is clear that the crucial influence is not the level of poverty, but the parents’ interaction style with their child which will be the most significant indicator of language development at age two (Hoff, 2006).**

5.5 Features of Parents' language

The following list highlights key features of language used by parents in socially-deprived settings compared with normative data samples:

- **Reduced quality & quantity of language used**
- **Limited vocabulary sets**
- **Reduced complexity of care-giver speech**
- **Limited amount of decontextualised language**

- **Consistent pattern over time – this does not change without intervention**

It has also been unequivocally demonstrated that these significant differences in the way parents speak to their children is stable and does not change without direct intervention. **The effectiveness of various approaches and strategies to enhance parental language is therefore crucial to influencing the future life chances of these children.**

- **The effectiveness of various approaches and strategies to enhance parental language is crucial to influencing the future life chances of these children.**

5.6 Impact of language skills on academic potential and social inclusion

Poor development of speech and language skills is directly related to diminished cognitive outcomes and educational attainment. This inevitably leads to lower employability prospects for these children. Psychological well-being and mental health outcomes have also been shown to be linked to poor communication skills; with the consequence of higher engagement with the criminal justice sector – as referenced above (Royal College of Speech and Language Therapists, 2010).

Children's understanding and awareness of emotion, and their skills in emotional self-regulation in the pre-school years is known to be a significant predictor of their future social competence (Farmer, 2006). To be well-adjusted children need to be able to have a high level of voluntary control over their attention and behaviour (Eisenberg et al, 2001). Some mothers of pre-school children who have poorer receptive language have been reported to use less sophisticated strategies to help their children to regulate their emotions, than parents of children with normal language development (Stansbury & Zimmermann, 1999). Another related and essential aspect is the development of the child's self-esteem. The relationship between language skills and self-esteem has recently begun to be investigated; showing that for children with poor language skills, self-esteem decreases as they become

teenagers (Conti-Ramsden & Botting, 2004). Children who have lower literacy and educational attainment are also at risk of developing lower self-worth directly related to this.

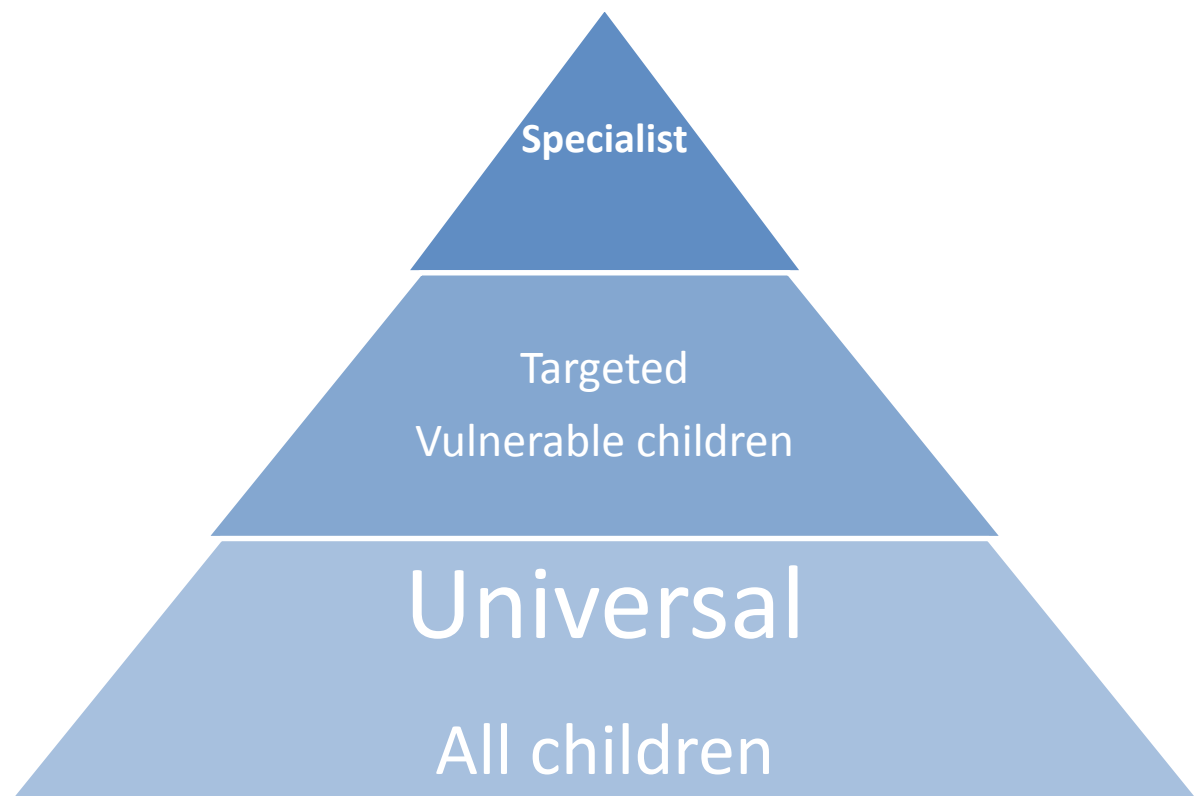
Research also highlights that as a consequence of poor parenting, children are more likely to develop early violent behaviour - leading to their involvement in crime in the future. It is estimated that without any intervention, 40% of children with early behavioural difficulties will go on to develop conduct disorder (Hutchings, 2007). It has also been shown that 40% of 8 year olds with conduct disorder are repeatedly convicted of crimes such as theft vandalism and assault in adolescence (NES Psychology, 2010).

5.7 Implications for service provision

Statutory services across UK are currently all undergoing hugely significant re-structuring, but the following key issues and implications for services still need to be addressed:

- ▶ A continuum of services, designed around the family, is needed
(Universal, Targeted and Specialist service provision * see figure below)
- ▶ Joint working is critical there needs to be integrated local services built around needs of children and young people (CYP).
- ▶ Investment is needed in developing skills of the wider workforce to improve outcomes for children with speech, language and communication needs (SLCN)
- ▶ There is an urgent need for effective “Joined up” commissioning of services
- ▶ There is a need to involve service users in planning and delivery of services
- ▶ There is a need to promote and safeguard the welfare of CYP

The figure below represents the hierarchy of Speech and Language Therapy services required to address these service issues (source = Royal College of Speech and Language Therapy, 2008).



SLT role in supporting universal outcomes for within Children's Centres

- ▶ Primarily one of advice and training to parents, early years professionals
- ▶ Delivery of national (i.e. ECAT) / local training programmes as part of a wider training team
- ▶ Available at specified times in settings to offer
 - general advice through training or drop in sessions
 - triage services to the wider workforce and to parents and carers.
 - Sign posting /referral on to other support services

5.8 Working with 'hard-to-reach' families

5.8.1 Defining 'hard-to-reach'

One of the predominant challenges in the design of the Phase Three protocol was acknowledged to be securing active engagement from local mothers in this demographic. There is a substantial research literature around 'hard-to-reach' populations, but it is a misconception that this is an entirely homogenous sector of society, or that there are simplistic causal factors. It is helpful to consider three definitions of 'hard-to-reach' populations (NfER, 2004; Brackertz, 2007):

- Minority groups
- Those 'slipping through the net'
- Service-resistant

It should additionally be recognised that there may be complex reasons for non-engagement (or resistance) related to an individual's circumstance.

5.8.2 Stages of engagement

In terms of securing and sustaining engagement with services, Landy and Menna (2006) proposed a six-stage process, and advocate that service providers need to have a systematic and strategic approach throughout.

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Termination

However, this framework presumes that the individuals themselves want to be reached and included. There still needs to be an acknowledgement that the families will have their own priorities, values and beliefs. Planning for the delivery of services or initiatives which do not take account of motivators, influences and priorities is insufficient.

5.8.3 Factors that facilitate engagement

Reviews of this issue indicate that open and transparent processes are essential (Landy and Menna, 2006). It is optimal to establish informal networks that allow individuals to communicate and build relationships with each other, as well as with the professionals, or practitioners who are leading the initiative/s. In line with generic change management theory, opinion leaders can be very influential. The use of parent 'Champions' within communities has been shown in some settings to help to bridge the perceived gap between parents and professionals (Avis et al, 2006).

5.8.4 Community Champion initiatives

Over the past decade there have been a very significant number of Community Champion initiatives across the UK, across a very widely varied range of initiatives. The common issues include

- Recruitment of prospective Champions
- Training
- On-going support/mentorship
- Explicit purpose and goals

Publications related to these initiatives demonstrate that there each scheme is highly individualised and there is inconsistent reporting of the aspects listed above. Some schemes have been highly selective in recruitment and have also utilised very structured induction and training delivered packages. Other reported initiatives have been more evolutionary and participants have been largely self-selecting. Section 10 of this report comprises a selection of on-line sources which illustrate this range of approaches. Evaluations of these initiatives will always remain methodologically complex, due to the high number of known (and unanticipated) variables influencing the successful achievement of the identified goals. However, it has been most commonly reported that whilst the participants (Champions) themselves benefit directly from their experiences within the initiative, there is weak evidence for wider and sustained impact.

5.8.5 Relevance to the Phase Three design

The Phase Three research project design is **essential to elicit perceptions, values and priorities from individuals in this local community**. This will contribute to building higher levels of engagement in future initiatives.

To minimize the impact of a perceived power differential and to maximize engagement, the implementation of the proposed Phase Three project needs to be **led by practitioners who are already known within the local community, not by unfamiliar professionals**.

The proposed project will incorporate training and support for the local practitioners who will implement the project; thus developing them in **Community Champion roles** for the future. The mothers who join the project as participants will also effectively be Community Champions through the making and distribution of the DVD resource. **The research interviews with Club leaders and with the mothers will identify indicative issues relevant to support needs for these two groups**, and this will be reported as recommendations from the project. The issues of sustainability, progression and longer-term impact all need to be addressed within the project design.

6. Review of relevant initiatives & resources

6.1 Key approaches

The following table illustrates a classification for the wide range of initiatives and resources listed in this section of the report. Consideration of these categories will be helpful in finalising the specific objectives of the Phase Three intervention project.

Type of initiative	Examples
National campaigns for awareness raising	<i>Talk to Your Baby Hello</i>
Initiatives for local implementation	<i>Narrative Nursery</i>
Training sessions and Parenting programmes	<i>Talking Tots</i>
Training specifically for teenage mums	<i>Talk 2 Baby</i>
Caregiver support	<i>HomeStart, Family Visitors</i>
Material support for literacy	<i>Book bags, story sacks, Reach out and Read</i>
Shared book reading schemes	<i>Dialogic Reading Programme</i>
Training for relevant professionals	<i>Lets Talk, Stoke Speaks Out</i>

6.2 National campaigns to promote language skills

- **Talk to Your Baby Campaign (2003)** UK National Literacy Trust
http://www.literacytrust.org.uk/talk_to_your_baby
- **PEAL Parents, Early Years and Learning programme** - DfES funded project 2006-08 to promote effective best practice in working with parents to engage them in their child's learning
- **First Five Years Fund** <http://www.ffyf.org/> Early childhood education for disadvantaged children in the United States
- **Hello Campaign England (2011)** <http://www.hello.org.uk/> The campaign aims are to raise awareness of the impact of poor communication skills for children. The end of the year-long campaign will be marked by the launch of a Legacy plan and impact evaluation report.

6.3 Examples of initiatives to promote language skills

The following list is intended to be **illustrative but not exhaustive**. The selected exemplars are all **“universal service” initiatives** and do not include services for children who have recognised developmental difficulties (for example the Portage educational home visiting service). The list also does not include generic services such as Sure Start and Children’s Centres: it is recognised that many of these teams incorporate a dynamic focus on supporting children’s language skills through initiatives which have been carefully tailored to meet the local community setting.

- **Narrative Therapy** UK based programme for children in for Key Stage, 1 Becky Shanks, (2002)
- **Nursery Narrative** UK based pre-school version for 3-5 years, Judith Carey (2003)
- **Talking Tots** UK based parenting session within Salford Sure Start initiative, Liz Baldwin (2003)
- **The Language Tree** UK based training approach for Early Years practitioners, Linda Whitworth & Christine Carter (2004)
- **ACT! Adult-Child Interaction Training for Nursery Staff** UK based training approach for Early Years practitioners, Sarah Hulme (2005)
- **Lets Talk** UK based intensive training programme for Early Years workers Bibiana Wigley (2010)
- **Talk 2 Baby Project** – A Swansea-based project run by a Midwife and a Speech and Language Therapist, to teach pregnant teenagers and new mums how to talk to their babies.
- **Stoke Speaks Out** – UK based partnership project in a city-centre context to promote parent-child attachment and positive parenting through training sessions for professionals.
- **Partnership Pilot, Derby City Council** – UK based specific focus on enhancing children’s speech and language skills across the 0-7 years cohort through a range of practitioner approaches
- **FAST Families and Schools Together** A US based 8-week programme where parents are asked to commit to a range of activities including giving their child 15 minutes of undivided attention every day; learning ‘family play’, and shared mealtimes. There are currently plans to train 8,000+ practitioners in UK.
- **Caregiver Language Stimulation Programme** (Oetting, Pruitt & Farho, 2010) – US based projects to promote enhanced parental language
- **Novel Word learning Intervention** (Justice, Walpole & Meier, 2005) – US based ten-week programme to boost children’s language learning
- **Decontextualised language intervention** (Morgan & Goldstein, 2004) – US based programme to promote explanatory talk and “text-to-life utterance” use.

- **Specific commenting intervention** (Hockenberger, Goldstein & Haas, 2004) – US based programme to promote change in caregiver-child interaction behaviour.
- **Dialogic Reading Programme** (Whitchurch) – US based programme to teach an enhanced book reading technique to parents to promote more active engagement with their child
- **Reach out and Read** <http://www.reachoutandread.org> (High, 2000) – US based initiative for community partnerships in providing book resources for pre-school children
- **Talking Time** – targeted intervention KS1 children addressing three aspects of language development: vocabulary, oral narratives and comprehension.
- **Talk of the Town** – an integrated community-led pilot study as part of the Hello campaign, jointly-led by voluntary sector agencies working with professional services
- **Home Talk Service** – an intervention approach to develop language in the home setting, and to introduce families to relevant local services

6.4 Resources to promote language skills

6.4.1 Paper-based resources

There are a very large number of paper-based resources, many of which are available as free downloads from the internet, particularly linked to recent national campaigns as noted above. Whilst a full list of recommended sources is given in section 8 of this report, **a small number merit mention here as exemplars of high quality materials.** These include advice and top tips for story-telling, reading, songs, rhymes and games; as well as clear information about normal developmental milestones in children’s spoken language skills. Most resources are designed for young parents, but there are additional information sheets and advice for a range of healthcare and educational professionals. There are other commercially available resources, some of which are excellent quality and represent good value for money; but those have not been listed here.

- **First Words** – ICAN poster showing key milestones in communication behaviours with familiar examples and family-friendly advice.
- **Top Tips to develop children’s speech and language** – ICAN poster guide for Early Years Practitioners
- **Talk Together** – ICAN 4-page booklet for parents explaining communication development and giving simple advice on promoting parent-child conversations
- **Share a Story** – poster for parents with tips for reading with your child.
- **Top Tips for Developing Talk** – Hello Campaign poster for parents
- **Raa Raa the Noisy Lion** – Hello Campaign TV character, with ten-point plan for parents with pre-schoolers at TV time

- **Listen Up** –Hello Campaign games pack

6.4.2 Video and DVD resources

As for the paper-based resources, there are a number of relevant video resources currently available. These have all been produced for specific purposes, hence only those which may potentially be useful as resources to be used within the current project have been selected.

- **Speech Language and Hearing Milestones Birth to age Five** DVD available from the American Speech and Hearing Association (ASHA)
- **Talk 2 Baby DVD** This video features pregnant teenagers and new mums in Swansea who took part in a project jointly-run by a Midwife and a Speech and Language Therapist. The teenage mums talk about what they have learned about the importance of early parent-child bonding, and the film shows them playing with their babies. The DVD format was selected for dissemination as a more user-friendly media for this target group. As well as a concern about poor literacy skills, it was also acknowledged that these young girls are likely to be given large numbers of paper-based information which they may well not read through. Additional spin-off benefits recorded as a result of this project included the development of a close network and sense of belonging for the nine girls who took part, as well as improved self-esteem and no evidence of post-natal depression, which is known to be more common in this population.

7. Stakeholder consultations

7.1 Stakeholder representation on Project Advisory Group

There has been a significant level of active support for this project design, which has been overseen by an Advisory Group which comprises wide representation from local statutory and community agencies; including health services, local authority education leaders and Children's Centre staff. The community support and agreed contributions in kind for specified aspects of the project delivery will also significantly offset the projected costs for the study.

Stakeholder support from groups who wish to be actively engaged in the implementation of the proposed project has been very significant:

The staff at Victoria Infants School have highly relevant experience and expertise to offer this initiative; including Family Learning sessions and pre-nursery sessions in partnership with Health Visitor services. The use of the school was offered as a venue for the parent consultation session, as well as a base for the intervention project. This would resonate strongly with the Social Investment Plan target noted earlier in this report.

The staff at the local Children's Centre also have highly relevant expertise and a strong commitment to collaborative implementation of the project proposal. They will additionally ensure progression by active introductions to other relevant family support services.

The team at the Howgills Centre have highly relevant experience of parent support initiatives and have made valued contributions towards the planning of this project.

The Speech and Language Therapy team in Cumbria are actively supportive of this initiative (see consultation session reported above) and also have experience of delivery of community-based universal services to promote and enhance language development in pre-school children. This team has been represented on the Advisory Group from the outset of the initiative.

The (former) Neighbourhood Partnership networks continue to be actively supportive of this initiative and have invaluable insights and knowledge of local community issues and priorities.

7.2 Meetings and consultations

South Workington Neighbourhood Partnership

Meetings with Mark Fryer in his role as Neighbourhood partnership manager. Discussions specifically focussed on the key issues and priorities for the local community context as well as the conduct and outcomes of other relevant recent and current initiatives.

Cumbria County Council

Meeting with the Director and Assistant Director of Children's Services. Discussions specifically focussed on the key issues and priorities for the Local Authority services and the anticipated impact of the imminent restructures. Full support for the proposed project was affirmed, including information and input from the School Improvement Team as appropriate.

Meeting with Richard Cox School Improvement Team Leader. Detailed discussion of potential alternative approaches to outcome measures, dependent on the final project design and intervention objectives. Full support for the proposed project was affirmed, including information and input from the School Improvement Team as appropriate.

Howgill Family Centre, Whitehaven

Discussions with Russell Norman, Director of the Howgill Centre explored the possibility of designing a comparative element for the Phase Three intervention project. Although there is not an exact duplication of geography, there would potentially be a good match for a comparison cohort of children related to population demographics, health, unemployment and deprivation indices.

Examples of relevant initiatives run by the Howgill Centre include:

- PACT (Parenting and Children Together)
- Come & Play
- Story Sacks
- Talking Tots
- Speech and language group

The challenge of selecting appropriate and relevant outcome measures for complex intervention initiatives was also discussed, particularly in relation to evaluation designs previously utilised by Howgill Centre. The Howgill team work closely with Cumbria County Council staff, including the Early Years School Improvement Team. The Centre also has their own Analysis manager who has agreed to contribute advice on the proposed Phase Three project design options.

Additional consultations

Over the course of the Phase One and Phase Two work a wide range of valuable and constructive comments on the project proposals were received from:

Mark Fryer, formerly South Workington Neighbourhood Manager

Ann Chambers, Howgill Centre, Whitehaven

Vivienne Halliday, Children's Services Manager, Howgill Centre Whitehaven

Anne Cartner, Salterbeck Impact Housing

Carole Armstrong, Allerdale Council

Ana Harrison, Speech and Language Therapy Manager, Cumbria Primary Care NHS Trust

Alex Nancollis, Speech and Language Therapy Team Leader, Cumbria Primary Care NHS Trust

Richard Cox, School Improvement Team Leader, Cumbria County Council

Ian Hinde, Key Partnerships Officer Allerdale Council

Peter Tyler, Florence Centre, Egremont Community Film Project

Vicki Webster, Victoria Infants School Workington

Pauline Eppy, Victoria Junior School, Workington

Tony Clayton, Victoria Infants School, Workington

Gillian Spokes, Victoria Junior School, Workington

Glenda Collins, Safeguarding at Victoria Infants School

Bev Crosby, Specialist support for teenage mothers

Sharon Graham, Action for Children

Carol Copley, Universal Services manager, Minto Children's Centre

Cumbria CVS Advisor for Workington

Chris Batten, Frances Scott Trust

Michael Jones, Director Talk for Meaning

John Maycraft ShakerattleandrollforkidsUK

Neil Adams, Director HeadforLearning

Cumbria PCT Speech and Language Therapy Service

Discussions with the Cumbria PCT Speech and Language Therapy (SLT) Team specifically focussed on the key issues for service delivery in the local community context as well as the conduct and outcomes of other relevant recent and current initiatives.

A consultation event was conducted with the paediatric Speech and Language Therapy team for West Cumbria. The meeting incorporated an overview of service provision across this locality, particularly specific examples of universal services: which included a “Family Learning” initiative based at Victoria Infants School, and the implementation of Nursery Narrative (as listed in section 3 of this report under resources for promoting language development). The event also incorporated a structured group session using the Nominal Group Technique (NGT), to generate an extensive list of considerations related to running community-based language enhancement initiatives in this locality. The output from this session is reported below.

7.3 Nominal Group Exercise with Speech and Language Therapy team

The NGT approach was selected for this consultation session with the SLT team for the purpose of generating the most exhaustive list of items possible to address the question posed (VandeVen & Delbecq, 1974; Bartunek & Murnighan, 1984; Taylor-Powell, 2002). One major advantage of NGT is that it avoids two common problems caused by group interviews and Focus Groups. Group interviews often lack a clear structure and focus and often it is reported that dominant individuals may have potentially influenced other members of the group. NGT has the clear advantage of minimizing differences and ensuring relatively equal participation. Other advantages include producing a large number of ideas and providing a sense of closure of the consultation activity that is often not found in less structured group methods.

In this case, the aim was to elicit insights into the **perceived opportunities and challenges for running a community-based language enhancement initiative in this locality.**

The exercise generated over 30 distinctive themes, which grouped into three over-arching categories of factors that will influence the potential success of these initiatives:

- Local ownership
- Participants’ priorities
- Sustainability

The key implications of these themes are represented in the figure below, and will prove to be a valuable checklist for the features of the Phase Three project design.

There has already been some very strong multi-disciplinary and cross-agency working across this locality and the consensus was that the proposed intervention project should **maximise the use of the existing experience**. The multi-agency “Narrowing the Gap” project was cited as an example of good practice.

Another emergent theme was the **support for an activity-based intervention, in contrast to a predominantly literacy-based intervention**; particularly in respect of potentially low levels of parental literacy.

Cycles of poor parenting styles was deemed to be a priority concern. It was proposed that there may be some local grandparents who may be invited to jointly plan and run sessions within the intervention project, as a way of establishing some stronger role models and **Community Champions**.



7.4 Participant involvement in proposed research design

The stakeholder consultations included participant involvement with local groups of 16 mothers, which has contributed to the study design. These mothers voiced very strong interest in being involved in a project to make their own version. The DVD was rated as being very enjoyable and seems a good way to engage the interest of other mothers, although they stated that they would make their own version “more fun”. The high levels of interest generated from these mothers indicates that recruitment to the project will be assured.

In addition, feedback was invited on the Talk2Baby DVD from one of the proposed Talk Time Club leaders. The following extract highlights issues that resonate with the rationale for the current project, and will be incorporated into the protocol for the research study.

I thought the information in the DVD was very beneficial information brought over in a very clear and easy to understand way for expectant mums. It gave them the information that they are giving their babies the best start in life talking to their babies whilst pregnant from the earliest opportunity. The more you talk to your baby the more they understand.

I also liked the way the DVD showed the expectant mums how even stroking their tummies and watching their babies kick was the first bonding and interaction that the mums were experiencing and I thought that the message that this was giving over was an overwhelming message of how important it is to communicate in these early stages to engage the babies senses even before birth.

The DVD also taught the expectant mums and new mums that it is not hard to communicate with their babies and the simplest of opportunities can help their communication from their first stages of their life. This was shown through music and singing and it was lovely to see the interaction between mother and baby.

The main aim of the DVD taught the mums how important it is to talk with their children and even a simple gaze or touch or cuddle was so important to form that bond. Many Mums place their children in front of the TV and I thought it was so important to explain to them that this places the babies at a disadvantage. We all know how busy Mum's can be but it is so important to interact with children to give them the best start in life.

I also liked the way the DVD taught the mums how to talk with their babies copying sounds and copying babble, this is such a sociable time for mother and baby. A mum can sing to their baby over and over again, even when busy but the main message is the importance of conversation.

The vital message of TV not being a good idea was a strong message made simple in the DVD to encourage speech and language development. Also the use of a dummy was also made clear to the parents that it places the children at a disadvantage to develop their speech. A baby loves to hear the sound of their mother, listening to her voice as the baby can then recognise voices, copy sounds and talk and babble back. The DVD also tells the parents

when these times can be eg. nappy times, meal times, quiet times and no TV . It made the message come over very simple and easy to understand.

In summary Hazel I feel the DVD was inspirational in allowing parents to know in a very simple, informative way through other parents and their experiences how important it is to talk to babies so they can respond from the very beginning. It enabled them to know how important it is to hold baby close and encouraged the mums to know how to communicate with their babies. One of the main messages was to minimise the TV as it is so important to interact and talk to your baby and this was brought out throughout the DVD.

All communication must be done together with the child to give it the best start in life. Even as a mother of two teenage son's it gave me some interesting tips for new mother's to be, things I may have taken for granted when I used similar communication techniques with them. I valued the information that it gave to new parents to give them a clear understanding in developing their child's speech and language development.

7.5 Consensus on key aspects for the Phase Three protocol

At the conclusion of the Phase One and Phase Two exercises, the Advisory Group discussed and agreed that the proposed intervention project (Phase Three) must address each of the following points:

- **Engage with local community stakeholders**
- **Maximise the experience and expertise of local stakeholders**
- **Optimise the known (and anticipated) motivators for local families**
- **Empower local families, especially “hard to reach” families**
- **Focus explicitly on spoken language skills**
- **Address challenges of sustainability of the (anticipated) impact**
- **Generate tangible outputs including relevant resources**
- **Demonstrate measurable positive benefits** (appropriate outcome measures to be determined, dependent upon the nature of the intervention activities).

The following notes comprise supplementary commentary to the above points:

“Local stakeholders” are those who may participate in delivery of the proposed intervention project, as well as those who are intended to benefit from it.

8. Talk Time Club research protocol

8.1 Research protocol

Project title

“Talk Time Club”: accessing mothers’ perceptions of a community-based initiative to enrich the language environment for under 2 year olds

Background and rationale for the study

The focus of this project on enhancing the language experience of very young children in areas of high social deprivation has significant importance and timeliness across national priority agendas (All Party Parliamentary Group report, February 2013). This project has been specifically designed in response to an identified priority concern in the local area about children’s language skills at school entry, with direct implications for their later educational attainment. Initiatives to promote children’s early language skills will not have optimal impact without engagement of their parents.

There are multiple initiatives in the wider Workington area (some nationally-funded, others locally developed) which all share a common focus on early language development, particularly for children over the age of two years. However many of these initiatives have shown limited take-up and the challenge remains of many hard-to-reach families who have children who are at high risk of poor language directly associated with social deprivation. Initiatives to promote children’s early language development cannot have optimal impact without the active engagement of their parents and there is a significant dearth of research relating to the how best to engage with ‘hard-to-reach’ families. Hence this study is essential to access the perceptions and experiences of local young mothers, and these research findings will help to maximize engagement in future roll-out initiatives.

The key aim of this project is to access the perspectives of local mothers, to generate insights into their perceptions and priorities about their child’s language development, so that future initiatives can be targeted to more effectively engage these families. Their experiences of a participating in a novel initiative (Talk Time Club) to promote communication skills in children under the age of two years will have direct implications for increasing active engagement in future initiatives to enhance language development in this community context, with potential for wider application.

One of the project outputs of this Workington community-based initiative will be a DVD made by the mothers attending the Talk Time Club, which will comprise a valuable community resource to demonstrate approaches to help babies’ language to develop. Free copies of the DVD resource will be widely distributed across the local community. In this way, the mothers who participate in the project will additionally be encouraged and supported to develop a role as champions within their own community.

Rather than simply conducting research interviews with these mothers, the Talk Time Club DVD project has been designed to elicit these perspectives in a more naturalistic setting. The Talk Time Club initiative has also been pitched to support recruitment of mothers by offering them a tangible output from participating in the sessions. Additional sustainability and progression from this project will be achieved through actively introducing these mothers to other relevant services including the Adult Learning support networks, and other Children's Centre initiatives.

The project design is unique and distinctive: it has already generated substantial support from local stakeholders and is anticipated to attract wide attention from statutory and third sector agencies, local community stakeholders, strategic policy-makers and local politicians, as well as academic researchers. The outcomes of this small-scale study will have the potential for future roll-out to significantly larger comparative studies; for which more substantial research funding will be sought in due course.

Overview of the proposed project

This project will recruit a group of local mothers who have a child under the age of two to join the Talk Time Club which will run for 12 weeks. The purpose of the club is to support these mothers to make a DVD to show how songs, games and book-reading can help babies' language to develop. The DVD will be freely available for all the mothers to have copies for themselves and to share with their families, friends and other young mothers. There will also be a number of dissemination events at the end of the project.

The Talk Time Club sessions will be run by two individuals ('Club Leaders') from the local community who already have experience of working with families and young children. It is important to the rationale of the project that these individuals are already known within the community and are not professionally qualified staff, to facilitate increased engagement in the project in line with previous research findings. The Club Leaders will be employed for half a day per week for the duration of the project and will be supported by an experienced researcher and by a local community film production team. The half day per week will incorporate dedicated for their own training and session preparation, running the Talk Time Club sessions, activity recording and weekly debriefing with the Research Team. The club leaders will feedback to the researcher on a weekly basis for the duration of the project; they will also conduct the research interviews with the mothers who take part. Dr Hazel Roddam is the researcher who has designed this project. Hazel will oversee the club leader training, and will monitor all aspects of the project delivery, analysis and reporting. The Headteacher at Victoria Infants School has offered the use of accommodation for the club sessions.

The project will have a Research Steering Group of key local stakeholders who will have responsibility for monitoring that the project is delivered on-time and within budget. Full ethical approval for this project will be confirmed by University of Central Lancashire.

The initial scoping phase that underpins this proposal highlighted a number of essential criteria to be addressed within a project proposal. It is deemed by the Research Steering Group that these are met by the current protocol.

- *Engage with local community stakeholders*
- *Maximise the experience and expertise of local stakeholders*
- *Optimise the known (and anticipated) motivators for local families*
- *Empower local families, especially “hard to reach” families*
- *Focus explicitly on spoken language skills*
- *Address the challenges of sustainability of the anticipated impact*
- *Generate tangible outputs including relevant resources*
- *Demonstrate measurable positive benefits*

Research aim and objectives

Aim: To access the perspectives of local mothers, to generate insights into their perceptions and priorities about their child’s language development, plus their experiences of participating in a novel initiative (Talk Time Club) to promote communication skills in children under the age of two years, so that future initiatives can be targeted to more effectively engage these families.

Objectives:

1. To develop and evaluate a training package to support locally-recruited individuals to run Talk Time Club sessions for local mothers with children under the age of 2 years,
2. To develop and evaluate strategies for optimising engagement in Talk Time Club by this group of local mothers,
3. To elicit the perceptions and priorities of this group of mothers regarding their own children’s language development,
4. To develop and evaluate strategies for raising the skills and confidence of this group of local mothers to enhance the spoken language skills of their own children,
5. To engage this group of local mothers to produce a DVD for training other local mothers in Talk Time Club language games and activities,

Research methodology

The project proposal comprises a complex intervention, to be conducted in a naturalistic setting, with a robust mixed-methodological research design. The research design has undergone academic peer review and the outcomes of this pilot study will have the potential for future roll-out to significantly larger comparative studies.

Rather than simply conducting research interviews with these mothers, the Talk Time Club DVD project has been designed to elicit these perspectives in a more naturalistic setting. The research design is an interpretative phenomenological approach, to represent the participant perspectives of the mothers attending the Talk Time Club. The way in which the mothers talk about their babies' language development will be analysed from the video and interview data sets, to reflect their perceptions and priorities about this aspect of their child's development. Additional contextual data will be collected to comprise detailed mapping of the Talk Time Club intervention activities, plus engagement with the Club sessions.

Participants and recruitment

Participants will be local mothers of children under the age of 2 years. The maximum group size is 8-10 mothers. Mothers who have more than one child under the age of 2 may bring both babies with them, but older siblings cannot be accommodated within the Club sessions. The participants will be recruited via local publicity and direct invitations by specialist Midwives, Health Visitors and other family support workers who are supporting this project ie this will be selective sampling / targeted recruitment of mothers who meet the eligibility criteria for this project. These mothers will be given the Participant Information Sheet and have the opportunity to ask questions to ensure they fully understand the purpose of the Talk Time Club. All prospective participants will be contacted again after a minimum of 48 hours to ask whether they agree to take part: those who wish to join the Talk Time Club will then be asked to sign the Participant Consent form.

Intervention

Training sessions for the Club Leaders in advance of the first club session will address a range of identified relevant aspects of promoting child language and supporting mother-child interaction, as well as recording the project outcome measures and use of the film equipment.

The Talk Time Club sessions will run once a week for one and a half hours. The optimal time of day for the sessions will be agreed. These structured sessions will incorporate informal welcomes, structured language play and activities, and a mini-creche time supervised by one of the Club leaders whilst the mothers talk as a group with the other Club Leader. The Talk Time Club will run for 12 weeks, during which time the group members will use the video cameras to record the language games and singing activities. The mothers will have full control over the content of the filming, but will also be encouraged to incorporate video diary 'talk to camera' about their experience of the club sessions and about their perceptions of their own child's language.

Age-appropriate resources will be provided for the use of the Talk Time Club sessions, including toys for action songs and language games, age-appropriate books. There will also be Talk Time Play Packs for the mothers to use at home between sessions. The club sessions will focus on specific age-appropriate vocabulary sets each week, for example farm animals, doll play, etc. The training sessions for the Club Leaders will incorporate detailed session planning underpinned by relevant evidence-based practice and national Early Years guidance for promoting language development.

The mini-creche time during the club sessions will give the opportunity for discussion and planning for the DVD filming, as well as for the mothers to ask advice and questions from the Club Leaders such as *reading books with my baby*, *what's wrong with my baby watching too much TV* etc

The total time-scale from the project initiation will be 6 months (to include Club Leader training, participant recruitment, 12 Club sessions, all data analysis and reporting of findings). The Club sessions can only run in school term-time, but the optimal start date for the sessions cannot be determined until funding has been secured.

Methods for data collection

Contextual data will be recorded by the Club Leaders on a weekly basis. This will include activity logs, attendance records and reflective commentary on the mothers' engagement with the sessions. The recording sheets will also reflect the specific vocabulary sets for each session as incorporated in the language games, songs and book-based activities. Formative (contemporaneous) measures will be collected, in addition to summative (end of project) measures. The researcher will conduct a semi-structured interview with each of the Club Leaders at the end of the project, with an Appreciative Enquiry approach which will focus on learning points for future roll-out of similar initiatives, in line with the project objectives.

The primary qualitative data generation will be the analysis of the video recordings, including the footage of the language games and activities and the mothers' 'talk to camera'. The Club Leaders will conduct a semi-structured interview with each of the mothers at the end of the project. These will be audio recorded for transcription and analysis by the researcher. The interview question schedule will include prompting the mothers to talk about: "what I would say about Talk Time Club to my friend who has just had her first baby", "what I enjoyed best", "what my child enjoyed best", "what I noticed about my child's talking" etc.

Methods for data analysis

The contextual data will be analysed in a thematic framework approach with the themes generated from the qualitative data. The outputs from this analysis will address each of the listed research objectives; to comprise an evaluation of the Talk Time Club initiative. The study findings will comprise an original contribution to understanding of the mothers'

perceptions, priorities and concerns about their children's language development; about what aspects may increase more active engagement by mothers in similar initiatives; and what may be additional support needs for young mothers to act as community champions within their own locality.

Ethical considerations

There is no risk of harm to participants in this research study, nor any specific health and safety considerations or insurance implications beyond standard use of premises for similar events. Each of the Club leaders already has enhanced CRB clearance.

Data protection and confidentiality issues will be in strict accordance with the current guidance. This will also be covered in the Club Leader training sessions. All consent forms will be stored in a locked filing cabinet in a locked room. All research data will be stored in compliance with Data Protection requirements for 5 years and then destroyed. Research reports will ensure confidentiality of the participants' personal information. Participants' anonymity cannot be protected in the DVD, but the production and editing of the final version will be with the informed consent of all participants.

The Participant Information sheet and Consent form will make it clear that participants are free to leave the research project at any time, without having to give a reason and with no disadvantage to themselves. In that instance they can request that any direct filming of themselves is edited out of the final DVD and this will be done as far as is possible.

The protocol for participant recruitment and signed consent fully complies with good research practice guidance. The research protocol will have confirmed ethical approvals prior to the commencement of the study.

Stakeholder involvement

The initial scoping exercise and stakeholder consultation exercises were conducted over an extended period of time with a wide range of local and regional partners. This has demonstrated significant support for the project and has generated considerable commitment for active contributions and 'support in kind' for the project delivery.

Participant consultation

Consultation about the project proposal has been supported by key workers in local support services who have established contacts with mothers of young children in the area. The Talk2Baby DVD was screened with 2 groups of mothers at the Children's Centre (approx. 16 mothers in total). These groups voiced very strong interest in being involved in a project to make their own version. The DVD was also rated as being very enjoyable and seems a good

way to engage the interest of other mothers; which gives strong support to the current project proposal.

Dissemination plan

The DVD resource will be made widely available for local use, to maximise the reach sustainability and impact of the project.

Local dissemination will be via presentations about the project design, results and impact.

National dissemination will be via academic peer-reviewed publications and conference presentations.

8.2 Proposed Budget

Staff costs	Club leaders x 2 (backfill to employer for Teaching Assistants etc)	**14 x 3 hour Club sessions @£10 per hour (incl on-costs) **6 x 3 hour training sessions @£10 per hour (incl on-costs)	£1,200 x 2 £2,400
	ShakeRattleandRollforkids Training provider	2 x 3 hour sessions @ £350 + preparation @ £350	£1,050
	Filming training at Florence Centre, Egremont	**2 x 3 hour sessions @ £50	£100
	Video editing support	**4 x 3 hour sessions @ £50	£200
	Researcher	22 days @ £600 Full Economic Costs - Training Club leaders - Data analysis - Report writing - Dissemination events	£13,200
			£17,550
Resources	Room hire charges	*c/o Victoria Infants School	-
	Camera equipment x 2	Sony camera @ £200 x 2 Tripod @ £50 x 2 SD Card @ £50 x 2 Editing software @£75 x 1	£675
	Consumables, DVDs		£100
	Toys, games, books	Incl toy packs for each mother/child to keep after the project	£1,000
			£1,750
Travel	Club leaders	To attend training sessions 2 x return to Egremont 2 x return to Preston	£600
	Trainers	2 x return Bolton to Preston	
	Researcher	2 x return Preston to Workington	
Refreshments	Steering group meetings	**	£100
	Club sessions	£100	
	Dissemination events	*	
Dissemination	Conference costs	*UCLan West Lakes	-
	Conference costs	*Victoria Infant School	
	Conference costs	*UCLan Preston	
TOTAL			£20,000

***Contribution in kind**

****Subsidised rate for local community partners**

8.3 Funding bodies

	Grant limits	Eligibility to apply	Limitations on use	Application process	Comments
Big Lottery Fund Awards for All (England)	£300 - £10,000	Community Group School Parish/Town Council Not-for-profit groups Health body Must meet at least 1 BLF priority (p11) *Better life chances *Stronger communities	Grant to be used within 1 year Applicant must 'manage' the project Can apply for some or all project costs Must show that concurrent applications for funding will not delay start of project Must have safeguarding policy in place Public liability insurance in place Qualified leaders Equal opps policy for project	Decision 3 months from application (30 working days) Receipt of application acknowledged in 5 days If successful need to supply bank details + authorisation from Senior Manager in organisation	PTA eligible
BBC Children in Need Small Grants	Up to £10,000	Not-for-profit groups	Not for research projects Must address disadvantaged groups	Next deadline 1 st Dec 2013	N/A – do not fund research
Comic Relief Via Cumbria Community Foundation 01900 825760 enquiries@cumbriafoundation.org Community Health and Wellbeing Fund (NHS & CCC)	£250 - £50,000	Charitable organisations Social enterprises Community groups	Must fit at least 1 of 5 priority themes (Better Futures + Stronger Communities)	MAIN Panel Closing date 25/10/2013, committee meeting 19/11/2013 Closing date 03/12/2013, committee meeting 28/01/2014 WEST CUMBRIA Panel Closing date 18/10/2013, panel meeting 13/11/2013	Smaller bids more likely to be successful Part-funding more likely to be successful

				Closing date 20/12/2013, panel meeting 22/01/2014	
Cumbria CVS 01768 800350	Recommendation to apply to Awards for All				
FCSCT Frances Scott Early Years/family support Small grants Director, Chris Batten 01539 742608	Less than £4,000	Registered charity Focus on community deprivation for children/young people	Schools excluded	Applications for small grants considered every 3- 4 weeks Rec phone call prior to application after 14th Oct 2013	
The Hadfield Trust 01704 834887 e-mail admin@hadfieldtrust.org.uk	Contact administrator for advice on amounts	Social needs Youth	Applicant needs to be from within Cumbria Will not fund 'feasibility' studies	1 st Feb 2014	UCLan cannot be lead
The Henry Smith Charity		Social and/or economic disadvantage, specifically for family support in areas of high social deprivation			Not for social research
The Waterloo Foundation Child Development		University Registered charity Not-for-profit groups		July 2014 deadline, decision Nov 2014	
Esme Fairbairn Foundation Social Change strand – main fund info@esmeefairbairn.org.uk or 020 7812 3700.	Over £5,000			2-stage application process: outline then full. Phone advice after 1 st stage Applications assessed on rolling basis, no deadlines	

9. References

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10. Additional resources

10.1 Key Policy Drivers

- ▶ NSF – Children, Young People and Maternity services (2004)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089114
- ▶ ECM (2003) & Every Disabled Child Matters (2007)
<https://www.education.gov.uk/publications/standard/publicationdetail/page1/DfES/1081/2004>
- ▶ Our health , our care, our say: New directions for community services (2006)
<http://www.official-documents.gov.uk/document/cm67/6737/6737.pdf>
- ▶ Bercow Review and Better Communication Action Plan (2008)
<http://www.thecommunicationtrust.org.uk/bcap.aspx>
- ▶ Healthy Lives Brighter Futures (2009)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400
- ▶ Healthy Child programme
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566
- ▶ Transforming Community services – (2009/10)
<http://www.dh.gov.uk/en/Healthcare/TCS/index.htm>
- ▶ EQUALITY AND EXCELLENCE : LIBERATING THE NHS (JULY 2010)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
- ▶ ACHIEVING EQUITY AND EXCELLENCE FOR CHILDREN (SEPT 10)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119449
- ▶ GETTING IT RIGHT FOR CYP: OVERCOMING CULTURAL BARRIERS (SEPT 10) – Kennedy Report
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119445
- ▶ Aspiration and attainment amongst young people in deprived communities Analysis and discussion paper December 2008, Cabinet Office, Social Exclusion Task Force

- ▶ Prince's Trust. (2010, December). *Cost of youth disadvantage in UK at new high*. Retrieved December 7, 2010, from Prince's Trust: [http://www.princes-trust.org.uk/about the trust/what we do/research/cost of exclusion 2010/press_release.aspx](http://www.princes-trust.org.uk/about%20the%20trust/what%20we%20do/research/cost%20of%20exclusion%202010/press_release.aspx)
- ▶ Save the Children. (2010). *Northern Ireland*. Retrieved November 23, 2010, from www.savethechildren.org.uk: <http://www.savethechildren.org.uk/en/northern-ireland.htm>
- ▶ Social Investment Plan for West Cumbria <http://www.westcumbria.gov/Default.aspx?page=312>
- ▶ Social Market Foundation <http://www.smf.co.uk/too-much-too-late-life-chances-and-spending-on-education-and-training.html>
- ▶ WAVE. (2010). *Finance Committee: Inquiry Into Preventative Spending Submissions*. Retrieved November 29, 2010, from The Scottish Parliament: <http://www.scottish.parliament.uk/s3/committees/finance/papers-10/fip10-24.pdf>
- ▶ Wilson, P. (2010). *Scottish Finance Committee inquiry into Preventative Spending: Submissions Received*. Retrieved November 23, 2010, from www.scottish.parliament.uk: <http://www.scottish.parliament.uk/s3/committees/finance/inquiries/preventative/P-S-PhilipWilson.pdf>

10.2 Resources for promoting speech and language skills

I-CAN Charity <http://www.ican.org.uk/>

Talking point <http://www.talkingpoint.org.uk/en/Parent.aspx> Information, advice and resources for Parents, GPs, Health Visitors Early Years Workers, Teachers, Speech and Language Therapists

Video clip presenting how children learn language:

<http://www.talkingpoint.org.uk/en/Parent/My%20Child%20Is/Pre-birth.aspx>

10.3 Initiatives for developing Community Champions

<http://www.rochdale.gov.uk/pdf/Community%20Champions%20overview%20and%20training%20model.pdf>

http://www.diabetes.org.uk/Get_involved/Raising-awareness/Community-Champions/

http://www.towerhamlets.gov.uk/lgs/1101-1150/volunteering_opportunities/community_champion_coordinator.aspx

<http://www.altogetherbetter.org.uk/community-health-champions>

<http://www.altogetherbetter.org.uk/the-altogether-better-approach>

<http://www.altogetherbetter.org.uk/amazing-stories-collection>

<http://www.altogetherbetter.org.uk/film>

<http://www.east-thames.co.uk/community-champions>

http://www.enfield.gov.uk/events/event/964/community_champion_training_programme

<http://www.5w2w.org/media/downloads/wellbeing-coaches.pdf>

<http://www.niace.org.uk/current-work/community-learning-champions>

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/RB441>

Appendix 1: Initial Project Briefing Document (2010)

South Workington Partnership have identified a priority concern relating to the educational achievement of children in the Moss Bay Ward. National comparative Education data sources for the Moss Bay Ward pupil attainment scores show that literacy levels in this Ward have been consistently below the national average, as well as below the Cumbria average since 2003 (source, Key Stage 1 Writing scores at Level 3 ie children aged 7 years). These figures also demonstrate a significant decline in pupil attainment over the past decade. These alarming data have been masked by the aggregated scores for Allerdale and West Cumbria Locality, but now need to be urgently addressed.

A recent analysis of the Index of Multiple Deprivation (IMD) additionally demonstrates that the Moss Bay Ward in South Workington has deprivation scores for Education and Health within the lowest 10% nationally (source, Public Health Intelligence Team for North Cumbria). This Ward ranked the worst for multiple significant health indicators, and considerably below the Cumbrian average on all health indicators in the index.

It has been recognised that social deprivation and an impoverished language environment have a direct influence on lower pupil attainment, as well as vulnerability for children to experience social exclusion and an increased risk of entering the criminal justice system (source, Department for Children, Schools and Families, 2008). Over recent years there has been an increasing recognition of the importance of the Public Health role of Speech and Language Therapy (SLT) services for early intervention with children and young families, in promoting an enriched language environment and spoken language (oracy) skills. The emergent findings from evaluations of these SLT initiatives emphasise that the effectiveness of such input is maximised where these are tailored to the unique needs and priorities of the local setting.

Project Aim: To promote educational attainment and social inclusion of children in Moss Bay Ward, Workington by enhancing their skills in spoken language. This proposal is for a pilot project comprising a community-based language enrichment intervention package which will be tailored to the unique needs of the local community.

Objective 1: Scoping Exercise. A scoping exercise of relevant local demographic data for the designated cohort, current models of relevant services and initiatives, and local community engagement with those services. Relevant data will be collected as far as possible from existing data sources and will be compared to regional and national outcomes sources from the National Pupil Database (NPD), NHS National Benchmark Database, Office of National Statistics (ONS) and the Cumbria Observatory.

Objective 2: Stakeholder Consultation. A consultation exercise with all relevant local stakeholders (including representatives from Education and Health, plus local families), to elicit perceptions of local barriers to accessing current service provision, as well as the reported priorities of the participants in this local setting for this cohort of children.

Objective 3: Language Enrichment Intervention. A community-based intervention to boost the spoken language skills in the designated cohort, designed following the outcomes of Phases 1 and 2. This is likely to comprise a 12 week package of language-based activities across an agreed range of community locations (with follow-up outcome measures 12 weeks after the end of the intervention). As well as direct intervention activities to enrich the children's language experiences, there will be sessions for parents and other family members, teaching staff and classroom assistants (indirect interventions). Any children who have already been identified as requiring targeted and specialist SLT services (those children who have a diagnosed speech and language disorder) would continue to receive the standard SLT case management in addition to the community-based sessions specified in this project.

An Advisory Group will be convened at the outset of the project, to undertake responsibility for monitoring timely achievement of project milestones and deliverables. Invited members of the Advisory Group will include key local stakeholders from Education and Health services, plus a representative of the research sponsor.