



I CAN RESPONSE TO THE BERCOW REVIEW OF SPEECH, LANGUAGE AND COMMUNICATION NEEDS

1. Introduction

I CAN is the children's communication charity. We work to develop speech, language and communication skills for all children. I CAN's particular focus is children who find communication hard: children with speech, language and communication needs (SLCN).

This document presents I CAN's response to the public consultation on the Bercow Review of Speech, Language and Communication Needs. It accompanies our response to the questions posed in the Review's online questionnaire.

In this document, I CAN sets the context for its response by highlighting the importance of speech, language and communication as foundation skills for children at every age and stage of life. It then outlines shortcomings in current approaches to speech, language and communication development which need to be addressed through the Review's recommendations on future policy and service development.

It goes on to address each issue raised within the Terms of Reference for the Bercow Review. Under each, I CAN makes suggestions for recommendations which we hope will be included in the Review's eventual report.

I CAN welcomes the Bercow Review, and the new focus it represents on services to children with speech and language needs and their families. We are hopeful that the Review signals new interest in children's speech and language at policy level, and an end to the neglect which this crucial area of child development has experienced for too long.

2. Context

Communication: the foundation life skill

Speech, language and communication are *the* foundation life skills for the 21st Century, the bedrock on which children learn, achieve and make friends. Communication is one of the ten core life skills listed by UNICEF, UNESCO and the World Health Organisation.

Unaddressed, speech and language impairments carry with them high risk of problems with literacy, numeracy and learning; difficulties with social relationships and behaviour; and – in the worst case – offending. In adolescents and young adults, speech and language impairments are strongly associated with mental health problems. People with speech and language impairments are significantly over-represented in the young offender and prison populations. SLCN represents a significant risk factor for social exclusion.

Speech and language problems affect three times as many children as dyslexia and ten times as many children as autism, but the issue does not enjoy the same profile or public recognition despite the crucial role it plays in children's development.

To reflect the fundamental importance of communication skills, I CAN would like to see a national awareness-raising campaign on the importance of speech, language and communication led by a multi-agency umbrella body with an understanding of the issue. There should also be national and local 'leads' – communication tsars - with responsibility and accountability for SLCN.

Prevalence of SLCN and level of need (specialist to universal)

In the UK today more than 1 million children have Speech, Language and Communication Needs (SLCN). It is a pan-disability issue. Many of these have complex communication needs in the absence of other difficulties; half have SLCN as part of another disability such as Downs Syndrome and cerebral palsy.

I CAN would like to ensure that children with long-term persistent speech, language and communication needs have specialist support tailored to their individual needs. Personalised packages of support, access to specialist provision as required and help with transition will be needed for them and for their families.

However, it is also important to ensure that speech language and communication skills are not viewed solely in the context of Special Educational Needs (SEN). Due to the fundamental importance of communication, it is essential that **all** children and young people develop speech and language skills. We know that in some deprived parts of the country, 50% per cent or more of children are arriving at primary school without the communication skills they need to learn.

As a result I CAN would like to see the importance of communication for all children embedded in the forthcoming Review of the Primary Curriculum – with curriculum changes that reflect the central role of language in children and young people's overall development – as well as the Children's Health Strategy.

Health vs education

The structural divide between NHS speech and language therapy services and Local Authority responsibility serves children with SLCN and their families poorly. This is due to a number of factors including: the lack of a common language; conflicting targets and priorities; a difference in opinion about effective outcomes for children's communication; unclear funding and commissioning routes. This can very easily mean that the collaborative practice which underpins effective practice for children and young people with SLCN is impossible.

In order to close this gap, I CAN proposes: a shared understanding of SLCN across agencies and the children's workforce, with common terminology and definitions adopted across sectors; consensus on outcomes for children with SLCN; pooled budgets across agencies to facilitate service redesign.

Commissioning

In addition to the aforementioned structural divide between health and education, there is a dearth of knowledge about 'what' services should be commissioned to meet the needs of children with SLCN.

*In order to help commissioners meet the communication needs of the **entire** children's population, I CAN would like to see a country-wide speech, language and communication strategy. This would incorporate a 'model' of how to meet the needs of a population, together with national standards outlining the required levels of universal, enhanced and specialist support – informed by evidence. This should include criteria for and ways of accrediting communication-friendly settings for children at every age and stage of development.*

Please see Appendix 1 which offers a model which outlines how the universal, enhanced and specialist needs of a children's population might be met. Appendix 2 sets out I CAN's Early Talk standards at universal/supportive level (page 12-15), enhanced/targeted level (page 16-22) and specialist level (page 23-35).

In addition I CAN would like to see a pathfinder programme on SLCN as part of the children's strand of the Department of Health's World Class Commissioning work to link the NHS, Education and social care in joint commissioning to meet the needs of children with SLCN and their families.

I CAN supports the joint submission by Afasic, Communication Matters, RCSLT and Scope on Commissioning Incentives.

Workforce

Although there is a growing awareness of the crucial role speech, language and communication plays in the development of children and young people, this is sometimes considered to be the responsibility of early years and foundation stage staff. Expertise of those working with older children and young people is extremely variable, in some cases, non-existent. For those working in settings such as social care, youth offending, behaviour management the now well-researched links between speech, language and communication and emotional/social/behavioural difficulties is yet to reach practitioner level.

SLTs have a clear role in planning, delivering and monitoring intervention focused at universal, targeted and specialist levels – including training, mentoring and development. However, there is a mismatch between the number of speech and language therapists employed by the NHS (approx 6,500 according to a 2006 'headcount' serving all age groups including children and older people) and the needs of children with SLCN (which we know is over 1 million).

I CAN advocates a systematic approach to workforce development which sees the development an understanding about communication as central to the entire children's workforce at an appropriate level. I CAN would like to see the children's workforce – circa 3 million people – equipped with the skills and knowledge to support speech, language and communication and supports the comprehensive submission by The Communication Trust on this issue.

3. Response to the Review's Terms of Reference

3.1 A health service commissioning framework which ensures sufficient and responsive speech and language therapy services to meet local needs

I CAN would like to see in place a model of commissioning for speech and language services which is driven by an understanding of 1) the needs of children with SLCN and their families and 2) the full range of resources available to meet them locally across health, education, social care and other local authority services. These needs would then be audited, and services would be configured accordingly. The process would entail pooling of budgets across 'traditional' provider silos (health, education, social care, youth etc) and would be outcome/benefit focused. The need for specialist support for children with severe and complex needs would be specifically addressed.

The recent Department of Health *Commissioning Framework for Health and Well-Being*¹ and the DH World Class Commissioning initiative provide further impetus for health and education to be more closely aligned. They reinforce the need for Local Authorities and health bodies to communicate, pool resources where appropriate and via Joint Strategic Needs Assessments (JSNAs), assess the needs of their communities.

To support this, I CAN suggests:

- A pathfinder programme on SLCN included within the Department of Health's World Class Commissioning work to link the health, education, social care, youth services etc in joint commissioning to meet the needs of children with SLCN and their families.
- A commissioning guide based on examples of good practice of World Class Commissioning which maps the number of staff required to meet the needs of children at every age and stage, highlights care pathways and provides models of service configuration and service standards.
- Speech, language and communication as a measure in Joint Strategic Needs Assessments (JSNAs) guidance.
- Development of set of standards which define good (best) practice for schools and early years and other settings in supporting all young people's communication development and meeting the needs of children and young people with speech, language and communication needs at every age and stage.
- Robust data collection on speech, language and communication as part of the SEN data collection suggested in the Children's Plan.
- The development of an audit tool for local authorities to address the needs of children with SLCN and their families at every age and stage and in relation to the local rates of school exclusions, youth offending etc.
- Mechanisms for sharing good practice across authorities, local projects and services; for example active web-sites, seminars, round-table sessions, 'pathfinder' / beacon schemes.
- Cost-benefit analysis commissioned, similar to large scale studies carried out in the US², and taking into account social, emotional, economic and health factors.

¹ Department of Health and Department for Communities and Local Government, *Commissioning Framework for Health and Well-Being*, March 2007

² Ruben R.J. (2000) *Redefining the Survival of the Fittest: Communication Disorders in the 21st Century* Laryngoscope Vol 110

Clarity of accountability and responsibility for planning and service delivery from national to local level across health, social services and education, including joint and consistent priorities

Given the impact of poor communication skills on life chances, I CAN would like to see systems in place which monitor effectiveness of joined-up working, and measure quality as well as quantity. I CAN would like to see a requirement to consider SLCN as part of Local Area Agreements (LAAs) and Children and Young People's Plans, with clear accountability for delivery at a local level. We would like to see clear lines of shared accountability at ministerial level which support cross-sector working and strong political leadership on this issue.

To support this, I CAN suggests:

- One Minister to have accountability and responsibility for speech, language and communication. I CAN suggests that this should be the Children's Minister who would be charged with championing the needs of all children's SLCN and coordinating government policy across Departments.
- A Communication "Tsar" heading up a 'communication task force' who is responsible and accountable for acting as a bridge between central and local government and championing children with SLCN and their families.
- A national campaign to raise awareness of language and communication. For example, a "*National Year of Communication*" (similar to 2008's *National Year of Reading*) or an "*Every Child a Communicator*" (akin to DCSF's to *Every Child a Reader, Writer, Counter* initiatives).
- Speech, language and communication as one of the national 'indicators' for the CSR period 2011-12/14-15 which would feed into LAAs and CYP plans etc
- Clear criteria built into the core OfSTED, Joint Area Review (JAR) and forthcoming Comprehensive Area Assessment (CAA) inspection frameworks to assess partnership working between Local Authorities and PCT's (and within Children's Trusts) to deliver effective services for children's communication.
- Local and national outcome-focused targets which encourage practitioners to develop communication friendly environments and practice rather than measuring 'amounts' of intervention.
- Recognition of the link between SLCN and social exclusion through a PSA target for socially excluded children/young people.
- A target for access to speech and language services as part of PCT's 'vital signs' launched in the NHS Operating Framework 2008-09.
- Training and awareness-raising around speech, language and communication for inspectors.
- Cross-sector guidance which uses common terminology, definitions and prevalence figures on SLCN.

3.2 Strategic, professional and operational leadership of services

I CAN would like to see those who work at a strategic level in Local Authorities, Children's Trusts, PCTs, schools having a better understanding of speech, language and communication and the potential impact if children's SLCN are unmet. We would like to see communication prioritised as a cross-cutting issue driving forward service delivery.

To support this, I CAN suggests:

- A designated speech, language and communication 'lead' within Local Authorities/Children's Trusts (akin to similar posts for literacy or extended schools), who is responsible and accountable for advising on and monitoring how the communication needs of children are being met locally, to act as a coordinator between Local Authorities, PCTs and schools to ensure joined up provision.
- In the forthcoming guidance for Children's Trusts, there should be a section on how a Trust can be supported to make sure that speech, language and communication is prioritised. For example, part of the decision-making team for children with complex needs and those at risk of SLCN should include a specialist practitioner.
- The establishment of national and local networks for communication specialists/strategic leads to disseminate good practice.

3.3 Recruitment and deployment of NHS speech and language therapists, particularly those specialising in working with children

I CAN would like to see SLTs working in a range of ways, as part of the *team around the child* working jointly with other professionals. Currently in many places, SLTs are seen as the 'single solution' to all communication problems.

In fact, since communication is so fundamental, ALL members of the children's workforce should be equipped and have a duty to ensure that all children's communication needs are met. SLTs should work both directly with children with the greatest needs as well as part of the 'mix' locally, providing advice and training to teachers, other members of the children's workforce and parents to build supportive communicative environments. In advocating this model, it is essential that sufficient numbers of SLTs are trained and employed with their skill and expertise used and deployed efficiently, effectively and appropriately.

To support this, I CAN suggests:

- Up-dated guidelines for expected numbers of SLTs per population in respect of universal, targeted and specialist services, based on the audit tool and commissioning guide principles mentioned in section 3.1.

3.4 Analysing good practice in joint working by education and health services, particularly joint commissioning, including needs assessment and design of service delivery

A 2006 report by the National Audit Office (NAO) on Children's Centres³ found that only five of the 27 Children's Centres looked at by the NAO had formally agreed with their PCT what services to provide through Children's Centres. In the light of the Children's Plan vision of transforming schools into community 'hubs' using the Children's Centre model, it is essential that there is best practice guidance for effective multi-agency working at all levels given the extremely patchy way joint working is currently being implemented across children's services.

³ National Audit Office, Sure Start Children's Centres, December 2006

The recent *Commissioning Framework for Health and Well-Being*⁴ provides further impetus for health and education to be linked more closely. It reinforces the need for Local Authorities and health bodies to communicate, pool resources where appropriate and via Joint Strategic Needs Assessments (JSNAs), assess the needs of their communities.

Children's speech, language and communication requirements must be included within these assessments and I CAN would urge local agencies to work together to ensure they are included in JSNAs and also in local Children and Young People's Plans as recommended by Ofsted⁵.

To support this, I CAN suggests:

- A resource tool for commissioners to signpost effective joint working practices that already exist across and between agencies. This would also provide an evidence base for the most effective and cost effective support and intervention for children and young people's communication.
- A component of the forthcoming Child Health Strategy announced in the Children's Plan to focus on speech and language and to address how joint working across the NHS and local government will improve services for children with SLCN.

3.5 The balance between intervention in the early years and provision to children and young people throughout the age range; including those in vulnerable situations such as those at risk of offending or re-offending

I CAN recognises the importance of prevention and early intervention to support the development of children's speech, language and communication but believes there needs to be equal emphasis on older children and young people. I CAN would welcome an understanding of 'early intervention' within the broader context of prevention which identifies key points for intervention throughout a child/young person's life.

I CAN would like to see policy building on an understanding that the needs of children and young people persist but change as they grow older, together with an acceptance of the potential long-term impact of unmet SLCN on the mental health and well-being, academic achievement, social skills, relationship and ultimately life chances of children and young people. I CAN would like to see this reflected in the level and type of provision of services relevant to children and young people at different ages and stages of their development.

To support this, I CAN suggests:

- Defined competences for knowledge and skill in communication, for ALL people working with different groups of children and young people. This includes Youth Offending Teams, those working in Pupil Referral Units, CAMHS workers etc. The forthcoming Speech, Language and Communication Framework (SLCF)⁶ can be used to support this.
- A national programme to develop the skills and knowledge in speech, language and communication *across the children's workforce* such as an extended IDP (Inclusion Development Programme).
- A screening tool to help teachers identify SLCN on entry to school.

⁴ Department of Health and Department for Communities and Local Government, [Commissioning Framework for Health and Well-Being](#), March 2007

⁵ Ofsted, [Narrowing the gap: the inspection of children's services](#), April 2007

⁶ www.thecommunicationframework.org.uk

- A review of support for children at secondary age (in light of raising to 18 the age until which young people must remain in education or training) a major component of which should be provision of services for all children and young people to ensure that their skills are 'fit for purpose' when entering employment/further education.
- Trialling training in SLCN in the 'studio schools' suggested in the Children's Plan.
- Automatic assessment for SLCN when children and young people are excluded from school, or come into contact with YOTs, PRUs etc. This assessment might map on to areas identified as NEET hot spots and should be built into the NEET Action Plan.

3.6 How to further improve workforce skills in early years settings and schools

I CAN feels strongly that an understanding of speech, language and communication should underpin the work of the entire children's workforce. We would like to see a skilled and confident workforce able to ensure timely identification and appropriate support of children's communication and SLCN at every age and stage.

To support this, I CAN suggests:

- Including key information about speech, language and communication development and needs in all Initial Teacher Training.
- The embedding of speech, language and communication as a generic transferrable skill in the Children's Workforce Development Council's (CWDC) Common Core of Skills and Knowledge, together with a link to the SLCF.
- Linking all relevant National Occupational Standards to the SLCF.
- Placing a duty on the Children's Workforce Development Council (CWDC) to coordinate the embedding of the SLCF into occupational standards and charging them with providing leadership across all professions.
- National accredited modules of Continuous Professional Development (CPD) supporting the achievement of competences on the SLCF
- Including extended information on speech, language and communication in Teaching Assistant (TA) induction at primary level and specific information at secondary level. Modules on speech, language and communication in HLTA training and the TA foundation degree.

3.7 Effective provision of assistive and augmentative communication technology (AAC)

I CAN acknowledges that technology plays an important part of supporting and developing children's communication and is used in I CAN's schools to help children communicate their needs. I CAN supports other organisations campaigning for more effective and equitable provision of AAC, such as Scope and Communication Matters.

3.8 Improving support and information for parents; and young people

Parents play *the* crucial role in their children's development. I CAN would like to see parents receive more support and information about communication development. This also means parents and families having the right information and support, at the right time and in the right format so that they feel confident.

Similarly, children and young people should be able to participate fully in their learning and development.

To support this, I CAN suggests:

- Ensuring that Health Visitors have appropriate training to identify children with SLCN and having speech and language development as a 'measurable' for all Health Visitors.
- The Parent Support Advisors announced in the Children's Plan to receive training in supporting parents to support children with SLCN.
- The introduction of a key 'book' for parents, similar to the 'red book' concept, which has clear information about speech, language and communication development milestones and follows the child and young person through their school years.
- That communication is built into any national parenting programme – through National Academy of Parenting Practitioners.
- Launching an initiative similar to the Language and Play initiative in Wales which has raised awareness of language and helped parents to explore ways of playing with and listening and talking to their children. Language and Play Coordinators appointed in each local authority.
- Packages of support for children's communication in the same way that the *Every Parent Matters* White Paper announced literacy/numeracy packs for the same purpose.

3.9 Transition to adult services

I CAN acknowledges that support for young people frequently decreases as they get older and move through schooling. With evidence of limited life chances, workplace bullying, continued dependence on the family and state support and often negative social relationships, we strongly support the need for managed onward transition from formal schooling. With the recent Education Bill and statutory participation in education until 18, this is an ideal opportunity to ensure that children and young people are equipped with the communication skills they need for the workplace.

To support this, I CAN suggests:

- Training and development packages about speech, language and communication for professionals who work with services to support transition and beyond e.g. Connexions staff, employers, Learning and Skills Council, youth training officers etc.
- A 'link' adult to support the transition process for individual young people.
- Developing an accredited qualification of functional communication tailored to support the move into adulthood and employment.

4. Concluding comments

I CAN has been pleased to have the opportunity to contribute to this Review, but feel there are two crucial issues that have not been sufficiently covered by the Review's Terms of Reference.

1. There is no national or regional framework or structure for the provision of specialist services for children with the most severe speech, language and communication needs. As a result, centres of excellence such as the Michael Palin Centre for Stammering Children, the Nuffield Speech and Language Unit and I CAN's two Non-Maintained Special Schools – Dawn House in Nottinghamshire and Meath School in Surrey - remain vulnerable to cuts and precarious funding arrangements.

To support this, I CAN suggests:

- Explicit recognition that children with severe and persistent SLCN need specialist, 'personalised' packages of support at every age and stage as well as special assistance at transition points – for example, from primary to secondary.
2. As discussed above, speech, language and communication are fundamental to all children and young people, with the majority of children and young people with SLCN educated in mainstream schools. It is therefore essential that learning environments are communication-supportive, and that there is systemic change to ensure that the level of provision meets the level of need for individuals.

To support this, I CAN suggests:

- Language and communication should also be further embedded within the curriculum, so that communication skills are developed in all subject areas, particularly in secondary schools.
- Building on the principles and practice within SEAL (social and emotional aspects of learning) to develop a communication rich culture across schools.
- Further strengthening the 'Pupil Voice' resources and culture in schools as a vehicle for improving pupils' communication skills.
- Considering the particular communication needs of boys, particularly in secondary schools, and developing resources to address these needs similar to those used to promote boys' reading and writing.

Appendix 1

Modelling services – creating a service model to meet the speech, language and communication needs of all children

This model mirrors the 'levels' model used in the NHS where it is used to describe a range of provision, for example in the CAMHS field. It also reflects the 'Waves' approach used by – amongst others – the National Strategies.

- **Level 1 - “Universal/supportive”**. All staff working in all settings/schools would be trained to encourage children at every age and stage to communicate effectively in a 'communication friendly' environment and to spot children who are having problems with speech and language.
- **Level 2 – “Enhanced/targeted”**. Some staff in certain settings (ie Early Years; Primary Schools; Secondary Schools) would be trained to help children with speech and language difficulties/delays and spot children with severe problems.
- **Level 3 – “Specialist”**. Specialist teachers and speech and language therapists trained to help children with severe speech, language and communication disabilities are concentrated in a few settings (Level 3) so that children with severe difficulties receive the expert help they need.

In any given local authority area all settings/schools would be accredited 'communication friendly' at Level 1, with a proportion accredited at Level 2 and a very small number at Level 3.

Levels 2 and 3 settings/schools would be capable of providing outreach support for pupils in level 1 placements needing a degree of additional support.

Appendix 2

I CAN's *Early Talk Standards*

As outlined in the Executive Summary, Appendix 2 sets out I CAN's Early Talk standards at universal, enhanced and specialist level. Pages 12-15 cover the universal (supportive) level; pages 16-22 cover the enhanced (targeted) level; and pages 23-35 cover specialist level.

I CAN Early Talk Accreditation Standards **A Universal (Supportive) Service for Children's Communication**

A: Professional Framework

1. Professional Competences

The setting includes at least one member of staff (full time equivalent) who meets the pre-foundation level competences as described below:

1. Be aware that language is about understanding as well as expression
2. Be aware of **how** children develop language at home and at school
3. Have an awareness of the range of language difficulties that children might experience and what to look out for
4. List some of the ways that speech and language difficulties can affect a child in the workplace
5. Be aware that language and learning are linked
6. Be able to use a range of strategies that could help children to access the educational environment.

2. Professional management

2.1 Each member of staff has access to training and development opportunities on an annual basis.

Every setting should show a strong commitment to staff training and development.

3. Skill mix

3.1 The staff team has access to additional liaison professional staff e.g. speech and language therapist, early years advisor/development officers, area SENCO, additional support needs staff (Scotland).

3.2 Adult:child ratio to meet national guidelines

Consider how many staff you have when the greatest numbers of children are present and how many staff you have when you have the least number of children.

3.3 The team staffing levels allows time for planning and review activities.

All staff should have access to plans even if they are not involved in writing them. Plans should show the role of the adult. Staff should also have time to reflect on their working practices.

B: Educational Framework

1. Admission criteria

1.1 The setting encourages families to visit before entry.

Starting a new group or class is a major event in a young child's life. First impressions are

important for families and can help families make choices.

2. Assessment

2.1 Identification of additional support needs or special needs in children is carried out through observation

Think about the process you use when you are considering if a child has additional support or special needs. What do you do and how do you do it?

2.2 Observations of children's additional support needs or special needs are recorded.

We can use our written records to aid our planning and to help quantify progress over time. Observation records should be signed and dated.

3. The educational process: the setting provides a learning environment conducive to learning language.

3.1 This is characterised within an environment where:

- Some displays include items that invite comments from children
- Resources that are available for free play are easily reached by the children or easily within their line of vision
- Equipment that is available in boxes is clearly labelled with a picture or symbol
- The environment has well defined areas
- Quiet areas or areas used for story time are less visually distracting

Outdoor play (if available) includes imaginative role play some of the time.

3.2 This is characterised by adults who:

- Use simple repetitive language during everyday activities
- Gain children's attention before delivering instructions
- Talk at an appropriate rate using short sentences
- Adapt their language to the level of the child's
- Model the correct sentence when they hear a child's incorrect utterance
- Extend the child's utterances
- Encourage children to ask questions
- Use vocabulary the children can understand in everyday instructions
- Give children time to respond
- Give a running commentary on the child's activity rather than asking questions most of the time
- Use natural gesture and facial expression to support language

Approaches include:

- Ensuring that all children have the opportunity to interact individually with an adult if they wish
- Speaking sensitively to shy or unsettled children
- Helping children to settle when they arrive if needed
- Playing alongside children without always directing their play
- Encouraging children's independence and self confidence by acknowledging all efforts
- Facilitating shared play and turn taking
- Modelling activities and talking about what they are doing
- Modelling a range of positive behaviour and language
- Helping children to develop and extend imaginary play
- Supporting outdoor play by modelling language based on the child's activities and encouraging peer interaction
- Using questions that invite conversation or encourage reasoning rather than yes or

<p>no answers</p> <ul style="list-style-type: none"> • Responding positively to children's efforts to communicate • Giving clear expectations of rules • Letting children know of expected changes to the day e.g. visit of dentist • Actively supporting children in solving their problems and disputes • Respecting the child's other languages where relevant i.e. home language (if not English), sign language
<p>Teaching strategies include:</p> <ul style="list-style-type: none"> • Re-reading favourite stories to children • Making time to say rhymes as well as sing with groups of children • Frequently supporting songs and stories with actions, objects or puppets • Using appropriate methods to introduce new concepts and vocabulary • Seeking opportunities to repeat and reinforce new vocabulary • Linking children's spoken language with written language • Giving regular feedback to those who struggle to understand and checking children have understood instructions • Accepting non-verbal communication as well as verbal • Ensuring that all children (including the least verbal or non-verbal) have a turn at expressing themselves in a group.
<p>3.3 This is characterised by routines which:</p> <ul style="list-style-type: none"> • Have a definite structure which is adhered to on most days • Have parts of the day labelled with shared names e.g. story time, group time • Ensure that all activities have adult support at times • Allow children to make their own choices for part of the session • Allow time for children to share books one to one with an adult if wanted by the child
<p>3.4 This is characterised by children who:</p> <ul style="list-style-type: none"> • Are encouraged to talk about their own interests other than just the task in hand • Are encouraged to speak in groups to children and adults as well as during free play • Have opportunities for supported conversation with their peers as well as opportunities to interact with their peers without adult intrusion • Have opportunities to share books with their peers • Have opportunities to use their own language if English is not their first language
<p>3.5 The setting promotes children's learning through planned experiences and activities that are challenging but achievable.</p>
<p>3.6 Planning is related to the relevant early years curriculum. <i>Plans should show references to the early years curriculum for your country and age group. It is good practice to show the vocabulary that you are targeting. Your plans should show where adults are focusing their input.</i></p>
<p>3.7 Plans are recorded so that all staff can access them <i>Plans should be clear and legible so that the intentions are obvious to the outside visitor.</i></p>

C: Service Framework

1. Inclusion

<p>1.1 All children have access to the relevant early years curriculum. <i>The use of the relevant early years curriculum will be evident in your planning.</i></p>
<p>1.2 Staff value the differing cultures of the children in their care. <i>This may include things like having books written in the home languages of your children, posters and photographic material showing different cultures or a mixture of different ethnic</i></p>

groups, dressing up clothes from different cultures, snacks from different cultures and kitchen equipment in the home corner related to other cultures.

1.3 Staff show positive behaviours towards children who use languages other than English.
Staff will consider how they interact with children who are using languages other than English

2. Working with families

2.1 Staff value the role and contribution of families.

2.2 Families are made to feel welcome.

2.3 Staff take into account the ethnicity, cultural and linguistic backgrounds of families.

2.4 Families know who to contact in the setting and how to make contact.

2.5 Families are able to contact the setting during the session in cases of emergencies.

2.6 Settings keep emergency contact details of families and have the means to contact them if an emergency arises.

3. Accommodation, equipment and resourcing

3.1 The accommodation is of a size and standard required to deliver the curriculum and is planned and structured to meet the physical and sensory needs of the children
All settings must abide by the standards set for their country. 'Accommodation' refers to both the inside and outside environment.

3.2 Accommodation complies with local health and safety guidelines as well as standards set by Ofsted and the Care Commission in Scotland.

You should be aware of local health and safety guidelines as well as those specific to your country.

3.3 Equipment is clean and in a good state of repair.

D: Quality Framework

1. Information sharing and reporting

1.1 Staff have a working knowledge of referral systems in their area.

1.2 Parental permission is sought before their child is referred to professional/external agencies.

2. Policies

2.1 A leaflet is available to parents outlining session times and contact details.

3. Reflective practice

3.1 Staff have opportunities to observe the children.

3.2 Staff can show changes to practice as a result of training or discussion.

Reflective discussion that results in a change of practice is equally important. For example 'We discussed that some children were not helping with tidy up time. Christine suggested gathering the children together before tidy up time and allocating jobs to them and providing modelling and support for those children finding it difficult. As a result of change to, our approach tidy up time is quicker and more of the children are productively involved.'

4. Record keeping

4.1 Written records are kept on each child detailing progress within the curriculum.

I CAN Early Talk Accreditation Standards **A Targeted (Enhanced) Service for Children's Communication**

A: Professional Framework

1. Professional competences

<p>1.1 All members of staff in the service or setting are working towards meeting the pre-foundation level competences as described below:</p> <ol style="list-style-type: none"> 1. Be aware that language is about understanding as well as expression 2. Be aware of how children develop language at home and at school 3. Have an awareness of the range of language difficulties that children might experience and what to look out for 4. Be able to list some of the ways that speech and language difficulties can affect a child in the workplace 5. Be aware that language and learning are linked 6. Be able to use a range of strategies that could help children to access the educational environment
<p>1.2 The setting/service includes at least one member of staff (full time equivalent) who meets the foundation level competences as described below:</p> <ul style="list-style-type: none"> • Know about speech, language and communication development • Understand what speech, language and communication needs are • Know about a range of identification models • Be able to apply strategies to the pre-school setting <p><i>This member of staff is likely to be a lead practitioner who may have responsibility for children with special or additional support needs.</i></p>

2. Professional management

<p>2.1 Each member of staff has access to training and development opportunities on an annual basis. <i>Every setting should show a strong commitment to staff training and development.</i></p>
<p>2.2 Each member of staff receives regular appraisal or supervision. <i>Every member of staff should know who their line manager is and have a system in place for supervision and appraisal. Good practice is often monthly or half termly private, formal, supervision sessions with annual appraisal.</i></p>
<p>2.3 Each new member of staff has an induction programme. <i>It is anticipated that all new members of staff should be given the opportunity to meet with key personnel in the setting and to be given details of the ethos and ways of working in the setting.</i></p>

3. Skill mix

<p>3.1 The staff team has access to a range of additional liaison professional staff e.g. speech and language therapist, early years advisor/development officers, area SENCO, additional support needs staff (Scotland), health visitor, paediatrician, educational psychologist. <i>Staff should have an understanding of who they can refer to or liaise with outside the immediate staff team.</i></p>
<p>3.2 (a) Adult:child ratio to meet national guidelines. <i>Consider how many staff you have when the greatest number of children are present and how many staff you have when you have your least number of children.</i></p>
<p>3.2 (b) Staffing levels allow for individual children to receive additional support where and when necessary.</p>

Meeting the needs of individual children may require additional staff or may require careful planning and use of staff to ensure all children's needs are met.

3.3 The team staffing levels allow time for planning and review activities.
All staff should have access to plans even if they are not involved in writing them. Plans should show the role of the adult. Staff should also have time to reflect on their working practices.

B: Educational Framework

1. Admission criteria

1.1 The setting encourages families to visit before entry.

Starting a new group or class is a major event in a young child's life. First impressions are important for families and can help families make choices.

1.2 The service/setting obtains relevant documentation concerning children's special needs or additional support needs prior to entry and passes this on at transition.

It is anticipated that some children with additional support or special needs will already be known to one or more professionals when they start at a new setting. Existing reports can give information that will help the child to settle and may guide you in setting initial targets or adapting the environment or planning teaching strategies.

Equally this information, with additional updates from your setting, can be invaluable at transition whether it is a move to a school or another setting.

2. Assessment

2.1 Identification of additional support needs or special needs in children is carried out through observation.

Think about the process you use when you are considering if a child has additional support or special needs. What do you do and how do you do it?

2.2 Observation of children's additional support needs or special needs are recorded.

We can use our written records to aid our planning and to help quantify progress over time. Observation records should be signed and dated.

2.3 An assessment file will be kept for each child reflecting the areas of learning identified in the curriculum guidance/regulation appropriate to the host nation.

This may be part of the child's file or separate.

2.4 Assessment of a child's special or additional support needs should be carried out in the first half term of the child's needs being identified.

Young children often make fast progress and it is important to start assessments as soon as a child is settled so that teaching can be targeted and effective.

2.5 Assessment informs IEPs or play plans and reflects the child's needs in relation to accessing the curriculum and accessing the setting's learning environment.

Assessment is the key to planning the help required by a child.

2.6 Assessments are shared with other professionals working with the child as well as with parents.

2.7 Where a child has identified special or additional support needs there is a designated coordinator for that child.

2.8 Assessment is in the child's first or home language.

Children are unlikely to do their best if they are assessed in a language that is not their home or first language.

3. The educational process: the setting provides a learning environment conducive to learning language.

3.1 This is characterised within the environment where:

- Some displays include items that invite comments from children
- Resources that are available for free play are easily reached by the children or easily within their line of vision
- Equipment that is available in boxes is clearly labelled with a picture or symbol
- The environment has well defined areas
- Quiet areas or areas used for story time are less visually distracting
- Outdoor play (if available) includes imaginative role play some of the time
- A visual timetable outlines the events for the session and is actively used by all staff
- There is a language rich area where planned language activities take place

3.2 This is characterised by adults who:

- Use simple repetitive language during everyday activities
- Gain children's attention before delivering instructions
- Talk at an appropriate rate using short sentences
- Adapt their language to the level of the child's
- Model the correct sentence when they hear a child's incorrect utterance
- Extend the child's utterances
- Encourage children to ask questions
- Use vocabulary the children can understand in everyday instructions
- Give children time to respond
- Give a running commentary on the child's activity rather than asking questions most of the time
- Use natural gesture and facial expression to support language
- Use some simple signs to communicate with children who are struggling with language acquisition.

Approaches include:

- Ensuring that all children have the opportunity to interact individually with an adult if they wish
- Speaking sensitively to shy or unsettled children
- Helping children to settle when they arrive if needed
- Playing alongside children without always directing their play
- Encouraging children's independence and self confidence by acknowledging all efforts
- Facilitating shared play and turn taking
- Modelling activities and talking about what the child is doing
- Modelling a range of positive behaviour and language
- Helping children to develop and extend imaginary play
- Supporting outdoor play by modelling language based on the child's activities and encouraging peer interaction
- Using questions that invite conversation or encourage reasoning rather than yes or no answers
- Responding positively to children's efforts to communicate
- Giving clear expectations of rules
- Letting children know of expected changes to the day e.g. visit of a dentist
- Ensuring that children are forewarned of transitions i.e. change of activity
- Actively supporting children in solving their problems and disputes
- Respecting the child's other 'languages' where relevant i.e. home language (if not

<p>English), sign language</p> <ul style="list-style-type: none"> • Liaising regularly with families regarding what has happened in sessions including those families that depend on others to take their child to the setting.
<p>Teaching strategies include:</p> <ul style="list-style-type: none"> • Often re-reading favourite stories to children • Making time to say rhymes as well as sing with groups of children • Frequently supporting songs and stories with actions, objects or puppets • Using appropriate methods to introduce new concepts and vocabulary • Seeking opportunities to repeat and reinforce new vocabulary • Linking children's spoken language with written language • Giving regular feedback to those who struggle to understand and checking children have understood instructions • Accepting non-verbal communication as well as verbal • Ensuring that all children (including the least verbal or non-verbal) have a turn at expressing themselves in a group • Using symbols, pictures or signs to help children with comprehension difficulties.
<p>3.3 This is characterised by routines which:</p> <ul style="list-style-type: none"> • Have a definite structure which is kept to on most days • Have parts of the day labelled with names e.g. story time, group time • Ensure that all activities have adult support at times • Allow for children to make their own choices for part of the session • Allow time for children to individually share books with an adult if they want to • Include small group work to encourage language development • Allow for 1:1 support when necessary to meet individual needs.
<p>3.4 This is characterised by children who:</p> <ul style="list-style-type: none"> • Are encouraged to talk about their own interest other than just the task at hand • Are encouraged to speak in groups to children and adults as well as during free play • Have opportunities for supported conversation with their peers as well as opportunities to interact with their peers without adult intrusion • Have opportunities to share books with their peers • Have opportunities to use their own language if English is not their first language • Can access adult support if they feel insecure or lack confidence • Are encouraged to access the whole learning environment and curriculum even if it is difficult for them.
<p>3.5 The setting promotes children's learning through planned experiences and activities that are challenging but achievable.</p>
<p>3.6 Planning is related to the relevant early years curriculum. <i>Your plans should show references to the early years curriculum for your country and the relevant age group.</i></p>
<p>3.7 Plans are recorded so that all staff can access them. <i>Your plans should be clear and legible so that the intentions are obvious to the outside visitor.</i></p>
<p>3.8 Planning shows differentiation to ensure the needs of all children are met.</p>
<p>3.9 Planning for individual children takes into account targets from IEPs or play plans. All staff are aware of a child's special or additional support targets even if they are not directly supporting the child.</p>
<p>Interdisciplinary working</p>
<p>3.10 Staff liaise with named professionals involved with the child when setting targets.</p>

4. Programming support

Setting targets
4.1 Each child with identified needs has an individual or group IEP or play plan.
4.2 Individual targets are set at no less than termly intervals.
4.3 Targets include the learning areas as laid down in the curriculum.
4.4 Targets are guided by assessment information.
4.5 Targets are measurable and the criteria for achievement clearly stated.
4.6 Targets are planned and shared with relevant parties including parent/carers and any other pre-school providers for the child concerned.
Intervention programmes
4.7 Specific interventions are based on children's additional or special targets and are delivered in a variety of ways including 1:1, small or large group activities.
4.8 Intervention targets are part of inclusive provision where appropriate.
4.9 Intervention is effectively structured in line with national guidance relating to the curriculum and:
<ul style="list-style-type: none"> • Builds on what children can already do • Has relevant and appropriate content • Includes planned and purposeful activities.

C: Service Framework

1. Inclusion

1.1 All children have access to the relevant early years curriculum. <i>The use of the relevant early years curriculum will be evident in your planning.</i>
1.2 Staff value the different cultures of the children in their care.
1.3 Staff show positive behaviours towards children who use languages other than English.
1.4 Staff support children with additional support or special needs within their inclusive environment in a range of appropriate ways.
1.5 Children with additional support or special needs take part in all nursery events or activities alongside the other children as part of the group.

2. Working with families

2.1 Staff value the role and contribution of families.
2.2 Families are made to feel welcome.
2.3 Staff take into account the ethnicity, cultural and linguistic backgrounds of families.
2.4 Families know who to contact in the setting and how to make contact.
2.5 Families are able to contact the setting during the session in cases of emergencies.
2.6 Settings keep emergency contact details of families and have the means to contact them if an emergency arises.
Children with additional support or special needs
2.7 Families are invited to liaise with a designated member of staff concerning the child's individual plan and their views are incorporated.
2.8 Families have an up to date copy of their child's individual plan.
2.9 Families are able to discuss their child's needs and difficulties in private.

3. Accommodation, equipment and resourcing

3.1 The accommodation is of a size and standard required to deliver the curriculum and is planned and structured to meet the physical and sensory needs of the children <i>All settings must abide by the standards set for their country. 'Accommodation' refers to both the inside and outside environment.</i>
3.2 Accommodation complies with local health and safety guidelines as well as standards set by Ofsted and the Care Commission in Scotland. <i>You should be aware of local health and safety guidelines as well as those specific to your country.</i>
3.3 Equipment is clean and in a good state of repair.
3.4 There is a designated area for storage of children's files which is not part of the public area of the provision.
3.5 The setting/service has an annual budget which can be used for purchase of equipment to meet children's targets.

D: Quality Framework

1. Information Sharing and Reporting

1.1 Staff have a working knowledge of systems for referring children to external professionals in their area
1.2 Parental permission is sought before referral of their child to professionals/external agencies.
1.3 Settings have a system for sharing information with external professionals/agencies.
1.4 Shared information is clear and jargon free and useful to those in receipt of such information.
1.5 Forums are available for information to be shared verbally between staff.
1.6 Staff contribute to special educational assessments as requested.
Families
1.7 Information regarding a child's special or additional support needs is shared in the family's home or first language if requested.
1.8 Families are given information and explanation of how their child's needs are being met.
1.9 Families are given copies of reports about their child.

2. Policies

2.1 A leaflet is available to parents outlining session times and contact details.
2.2 Staff have access to local Special Educational Needs or Additional Support Needs procedures. <i>The local authority may produce guidelines for settings/services. All members of staff should be made aware of local procedures.</i>

3. Reflective practice

3.1 Staff have opportunities to observe the children.
3.2 Staff can show changes to practice as a result of training or discussion. <i>Reflective discussion that results in a change of practice is equally important. For example, 'We discussed that some children were not helping with tidy up time. Christine suggested gathering the children together before tidy up time and allocating jobs to them and providing modelling and support for those children finding it difficult. As a result of change to our approach tidy up time is quicker and more of the children are productively involved.'</i>

4. Record keeping

4.1 Written records are kept about each child detailing their progress with regard to the curriculum.

4.2 Confidential information is stored securely.

4.3 Records are legible, accurate and relevant.

4.4 Children's records are updated regularly.

E: Service Development Framework

1. Supporting the wider community

1.1 The setting encourages visits from other professionals/students as an opportunity to disseminate good practice.

1.2 The setting participates in the development of opportunities for professional development, knowledge and skill sharing about early years pupils with speech and language difficulties and sometimes acts as resource base for the local area.

2. Networks

2.1 Members of staff have access to relevant publications/Internet websites.

2.2 The setting links into local early years networks.

2.3 Staff establish and/or maintain membership of local education and speech and language therapy networks.

3. Future service plan

3.1 The setting/service produces an annual service plan highlighting:

- Any changes from the original service
- Specific developments that have taken place during that year
- Training and development plans
- Staffing issues.

E: Service Development Framework

1. Supporting the wider community

1.1 The setting encourages visits from other professionals/students as an opportunity to disseminate good practice.

2. Networks

2.1 Members of staff have access to relevant publications and Internet websites.

2.2 The setting links into local early years networks.

I CAN Early Talk Accreditation Standards **A Specialist Service for Children’s Communication**

A: Professional Framework

1. Professional Competences

1.1 The core service team includes a qualified teacher with experience and/or significant training and development of working with children with communication disabilities.
1.2 The teacher meets the foundation level competences*(see ‘additional notes’ on page 33) as described in the I CAN Joint Professional Development Framework (JPDF) and demonstrates evidence of working towards achieving core level competence.
1.3 The teacher is able to demonstrate his/her understanding of the philosophy of the provision as described within the service documentation.
1.4 The service team includes a qualified speech and language therapist with experience of working in an educational setting.
1.5 The speech and language therapist meets the foundation level competences as described in the JPDF and demonstrates evidence of working towards achieving core level competence.
1.6 The speech and language therapist is registered with the Health Professions Council (HPC) and is a registered member of The Royal College of Speech and Language Therapists (RCSLT).
1.7 The speech and language therapist is able to demonstrate his/her understanding of the philosophy of the provision as agreed within the service documentation.
1.8 The core team includes a member of support staff who meets the foundation level competences of the JPDF or is able to demonstrate a plan of working towards these competences.
1.9 The support team member (e.g. NNEB) has received training and development opportunities to meet the requirements of his/her job description.
1.10 Members of the core team have experience of presenting at training and study day events on an individual and/or team basis either within their school/service or on a local/regional or national basis.
1.11 All staff share an objective to help keep children safe by: <ul style="list-style-type: none"> • being clear about their responsibilities towards children • having a clear process for reporting and dealing with concerns, in line with local guidelines • having professional development that takes account of the need to safeguard and promote welfare • being informed, where appropriate, by the views of children and families.

2. Professional Management

For the individual

2.1 Each team member has a designated line manager who provides support or supervision at no less than monthly/half-termly intervals.
2.2 Each line manager has an awareness of the service provided and the specific professional issues concerned.
2.3 Each team member has a formal performance appraisal/performance management interview undertaken annually
2.4 Each team member has a commitment to his/her own professional development and can show evidence of a personal development plan for an annual period.

2.5 Each team member has access to training and development opportunities for no less than the five days equivalent per year or to meet professional requirements.

2.6 Each new team member has an induction programme to include personnel within the service and the liaison team (ref. Standard 3.2).

For the team

2.7 The team has a designated person to refer to (either within or outside of the team) on a day to-day basis for the resolution of local difficulties.

2.8 The line managers of individual team members meet at least once a year to discuss the service programme and agree local roles and responsibilities.

2.9 Individuals have an opportunity to meet together to plan the service and consolidate team working on an annual basis.

3. Skill mix

3.1 The core team consists of a teacher(s), speech and language therapist(s) and a member(s) of support staff (e.g. nursery nurse).

3.2 The service team includes or has access to an agreement with additional named professional staff for example an educational psychologist and/or paediatrician. Other liaison team members may be substituted if local circumstances dictate.

3.3 The service team has ease of access to liaison team members which includes audiology services, learning support services and social work.

3.4 Staffing levels are sufficient to ensure that the teacher and speech and language therapist are able to individually and jointly assess and plan the support to the children.

3.5 Staffing levels allow each child to receive the level and type of intervention as indicated from initial and review assessment of his/her needs and as specified in any statement or record of need.

3.6 Staffing levels allow for children to receive planned support within their inclusive environment.

3.7 The team staffing levels allow time for planning and review activities.

3.8 The skill mix and staffing within the child's inclusive environment facilitates the integration of his/her communication goals and strategies.

3.9 The service provides opportunities for student teachers and therapists to visit either on placement or for individual visits.

B: Educational Framework

1. Access

Admission criteria

1.1 The service has clear, written (Disability Discrimination Act 2005 compliant) criteria for entry including, where appropriate, any details relating to:

- age
- specificity of speech and language criteria
- medical diagnoses
- general learning ability
- other/additional languages used
- limiting factors such as access to transport, inclusion in local pre-school provision, catchment area.

Policy/procedure for admissions and transitions

<p>1.2 The service has a clear written policy (guided by local policy) on admissions and transitions including details relating to:</p> <ul style="list-style-type: none"> • membership of any selection panel • frequency of selection or transition meetings • documentation requirements for selection and transition process • pre-selection or transition visits to child's home or placement and/or visits by child to the centre • waiting list arrangements.
<p>1.3 The service sends information to relevant parties including parents/carers, the child's other pre-school provider, any outreach school or transition school which includes:</p> <ul style="list-style-type: none"> • information about the service and how it fits with the wider local context • host or transition school documentation where appropriate • relevant consent forms • service/home agreements and school/home agreements • current reports and programmes for transition.
<p>1.4 The service has a policy for pre-entry and transition visits to and by the child.</p>
<p>1.5 The service obtains relevant documentation relating to the child before entry, and passes this on during transition, including:</p> <ul style="list-style-type: none"> • speech and language therapy case notes and/or reports and assessment information • reports from other professionals • statement of Special Educational Needs (SENs) / Co-ordinated Support Plans (CSP) (Scotland) and any appendices.

2. Assessment

<p>2.1 The service prepares an up-to-date assessment profile for each child.</p>
<p>2.2 Team members have a clear remit as to their contribution to the assessment profile.</p>
<p>2.3 The assessment profile reflects the areas of learning identified in the curriculum guidance/regulations appropriate to the country in which the service is based.</p>
<p>2.4 The SLT undertakes formal and informal assessment of the child's communication skills in line with <i>RCSLT Clinical Guidelines (2005)</i> and <i>Communicating Quality 3: Professional Standards for Speech and Language Therapists (RCSLT, 2006)</i>.</p>
<p>2.5 The child arrives in the service with prior assessment information. This assessment information is incorporated into the service team assessment and is not unnecessarily duplicated.</p>
<p>2.6 The speech and language therapist(s) takes lead responsibility for the joint assessment of:</p> <ul style="list-style-type: none"> • Oral skills • Attention and listening skills • Communicative need, intent and method • Verbal comprehension • Expressive language • Phonology • Articulation • Voice • Fluency • Use of language • Prosody • Pragmatic skills.

2.7 Assessment information is collated from either pre-existing data or team assessment.

Assessment information includes:

- Clarification of the nature and specificity of the speech and language and/or communication problem in comparison to other areas of need
- Assessment of the implications for learning
- Assessment of the appropriateness of the classroom as a learning environment for that child
- Assessment of the implications for access to the early years curriculum for the country
- Identification of the social, emotional and behavioural implications of the language impairment.

2.8 Assessment of the child's speech and language development is in his/her first language.

2.9 Assessment by the service team includes:

- Observation of the child in his/her inclusive surroundings
- Gathering examples of the child's functional receptive and expressive language
- Observation of the pupil's behaviour in response to teacher instruction, consideration of the language of the classroom.

2.10 The service team shares all assessment findings so that a complete profile of the child's skills is identified and common aims and objectives agreed.

3. The Education process

3.1 The service facilitates the provision of a learning environment which is conducive to language learning** (see 'additional notes' on page 33).

3.2 In particular the service facilitates a learning environment which promotes:

- Sustained attention and listening to others
- Social communication opportunities
- Motivation to communicate
- The use of augmentative visual prompting, cueing and feedback systems
- Successful interaction with adults and peers
- Increased self esteem
- Management of behaviour
- Consistency of approach
- Task completion
- The use of strategies to support learning
- The child's involvement in learning
- Opportunities to listen to the children
- Parental contact.

3.3 The service demonstrates an influence over the nature of the environment routinely offered to the children by ensuring effective learning takes place. This is characterised by:

- Children initiating activities that promote learning and enable them to learn from each other
- Children learning through movement and all their senses
- Children having time to explore ideas and interests in depth
- Children feeling secure which helps them to become confident learners
- Children being supported to learn in different ways and at different rates
- Children making links in their learning.

3.4 The service promotes a positive teaching environment. This is characterised by:

- Working in partnership with parents/carers
- Promoting children's learning through planned experiences and activities that are challenging but achievable.

- Practitioners who model a range of positive behaviour and language
- Children teaching each other
- Direct teaching of skills and knowledge
- Interacting with and supporting children in a way that positively affects the attitudes to learning and language that children develop
- Planning the indoor and outdoor environment carefully to provide a positive context for learning and teaching
- Attention to the physical and sensory environment
- Children who are aware of their own and others' strengths.

Inter-disciplinary working

3.5 The core staff team operates on a fully interdisciplinary basis, working with clearly defined roles.

Team planning

3.6 The children are managed jointly through jointly run groups and individual sessions.

3.7 The core team have shared skills and knowledge of each others areas of expertise.

3.8 All goals are shared within the children's nursery setting with support for integration provided by the specialist team.

3.9 Core service team members meet on an annual basis to plan the year's activities.

3.10 Core service team members meet on a termly basis to plan the term's activities.

3.11 Core service team members meet on a weekly basis to plan the week's activities.

3.12 Where the service operates as part of or within a mainstream nursery setting, at least one core service team member participates in the main nursery planning sessions.

3.13 Planning meetings are recorded so that all team members can access the information.

3.14 A nominated steering group or management group meets on a termly basis to support service planning.

3.15 Team planning is guided by assessment information.

4. Programming support

Setting targets

4.1 Each child has an individual/individualised education plan (IEP) (as appropriate to the nation).

4.2 Individual targets are set on no less than a termly basis, written and jointly agreed by the team.

4.3 Targets (as shown, for example on IEPs) include the learning areas as laid down in the appropriate curriculum.

4.4 Targets are informed by assessment information.

4.5 Targets are measurable and the criteria for achievement clearly stated.

4.6 Targets take account of the child's first language.

4.7 Targets are planned and shared with relevant parties including parents/carers and any other pre-school providers for the child concerned.

Intervention programmes

4.8 Children have access to a wide range of teaching and therapeutic programmes and intervention strategies to meet their individual needs.

4.9 Intervention programmes are delivered in a variety of ways including 1:1, small group or whole groups.

4.10 Intervention programmes are carried out in a variety of settings as appropriate including:

- quiet areas
- the service base
- the child's main nursery.

4.11 Intervention programmes are delivered jointly and individually by team members.

4.12 Staff are competent in implementing a range of programmes either in whole or in carefully selected parts.

4.13 Where evidence for programmes of intervention exist these are included in the service battery.

4.14 Intervention programmes are effectively structured in line with the appropriate national guidance relating to the curriculum:

- building on what children can already do
- relevant and appropriate content
- planned and purposeful activities, providing opportunities for teaching and learning

The inclusive nursery

4.15 The service based staff are fully aware of the philosophical approach of the inclusive nursery(ies) attended by the children.

4.16 Children from the service are included in the nursery curriculum in their host nursery.

4.17 Specialist resources are shared between the service and the nursery setting(s).

C: Service Framework

1. Inclusion

1.1 The children attending the service receive at least part of their support within a mainstream environment.
1.2 The service team support the children within their inclusive environment in a range of appropriate ways.
1.3 Children participate in the early years curriculum.
1.4 The children take part in all nursery events alongside the other children as part of the group.
1.5 Where the service works as part of a mainstream nursery setting, targets set for the children are incorporated into nursery planning.

2. Working with families

2.1 Families are recognised as having unique and special knowledge of their child and can therefore contribute significantly to their child's education. Families' views and input are sought and incorporated into service planning.
2.2 Families are more widely defined as parents/carers, siblings and other family members who have an important role in the child's life. All family members are encouraged to participate in the service provided and planning for individual children.
2.3 Professionals take into account the ethnicity, cultural and linguistic background of the family.
2.4 In the event of a significant family member having a disability, arrangements are made to accommodate their particular needs.
2.5 Families are offered the opportunity to meet representatives of the service prior to their child's entry into the service.
2.6 Families are invited to attend a liaison meeting within the first half term to discuss assessment findings and agree overall targets for the child's stay within the service.

2.7 Families are invited to attend a programme of workshops/information events during their child's time in the service. Information may also be provided on an individual basis.
2.8 Families have an up-to-date copy of their child's individual plan.
2.9 Family opinions concerning their child's targets are sought and their views incorporated into the child's plan.
2.10 Families are offered support to share their concerns and questions in an individual and group setting.
2.11 Families know who to contact in the service team and how to contact this team member.
2.12 The service has a policy concerning liaison with families to ensure regular contact and exchange of information is achieved.
2.13 Professionals are sensitive to the needs of the family at all times. All service members recognise their own responsibilities in offering support and are prepared and able to make onward referrals as necessary.

3. Accommodation, equipment and resourcing

3.1 The accommodation is of a size and standard required to deliver the curriculum and is planned and structured to meet the physical and sensory needs of the children.
3.2 Accommodation includes areas for whole group, small group (up to five children) and 1:1 activities.
3.3 A quiet withdrawal area for 1:1 work with children, relatives and other professionals is available.
3.4 The room(s) provide a reasonable standard of daylight, artificial light, ventilation and heating.
3.5 Accommodation complies with health and safety requirements for the educational provision.
3.6 The facility provides external and internal access for wheelchair users (or has realistic plans to achieve this).
3.7 There are designated areas for: <ul style="list-style-type: none"> • storage of lockable filing cabinets • administrative duties
3.8 There are sufficient numbers of appropriately sized chairs and tables available for use by both adults and children.
3.9 The service has access to appropriate electrical equipment.
3.10 Teaching and therapy staff have access to a comprehensive range of formal and informal assessment material.
3.11 The service holds a core assessment battery onsite.
3.12 The service has available a sufficient range of teaching and therapeutic materials appropriate to the needs of the children and the delivery of the curriculum.
3.13 The service has a range of stationery items available.
3.14 There is an inventory of the service's equipment with a loan system in place for family and outreach use.
3.15 The service has access to a budget for the purchase of non-stock items.
3.16 The team has access to secretarial support for the preparation of letters and reports.
3.17 The service has a reliable method of taking messages.
3.18 The service has a travel budget to allow for outreach and home visits.

D: Quality Framework

1. Information sharing and reporting

The professional team
1.1 Professionals within the service have a system of sharing information and a policy governing confidentiality, information sharing and record keeping (data protection). This system meets the professional guidelines of the staff involved.
1.2 Individual reports are shared within the team and with relevant members of the child's professional network.
1.3 Each child has an individual plan which is jointly prepared and shared with relevant members of the child's professional network.
1.4 In order to support an inclusive model, all information concerning the child's plan is shared within the child's educational and support environments.
1.5 Information is shared in a form which is accessible to all professionals. The language used is clear, concise, jargon free and useful to those who receive it.
1.6 Planned forums are available for verbal sharing of information between team members.
1.7 Staff contribute to annual review meetings/IEP (or local equivalent) review meetings and special educational needs or additional support needs assessments as requested.
Families
1.8 Information is shared in the family's first language.
1.9 Families are given information and explanation of how their child's needs are being met.
1.10 Families routinely receive copies of all written reports compiled about their child.
1.11 Where the service team is contributing to educational assessment processes, the team discusses the content of their submission with the family.
1.12 Parental permission is sought before referral of their child to further professionals/external agencies.
1.13 Where a child is referred on, all referrals are accompanied by up to date information concerning the child's needs and the reasons for the referral.

2. Policies

2.1 The service has a policy manual including a range of the policies from the various departments and employers involved with the service. The manual should include policies and procedures covering: <ul style="list-style-type: none"> • Health and safety at work • Child protection • Security of children and premises • Offsite working • Data protection • Disability/accessibility planning • SEN/ASL and inclusion • Equal opportunities • Maternity and paternity leave • Supervision and appraisal • Training and development • 'Whistle blowing'.
2.2 The Service has a policy document detailing the philosophy, aims and objectives of the service.
2.3 There is an information pack available for parents/professionals which includes a description of the service.
2.4 Staff are able to demonstrate an understanding of the service policies and how they relate to local policies.
2.5 Staff are able to demonstrate an understanding of the service description and its

application to their practice.

3. Outcomes

3.1 The service has in place a system for collecting relevant data and evaluating user satisfaction.
3.2 Information gained from the user satisfaction process is formally reported to the appropriate service management group.
3.3 The service uses a range of systems for measuring the outcomes of their service provision. Systems are based on individual child targets and pre- and post- admission status.
3.4 A report detailing the service outcomes for individual children is compiled annually for dissemination to all relevant parties.
3.5 The service selects educational or therapeutic programmes for evaluative use within the service on an annual basis.
3.6 A mechanism exists whereby information gained from the service evaluation is fed into the supervision and appraisal system/ performance management of service staff.

4. Audit

4.1 The Service has standards for its activities e.g. frequency of IEPs, parent meetings, report writing, outreach visits etc. The service has a system for ensuring these standards are met.
4.2 The service routinely collects child based data which includes information of children's needs, admissions to and transfers from the service, waiting times for admission, length and frequency of attendance, outreach support and training provided.
4.3 The service collects follow-up data on children discharged/transferred from the service in relation to school attendance and use of specialist provisions.
4.4 Staff activity data is collected periodically in order to inform decisions on staffing levels and to identify the needs of individual staff members.
4.5 Team members have opportunities for peer review in order to inform individual pupil management and facilitate service development.
4.6 The service has a published complaints procedure.

5. Research/reflective practice

5.1 Opportunities to conduct formal research are available to and actively sought by team members. Any research undertaken is carried out during time designated for research and separated from clinical/educational commitments.
5.2 The service is willing and able to participate in the provision of data/information for research initiatives.
5.3 Any research undertaken is conducted with the full consent of the child's parent or guardian. Such research meets with ethical guidelines as laid down by the local research committee with health or education services.
5.4 The service will share work that may be of interest to a wider professional audience.
5.5 As part of the intervention process time is allocated for reflective practice.
5.6 Team members have access to and make use of support and information to assist in reflective practice.
5.7 Team members can show changes to practice as a result of training or discussion.

6. Record keeping

6.1 Each pupil will have an individual record file.
6.2 Records will be contemporaneous.
6.3 Confidential pupil information will be stored securely.

6.4 Records will be legible, accurate and relevant.
6.5 All entries will be signed by the relevant team member.
6.6 There will be a record of early learning goals (or national equivalent) and termly targets and achievements against the curriculum for each pupil.
6.7 There will be a record of termly, weekly and daily plan for each group.
6.8 There will be a termly profile of each child's strengths and areas of need.

E: Service Development Framework

1. Supporting the wider community

1.1 The service will promote the development of a 'whole school approach' to the identification, inclusion and support of children with a speech, language and communication disability.
1.2 Professionals within the service will be involved in the development of school policies covering language and literacy.
1.3 Service staff will ensure that school staff are informed about the children's IEP (or local equivalent) and statements/coordinated support plans and the nature of their difficulties.
1.4 Service staff will disseminate good practice information and guidelines with regard to children with speech and language disabilities to the host school and the children's other education providers as applicable.
1.5 The Service will participate in joint professional development opportunities and knowledge and skill sharing with local partners.
1.6 The service will encourage visits from interested personnel as an opportunity to disseminate good practice and learn of other approaches and models.
1.7 The service will operate as a resource base for professionals in the area, providing support, advice, references and where appropriate equipment and materials.

2. Outreach and training

2.1 When appropriate, pupils will be included in their local early years establishment and supported by staff from the service.
2.2 Children attending the service and a local provision will have an outreach programme in place including a minimum of a termly visit in their local provision.
2.3 An ongoing outreach programme will be in place for a child for at least the first term following their transfer out of the service.
2.4 Service staff will provide multi-disciplinary training to identified staff at outreach sites.
2.5 Staff at the outreach placement will be encouraged to visit the service.
2.6 Service staff will have designated time available for contact with outreach establishments.

3. Networks

3.1 Service staff will establish and/or maintain membership of local education and speech and language therapy networks.
3.2 Service staff will participate in relevant national networks (e.g. I CAN, AFASIC, National Network Educators of Children with Language impairment (NNELI), National Association of Professionals concerned with Language Impairment in Children (NAPLIC), speech and language therapy special interest groups.)
3.3 The service will subscribe to relevant publications.
3.4 The service will have links with relevant training establishments for both education and therapy staff.

4. Future service plan

4.1 The service will produce an annual service development plan, which will highlight:

Any changes from the original service
Specific developments undertaken during the year
Training and development plans
Staffing issues.

4.2 The service's annual development plan will fit into the context of overall plans drawn up by the service's management team, the host school and the local authority (as appropriate).

4.3 The service will contribute to the development of new services within their locality and area of expertise.

Additional Notes

***The competences described at the foundation level are knowledge of:**

- Typical and atypical language development and the challenges faced by pupils who do not acquire language as expected
- The effect that adult language can have on pupils who have speech, language and communication needs (SPLCN)
- Strategies that can be used in the classroom and how to adapt the delivery of the curriculum to enable children to succeed
- The importance of target setting and Individual Education Plans (IEPs) and the significance of the Code of Practice and the SEN policy of the schools and local authorities in which they are based (or guidelines specific for the country).

****The service/setting provides a learning environment conducive to learning language.**

This is characterised within the environment where:

- Some displays include items that invite comments from children
- Resources that are available for free play are easily reached by the children or easily within their vision
- Equipment that is available in boxes is clearly labelled with a picture or symbol
- The environment has well defined areas
- Quiet areas or areas used for story time are less visually distracting
- Outdoor play (if available) includes imaginative role play some of the time
- A visual timetable outlines the events for the session and is actively used by all staff
- There is a language rich area, where planned language activities take place.

This is characterised by adults who:

- Use simple repetitive language during everyday activities
- Gain children's attention before delivering instructions
- Talk at an appropriate rate using short sentences
- Adapt their language to the level of the child's
- Model the correct sentence when they hear a child's incorrect utterance
- Extend the child's utterances
- Encourage children to ask questions
- Use vocabulary the children can understand in everyday instructions
- Give children time to respond

- Give a running commentary on the child's activity, rather than asking questions, most of the time
- Use natural gesture and facial expression to support language
- Use some simple signs to communicate with children who are struggling with language acquisition.

Approaches include:

- Ensuring that all children have the opportunity to interact one to one with an adult if they wish
- Speaking sensitively to shy or unsettled children
- Helping children to settle when they arrive if needed
- Playing alongside children without always directing their play
- Encouraging children's independence and self confidence by acknowledging all efforts
- Facilitating shared play and turn taking
- Modelling activities and talking about what they are doing
- Modelling a range of positive behaviour and language
- Helping children to develop and extend imaginary play
- Supporting outdoor play by modelling language based on the child's activities and encouraging peer interaction
- Using questions that invite conversation or encouraging reasoning skills rather than yes/no answers
- Responding positively to children's efforts to communicate
- Giving clear expectations of rules
- Letting children know of expected changes to the day e.g. visit of dentist
- Ensuring that children are given forewarnings of transitions i.e. change of activity
- Actively supporting children in solving their problems and disputes
- Respecting the child's other languages where relevant i.e. home language (if not English), sign language
- Liaising regularly with families regarding what has happened in sessions including those families that depend on others to take their child to the setting.

Teaching strategies include:

- Often re-reading favourite stories to children
- Making time to say rhymes as well as sing with groups of children
- Frequently supporting songs and stories with actions, objects or puppets
- Using appropriate methods to introduce new concepts and vocabulary
- Seeking opportunities to repeat and reinforce new vocabulary
- Linking children's spoken language with written language
- Giving regular feedback to those who struggle to understand and check children have understood instructions
- Accepting non-verbal communication as well as verbal
- Ensuring that all children (including the least verbal or non-verbal) have a turn at expressing themselves in a group
- Using symbols, pictures or signs to help children with comprehension difficulties.

This is characterised by routines which:

- Have a definite structure which is kept to on most days
- Have parts of the day labelled with shared names e.g. story time, group time
- Ensure that all activities have adult support at times

- Allow for children to make their own choices for part of the session
- Allow time for children to share books with an adult 1:1 if wanted by the child
- Include small group work to encourage language development
- Allow for 1:1 support when necessary to meet individual needs.

This is characterised by children who:

- Are encouraged to talk about their own interest other than just the task in hand
- Are encouraged to speak in groups to children and adults as well as during free play
- Have opportunities for supported conversation with their peers as well as opportunities to interact with their peers without adult intrusion
- Have opportunities to share books with their peers
- Have opportunities to use their own language if English is not their first language
- Can access adult support if they feel insecure or lack confidence
- Are encouraged to access the whole learning environment and curriculum even if it is difficult for them.