



Early Voices: Case Studies

Working with parents

Early Voices was a national professional development and training programme for Health Visitors designed to impact the families that they work with. It increased their knowledge in speech language and communication development, helped them share that knowledge as Communication Leaders and led to change in their local areas. This 'working with parents' case study focuses on practical takeaways for a wide audience of health visitors, the wider EY workforce and parents.

How did Early Voices help Health Visitors to engage with parents around their children's speech, language and communication development?

Summary

Health visiting is a universal service and usually the first point of contact that new parents have for support and advice around their child's development. However, in some areas, the level of need for the service may not always be uniform: Some families will need much more support than others.

Throughout this programme, Early Voices Communication Leaders have worked hard to ensure that consistent, informative and reassuring messages on how to support crucial speech, language and communication development reach all families.

At the same time, they have striven to find new ways to support families they know are more vulnerable in this respect. These stories illustrate what our Communication Leaders have already done to maximise the effectiveness of their contact with families around this crucial topic.

Working with families with more than one language in the home

Vicky, the Communication Leader in Wakefield, described her work with families with English as an Additional Language (EAL) and where children were often cared for by other family members because of parents' need to work. She gave a promising example of how the Early Voices training had a huge positive impact on both a young baby and her mother during a routine 8-12 month review. The baby was initially quiet and unresponsive when Vicky visited, with none of the inquisitive babbling expected at that age.

Because of the positive relationship families often develop with their named health visitor, the mother admitted she didn't know what stimulation her child was typically receiving. Vicky also reflected on whether the care-givers may be anxious about which language to use with the baby. Vicky and mum looked at the Early Voices leaflet together, emphasising that it is the need for two-way interaction that is crucial, rather than the language the care-giver uses that is most important for a child to develop.

The mother then discussed what she had learned with family members in a more naturalistic way. A follow up call a week later and a further visit after 4 weeks revealed transformational progress in mother and child: the baby had gone from no babble to two-way 'conversations'. The information Vicky gave to mum had instilled a new perspective on her child's development; this also encouraged her to engage with groups outside of the home learning environment.

The group activities not only benefited the child, but also improved the isolated mum's social network by connecting her with other parents. For the Communication Leader, this kind of anecdotal evidence also helped bring to life the cascade training she was delivering to her colleagues so that the ripple effect of the success continued.

Listening carefully and completing a more rounded assessment

Nina, an Early Voices Communication Leader in Camden, described her work with a mum who regularly attended baby clinic. This mum had originally shared concerns about her son's communication at a developmental review. The communication difficulties he was experiencing at nursery were leaving him incredibly frustrated: A referral was made to Speech & Language Therapy but their triage system rejected it for not being specific enough. The mother's concerns remained however, and she came back to the team. As a result of her Early Voices learning, this time Nina completed an assessment at child's home and a further assessment at the nursery, which informed a new referral to speech and language therapy.

Nina reflected later that the mother provided a lot of information and raised many concerns from the beginning; but Nina also worried that her professional judgement the first time round had perhaps been affected by only seeing this mum through the lens of an anxious mother in the clinic. By following the recommendation to assess speech, language and communication skills in different environments, gleaned from the Level 3 qualification she had completed, it was possible for Nina to better understand the child in the context of the family and the different environments they functioned in. More so, the additional and specific information Nina was able to give in the 2nd referral made it clear to Speech and Language Therapy what the concerns were and why a referral to a specialist service was required.

Health Visitors take a reflective approach in their work, applying the evidence base to strengthen their practice. As a result of the learning she has engaged in, and her own reflective practice following a real-life example, the new questions this Communication Leader is now able to ask in future similar situations makes the learning ripple-effect from this example powerful:

1. Is the presenting difficulty that's been described behavioural? Or could it be an indication of a speech, language or communication needs?
2. What challenges exist as a result of the kinds of language used in the home? Or are challenges also a reflection of mother's anxiety?
3. Is this a difficulty for which I can give advice and support? Should I signpost the family to other targeted services locally? Or do I need to refer to a more specialist service?

Understanding the importance of the Home Learning Environment (HLE)

Fawn, a Communication Leader in Newham was concerned about some of the home learning environments that she sees. She reflected that parents often do not realise, perhaps because of their own early play experiences, that even short times of parent and child playing together make a significant difference to the child's speech, language and communication development. She has been talking to parents about the importance of making a corner of the home stimulating for the child and how responding to children's interest is key, so that the communication is child led. In one home, Fawn saw changes in the home learning environment that were not just set up for her benefit: The mum was now enjoying and invested in the recommendations she had made, adapting the play area from time to time.

Fawn has also shared with her colleagues the importance of using modelling with families to demonstrate how children's language can be extended and scaffolded. Bolstered by what she learnt during the training, Fawn would often demonstrate to parents useful techniques to support the development of their children's communication. In one case, her approach has made a genuine difference both to the child and to the parents' enjoyment of their child's play. Mum is spending more time interacting with her child and this experience of play seems to be making a positive difference in the mother's well-being too. Fawn is also thinking about how to expand the reach of some of this change, by encouraging the parents she works with to talk to their friends about what they do.

Learning from the challenges

Engaging harder-to-reach families

Working with harder-to-reach families is part of the everyday work of health visitors and other professionals within the network of early years. Building relationships and trust slowly with these families is critically important to the success of interventions.

One example was shared where a mother didn't want to take a different approach to her youngest child to that she had taken with her older children. Despite all of the older children in the family having some speech and language delay and experiencing reading difficulties in school, this mum didn't want any of them treated differently. The Communication Leader in this case initially tried using the Early Voices leaflet to engage the parent, but was unsuccessful. The mum, annoyed by the Communication Leader's intervention, communicated her lack of engagement by not looking or talking with her. There was a big risk that she would be asked to leave, with the relationship between them damaged.

Subsequent visits took a different approach with the Communication Leader dropping in positive comments and modelling, hoping she's making a difference without the mother needing to acknowledge.

Reflections on engaging harder-to-reach families

The reflective discussion around this case was multifaceted but centred on the need to understand and respond to the fears and barriers of harder to reach parents. Key questions that arose were many but included these:

1. What was the mum's own education experience?
2. Are there speech language and communication needs evident in the parents and what are their literacy levels like? How can professionals adjust for these?
3. How can professionals help parents to preserve their own self-esteem and wellbeing? Are there some deep-rooted issues that need considering?
4. How can professionals help parents to acknowledge / deal with problems around language development sensitively?
5. Is it possible to acknowledge that a parent wants to be fair but at the same time to think about the children as individuals being the best they can be?
6. How can parents suspicious of local services be helped to identify with possible local groups?
7. If parents appear uncomfortable, it can make professionals feel uncomfortable with role modelling so that it may not come over as naturally as it needs to. How can this be overcome?