



# Early Voices: Case Studies

*Leading change in the workplace*

*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 'leading change in the workplace' case study focuses on practical takeaways for a wide audience of health visitors, the wider EY workforce and parents.*

## How did Early Voices and the Level 3 qualification help bring about change in the workplace?

### Summary

*A sound foundation of language skills in the very early years is a cornerstone to children achieving a happy and healthy level of development, as well as later attainment in school and life. However, in some areas of the country, more than 50% of children start school with language skills below that expected for their age.*

*Not all parents or professionals feel confident about how to support language development and how to spot when there are concerns. Some early health monitoring and support systems are set up in ways that are challenging for some families to access.*

*Systems change is needed in the early years workforce and workplaces so that more children get the right kind of support at the right time.*

### Several themes, each important in bringing about change, emerged from discussions with Communication Leaders:

#### Building on strengths in local practice

In Redcar and Cleveland, there were concerns about some children's readiness for school. Yvonne, the Communication Leader there, talked about children who had fewer words and poorer levels of expression overall than those living within a five minutes' drive from the area she worked.

With this clear motivation, Yvonne also considered how she would approach the issue strategically. She felt it important to firstly look at how the speech and language training she would cascade as part of the programme would not be 'bolted on'. Instead, it would enable her already committed and motivated team to strengthen existing workstreams of staff development and dissemination, such as that on early baby brain development and perinatal and infant mental health. In delivering the Early Voices programme, this team were really interested in the additional research evidence it brought to these strands of work.

#### Communication: the common thread

Several Communication Leaders identified early on that the speech, language and communication messages within Early Voices could be a golden thread through the good work they were already doing. The strategies weren't so much about providing key messages at one-time point, but reinforcing key messages at all time points from ante-natal through the early childhood journey.

One reflected that "[The training] has done what we set out to do, which is to try and pull this team together. But, also there is a sense of purpose now in terms of every contact we have with families".

Another Communication Leader reflected *“What we hear a lot about is making every contact count. We talk a lot about breast-feeding, accident prevention and so on. I wanted to make speech language and communication part of that.”*

### **The importance of management buy-in**

Strong management support for speech, language and communication to be a central tenet was identified as critical by many Communication Leaders. Many spoke about being newly placed within the organisational structure of the local authority. They sometimes felt that there were risks that they could be ‘pulled out’ into lots of safeguarding work rather than having space to focus on their core, universal healthy child work. Management support helped them focus on ensuring their teams were signed up to the key principles of Early Voices. This enabled the whole team to jointly take more of a preventative than a reactive approach.

### **Starting small and growing the model**

The need to have a strategic and scalable plan was also recognised as a factor for sustainable change.

In one authority, the original plan was to disseminate training across all the Health Visiting teams; however, when Early Voices was being implemented, the entire service was being re-commissioned so it wasn’t the best time to engage across the city. Together with her manager, this Communication Leader decided to focus on the team she worked with most closely, which included 12-14 Health Visitors and a further 10 Nursery Nurses. The aim was to embed the key messages from cascade training into practice so it would provide a model to extend further.

A key message that this team took on board was that their new learning could be applied in any of the contacts they had with the families. Key speech and language messages have been embedded into the team’s set of templates for each contact, so there will be triggers to remind Health Visitors to mention certain things at certain reviews.

### **Building the ripple effect from cascading training into strategic opportunities**

Clare, a Communication Leader in Gateshead working within a Family Nurse Partnership team described how she had started to consider changes to local systems. Although her team are already providing an intensive programme of work for families falling within the Family Nurse Partnership criteria, the Early Voices training Clare delivered to them sparked conversations around the lack of specific work targeted at other vulnerable families. There was awareness that the local authority had been considering pathways that could offer additional resources and programmes of work for early years practitioners. The conversations that followed prompted the local authority to invite Clare to deliver the Early Voices training to their Early Help under-fives team. Following the three planned sessions, their 45 Early Help team members will be equipped with the tools to support many more vulnerable families in speech, language and communication.

### **Developing pathways for speech, language and communication**

Several Communication Leaders spoke of their increased engagement with local plans to develop a more effective speech, language and communication pathway. They identified how much their increased knowledge of speech, language and communication made it easier to join and contribute to those strategic conversations.

*“That led on to the local authority inviting us to some meetings to discuss the pathway. I felt that I could participate in that because of the information that I’d gained from doing the (level 3) qualification”*

In one authority, the recognition that the universal tier of the 0-5 pathway starts before birth, the Health Visitors who have received cascade training from their Communication Leader are now using what they have learned in their discussions antenatally:

*“It has helped them to really see the critical nature of their intervention with their young children and that it should be possible to see impact from their input with 2-2½ year olds”.*

### **Language and communication development doesn’t stop at age 5**

In another authority, steps beyond 5 have also been considered. Since the service there is now a 0-19 service, consideration has already been given to how to open up key components of Early Voices messaging to the School Nursing team. Armed with the advantage that her level 3 qualification went beyond the early years, this Communication Leader has already written a speech and language pathway for early years which will continue to evolve over time and may grow to encompass older children’s needs. She is currently considering developing a specific resource for staff working with older children, including session materials on the teenage brain in relation to speech, language and communication development. She has also reflected on the lack of information available for parents on how to support the language development of their teenagers.

### **Leading services that are accessible**

Communication Leaders reflected on ways services could improve how they support families who don’t take up universal services for speech, language and communication development, such as the mandated two year check where the ASQ is completed: a key point in identifying whether a child or family may need additional support. One topic of discussion here was generic letters which may not always be in language accessible to parents. Although in some authorities these can be modified, Redcar and Cleveland described examples of their ‘therapeutic letters’: Originally a change driven by high ‘did not attend’ or DNA statistics, the language of these letters is now simpler and more friendly, leading to greater engagement.

### **Communication Leaders by name, and reputation**

For all of the Communication Leaders, there is a feeling that families have started to develop an expectation that Health Visitors will discuss speech, language and communication development at each timepoint: *“It is changing how Health Visiting is viewed by families.”*