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Best start in speech, language and communication:

Case studies



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Acknowledgements: We would like to thank the areas that provided case studies to demonstrate good local practice in Speech Language and Communication in the Early Years: Devon; Greater Manchester; Stoke-on-Trent; Warwickshire.

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Published October 2020

PHE publications

gateway number: GW-1162

PHE supports the UN

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Case study examples

This document contains a collection of peer reviewed case studies which provide national and local examples of speech, language and communication pathways and clarification of how an integrated system can work in practice.

The following case studies were provided by local areas in England following a national call for best practice speech and language case study examples in spring 2018. The case studies have been subject to independent peer review through Public Health England's Speech, Language and Communication Expert Advisory group (for criteria used, please see Appendix 1: 'Case study feedback template form').

This document has been published alongside 'Best start in speech, language and communication: Guidance to support local commissioners and service leads' and 'Best start in speech, language and communication: Supporting evidence'.

Let's Talk More (LTM), Devon

Screening and intervening, not watching and waiting: An early identification and intervention approach to support communication, speech and language development of children aged 2.00 to 2.11 years in Devon.

Author:

Elinor Pepperell. Speech and Language Therapist. Virgin Care Limited, Devon Integrated Children's Services

Background:

Let's Talk More was launched across Devon in 2014 by a steering group comprising strategic leads from, Speech & Language Therapy (SLT), Public Health Nursing Team (PHN), Children's Centres and Early Years Advisory Team. Each agency had identified challenges to their service as a direct result of delayed communication, speech and language (CSL). The main issues arising and to be addressed through Let's Talk More were:

- lengthy waiting times for SLT
- a high proportion of children referred to SLT whose CSL skills were delayed but for whom a more proactive community-based approach might have reduced / eliminated the need for SLT – alongside this, a sense that children with more complex / specific speech, language and communication needs (SLCN) were consequently not accessing Specialist / SLT support in a timely way
- a 'watch and wait' approach among those that traditionally referred to SLT resulting in peak referrals once a child started at nursery / pre-school aged 3
- an increased focus on the 'school readiness' agenda

Let's Talk More comprises a structured pathway, training package for PHN and Children's Centre staff; an assessment tool and support package for children aged 2.00 to 2.11 years.

Practice development:

Children can be identified any time between 2.00 and 2.11 and by anyone. Early identification is encouraged; therefore assessment is often indicated following the 2 years 3 months developmental check or as part of the child's integrated 2-year review:

- identified children are assessed by a trained member of PHN or CC teams or Early Years practitioner using the relevant tool. Assessment considers: attention; listening; understanding; using language; speech sounds; social use of language and is playful / informal alongside observation and discussion with parents
- children are given a red / amber / green outcome based on their score

Children who achieve a ‘green’ scoring require no further contact

Intervention for Let’s Talk More is based on enabling parents to build good interaction strategies into everyday interactions:

- Parents of children who score amber (mild – moderate delay) have 4 core strategies plus 2 specific strategies (based on their assessment results) discussed and demonstrated; followed by access to intervention (home, setting, group or combination). These children are re-assessed 12 weeks after initial assessment with a restricted green/ red outcome. If children score “red” at re-assessment, they are referred to SLT as below
- Children who score “red” (moderate – significant delay) are referred to SLT. They are given core and specific strategies and can access intervention while they wait

Staff training sessions on Let’s Talk More and CSL skills are available once a term

Let’s Talk More Everywhere is a spin-off project with strategies distributed across Devon and displayed at CCs, SLT clinics, PHN clinics, Early years settings and via social media to ensure communication of key messages to children outside the Let’s Talk More age range

Measuring impact:

<p>Short term improvements: Children and families</p>	<p>Service provision</p>
<ul style="list-style-type: none"> • Increased awareness of importance of early CSL development, typical development and how to support at home • More timely access to specialist services • Access to community support close to home • Increased equity in approach and provision across Devon • Consistent messages from all key agencies • When a concern is identified an assessment can be undertaken quickly without waiting for referral to SLT • Access to early intervention reducing the need for onward referral to SLT • A flexible approach to intervention (that is, intervention can be accessed at home / setting / Children’s Centre / combination) 	<ul style="list-style-type: none"> • An opportunity to share the identification process with others and offer a co-ordinated approach • Having a consistent, shared approach • A structured pathway to follow • Provides an opportunity to engage with parents and have conversations with them about their child’s CSL development as well as providing an opportunity to focus on communication, speech and language (CSL) development • Practitioners across all partner agencies showing increased competence and confidence in identifying CSL difficulties and having conversations with parents around CSL
<p>Longer term improvements: Children and families</p>	<p>Service provision</p>
<ul style="list-style-type: none"> • Improved CSL skills at school entry leading to improvements in: <ul style="list-style-type: none"> • making relationships • accessing curriculum • academic achievement • long term mental health • general social mobility 	<ul style="list-style-type: none"> • A consistent and equitable approach to identifying and intervening across Devon • More appropriate and timely referrals to SLT

The following provide opportunities for measuring impact of Let's Talk More and informing developments:

Data collection:

Number of initial assessments; re-assessments; outcomes; who completed the assessment; age of child; type of intervention accessed and receipt of 2-year funding. Initial findings indicate that interventions for amber children are effective – we will be monitoring this trend

Practitioner survey (once every 2 years):

review of what works, challenges and amendments needed. Support for Let's Talk More has increased dramatically. Parents are encouraged to provide feedback to SLT at their initial assessment

Foundation Stage Profile data:

The percentage of children achieving a good level of development across the 3 aspects of Communication and Language has increased year on year since 2015 and is higher than the national average

SLT waiting list data:

Numbers of children referred to SLT have not reduced significantly; however, since 2014, considerably more 2-year olds are referred to SLT than 3-year olds, reflecting a shift in early identification

Learning:

The following are the key learning points from the Let's Talk More process:

The percentage of children showing signs of moderate/significant SLCN:

Let's Talk More was developed to provide a more community-based option for children with an amber outcome. In response to unexpected high red outcomes (and much lower amber outcomes) we have moderated the assessment and feel confident that it is not over identifying children. An antenatal– 2 years pathway is currently being trialled

It is remarkable how much can be done without specific additional funding:

Let's Talk More has no specific funding allocated; however, this doesn't mean that additional funding isn't necessary. There is a time related cost for professionals working within Let's Talk More

Importance of quality joint working:

The success of Let's Talk More is dependent on the positive engagement and regular communication between partner agencies (listening and responding to their needs, respecting their contribution and ensuring engagement in the process)

The impact of a changing context:

All partner agencies are undergoing considerable change in their working landscapes

The importance of data submission:

The data has provided us with evidence for next steps. Practitioner compliance in submitting data needs constant encouragement to ensure practitioners are aware of the role that their data plays in developing the provision

The challenges around monitoring quality (of screening and interventions):

We have 4 local SLT Champions for Let's Talk More; part of their role is to make links with their local Let's Talk More practitioner champions, attend groups and model good practice

The need to take a long-term approach:

It takes a long time and commitment from all partners to fully establish a project in a county the size of Devon

The need to take a flexible approach:

It is essential that there is a degree of local flexibility so that those delivering interventions for Let's Talk More can do so in a way that is right for the families they work with. There is no one-size-fits-all.

Stoke Speaks Out, Stoke-on Trent

A multi-agency approach to tackling the high incidence of language delay across Stoke-on-Trent, an area of deprivation.

Author:

Janet Cooper: Clinical Lead Speech and Language Therapist, Midlands Partnership NHS Foundation Trust (MPFT)

Background:

Stoke Speaks Out(1) is a City wide strategy in Stoke on Trent to tackle the high incidence of speech and language delay identified in children in the early years. In 2004 a local prevalence study indicated that as many as 64% of 3-year olds presented with significantly delayed language on entry to nursery. It is well documented that speech/language and communication difficulties can lead to long term issues in learning, behaviour, self-esteem, life chances and both mental and general health issues. This led to a multi-agency strategy being developed: 'Stoke Speaks Out'.

Our vision is to ensure speech, language and communication is supported at every touch point, from antenatal information through to early identification and first line targeted interventions, to ensure every child is given the best start in life.

Our aim is to make communication 'everybody's business' and ensure the City has united, clear evidence-based messages, early identification and clear targeted programmes in place to support children's early language development.

The strategy has been financed through various funding streams since 2004 including Health and City Council funding. Most recently the current projects are funded via the Department for Education's Stoke-on-Trent 'Opportunity Area' plan and some elements are mainstreamed as part of the Speech and Language Therapy Service provision in MPFT.

Practice development:

Stoke Speaks Out has been a whole City approach since 2004. The strategy has enabled all services to sign up to shared joint messages around early speech, language and communication and shared ways of working. The strategy has developed a multi-agency training framework, improved confidence of practitioners and parents and shared key messages around speech, language and communication as part of public health campaigning. These are ongoing and embedded as part of general best practice within the City. The City mantra is 'communication is everybody's business'. The School Readiness programme (2015-2018 commissioned by Stoke-on-Trent City Council) was an additional 3-year plan to embed systematic good practice across all private nurseries

and maintained schools in the City. Currently there is a programme in place via the Opportunity Area funding to develop practice further in the early years in targeted schools and settings.

Key steps:

2004: Evidence gathering. Multi-agency team formed. Baseline of knowledge and skills conducted on workforce. Training framework written. Multi-agency forums developed to identify need and next steps.

2005 to 2010: Training delivered to over 6000 practitioners. Public health campaign developed. Resources developed to support workforce knowledge and confidence. Staged Pathway developed as pre-referral guidance for speech/language therapy.

2010 to 2015: Less funding but maintained training and public health messaging.

2015-2018: School Readiness programme – working with all PVI nurseries and schools in Stoke. Developed screening tool- all practitioners trained to administer this and trained in early intervention packages.

2018 to present: Opportunity Area project – work with targeted schools to enhance early years practice

2020: Many elements (Public Health messaging, training and social media presence along with updating of resource tools) mainstreamed as part of core NHS Speech and Language Therapy provision

Measuring Impact:

The Stoke Speaks Out programme has embedded a number of positive changes. The City has clear public health messages around speech, language and communication that are agreed and shared at every opportunity. The impact of these was measured annually via a questionnaire to parents at the 12-month health checks over a 5-year period and indicates that the messages are reaching parents in all communities. The programme has impacted on quality of referrals to core service speech and language therapy. Over 30 settings have achieved the Stoke Speaks Out communication friendly award which is a quality mark assessed through an evidence file and moderation visit. All settings and schools in the City have been trained to use the Early Communication Screen and routinely screen their children aged 2 to 5 years. They have also been trained in early intervention packages to support the children identified by the screen. For children this has demonstrated a marked impact:

Figure 1: Postive changes in language development as a result of school readiness intervention

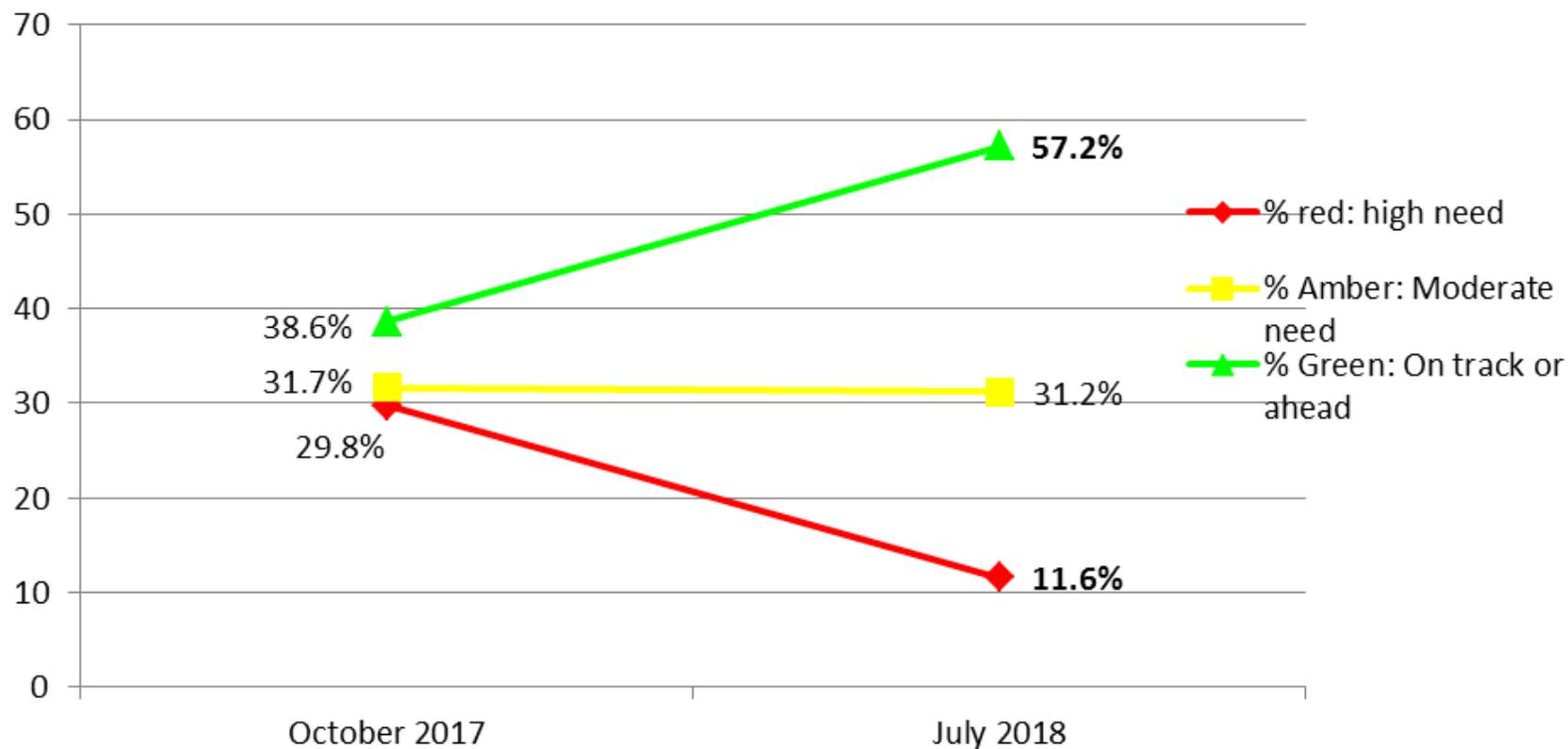


Figure 1 describes the changes in language development as a result of the school readiness intervention from October 2017 to July 2018. During that period there was an increase in those that were on track or ahead, from 38.6% to 57.2% and a decrease in those that were high need, from 29.8% to 11.6%.

Over 8,000 practitioners have received training from the team.

The Royal College of Speech and Language Therapists commissioned a Return on Investment (ROI) study on Stoke Speaks Out in July 2016. This indicated that in the short term for every £1 invested in the programme, £1.19 worth of value is created. Longer term this indicated a return of £4.26 for every £1 invested in the programme.

Learning:

Speech and language skills are essential for children's development and readiness for school. This is not a quick fix and may take a whole generation to create change. Data collection and evaluation is crucial at every stage. Funding is inconsistent and outcome measures, milestones and focus changes depending on how things are currently funded and what the current priority is. This has made it essential to have an overarching strategy which is able to adapt to the current priorities and ensure the City is able to utilise available funds in the most effective way to meet the needs of the children. Clear leadership and lines of accountability are essential, and it is relationships that create shared change. A knowledgeable team who are prepared to listen is essential, but equally for sustainability, the focus needs to be on embedding and sharing practice with a much wider workforce.

Warwickshire 'time to talk™' – Closing the Gap Project

Author:

Deborah Powers, speech and language therapist

'time to talk' is Warwickshire's strategy for supporting the development of speech, language and communication skills of babies and young children. Closing the Gap was a partnership programme with Bedworth Heath Nursery School and Early Years Teaching School and was a sub-project of the broader 'time to talk' programme.

Background

The 'time to talk' programme, is committed to ensuring that all children have the opportunity for the best start in life. Local assessment in Warwickshire demonstrated that in 2015, 1 in 3 children were not school ready. Closing The Gap aimed to increase the number of children that access school with the necessary skills. Schools and early years settings were targeted by data analysis and received intensive training and support to develop the teams' practice across 4 strands:

1. Communication and language
2. Family engagement in learning
3. Leadership and aspiration
4. Pedagogy, practice and wellbeing

'time to talk' was commissioned to ensure that practitioners were knowledgeable and confident to support children to develop effective communication and language skills. 'time to talk' is founded upon an established evidence base(2-4) recognising that:

1. language acquisition in the early years is a strong indicator of later academic achievement
2. social inequalities impact negatively upon a child's opportunities for language learning
3. poverty has been identified as a key social determinant that put babies and young children at risk of speech and language delays; with potentially long term negative repercussions for employability, mental health and continued poverty in adulthood(5)

Practice development

Schools and settings nominated a practitioner to become the 'Speech and Language Champion'. Champions attended the 'time to talk' tiered training (Tiers 1-3: involves 5.5 days of interactive workshop training), focusing on:

- the importance of developing good early communication skills
- understanding strategies to support emerging skills
- observation and monitoring to inform planning and intervention
- developing a communication-friendly approach
- engaging families to support their children's communication

The training was evaluated using questionnaires, including a range of confidence and knowledge ratings and listed changes in practice. Champions were then supported through 4 sessions of VERVE Child Interaction Therapy (pioneered by Keena Cumminsⁱ). Each video was analysed with the 'time to talk' SLT who facilitated self-reflection, self-evaluation and target-setting, aided by video evidence. Pre and post practitioner confidence was rated via a questionnaire as well as the skills of the child using FOCUS[®]. Champions were also supported to establish tracking systems, language enrichment groups, and communication-friendly environments. Champions submitted monitoring data for their whole cohort, as well as WellComm outcome data for targeted children. They submitted case studies on targeted children as well as a reflection on their communication environment.

Measuring impact

Practitioners who took part demonstrated their knowledge, understanding and application of strategies that support speech, language and communication. They were able to reflect on their own practice, develop new skills and have enabled the progression of the children who they support. Comments from evaluations about the strategies being used included:

ⁱ <http://www.vervechildinteraction.org/>

“Doing Verve has helped me see that it's not about me talking all the time but waiting for the children to want to make communication of some sort with me.”

“It was brilliant. It made me think to stop and wait for the child's eye contact which showed me that the child is ready for the next bit of instruction/learning. It also helped me stop asking lots of questions”

“I have slowed down and when reading stories and singing the children are picking up the words better and have better recall.”

Communication environments were enhanced, particularly the quality of interactions between adults and children, but also the physical environments. The children attending the Closing the Gap schools and settings made great gains in their understanding and use of spoken language as measured by the WellComm screen. Practitioner evaluations and case studies demonstrate that the underpinning skills of confidence, interaction, attention and listening have been enhanced, providing a solid foundation for verbal language to continue to develop.

Figure 2: Closing the Gap, WellComm data 2016 to 2017 (184 children)

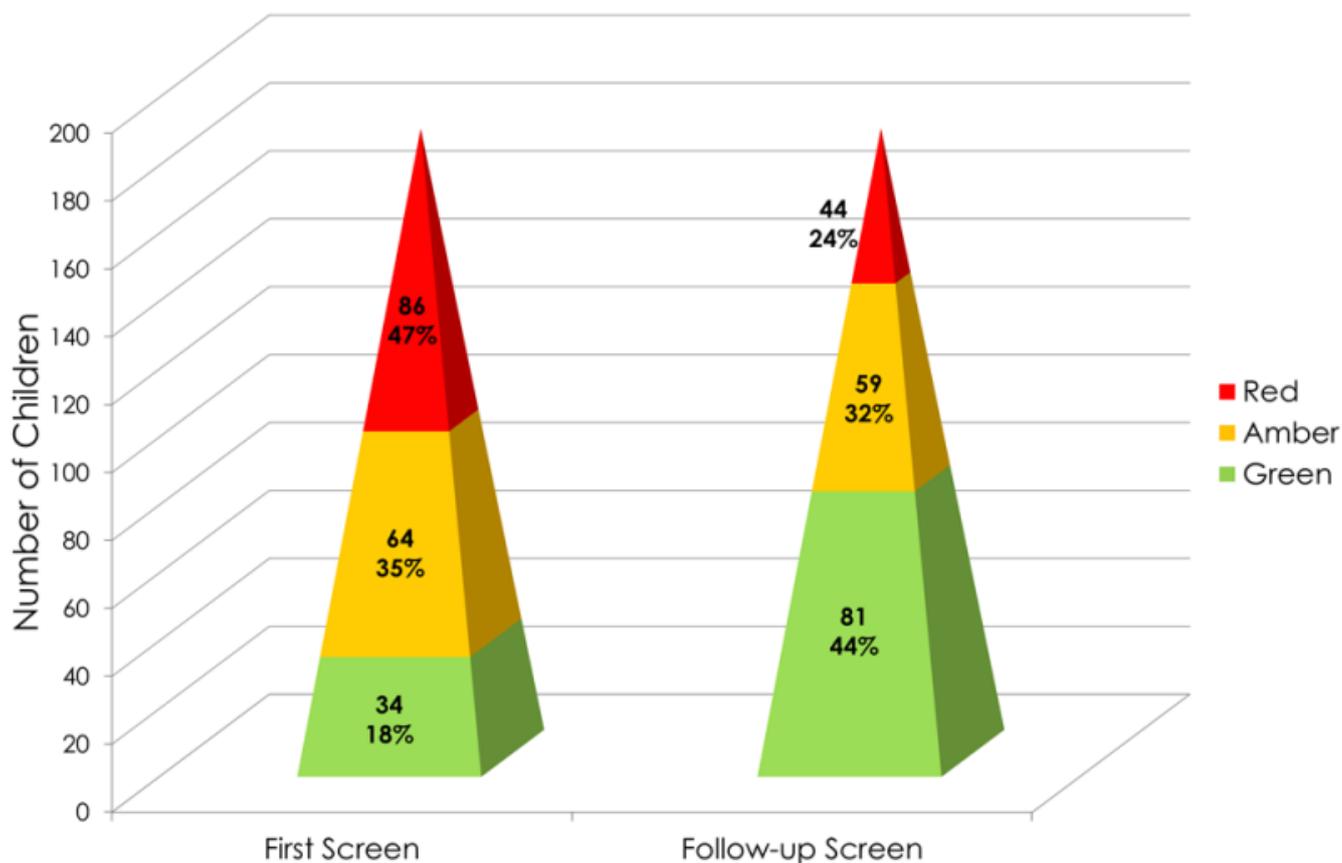


Figure 2 above describes the WellComm data from 2016 to 2017 for 184 children. There was an improvement from the first screen to the follow up screen in those where no intervention is required, from 18% to 44%; and a decrease in those requiring referral to a specialist service from 47% to 24%.

Greater Manchester Early Years Speech, Language and Communication Pathway

Author:

Michelle Morris, Consultant SLT, Salford Royal (NHS) Foundation Trust/GM Early Language and Communication Pathway Lead, Greater Manchester Combined Authority

Context:

Greater Manchester remains an outlier in school readiness outcomes compared to the national average, with 68.2% of all eligible children achieving a good level of development (GLD) at the end of the Early Years Foundation Stage in academic year 2018/19, compared with 71.8% nationally. This gap is mirrored in early years speech,

language and communication outcomes. Significant work has taken place since 2012 to improve early years outcomes and school readiness levels. This work is underpinned by the GM Start Well strategy which aims to ensure that **every child acquires the skills necessary to access/succeed in early childhood, primary and secondary education and employment** and seeks to develop a mature early years system, able to support child and families to achieve positive outcomes.

In 2012 GM developed a model for integrated Early Years services. The GM Early Years Delivery Model (EYDM) is built upon the principles of proportionate universalism. It recognises the 1001 critical days starting at conception and harnesses the universal reach of maternity services and Health Visiting for the crucial early identification of vulnerability in both parents and infants. When the EYDM is implemented across GM to a consistently high standard, families will be in receipt of a proportionate, multi-agency tailored response relevant to their level of needs. The model is underpinned by a series of best practice evidence-based pathways, including speech, language and communication.

The GM 8-stage assessment model is described below.

Stage 1: pregnancy, which includes the health visitor antenatal contact and collated information from midwifery and health visiting assessments.

Stage 2: the health visitor new birth assessment at 10 to 14 days and the newborn behavioural observation.

Stage 3: the health visitor maternal mental health assessment at 2 months; the Ages and Stages Questionnaire 3 (ASQ 3) and the ASQ Social and Emotional (ASQ SE).

Stage 4: health visitor and early years worker assessment at 9 months using ASQ 3 and ASQ SE.

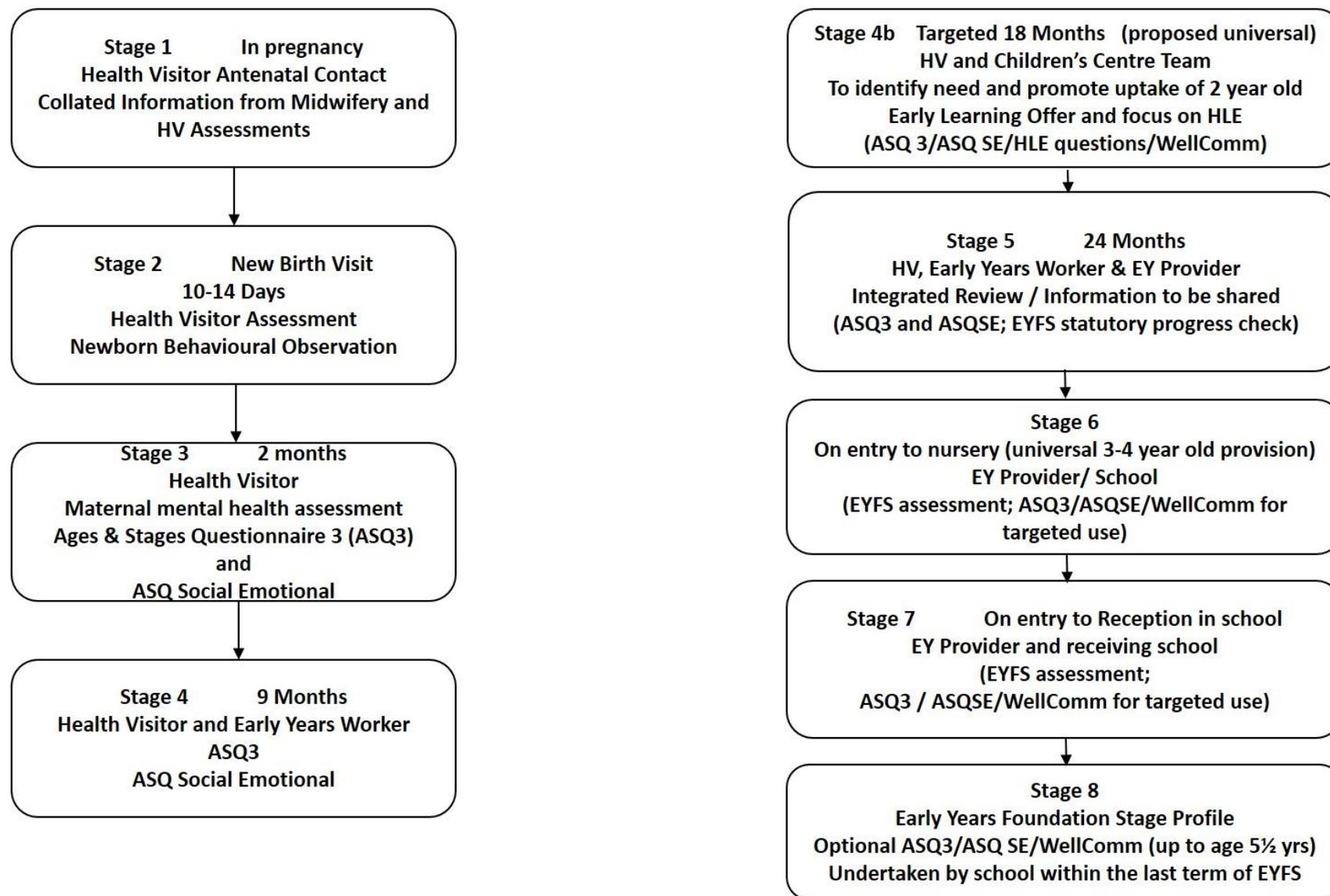
Stage 4b: a universal 18 month review by the health visitor and children's centre team to identify need and promote the uptake of the 2 year old offer.

Stage 5: integrated review at 24 months using ASQ3, ASQ SE and EYFS statutory progress check.

Stage 6: on entry to nursery for 3 to 4 year olds which includes the EYFS assessment; ASQ 3, ASQ SE and WellComm for targeted use.

Stage 7: on entry to Reception in school by early years provider and receiving school which includes the EYFS assessment; ASQ 3, ASQ SE and WellComm for targeted use
Stage 8: Early years foundation stage profile.

GM 8 Stage Assessment Model



Key features: GM 8 Stage Model:

- systematic surveillance using ASQ 3
- introduced a recommended Level 4b assessment at 18 months. 2 to 2.5 years considered too late
- EYDM critical for early identification of risks associated with speech, language and communication needs (SLCN) and SLCN, and providing asset based preventative advice/early intervention when parents receptive
- ASQ 3 – Developmental review- largely on parental report
- ASQ (SE) Social Emotional review. GM recommended for use at stages 4 to 8
- integrated delivery: uses range of professionals in EY wider workforce
- increase the sensitivity of SLC assessment by introduction of WellComm; and give practitioners access to wider range of targeted advice/strategies (that is, WellComm activities)

Greater Manchester SLCN Pathway background:

2012:

Development of a multi-agency SLCN delivery pathway in Salford based on best available evidence and commissioned by the LA and PCT.

2014:

Project group established to develop a city region wide pathway based on existing good practice. This was the first GM pathway and specification. Much of the work was tested and demonstrated effectiveness through Sure Start Local Programmes.

2016:

Work to refresh and update the pathway and specification with wider group of stakeholders.

2018:

GM support provided for a SLC pathway lead role.

2018:

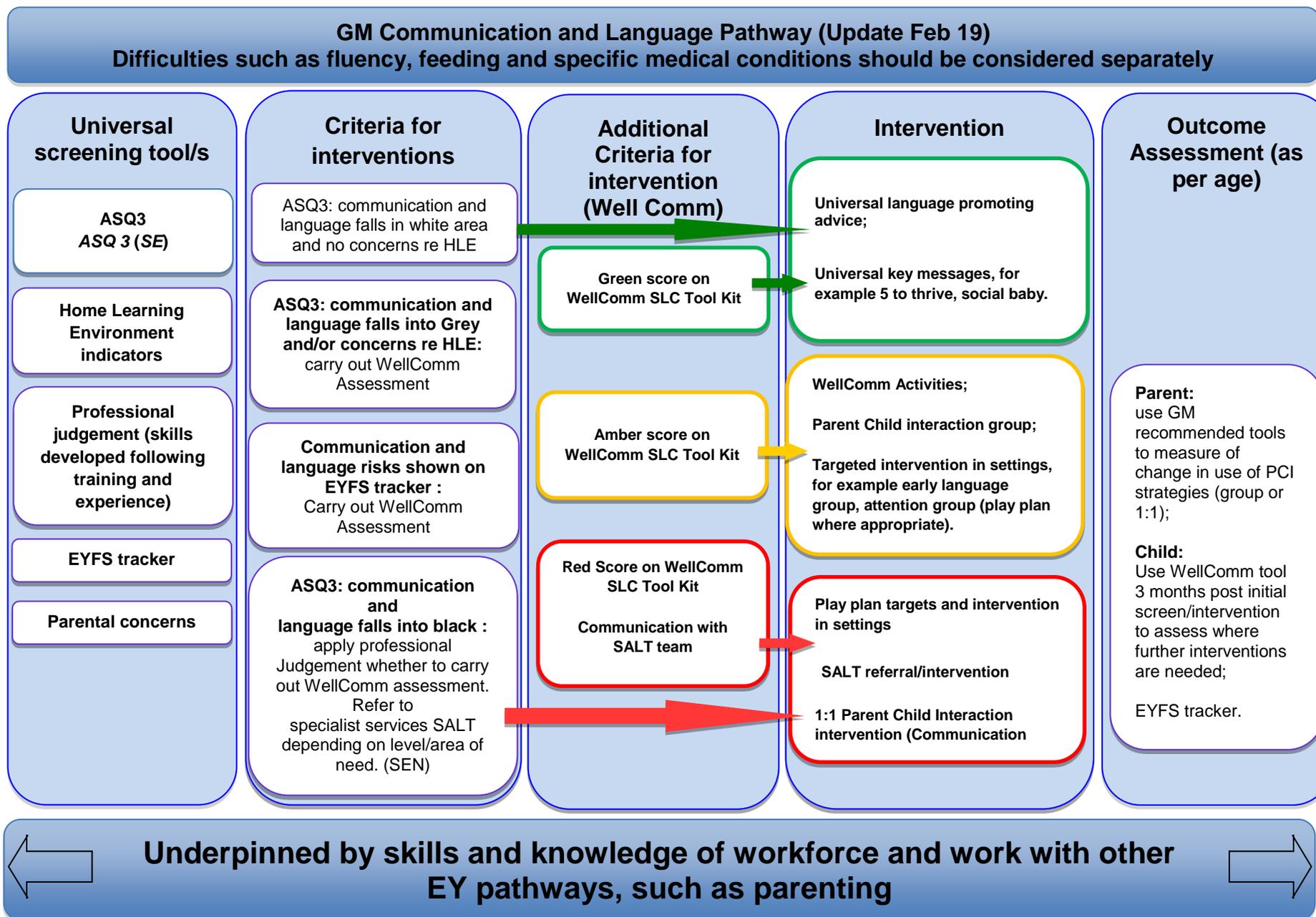
Secured £1.5m from DfE Early Outcomes Fund to support spread and scale of pathway across GM and identify and address to full implementation.

2019:

Pathway development brought under the governance of GMSchool readiness Board and supported through GM School Readiness programme team.

The GM communication and language pathway, updated in February 2019, describes the universal screening tools used and the criteria for interventions. Tools used include the Ages and Stages Questionnaire (ASQ) and the WellComm tool. Depending on the outcome of the WellComm tool, interventions are described. For example, universal language promoting advice; targeted interventions in settings such as early language groups and referral to speech and language therapy as required.

The pathway is underpinned by the skills and knowledge of the workforce and work with other early years pathways such as parenting. Difficulties such as fluency, feeding and specific medical conditions should be considered separately.



Specification:

- identified required outcomes
- takes a whole system partnership approach to delivery
- not prescriptive about how localities implement to support local responses to specific need
- identifies different levels of intervention and systematic approach to identifying SLC and the intervention offer
- recognises the importance of families and the Home Learning Environment
- reviewed every 18 months against the emerging evidence base and feedback from locality leads
- work areas identified, delivered and fed into the next iteration

Introduction of the Wellcomm tool:

- evidence-based screening tool and intervention package
- assessment appropriate for children from 6 months to 6 years. There is now WellComm for Primary age so potential as a single consistent assessment tool to track progress
- each section asks 10 questions plus narrative
- direct observation, assessment **and** discussion with family
- can be used by a range of professionals
- quick and easy to administer
- most consistent administration when training precedes use
- RAG rates children's risk
- provides clear simple intervention strategies

Workforce development:

- specification encourages teams and settings to have a Communication Lead
- recommends using the Communication Trust's SLCF to audit SLC awareness and skills
- identifies level of SLC competency required for different roles
- rolling programme of training in each locality. Plans to deliver access to training at scale through the developing GM workforce academy approach
- recognises need for access to ongoing support and advice for staff from specialists

What we know so far:

WellComm does highlight amber-scored children who benefit from targeted interventions, for example parent / child interaction group, WellComm activities, REEL

Systematic integrated approach is highlighting previously unmet targeted and specialist need.

More children identified earlier as at risk of SLCN and therefore have access to early intervention. **Example 1 Identification** – in 1 locality a small, 30-day pilot used WellComm at 18 months. It highlighted 45% at risk of SLCN whereas only 15% of this cohort had been identified using the ASQ3. The high identification rate is consistent with the level of expected when considering socio-economic factors

Example 2 Intervention – SLC interventions in settings, delivered by staff up-skilled through SLC training resulted in an increase from 30% to 61% of the 2,679 children scoring green on WellComm follow up

Key learning:

- strategic support and governance are vital – our pathway grew organically which has advantages in terms of workforce engagement but to facilitate systematic roll out, there needs to be both a top down/bottom-up approach to engagement
- implementation of a pathway requires human capacity.
- building good relationships, co-production with families, strong leadership and peer support are all vital
- develop shared outcomes, and set the standard but allow for flexibility in local provision
- the importance of developing a shared language culture and vision
- the importance of enablers like management information and data systems to capture and measure impact
- working with and accessing the benefit of the wider system, for example 3rd sector and BBC

Added value:

- securing additional investment from Early Outcomes Fund to evaluate the impact of implementation
- delivering on aims of Start Well to embed multiagency working
- supporting cultural change within workforce to develop shared language, values and behaviours across professional boundaries
- generating learning for wider GM early years pathway development and implementation across GM and broader programme of work, for example development of workforce academy

Appendix A: Case study feedback template form

Review	Questions	Detailed comments	Scale (1 to 5) 1 Approved 2,3 Require minor changes 4,5 Case Study not deemed suitable	RAG rating Green - 1 Amber – 2,3 RED – 4,5
Title	Does the title reflect the example given? Does it capture the readers interest?			
Background	Has the issue been described? Is the methodology described clear and with focus- starting point, what is to be achieved and how is it supported.			
Practice development	Is there a clear concise overview? Are there details of process and steps taken? Have any changes been identified?			
Measuring impact	Have the short and long-term improvements been identified? Has feedback been included? Have improvements been identified?			

Best start in speech, language and communication: Case studies

Review	Questions	Detailed comments	Scale (1 to 5) 1 Approved 2,3 Require minor changes 4,5 Case Study not deemed suitable	RAG rating Green - 1 Amber – 2,3 RED – 4,5
	ROI /value for money identified Has relevant data been added and explained?			
Learning	Have the key learning areas been identified? Has best practice been identified? Has lessons learned ben identified?			
References	Working links and references included			

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