



Public Health  
England

# Early language identification measure and intervention

## Guidance handbook

To support children's speech, language, and communication development  
as part of the 2 to 2½ year review in England



Department  
of Health &  
Social Care



Department  
for Education

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## Background

The gap in the cognitive development and specifically oral language skills between children from different social backgrounds is widely acknowledged(1-5). This gap is identifiable very early in life and well established by school entry(6-8) and can have long term consequences in terms of educational attainment and outcomes in adulthood(9). Importantly, early communication difficulties may also be indicators of a wider range of neurodevelopmental conditions(10, 11). Effective interventions are available(12-14) but matching the right intervention to the child's needs is sometimes a challenge, in part because the rate at which children's language develops naturally varies and it can be difficult to know when to consider intervention. Central to this process is the review of child development carried out by health visitors at the **Healthy Child Programme 2** to 2½ year review.

The development of a new early language identification measure (ELIM) and accompanying intervention was commissioned in 2018 as part of the UK government's Social Mobility Action Plan(15) and was 1 of 3 dimensions to a programme of work delivered by Public Health England and the Department for Education in England.

The other programmes of work included:

1. The provision of enhanced training for health visitors to identify Speech, Language and Communication needs (SLCN) and to support more appropriate or rapid referral.
2. The development of guidance to support local areas to develop evidence-based Speech, Language and Communication Needs (SLCN) pathways.

The methodology behind the development of the early language identification and intervention model is evidence based and has been piloted. Please see **summary report** and **full report**.

### Who is this handbook for?

This handbook is for commissioners, service leads and practitioners who deliver or oversee the 2-2½ year review to all children in England. This will include health visitors and their skill mix teams who have received SLCN training.

The handbook is designed to align with the **PHE/DfE Speech Language and Communication Needs (SLCN) pathway**, **Healthy child Programme**, **Best Start in Life**, and with local SLCN pathways.

## What does the handbook consist of?

The handbook is a guide for practitioners to carry out the Early Language Identification Measure and Intervention programme as part of the 2 to 2½ year review. It is structured as a conversation with the child's parent/carer, encouraging practitioners to support the parent/carer to make informed decisions for their child.

The handbook will outline the 3 steps of the Early Language Identification Measure and Intervention programme.

1. The first step (**Assessment**) concerns a simple measure for identifying which children might have early SLCN as part of their 2 to 2½ year review. Based on the outcomes of this first step, those children where there is no current need can be offered general signposting to support ongoing language development. Where a need is identified they can be offered step 2 and 3 of the identification and intervention programme.
2. The second step (**Conversation**) gives guidance on how to discuss and explore the identified needs and observations of the child's language with the parent/carer. This may then lead to signposting to specific support and consideration of options.
3. These can be explored fully in the third step (**Intervention**) which offers a framework for comprehensive engagement with families to work in partnership on agreed goals and interventions tailored to the family.

Underpinning steps 2 and 3 is a Review of Progress. For each child where a need has been identified and intervention has been agreed through shared decision making between the parent/carer and practitioner, a review process should be carried out whereby interventions or goals set are reviewed with the parent/carer using existing systems within the service concerned. Key to this is that decisions in step 1 are recorded on the **local Community Services Dataset** (using the appropriate SNOMED codes – see Appendices) and that the shared-decision making processes during conversation and intervention are recorded in the child's notes also.

## Who should use the Early Language Identification and Intervention?

The process is intended for use with the parents/carers of children aged between 2 and two-and-a-half years. The term parent/carer is used throughout the handbook. It refers to whoever attends with the child and has regular care of them.

All children in England are offered a 2 to 2½ year review completed by the health visitor as part of their universal service. The ELIM and intervention should be integrated into this review with all children to enhance identification of need.

It is anticipated that steps 1 and 2 are carried out primarily by the health visitor. Step 3 (Offering tailored support) could be offered by those working most closely with the child and their parent/carer (health visitor, speech and language therapist, early years practitioner) individually or in combination.

If the child is 2 to 2½ years old and in an early years setting and the early years practitioner identifies that they have concerns about the child's language, a decision on the best way forward to assess the child's SLCN should be agreed between the health visitor and the early years practitioner (EYP), with the parent/carer which may include the EYP completing step 1 of the ELIM and Intervention if they have received the appropriate SLCN training and ELIM & Intervention Training.

### How long should the ELIM and Intervention process take?

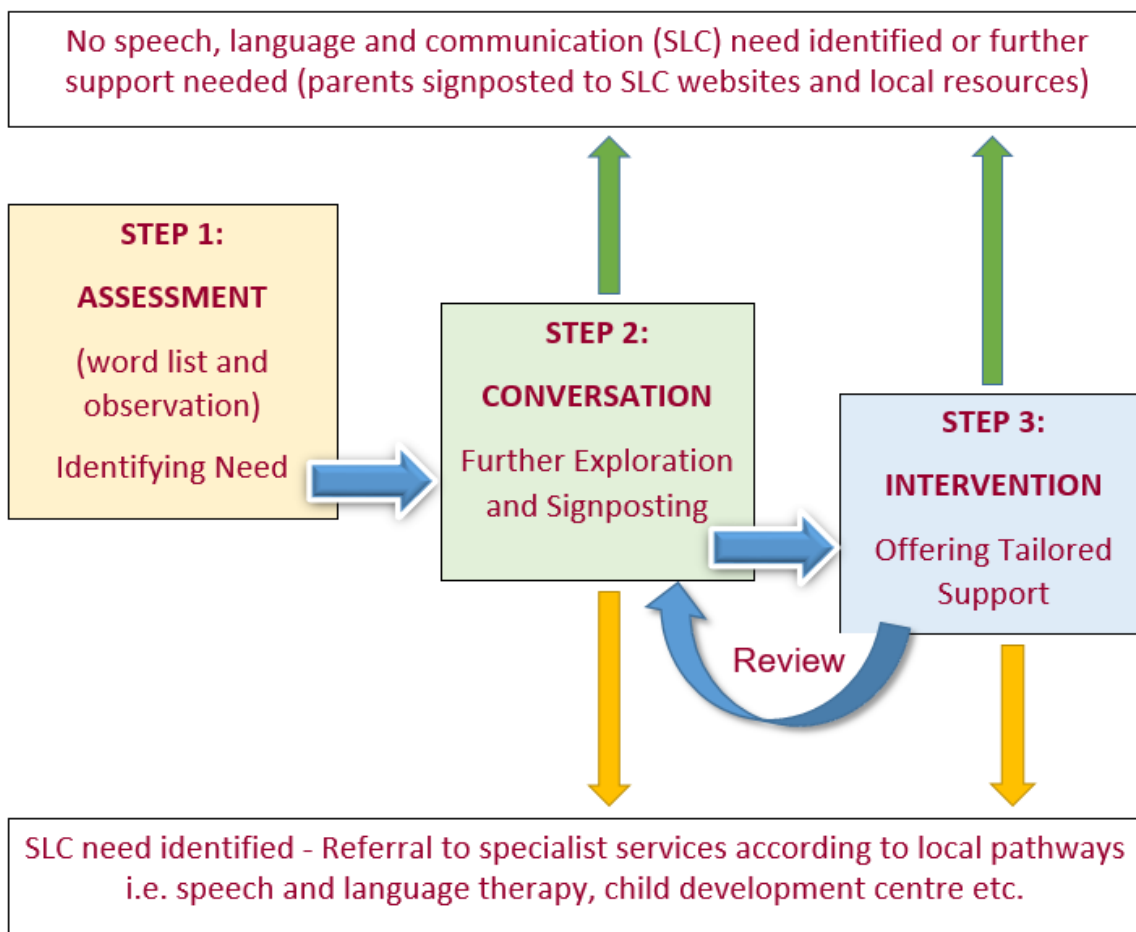
The first steps of the ELIM and Intervention process should be integrated into the conversations with the parent/carer at the current 2 to 2½ year review.

- Step 1 involves identifying need in discussion with the parent/carer. As with current practice, this will depend on what the parent/carer wants to talk about and what level of help they need
- Steps 2 and 3 of the process, once a need is identified, will require additional time, however it is anticipated that this could fit into support for families provided as part of the health visiting provision
- Review and evaluation needs to be agreed with the parent/carer and where appropriate return visits may be necessary.

# A guide to using the ELIM and Intervention for practitioners

As indicated above the ELIM and Intervention process has 3 steps. Each one is described in detail below, but it is possible to see the whole process in the following diagram:

**Figure 1: Flowchart of the Early Language Identification and Intervention process.**



The 3 steps of the Early Language Identification Measure (ELIM) and Intervention process include:

## Step 1

ELIM Assessment – where need is identified using the word list and practitioner observation

## Step 2

Conversation between practitioner and parent/carer. Any parent/carer concerns are discussed, and there is further exploration where a need has been identified in step 1, the assessment.

If there is a pronounced need, consider referral to specialist services. If there is no need identified, parents/carers are signposted to SLC websites and local resources

## Step 3

Intervention – where a risk of language and or communication need is identified, the practitioner offers tailored support to parents/carers.

If a speech, language and communication need is identified, referral is made to specialist services according to local pathways – that is, speech and language therapy, child development centres.

Steps 2 and 3 are underpinned by review of progress



## Step 1. Assessment: identifying need

To support work with parents/carers a measure has been developed as part of the process for use with children at the 2 to 2½ year review.

Ensure you have a copy of the ELIM and Intervention documentation ready before the review.

### Carrying out the review

#### Exploring the parent/carer perspective

Listening to parent/carer concerns is key to the identification of children with SLCN and it is always important to start by asking how the parent/carer thinks their child is getting on in terms of their development. Parents/carers usually come prepared with their 'story' of their child in which they will share their concerns, questions, and triumphs. It is important that the parent/carer feels listened to and validated and that the practitioner gains that initial insight into their perspective. It is an important stage in building a respectful and collaborative relationship.

You should acknowledge that the parent/carer may have been sent the ASQ-3 and ask if they have completed this and if so, use the feedback they give you within the questions you ask. You may then want to use an opening question such as:

**QUESTION: Can you tell me how you feel your child is getting on with their speech and language development?**

It is important at this point to acknowledge any concerns the parent/carer raises and advise them that you will now be using a new enhanced SLC measure which is a short series of simple questions to help you understand what support may be needed.

NB: Remember that there may be all sorts of reasons why a child may not be talking by 2 to 2½ years of age and you will need to use the knowledge you gained from the PHE/DfE SLC awareness training you have accessed alongside your local pathways. Children may have broader developmental difficulties of which SLCN is a part. They may have other neurodevelopmental considerations later diagnosed as ASD or ADHD for example. There may be safeguarding issues which need consideration.

## Gathering background information

### QUESTION: Can you tell me about the languages that your child hears and uses?

It is important to acknowledge that the language used at home may not be English and/or that more than 1 language may be spoken in the home so that your advice and the assessments can be tailored appropriately.

Record the languages spoken in the home on the ELIM and Intervention documentation.

### Carrying out the early language identification measure (the word list and the observation) to support the identification of need

Both the word list and the observation must be completed in the initial review meeting. Make it clear to the parent that “this is not a test” – but it is a way of getting to know the child better and that all children develop at different rates. Carrying out Step 1 of the process is the start of a crucial conversation with parents/carers. Supplementary questions to inform your professional judgement have been included. The answers to these questions do not need to be recorded although your judgement does.

Step 1 of the ELIM and Intervention process includes a word list which the parent/carer needs to complete based on the words that the child currently says and an observation scale which you need to complete.

### Using the word list

This is a list of words including some which you would expect almost all children at this age to say (for example, mama) and some which only very few children will say (for example, gentle).

It is important that:

- the parent/carer reports only the words in the list that the child *uses*, not those that the child may understand but does not use
- the parent/carer understands that the words have been chosen from a much longer list and it is not expected that children will use all of the words

This is designed to capture the range of words children might use at this age. Reassure the parent/carer of this as they may worry or be concerned if they think their child should be saying all the words.

You could explain to the parent/carer that the early words children use are an indication of how their language is developing. You might want to start by just asking if the child has said any words yet and what their first word was to make the parent/carer feel relaxed before carrying out the word list (you would then also get a feel from the parent/carer of whether the child has any words at all yet – which might influence how the word list is then delivered).

Start by asking the parent/carer which words they have heard their child using and check off any that are on the list. After they have come up with an initial list, show the list or read out the other words and ask – what about these? Have you heard your child say any of these? You need to be alert to the need to support the parent/carer in completing this list. The preferred option is to go through the word list with the parents/carers rather than just handing it to them. You are looking for words the child says in their everyday activities, so it is important not to ask the child to simply copy the words.

Here is some additional guidance to make sure that you capture the right information:

- If a child says a word differently (for example, they say 'tar' instead of 'car') but the parent/carer is clear that this is the word intended, the word should still be ticked
- If a child speaks more than 1 language at home, they are to tick the word if they say it in **either** of their languages. Please write down the word that the parent/carer gives you
- If the child says a completely different word for the same item (that is, 'cup' for 'juice', 'motor' or 'brum' for 'car', 'dog' for 'cat') please write it down on the sheet, but do not tick it as correct. If you know that the word used is local dialect, please tick it

### Scoring the ELIM word list

When you have gone through all the words add up the ones that the child is reported to say and if the total is seventeen or less there may be a concern which may need further discussion with the parent/carer. Before deciding on the next step complete the observation section of the ELIM and Intervention process.

## The ELIM word list

Please tick which of the following words you have heard your child say:

1. Mummy/mum		11. (Aero)plane		21. Towel		31. Fit (can have different meanings)		41. Wet	
2. Bye/bye bye		12. Car		22. Bed		32. Like		42. After	
3. No		13. Book		23. Settee/sofa		33. Rip/tear		43. Day	
4. Ball		14. Milk		24. School		34. Shake		44. This	
5. Juice		15. Hat		25. Friend		35. Think		45. Our	
6. Ouch/ow		16. Shoe		26. Person		36. Gentle		46. Where	
7. Cat		17. Leg		27. Hello/hi		37. Fast		47. All	
8. Thank you		18. Pillow		28. Shopping		38. Happy		48. Much	
9. Cold		19. Rubbish		29. Carry		39. Last		49. Need to	
10. Hug/cuddle		20. Plate		30. Finish		40. Tiny		50. If	
<b>Column Total</b>		<b>Column Total</b>		<b>Column Total</b>		<b>Column Total</b>		<b>Column Total</b>	

<b>ELIM word list</b>	<b>Please tick</b>	
Total number of words the child says	17 or under	18 or over
<b>/50</b>		

## The ELIM observation

The ELIM process also includes recording of a specific set of observations. Use this table to record what **you have seen** during the 2 to 2½ year review, rather than what the parent/carer reports. Observations should be carried out during the review with this section completed towards the end of the review. You may decide to let the child have some toys to play with while carrying out the review with the parent/carer, to help you observe what the child does and how they interact with their parent/carer. Below the ELIM observation checklist are some guidance notes for the observation questions. Please make sure you are familiar with them before completing the observation:

Please tick which of the following behaviours you (the practitioner) observed or heard from the child when speaking with his/her parent/carer during the 2 to 2½ year review.

		Yes	No
1	Observed communicative intent (child means to communicate something verbally to parent/carer)		
2	Speech mostly intelligible to parent/carers		
3	Observed putting words together (mummy up, more dinner)		
4	Do the parent/carer and child take turns when communicating?		
5	Does the child understand what is being said to him/her when their parent/carer asks them something which is NOT obvious from the context?		
6	Attention: (please circle which one you observe the child doing)		
	Fleeting (flits from one thing to another)	Single channelled (attention can't easily be shifted)	Accepts adult direction when playing

## Scoring the ELIM observation

**For questions 1-5** place a tick next to each observation to indicate whether you have or have not observed that behaviour.

**For question 6** please circle one of the three types of attention. If you circle 'Fleeting' you should explore this further in the Step 2 conversation.

ELIM Observation	Please tick	
	Concern	No concern

## ELIM observation guidance notes for each behaviour

1. **Communicative intent:** What you are looking for here is evidence that the child is relating to the parent/carer and showing them a toy of interest, perhaps pointing to something familiar in the room but the key thing is that they don't just make a sound but that they relate it back to the parent/carer.
2. **Intelligibility:** By intelligible, this refers to the child's ability to convey meaning verbally to the parent/carer. In many cases at this age parents/carers can understand their child when you cannot. What you are looking to detect here is any situation in which the child's speech is very difficult to understand – indeed so much that even their parent/carer does not understand.
3. **Combining words:** Have you seen and heard the child putting 2 words together. These are not full sentences often just 2 ideas put together – for example, 'mum dinner', 'dad go', 'blue fish', 'dog bark'. It is also interesting to note if the parent/carer joins in perhaps by extending what the child has said.

4. Turn-taking: This question refers to the child's reciprocal turn taking with the parent/carer, whether verbally or non-verbally. Do they have more than 1 "exchange" – can they keep a turn going? If this does not happen naturally you might give the child a toy and ask them to give it to their parent/carer and ask them to respond. It is important to note here that this is really about observation rather than "testing" the child's performance, but this type of activity can elicit turns.
  
5. Understanding: You are looking here for an indication that the child is able to understand what an adult says to them. It is important that you observe this rather than relying solely on what the parent/carer says they understand because children often learn to understand routines and are not necessarily understanding the words that their parent is using.

Attention: The final observation focuses on the child's attention. Do they just buzz around the room (fleeting) or do they focus on one thing/toy for a period of time (single channelled)? At this age many children continue focusing on something even when the parent/carer is talking about something else, but some children are able to switch their attention between the toy that they are enjoying playing with and what someone else is saying and then switch back again once they have responded (accepts direction).

### Using the word list and observation scores together with practitioner judgement to identify next steps

Detailed in the table below are 4 potential outcome scenarios of the ELIM and intervention process based on the scores from the word list and the observations. Actions that could be taken for each outcome are included in the right-hand column.

**Table 1: Outcomes post ELIM Assessment & Conversation and corresponding actions**

OUTCOME		ACTION†
1	You have observed <i>all</i> the interactions indicated in the observation section, <i>and</i> the child says 18 or more words on the vocabulary list <i>and</i> there are no parent/carer concerns.	The parent/carer is given the universal offer as part of Step 2 – the Conversation between you and the parent/carer.  Inform them about the <b>Tiny Happy People</b> and <b>Hungry Little Minds</b> resources, and signpost to local facilities that they might like to use to encourage ongoing language development. See also <a href="http://www.nhs.uk/start4life/baby/learning-to-talk/">www.nhs.uk/start4life/baby/learning-to-talk/</a>
2	You have <i>not</i> observed 1 or more of the behaviours listed in the observation section, <i>and/or</i> the child has a vocabulary score falling at or below 17 words on the vocabulary list.	Move on to Step 2 – the Conversation between you and the parent/carer. This includes further exploration and signposting.  Move on to Step 3 – Offering Tailored Support/ potential onward referral according to local pathways.
3	You have observed <i>all</i> the interactions indicated in the observation section, <i>and</i> the child says 18 or more words on the vocabulary list <i>but</i> there are parent/carer concerns.	The concerns of the parent/carer are investigated further as part of the Step 2 Conversation with parent/carer, in which these concerns are fully and appropriately addressed.
4	You have <i>not</i> observed 1 or more of the behaviours listed in the observation section, <i>and</i> the child has a vocabulary score falling at or below 17 words on the vocabulary list AND they meet the criteria of the local SLCN pathway for immediate support from SLT or other services due to broader developmental, vision or hearing concerns or severity of language or social communication difficulties.	Make an immediate decision of onward referral for support.  Move on to Step 2 – the Conversation between you and the parent/carer, further exploration and signposting and then onto Step 3 – Offering Tailored Support.

† Record each decision within the records alongside an offer to contact the health visiting team if they have any concerns in the future



## Step 2. Conversation: further exploration and signposting

This step should be completed for all children and parents/carers signposted to the relevant local and national resources.

Where a need has been identified or parent/carer concerns exist, you should explore with the parent/carer what would be most useful in terms of addressing any concerns they may have; meeting their child's needs and deciding what the barriers and enablers are.

It is important to pay attention to parent/carer concerns and respond to them as you consider appropriate. It may well be that your judgement coincides with that of the parents/carers, in which case the subsequent conversation may be relatively straight forward. It may also be that you do not necessarily agree. For example, with a parent/carer who expresses anxiety, but the child appears to be communicating very effectively and has scored well on the ELIM word list and observation. Of course, the reverse may also be true. You may have concerns when the parent/carer does not.

By exploring these concerns and discussing how they relate to children's development, the goal is to come to a judgement in collaboration with the parent/carer about whether additional support is needed, and if so how that might best be tailored to the family's needs.

### Making sure that you have listened to parents/carers' specific concerns

You have already asked the parent/carer how they think their child is getting on when you first started the conversation. At this point you can start with more specific questions about aspects of their communication.

In the end what you do will be a combination of what you determine to be needed and what services are available locally. If you are concerned, consider explaining the local SLCN pathway to the parent/carer and signposting them to local services, such as toy libraries or playgroups, pointing them to relevant online resources. These decisions need to be agreed with the parent/carer and monitored. This is discussed further in step 3 below.

The questions below aim to guide you to shape a conversation around the child's speech, language and communication development with the parent/carer and any concerns they may have. Questions about physical movement, behaviour and family

history are also included. Questions around the child's physical co-ordination and their behaviour are included because both tend to be associated with speech and language development and parents/carers might have noticed these other aspects of the child's development first. It is common that children who have persisting language and communication difficulties, also have first degree relatives (mother/father/brother sister) with a related difficulty and research suggests that difficulties can be highly heritable. If you are in doubt about whether to offer support, a family history may 'tip the balance' in favour of doing so.

With all questions it is important to acknowledge the response the parents/carers give and explain that children develop at different speeds, however there are times when there may be concerns. Say that you need to explore this with them through asking a few questions to help you to have a better understanding of where their child may be having difficulty.

**QUESTION: How do you feel about how your child speaks when compared to other children of the same age?**

**QUESTION: Does your child understand what people say to them?**

**QUESTION: Is your child able to find 2 objects when you ask them (for example, Show me the teddy and the ball)?**

**QUESTION: Does your child ask simple questions ("Where ball?" "What Daddy doing?" "What colour?")?**

**QUESTION: Can you understand what he/she is saying? How about people who are less familiar with him/her?**

**QUESTION: Is your child able to talk to you about something they are interested in?**

Physical movement and language development can sometimes be connected.

**QUESTION: Can you remember when your child was first able to walk independently?**

Two-year olds can sometimes be challenging in terms of their behaviour.

**QUESTION: What sort of temperament does your child have? Are their times when it is tricky to manage their behaviour?**

We also know that speech and language difficulties can run in families and this may be important in terms of longer-term difficulties. Primarily we consider first degree relatives (father/mother/brother/sister) but other family members may also be important.

**QUESTION: Does anyone in your family have a speech and language difficulty or difficulties learning to read? How are they related to the child?**

At this point it is also recommended that you spend some time playing with the child and begin to model responsive communication with them. You should not draw attention to the fact you are doing this but should join in with playing and entertaining the child with the parent/carer. Parents/carers in the research project highlighted that this brought a number of benefits:

- increased parent/carer trust in the practitioner's skills and knowledge
- allowed parent/carer to see 'from the outside' what their child was able to do
- allowed parent/carer to see responsive communication in action without feeling patronised
- increased parent/carer confidence that the practitioner had a real sense of their child's strengths and needs

Encouraging the parent/carer to also get involved could also bring insights regarding the barriers and enablers.

**Making sure you have considered the pattern of languages to which the child is exposed**

Bilingualism or multilingualism is the norm in most parts of the world and is very common in many areas in the UK. Focusing on speech and language development may be a concern for parents/carers and you need to help them decipher whether the child is just starting off a little slowly because there is some confusion over who speaks which language or if they have difficulties in all their languages. It is important to stress that there is no inherent reason why bilingualism should be a problem for the child. In fact, there are some indications that further on in the child's development it may be an advantage. At this young age, language is just a single phenomenon which manifests in different ways according to exposure and it is important to consider all the words they use irrespective of which language is spoken.

Historically parents/carers were sometimes told to speak English to their child so that their English improves but this sort of guidance should **not** be given now, especially

with younger children and especially if the parent/carer does not feel very confident with their own use of English. It is important that parents/carers foster interaction with their child, for example through songs/nursery rhymes, but they should do so in the language in which they feel most comfortable and using the language which is most immediately important to the child, used by other family members.

By this point you will have already recorded the language(s) that the child uses. It is important to show interest in the specific language that the child uses. Language use varies from family to family depending on whether parents/carers speak the same language, whether there are others in the household who speak other languages, the attitude and the importance attached to a given language in the home. It may also be helpful to ask some more specific questions to get a sense of which languages are heard and which are spoken. For example, parents/carers often report that children understand different things in different languages, and this should be acknowledged.

**QUESTION: Does your child speak or hear more than 1 language at home?**

**QUESTION: Which languages does your child **hear** at home?**

**QUESTION: Which languages does your child **use** at home?**

An important consideration here is whether the child's language overall is developing irrespective of which specific language is being used. Young children commonly switch between languages according to how they experience the word. So, they might use their first language for "mum" and "dad" but use the English word "ball" because that's what their brothers and sisters who are in school use. With the ELIM and Intervention process, it does not matter which language the child uses for the different words, rather that he or she uses a range of different words. Similarly, if he or she is putting words together it does not matter which languages the child is using. It is the language development that we are interested in at this stage.

The next consideration is how you determine what the child is saying. Clearly the first person to ask is the parent/carer who has brought the child to you. However, if the parent/carer does not speak English themselves it may be necessary to use supplementary services available locally – such as translators, interpreters, advocates – who support those providing services in your area. It is important to know about other services which might be relevant for parents/carers of young children who use other languages and signpost parents/carers to them as appropriate.

## Making sure you pay attention to concerns about behaviour

Parents/carers often share concerns about a child's behaviour at the 2 to 2½ year review, for example sleeping, toileting or generally being difficult to manage. Clearly parents/carers need support with this in the form of guidance and signposting to local support as necessary but most often they need your support to make sense of what their child is doing.

Behaviour and language development are commonly linked. Children who are very active and distractible commonly have limited language skills. Language development may be an indicator of difficulties in other areas or indeed the other way around. Ensure during the review that the parents/carers have opportunity to discuss any additional concerns about their child's behaviour and development. Explore the impact of this on their emotional relationship with their child and understanding of their child's needs.

Using your professional judgement, take the opportunity to discuss this further, recognising that a child's challenging behaviour can distract from the issue of a child's frustration in trying to communicate. The important point here is that parents/carers and professionals sometimes focus on whether the child is being "difficult to manage" – and may pay less attention to the child's frustration with not being able to get their message across.

Follow your local procedures around use of additional tools, for example ASQ-SE and use of the Strengths and Difficulties Questionnaire (SDQ) as appropriate.

## Making sure you understand the family's barriers and enablers to supporting their child's language development

In Step 3: Offering Tailored Support, the practitioner works with the family to support their child's language and communication development, offering different levels and types of support depending on the barriers and enablers which exist for that family. You will need to reflect on the barriers and enablers which exist (see section 3). If you know the family very well and have a long-term relationship with them, you may not need to ask the additional questions or explore the issues. If you are uncertain about any of these aspects of the family circumstances, then consider exploring them further. Some can be addressed by asking more questions. Some may be more sensitive and may result from observations and interactions with the family and require careful practitioner reflection to draw conclusions. The following questions may support the practitioner to understand the family context in more detail.

QUESTION: Which activities and games does your child like the best? Which do you enjoy doing with them the most?

QUESTION: Which activities outside the home have you enjoyed with your child this week? For example, going to the park, to the shops?

QUESTION: When is your child at their most chatty? Which times of the day and/ or activities in the day are the ones when you hear the most talk?

QUESTION: Does your child attend any nursery sessions? Would you like them to? What are the barriers to attendance?

QUESTION: Do you attend any playgroups with your child?<sup>1</sup> Would you like to? What are the barriers to attendance?

QUESTION: Do you use a book or toy library? Would you like to? What are the barriers to using these resources?

QUESTION: Where do you get your support and help if you feel you need it?

You have now explored in more depth the child's SLCN and the parent/carer views and access to support. At this point a shared decision can be reached with the parent/carer on whether there is a need for tailored support (step 3) or that at this stage you and the parent/carer are no longer concerned about the child's current SLCN or wider development needs. If there is an ongoing need move to step 3. If you agree there are no further current needs that require support, signpost the parent/carer to resources and agree how they can contact you if they have concerns in the future. Record your decision within the child's record.

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<sup>1</sup> Or other local context where the parent/carer and child can attend together and receive peer and/or professional support

## Step 3. Intervention: offering tailored support

In this step the practitioner offers the family support which is tailored to their specific context. The nature of this support is informed by the answers to the questions in step 2.

The aim is to empower families to act to support their child as soon as the risk of language and/or communication need is identified. Health visitor skill mix teams or early years practitioners in early years settings could deliver the tailored support and/or the optional additional support packages in consultation with the health visiting and SLT teams.

### Choose the level of tailoring needed

Families will need differing types and levels of support to make the change in their behaviour depending on their individual context. The COM-B(16) model (Appendix A) identifies, which barriers and enablers will need to be considered to help make decisions about how to tailor support.

The table below is based on the COM-B model and identifies the enablers and barriers that you may want to discuss with the parent/carer in order to help them set realistic and tailored goals.

**Table 3: Enablers for behaviour change against COM-B components.**

COM-B	Theoretical domains, framework domain and description of enablers
<b>Capability</b>	<b>Physical skills</b> Have skills to follow a child’s lead in play or share a book Have literacy skills to share a book
	<b>Knowledge</b> Able to choose age appropriate books, toys and activities Know what kinds of questions to ask during book sharing/shared activities and how to follow child’s interests
	<b>Decision making</b> Able to decide on what they need to change to achieve their goal and choose that goal
	<b>Regulation</b> Able to monitor their own use of the new behaviour and make and stick to an action plan to do it
<b>Motivation</b>	<b>Belief about capabilities and optimism</b> Feel they can make the change and increase the use of this behaviour Feel making the change is worthwhile and that there is scope to increase their responsiveness



	<p><b>Beliefs about consequences</b></p> <p>Feel child will engage and so will respond or benefit</p> <p>Feel the chosen behaviours are best for the child and other behaviours (for example, TV viewing) are not equally good – have reason to change</p> <p>Feel that what they do will make a difference</p>
	<p><b>Intentions and goals</b></p> <p>Have definite intention to try to increase their use of the behaviour</p> <p>Able to set a clear goal and create action plan for implementing it</p> <p><b>Emotion</b></p> <p>Do not feel embarrassed at trying new behaviour and/or being judged</p> <p>Do not feel overwhelmed by additional demands</p>
<b>Opportunity</b>	<p><b>Physical Opportunity A</b></p> <p>Have the books and toys needed to use this new behaviour including books in home language</p> <p>Have access to playgroups, drop-ins or other contexts to support the use of these behaviours</p>

	<p><b>Physical Opportunity B</b></p> <p><b>Have a family and/or social network to draw on to support them</b></p> <p><b>Have access to/making use of childcare for siblings or child</b></p>
	<p><b>Social opportunity</b></p> <p>See others in their social group using the responsive communication behaviours in a range of contexts</p> <p>Have a family and/or social network to also use the behaviours with their child</p> <p>Have opportunities for supported ‘together time’ which is intrinsically rewarding for child and parent/carers</p>

You should use your knowledge of the family, the responses to the questions asked in step 2: further exploration and signposting, and their own observations and reflections to consider which of the enablers above are **not** in place for a family.

1. Using this reflection discuss the level of support the family needs to change their behaviour.
2. First decide whether they are likely to be able to make the change using a **self-directed approach** with only a small amount of additional support from you, or a 'coaching approach' with some ongoing additional support.
3. Families with most enablers in place and the only gaps falling in the green category – capabilities – are likely to require a **self-directed approach**.
4. Families with a large number of enablers NOT in place, who do not have the knowledge, skills, confidence, or beliefs that they can do the behaviours and fit them in to their family life (that is, gaps in the green and yellow categories – Capabilities and Motivation) are likely to require a **coaching approach**.
5. Next discuss whether the family also need additional **physical opportunities** to access toys and books and to use their available resources at home to chat and play (gaps in the blue category – Physical Opportunity) and/or additional **social opportunities** to access childcare and social support in the community (pink category – Physical and Social Opportunities) .

### A self-directed approach

1. Support the parent/carer to record their chosen behaviour and chosen 'Together Time' – for example, "I will find a special quiet time before bed to sit and read a book together".
2. Discuss with the parent/carer their preferred method for recording and being reminded to try this every day – for example, using a paper diary, a reminder on their phone, a text message from an automated texting system. Discuss with the parent/carer their preferred option for reflecting regularly on how things are going – for example, using a paper diary, making audio recorded notes on their phone, contacting their health visiting team.
3. Encourage modelling, review and reflection activities – leave 'exercises' encouraging families to look on **Tiny Happy People**, for example videos of their chosen goals and note what the parent/carer on the video did well to support their child and/or to think of other things they could have done to increase their responsiveness. If you are using a goal-setting tool in your service this could be considered here.
4. Provide motivational materials – leave a list of web resources which the parent/carer can explore which provide motivational information about why responsive interaction is so important and modelling that it can be a fun way to connect with their child. If this feels like too much information for the family, consider sending a link to each web resource weekly through an automated texting system.

5. Review - after an agreed period contact the family to ask if they wish to meet with the practitioner to choose a new goal, troubleshoot any issues with their chosen goal or talk about their child's progress.

### A 'coaching' approach

1. Help the parent/carer to record their goal and agree a schedule for visits to work together on this goal.
2. At subsequent visits watch a video with parent/carer showing families trying out the chosen responsive behaviours in the chosen together time. Support reflection about what the families on the video did well and what else they could have tried.
3. Model the behaviour with the child – for example, “Shall we start by sitting down with him/her so that we are on the same level”.
4. Encourage the parent to join in the play if they feel comfortable.
5. Ask them to reflect on whether they think the chosen behaviour had an effect on how their child interacted.
6. If the parent/carer was confident enough to have a try ask them how that felt.
7. Set a goal for the following week and use a paper diary to record it and set reminders.
8. Repeat the above weekly until the parent/carer is confident they are integrating the behaviour in their daily routines.
9. Judge whether to continue coaching with a new responsive interaction goal or suggest parent/carer chooses a new goal and works on it independently.
10. Agree when and how you will check in with the family and review the child's progress.

### Delivering the tailored support

#### Choose the responsive interaction behaviour to target

1. Discuss how specific kinds of talk and interaction support children's language development to improve more rapidly.
2. Explain how some children find it harder than others to pick up language and communication. For these children there is a need to become 'super communicators' and increase responsive communication to help them to learn from those around them.
3. Show a short video of a parent/carer interacting with their toddler and engaging in responsive communication in everyday contexts which has some of the behaviours tagged and explained (See Tiny Happy People resources) and reinforce the messages, pointing out and labelling some of the responsive behaviours.
4. Explain that some children need us to communicate very clearly with them and to demonstrate behaviours so they can learn from us.
5. Ask the parent/carer to choose 1 behaviour they would like to try to do more to help their child's language and communication development.

## Choose the context in which to target the responsive interaction behaviour

Ask the parent/carer to reflect on when their best time for 'Together Time' might be. Explain this can be based on what the child finds interesting, when they have help from a partner or friend, when they and their child are least tired, when the household is less busy and distracting - whenever they find they are most able to focus on their child. Suggest to the parent/carer that they list the behaviours that they are going to try with their child and when they are going to do it, that is share a book at bedtime.

**The goal of the tailored support is to increase parents/carers' use of specific 'responsive interaction' behaviours for 10 to 15 minutes per day in a specific context which suits the family's resources and constraints and is part of their usual daily routine.**

The parents/carers are supported to choose 1 behaviour they would like to try to do more often and choose a time in the day it would suit them best to work on increasing how often they use this behaviour. The practitioner then offers support to the family to make this change. The level of support will vary depending upon the barriers and enablers to using the behaviour and to making the change which exist for that individual family. Example responsive behaviours are shown in the table below.

**The Responsive Interaction Behaviours: which could be targeted in the tailored support and the contexts, or ‘Together time’ when families might want to try to increase their use of this behaviour.**

**Responsive behaviours:**

- get down to your child’s level
- follow your child’s lead and interests
- pause and wait for your child to show you what they are interested in
- listen watch and respond to their communication – this can be words, points, sounds or movements
- describe what your child is doing or looking at – imagine what they are thinking and feeling and say that
- show them you are having fun and use an interesting voice
- if they do communicate copy what they say or mean to say and add a word
- try to use fewer questions and instead describe what is happening.
- when you do ask questions try to keep them open – where, who, when and why rather than Yes/No questions

**Contexts or ‘Together Times’:**

- bath time
- breakfast, dinner or tea time
- out and about
- bedtime
- at the shops
- sharing books
- at toddler group
- playing with toys
- any other ‘together time’

For further information on key characteristics of the tailored support see Appendix B

## Reviewing progress

For each child where a need has been identified and tailored support is offered, practitioners must carry out frequent reviews of progress made. This review process will depend on what is indicated from the conversation with parents/carers. In the majority of circumstances, the family will remain with the health visitor and the detail of support under progress review will be discussed with parents/carers. Where other professionals are involved, such as early years practitioners and speech and language therapists, it is imperative that practitioners work together to make sure that they are reviewing children's assessment and development effectively and that they are able to share data across setting as agreed locally.

For a review to be carried out successfully it is vital that the outcomes of the initial ELIM and Intervention are recorded so that they may be referred back to. Both the word list and the observations should be recorded on the **Community Services Dataset** that is routinely used by health visiting teams using the appropriate SNOMED codes (see Appendix D and Appendix E). The conversation with the parent/carer also needs to be recorded in the child's notes.

After shared decision making has informed appropriate intervention and goal setting, the review process is agreed between the health visitor and parent/carer and dates are set for a return visit where the child's progress is reviewed. If the child has met the agreed goals, parents/carers may be told there is no further need of intervention. If they have not, a decision needs to be made as to whether a request for support is made to the speech and language therapy services or a further period of monitoring is warranted.

Key to this process is that the shared decisions are recorded and children are reviewed appropriately with the parent/carer to ensure that agreed targets are met and that children do not fall in the gaps between services, with mechanisms in place to follow up children who "were not brought" for appointments.

Essential to reviewing progress will be to share, with consent from the parent/carer, your agreed action plan/interventions with appropriate partner agencies who are involved in the care of the child; this should include the child's GP, early years settings, speech and language therapy teams, children's services and third sector support.

Timely sharing of strategies for SLCN will promote continuity for support and parental engagement for their child to achieve their potential.

# Appendices

## Appendix A. COM-B Components and Examples

### COM-B components and examples

COM-B component	Sub-category	Example
<b>Capability</b>	<b>Physical capability</b>	Physical skill, strength, or stamina
	<b>Psychological capability</b>	Knowledge or psychological skills, strength, or stamina to engage in the necessary mental processes
<b>Opportunity</b>	<b>Physical opportunity</b>	Opportunity afforded by the environment involving time, resources, locations, cues, physical 'affordance'
	<b>Social opportunity</b>	Opportunity afforded by interpersonal influences, social cues and cultural norms that influence the way that we think about things, for example the words and concepts that make up our language
<b>Motivation</b>	<b>Reflective motivation</b>	Reflective processes involving plans (self-conscious intentions) and evaluations (beliefs about what is good and bad)
	<b>Automatic motivation</b>	Automatic processes involving emotional reactions, desires (wants and needs), impulses, inhibitions, drive states and reflex responses



## Appendix B. Key characteristics of the tailored support

### Key characteristics of the tailored support

The co-design work with parents/carers and practitioners as part of the ELIM research project identified a number of characteristics which should be integral to the tailored support if it is to succeed:

#### The importance of ensuring families do not feel blamed for the child's difficulties

Care must be taken that discussions with parents/carers do not imply that their interaction style or the time they spend interacting with their child has caused the language difficulties they are experiencing. It can be a little difficult to understand and to explain that although changing your interaction style can improve your child's language development that your interaction style has not caused their language difficulties. Below we provide a suggested way to explain this which parents/carers and practitioners in our study told us they found helpful and clear.

#### The importance of shared decision making

From our work with parents/carers and practitioners it was clear that a shared decision-making approach would be vital to successful support. Shared decision making will ensure the goals chosen are manageable for parent/carers, take into account and value what the parents/carers are already doing to support their child's language development and accommodate the child and family's preferences.

#### The importance of practitioners' language and communication

It is difficult to overstate the importance of the language used by practitioners to talk about children's difficulties, and what parents/carers could do to help support their child. Indeed, it appeared that no behaviour or context was universally unacceptable as long as the language used avoided implications of blame and judgement and invited the parents/carers in as an equal in a process of shared decision making and goal setting. In this way the appropriate target behaviour and context for the specific family can be agreed.

#### The importance of tailoring

Our work with parents/carers showed us that both the targeted behaviour and the context within which the family will choose to practice it need to be tailored to the individual family's context and preferences for them to engage. Without this tailoring there is a risk of the intervention not being manageable for the family and also of

making them feel judged, patronised and/or set up to fail. Furthermore, the level of support different families would need in order to change the chosen behaviour varies depending upon the unique barriers and enablers present for that family.

### The importance of trust and equal partnership between parent/carer and practitioner

Relationships of trust between practitioners and parents/carers are vital. Our work with parents/carers showed us that demonstrating interest, engagement, and expertise in interaction with the child at the review, facilitates trust in the practitioner. One very practical and powerful way to do this is for the practitioner to play with the child themselves and, without drawing attention to it, to model responsive interaction with the child. It is also essential for the practitioner to use a communication style which invites partnership, dialogue, and shared decision-making. For example, asking for parent/carer opinions, acknowledging and valuing what the parent/carer is already doing to support their child and making a range of possible suggestions which they can choose from rather than being overly prescriptive.

## Appendix C. Early Language Identification Measure and Intervention Practitioner Template

Child Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ NHS Number: \_\_\_\_\_

Date completed: \_\_\_\_\_ Practitioner Name: \_\_\_\_\_

The ELIM and Intervention includes **a word list** which the parent/carer needs to complete based on the words that the child currently says, and a specific **set of observations** shared within a conversation to inform decisions on a child's SLC needs.

**Both** the word list and the observation must be completed. Make it clear to the parent that "this is not a test" – but it is a way of getting to know the child better and that all children develop at different rates.

Use this table to record what **you have seen** during the 2 to 2½ year review, rather than what the parent/carer reports. Observations should be carried out during the review with this section completed towards the end of the review.

Please tick which of the following behaviours you (the practitioner) observed or heard from the child when speaking with his/her parent/carer during the 2 to 2½ year review.

Scoring: **Yes** = 1 **No** = 0

		Yes	No
1	Observed communicative intent (child means to communicate something verbally to parent/carer)		
2	Speech mostly intelligible to parent/carers		
3	Observed putting words together (mummy up, more dinner)		
4	Do the parent/carer and child take turns when communicating?		
5	Does the child understand what is being said to him/her when their parent/carer asks them something which is NOT obvious from the context?		
6	Attention: (please circle which one you observe the child doing)		
	Fleeting (flits from one thing to another)	Single channelled (attention can't easily be shifted)	Accepts adult direction when playing

### Scoring the ELIM observation

**For questions 1-5** place a tick next to each observation to indicate whether you have or have not observed that behaviour.  
**For question 6** please circle one of the three types of attention. If you circle 'Fleeting' you should explore this further in the Step 2 conversation.

ELIM Observation	Please tick	
	Concern	No concern
		<b>Total: __/6</b>

### Outcome of ELIM practitioner observation and conversation

<p><b>Discussion about child's language development and information resources</b>, for example Tiny Happy People, universal offer</p>	
<p><b>Signposting to communication development support</b>, for example local groups, advice resources, review targeted support</p>	
<p><b>Referral</b> following ELIM for example Speech language therapist, audiology, child development centre, consent to liaise with early years provider</p>	

## The ELIM Word list

Child Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ NHS Number: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Date completed: \_\_\_\_\_ Practitioner Name: \_\_\_\_\_

This is designed to capture the range of words your child might be currently using at this age.

**Please tick which of the following words you have heard your child say:**

1. Mummy/mum		11. (Aero)plane		21. Towel		31. Fit (can have different meanings)		41. Wet	
2. Bye/bye bye		12. Car		22. Bed		32. Like		42. After	
3. No		13. Book		23. Settee/sofa		33. Rip/tear		43. Day	
4. Ball		14. Milk		24. School		34. Shake		44. This	
5. Juice		15. Hat		25. Friend		35. Think		45. Our	
6. Ouch/ow		16. Shoe		26. Person		36. Gentle		46. Where	
7. Cat		17. Leg		27. Hello/hi		37. Fast		47. All	
8. Thank you		18. Pillow		28. Shopping		38. Happy		48. Much	
9. Cold		19. Rubbish		29. Carry		39. Last		49. Need to	
10. Hug/cuddle		20. Plate		30. Finish		40. Tiny		50. If	
<b>Column Total</b>		<b>Column Total</b>		<b>Column Total</b>		<b>Column Total</b>		<b>Column Total</b>	

Practitioner use only		
ELIM word list	Please tick	
Total number of words the child says	17 or under	18 or over
___/50		

## Appendix D. Data collection and recording – guidance for health visitors

### Recording the Early Language Identification (ELIM) and Intervention observation score

The ELIM and Intervention documentation contains the following grid to allow you to record what you observed or heard from the child when speaking with their parent/carer during the 2 to 2½ year review, as a score of **0** for not observed or heard, **1** for observed or heard.

		<b>Yes</b>	<b>No</b>
1	Observed communicative intent (child means to communicate something verbally to parent/carer)	<b>1</b>	<b>0</b>
2	Speech mostly intelligible to parent/carers	<b>1</b>	<b>0</b>
3	Observed putting words together (mummy up, more dinner)	<b>1</b>	<b>0</b>
4	Do the parent/carer and child take turns when communicating?	<b>1</b>	<b>0</b>
5	Does the child understand what is being said to him/her when their parent/carer asks them something which is NOT obvious from the context?	<b>1</b>	<b>0</b>
6	Attention: (please circle which one you observe the child doing) <b>Please note only 1 option of the 3 should be selected</b>		
	Fleeting (flits from one thing to another)  <b>(If selected, score = 0 for question 6)</b>	Single channelled (attention can't easily be shifted)  <b>(If selected, score = 1 for question 6)</b>	Accepts adult direction when playing  <b>(If selected, score = 1 for question 6)</b>
	ELIM Observation Score		<b>___/6</b>

SNOMED codes have been requested to support recording of 'ELIM observation score' on local IT systems and flow of this data as a coded assessment to the Community Services Dataset. These codes will be issued in due course.

## Recording the Early Language Identification (ELIM) and Intervention word list score

To record score:

- go through and complete the word list with the parent/carer
- add up the ones that the child is reported to say
- you should arrive at a score which is a **whole number between 0 and 50**. Please record this score in your local system.

ELIM word list score	__/50
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SNOMED codes have been requested to support recording of the 'ELIM word score' on local IT systems and flow of this data as a coded assessment to the **Community Services Dataset**. These codes will be issued in due course.

### Follow up with the family

A number of new options to record specific speech, language and communication actions related to applying the ELIM within the 2 to 2½ year review will be available to you in your local system. These are likely to include the following:

- assessment using Early Language Identification Measure
- early language identification measure observation score
- early language identification measure word list score
- signposting to child communication development support
- discussion about child's language development
- health visitor follow up planned

Please record 1 or more of these for the child, as needed. These new codes will be in addition to the existing codes you already have available, which may also be used to record the outcome of the ELIM, for example 'Referral to speech and language therapist'.

## Appendix E. Data collection and recording – guidance for IT system suppliers

Health visitors carrying out an assessment using the Early Language Identification Measure (ELIM) will need to record the following in their systems:

- the application of the ELIM observations, and an associated single score (integer between 0 and 6)
- the application of the ELIM word list, and an associated single score (integer between 0 and 50)
- one or more follow-up actions, for example, discussion, signposting or referral.

In order to allow these to flow to the national **Community Services Dataset**, they will need to be stored or mapped to appropriate SNOMED codes. The creation of SNOMED codes specific to the ELIM as a coded assessment is still being processed and further guidance will be issued when exact details of codes and descriptions can be shared.

The following new concepts are expected to be available to support the flow of data relating to the use of ELIM at 2 to 2½, please ensure they are available for health visitors to select in the systems they use:

- assessment using early language identification measure
- early language identification measure observation score
- early language identification measure word list score
- signposting to child communication development support
- discussion about child's language development
- health visitor follow up planned

**These new codes should be in addition to any existing codes that are already routinely available for the health visitor to use, such as 'Referral to speech and language therapist'.**



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