

The TALK Halton Project has been working towards the creation of a multi-agency communication pathway. It is hoped that once the pathway is fully operational the following can be fully implemented and adhered to, it is a work in progress and should therefore be viewed as such.

Identification of Needs

Early Years practitioners in Education and Health have been provided with access to the Wellcomm Toolkit and training in how to use it. This is an assessment and intervention toolkit that can be used with children aged 6 months to 6 years, to identify and support any expressive and receptive language difficulties. **All** children in the early years are eligible for assessment. This can be delivered by any of the following:

- 0-19 health professionals e.g. Nursery Nurses in the Health Visiting Team
- Early Years Practitioners in a setting
- Childminders who have received training
- Early Years Practitioner from a Halton children's centre

Where the child attends an early years setting, then they would typically take the lead in delivering the screening as they will know the child best.

The Wellcomm assessment indicates if a child is developing age expected language levels (or not) using a traffic light system:

Green = no language difficulties identified, child is on track with language learning

Amber = language difficulties identified, child is not on track, interventions to be put into place straight away

Red = significant language difficulties identified, child's language is not where it should be, interventions to be put into place straight away. Referral to specialist services may be considered and discussed with parents/carers at this point – see 'referral to specialist service' section

Wellcomm assessments will be carried out:

- On entry to any early years setting (including Childminders in the future)
- As part of the 2 year integrated check
- Attendance at children's centre groups/crèches
- All the way through a child's early years journey (every term)

Re-assessment is recommended no longer than 3 months after the initial baseline assessment. This may be done by a different practitioner e.g. child may be assessed first in a children's centre crèche, then start an early years setting, who will then continue to assess every term whilst the child attends that setting. It is not expected that the child will be assessed by every practitioner they see – parents/carers should be asked if the child has already been screened, who by and how long ago this occurred.

Results of screening should be discussed with parents/carers and strategies to support language learning discussed.

Universal Interventions

It is expected that EY practitioners will know about, and use, basic core interaction strategies to support optimum communication and language development with all children in any early years setting, e.g. nursery, pre-school, childminders, and children's centre groups.

EY settings will have given consideration to how well the environment supports speech, language and communication with all children. This may include the use of a communication environment audit tool.

All practitioners who work with children in the EY should be encouraged to access TALK Norms training as part of their induction – ensuring that they have the right knowledge and information regarding typical communication development, what it looks like and how to support it.

It is expected that settings will continue to train their own staff in the use of the Wellcomm Toolkit – support may be provided externally if available.

Targeted Interventions

The Wellcomm Toolkit includes a manual of intervention strategies called the Big Book of Ideas (BBI). Activities in the BBI relate directly to the screening tool and should be used with children who;

- score Green (to maximise and enhance their communication skills)
- score Amber (to address language gaps)
- score Red (to address specific communication needs)

EY practitioners will be expected to be able to use activities from the Big Book of Ideas to support children's communication and language development. This may be through indirect activities in every day play or through targeted interventions with a key person in groups or individually.

Activities from the BBI can be photocopied to be shared with parents/carers.

Referral to Specialist Services

[ChatterBug](#) provide the commissioned Speech and Language Therapy service to children in Halton:

Referrals to the specialist service can be made when:

- A Wellcomm screening assessment has indicated a significant language need e.g. a red score
- The child has a stammer or selective mutism
- The child has significant social communication needs, and targeted intervention strategies have not had any impact

One Red score does not always indicate referral, it is expected that interventions will be put into place following screening and the impact of the interventions reviewed within 8 weeks. If the score remains red following the 'assess – intervention – review' cycle then a referral should be discussed with parents/carers.

Referrals should NOT be made for:

- Children under 4 with delayed speech sounds/unclear speech/lisp

- Children with Amber or Green scores on the Wellcomm assessment (unless they have a stammer/selective mutism)
- Children who have not had a Wellcomm assessment (unless they have a stammer or selective mutism)

If you have any queries or concerns, prior to making a referral, then these can be discussed with the ChatterBug SLT service.

Referrals can only be made to the specialist service with consent from the parent/carer/legal guardian. The referral form can be found on line at the web address above. The referrer must provide up to date contact information for the family, including a valid telephone number.

Following a specialist referral

Referrals to ChatterBug are typically seen within 4-6 weeks of the referral being received. An initial assessment appointment is arranged directly with the parent or carer by telephone. This may take place in a clinic setting, a telehealth session, a children's centre or another early years venue. The child will be discharged if they do not attend the first appointment and the family do not contact the service to cancel the appointment.

The Speech and Language Therapist will ask questions about how the child is getting on with their communication, play, learning and general development. The therapist will assess the child's communication – this may be through play and observation, by use of a formal assessment, or a mixture of both. The assessment may take more than one session and the therapist may want to see how the child communicates in more than one setting.

Following assessment, a report outlining any areas of need is shared with the parent/carer and any other professional involved (with parental consent). The report will contain general information about how to help the child with their talking. A care plan may also be shared, this will contain specific activities/strategies/goals for that child.

It is expected that a named key adult (or more than one adult) will take responsibility for the delivery of the care plan in the home and/or the EY education environment. Support from the speech and language therapy service can be provided to enable effective delivery of the care plan.

The Role of the Parent/Carer

Parents/carers have a critical role in the development of their child's speech, language and communication development. It is vital that practitioners work in partnership with parents, by sharing information and knowledge, and taking a shared approach to supporting children.

It is expected that parents/carers will:

- Alert practitioners (health or education) to any concerns that they may have about their child's talking, play, learning, development, or communication as soon as possible
- Be aware if their child has taken part in a Wellcomm screen during the Early Years
- Ask their HV, EY setting, childminder or Children's Centre about Wellcomm screening
- To put into place any strategies suggested by a practitioner following a Wellcomm screen
- Attend any specialist appointments given – or cancel if they are not able to attend
- Follow advice on care plans following specialist assessment
- Indicate if more/less support is needed or if help is required to put strategies into place.