



Small Steps Big Changes Early Intervention and Learning Conference

24-25 September 2024

Trent Vineyard Conference Centre, Nottingham





Welcome

Karla Capstick

Programme Director, Small Steps Big Changes

#SmallStepsBigChanges



Conference Aims

1. Share the learning, insights and evaluation findings from SSBC
2. Influence future commissioning and National policy
3. Celebrate the SSBC Programme and its achievements





What's New in Early Language

Jean Gross CBE

Author, Speaker and Independent Consultant

#SmallStepsBigChanges



What's new in early language?

@JeanGrossCBE

www.jean-gross.com

#SmallStepsBigChanges

- Can technology replace a human communication partner?
- What do we know about using rhymes and songs?
- Should we use 'baby talk'?
- Why has sharing books with children been called the 'rocket fuel of early language development'?
- Can we boost physical development and language at the same time?

**Can technology
replace a human
communication
partner?**



But now the evidence is stacking up

- France - children exposed to screens in the morning before nursery or school three times more likely to develop a language disorder. Morning exposure was most linked to language difficulties
- Korea - as screen time increased, expressive language skills decreased for 3-year-old children





Australia: The more screen time the child (12-36 months) has, the fewer conversations, child vocalisations and adult words



But...

- An important factor was found to be whether the screen content was discussed with the child by parents
- Children whose parents rarely or never discussed the screen content with them, were six times more likely to have language difficulties

What happens when caregivers are on their phones?



- Mother's phone use associated with a 16% decrease in infants' speech output (four-month-old babies)
- Frequent shorter intervals of phone use (1-2 minutes) had the greatest effect

What happens when caregivers are on their phones?

Two-year-olds' vocabulary and early sentences were negatively associated with extent of parents' use of digital media during routines like mealtimes, getting ready for daycare, bedtimes



What happens when caregivers are on their phones?

Caregivers observed in fast-food restaurant...
caregivers 'highly absorbed' in their phones often responded harshly to child misbehaviour



Conversations light up brains

When they heard stories in the laboratory , the part of the brain involved in language processing lit up more for children who had lots of conversations at home



Conversations light up brains

For every extra 11 conversational 'turns' at home, there was a one point increase in the child's score on a language test

What matters is being responsive



Not just at home

Study of disadvantaged two and three year olds.

Positive association between a practitioner talking and children's language development – but only when that practitioner talked to the child in a back and forth conversation, rather than just talking to the child with no opportunity for the child to respond

<https://pubmed.ncbi.nlm.nih.gov/29979740/>



Can technology replace a human conversational partner?

Google Mini was used to tell three-to-six year olds stories and engage children in dialogue by asking questions and providing feedback

Humans followed same script.
What did they find?



- Apparently, the children's understanding of the story was as good when the partner was a digital agent as a human

BUT.... The humans had to follow a script so were not actually responsive in the way we normally would be

- The worst comprehension was in children who listened to the story without any form of dialogue

Alexa, read me a story?



Can technology help human partners do better?

Child and parent together listened to story on iPad. A 'character' on the screen asked the child open-ended questions
Halfway through, the character suggested the parent take over the dialogue



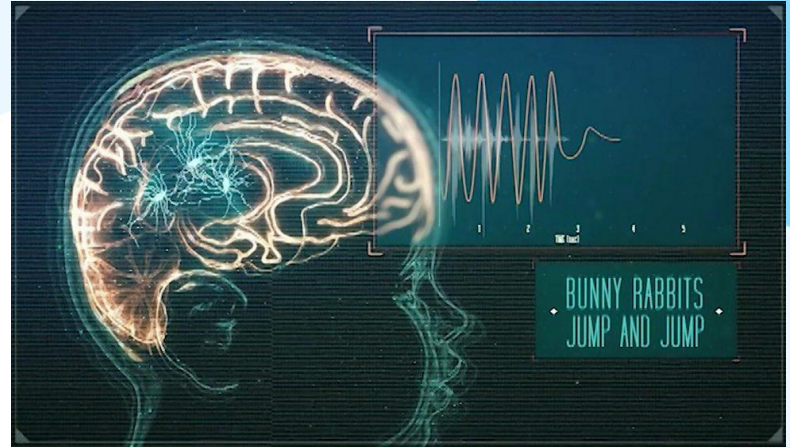
- Children talked more, with much more varied language, when using the eBook with the character asking open questions (compared to just the eBook with no questions)
- By the end of the sessions, parents took over asking their own unprompted questions and engaged in more conversational turns with their children

**What do we know
about using rhymes
and songs?**



Cambridge UK BabyRhythm project

- Following 120 children over the first two and a half years
- Brain activity while they listened to nursery rhymes
- Found brains uniquely responsive to rhythm and rhyme



Basically, the brain works by rhythm. You've got brain cells in large networks that are signalling using these pulses of electricity. You could think of this like fireflies in the forest.....



Nursery rhymes are fundamentally important because they present perfect rhythm structures. When adults speak to one another, we're not being rhythmically regular. But in a nursery rhyme, which has a very simple rhythm pattern, babies get this especially good framework for learning about language.

- Usha Goswami

**Should we use
baby talk?**



**Why has sharing
books with children
been called the ‘rocket
fuel of early language
development’?**



Children who read regularly with adults in early years learn language faster, enter school with larger vocabulary and become more successful readers in school



The effects start very early

Babies read to at eight months have better spoken vocabulary at 12 and 16 months



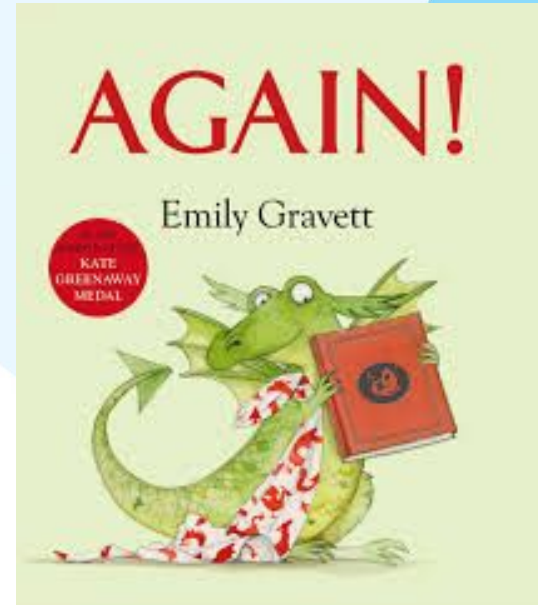


Greatest effect on language development found when adults use a conversational style, talking around and about the book and encouraging the child to join in, rather than simply reading the story aloud

Vocabulary is better recalled after a nap



Repeated reads of the same book are particularly effective for vocabulary development



**Can we
boost physical
development and
language at the
same time?**



Combining physical activity and story-telling

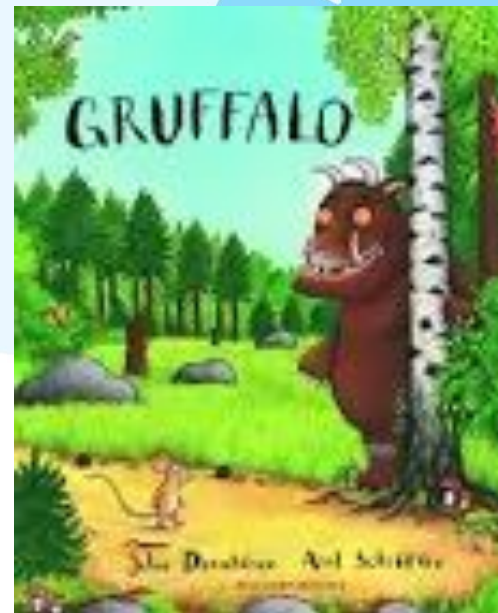
Three-year-olds

Sessions twice a week for just six weeks

Talking about how characters might move

Moving like characters – jump, leap, hop, slide, gallop...

Retelling the story using words and movements



Significant effects on test of language ability and test of motor competence

Combining physical activity with storytelling more effective than either physical activity on its own or storytelling on its own

What can we learn from all this?

- Humans used to know how to do all this, but we are forgetting how
- Tech has the potential to help, but right now we face a public health crisis in relation to children's early language development
- Everyone who lives with or works with young children needs support in finding ways to be 'in the moment' with them



What's New in Early Language

Jean Gross CBE

Author, Speaker and Independent Consultant

#SmallStepsBigChanges



Refreshment Break & Marketplace

Next session commences at 11:00AM

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Lessons Learned: Effective Strategies for Enhancing Speech, Language and Communication

Amy Burton, Senior Speech and Language Therapist and Home Talk Lead,
Nottinghamshire HealthCare NHS Foundation Trust

Conor Monk, Programme Manager, Literacy Hubs, National Literacy Trust

Clare Wood, Professor of Psychology, Nottingham Trent University

Jean Gross CBE, Author, Speaker and Independent Consultant

Chaired by **Karla Capstick**, Programme Director, Small Steps Big Changes

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Early Intervention Speech and Language Therapy: Our Journey and Learning.

Amy Burton, Highly Specialist Speech and Language Therapist
Nottinghamshire Healthcare NHS Foundation Trust

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The need for early intervention in Nottingham City

- Nottingham has a **higher-than-average** number of children with speech, language and communication needs (SLCN's).
- Children from **socially disadvantaged** families are more than twice as likely to have a language delay
- With the right support in place SLC skills can be improved
- Demonstrating an increased need for early intervention speech, language and communication (SLC) service provision



Evidence for Early Intervention Speech and Language Therapy

SSBC Consultation 2020:

- parents / carers wanted more play and language activities to do at home with children aged 2 and under.

SSBC's response to this consultation:

In Jan 2021, Early Intervention Speech and Language Therapy, was commissioned in Nottingham City

Our team consist of:

Speech and Language Therapists

Home Talk Workers

We offer interventions in home language
(using Bilingual Co-workers and Interpreters)



Our Journey

January 2021:

Nottinghamshire Healthcare Trust commissioned to deliver two service offers: 1) **Home Talk** and 2) **Elklan Let's Talk with 5's**.

September 2021:

Tiny Steps to Talking, a new Service offer is designed and offered To families.

June 2022:

Sing, Play, Listen and Talk Together (SPLATT), a new service offer is designed and offered to families.

December 2022:

The SSBC Board approve an extension of service delivery until March 2025.

February 2024:

Home Talk to be extended across the whole of Nottingham City for remainder of the SSBC project.

June 2024:

Advice Drop In sessions are offered across the SSBC wards.



Home Talk



- A well-established intervention that has been running in Nottinghamshire County for over 15 years.
- A home visiting service for 2 to 2 ½ year olds with delayed spoken language development.
- Up to 6 sessions delivered by Home Talk Workers supported by Speech and Language Therapists
- In each sessions strategies and play activities (tailored to each child) are introduced to support children's language development

Tiny Steps to Talking

6 x 1 hr sessions
and an optional
home visit

Max of 4 families

Conversation and
play based
sessions

New early language
strategies

Learning journal
and take home
activities

Bespoke sessions
based on needs

Advice Drop In Sessions

- Running once a month in SSBC wards
- For parents/carers of children aged 0-4
- Linking closely with other SSBC groups i.e. Stay and Play sessions and Story and Rhyme Time
- Staffed by Speech and Language Therapists and Home Talk Workers



Elklan and SPLATT

Elklan Let's Talk with Under 5's:

- A 6/7 week speech and language course for parents / carers
- We stopped running this in June 2023 due to low attendance (childcare was the main reason for not being able to attend).

SPLATT:

- A 6 week home visiting offer for children with complex communication needs aged 9-18 months.
- We stopped running this in March 2024 to focus on the Home Talk offer.
- Referral numbers were lower than anticipated, however 97% of families referred did access the intervention = our highest uptake across all of our service offers.

The data

- **878** children have been referred to our services since Jan 2021
- **107** of these children did not meet criteria and we were able to sign post / refer to the correct services.
- Home Talk has been offered to **472** children.
- **41%** of children who have Home Talk were referred on for further Speech and Language Therapy.
- The 0-19 team make most of our referrals.

Our Learning

- It takes time and resource for new services to be designed, promoted and widely known.
- Parents report positive impact on their child's SLC development (across all interventions).
- SLCN support from 12 months is important, particularly for children with wider social communication needs - 97% of our families referred for SPLATT accessed the intervention.
- Early intervention has supported timely identification and onward referral to other agencies.
- Flexibility is key i.e. venues, days, times, Covid-19 working.
- Links with local community is essential including wider workforce development i.e. training early years practitioners, 0-19 team etc.

Our vision

To offer universal and targeted SLT Services across the whole of Nottingham City to:

- ✓ Ensure all 1 and 2 year olds have access to speech and language support.
- ✓ **Empower** families to **identify** and **support** their children's speech, language and communication development.
- ✓ **Strengthen** skills and knowledge of the wider early years workforce
- ✓ **Improve** long term **outcomes** for the children in Nottingham City.



Lessons Learned: Increasing parental engagement with SLC

Conor Monk

Programme Manager, Literacy Hubs, National Literacy Trust

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***“God bless you, you have saved
my life”***



Change your story



Early Words Together at Two



“This has been the best training and most useful I have been on in the 20 years I have been in education.”

Literacy Champions



- Almost all (97%) Literacy Champions say they have had a positive impact on the literacy challenges in their community
- 4 in 5 (78%) feel more connected with their community after being a Literacy Champion
- 9 in 10 (92%) Literacy Champions say they have a better understanding of local literacy challenges and how to tackle them after volunteering

Talking Tots and Babies



“These sessions have made such a difference to me. All the things we’ve learned, I have been doing at home.”

- 98 parents have signed up to the sessions. 69 have completed them
- 54% of parents reported that following the sessions they spent more time singing songs and rhymes together
- 63% of parents reported that following the sessions they spent more time mark making and drawing together

Key Learnings



Lessons Learned: Evaluating the Impact of Dolly Parton's Imagination Library on Language and Communication Outcomes

Clare Wood

Professor of Psychology, Nottingham Trent University



Nottingham Trent
University



Outcomes Framework

Immediate Outcomes: Family Behaviour Changes

- Increased child interest in books
- Increased frequency of parent reading / singing with child
- Increased frequency of parent-child interaction during reading
- Increased duration of reading sessions
- Increased parental confidence

Longer-Term Outcomes: Child Language and Communication

- ASQ 12 Scores
- ASQ 24 Scores
- Children's vocabulary at school entry



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How Might SSBC Achieve This?

Book Gifting

- Increased access to books
- Repeated interactions with same texts stimulates parents to engage children in new ways.
- Book gifting nudges parents to initiate and maintain reading routines, and to start sharing books with children from a young age.
- Favourite stories allow children to attend to print and get more involved in the narrative.

Participation in Language Rich Activities

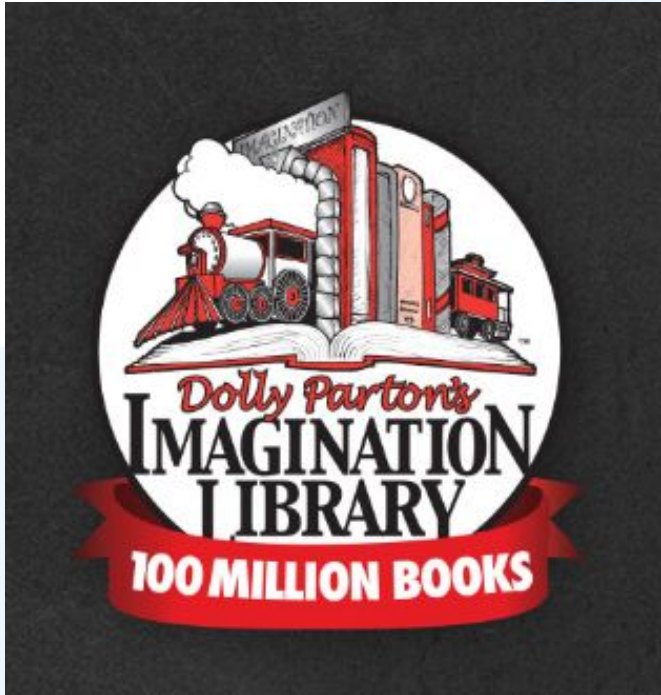
- Improved parental knowledge about importance of language and interaction in early years
- Increased language input
- Social interaction with peers, families and mentors
- Modelling of reading and communication-related behaviours



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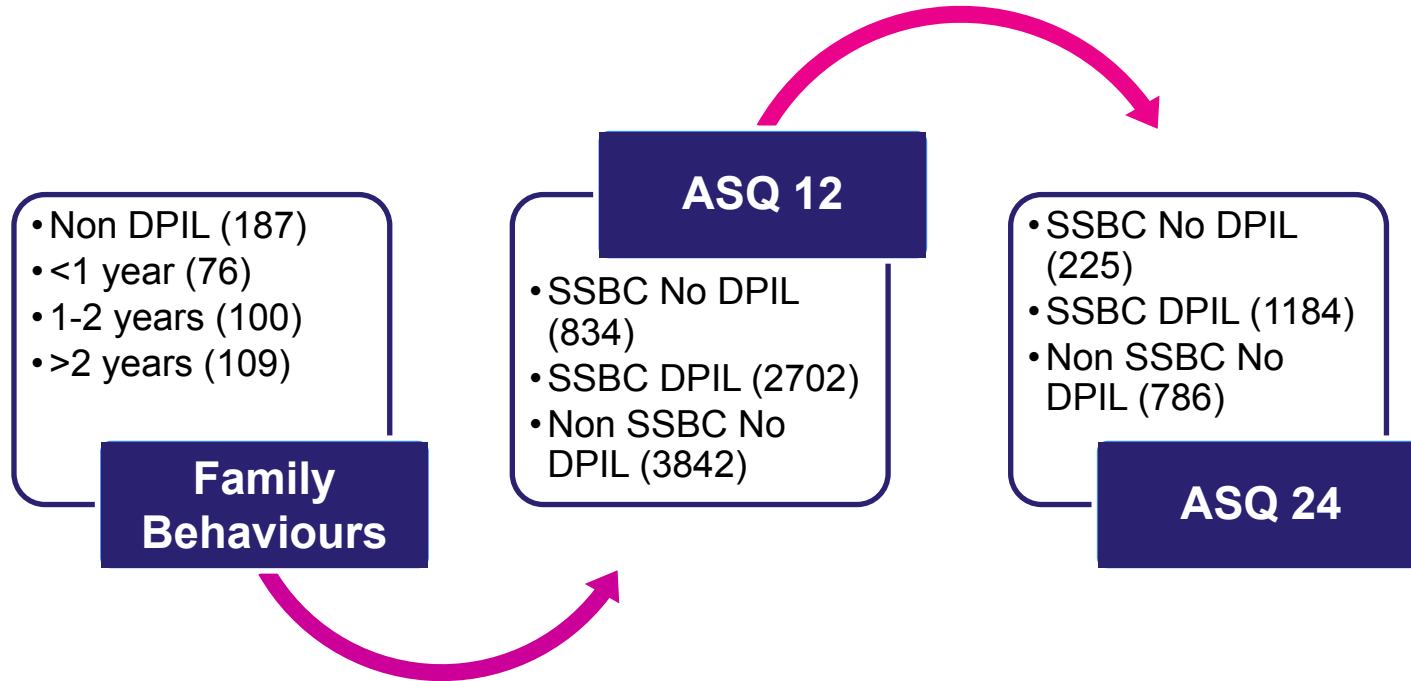
Dolly Parton's Imagination Library



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Imagination Library Evaluation



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Family Literacy Behaviours

All parents completed a questionnaire which assessed the quality and frequency of shared book reading activity at home, e.g.:

- How often the parents read to their children and shared songs / rhymes
- How often the children initiated shared storybook reading
- How much the parents interacted with their children when sharing books together
- Parental confidence in home literacy behaviours

Key Findings (1)

- Families registered with DPIL for more than 12 months had children who initiated reading activities, and parents who read and sang to their children, just as often as those in the (better off) comparison group.
- However, these better off families interacted with their children during shared storybook reading significantly *less* than DPIL families registered for more than 12 months.
- Duration of DPIL registration was linked to how often parents interacted with their children during shared book reading (longer registration = more interaction)

Key Findings (2)

Parents registered with DPIL for more than a year were more likely to read with their child **every day** than children who were registered for less than a year, even after controlling for demographic variables.

There were no significant differences between DPIL groups on ASQ Communication Scores at 12 or 24 months (gap closed).

There was a significant positive relationship between number of books received and ASQ12 Communication Scores.

Conclusions

- There is evidence that registration with the Dolly Parton Imagination Library can positively impact family literacy behaviours,
 - but registration ideally needs to be for at least 12 months.
- There is evidence that families who registered with Imagination Library had ASQ scores that were no different to those obtained from other families.
- There is evidence that the number of books received before 12 months of age is positively related to better Language and Communication scores.

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Insights and Reflections: Key Takeaways from our SSBC Journey

Dr Nadine Otting

Research and Learning Officer, Small Steps Big Changes

Clare Wood

Professor of Psychology, Nottingham Trent University

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Insights and Reflections: Key Takeaways from our SSBC Journey

Nadine Otting, SSBC Research and Learning Officer



Framework for designing and evaluating interventions aimed at behaviour change



Bird's eye view of the promotion of speech, language and communication across the SSBC programme



Key takeaways



SSBC's core principle

**“Children at the heart,
parents leading the way,
supported and guided by experts.”**

- The importance of the home learning environment
- What you do with your child is more important than who you are.¹
- Promoting behaviour change





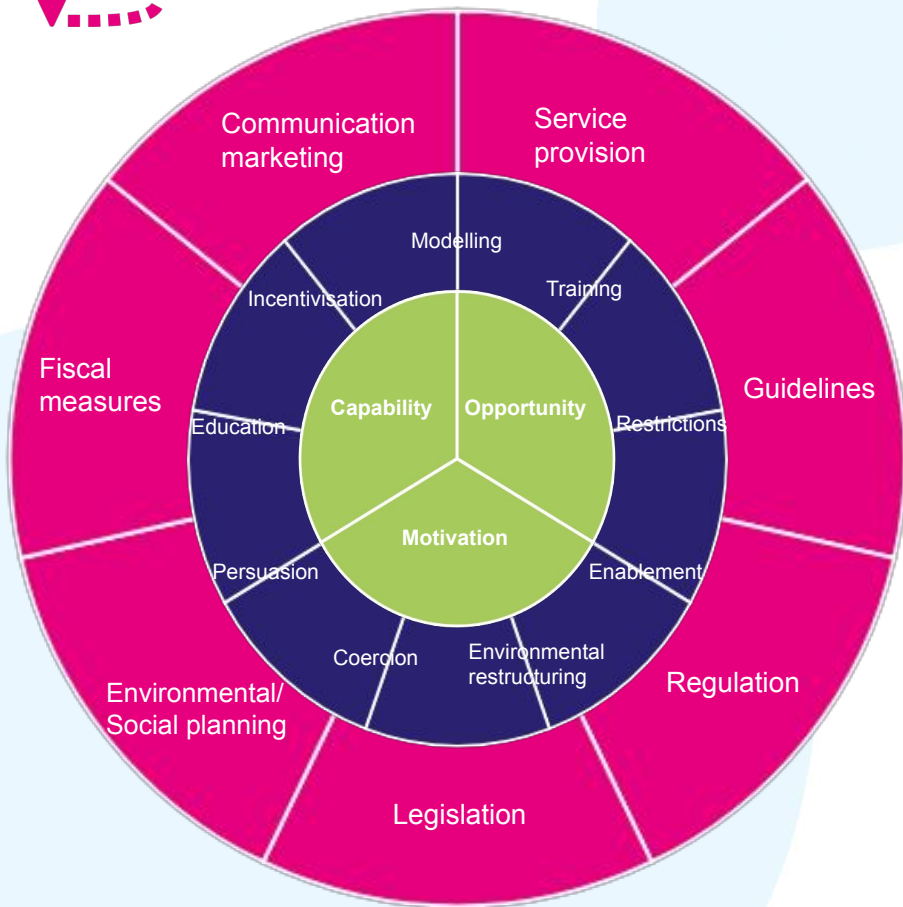
COM-B model for behaviour change²



**Key factors
for behaviour change**



Behaviour change wheel

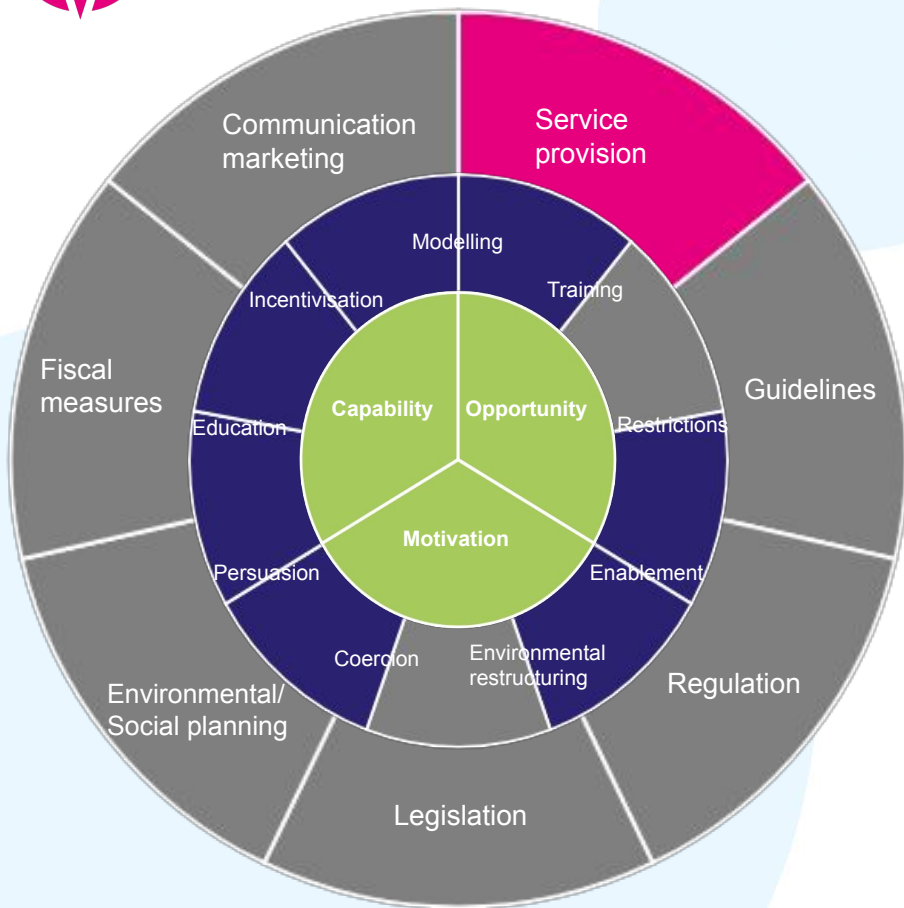


Intervention functions

Policy categories

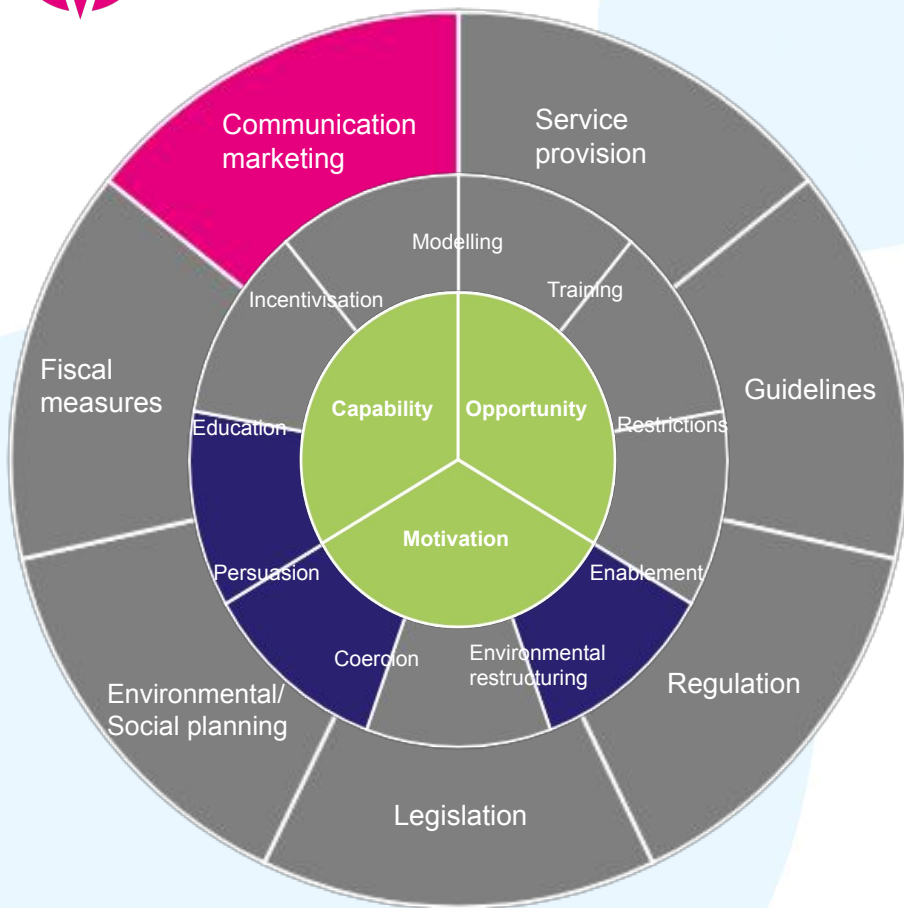


The SSBC programme: A tapestry of SLC support



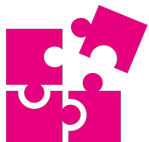


The SSBC programme: A tapestry of SLC support



**SINGING SONGS
AND RHYMING RHYMES**





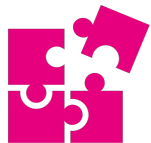
Key Takeaways

Capacity building with parents

- Pandemic impact
- Coproduction
- Providing resources into the home learning environment
- Promoting the use of the home language

Capacity building with workforce

- Making early years SLC everyone's business
- Shared understanding of messaging, signposting and support pathways
- Being mindful of workforce challenges



Key Takeaways

Need for a whole system approach to early years' SLC

- In a challenging funding context, there is a shared commitment across the system to promote early years' SLC
- Assessment tools may support early identification
- Considerate of intervention fidelity to be able to evidence impact

References

¹ Sylva, K. ed., 2009. *Early childhood matters*. Taylor & Francis.

² Michie, S., Van Stralen, M.M. and West, R., 2011. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science*, 6, pp.1-12.

Further Reading

- Better Communication CIC, 2019. *Needs Analysis Summary Report for Early Years Nottingham City*. [online] [2020.09.07 Final Designed Nottingham Needs analysis summary.pdf \(thebalancedsystem.org\)](https://thebalancedsystem.org/2020.09.07-Final-Designed-Nottingham-Needs-analysis-summary.pdf)
- Local Government Association, 2019. *Nottingham City Council Early Years (Speech, Language and Communication) Peer Challenge*. [online] [peer-challenge-nottingham-city-early-years-report-final _january-2020.pdf \(nottinghamcity.gov.uk\)](https://nottinghamcity.gov.uk/peer-challenge-nottingham-city-early-years-report-final-january-2020.pdf)
- Nottingham Trent University, 2024. *Summary of Co-Navigator Meeting*. [online] www.smallstepsbigchanges.org.uk
- NTU evaluation reports of the SSBC programme are available at www.smallstepsbigchanges.org.uk

Lessons Learned: Evaluating the Impact of SSBC on Language and Communication Outcomes

Clare Wood

Professor of Psychology, Nottingham Trent University



Why Assess Vocabulary?

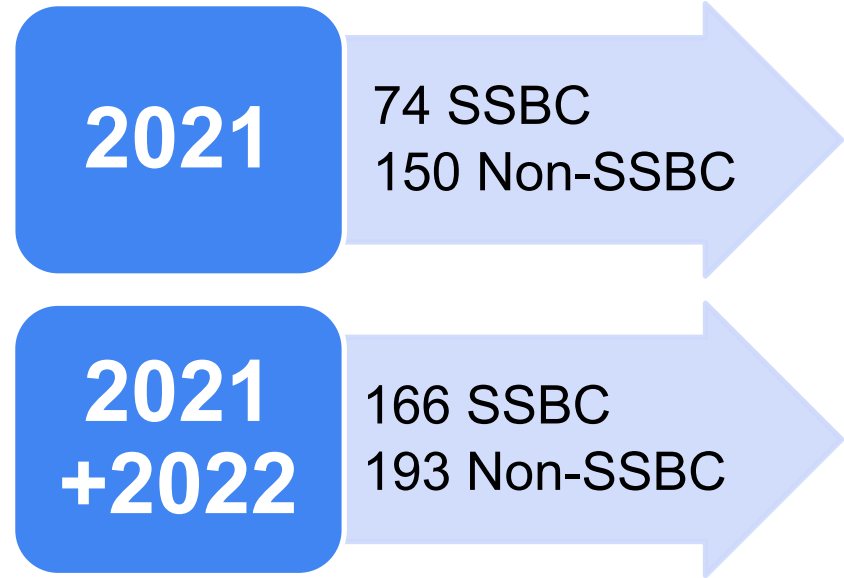
It underpins

- Effective communication (needs, thoughts, emotions)
- Cognitive development (problem-solving, reflection)
- Academic outcomes (reading comprehension, access to curriculum)
- Social skills (relationship building and management)
- Emotional regulation

Impact of SSBC Engagement in General on Children's Vocabulary at School Entry

We conducted a comparison between:

- Reception age children in Autumn 2021 and 2022 who participated in SSBC programmes in some way prior to school entry.
- Reception age children in Autumn 2021 and 2022 from the same schools, but who did not engage with SSBC prior to school entry.



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Impact of SSBC Engagement in General on Children's Vocabulary at School Entry

We were interested in:

- Were vocabulary levels higher in SSBC children?
- Was there evidence of an impact on children with EAL or a disability?
- Is there evidence of a gender effect?
- Does level of engagement with SSBC influence outcome?
- Who are the SSBC children showing greatest risk of limited vocabulary development?

Vocabulary Assessment

- Used British Picture Vocabulary Scales
- Standardised Assessment (age-related norms)
- One-to-one assessment (children point)
- Replacement for planned pre-school expressive vocabulary assessment due to Covid-19
- Better measures now possible (e.g. LanguageScreen)

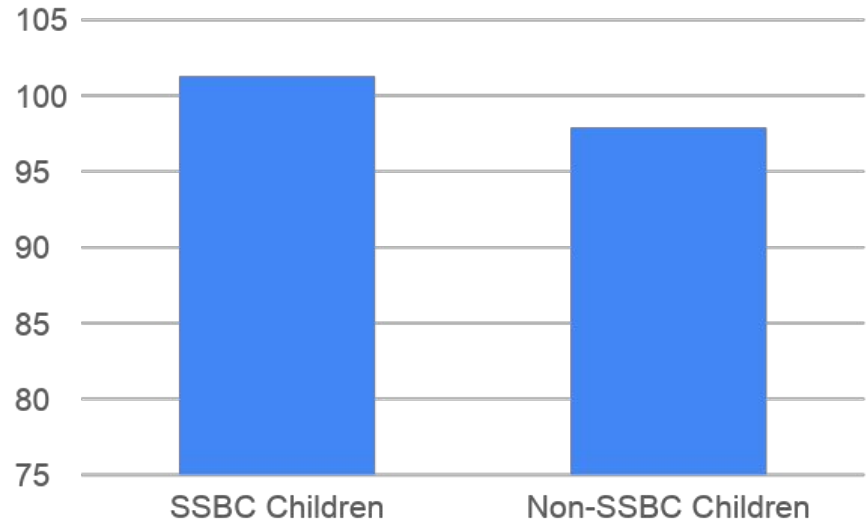


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Impact of SSBC Engagement in General on Children's Vocabulary at School Entry

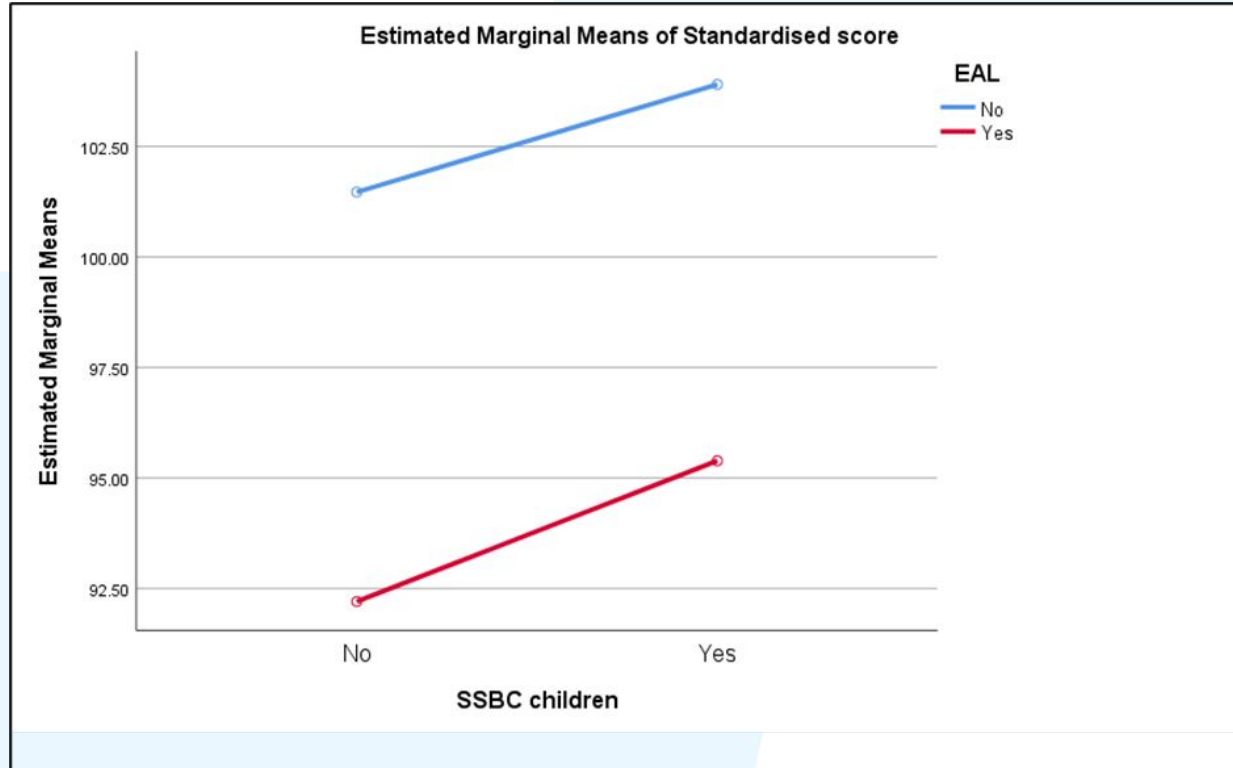
- Evidence of a positive impact of SSBC participation in 2021
- No significant difference for combined 2021 + 2022 sample



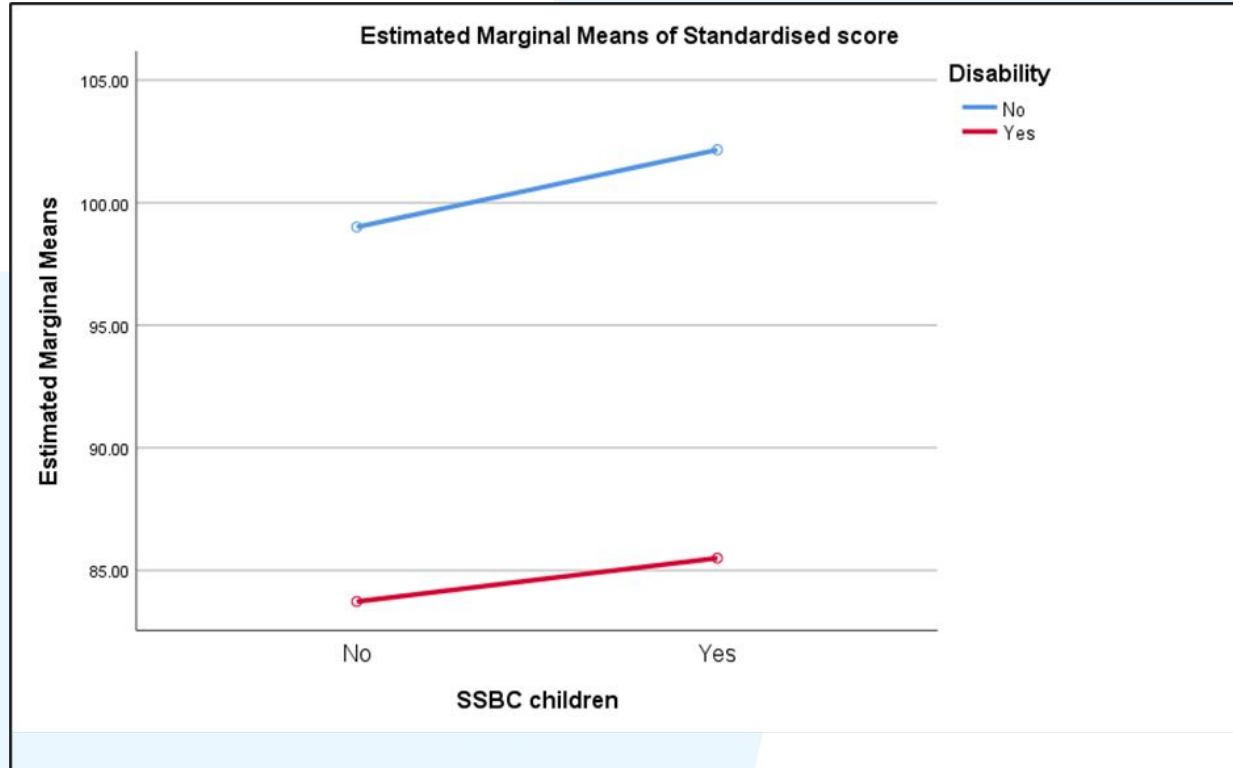
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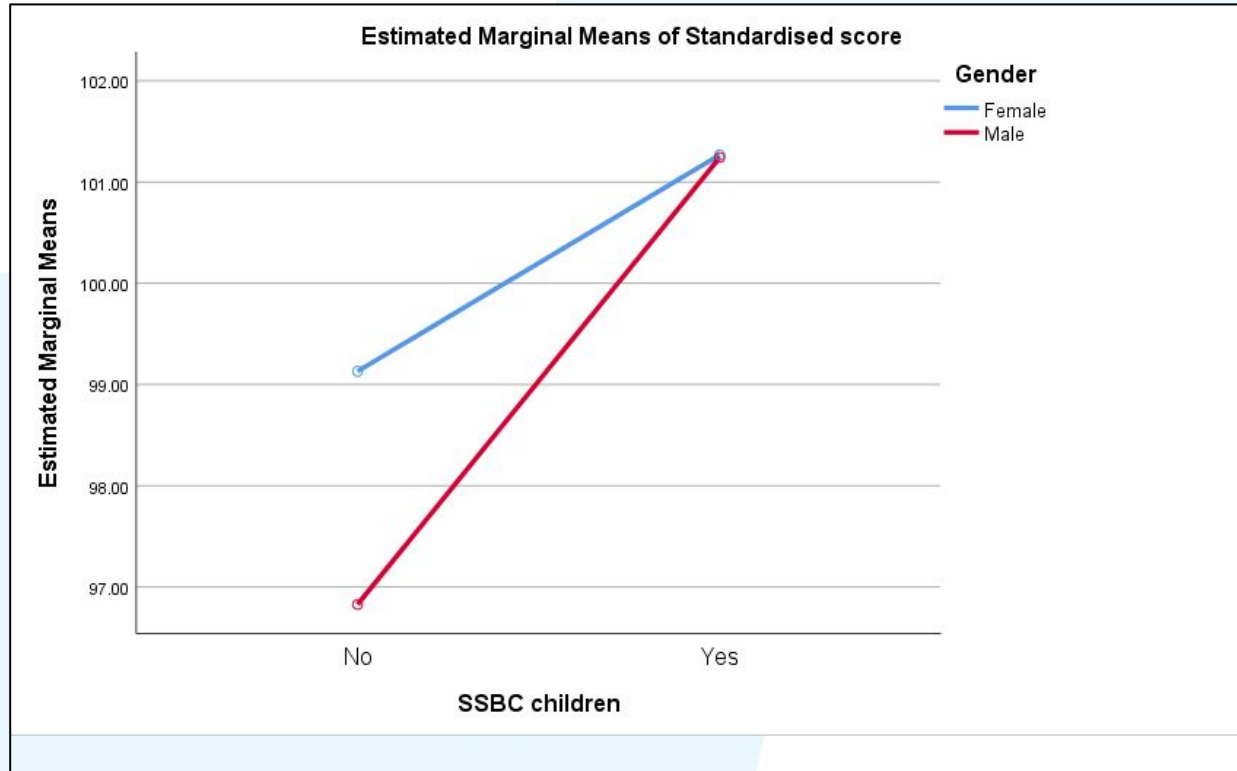
Impact of SSBC on Children with EAL



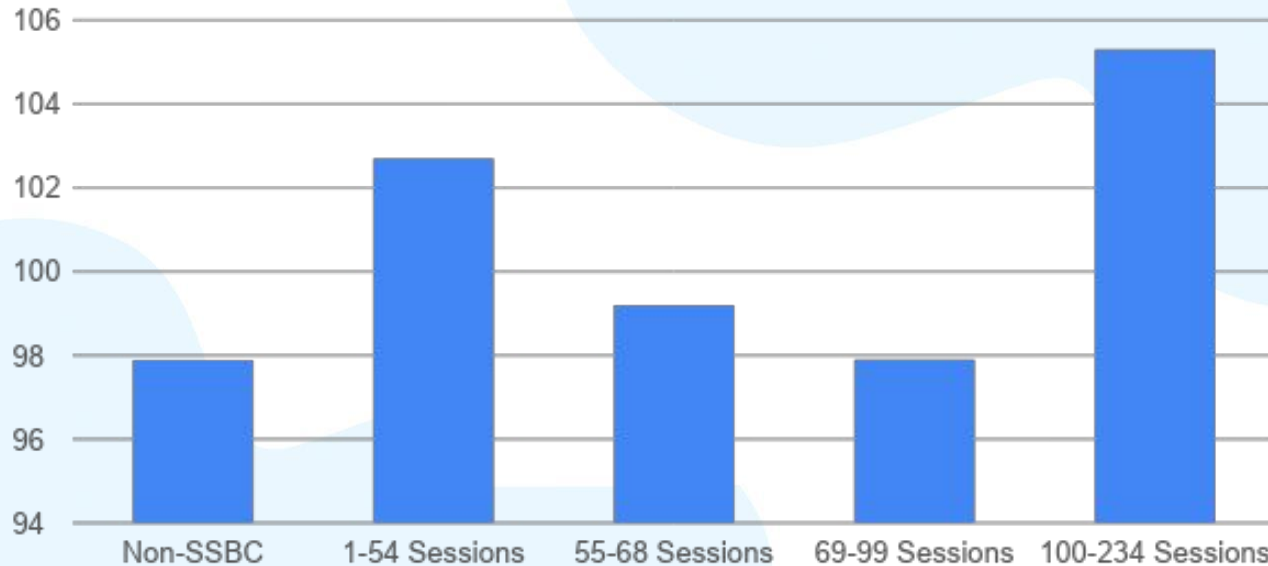
Impact of SSBC on Children with a Disability



Impact of SSBC by Gender



Does Level of Engagement with SSBC Impact Engagement?



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Who are the children most at risk of limited vocabulary development

- More likely to have a disability (75% vs 7.1%)
- Slight over-representation of boys (12.1% vs. 9.8%)
- Over-representation of children with EAL (21.7% vs 5.9%)
- Slightly lower attendance at literacy-related sessions (13.2% vs 8.3%)

Conclusions & Reflections

- There is some evidence that SSBC participation in general may have impacted children's vocabulary development at point of school entry, but the benefits of SSBC participation were not strong enough to outpace the impact of other factors, such as disability, or EAL, at this stage of child development.
- There is a need to think carefully about how programmes are tailored to, and made accessible for, different groups of parents and children.
 - Limited benefit for children with children with a disability
 - Parents flagged the need for interventions to be made accessible in home languages for parents with EAL.
- Need to build in data sharing agreements between early years settings / schools and local authority settings to enable access of data on outcomes (e.g. EYFS, LanguageScreen), to enable sustainable evaluation and progress monitoring.

Conclusions & Reflections

- Limited engagement with overt language / literacy orientated programmes
 - Need to embed language and communication throughout
- How to engage and motivate parents and professionals?
 - Self-determination theory
 - Competence – skill development, self-efficacy
 - Autonomy – choice, flexibility
 - Relatedness – connection, community, aspiration



Insights and Reflections: Key Takeaways from our SSBC Journey

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Lunch & Marketplace

Next session commences at 13:15

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Relationships: The Magic Ingredient in Prevention and Early Intervention

Sally Hogg

Senior Policy Fellow, PEDAL, University of Cambridge

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Relationships: The magic ingredient in prevention and early intervention.

Sally Hogg



**PLAY IN EDUCATION
DEVELOPMENT
AND LEARNING**

www.pedalhub.net

@PEDALCam



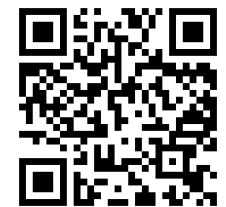


A nurturing relationship involves a consistent caring person who responds sensitively to our needs.



A healthy parent-child relationship

- Involves a consistent caregiver
- Is characterised by “contingent responsiveness” (Serve and return interactions)
- Meets a child’s needs in a number of ways: providing safety, stimulation, sensitive limiting setting, and ensuring other basic needs are met.



We'll just look at step 1 today – but follow this QR code for a handout!



Parenting only needs to be “good enough”

- For at least half the time, parents and babies/children won’t be “in sync”
- This is fine, there is an “optimal midrange” where parents are not too intrusive and children learn independence, self-soothing and rupture/repair.
- But if parents are not responsive, or respond in insensitive, inconsistent or unattuned ways too much this can impact on development.



**Relationships matter
in their own right –
they are central to
our humanity and our
happiness.**

BEING



This aspect of babies' and young children's mental health is how they are **NOW**, which might be described as their **wellbeing**. It describes their present-day thoughts, feelings, emotions and experiences.

Being mentally healthy in this sense involves babies and young children feeling safe and good about themselves and the world around them, experiencing sensitive responsive care from a reliable caregiver(s), and being able to explore and play in a way that is appropriate to their level of development.

BECOMING

This aspect of the mental health of babies and young children is related to their **development** of different capacities that enable them to be mentally healthy. It might be called social, emotional and behavioural development.

Being mentally healthy in this sense involves babies and young children developing abilities that will help them to be mentally healthy in the future.

EMOTIONAL ELEMENTS



Experiencing a range of emotions as appropriate responses to events and the environment but overall, **being** content, at ease, and feeling safe.

Becoming able to express, understand, and manage a range of emotions

SOCIAL ELEMENTS



Being engaged in meaningful, safe, caring relationships with others (including both with adults and, as the baby grows, with peers). Trusting they will be cared for.

Becoming able to form and maintain safe, satisfying and trusting relationships, including - as children get older - the ability to play with others and form friendships.

BEHAVIOURAL ELEMENTS



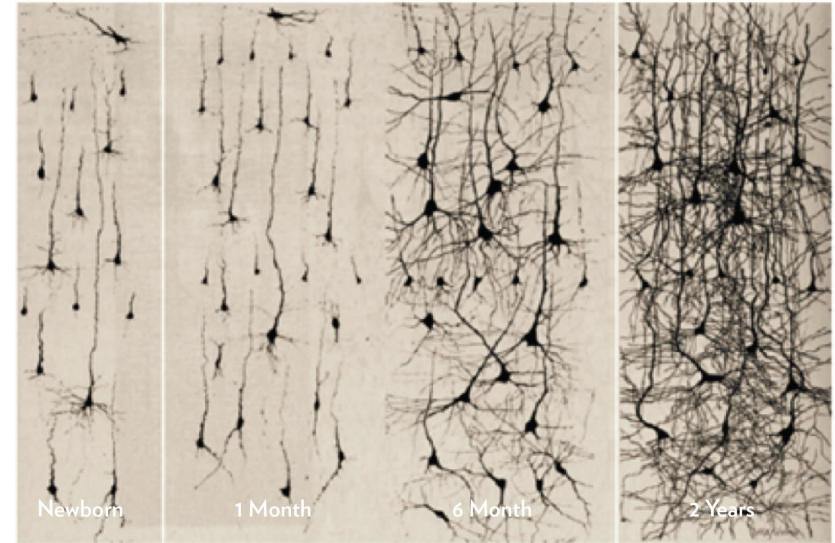
Being able to enjoy childhood. Exploring, learning, and playing in a way that is appropriate to them.

Becoming able to navigate the world, and work towards goals. Developing independence, confidence, and agency. Becoming able to cooperate and play with others to achieve shared goals.



**Nurturing relationships in
early childhood are crucial to
healthy development.**

- More than **1 million new connections** are formed every second in a baby's growing brain.
- This is the most rapid period of brain development and it **shapes the basic architecture of the brain.**



DRAMATIC GROWTH OF NEURONAL ARCHITECTURE FROM BIRTH TO 2 YRS

Source: "The Pediatricians Role in Addressing Childhood Poverty", David Keller



Development is shaped by our experiences and environments.

Being responsive to our environment can be helpful. It enables us to adapt to our environments. But it's not always so useful.

Plasticity is a double-edged sword that leads to both adaptation and vulnerability.'

(Neurons to Neighborhoods.)



“For the developing infant the mother essentially is the environment.” *Schore*

“There is no such thing as a baby” “a baby alone doesn’t exist...what exists is always a “nursing couple”: a baby plus someone who takes care of him/her.” *Winnicott*

“Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development.”
Harvard Centre for the Developing Child



In early childhood, relationships are a common pathway to many outcomes.

Language development

- Serve and return interactions
- Vocabulary and naming

Social and emotional development

- Emotional regulation
- A template for other relationships
- A secure base



Even maths...

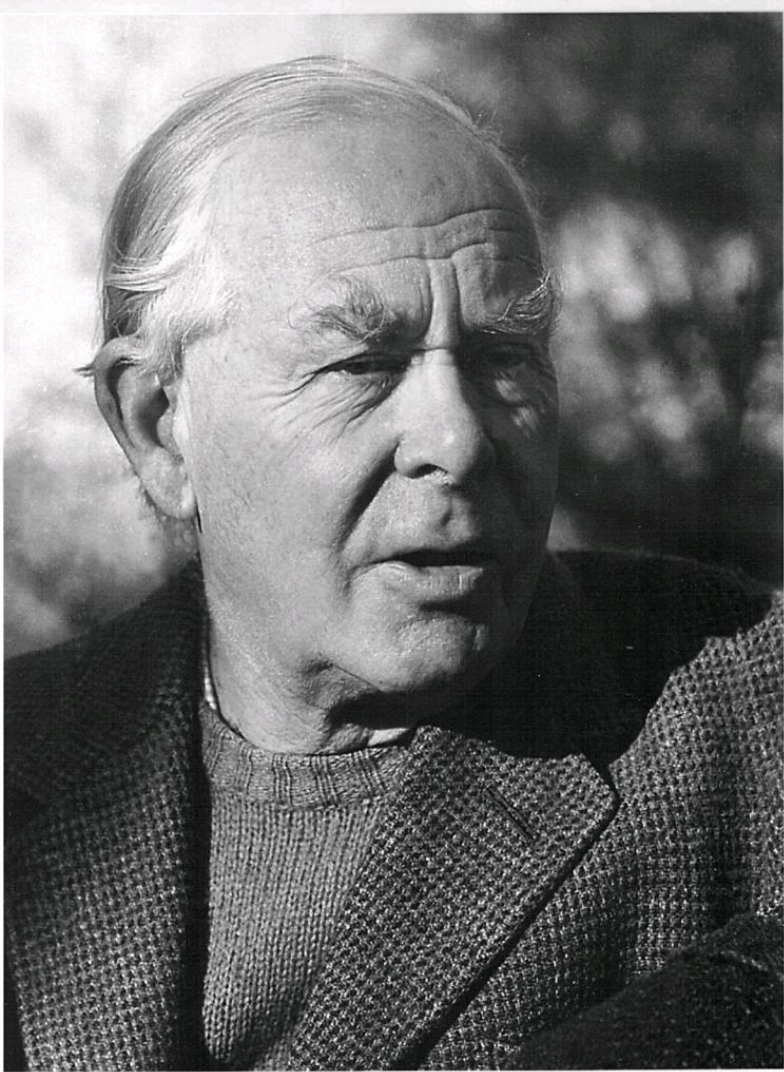
Maths outcomes at school age were better amongst children whose parents had engaged more sensitively, and provided more opportunity for conversation when children were toddlers.

Zhao, Y. V., & Gibson, J. L. (2023). Early home learning support and home mathematics environment as predictors of children's mathematical skills between age 4 and 6: A longitudinal analysis using video observations and survey data. *Child Development*, 1-16.



The evidence is clear:

- At least one secure, responsive relationship with a consistent adult is a vital ingredient in babies' healthy brain development and emotional wellbeing.
- Persistent, severe difficulties in early relationships can have pervasive impacts on many aspects of child development.



'...the pathway followed by each developing individual and the extent to which he or she becomes resilient to stressful life events is determined to a very significant degree by the pattern of attachment developed during the early years.'

John Bowlby

‘Human relationships, and the effect of relationships on relationships, are the building blocks of healthy development.

From the moment of our conception to the finality of death, intimate and caring relationships are the fundamental mediators of successful human adaptation.’

From Neurons to Neighbourhoods

GEORGE E. VAILLANT

TRIUMPHS of EXPERIENCE

THE MEN OF THE
HARVARD GRANT STUDY



- Men who had “warm” childhood relationships with their mothers earned an average of \$87,000 more a year than men whose mothers were uncaring.
- Men who had poor childhood relationships with their mothers were much more likely to develop dementia when old.
- Late in their professional lives, the men’s boyhood relationships with their mothers were associated with effectiveness at work.
- Warm childhood relations with fathers correlated with lower rates of adult anxiety, greater enjoyment of vacations, and increased “life satisfaction” at age 75.

“When the study began, nobody cared about empathy or attachment. But the key to healthy aging is relationships, relationships, relationships.”

“The seventy-five years and twenty million dollars expended on the Grant Study points ... to a straightforward five-word conclusion: ‘Happiness is love. Full stop.’ ”

George Valliant



- Early relationships not only affect lifelong health and wellbeing, but also impact on **future generations** too.
- Early relationships and experiences of being parented **shape how we relate to and parent our own children.**
- **Epigenetic changes** caused by the intrauterine environment or early experiences may be passed to future generations.



Nurturing relationships in early childhood are crucial to healthy development... good relationships prevent a wide range of poor outcomes – throughout life and across generations.















Shaping Us



Nurturing relationships can buffer a child from adversity – they are a form of early intervention.

Relational trauma has pervasive impacts and must be addressed.

Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children

Erin P. Hambrick^{a, b}  , Thomas W. Brawner^{a, c}  , Bruce D. Perry^{a, d}  , Kristie Brandt^{a, e}  
, Christine Hofmeister^b  , Jen O. Collins^b  

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<https://doi.org/10.1016/j.apnu.2018.11.001> 

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Highlights

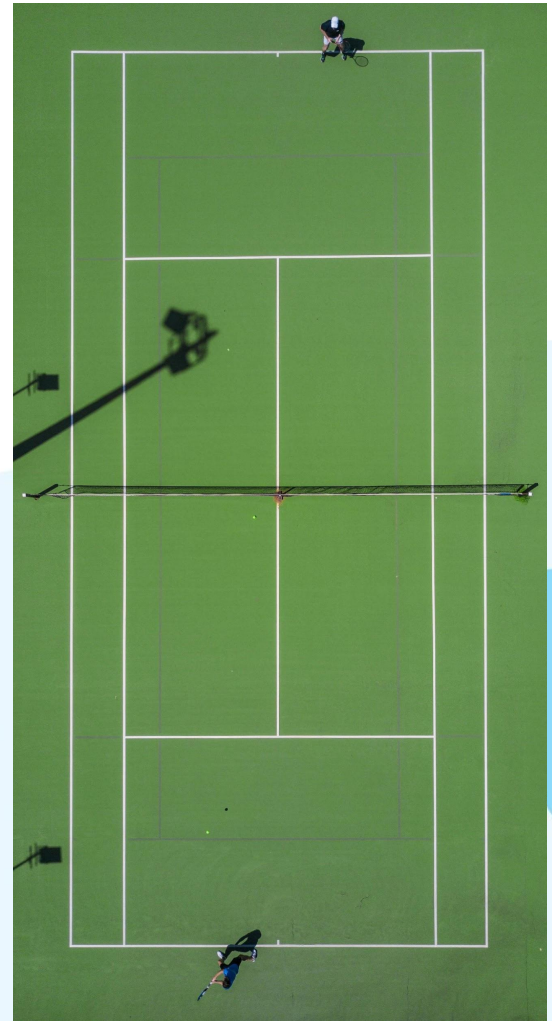
- Adverse experiences from 0 to 2 months predicted negative child outcomes
- Relational poverty from 0 to 2 months also predicted negative outcomes
- Adverse experiences later in life predicted negative outcomes less strongly
- Current relational health was the overall strongest predictor of outcomes
- The impact of early life adversity may increase, not decrease, over time

Understanding early development and relationships is critical to understanding adversity.

- Not all ACEs affect children in the same way.
- The timing, nature and intensity of the adversity matters.
- A nurturing relationship can buffer a child from adversity.
- Without such a relationship, adversity can have a more significant impact.



**Parents are a vital part
of the relationship:
So we must attend to their
relational capabilities**

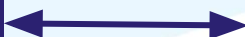


Social and emotional skills

Emotional regulation

**Mind
mindedness/mentalisation**

Contingent responsiveness



Relationship quality

Adults' social and emotional skills support the development of healthy relationships, which in turn nurture children's social and emotional skills and enable them to develop healthy relationships.

Nurture the relationship



Sensitive responding. Parent is supported to notice and be curious in interpreting their child's cues, make efforts to respond to their individual needs and match their pace, allow the child to take the lead, and give positive attention by showing interest without interfering in exploration. The parent is supported to make efforts to repair 'ruptures' in interactions, through a process of rupture-and-repair.

Expressing warmth and positive regard. Parent is supported to express warmth, affection, comfort, and positive regard towards the child, as well as conveying acceptance and encouragement.

Playful. Parent is supported to share playful interactions that are child-led, developmentally appropriate, and appropriate in their timing and intensity. This includes 'challenging parenting behaviours' (e.g., rough-and-tumble play) that provides a safe space for children to explore beyond their comfort zone.

Supporting parents' own social, emotional, and cognitive skills



Supporting skills to...

Empathy, perspective taking, & mentalising. Parent is supported to recognise and consider the perspectives of others. They are able to identify the child's feelings, and express understanding, compassion, & empathy. The parent is supported to interpret the child's behaviour in terms of envisioned mental states and can make reasonable attributions through capacities for mind-mindedness & reflective functioning.

Effective communication skills. Parent is supported to appropriately monitor their thoughts, feelings, and behaviours. They are able to express these in ways that do not negatively impact others.

Self-efficacy. Parent is supported to experience a sense of self-confidence and self-efficacy. The parent is able to create and hold onto a personal sense of self-assurance based on personal assessment.

Emotional and behavioural regulation skills. The parent is supported to experience, understand, and express their emotions and act on these with behaviours that are appropriate for the situation. They are able to maintain a regulated state while caring for a distressed/dysregulated child.

Problem solving skills. Parent is supported to anticipate and identify problems, generate solutions, take action, and seek assistance. Parent is able to set goals, self-motivate, persist, self-evaluate, and cope with stress in ways that do not significantly disrupt their caregiving role.



- Relationships are key to early development – but they do not happen in a vacuum.
- Past and current adversity and stress makes it harder for parents to provide sensitive, nurturing care.
- **Supporting relationships involves both building parents' capacities and reducing burdens.**

THEORY OF CHANGE

How a local system can reduce pressures
on families and build capabilities

Supporting Families

Parenting
Parent-child and
couple relationships
Self-worth
Social support

Drugs and alcohol
Poor mental health
Domestic abuse
Social isolation

Reducing Pressures

* Model from Blackpool Better Start



**Healthy relationships
nurture healthy
relationships**

GOOD...

TRANSACTIONS

EFFICIENT
STANDARDISED
TIME BOUND

*Suitable for
simple
tasks*

FAIR
TRUSTING
RECIPROCAL
RELIABLE

RELATIONSHIPS

UNIQUE
ORGANIC
EMPATHETIC
SUSTAINED

*Suitable for
complex
challenges*

Source: Relationship Project



Relationships matter to all of us – they shape both experiences and outcomes.



Claire Amal

Deputy Director Drug Strategy

+ Follow

View full profile

Tomorrow I begin a phased return to work after almost 6 months leave receiving treatment for relapsed Hodgkin Lymphoma. I had 3 cycles of chemo followed by an autologous stem cell transplant. It was relentless and I was away from my young family for weeks during my transplant, but we made it through. My wife's been heroic - the "in sickness" part of our marriage vow has done some serious heavy lifting.

As I return to work, I wanted to share 5 reflections (conscious of how many people in the wider health and care family interact with me on here!).

1. The best of the NHS was the moments of attentive kindness, of noticing something and doing something about it, of realising the little things can be big things in days that are entirely shaped by the snippets of human interaction amidst the isolation. The consultant who rang with scan results early in the morning because she remembered it was my son's birthday and didn't want it hanging over us all day, the nurse who spotted me beginning to cry one day during chemo and drew my curtains for some privacy, and the catering staff who during a long inpatient stay found another flavour ice cream after days of vanilla.

2. Care coordination and single points of contact. My named transplant clinical nurse specialist liaised across the whole system for me. Her weekly check-in calls have been an anchor and this week she quickly replied to an email signing me up for a charity exercise programme (thanks [Trekstock!](#)). Outside of this pathway, some of my most demoralising days have been the exhaustion of being a persistent self-advocate, passed from pillar to post, chasing and fighting and hours on the phone.

3. The best clinicians vocalised decision making and were honest about uncertainty. From the interventional radiographer who made a bold decision mid-biopsy and

2.3 Improving Outcomes

Evidence shows that continuity models improve safety and outcomes. In particular, it shows that women who had midwife-led continuity models of care were:¹⁰

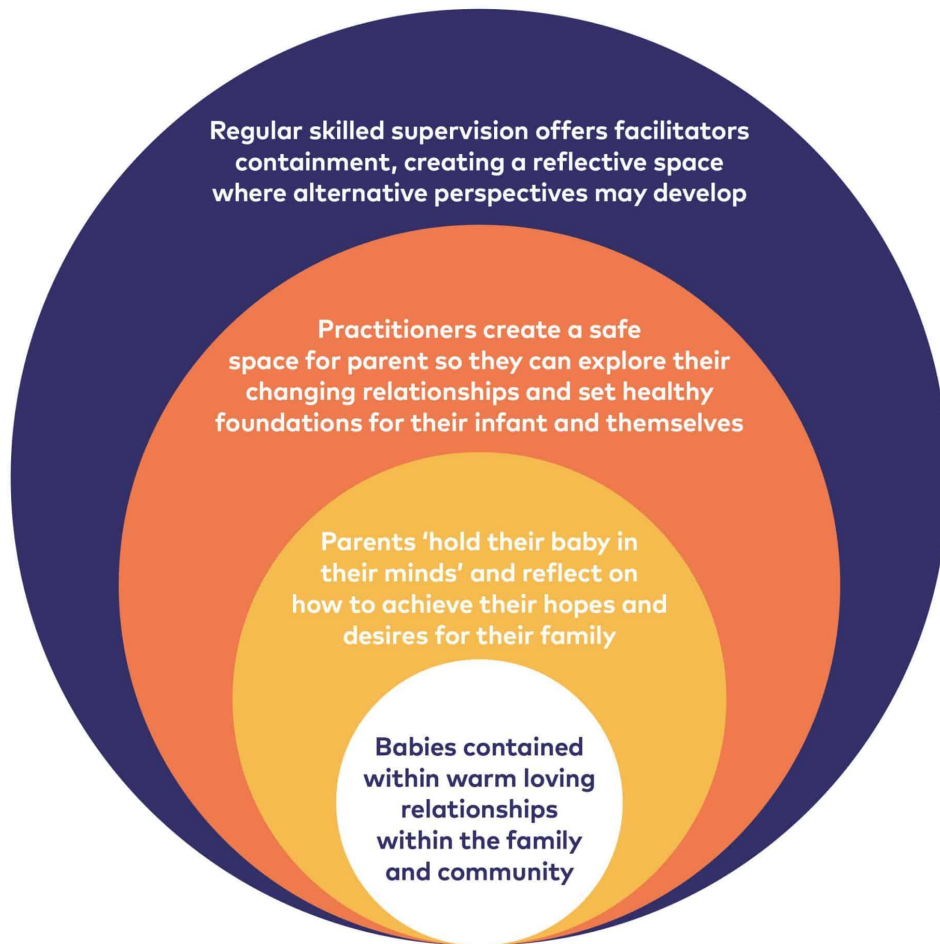
- Seven times more likely to be attended at birth by a known midwife
- 16% less likely to lose their baby and 19% less likely to lose their baby before 24 weeks
- 24% less likely to experience pre-term birth
- 15% less likely to have regional analgesia
- 16% less likely to have an episiotomy.

Implementing continuity of carer is therefore an important tool in meeting our ambition to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% by 2020 and 50% by 2030.

Although the causal link between continuity of carer and improved outcomes is not fully understood, it is likely that:

- The ongoing relationship built on trust gives the woman the confidence to be open with her midwife and helps the midwife to identify and manage risks.
- The ongoing relationship enables the midwife to provide care with greater empathy,¹¹ provides women with a greater sense of control, and reduces any stress and anxiety felt by the woman.
- Because the midwife is responsible for care co-ordination and liaison with other specialists and the obstetric team, the women gets the level of care that she needs.
- There is less missed care as the midwife is proactive in ensuring missed appointments are rescheduled, acting as a safety net across complex care pathways.

Source: Parent-Infant Foundation





PRACTICE PRINCIPLE #5

Build Parallel Relationships

Potential Applications to Practice and Program

How do we support caregivers? By doing for caregivers what we imagine the best caregivers do for children. Nearly everything children need from their intimate relational circle has parallels in what adult caregivers need from their communities of support. We can create an inclusive ecosystem of healthy relationships by:

- ✓ Strengthening parent-to-parent relationships (e.g., through peer-to-peer learning, group programming, and programs that explicitly promote engagement of male caregivers and secondary caregivers, including extended family and close friends)
- ✓ Strengthening parent-professional relationships (e.g., by building a diverse workforce, recognizing parents' and community members' expertise, and supporting bidirectional learning through programs and policies)
- ✓ Strengthening professional-professional relationships (e.g., by building cross-sectoral communities of practice, convening professionals around a culture of Early Relational Health, and supporting professional growth through training and mentoring for practitioners)

outcomes
integrated
services

child
team

joined-up

common
integration

holistic

Relationships between practitioners and organisations are at the heart of what we know makes good services for children and families.

Collaboration is contagious

 Restricted access | Research article | First published online May 5, 2008

The Influence of Collaboration on Program Outcomes: The Colorado Nurse—Family Partnership

[Darrin Hicks](#), [Carl Larson](#), [...], and [Erik Johnston](#)  [View all authors and affiliations](#)

[Volume 32, Issue 5](#) | <https://doi.org/10.1177/0193841X08315131>

 Contents



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Metrics and more

Abstract

Though collaboration is often required in community initiatives, little evidence documents relationships between collaboration and program success. The authors contend that clarification of the construct collaboration is necessary for investigating its contribution to the success of community initiatives. After respecifying collaboration, they present a study of a multisite program that involved varying degrees of collaboration in the 16 communities adopting a nurse home visitation program. The authors employ hierarchical linear modeling (HLM) to test the predictive power of individual participant characteristics and examine the increased accuracy of predictions from a second level model of site qualities—specifically, features of the collaborative process associated with different sites. The first-level model predicted approximately 10% of the variance in attrition, or dropout, of program clients. The second-level model accounted for an additional 28% of the variance in attrition. A theory of commitment transfer is offered as a first explanation of this result.

Our understanding of quality in children's services can become focussed on resources.

- But are we using resources in a way that facilitates healthy relationships?
- How can we facilitate healthy relationships in low resource environments?

(JunLei Li)

My talk today: take home messages

- Early brain development lays the foundations for lifelong health and happiness. Brains develop in an environment of relationships.
- Sensitive, nurturing, stimulating relationships are vital for healthy development.
- Persistent, severe difficulties in early relationships can have pervasive impacts on many aspects of child development.
- We can support parents' capacities AND reduce the stresses that make it harder to provide sensitive, responsive care.
- To support early relationships, we need good emotional health across our workforce, organisations and systems.



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Relationships: The Magic Ingredient in Prevention and Early Intervention

Sally Hogg

Senior Policy Fellow, PEDAL, University of Cambridge

#SmallStepsBigChanges



Supporting Families, What Works?

Dr Lisa Common, Consultant Midwife, Nottingham University Hospitals NHS Trust

Rachel Harding, Research Fellow, School of Social Sciences,
Nottingham Trent University

Wendy Shaw, Specialist in Infant Mental Health, Small Steps Big Changes

*Chaired by **Donna Sherratt**, Head of Programme, Small Steps Big Changes*

Pregnancy Mentors

The aim of the Pregnancy Mentor Apprentice project was to develop a new maternity workforce role that would be equipped to deliver maternity care using a different approach to supporting women, birthing people, their babies and families. The key project objective was system change.

Pregnancy Mentors

- ✓ 13 Mentors
- ✓ Community-Based
- ✓ 30-40 expectant parents per year
- ✓ 5 Extra antenatal contacts
- ✓ 3 Extra postnatal contacts
- ✓ Clinical training - level 3
- ✓ Apprenticeship – academic level 5

Expectant Parents

- 20% most deprived neighbourhoods
- People who smoke
- Black Asian or ethnic minorities
- Health Inclusion groups

Support with 23 Topics including:

- Maternal physical health
- Sleep
- Smoking
- Emotions and wellbeing



Family Mentors

The co-produced FM Service embodies the SSBC principle “Children at the heart, parents leading the way, supported and guided by experts.” FMs deliver Small Steps at Home through home visits, in a supportive and empathetic manner.

Family Mentors

- ✓ Paid peer led workforce
- ✓ Recruited for lived experience
- ✓ 125 Family Mentors employed
- ✓ 18 languages spoken
- ✓ Trained to NVQ Level 2
- ✓ First job for 7%
- ✓ 50% live in the wards where they work

Families Receive

- ✓ Co-designed, evidence-based home visits
- ✓ Same Family Mentor, matched to family's circumstance
- ✓ Universally offered within wards
- ✓ Home visiting from 36 weeks - 4yrs
- ✓ Small Steps at Home manualised child development programme
- ✓ Activity groups





Supporting Families, What Works?

Dr Lisa Common, Consultant Midwife, Nottingham University Hospitals NHS Trust

Rachel Harding, Research Fellow, School of Social Sciences, Nottingham Trent University

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*Chaired by **Donna Sherratt**, Head of Programme, Small Steps Big Changes*



Refreshment Break & Marketplace

Next session commences at 15:20

#SmallStepsBigChanges



Case Study of Healthy Little Minds: Supporting Infant Mental Health by Enhancing Parent/Infant Relationships

Anna Iskander-Reynolds, Senior Research Lead, Centre for Mental Health

Elayne Walker, Healthy Little Minds Service Lead/CAMHS Acting Service Manager, Nottingham City Council



Case Study of Healthy Little Minds: Supporting Infant Mental Health by Enhancing Parent/Infant Relationships

Elayne Walker, Healthy Little Minds Service Lead/CAMHS Acting Service Manager, Nottingham City Council

Why a parent/infant relationship team?

- The first 1001 days are critical – it is a period of opportunity and vulnerability. What happens in this period influences life long health and well-being
- The brain grows and develops at an astonishing rate during this time. It is therefore more open to, and dependent on, outside influence than it ever will be again
- Brain development and infant mental health depends mainly on interactions
- If the baby isn't nurtured by a loving and special adult, this has long term consequences
- Adults who struggle with their own difficulties and feelings may find it hard to deal with the baby's
- Specialist interventions which focus on the parent-infant relationship are not commonly available
- UK wide 10-15% of babies are at risk of disorganised attachment



Relationship Based Interventions

- Newborn Behaviour Observations
- Baby Massage (1-1 and group offer)
- Mellow Bumps and Mellow Babies and Toddlers
- Parent/Infant Psychotherapy
- Solihull Approach antenatal and postnatal groups
- Video Interaction Guidance
- Art Therapy Group (*Art at the Start*)



Katlyn and Croia's story

Case study: Katlyn and Croia

- Multiple traumas
- Recent bereavement
- Maternal mental health difficulties
- Difficult family relationships
- Previous post natal depression
- Reduced foetal movement

KPIs at assessment

- **Confidence** *Interaction/Communication in the womb*
- **Empathy** *Understanding baby's feeling/likes/dislikes in the womb*
- **Consistency** *Frequency, and responding regularly*
- **Motivation** *Wanting to interact*

Voice of the infant at assessment

- I feel safe and warm in my mummy's tummy
- I can hear my mummy's voice, I'm getting to know my mummy and love to hear her talk, but she doesn't often talk to me.
- I would love my mummy to notice when I push and kick against her, this would give us a connection
- I would like my mummy to talk to me and tell me how much she loves me
- Sometimes I hear my mummy cry and I feel worried that I have done something wrong
- I get scared when my mummy cries a lot and is sad, and I wonder what is happening. This makes me feel afraid.

Plan of support

- 1 to 1 Solihull Approach postnatal sessions – to develop knowledge and confidence in relation to responsive, nurturing parenting and meeting baby's emotional needs
- Infant massage group – to support bonding, the importance of touch, understanding and responding to cues, attending a group, and meeting other parents
- VIG – to increase confidence and self-esteem, to support mentalising and reflective functioning and supporting the connection with baby

. THIS WILL BE A VIDEO



KPIs at completion

- **Confidence** *Interaction/Communication*
- **Empathy** *Understanding baby's feeling/likes/dislikes*
- **Consistency** *Frequency, and responding regularly*
- **Motivation** *Wanting to interact*

Voice of the infant at completion:

- My mummy is learning how to talk to me, I like this, it makes me smile and laugh.
- I love it when Mummy and Daddy massage my tummy this helps my tummy feel better and not hurt.
- My mummy worries a lot that I am not ok, I can sense this
- Mummy is starting to see that I am not always unsettled, and that we play together and have fun.

***The relationship is “the client”-
therapeutic interventions hold
all parties and work with the
space in between them***



Case Study of Healthy Little Minds: Supporting Infant Mental Health by Enhancing Parent/Infant Relationships

Anna Iskander-Reynolds, Senior Research Lead, Centre for Mental Health



Healthy Little Minds Emerging evaluation findings Sept 2024



“Everyone would benefit from Healthy Little Minds service”

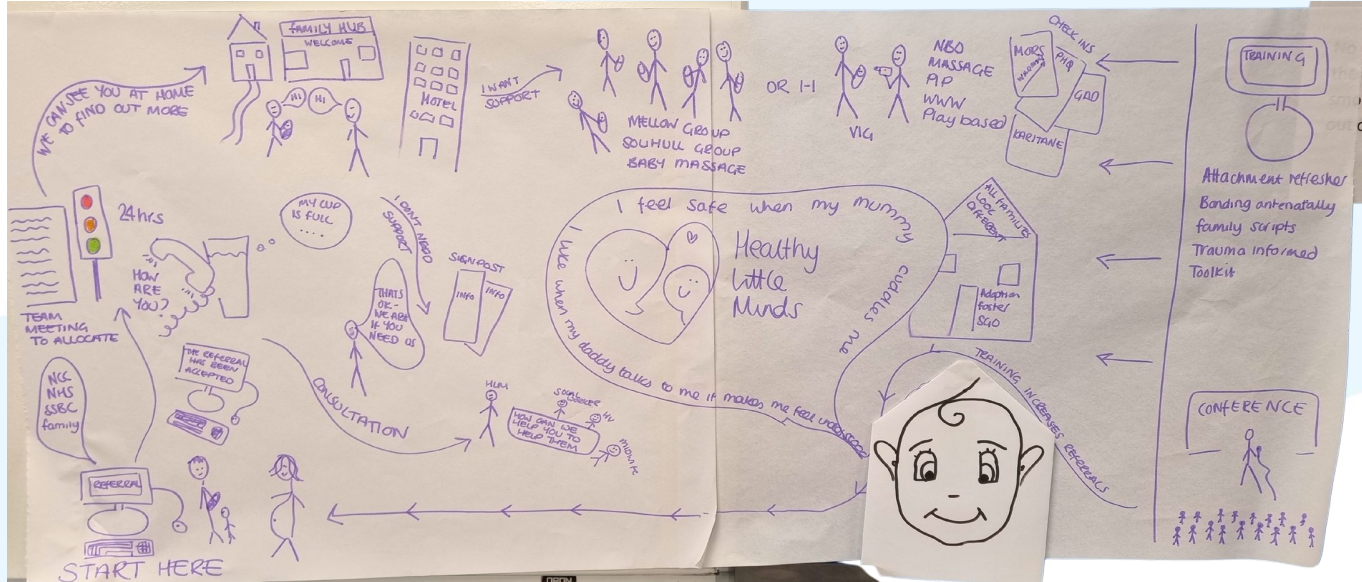
“I think everyone should be offered Antenatal support - people can mask really well! An opt out - not opt in”

“What’s amazing is I can refer families and I know there isn't a long wait and I'm confident in referring them”

“HLM is offering support to families and professionals which is really helpful - its not just 'watch this video”



HLM Process



- They are an adaptable, person centred service
- Short waiting lists
- They involve the whole family
- They provide tailored support and specialist advice in relation to PIR

- Families are referred with varying 'RAG' ratings
- HLM's process is adaptable to meet their needs and able to work with fluctuating Safeguarding requirements, collaborating and signposting with other agencies and services when needed
- We spoke to professionals, including health visitors who referred their high risk safeguarding families - with at least one finding the HLM intervention significantly reduced their families RAG rating, allowing them to release them for their high risk case load.

Levels of safeguarding

RAG Rating	Total families	%
Green/Mild	48	26.7%
Amber/Moderate	86	47.8%
Red/Severe	46	25.6%
Total	180	88.7%
Unknown	23	11.3%
Total	203	100%

Just over 25% of families at HLM had a RAG rating of red/Severe

Outcome Measures

5 out of the 8 different outcome measures were found to have made significant statistical differences in the outcomes as a result of the HLM interventions

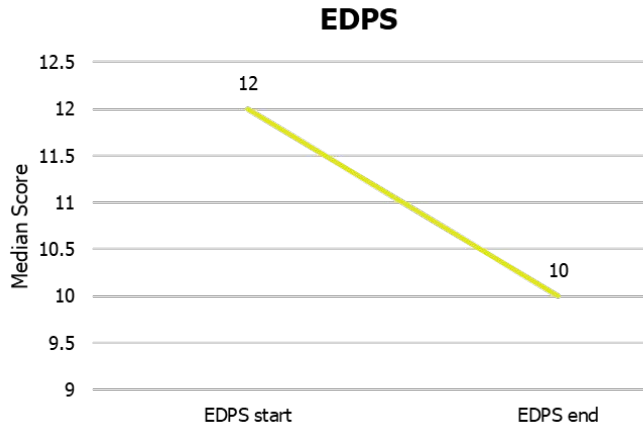
Edinburgh Postnatal Depression Scale (EDPS)

A screening tool for perinatal depression which can be used during pregnancy and after birth.

This is used to identify:

- 1) If the mother is suffering from a depressive illness and requires specialist mental health services.
- 2) Risk of suicidality
- 3) Further information gathered with the parent
- 4) How depression is impacting the parent-infant relationship

Lower scores suggest reduced perinatal or postnatal depression – possible depression indicated by scores of 10 or greater.

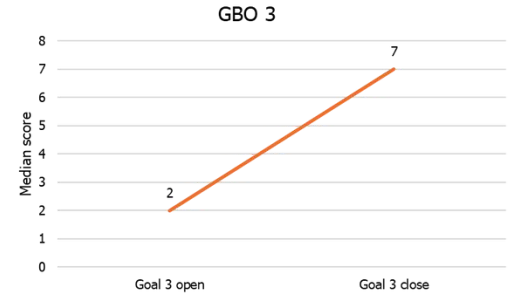
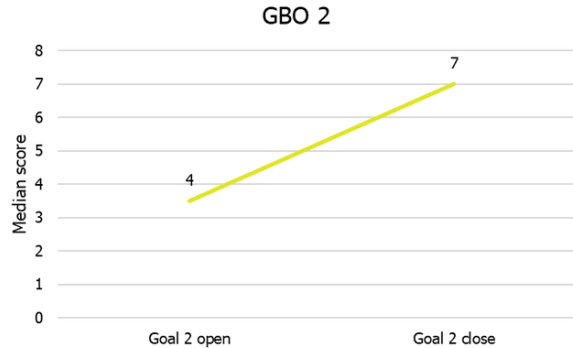


- 34 women were assessed using the EDPS, pre- and post-intervention
- There was a decrease in depression following HLM intervention
- The decrease in depression was statistically significant (Wilcoxon: z-score = -2.131, p= .033)

Goal Based Outcomes 1,2 & 3 (GBOs)

The GBO is a tool used in clinical work to track progress toward goals. It allows individuals to rate their progress on a scale of 0 to 10, comparing how far they've moved toward their goals from the start of an intervention to the end. The GBO helps set goals at the beginning and monitors progress throughout the intervention.

Parents/Carers could have up to three goals.



The increase in GBO scores across all groups indicates significant statistical progress in achieving goals following the HLM intervention.

"I don't think I'd be here without them"

"I can be a good mum."

"Attending the HLM interventions felt voluntary despite my mandatory referral because the team was so welcoming, supportive, and understanding."

"Without HLM, I probably would have spiraled."



"HLM helped me to be more positive about parenting."

Dad's experience of VIG - an "eye-opening experience" it helped to develop a stronger bond between dad and baby

"I don't know if we would still be a family"

"5/5 - They listen when I have concerns and help me. I've had no kids in care for 5 years"



Cost benefit

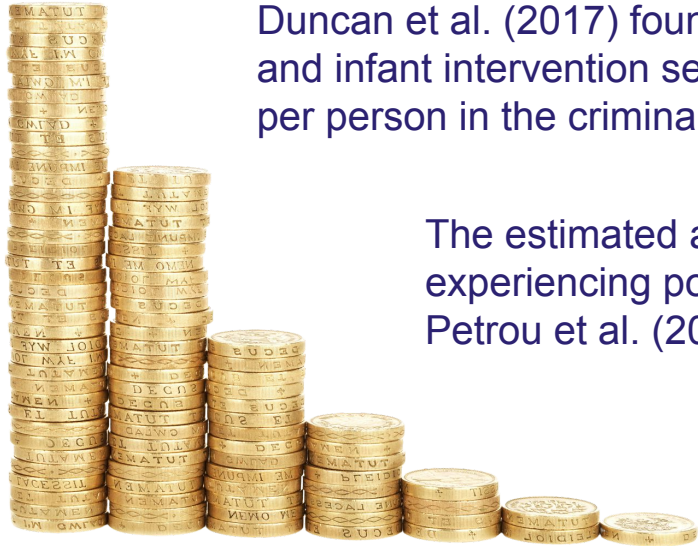
According to the World Health Organisation (2018), for every \$1 spent on early childhood development (ECD) there is a potential \$13 return on investment

A similar parent and infant programme in Ireland, found the cost of intervention per family to be €647 (Crealey et al. 2024)

Duncan et al. (2017) found that investing in parent and infant intervention services could save £145k per person in the criminal justice system

The estimated annual cost for mothers experiencing postnatal depression, according to Petrou et al. (2002) is £35.7million

Late intervention services in England and Wales were estimated to cost £17 billion (around £300 per person), addressing issues like mental health, youth crime, and education exclusion, with one of the largest costs being £5.3 billion spent on Looked After Children (Early intervention Foundation, 2016,2018)





Thank you

#SmallStepsBigChanges



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Closing remarks

#SmallStepsBigChanges



Drinks Reception & Small Steps Big Changes Legacy Film

- AWAITING VIDEO

#SmallStepsBigChanges