Early Years Communication Pathway for Childminders: what does it mean for me?

The communication pathway has been designed to show a child's communication journey from pre-birth to adulthood. Communication is a vital foundation skill for children. As a childminder, your responsibilities are to ***Identify*** need, share ***Information*** and support ***Interventions***. This is detailed in the pathway overview, and is broken down here in the process pathway.

Share communication information with families at the earliest opportunity.	Share information with **all** parents/carers about the importance of children's communication development. Information about what typical speech, language and communication looks like as well as tips for how adults can help can be found under 'Ages and Stages' on Halton's online Communication Hub, Information and Resources section. There are extensive resources to support children's communication in this section, you can also find information from 'Tiny Happy People' and 'Hungry Little Minds'.
Implement a high quality communication strategy	Ensuring that children access high quality communication environments plays a vital role in the progress of their speech and language development. This includes completing a training needs analysis, making time for communication training, and completing a communication environment audit tool; see Halton's online Communication Hub, Information and Resources section.
Complete WellComm screening with children from 6 months old to establish starting points.	Early identification of communication needs is key. WellComm toolkits are available to loan for two weeks at a time from Halton Children's Centres. Contact the Children's Centres directly to check availability. Alternatively, children can be screened via the 0-19 Health Team or Children's Centres. For more information about how to use the Toolkit, watch the online Wellcomm training video. Contact the Early Years Education team for the link to this. For children attending multiple settings, identify who will take the lead to complete the WellComm screening.
Identify level of language need. Signpost parents to places and services that will support communication development.	Signpost parents to Children's Centre groups, Play Partners and Adult Learning (see pathway overview for services and places.) For children attending multiple settings, remember to share information about communication and language levels and strategies (with parental consent).
Implement activities from the Big Book of Ideas (BBI), share and model with parents.	**Green:** Implement BBI activities to fill any gaps, stretch and challenge and continue to screen termly. **Amber** and **Red**: Implement intervention activities from the BBI, include children in targeted intervention groups where appropriate, review after 8-12 weeks to monitor progress and re-do WellComm screening. With all children, share information with parents/carers, who may need support and modelling to try out new ideas and activities at home.
Share targeted strategies, information and language resources.	You can use the TALK Halton resources e.g. 'TALK at Home' packs, 'Top Tips' leaflets, 'TALK with Toys', 'TALK to Me' postcards, 'Storytime' and 'Rhymetime'. These can be found on Halton's online Communication Hub, Information and Resources section. Use targeted communication development approaches such as 'Total Communication Environments Audit', practitioner training, EYFS packs and the Graduated Approach Strategy Toolkit.
Refer for specialist support if any specific needs identified which affect communication.	If a specific need is identified at any stage e.g. complex needs or hearing, refer to the appropriate service as per the pathway overview. If a child presents with a Stammer, Selective Mutism or a complex feeding issue, refer to specialist Speech and Language Therapy Service (with parental consent).
Review impact. Re-do WellComm.	Repeat WellComm screening. Monitor progress made/identify further needs. **Green:** give BBI activities to fill any gaps, stretch and challenge and continue to screen termly. **Amber:** continue with activities from the BBI and strategies; continue to review every 8-12 weeks. **Red:** consider referral to specialist speech and language services with parental consent, continue with strategies and activities from the BBI, and continue to review every 8-12 weeks. Check engagement with any recommended targeted support services. Continue to share information with parents/carers and other settings.
Monitor progress until school age for children (assess – plan - do – review cycle).	SLT will only accept referrals for children in the Early Years if a Wellcomm assessment has been completed and interventions implemented and reviewed (except for Stammering and Selective Mutism). Close liaison with the 0-19 Health team is expected (with parental consent).