Early Years Communication Pathway for Health Practitioners: 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 health practitioner 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 parents-to-be from the earliest stages.	Share information with **all** parents and parents-to-be 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 whole service high quality communication strategy	Ensure that **all** staff have in depth knowledge about speech, language and communication development and the importance of supporting the home language learning environment. This plays a vital role in the progress of children's speech, language and communication development. Staff can complete a training needs analysis and make time for communication training - see Halton's online Communication Hub, Training section.
Complete WellComm assessment from 6 months for children during mandated contacts as part of 'The Healthy Child Programme'.	Early identification of communication needs is key. For any child NOT in an Early Years setting, the WellComm screening should be completed by a health practitioner at the 9-12 month check and at the 2 year Integrated Review. For more information about how to use the Toolkit, watch the online WellComm training video. Contact the Early Years team for the link to this.
Identify level of language need. Signpost parents to places and services that will support their child's communication development.	Signpost parents to Early Years setting placements, 2 year funding, Children's Centre groups, Play Partners and adult learning (see pathway overview for services and places.) For children already in Early Years settings and/or with childminders, remember to share information about communication and language levels and strategies (with parental consent). For children in settings, the setting will take responsibly for ongoing assessment and support.
Implement activities from the Big Book of Ideas (BBI), share and model with parents.	**Green**: give BBI activities to fill any gaps, no further action needed. **Amber** and **Red**: give intervention activities from the BBI, review after 8-12 weeks to monitor progress and re-do WellComm. Parents/carers, 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.
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 for children who have scored Amber or Red after 8-12 weeks. Monitor progress made and identify further needs. **Green**: give BBI activities to fill any gaps, no further action needed. **Amber:** continue with activities from the BBI and strategies. **Red:** consider referral to specialist speech and language services with parental consent, continue with strategies and activities from the BBI. Check engagement with any recommended targeted support services.
Monitor progress until school age for children scoring Red/Amber (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 Early Years settings is important to identify who is best placed to deliver this assessment and support. For children who do not attend a setting, or where WellComm is not used, the Health team will take responsibility for this.