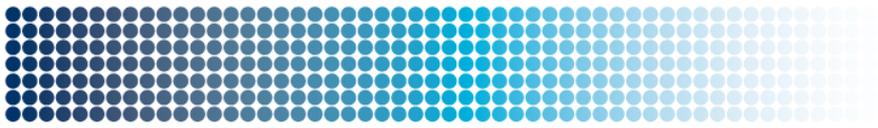


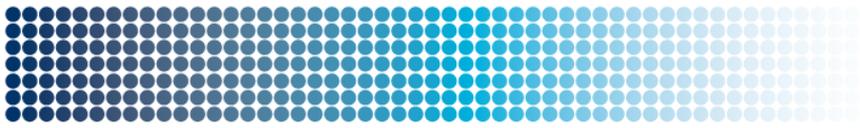
Every Toddler Talking (Phase One): Final Report

Prepared by: Murdoch Childrens Research Institute
Prepared for: Department of Education and Training
July 2015



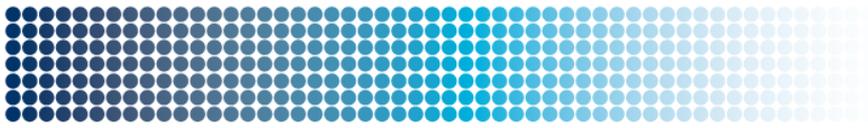
Acknowledgements

We would like to thank everyone who generously provided input and advice through the project's online survey, interviews and workshop. Your feedback and support was valuable in shaping the design of the Every Toddler Talking initiative.

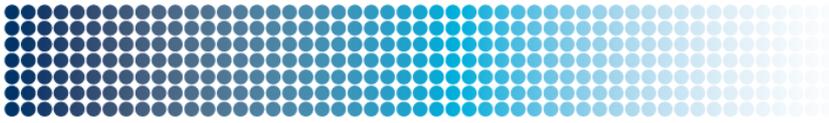


Contents

Glossary.....	5
Executive Summary	7
Background	7
Methodology.....	8
Rapid review findings	9
Practice review findings.....	10
Advice from the field and experts.....	12
Every Toddler Talking options	12
Recommended model	13
Evaluation of the model.....	14
Other Phase Two recommendations	15
Introduction.....	17
Overview of Every Toddler Talking	17
Phase One	17
Report structure.....	17
Background.....	18
Promoting child language and communication in the early years.....	18
Methodology	20
Project objectives and key questions.....	20
Approach.....	21
What works for promoting babies' and toddlers' language and communication?.....	24
Findings from the rapid review.....	24
What approaches are currently being used in Victoria to promote babies' and toddlers' language and communication and where?.....	34
Findings from the practice review	34
What needs to be considered in the design and implementation of Every Toddler Talking?.....	44
Advice from the field and experts.....	44
Every Toddler Talking options and recommendations	46
Key findings.....	46
What are the options for Every Toddler Talking?	47
Which is the most viable option for Every Toddler Talking?.....	48
Learning Language and Loving It: Detailed analysis.....	63
Enhancements to the model.....	75
Recommendations.....	78
Conclusions	85



Recommended model	85
Evaluation recommendations	86
Other Phase Two recommendations	87
References	89
Appendix 1	93
Appendix 2	99
Appendix 3	102
Appendix 4	103
Appendix 5	104
Appendix 6	107
Appendix 7	109
Appendix 8	111
Appendix 9	135
Appendix 10	153
Appendix 11	155
Appendix 12	158
Appendix 13	215



Glossary

AH professional: Allied health professional.

AIFS: Australian Institute of Family Studies.

Allied health professional: A sub-set of Australian health professions that exclude medical, nursing or dental professionals and, in the context of this project, work with children and their families to improve children's learning and development. Includes speech pathologists and occupational therapists.

Approach: Any strategy that does not fit the definition of a program (see below).

ATSI: Aboriginal and Torres Strait Islander.

Babies and toddlers: Young children from birth to three years of age.

CCCH: Centre for Community Child Health at Murdoch Childrens Research Institute.

CRE-CL: Centre of Research Excellence in Child Language at Murdoch Childrens Research Institute.

Department: Victorian Government Department of Education and Training.

DHHS: Victorian Government Department of Health and Human Services.

EC: Early childhood.

ECEC: Early childhood education and care.

EYLF: Early Years Learning Framework.

Language: The ability to understand and use spoken language. For example, the ability to put words together to form phrases and sentences.

Language and communication: Refers to the language and communication of young children (birth to three) unless explicitly expressed otherwise.

LGA: Local government area.

LLLI: Learning Language and Loving It, the Hanen program for early childhood educators.

Low language: A child is acquiring language at a slower rate when compared to typically developing peers. Some children with low language in the early years (birth to three) will go on to have language impairment. A persistent language impairment can have lasting adverse effects on one's ability to function effectively in social, employment and educational domains.

MCH: Maternal and child health.

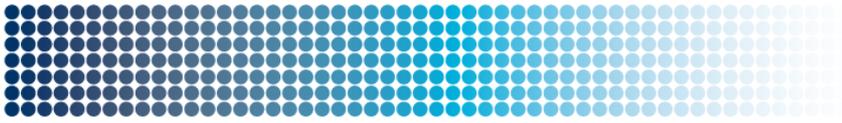
MCRI: Murdoch Childrens Research Institute.

NQS: National Quality Standard.

Practice: Qualities of interaction, language, learning activities and learning environments, which promote language development.

Primary prevention: Activities with a universal focus which aim to promote language and prevent persistent low language.

Programs: A replicable model for promoting children's language development that typically requires some form of training and/or manual and includes core components that remain unchanged regardless of where it is delivered.



RCT: Randomised control trial.

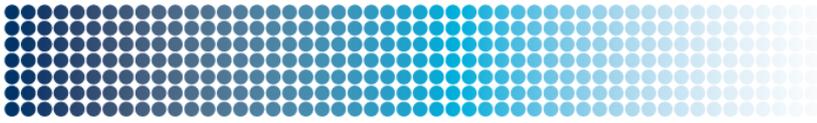
Secondary prevention: Activities with populations identified as being at risk of poor language development with the objective of minimising the effect of those risks.

SEIFA: Socio-economic indexes for areas.

SLT: Speech-language therapist (British speech pathologist).

SP: Speech pathologist.

VEYLDF: Victorian Early Years Learning and Development Framework.



Executive Summary

Every Toddler Talking is an initiative of the Department of Education and Training (the Department) to improve language and communication outcomes for babies and toddlers. The initiative seeks to strengthen early childhood (EC) educators' ability to promote children's language and communication development (birth to three) and improve collaboration between EC educators, allied health (AH) and other EC professionals.

Every Toddler Talking comprises two phases. For Phase One, the Department partnered with the Centre for Community Child Health (CCCH) and the Centre of Research Excellence in Child Language (CRE-CL) at Murdoch Childrens Research Institute to undertake a project involving:

1. A rapid review of evidence-based programs and practices that have been shown to promote children's language and communication (the 'rapid review');
2. A review of current practices used in Victoria to promote children's language and communication (the 'practice review'); and
3. Engagement of experts and professionals from relevant sectors in the design of a feasible and suitable evidence-informed model ('advice from the field and experts') and recommendations for evaluation.

This is the Phase One report and provides options and recommendations for the Every Toddler Talking model and evaluation based upon the findings of these three activities. Phase Two will involve trialling and evaluating the selected model to improve language and communication outcomes for babies and toddlers in Victoria.

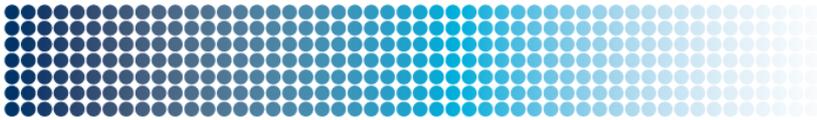
Background

Language development is a cornerstone of child development, underpinning the development of academic, social and emotional outcomes. A child's language development pathway is determined by multiple factors. Social and environmental factors are as important as genetic and biological factors.

During the first five years of life, children's language and communication skills develop rapidly. However, during this period language does not develop in a predictable or consistent way; language can accelerate, plateau or even go backwards within the space of a year. These fluctuations make it difficult to accurately identify and predict which children will have ongoing problems.

This can pose a 'catch 22' for services. Whilst we need to act early to shift children's language trajectories, we do not always know which children need intervention until it is too late. Traditional "case-based" approaches, which identify children with impairments and then deliver individualised, impairment focused interventions, are not always appropriate for pre-school children. Due to the unpredictable nature of language development during the early years, this approach is likely to be ineffective and inefficient – many children who receive an intervention will not benefit from it.

The early engagement of families with universal services provides unique opportunities for professionals to work with families to create positive environments that nurture and maximise young children's learning, health and development. High quality early childhood education and care supports children's developing sense of identity, community, wellbeing, their dispositions toward learning, and their language and communication skills. Through repeated observation and assessment over time, early childhood educators assess the progress of children's learning and development, what children are ready to learn and how they can be supported (Department of Education and Early Childhood Development & Victorian Curriculum and Assessment



Authority, 2009). By working in partnership, EC educators, and AH professionals create opportunities to share expertise, understand their role and responsibilities to actively and intentionally support children's learning and development, engage in collaborative planning and problem solving, and improve the consistency of information provided to families. Several studies have highlighted the benefits of holistic and multidisciplinary approaches to meeting children's learning and development capabilities and needs (see Flottman et al, 2009, p. 10). The Every Toddler Talking initiative is informed by the Victorian Early Years Learning and Development Framework (VEYLDF), inclusive of Practice Principles and five Outcomes for Learning and Development, which provide a shared language for EC professionals.

Methodology

Rapid review

The rapid review sought to identify national and international evidence regarding what works to improve babies' and toddlers' language and communication outcomes and, specifically, address the following questions:

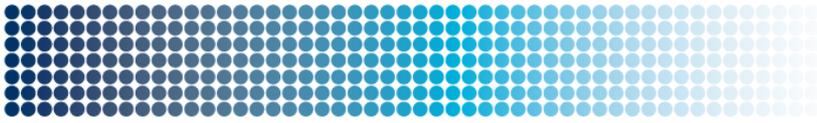
1. Which **programs** have been shown to promote children's language and communication (birth to three)? How do they work and what features are important? What are the outcomes? What is the cost/benefit?
2. Which aspects of **practice** have been shown to promote language development and communication in children (birth to three)?
3. Which programs have been shown to increase EC educator **knowledge, skills and confidence** in promoting language and communication?
4. Which models of service and aspects of multi-agency practice work to promote **collaboration** or shared practice between EC educators and AH professionals?

Rigorous methods were used for locating, appraising and synthesising the evidence related to promoting child language in the early years. The following databases were used to identify relevant literature related to this topic: Ovid MEDLINE, CINAHL (EBSCO), PsychINFO, Cochrane library, and PubMed and A+ Education, Academic Search Complete, Australian Education Index, Education Research Complete, ERIC (Proquest), Proquest Education Journals in a supplementary search. Grey literature was identified by reviewing the reports recommended by our pool of experts. Studies were evaluated according to inclusion and exclusion criteria. The programs identified in the peer-reviewed academic literature were rated as 'best practice' or 'promising' based on criteria adapted from the Australian Institute of Family Studies (AIFS) for the Commissioner for Children and Young People in Western Australia (Commissioner for Children and Young People, Western Australia, 2014).

Practice review

The practice review sought to understand how EC educators and AH professionals currently promote babies' and toddlers' language and communication development in Victoria, specifically addressing the following questions:

1. Which **programs/approaches** are currently being applied to support babies' and toddlers' language and communication in Victoria? How do they work and what features are important? What are the outcomes? What is the cost/benefit? Where are they being implemented?
2. Which **aspects of practice** do EC educators and AH professionals believe are important for promoting language development and communication? How are these practices being applied in Victorian ECEC settings? What strategies are used to improve parents' capacity to promote their children's language and communication development?



3. What **professional development** opportunities are EC educators utilising to develop their knowledge, skills and confidence to support babies' and toddlers' language and communication?
4. How are EC educators and AH professionals **collaborating** to promote language and communication development for all babies and toddlers? What are the barriers and facilitators of AH professional and EC educator collaboration?

The practice review involved two methods of data collection: in-depth consultations and an online survey. The online survey was distributed and promoted through multiple networks in Victoria and received more than 400 responses. In-depth consultation participants were identified via existing networks and via the online survey. A total of 27 in-depth consultations were undertaken, primarily by phone.

Advice from the field and experts

To explore essential elements of the Every Toddler Talking model 19 invited field experts spanning Local Government, Community Health, early childhood intervention, supported playgroup, ECEC and policy within the Department and the Department of Health and Human Services (DHHS) to participate in a two hour design workshop. Additional input was also gained from academic experts in a follow up meeting. Considerations and feedback gleaned from the field and experts have informed the Every Toddler Talking model options and considerations discussed later in this report.

Rapid review findings

The initial search strategy identified 721 unique references and the supplementary search identified 251 unique references, which were screened for eligibility. A total of 17 studies were included: eight studies met 'best practice' program criteria and nine studies that met 'promising' program criteria. In addition, ten grey literature reports were included due to their relevance to the research questions and their promising results. Subsequent to the searches being undertaken, a decision was made to exclude the programs that aimed to increase parent capacity (the bulk of the studies identified).¹ Of the remaining programs, three types were identified as 'best practice' or 'promising' in the promotion of child language and communication: increasing educator capacity; collaborative and shared models of practice; and direct language intervention.

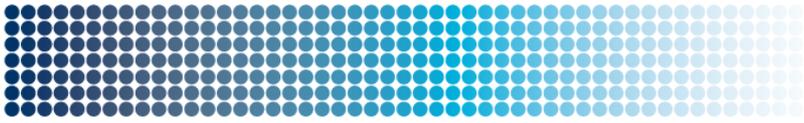
Programs that promote babies' and toddlers' language and communication

Increasing educator capacity

Two studies, both of which were promising, involved training EC educators to use strategies to directly or indirectly facilitate child language development. Two UK-based programs identified in the grey literature were aimed at building educator capacity to improve child language outcomes.

Only one of these studies included information about cost. The cost of an Early Language Consultant was more than £43,000 per annum. Strategies included in-service training on language facilitation strategies for EC educators and training sessions accompanied by classroom coaching visits.

¹ Ten of the 17 studies and two of the grey literature programs identified as best practice or promising were parent capacity building interventions. These are described in Appendix 1.



Collaborative and shared models of practice

Two best practice programs provided multi-agency services to at-risk families and five UK-based local practice examples from the grey literature involved multi-agency strategies to promote language and communication.

The cost of these programs varied widely from one that cost £700,000 for two years to another that cost \$4000 per family (estimated cost only). Strategies included comprehensive child development services to low-income families through a home visiting program and using a team of speech pathologists to work with parents and educators to support young children's language development.

Direct language intervention

Two studies reported on direct language interventions for toddlers with delayed language development and one of the studies reported on a language-screening program. All were ranked as 'promising' programs. In addition, one program identified from the grey literature describes the UK Small Talk program, designed to improve better access to speech pathology services.

None of these studies reported on costs. Strategies included standard therapy in a clinical setting, a group-based program and universal screening for language delay.

Other findings

No studies were identified that specifically address bilingual or multilingual children. Within the literature, there were also very few examples of collaboration or shared practice between educators and AH professionals. Some did involve speech pathologists and EC educators but the relationship between the two groups in these initiatives appeared to be more instructive rather than collaborative – that is, the relationship involved speech pathologists instructing EC educators, as opposed to these two groups working together to address common problems and achieve shared outcomes.

Practice review findings

A total of 407 people met the eligibility criteria and completed the survey.² Twenty-seven in-depth consultations were undertaken.³ Representation from the early childhood education and care (ECEC) sector, speech pathology, other health services (e.g. early childhood intervention) was high in both the survey and the interviews. (More information about the survey and in-depth consultation participants is provided in Appendix 2).

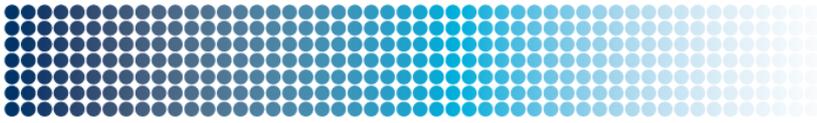
Strategies used to promote babies' and toddlers' language and communication

A total of 111 strategies to promote young children's language development and communication in Victoria were identified through the online survey and in-depth consultations. These strategies include specific programs and other more general approaches.⁴

² The main reason participants did not meet the eligibility criteria was because they did not work directly with children and/or families nor did they manage professionals who worked directly with children and/or families (n = 36) or they did not work in Victoria (n = 18). The other ineligible participants did not work with children aged 0-3 or did not manage staff who worked with children in that age range (n = 11). A total of 12 respondents provided ineligible or incomplete data. The responses of ineligible participants and participants who did not complete the survey are not included in our analysis.

³ Two interviews were undertaken with two participants. There was a total of 27 interviews undertaken, with a total of 29 participants.

⁴ A program is defined here as a replicable model for working with children and/or parents/caregivers that typically requires some form of training and/or manual and includes core components that remain



The five programs most commonly identified by survey respondents were: It Takes Two to Talk; Parent Child Mother Goose; Hanen (unspecified or adapted); Let's Read⁵; and Baby Time / Toddler Time. The three most common programs are being used in all four Department regions of Victoria. The findings suggest that in the vast majority of cases professionals who undergo training to deliver a specific program find that training very useful.

The *approaches* most commonly identified by survey respondents (i.e. those strategies that are not replicable and typically don't require some form of training or manual) were: reading and books; conversation and promoting everyday language; capacity building for parents (including individual advice, modelling and coaching); play; and music, singing and rhyme. All five approaches are used across all four Department regions of Victoria.

Victorian 'hot spots'

As a result of the fact that relatively small numbers of survey participants identified specific programs, it is difficult to identify Local Government Areas (LGAs) that are 'hot spots' in regards to the promotion of young children's language and communication. The only LGA where respondents reported the use of *all five* of these programs was the City of Greater Dandenong. This may indicate a greater diversity of programs in that LGA. Other LGAs that also showed a diversity of strategies and programs were the City of Yarra and the City of Greater Bendigo – with survey respondents working in those two LGAs reporting the use of four out of five of the most common programs.

Factors important to language development and communication

The most common factor identified as important to language development and communication in the in-depth interviews was: *developing the capacity of EC professionals*. In the online survey the most common factor identified (not including the factors pertaining to parent capacity) was: *more opportunities for professionals working with children and families to build knowledge and confidence regarding young children's language and development* (56 per cent).⁶

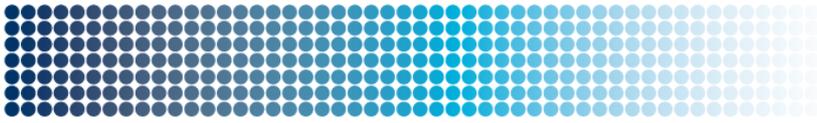
Professional development

In both the online survey and the in-depth consultations participants were asked to describe the professional development opportunities they used to develop their knowledge, skills and confidence to support children's language development and communication. The vast majority of online survey participants had participated in some form of professional development. The most common forms of professional development were conferences, seminars and workshops and self-directed professional development. Participants in the in-depth consultations had participated in a range of professional development opportunities relating to a range of programs including: Parent Child Mother Goose and Sing & Grow.

unchanged regardless of where it is delivered. General approaches are defined here as any strategy that does not fit the definition of a program and include: music, singing, shared book reading and coaching and role-modelling for parents. Programs and approaches are not mutually exclusive.

⁵ Let's Read was found to be ineffective by research identified through the rapid review. The reason why it was ineffective may be that it was not intensive enough for the study's population.

⁶ Of five options, this was the second most common factor identified overall by participants in the survey. The most common was a greater focus upon parents/families role in regards to children's language and development (62 per cent).



Collaboration

The findings from the online survey suggest that professionals who work directly with children and are not managing staff have fewer opportunities to collaborate with professionals outside their sector than their managers.

The most common form of collaboration was collaborative networking or consultation (e.g. collaborative partnerships, cross-sector meetings and general networking). Informal methods of collaboration that involve professionals working together in the absence of families (i.e. networking, consultation, liaising, training and professional development) appear to be the most common forms of collaboration for the professionals working in these sectors. There were multiple examples from the in-depth consultations of what collaboration looked like 'on the ground' including many references to the type of collaborations highlighted in the survey.

Advice from the field and experts

Further consultation with the field and experts validated the need and interest in Every Toddler Talking outcomes related to increasing EC educator knowledge, skills and confidence and strengthening collaboration between AH professionals and EC educators to promote babies' and toddlers' language and communication outcomes. The consultations highlighted considerations relating to leadership, sustainability, costs and the role of educational leaders in designing and implementing the initiative. These findings are incorporated into the recommended model.

Every Toddler Talking options

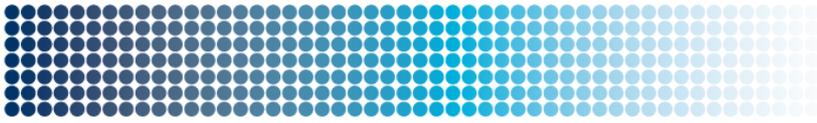
The Every Toddler Talking initiative requires a program that is evidence-based, collaborative and suitable, scalable and sustainable for the Victorian context. Based on the rapid and practice review findings, as well as consultation with the sector and the project's academic advisors, we identified four programs that warranted further analysis and exploration against the above Every Toddler Talking requirements:

- Learning Language and Loving it;
- Joint Attention program;
- Teacher Talk; and
- A new program.

We analysed each option against the Every Toddler Talking requirements, guided by the following criteria:

- Evidence base – Is there evidence to indicate the program's effectiveness against the desired Every Toddler Talking outcomes?⁷
- Collaborative – Does the program facilitate sustained collaboration between EC educators and AH professionals?
- Appropriateness – Is the program in use in Victoria? Does the program explicitly align to the VEYLDF? Is it suitable for Victorian EC educators? Is it suitable for Victorian AH professionals? Is it appropriate for Aboriginal and Torres Strait Islander (ATSI) communities? Is it suitable for rural and regional areas?
- Scalability and sustainability - Is the program replicable? Is it feasible? How much does it cost?

⁷ Refer to Appendix 3 for Every Toddler Talking outcomes.



Our analysis revealed Learning Language and Loving It (LLLI) was the most viable of the four options for Every Toddler Talking. The reasons for this are as follows, the program has:

- the strongest evidence to support its effectiveness;
- some components which align with the principles underpinning collaborative practice;
- been used in Victoria;
- scored highest among all three pre-existing programs in regards to its alignment with the VEYLDF;
- appeared to be suitable in respect of the qualifications of EC educators and AH professionals in Victoria;
- been viewed as appropriate and feasible for Indigenous Canadian communities and, as such, may be appropriate and feasible in ATSI communities in Victoria;
- been trialled and demonstrated positive outcomes among EC educators working in rural areas of the US;
- been replicated in multiple countries that have similar characteristics to Australia (Canada, United States of America and Ireland);
- some characteristics that may enhance sustainability (of skills and knowledge);
- fewer risks – in terms of its overall effectiveness – than the other three options; and
- could be implemented and evaluated within the proposed timeframes and budget.

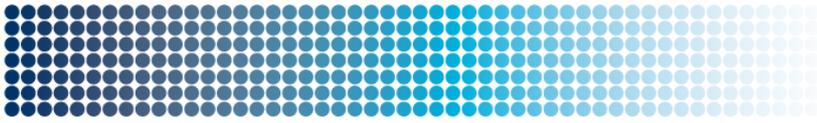
Further analysis of this program was then undertaken to determine its alignment to the eight VEYLDF Practice Principles and consider its applicability to the Victorian context through a risk assessment and costing. This identified three recommended enhancements to the program:

1. Multidisciplinary certification training and multidisciplinary LLLI delivery to enhance collaboration;
2. Inclusion of a VEYLDF and National Quality Standard (NQS) training component to enhance the program's appropriateness; and
3. Follow-up collaborative working groups to enhance collaboration and sustainability.

Recommended model

The model we propose combines four components:

1. *Multidisciplinary certification of Learning Language and Loving It (LLLI) facilitators:* participation by both speech pathologists and EC educators in the LLLI certification course offers the opportunity for both groups to learn about each other's expertise and role in supporting babies' and toddlers' language and communication. It can provide a foundation for developing professional partnerships critical for the Every Toddler Talking initiative.
2. *VEYLDF and NQS training for LLLI facilitators:* it is important that all LLLI facilitators have a deep and consistent understanding of the alignment between LLLI and key frameworks for EC educators such as the VEYLDF and the NQS. As some speech pathologists may not be familiar with these frameworks, the development of specific training on the VEYLDF and NQS is recommended. In order to enable peer learning, VEYLDF and NQS training could be delivered as an additional component of the LLLI multidisciplinary certification course.
3. *Multidisciplinary LLLI+ training for EC educators:* this refers to 20 hours of LLLI training and six coaching sessions delivered over 14 weeks, to approximately three ECEC centres by a local speech pathologist and educational leader who have attended the multidisciplinary



certification course (see component one). It also incorporates specific training about the VEYLDF and NQS (see component two), as critical frameworks for EC educators, which could be delivered during both the group and individual coaching sessions. Attendance from the educational leader at each participating ECEC centre is recommended in order to lead continuous learning and embed practice improvement in ECEC centres beyond the training course.

4. *A collaborative working group*: Following LLLI training, we recommend that participating educational leaders and the local speech pathologists meet each school term (for at least three school terms) to critically reflect on the implementation of training material into every day practice, exchange information and ideas, problem solve arising issues and to extend professional learning.

Evaluation of the model

A feasibility study with a cluster randomised design is recommended for the following reasons:

- It will be important to trial the adaptations to LLLI;
- The practicality of the model needs to be tested, inclusive of costs; and
- It is feasible to randomise at a cluster (i.e. ECEC centre level) rather than an individual subject level.

Phase Two timelines have also influenced the recommended evaluation methodology as, given these timelines, it is unlikely that improvement in young children's language and communication outcomes could be attributed to the program. It is therefore recommended that the study develop a detailed logic model that includes such long-term outcomes, but focuses on measuring shorter-term outcomes, e.g. increased educator skill, knowledge and confidence; increased speech pathologist skill, knowledge and confidence; and increased collaboration between EC educators and speech pathologists.

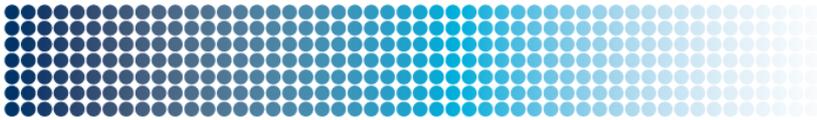
Research questions

We recommend research questions that address: (1) process (e.g. was Every Toddler Talking delivered as intended?); (2) impact (e.g. what was the impact of Every Toddler Talking on educator knowledge, confidence and behaviour?); and (3) cost (e.g. what was the cost of delivering Every Toddler Talking per child?)

Recruitment

The delivery of seven LLLI+ courses (delivered by a certified local speech pathologist and educational leader or a 'LLLI+ training pair') appears feasible within Phase Two timelines. We estimate approximately 11 educators from three centres will be able to participate in each LLLI course (i.e. three to four educators per centre working in babies and toddlers rooms, inclusive of the centre's educational leader). A joint certification course and VEYLDF and NQS training will need to be held prior to delivery of the LLLI+ courses.

We recommend recruitment at an ECEC centre level and that eligibility considers variables such as qualification level of educators, size of centre, levels of vulnerability on the Australian Early Development Census domain of language and communication, socio-economic indexes for areas (SEIFA) and national quality standard (NQS) ratings. An expression of interest could be used to recruit centres, and ECEC centres prioritised for inclusion if there is evidence of organisational leadership and a commitment to collaboration and quality improvement. While



final recruitment is subject to a statistical power calculation, we estimate that this feasibility study could recruit 21 intervention centres and 21 controls centres (i.e. 42 centres in total).

Measures and instruments

The Teacher Interaction Language Rating Scale (Girolametto et al. 2000) has been used in studies to measure changes in educator practice. The rating scale explicitly aligns with LLLI language promotion strategies. We recommend EC educator implementation of language promotion strategies be measured in intervention and control sites prior to and following delivery of LLLI as part of the feasibility study and that the assessor is blinded to the intervention-control status of the ECEC centre.

The fluctuating nature of children's language and communication development and the age of children targeted in Every Toddler Talking present challenges demonstrating that progress in language or communication can be attributed to the program. Should assessment of this area be desired, we recommend selecting a standardised parent report instrument to minimise data collection costs. Tools for consideration include the MacArthur-Bates Communicative Development Inventories and the Communication and Symbolic Behavior Scales. In trials included in the rapid review, improvement in child language outcomes were shown at six and 12 month follow-up (e.g. Buschmann 2009), so this could be the justification for using a similar follow-up timeline to demonstrate improvement in child language and/or communication due to the Every Toddler Talking program.

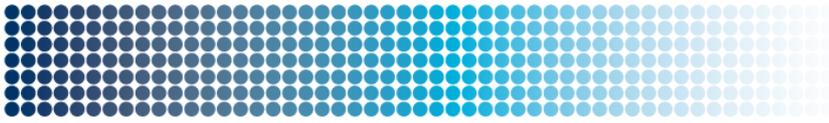
Other Phase Two recommendations

Prior to proceeding with a feasibility study of the proposed model, we recommend:

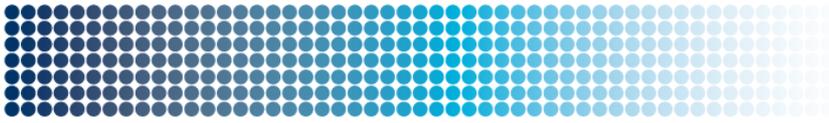
- Undertaking a detailed costing of the feasibility study, informed by this report; and
- Developing a detailed risk management strategy for the feasibility study, informed by this report.

As part of Phase Two, we recommend:

- Reducing the number of elements within each Every Toddler Talking outcome and clarifying priority outcomes for the program, based on feedback from the field;
- Clarifying DHHS 'group intervention' funding criteria. Participation by speech pathologists and Community Health agencies will be greatly enhanced if Every Toddler Talking activities can be delivered as part of existing funded activities (i.e. 'group intervention' sessions);
- A Phase Two communications and engagement strategy, particularly given the strong engagement and interest in the project to date. Clear communication of the rationale for the scope of Every Toddler Talking will be important, along with information about other Department initiatives focused on increasing parent capacity. There is also the opportunity to raise awareness and address variation in practice by disseminating clear messages about the evidence and findings from the Every Toddler Talking feasibility study (interim and final).
- As part of the communications and engagement strategy, establish a reference group to focus on engagement in the feasibility study and future planning for Every Toddler Talking. At a minimum, membership should include local government, the DHHS and the Department; and



- As part of the communications and engagement strategy, establish a working group with representatives from ECEC and speech pathology, to provide advice on new training content and the design of collaborative working groups. Professionals with a background in both ECEC and speech pathology may offer particular insight. Those involved in the Phase One design workshop or in-depth consultations were keen to offer further contributions to the initiative and may be easily re-engaged.



Introduction

Overview of Every Toddler Talking

Children's wellbeing, identity, sense of agency and future learning are dependent on their ability to communicate. Every Toddler Talking is a key initiative of the Department of Education and Training (the Department) to improve language and communication outcomes for babies and toddlers. The initiative will strengthen early childhood (EC) educators' ability to promote children's language and communication development (birth to three) and improve collaboration between EC educators, allied health (AH) and other EC professionals. It is informed by the Victorian Early Years Learning and Development Framework (Department of Education and Early Childhood Development & Victorian Curriculum and Assessment Authority, 2009) and draws on the Practice Principles and the five Outcomes for Learning and Development, and recognises the important role of families as children's first teachers.

Every Toddler Talking will develop and test effective approaches for improving children's language and communication over two phases. Phase One of Every Toddler Talking is a review of evidence-based practices internationally and current practices in Victoria to inform the design of the Every Toddler Talking trial. Phase Two involves trialling and evaluating the model in multiple locations across Victoria.

The expected outcomes of Every Toddler Talking, as expressed in the Department's Request for Quote, are provided in Appendix 3.

Phase One

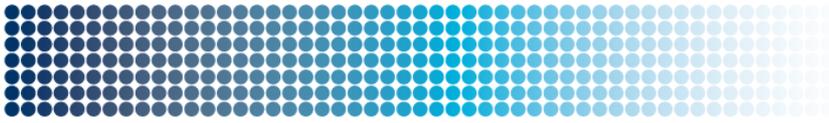
The Department has partnered with the Centre for Community Child Health (CCGH) and the Centre of Research Excellence in Child Language (CRE-CL) at Murdoch Childrens Research Institute (MCRI) to conduct Phase One of Every Toddler Talking, which includes a rapid review of the literature (the 'rapid review'), a review of current Victorian practice (the 'practice review') and engagement with the field and experts to design a feasible and suitable Every Toddler Talking model.

Phase One seeks to:

- document how EC educators and AH professionals are working together in Victoria to promote better language and communication outcomes for children (birth to three);
- review international and national programs and approaches that work to promote language and communication outcomes for children (birth to three);
- provide option/s for the Every Toddler Talking trial (Phase Two); and
- make recommendations for evaluation questions and approaches.

Report structure

This report provides findings from the rapid and practice reviews and outlines implementation and evaluation options for Every Toddler Talking (Phase Two). It sets the scene for the Every Toddler Talking initiative by outlining critical evidence about promoting child language and communication in the early years. It then summarises the Phase One methodology and outlines the evidence on what works to promote babies' and toddlers' language and communication as well as current practice within Victoria and discusses considerations raised by the field and experts for the design and implementation of Every Toddler Talking. Insights from key stakeholders and academic advisors are then discussed to provide options and recommendations for the Every Toddler Talking model and evaluation.



Background

Promoting child language and communication in the early years

The crucial foundations of human development, upon which all other developmental achievements are built, are laid down very early. Whether these foundations are sturdy or fragile has significant long-term consequences for the child. Language development is a cornerstone of these foundations, underpinning the development of sound academic, social and emotional outcomes.

We know that in the first five years of life, children’s language and communication skills develop very rapidly. However, there is a broad range of individual differences in the nature of these pathways such that striking disparities in children’s language development exist even before children enter preschool. These differences are strongly associated with socio-economic disadvantage and have long-term negative consequences for the child.

Language does not develop in a predictable or consistent way and this is critical to planning. It was previously thought that development of language followed a relatively stable, upwards trajectory. However, studies conducted by the CRE-CL have shown that language development in many children under five can accelerate, plateau or even go backwards within the space of a year. For example, while children who are late to start talking are often presumed to be at greater risk for low language, many late-talking two year olds catch up by the time they are four. Meanwhile, a number of children who have typical development in their talking at two years of age go on to show impairment in their language by age four.

These fluctuations make it difficult to accurately identify and predict which children will have persisting problems and the associated negative consequences for their broader academic and social development (refer to Figure 1 and Figure 2).

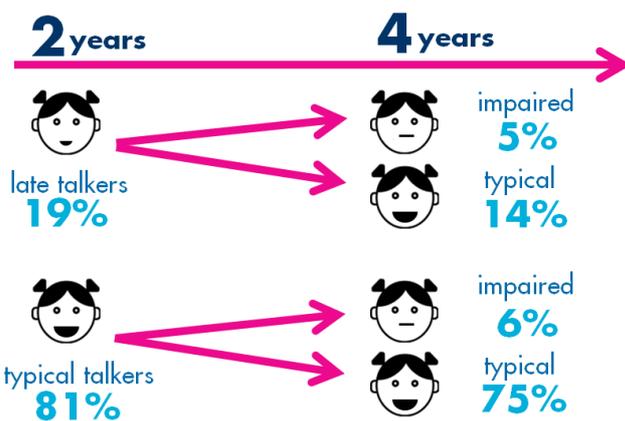
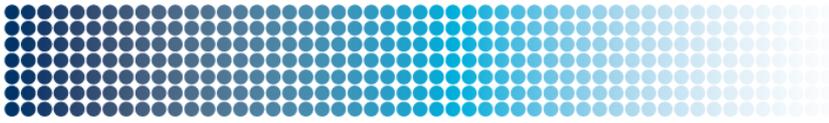
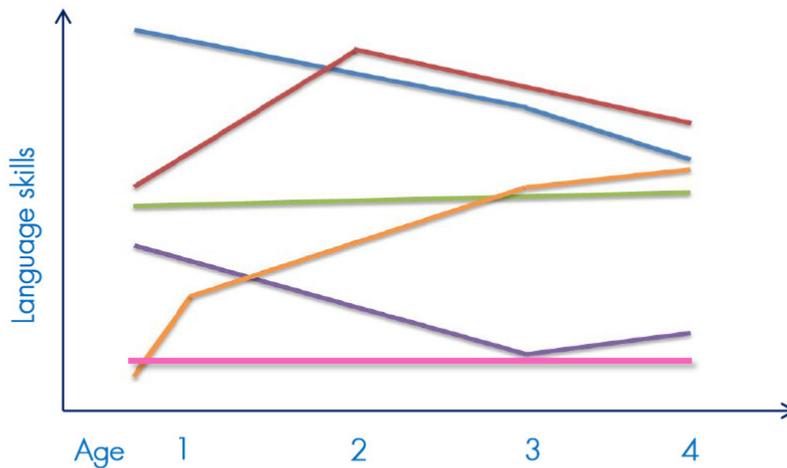


Figure 1: Trajectories of two-year-old talkers



The variable pathways between one and four years of age



Adapted from Ukoumunne, O.C., Wake, M., Carlin, J., Bavin, E.L., Lum, J., Skeat, J., Williams, J., Conway, L., Cini, E., Reilly, S. (2012) Profiles of language development in pre-school children: a longitudinal latent class analysis of data from the Early Language in Victoria Study. *Child: Care, Health and Development*, 38(3): 341-349.

Figure 2: The variable pathways between one and four years of age

Home learning environments

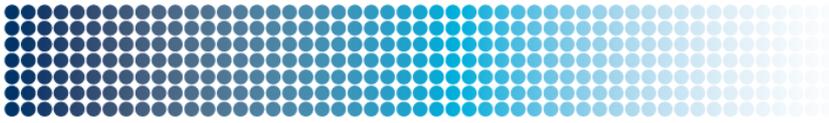
Families are children’s first teachers. A home learning environment characterised by quality parent-child interactions (e.g. frequent, warm, positive verbal exchanges) and where parents use books, play opportunities, daily routines and community resources to extend the child’s developing skills, is associated with strong and lasting effects on children’s development, independent of other social, economic or educational factors. It is well established that children from socially and economically disadvantaged backgrounds are at heightened risk of poor developmental outcomes, and that those risks can be mitigated where the child experiences a rich home learning environment in early childhood.

Implications for services

The ‘catch 22’ for services is that we need to act early to shift children’s language trajectories, but we do not always know which children need intervention until it is too late. Furthermore, we now understand that a child’s language development pathway is determined by multiple factors with social and environmental factors being as important as genetic and biological factors.

We know that children’s learning and development is a product of all of their learning environments – within and beyond the home. The early engagement of universal services – such as the maternal and child health (MCH) service and early childhood education and care (ECEC) – with families provides unique and potent opportunities for these professionals to work with families to both create positive environments that nurture and maximise their child’s learning, health and development, and promote quality education and care services.

Traditional “case-based” approaches, which identify children with impairments and then deliver individualised, impairment focused interventions, are not always appropriate for pre-school children with low language. We now know that due to the fluidity of language development and transient nature of low language, this approach is likely to result in a large proportion of children receiving unnecessary intervention.



The early engagement of families with universal services provides unique opportunities for professionals to work with families to create positive environments that nurture and maximise young children’s learning, health and development. High quality early childhood education and care supports children’s developing sense of identity, community, wellbeing, their dispositions toward learning, and their language and communication skills. Through repeated observation and assessment over time, early childhood educators assess the progress of children’s learning and development, what children are ready to learn and how they can be supported (Department of Education and Early Childhood Development & Victorian Curriculum and Assessment Authority, 2009).

By working in partnership, EC educators and AH professionals create opportunities to share expertise, understand their role and responsibilities to actively and intentionally support children’s learning and development, engage in collaborative planning and problem solving, and improve the consistency of information provided to families. Several studies have highlighted the benefits of holistic and multidisciplinary approaches to meeting children’s learning and development capabilities and needs (see Flottman et al, 2009, p.10). The Every Toddler Talking initiative is informed by the Victorian Early Years Learning and Development Framework (VEYLDF), inclusive of Practice Principles and five Outcomes for Learning and Development, which provide a shared language for EC professionals.

Methodology

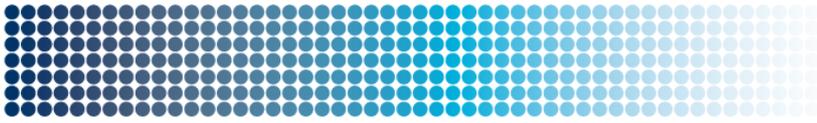
Project objectives and key questions

To identify options for an effective, efficient and implementable model to promote babies’ and toddlers’ language and communication in Victoria, a review of international and Australian literature was conducted alongside consultation with Victorian professionals. This involved a rapid review of the literature, a review of practice and additional consultation with the field and experts to formulate options and considerations for the Every Toddler Talking model.

Rapid review

The rapid review sought to identify international and Australian evidence on what works to improve babies’ and toddlers’ language and communication outcomes. It aimed to understand:

1. Which **programs** have been shown to promote children’s language and communication (birth to three)? How do they work and what features are important? What are the outcomes? What is the cost/benefit?
2. Which aspects of **practice** have been shown to promote language development and communication in children (birth to three)?
3. Which programs have been shown to increase EC educator **knowledge, skills and confidence** in promoting language and communication?
4. Which models of service and aspects of multi-agency practice work to promote **collaboration** or shared practice between EC educators and AH professionals?



Practice review

The practice review sought to understand how EC educators and AH professionals currently promote babies' and toddlers' language and communication development in Victoria. It aimed to identify:

1. Which **programs/approaches** are currently being applied to support babies' and toddlers' language and communication in Victoria? How do they work and what features are important? What are the outcomes? What is the cost/benefit? Where are they being implemented?
2. Which **aspects of practice** do EC educators and AH professionals believe are important for promoting language development and communication? How are these practices being applied in Victorian ECEC settings? What strategies are used to improve parents' capacity to promote their children's language and communication development?
3. What **professional development** opportunities are EC educators utilising to develop their knowledge, skills and confidence to support babies' and toddlers' language and communication?
4. How are EC educators and AH professionals **collaborating** to promote language and communication development for all babies and toddlers? What are the barriers and facilitators of AH professional and EC educator collaboration?

Advice from the field and experts

A design workshop was held to gain the perspective of sector representatives, the Department, and the Department of Health and Human Services (DHHS) on crucial elements of the model and important considerations for implementation and evaluation. Further input was sought from academic advisors following the workshop to finalise options and recommendations.

Approach

Rapid review

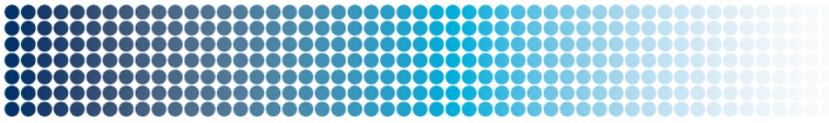
Initial search methodology

Rigorous methods were used for locating, appraising and synthesising the evidence related to promoting child language in the early years. However a number of limitations were placed on the search criteria and assessment of evidence due to the restricted time frame for conducting the literature review:

- The search criteria and subsequent assessment of studies was restricted to peer-reviewed randomised controlled trials (apart from the grey literature).
- The search was limited to English-language studies published in the last 20 years.
- Checking reference lists of identified papers was not included in the search strategy.
- Grey literature was identified through direct recommendation from our pool of experts, rather than by searching websites and clearinghouses.
- The population was defined as infants and children between the age of 0 and 3 years, so programs including older children were excluded.

Search strategy

The following databases were used to identify relevant literature related to this topic: Ovid MEDLINE, CINAHL (EBSCO), PsychINFO, Cochrane library, and PubMed. Further articles were identified from three recent systematic reviews of speech and language intervention (Law et al, 2003; Nelson et al, 2006; Cirrin et al, 2010). Grey literature was identified by reviewing the reports recommended by our pool of experts.



Search terms

The search terms specific to the research questions that were included in searching the Title/s, Abstract/s and Keywords lists were:

Language AND (Promotion OR intervention OR prevention OR therapy)

Filters:

- *Publication date from 01/01/1995*
- *English language*
- *Infant: birth-23 months*
- *Preschool Child: 2-5 years*
- *Randomised controlled trial/Controlled trial*

Supplementary search methodology

The initial search yielded few studies based in ECEC settings or involving EC educators. A supplementary search was undertaken with the specific purpose of identifying any additional studies meeting inclusion criteria involving ECEC settings or educators. This involved searching in additional databases likely to include education-based research and modifying the search terms.

Search strategy

The following databases were used to identify additional education-based literature: A+ Education, Academic Search Complete, Australian Education Index, Education Research Complete, ERIC (Proquest), Proquest Education Journals.

Search terms

The search terms specific to the research questions that were included in searching the Title/s, Abstract/s and Keywords lists were:

("child language" OR "oral language" OR "language development" OR "speaking and listening" OR "early communication") AND (toddler OR infant* OR "birth to") AND research*

Filters:

- *Publication date from 01/01/1995*
- *English language*
- *Education level: Early Childhood Education*

In databases where filtering by education level was unavailable and more than 500 records were identified using the search statement above, the search term *"early childhood educat*"* was added to the search statement to refine the search results.

As with the initial search, records identified through this supplementary search were assessed and evaluated according to the inclusion/exclusion and evaluation criteria described below.

Study/program selection

Studies and grey literature reports were evaluated according to the inclusion and exclusion criteria outlined in Appendix 4. All records were screened for inclusion based on content from the title and abstract. Full-text versions of studies remaining after screening were obtained and assessed for eligibility. Decisions made to include or exclude were double-checked by a second reviewer for quality control purposes. In the case of discrepancies or queries, the studies were discussed and a consensus reached.

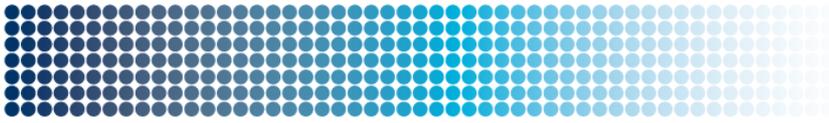


Table 1: Rapid review inclusion and exclusion criteria

Included	Excluded
Human infants and children between 0 - 3;0 years	Non-English
At least one measure of child language	Published prior to 1995
Randomised controlled trial (for peer-reviewed studies, not grey literature)	Not original research (e.g. review, commentary) or stand-alone methods paper
Grey literature suggested by pool of internal experts	Developing country
Intervention component	Disability group where speech/language is not the primary disorder (e.g. developmental disabilities such as autism, hearing impairment, premature birth)
	Age range does not include children aged 3;0
	Intervention delivered only during neo-natal period
	Full-text not readily available

Evaluation of the evidence

The programs identified in the peer-reviewed academic literature were rated as 'best practice' or 'promising' based on criteria adapted from the Australian Institute of Family Studies (AIFS) for the Commissioner for Children and Young People in Western Australia (Commissioner for Children and Young People, Western Australia, 2014). Evaluation criteria are outlined in Appendix 4 and examine the quality of evaluation, effectiveness and replicability of programs. Grey literature programs were included if they were assessed as having relevance to the research questions and initial indications of positive impacts on language promotion.

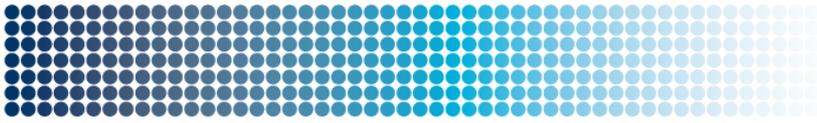
Data extraction of relevant studies/interventions

For those studies including interventions identified as being effective, the following information was extracted where possible:

- Sample characteristics
- Type of intervention
- Intervention setting
- Who the intervention was delivered by
- Key strategies
- Language-related outcome measures
- Which language-related outcomes it has an impact on
- Cost-effectiveness
- Occurrence of collaborative practice

Practice review

The practice review involved two methods of data collection: in-depth consultations and an online survey. For the online survey we were interested in professionals who worked in Victoria and worked directly with babies and toddlers (birth to three) and/or their families, as well as those people who managed professionals who undertook that work. For the in-depth consultations we were interested in both those groups, as well as senior staff working in Victoria



who were associated with high-profile programs and initiatives or had extensive reach (e.g. Goodstart, smalltalk, Parent Child Mother Goose and VICSEG).

Online survey

The online survey comprised 29 questions and was piloted internally at MCRI before it was distributed and promoted through multiple networks including:

- The Australian Institute of Family Studies Child Family Communities Australia (CFCA) clearinghouse;
- Early Childhood Australia (National);
- Early Childhood Australia (Victorian chapter);
- Noah's Ark;
- Playgroup Victoria;
- The Centre for Community Child Health Community Paediatric Review;
- The Department of Education and Training (targeted distribution lists);
- The Municipal Association of Victoria;
- The Victorian Curriculum and Assessment Authority; and
- Speech Pathology Australia.

In-depth consultations

We recruited participants for the in-depth consultations by approaching organisations we knew of that were delivering services directly to children or families, as well as those that we were aware of that had an especially effective or innovative approach to promoting young children's language development and communication (incorporating advice received from the Department). The online survey included an invitation for participants to take part in an interview. Survey participants who responded to this invitation *and* who came from regions that we had little knowledge about *or* who were describing especially innovative approaches were contacted directly and invited to participate in an interview.

The vast majority of interviews were undertaken by phone. Most were 30-45 minutes in duration. A full list of participants is provided in Appendix 5.

Advice from the field and experts

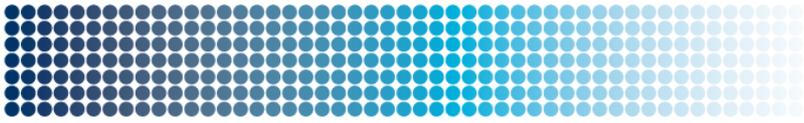
To explore essential elements of the Every Toddler Talking model 19 invited field experts spanning Local Government, Community Health, early childhood intervention, supported playgroup, ECEC and policy within the Department and the DHHS participated in a two hour design workshop. Additional input was also gained from academic experts in a follow up meeting. Considerations and feedback gleaned from the field and experts have informed the Every Toddler Talking model options and considerations discussed later in this report.

What works for promoting babies' and toddlers' language and communication?

Findings from the rapid review

The initial search strategy identified 721 unique references and the supplementary search identified 251 unique references, which were screened for eligibility. Appendix 6 illustrates the reference numbers at each stage of the review process.

A total of 17 studies were included (see Appendix 7). There were eight studies that met 'best practice' program criteria and nine studies that met 'promising' program criteria. In addition, ten



grey literature reports were included due to their relevance to the research questions and their promising results. Appendix 8 provides an outline of each of the reviewed studies by headings such as setting, intervention, strategy (processes and content), who it was delivered by and language and communication measures.

Programs that promote babies' and toddlers' language and communication

Subsequent to the searches being undertaken, a decision was made to exclude the programs that aimed to increase parent capacity (the bulk of the studies identified).⁸ Remaining 'best practice' and 'promising' programs were categorised as: increasing educator capacity; collaborative and shared models of practice; or direct language interventions.

Increasing educator capacity

Two studies, both at the 'promising' evidence level, trained EC educators to use strategies for directly or indirectly facilitating child language development. The first study, set in Canada, involved in-service training on language facilitation strategies for EC educators (referred to in the study as 'caregivers') (Girolametto et al, 2003).

The participants were 16 early childhood educators from non-profit EC settings, all of whom had completed secondary school and a two year diploma in Early Childhood Education. The program was delivered by a speech-language therapist (SLT) certified by the Hanen Centre to administer the Learning Language and Loving It program.

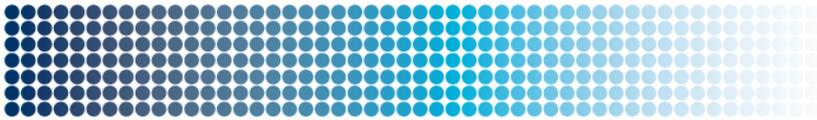
The program was run over 14 weeks and included eight evening group sessions to teach program strategies and six individual coaching sessions during EC setting hours. Training sessions included interactive lectures, observation and analysis of videotapes illustrating program techniques, group discussions and role-plays of program techniques. During coaching sessions, caregiver-child interaction was videotaped and reviewed to provide individual feedback regarding the caregiver's use of program strategies. Language facilitation strategies included being responsive to children's initiations, engaging children in interactions, modelling simplified language and encouraging peer interactions.

The program impacted on the children's talking as well as the caregivers' use of language facilitation strategies. Caregivers in the intervention group increased their talkativeness, became more child-centred, and promoted children's active participation and turn-taking when compared to the control group. They maintained these improvements nine months post-intervention without any further in-service training. Children in the intervention group also increased their talkativeness to adults and peers and used more multi-word combinations compared to children in the control group. This study was ranked as 'promising', rather than best-evidence due to the small sample size of caregivers.

The second promising study, conducted in the USA by Rudd et al (2008) examined the effects of professional development for EC educators (referred to in this study as "child-care staff") on the language acquisition of toddlers aged 14-36 months. The professional development program was specifically targeted at increasing frequency and quality of joint attention episodes between EC educators and the toddlers. Only EC settings assessed as 'low quality' were included in the study.⁹ The thirty participating EC educators had varying levels of formal

⁸ Ten of the 17 studies and two of the grey literature programs identified as best practice or promising were parent capacity building interventions. These are described in Appendix 1.

⁹ The quality of EC centres was assessed using the Infant/Toddler Environmental Rating Scale (ITERS), which is a measure of the environment, curriculum, teacher-child interactions and teaching practices. In this study, a centre scoring below or equal to '4' on the scale was identified as low quality. Authors used



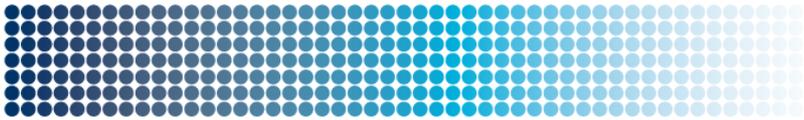
education and years of experience, with the majority having had some training in child development and only two with a college degree.

The professional development consisted of a four-hour group training session, followed by three classroom coaching visits, both provided by the researcher (from a university child development centre). The training session began with basic child development information, with a primary focus on language acquisition, and an emphasis on the concept that stimulation in one area of development (i.e. language) can and does influence growth in other areas of development (i.e. social-emotional). After this, information on joint attention and its effects on language development were presented using the Focus-Follow-Talk model. EC educators were trained to *focus* on the object of the child's attention, *follow* the child's lead and *talk*. Four types of talk were discussed: parallel talk (talking for the child); elaboration (expanding the child's short utterance); descriptive talk (expanding on the child's utterance about – or visual interaction with – an object with a descriptive word); and self-talk (verbalising their own actions). Examples and typical situations in which each type of talk might occur were given. The group were shown videotapes of joint attention episodes between an EC educator and toddler, and then the researcher modelled the Focus-Follow-Talk techniques with a 20-month-old child. The training concluded with EC educators role-playing the use of joint attention with one another. Following the training session, each of the EC educators received three one-hour visits at three week intervals, during which the researcher observed EC educator-child interactions and gave feedback specific to the implementation of joint attention within the classroom.

Results indicated that EC educators who received the professional development engaged in significantly more joint attention episodes, and longer bouts of joint attention, than those who did not. There was not a significant difference in the children's language acquisition (as measured by a vocabulary test) between the treatment and control groups. However, within the treatment group, children who had EC educators who were 'high implementers' of the professional development (engaged in more frequent and longer bouts of joint attention) had significantly higher language scores than those with EC educators who were 'low implementers' (shorter and less frequent episodes of joint attention). While it is not known from this study what resulted in some EC educators being 'high implementers', the authors do note that the short time between the intervention and assessment of outcomes may not have captured the change in EC educators behaviour from the professional development, i.e. there may be more change in EC educators behaviour after a longer duration of time. The authors suggest that there may be a need for a more intensive coaching model or some environmental changes to achieve a better level of implementation. This study was ranked as 'promising' because of the small sample size of EC educators and the limited impact on child language.

In addition, two UK-based programs identified in the grey literature were aimed at building educator capacity to improve child language outcomes (Office for Public Management, nd; West Berkshire Council, nd). The Early Language Development Programme (ELDP) utilises a cascade model of training, whereby skilled trainers train individuals who in turn provide training to others (Office for Public Management, 2013). Highly skilled communication advisors from the I CAN children's communication charity delivered a free two-day training course to suitably experienced lead practitioners from ECEC settings. The course familiarised them with early

this cut off score as on the ITERS a score of '5' indicates 'good' performance, while a score of '3' indicates 'minimal' performance. Authors did note that although the inclusion criteria was restricted to 'low quality' EC centres, there was still a lot of variability amongst the centres regarding quality.



language training modules (e.g. ‘working with under threes’ and ‘working with parents’) and taught them how to deliver the ELDP modules to staff working with under 3s in their own and other local settings (children’s centres, nurseries, preschools and private, voluntary and independent (PVI) settings). Program resources include books, activity cards and DVDs which could be used by practitioners and/or parents to reinforce session learning. Initial survey data suggested that training increased educator awareness and knowledge to support children’s early language development. Ninety four per cent of practitioners reported that the ELDP training and resources helped to improve their practice. Case study reports indicate that some parents reported increased confidence in supporting their child’s speech, language and communication, and some direct improvements to children’s language and communication had been noted. The changes were not measured.

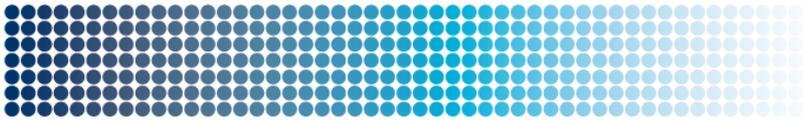
The Every Child a Talker (ECAT) program – as implemented in West Berkshire, UK – was led by highly skilled Early Language Consultants (the role was shared by an SLT and an early years teacher) (West Berkshire Council, nd). Each of the ECEC settings elected one educator to be the Early Language Lead Practitioner (ELLP), to lead the implementation of ECAT in their setting. The government funding for ECAT allowed the ELLPs to have one half-day session per week to dedicate towards ECAT. The ELLPs received comprehensive speech, language and communication training provided by the local SLT department and the pre-school teacher counsellor service. This training focused on the development of different areas of communication skills (play, attention and listening, understanding of spoken language, use of spoken language and speech sounds) and the use of key strategies to support a child’s development. Homework was given each week, often involving observing children in their setting or trialling the use of one of the key strategies. Each setting identified the most appropriate goals and actions for their setting (e.g. developing the environment, engaging parents, or creating opportunities for communication) with the support of the Early Language Consultants. The ELLPs attended termly cluster meetings (three times per year) and further training opportunities (e.g. on communication friendly spaces) arranged by the Early Language Consultants. Key resources were provided to help the ELLPs in their role, including video cameras, story sacks, printers and books. As new ECEC settings became involved, they were visited and supported by ELLPs from established settings. As the program rolled out, the number of children classified ‘at risk of delay’ generally decreased each term. Once again it is important to note that there was no comparison group. Many examples were reported of the ECEC settings implementing language promoting strategies and supporting parents to facilitate their child’s language development.

Cost effectiveness

Only the ECAT paper reported on program cost (West Berkshire Council, nd). After an initial year of government funding, the program was funded for a further two years at the following cost: the post of Early Language Consultant (two days speech language therapist and 1.5 days teacher per week) cost £43,500 per annum. Less than £1,000 was used for resources and venues for training and meetings.

Collaborative and shared models of practice

Two ‘best practice’ programs provided multi-agency services to at-risk families (Love et al, 2005; Lowell et al, 2011). Early Head Start is a federally-funded community-based program for low-income families in the USA, to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children (birth to three) and to promote healthy family functioning (Love et al, 2005). The programs are locally-tailored but must follow the Head Start Program Performance Standards which stipulate that programs are to provide high-quality,



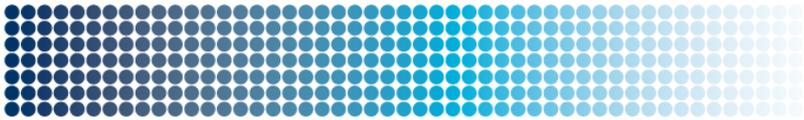
comprehensive child development services delivered through home visits, child care, case management, parenting education, health care and referrals, and family support. Local programs formally select a program model - centre-based, home-based, or a combination of the two (a mixed approach) – after completing a community resources and needs assessment. Federal monitors visit once every three years to assess the program’s adherence to the performance standards. The program is delivered by teachers and/or qualified home visitors. In this evaluation of 17 Early Head Start programs, the program had a positive impact on child vocabulary and parent provision of a good language and learning home environment in the centre-based and mixed model approach, with the mixed approach having the most impact. No significant impact on language development was seen in programs that were solely home-based (although the home-based programs did yield other benefits). The results suggest that a mixed approach to services, with both home- and centre-based services tailored to family needs, achieved the strongest impacts on language and other areas of development.

The second program was Child FIRST, a home-based intervention in the USA that combined psychotherapeutic parent-child intervention and facilitation of engagement in community services for families with a child and/or parent with psychosocial risk (Lowell et al, 2011). This program was delivered by a clinical team comprising a mental health or developmental clinician and a qualified ‘care coordinator’. The therapeutic intervention used play to promote child language development and facilitated positive parent-child interactions through reading, play and family routines. The results demonstrated a positive impact on child language. The authors suggest that, while it is not possible to determine which components of Child FIRST influenced the various outcomes, the effectiveness of the program was likely driven by the ‘synergistic contributions’ of the two component model (therapeutic intervention and facilitation of service usage).

The multi-agency Language for Life strategy, implemented by the Nottinghamshire Local Authority (UK), formed a steering group of practitioners involved in the support of language development across universal, targeted and specialist services (Nottinghamshire Local Authority, nd). The program implemented a universal two-year-old language screen with appropriate level of follow-up support. The screening was provided by the health visiting team, who were trained by the Children’s Centres’ SLT team. The SLT team from children’s centres worked with parents and educators to support language development. SLTs worked in homes and ECEC settings to provide training and resources to support language enrichment. They also supported parents and educators in early identification and intervention. Another part of the program was to map the speech, language and communication training available to practitioners in the local authority, and identify gaps. A training working group has been set up to ensure that training is available throughout Nottinghamshire at universal and enhanced levels. They have also developed a collaborative practice working group (SLTs, early years’ specialist teachers, and ethnicity and cultural awareness service) to address overlap and ensure consistent and aligned working across all groups.

Findings indicated an increase in referrals to SLT services for under twos, whilst the overall rate of referral reduced. The authors suggest this might indicate that more children are identified early and their needs addressed, thus reducing the need for referrals of older children. Further evidence suggests that the vocabulary of a small cohort of nursery children rose dramatically after educator training and mentoring in how to interact with children and how to run listening and narrative groups; however the statistical analyses and test scores could not be accessed.

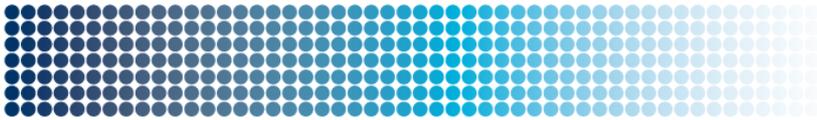
The Leicester City Council (UK) introduced the Talk Matters strategy to promote child language and communication, in order to address the low levels of academic achievement in their area (28). This strategy operated on the community, family and child levels. The strategy aimed to:



raise community awareness and implement community-wide activities that support language-rich environments for children (e.g. 'Talk to your Baby' and 'Turn off the Telly'); provide parents with good information and guidance during pregnancy and early childhood on promoting communication skills, accessing resources in their community, and knowing where to get help early; implement universal screening at nine and 24 months and provide earliest possible intervention once a difficulty has been identified; and provide language-rich environments by developing a suite of four age-related preventative activities delivered through children's centres (0-1 year; 1-2 years; 2-4 years; 4-5 years). An important part of the strategy was developing a training framework to ensure that all relevant providers and practitioners (type of practitioners not specified) had appropriate training and resources to support child communication development. Courses were offered locally at universal, enhanced, specialist and extended levels. The aim was to have all early years practitioners trained at the universal level, with every setting having one person trained to an enhanced level so they could provide leadership to other members of staff. Preliminary findings indicate percentage improvements in communication, language and literacy development (actual percentages not reported). There are also anecdotal examples of behaviour change from parents and practitioners.

The city of Stoke on Trent (UK) implemented a multi-agency strategy called Stoke Speaks Out (Stoke Speaks Out, nd). The multi-agency team comprised SLTs, psychologists, a midwife, teachers, a bilingual co-worker and play workers. Evidence of need was gathered from practitioners, parents and children and the provision of services and training was mapped out. The team wrote and delivered a training framework to address gaps in knowledge, practice and confidence across the children's workforce. Trainees included anyone within the children's workforce, including nurseries, schools, community teams such as library services, toddler groups and specialist services. The training program, offered over four levels, explored why children were presenting with delay, what support they needed and how best to deliver support. SLT referral procedures were improved and information and guidance was provided to parents from before birth. Initial positive impacts have included: parents given key messages at important touch points with health and education; improved referral pathway where families are given generic advice before referral; ECEC settings working towards higher levels of 'communication friendly' status; and a high level of training among child health professionals.

Finally, the Barking and Dagenham borough (UK) implemented a universal co-ordinated model of play and communication services in children's centres (The London Borough of Barking and Dagenham, Targeted Support Services, Children's Services, nd). A program of universal and targeted play and communication services for young children and their parents was developed. Play and communication workers (PCWs) were recruited and provided with intensive training in speech, language and communication. The PCWs were provided with monthly group case discussions led by an SLT. The universal services aimed to support speech, language and communication development. The targeted services supported children with additional needs who did not meet the criteria for referral to the SLT department. Outreach services were also provided by PCWs in ECEC settings, health centres and libraries. SLTs provided universal play and language workshops for parents, as well as tailored workshops and drop-in advice sessions for parents of children with language difficulties. A professional development program was designed and delivered for staff from all relevant agencies (e.g. health visitors, community nursery nurses, social care staff, teachers and pre-school practitioners). The training is tailored to suit the needs of the particular audience, but includes the key principles of: understanding speech, language and communication development; 14 key interaction skills to support this development; and creating a communication-friendly environment to support this development. Initial evidence suggested that attendance at a children's centre with play and communication services had an impact on boys' attainment in communication, language and literacy



development, as well as children with English as an additional language. Statistical analyses were not reported and information about the measures not provided.

Cost effectiveness

A cost-benefit analysis of the Child FIRST home-based psychotherapeutic intervention program had not yet been undertaken (Lowell et al, 2011) but the authors estimated the cost of the program as less than US\$4,000 per family.¹⁰ They note that the costs of additional services received by families as a result of new linkage with community services was unknown; likewise, the costs of services received by the usual care control group was unknown. The authors believe that a comprehensive cost evaluation of the program will compare favourably to the costs of child protection and care, special education, juvenile justice and health.

Funding for the Stoke Speaks Out program (Stoke Speaks Out, nd) was as follows: April 2004 – March 2006 (2 years) £700,000; April 2006-March 2007 (1 year) £300,000; April 2007-March 2010 (3 years) £750,000; April 2010-March 2012 (2 years) £110,000. The authors report that the funding has mainly been for salaries of team members, to pay for trainees to be released and for the production of quality resources and a website. Specific information about the number of team members and services involved was not provided.

The model of play and communication services in Barking and Dagenham (The London Borough of Barking and Dagenham, Targeted Support Services, Children's Services, nd) cost £508,908 per annum. This includes the salaries of 20 Play and Communication Workers at £23,277 each, and one Early Communication Lead at £43,368.

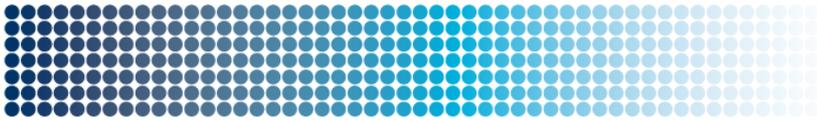
Direct language intervention

Three of the peer-reviewed studies involved direct language intervention; two studies reported on speech and language therapy for toddlers with delayed language development (Glogowska et al., 2000; Robertson & Weismer, 1999) while the third reported on a language-screening program (van Agt et al., 2007). All were ranked as 'promising' programs. The first study trialled routine individual SLT in community clinic settings in the UK (Glogowska et al., 2000). The mean number of hours of therapy for the intervention group was 6.2 over an average of 8.4 months. The mean number of contacts with the therapist was 8.1, with sessions lasting an average of 47 minutes. This study was ranked as 'promising' because the content of the 'routine therapy' was not prescribed nor reported on, and the intervention was found to only impact on auditory comprehension (or receptive language) and not on expressive language, phonology or general language development.

The second US-based program involved small group language intervention providing general stimulation with an emphasis on vocabulary development and used of word combinations in a social context (Robertson & Weismer, 1999). The therapy positively impacted on language production and lexical repertoire, although it was ranked as 'promising' due to the small sample size.

The third study, set in the Netherlands, involved universal screening for language delay by a child health centre physician at two time points in the first two years (van Agt et al, 2007). Positive screening led to follow-up assessment, and subsequent early treatment if needed. The intervention group demonstrated reduced attendance at special school and reduced linguistic problems at age 8. The program was ranked as 'promising' as there was limited information about the rate and type of early treatment provided.

¹⁰ This is more than Victorian annual kindergarten funding per capita.



In addition, one program identified from the grey literature describes the Small Talk program, designed to improve better access to SLT services (Central and North West London NHS Foundation Trust/Hillingdon Community Health, nd). The city of Hillingdon (UK) implemented a SLT drop-in triage service to ensure that all children with a speech, language and communication needs were seen within six weeks of referral for timely assessment of concerns. A monthly two-hour SLT screening triage session was held at children’s centres, where parents could discuss their concerns with an SLT. The SLT would then: give advice and discharge; refer to another service if appropriate; invite the family to attend a local SLT group; or invite the child to attend for further assessment. This enabled 129 more children to access the SLT service with the drop-in triage model compared with the traditional clinic model over the same time period. These children were identified earlier than would have been possible in the traditional clinic model, and all accessed information and advice within six weeks of concerns being raised (by parents, nursery teacher, or health visitor) and a referral made. Impacts on child language were not measured.

Cost effectiveness

None of the studies described in this section reported on costs.

Important practices for promoting babies’ and toddlers’ language and communication

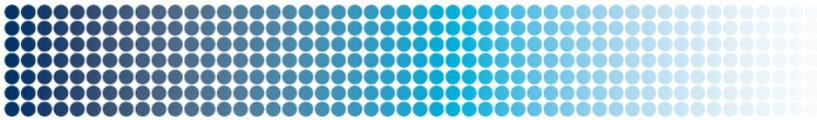
Tables 2 and 3 illustrate the strategies/aspects of practice shown to be most important for promoting language development and communication amongst young children. Table 2 summarises the strategies from the ‘best practice’ programs. Table 3 summarises the strategies from the ‘promising’ programs.

Table 2: Best practice programs

Study (Program)	Type of program	Delivered by	Strategies
Love 2005 (service and case management); Lowell 2011 (Child FIRST psychotherapeutic intervention)	Collaboration/ shared practice	Teachers, qualified home visitors, clinical team	Parent education and family support around child development Facilitating positive parent-child interactions through reading, play and family routines Play-based language promotion

Table 3: ‘Promising’ programs/approaches (includes grey literature)

Study (Program)	Type of program	Delivered by	Strategies
Girolametto 2003 (Hanan Learning Language and Loving It program for EC educators); Rudd 2008 (Focus, Follow, Talk joint attention model)	Increasing early childhood educator capacity – language facilitation	Speech pathologist	In-service training for early childhood educators on language facilitation strategies: <ul style="list-style-type: none"> - be responsive to children’s initiations, - engage children in interactions, - model simplified language - encourage peer interactions Joint attention strategies



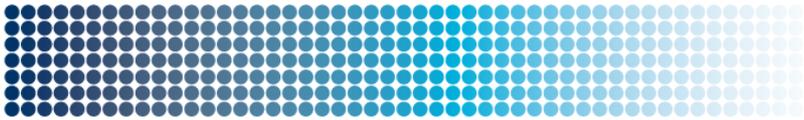
<p>Glogowska 2000 (routine SLT); Robertson 1999 (small group language intervention); van Agt 2007 (screening and subsequent treatment)</p>	<p>Direct language intervention</p>	<p>Speech pathologist, physician</p>	<p>Routine speech and language therapy</p> <p>Linguistic and social skills group therapy:</p> <ul style="list-style-type: none"> - General stimulation emphasising vocabulary development and use of combinations within a social context - Pairing linguistic input with hands-on activities and visual cues to encourage mapping of new information - Encouraging communicative attempts and facilitating increase in linguist skills using: therapist use of parallel talk, expansion/expatiation and recasting; manipulating familiar routines - Organisation of intervention environment to provide multiple opportunities for child to share information, participate in naturally occurring interactions, regulate the behaviour of others and receive appropriate feedback and reinforcement
--	-------------------------------------	--------------------------------------	--

Bilingual or multi-lingual children

The rapid review did not identify any programs that specifically addressed bi- or multi-lingual children aged zero to three. Determining whether bi- or multi-lingual children have an intrinsic problem learning language can be a complex process. An essential aspect is determining whether poor language development can be explained by a lack of experience or exposure to language. Two approaches are often used with older children to help determine whether poor language development is part of learning multiple languages or the result of a language impairment. These are Response to Intervention (RTI) and Dynamic Assessment. Both are used with older children and are a form of early intervention to decrease unnecessary referral to speech pathology and special education. Some aspects of these approaches may be valuable for the early years setting and some strategies might be adopted for these settings. Speech Pathology Australia published general guidance in a position paper in 2009 (Speech Pathology Australia, 2009), stating that: giving up a home language in favour of using only Australian English does not benefit language learning; bilingual children with language impairment have language skills in both languages that are comparable to the language skill level of a monolingual child with a language impairment; and intervention for children in their home language (first language) has been shown to have positive effects on the development of their second language.

Collaboration

Within the included literature, there are very few examples of collaboration or shared practice between educators and AH professionals. Some programs aimed at increasing EC educator capacity (Girolametto et al, 2003; Office for Public Management, nd; West Berkshire Council, nd) do involve speech pathologists and early years educators working together, but from the available information, the relationship is more of an instructive one (i.e. speech pathologists training the educators) rather than a collaborative one.

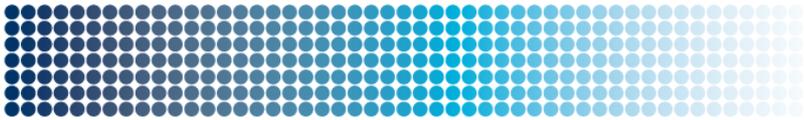


The Child FIRST program (Lowell et al, 2005) is described as providing collaborative system of care services, but there is no information about collaborative practices between education and health services. The Small Talk program identified in the grey literature (Central and North West London NHS Foundation Trust/Hillingdon Community Health, nd), aimed to improve access to SLT services. This program provides some examples of collaborative practice between SLTs and children's centre staff, including EC educators (children's centres in the UK provide integrated services for young children and families, including early childhood education, childcare, health and family support services). In re-designing the SLT referral and assessment process, the SLT service consulted with children's centre staff, including educators, about how these services might be provided. The program involved running monthly SLT drop-in sessions within children's centres. It was reported that because the SLTs were visiting children's centres each month, a closer working relationship was developed between SLTs and children's centre staff, with the SLT able to use informal opportunities to develop staff knowledge and skills in identifying and working with children with language and communication difficulties. In addition to these informal opportunities, SLTs worked with children's centre staff, including EC educators to support prevention, early identification and intervention in early communication development. This included SLTs attending and observing sessions at children's centres as well as running some 'stay and play' sessions with EC educators. The SLT and educators then jointly analysed the session and engaged in planning. Reported results of this collaboration were more appropriate and better quality referrals from children's centre staff, and more joined up and integrated working between health and other partners.

Further examples of collaborative practice can be found in those five grey literature programs that implemented a city-wide approach to language promotion (Office for Public Management, 2011; Nottinghamshire Local Authority, nd; Leicester City Council/Children and Young People's Strategic Partnership, nd; Stoke Speaks Out, nd; The London Borough of Barking and Dagenham, nd). Three of these programs were led by steering groups comprising key people from the children's workforce across the health and education services (Office for Public Management, 2011; Nottinghamshire Local Authority, nd; Stoke Speaks Out, nd). This was often highlighted as a strength in their evaluation reports. The Stoke Speaks Out program (nd) describes how collaborative and shared practice was facilitated:

"In the early days, the multi-agency team all had their own agenda and there were many barriers, such as the lack of shared vocabulary and different systems which did not join up. These were overcome by talking, engaging a wide audience in all new developments to give them ownership and ensuring that the vision is clear and shared. Any major changes introduced, were discussed at large-scale multi-agency events so that all opinions could be considered. This has meant that some large-scale debates and issues have been tackled relatively quickly e.g., responsibility for selective mutism was discussed at a whole day training event and the staged pathway was introduced at a half-day multi-agency event with 100 practitioners attending"

All five programs (Office for Public Management, 2011; Nottinghamshire Local Authority, nd; Leicester City Council/Children and Young People's Strategic Partnership, nd; Stoke Speaks Out, nd; The London Borough of Barking and Dagenham, nd) included the development and delivery of universal training in child language and communication promotion. Training was provided to a wide range of stakeholders, and although the training was tailored to the needs of specific groups, it delivered the same key messages or understandings. This was considered important in ensuring that all child-related services had a shared understanding and vision. The



Language for Life program (Nottinghamshire Local Authority, nd) committed to their goal of collaborative and shared practice by developing a Collaborative Practice Working Group “to address issues of overlap and to ensure consistent and joined up working across all groups working towards ‘Language for Life’”. This working group comprised speech pathologists, early years specialist teachers and ethnicity and cultural awareness services.

What approaches are currently being used in Victoria to promote babies’ and toddlers’ language and communication and where?

Findings from the practice review

Practice Review participants

A total of 407 people met the eligibility criteria and completed the survey.¹¹ Twenty-seven in-depth consultations were undertaken.¹² Representation from the ECEC sector was high in both the survey and the interviews (37 per cent and 26 per cent respectively). Speech pathologists and other health service specialists (including professionals working in the early childhood intervention sector) were well represented in both the survey and interviews (17 per cent and 22 per cent for speech pathologists; and 17 per cent and 15 per cent for other health service specialists). (More information about the survey and in-depth consultation participants is provided in Appendix 2).

Strategies used to promote babies’ and toddlers’ language and communication

A total of 111 strategies to promote young children’s language development and communication in Victoria were identified through the online survey and the in-depth consultations (see Appendix 9).

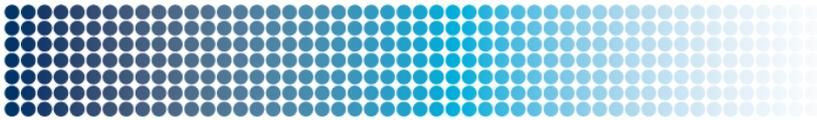
These strategies include specific programs and other more general approaches. A program is defined here as a replicable model for working with children and/or parents/caregivers that typically requires some form of training and/or manual and includes core components that remain unchanged regardless of where it is delivered.¹³ Examples of programs include: It Takes Two to Talk, smalltalk and Parent Child Mother Goose. General approaches are defined here as any strategy that does not fit the definition of a program and include: music, singing, shared book reading and coaching and role-modelling for parents. Programs and approaches are not mutually exclusive. For example, a program may include an activity such as music or parent coaching.

Common programs and approaches used in Victoria to promote young children’s language development and communication were identified through the survey. A total of 351 survey

¹¹ The main reason participants did not meet the eligibility criteria was because they did not work directly with children and/or families nor did they manage professionals who worked directly with children and/or families (n = 36) or they did not work in Victoria (n = 18). The other ineligible participants did not work with children aged zero to three or did not manage staff who worked with children in that age range (n = 11). A total of 12 respondents provided ineligible or incomplete data. The responses of ineligible participants and participants who did not complete the survey are not included in our analysis.

¹² Two interviews were undertaken with two participants. There was a total of 27 interviews undertaken, with a total of 29 participants.

¹³ In some cases, it is difficult to make a distinction between a ‘program’ and a ‘general approach.’ For example, Parent Child Mother Goose meets our definition of a program but one participant in the in-depth consultation noted that Parent Child Mother Goose is often adapted and the extent to which adaptations reflect the core principles of Parent Child Mother Goose are unknown. In some cases, a program may be called Parent Child Mother Goose but in fact may bear little resemblance to Parent Child Mother Goose as it is represented in the official training.



participants (86 per cent) identified either a program or general approach that they or their staff used to promote young children’s language development and communication.

The five programs most commonly identified by survey respondents were:

- It Takes Two to Talk (n = 30 respondents)¹⁴;
- Parent Child Mother Goose (n = 28 respondents);
- Hanen (unspecified or adapted) (n = 25 respondents)¹⁵;
- Let’s Read (n = 17 respondents); and
- Baby Time / Toddler Time (n = 16 respondents).

Appendix 10 includes more detailed information about each of these programs except ‘Hanen (unspecified or adapted)’, as well as information about the evidence base to support these programs.¹⁶

Table 4 provides a snapshot of where the three most commonly identified programs are being implemented in Victoria, based upon the responses of survey participants.¹⁷ It is important to note that as the numbers are small, further research would be required to identify definite trends. Furthermore, these data only tell us about the work undertaken by those professionals who responded to the survey and *cannot* be seen as representative of the work being undertaken in Victoria. What the data do suggest, however, is that all three of the most common programs are being used in all four regions of Victoria, with survey participants from the North West and South East regions reporting higher proportions of all three programs when compared to the other two regions.

Table 4: Common programs by region

Department region	It Takes Two To Talk		Parent Child Mother Goose		Hanen (unspecified or adapted)	
	%	No.	%	No.	%	No.
North East region	10	3	21	6	20	5
North West region	40	12	36	10	32	8
South East region	30	9	25	7	36	9
South West region	20	6	18	5	11	3
Total*	100	30	100	28	99	25

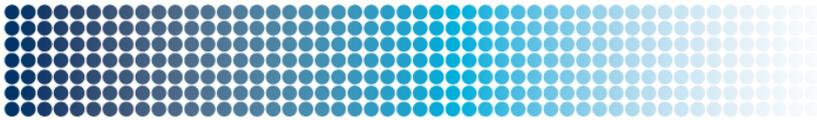
* Due to rounding up of figures, some of the total percentages are slightly less than 100%.

¹⁴ This includes *all* references to It Takes Two regardless of whether it was in response to the question about which programs are used or which approaches are used, unless the respondent specifically noted that they do not implement the program in its entirety (e.g. “an adapted version of It Takes Two”). This also includes all references to “ITT” (the common acronym for It Takes Two).

¹⁵ This category includes all references to Hanen that did not include any additional information (e.g. the name of the Hanen program used). It also includes all references to Hanen “strategies”, Hanen “principles”, “elements” of Hanen, and adaptations of Hanen. Only responses to the two questions that were specifically about programs were included here.

¹⁶ It is not possible to include information about ‘Hanen (unspecified or adapted)’ as we do not know which Hanen programs participants were referring to, or how the Hanen programs they are delivering have been adapted.

¹⁷ We have not included the data for the other day programs by region as the numbers are very small and therefore are not useful for indicating any type of trend.



When examined by sector, all the survey respondents who stated that they are currently using It Takes Two to Talk or Hanen (adapted or unspecified) were speech pathologists or other health service professionals. Parent Child Mother Goose was used by professionals including maternal and child health nurses, early childhood educators, speech pathologists and other health service professionals.

In the online survey participants were asked to indicate whether they had undertaken training to deliver programs to children and/or parents/caregivers. From the 177 participants that stated they delivered programs directly to children, a total of 137 (77 per cent) had completed training to implement that program, and of those 115 reported that the training was very useful (i.e. 84 per cent of training participants). Of the 119 participants who stated they delivered programs to parents or caregivers to support their child’s language development and communication, a total of 98 (82 per cent) had undergone training to deliver that program, and of those 86 reported that the training was very useful (i.e. 88 per cent of training participants). These findings suggest that for professionals who do undergo training to deliver a specific program, the training, is in the vast majority of cases, very useful.

The *approaches* most commonly identified by survey respondents (i.e. those strategies that are not replicable and typically don’t require some form of training or manual) were:

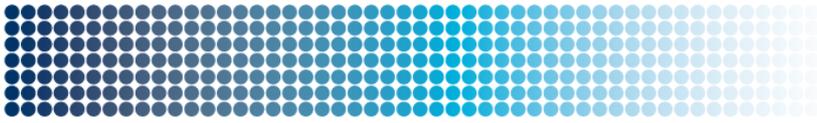
- Reading and books (n = 138);
- Conversation and promoting everyday language (n = 118);
- Capacity building for parents (including individual advice, modelling and coaching) (n = 107);
- Play (n = 66); and
- Music, singing and rhyme (n = 45).

Table 5 provides a regional breakdown of this data. These data indicate that all of the above five approaches are used across all four regions of Victoria. They also indicate that the use of reading and books, conversation and promoting everyday language and play are fairly evenly spread out across all regions, with some small variations. However, survey participants from the South West reported markedly higher rates of music, singing and rhyme compared to other regions (38 per cent compared to 24 per cent for two regions and 13 per cent for another).

Table 5: Common approaches by region

Department region	Reading and books		Conversation and promoting everyday language		Parent capacity-building		Play		Music, singing, rhyme	
	%	No.	%	No.	%	No.	%	No.	%	No.
North East region	21%	29	26%	31	21%	22	26%	17	24%	11
North West region	24%	33	24%	28	37%	40	29%	19	24%	11
South East region	22%	30	22%	26	19%	20	24%	16	13%	6
South West region	33%	46	28%	33	23%	25	21%	14	38%	17
Total*	100%	138	100%	118	100%	107	100%	66	100%	45

* Due to rounding up of figures, some of the total percentages are slightly less than 100%.



Victorian 'hot spots'

As a result of the fact that relatively small numbers of survey participants identified specific programs (see Table 4), it is difficult to clearly identify specific LGA 'hot spots' or areas where a concentrated number of programs and approaches are being implemented. Across all of those LGAs where the top five programs were implemented, for example, there were between one to four respondents identifying the use of those programs.¹⁸ There were no more than four survey respondents in any LGA that reported the use of any of these five programs. Drilling down further by postcode, therefore, is unlikely to provide any indication of more specific 'hot spots' of child language and communication activity.

It is interesting to note, however, that the only LGA where respondents reported the use of *all five* of these programs was the City of Greater Dandenong. This may indicate a greater diversity of programs in that LGA. The next most diverse LGAs were the City of Yarra and the City of Greater Bendigo – with survey respondents working in those two LGAs reporting the use of four out of five of the most common programs. Although we can say that all three of these LGAs offer a diverse range of programs, we cannot say – based upon the methodology we used – that they are *more* diverse than any another LGA in Victoria.

Although greater numbers of respondents identified general approaches (as opposed to those who identified programs) (Table 5), the numbers of participants in each LGA for each of the top five responses is not especially useful in terms of identifying hot spots. This is because the differences between the LGAs in terms of how many used one of these five approaches were relatively small. As for the data pertaining to programs, it is unlikely that drilling down by postcode in regards to approaches will be useful as a means of identifying specific 'hot spots' of child language and communication activity.

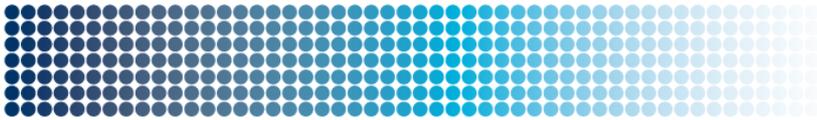
Eighteen LGAs identified the use of all five approaches including Greater Dandenong, Greater Bendigo and the City of Yarra. Taken together, the LGA data pertaining to programs and approaches suggests that these three LGAs are 'hot spots' in terms of the diversity and range of programs and approaches being offered.

Factors important to language development and communication

In the in-depth interviews participants were asked to identify the factors they believed were most important to young children's language development and communication. Of the five most common factors, only one related to EC professionals' practice (the other four focused on parent-related factors) – this was, 'developing the capacity of EC professionals'.¹⁹ Seven interview participants noted the importance of this factor. Some participants were directly involved in programs that comprised working with EC educators to provide children in ECEC settings with more language rich environments. Although four in-depth interview participants noted the importance of evidence-based practices and programs, incorporating research into practice was not a common theme.

¹⁸ Not all LGAs reported the use of all programs however. The number of LGAs reporting the use of the top five programs were: It Takes Two = 20; Hanen (unspecified or adapted) = 18; PCMG = 15; Baby Time/Toddler Time = 12; Let's Read = 12.

¹⁹ The other four most common factors identified were: building parent skills, knowledge and providing parents with support; strategies and activities that are relevant and applicable to everyday settings; building the parent-child relationship; communicating the importance of play and language to parents; and developing the capacity of early childhood education and care professionals.



In the online survey we also asked participants to identify which factors would make it easier for them, their colleagues, their staff and/or their organisation to assist young children to achieve the best possible language and communication outcomes:

- More opportunities for professionals to build knowledge and confidence regarding young children's language development;
- More opportunities for professional development;²⁰
- Greater focus upon parents'/families' role in regards to children's language development;²¹
- Changes in the services system (e.g. waiting lists);²² and
- Other.

Participants were able to select one or more of these factors. A majority of survey participants responded to this question (84 per cent, n = 341). Their responses are outlined in Figure 3.

As Figure 3 demonstrates, the second most common factor identified by participants as the one that would make it easier for them, their colleagues, their staff and/or their organisation to assist young children to achieve the best possible language outcomes was *more opportunities for professionals to build knowledge and confidence regarding young children's development* (56 per cent), followed by *more opportunities for professional development* (53 per cent), *changes to the service system* (39 per cent) and *other suggestions* (5 per cent) (e.g. more funding, improved collaboration).

²⁰ It could be argued that 'more opportunities for professional development' is the equivalent of 'more opportunities for professionals to build knowledge and confidence regarding young children's language development.' However, the term 'professional development' is often used to refer to relatively formal methods for building knowledge and confidence (e.g. training course, seminar, formal supervision). Opportunities for professionals to build their knowledge and confidence may occur in less formal ways such as an informal discussion between two professionals or an opportunity to observe and reflect upon another practitioner's approach as they work with a group of children.

²¹ The purpose of this question was not to determine *who* should be focusing more intensely upon parents/families role in regards to children's language development (e.g. professionals, parents themselves), but to gain a better understanding of which general factors are *most* important to participants. The fact that respondents identified this as the *most* important factor most likely reflects professionals' understanding of the importance of parents and families to young children's language and communication outcomes.

²² This was a closed-ended question in the survey. Participants were not able to identify which changes in the service system they believed were necessary or important. The purpose of this question was not to identify all of the changes important to participants, rather to gain a better understanding of which general factors are *most* important to participants.

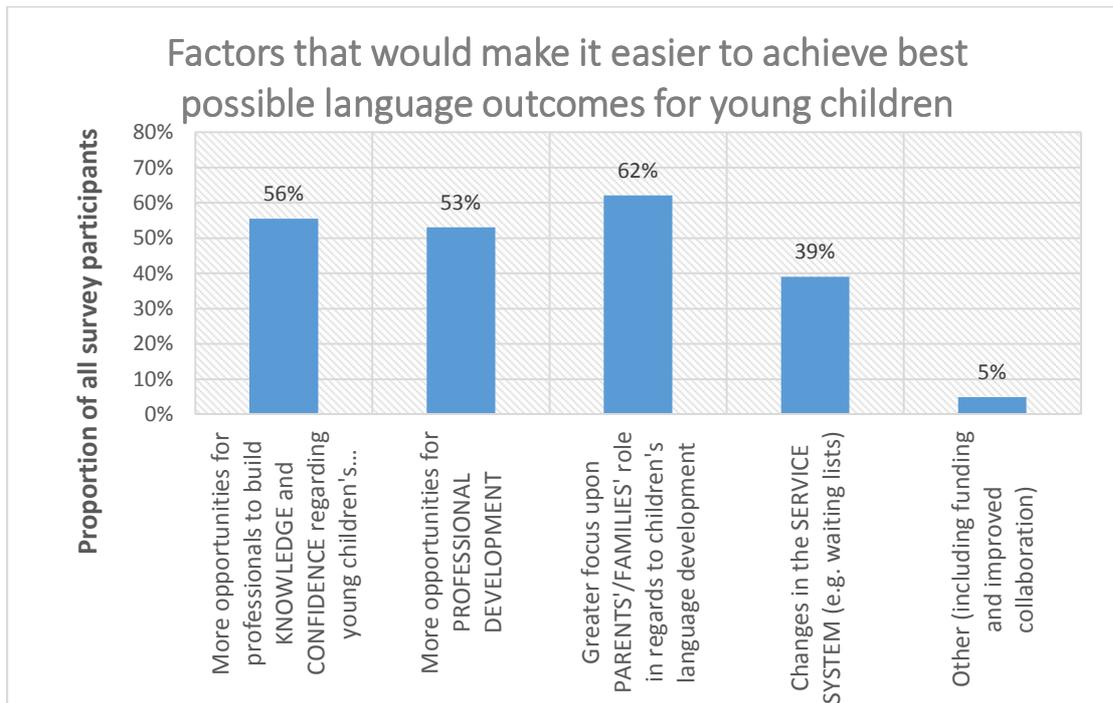
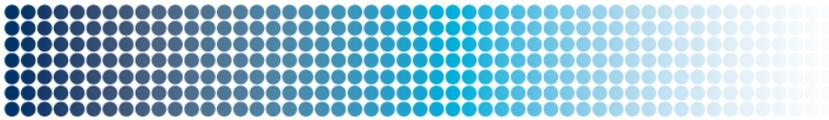


Figure 3: Factors that would make it easier to achieve best possible language and communication outcomes for young children (n = 341 respondents)

Of those who identified a greater focus upon parents' and families' role in regards to children's language development (n = 253), the highest proportion were from the ECEC sector (33 per cent, n = 83). Only 17 per cent (n = 43) of those who identified this as an important factor were speech pathologists.

Table 6 shows the breakdown of these data by sector. Notably:

- Of those who identified more opportunities for professional development as an important factor, the largest proportion were EC professionals (36 per cent, n = 77). Only 13 per cent (n = 29) of those who identified this as an important factor were speech pathologists.
- Of those who identified changes to the service system as a factor that would make it easier for them (n = 159), almost one-third were maternal and child health nurses (31 per cent, n = 49), followed by EC professionals (22 per cent, n = 35) and speech pathologists (20 per cent, n = 32).
- The proportion of maternal and child health nurses who identified changes to the service system as a factor that would make it easier for them to achieve the best possible outcomes for children (31 per cent, n = 49) was double the proportion of 'other health services' professionals who identified that as an important factor (15 per cent, n = 24).
- Of those who identified a greater focus upon parents' and families' role in regards to children's language development (n = 253), the highest proportion were from the ECEC sector (33 per cent, n = 83). Only 17 per cent (n = 43) of those who identified this as an important factor were speech pathologists.

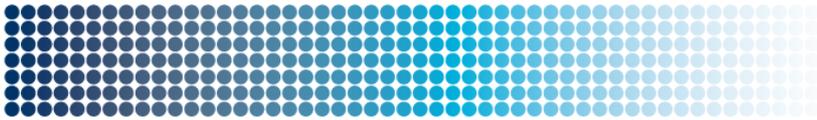


Table 6: Factors that would make it easier by sector

Sector	Knowledge and confidence		Professional development		Greater focus upon parents'/ families' role		Service system changes			
	No.	%	No.	%	No.	%	No.	%		
ECEC	152	37%	89	39%	77	36%	83	33%	35	22%
Maternal & Child Health	78	19%	48	21%	53	25%	52	21%	49	31%
Other Health Services	68	17%	36	16%	40	19%	45	18%	24	15%
Family Services ²³	12	3%	8	4%	7	3%	8	3%	9	6%
Speech pathology	68	17%	34	15%	29	13%	43	17%	32	20%
Other	14	3%	2	1%	3	1%	11	4%	4	3%
Multiple	15	4%	9	4%	7	3%	11	4%	6	4%
Total	407	100%	226	100%	216	100%	253	100%	159	100%

When examined by region, there were minimal differences between regions in regards to the factors that would make it easier for professionals to achieve the best possible outcomes. However, one notable finding regarded service system changes for professionals working in the North West region of Victoria: amongst those who identified changes in the service system as an important factor²⁴, 32 per cent were from North West Victoria, and only 17 per cent were from South East Victoria.²⁵ This finding suggests that professionals in the North West region are more likely to experience challenges relating to the service system when compared to professionals in South East Victoria.

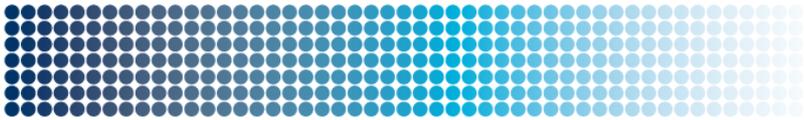
Although in-depth consultation participants were not specifically asked about enablers for promoting young children's language and communication outcomes, some of the participants did identify specific challenges in this respect. The two most common being:

- Highly prescriptive programs are often not appropriate for families who are experiencing significant disadvantage because they do not have the capacity or resources to participate in them. As one participant noted: *"vulnerable families cannot commit to [a] long-term, formal program. They need an open door policy. They need to know it's okay to be late, it's okay not to come to session, [it's] okay for [their] kids to run around."* In recognition of these types of challenges, a number of participants noted that they had adapted existing programs in order to better meet the needs of vulnerable families.

²³ This classification incorporates Other Social Assistance Services (ANZIC Group 879) and includes social workers, family support workers, and children's specialist service workers not specified elsewhere.

²⁴ See footnote 22 for an explanation of this term.

²⁵ 30% were from South West Victoria and 21% were from North East Victoria.



- Parents who have low levels of literacy may experience significant difficulties engaging in strategies that involve literacy-related activities with their children. These parents may be intimidated by books. Similarly, some parents may have had parents who did not communicate or play with them as children and subsequently do not know how to communicate or play with their own children.

Professional development

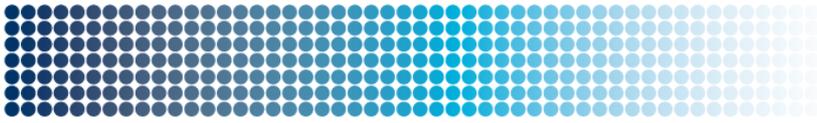
In both the online survey and the in-depth consultations, participants were asked to describe the professional development opportunities they used to develop their knowledge, skills and confidence to support children's language development and communication.

Eighty two per cent (n = 334) of online survey participants had participated in some form of professional development relating to young children's language development and communication in the previous 4-5 years. The most common forms of professional development were conferences, seminars and workshops and self-directed professional development (65 per cent of respondents for both forms of professional development), followed by informal networking (56 per cent), and a training course (39 per cent). Roughly a quarter of the total number of respondents to this question had undergone a peer-to-peer mentoring program (26 per cent) and/or formal supervision (28 per cent).

It is important to note that of those survey respondents who responded to the question about what would make it easier for them to achieve the best possible language outcomes for young children (see above section), 53 per cent believed that more opportunities for professional development would make it easier. That is, although a significant proportion of survey respondents had undertaken some form of professional development relating to young children's language development and communication during the previous four to five years, a significant proportion may benefit from more or different opportunities for professional development (e.g. greater intensity professional development). As noted previously also, when examined by sector, EC professionals were the *most* likely to say that more opportunities for professional development would make it easier for them to achieve the best possible outcomes for children. The proportion of speech pathologists who identified this as an important factor was, by comparison, much smaller (39 per cent for EC professionals and 13 per cent for speech pathologists).

In addition to responding to this multiple choice question, survey participants were invited to provide further information about any aspect of professional development relating to child language development and communication. A total of 145 participants (36 per cent) responded to this question. By far the most common themes in the responses to this question pertained to location and cost:

- *Location*: the concerns regarding location pertained to the difficulties for professionals in regional and rural areas including the cost of overnight accommodation if training is in Melbourne, the time required to get to and from regional / rural areas and Melbourne, and difficulties backfilling staff. Respondents made a number of suggestions in regards to these difficulties including: the use of information and communication technologies such as webinars and teleconferences; discounts on training courses for staff from regional and rural areas; and more efficient methods for informing professionals in regional and rural areas about training so they can plan ahead.
- *Costs*: training that is relevant to the work professionals undertake is out-of-reach for organisations that have limited professional development budgets. For example, a number of respondents noted the high costs of Hanen programs and noted that they or their staff missed out on training opportunities because of limited available funds.



In the in-depth consultations more detailed information about professional development was sought. Participants were asked to identify specifically what professional development opportunities they had undergone in order to implement a specific program or approach. Respondents noted a number of different types of training for a range of programs including: smalltalk (a three day training session with 20 participants involving group work based, intensive video analysis and role playing); and Parent Child Mother Goose (two day training program costing \$400).²⁶

A host of other professional development activities were noted by in-depth consultation participants relating directly to a specific program or to other relevant issues including: Circle of Security, Hanen training, BLADES, Bridges out of Poverty; Annual Parent Child Mother Goose facilitator gathering; language and literacy training through Best Start; Playgroup Victoria conference; and online networks of early years professionals in the local community.

Collaboration

In the online survey participants were asked whether they collaborated with professionals outside their sector to support young children's language development and communication. Seventy three per cent (n = 296) of respondents stated that they did. Interestingly, those participants who worked directly with children were less likely to collaborate than those who *managed* staff who worked directly with children (69 per cent and 82 per cent respectively). This suggests that professionals who work directly with children and are not managing staff have fewer opportunities to collaborate with professionals outside their sector than their managers. This may have important implications for young children as those professionals working directly with children appear to have fewer opportunities to learn from professionals outside their sector.²⁷

Examining levels of collaboration by sector, and excluding those who manage staff across multiple sectors, the highest proportion of collaboration was reported by maternal and child health nurses (78 per cent), followed closely by other social assistance professionals (including Family Support professionals) (75 per cent) and health service professionals (including speech pathologists) (74 per cent) and then by early childhood education and care professionals (68 per cent). The lowest level of collaboration was by respondents who belonged to a sector not included in that list (or not identified by the respondent) (57 per cent).

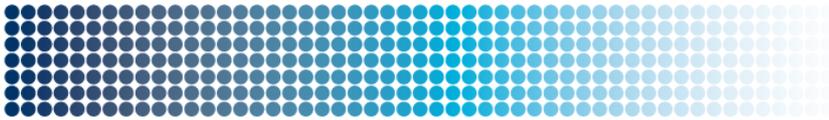
In the online survey, participants were asked to identify what type of collaboration they had participated in. Types of collaboration fell into three broad categories:

- Professional development (i.e. attending multi-sector training, delivering training in collaboration with a professional from another sector);
- Working collaboratively (e.g. networking, cross-sector planning, cross-sector case management); and
- Early intervention (e.g. collaborating for the purpose of referral or screening).

A total of 274 participants identified the types of collaboration they had participated in. Within these categories, the most common form of collaboration was collaborative networking or consultation (e.g. collaborative partnerships, cross-sector meetings, general networking) (51 per cent), followed by attending training and conferences involving multiple sectors (27 per cent), and 15 per cent working in collaboration to meet the needs of an individual child or family (e.g.

²⁶ See Appendix 10 for further information about these programs.

²⁷ Although clearly collaboration at the managerial level is also beneficial.



case management) (see Figure 4). As noted previously, these results pertain to professionals who work with children, as well as professionals who manage staff.

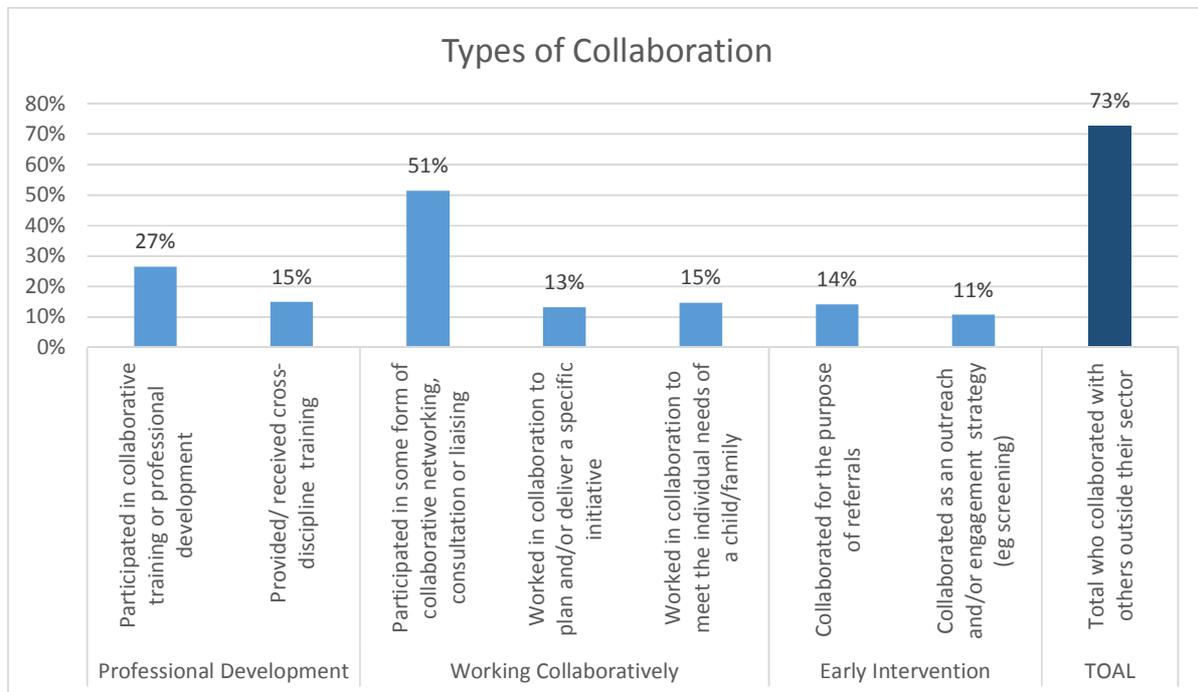


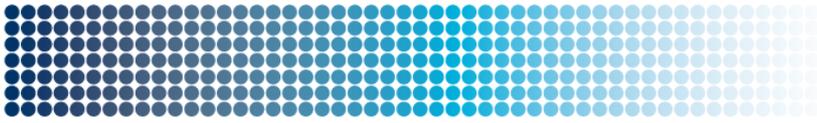
Figure 4: Types of collaboration survey respondents participated in (n = 274 respondents)

These data suggest that informal methods of collaboration that involve professionals working together in the absence of families (i.e. networking, consultation, liaising, training and professional development) are the most common forms of collaboration for the professionals working in these sectors. Interestingly, when examined by sector, these data reveal that *joint planning or delivery of an initiative* and *collaborative outreach and engagement strategies* were most common amongst EC professionals (33 per cent and 45 per cent respectively, n = 18 and n = 20 respectively).

The in-depth consultations provided a more detailed picture of the nature of collaboration. A range of different professionals were identified by these participants as being involved in collaboration including: counsellors, speech pathologists, early childhood intervention workers, librarians, kindergarten teachers, primary school teachers and principals, maternal and child health nurses, local government representatives, community development professionals, paediatricians, family support workers, occupational therapists, psychologists and social workers.

There were multiple examples from the in-depth consultations of what collaboration looked like 'on the ground' including many references to the types of collaborations highlighted in the survey. Some innovative examples of collaboration included:

- A speech pathologist and a counsellor who facilitate a supported playgroup together. Both work together to ensure that language, communication and parent-child relationships are intertwined in the planning and delivery of the playgroup.
- A speech pathologist who works as a 'key worker' in an early childhood intervention service. The key worker delivers the majority of support to the family but is able to consult with a



larger team of professionals from a range of different professional backgrounds as required. The larger team comprises occupational therapists, psychologists, educational advisors and other specialists.

- Community literacy workshops within a regional area which involves multiple people from the community including a librarian, local government representatives, speech pathologist, local Indigenous representatives, the local early childhood intervention service and volunteers. The workshop focuses on various issues relating to literacy. At present the team is focused on digital literacy. Members of the workshop share ideas and strategies, ensure they are not doubling up on services and apply for collaborative grants.
- A team of speech pathologists and AH professionals from a community health service who go to kindergartens and screen all four-year-old children for speech and language problems (consent from parents prior to screening determines which children are screened). A speech pathologist then follows up with the child at the local health service. The speech pathologists from the community health service also work with kindergarten teachers and parents to build their capacity to support children's language development.
- An intensive supported playgroup which is facilitated by a playgroup leader and a family support worker. The playgroup is referral only and for parents experiencing difficulties relating to, for example, child protection and substance abuse. The playgroup facilitator focuses on the needs of the children and the family support worker focuses on the parents' and families' needs. Prior to the family coming to the playgroup, the family support worker visits the family in their home and makes sure they are able to get to the playgroup. The family support worker introduces the family when they first come to the group and follows up with the family if they don't attend.²⁸

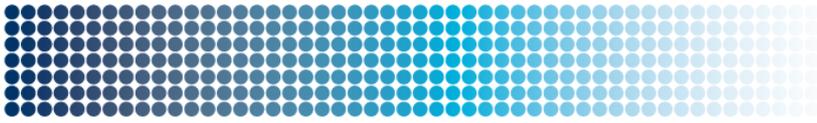
Participants in the in-depth consultations noted that collaboration had a range of benefits including allowing them to provide multiple forms of support to parents and identify and respond to parent and family issues as they emerge, and giving parents greater opportunities to get to know professionals from different sectors thereby making it easier for them to approach those professionals when they require advice and assistance. Challenges included: a high turnover of staff in some sectors – especially the ECEC sector – which can interrupt collaborative processes; collaborative ways of working require a belief and commitment on the part of professionals; and misunderstandings regarding roles (e.g. attempting to deliver a program without the required training or qualifications). Although we did not ask survey respondents about challenges relating to collaboration, in the section of the survey where we provided them with an opportunity to note any additional issues or concerns, staff turnover in ECEC was not mentioned.

What needs to be considered in the design and implementation of Every Toddler Talking?

Advice from the field and experts

Building on the findings from the rapid and practice reviews, additional advice was gained from the field and experts to consider the suitability, acceptability and feasibility of the Every Toddler Talking initiative.

²⁸ This program ceased in 2014 due to lack of funding.



Design

Key feedback from 19 professionals representing ECEC, AH, early childhood intervention, local government, DHHS and the Department indicated there is a perceived need and desire from the field to strengthen EC educator knowledge, skills and confidence in promoting language and communication outcomes in babies and toddlers. Strategies to achieve this objective included: professional development, particularly through coaching and mentoring; and building EC educator professional identity, including role/s in promoting young children's language and communication.

The project's academic advisors outlined the following content areas to be considered when designing or selecting professional development to achieve this objective:

- Speech, language and communication development in young children and drivers of development;
- How speech and language skills influence academic, social and emotional and long-term outcomes;
- Adult-child interaction and attachment;
- Strategies to assess and promote infant and toddler language learning such as promoting and extending conversational exchanges with children, responsivity strategies, interactive book reading, pacing and pausing, and turn taking;
- Understanding what can go wrong in language learning, how to recognise warning signs and (next) steps to take; and
- Understanding the alignment of Every Toddler Talking outcomes and strategies to the National Quality Standard (NQS).

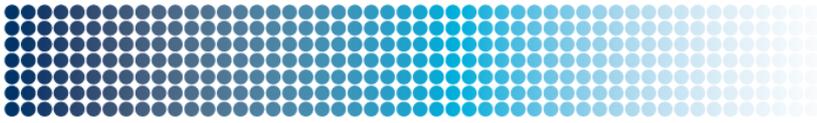
The field also validated the need for, and interest in, strengthening the collaboration between AH professionals and EC educators to improve young children's language and communication outcomes. The importance of mutual professional respect was emphasised and strategies to achieve objectives around collaboration included: increasing AH understanding of the role and expertise of EC educators; using a common framework such as the VEYLDF to act as a foundation for collaboration and to provide a common language; and providing cross-disciplinary learning opportunities.

The project's academic advisors identified the following as important 'threshold' understandings or learning outcomes for speech pathologists:

- Able to view the child holistically;
- Understanding of play-based learning in ECEC settings;
- Knowledge of appropriate language promotion strategies for ECEC settings;
- Understanding of the, Early Years Learning Framework (EYLF) in relationship to the services they support and the VEYLDF for all professionals including AH; and
- Understanding the alignment of Every Toddler Talking outcomes and strategies to the NQS.

Implementation

Various considerations were identified by the field and our academic advisors in regards to implementation of the Every Toddler Talking initiative. Themes included:



- Leadership – centre management support is essential to creating a supporting environment for change, particularly if training is to be embedded through ongoing coaching and mentoring;
- Costs – for EC educators, back fill places considerable constraints on participation and online training or centrally located training can help to minimise demands. For AH professionals – reportable statistics and funding agreements present barriers, speech pathologist participation could be enabled by ensuring initiative activities meet existing funding criteria;
- Educational leaders – as a requirement of the National Quality Framework, all ECEC settings have an educational leader and by 2016 all ECEC centres will be required to have access to or attendance of educators who are early childhood teachers. Educational leaders and early childhood teachers present an opportunity to provide coaching and mentoring to staff and help transfer training to daily practice; and
- Sustainability – it is important that the initiative is ongoing, content is consistent and that the initiative is not dependent upon key people. Linking the initiative to broader early years plans and activities was recommended so that it can be integrated into local service system/s. It was also suggested that Every Toddler Talking could be implemented in communities where there are existing initiatives with a focus on collaboration and the early years such as Best Start.

All consultations with the field also indicated a strong interest and commitment to working with parents to improve young children’s language and communication outcomes. Acceptance of the scope of Every Toddler Talking (i.e. limited to EC educators and AH professionals) by the field may be enhanced by communication about other Department initiatives focused on increasing the capacity of parents.

Every Toddler Talking options and recommendations

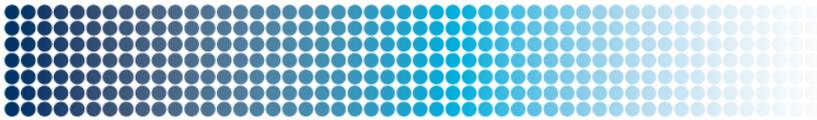
This section summarises key findings from the rapid review, practice review and the design workshop, and presents possible options for Every Toddler Talking based on the findings and the scope of the initiative. After discussion and a detailed analysis of the most viable option, a model for Every Toddler Talking and evaluation recommendations are provided.

Key findings

The key findings from Phase One are as follows:

- The rapid review identified 17 best practice and promising programs that promote babies’ and toddlers’ language and communication. These programs focused on: increasing parent capacity; increasing EC educator capacity; collaborative and shared models of practice; and direct language intervention.
- Two promising²⁹ programs for increasing EC educator capacity were identified: Learning Language and Loving It (LLLI) (Girolametto et al., 2003) and a professional development workshop and coaching in joint attention (Rudd et al., 2008), referred to hereafter as the

²⁹ Refer to Appendix 4 for best practice and promising program criteria.



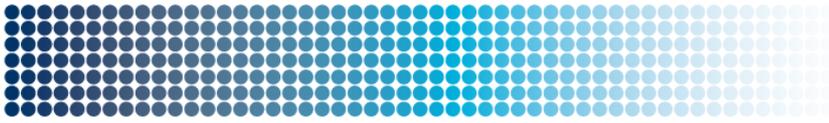
Joint Attention program. These programs were classified as promising due to evidence of positive evaluation/s.

- Only one of the EC educator focused programs identified in the rapid review is currently delivered in Victoria – Learning Language and Loving It.
- A vast number of interventions are currently being used in Victoria to promote babies' and toddlers' language and communication outcomes. Of the 111 interventions identified through the practice review, the five most common programs were: It Takes Two to Talk; Parent Child Mother Goose; a Hanen program (unspecified/adapted); Let's Read; and Baby/Toddler time (see Appendix 10). The five most commonly reported language promotion strategies were: reading and books; conversation and promoting everyday language; parent capacity building; play; and music, singing, rhyme.
- Many interventions currently used in Victoria appear to adopt similar language promotion strategies to those in evidence-based programs identified by the rapid review, however further information about the implementation of specific strategies within the interventions is required to draw conclusions about the alignment between practice and the evidence. For example, shared picture book reading using language promotion techniques is a strategy identified through the rapid review. While reading and books were one of the most commonly reported strategies within the practice review, we are unable to analyse how specific language promotion techniques were implemented in these reading and book interventions.
- The most commonly reported interventions to promote babies' and toddlers' language and communication are implemented across Victoria – all 10 common programs and approaches are present in at least one location in each of the four Department regions. The following LGAs appear to provide a wide variety of interventions: Greater Dandenong, Greater Bendigo and the City of Yarra.
- The most common type of collaboration reported by Victorian EC professionals to support babies' and toddlers' language and communication was joint planning or delivery of an initiative and collaborative outreach and engagement strategies. Examples of *approaches* with a primary focus on collaboration between EC educators and AH professionals were reported through the practice review, however no *replicable programs* with a primary outcome of collaboration were identified.
- The level of engagement from various sectors and professionals in this project's survey, interviews and design workshop suggests that the promotion of babies' and toddlers' language and communication is of high interest and perceived need in Victoria.
- Design workshop participants noted the importance of a shared language and framework to facilitate collaboration between AH professionals and EC educators (such as the VEYLDF).

What are the options for Every Toddler Talking?

The Every Toddler Talking initiative requires a program that is evidence-based, collaborative and suitable, scalable and sustainable for the Victorian context. Based on the rapid and practice review findings, as well as consultation with the sector and the project's academic advisors, we identified four programs that warranted further analysis and exploration against the above Every Toddler Talking requirements:

- Learning Language and Loving it;
- Joint Attention program;



- Teacher Talk; and
- A new program.

The reasons for the selection of these four programs as possible options for Every Toddler Talking are outlined below, with Appendix 1 summarising key characteristics of the three existing programs. Following this, we analyse each program against the Every Toddler Talking requirements to determine the most viable option.

Learning Language and Loving It (LLLI)

This was the only program identified in both the rapid and practice review (i.e. it was identified as 'promising' within the rapid review and reported to be currently implemented in Victoria through the practice review). LLLI has a promising evidence base and, to at least some extent, is appropriate for the Victorian context given its reported use. LLLI could be implemented to promote collaboration between EC educators and AH professionals, with additional support to address the concerns raised by the field about the intensity of the program.

Joint Attention program

In the rapid review the Joint Attention program was identified as having a promising evidence base for promoting babies' and toddlers' language and communication. Although not currently implemented in Victoria, the amount of EC educator training time required might be more feasible and affordable than LLLI. The program could facilitate increased contact between EC educators and AH professionals, but has fewer opportunities for reciprocal learning given the directive teaching approach employed by the program.

Teacher Talk

Teacher Talk and adapted versions of Teacher Talk were reported through the practice review, indicating a level of appropriateness for the Victorian context. Although the rapid review did not identify Teacher Talk as a best practice or promising program, there is other supporting evidence for its use. Teacher Talk could be implemented to promote collaboration between EC educators and AH professionals.

New program

Given the relatively small number of evidence-based programs, the design and delivery of a new program that focuses on EC educator and AH professional collaboration is a worthy consideration. The program could be designed to ensure appropriateness, scalability and sustainability. However, costs and time required to develop a new program must be weighed against the above benefits.

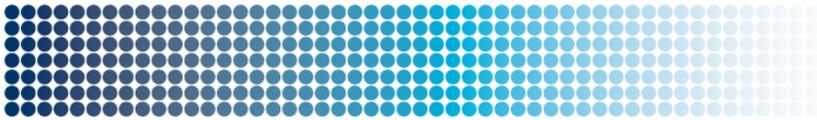
Which is the most viable option for Every Toddler Talking?

Summary

Table 7 summarises the extent to which each option meets the Every Toddler Talking requirements, based on our analysis detailed below. Key criteria for the requirements included:

- Evidence base – Is there evidence to indicate the program's effectiveness against the desired Every Toddler Talking outcomes?³⁰

³⁰ Refer to Appendix 3 for Every Toddler Talking outcomes.



- Collaborative – Does the program facilitate sustained collaboration between EC educators and AH professionals?
- Appropriateness – Is the program in use in Victoria? Does the program explicitly align to the VEYLDF? Is it suitable for Victorian EC educators? Is it suitable for Victorian AH professionals? Is it appropriate for ATSI communities? Is it suitable for rural and regional areas?
- Scalability and sustainability – Is the program replicable? Is it feasible? How much does it cost?

Following the analysis of each option against these requirements, discussion of other implementation considerations, including identified risks and risk mitigation strategies, is provided and the most viable option, Learning Language and Loving It (LLLI), is identified.

Table 7: Summary analysis of the options against Every Toddler Talking requirements³¹

Option	Extent to which it meets core Every Toddler Talking requirements (meets / partially meets / does not meet)			
	Evidence base	Collaborative	Appropriateness	Scalability and sustainability
LLLI	Meets	Partially meets	Meets	Partially meets
Joint Attention program	Meets	Does not meet	Partially meets	Partially meets
Teacher Talk	Partially meets	Partially meets	Meets	Meets
New program	Does not meet	Meets*	Meets*	Meets*

*the new program would be designed specifically to meet these requirements

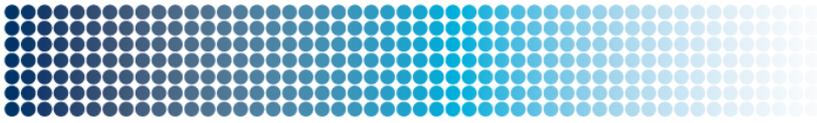
Evidence base

There is an evidence base to support all of the first three options (LLLI, Joint Attention and Teacher Talk). Multiple studies have demonstrated the effectiveness of LLLI (Cabell et al, 2011; Flowers et al, 2007; Girolametto et al, 2003, 2004, 2007; O’Toole & Kirkpatrick, 2007; Piasta et al, 2012) and the program was identified as promising in the rapid review undertaken for this project. Although there is some evidence to support the effectiveness of Teacher Talk (Scarinci et al, 2015), the program was not identified as best practice or promising through the rapid review, which suggests that when compared to LLLI, the evidence to support this program is not as strong.

One RCT demonstrates that the Joint Attention program is effective and it was also identified as a promising program in the rapid review undertaken for this project (Rudd et al, 2008). However unlike LLLI, evidence of the effectiveness of the program comes from a single study and in that respect, we can be less certain of its replicability – that is, the extent to which the positive outcomes from the project can be replicated beyond the original trial.

Overall, the rapid review identified a small number of effective programs designed to build EC educator capacity in collaboration with AH professionals and improve babies’ and toddlers’ language and communication. Therefore, one option is to develop a new program, implement

³¹ Refer to Table 9 for comparable implementation costs of existing programs



and evaluate that program and add to the evidence base regarding effective practice. However, it is not possible to determine the effectiveness of this new program in advance.

Best option/s: Learning Language and Loving It.

Comments: LLLI has been identified as promising in the rapid review, and multiple RCTs have demonstrated its effectiveness.

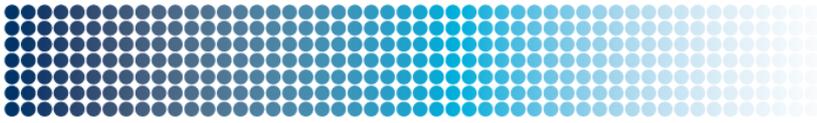
Collaborative

None of the three existing programs is designed with the specific purpose of fostering long-term, ongoing collaboration between EC educators and AH professionals. Although sustained collaboration may be an indirect outcome of the programs through, for example, the development of closer professional relationships – especially through the coaching components of LLLI and Joint Attention – no evidence was found to indicate that is the case for any of the three programs.

Of the pre-existing programs, LLLI appears to provide the greatest opportunities for open communication between EC educators (as trainees) and AH professionals (as trainers) as it encourages discussion in the group training sessions and, in contrast to Joint Attention, appears to encourage a less directive approach to teaching and learning. Further, the mandatory certification course to be undertaken by trainers prior to delivering LLLI provides an opportunity for joint professional learning, as both EC educators and AH professionals can both be trained to deliver the program³². The directive approach underpinning Joint Attention could possibly undermine collaborative approaches, and there appears to be little valuing of EC educator expertise in either the training or coaching components. Teacher Talk does not have a coaching component and is shorter in duration to both programs, which may hinder the potential for EC educators (as trainees) to develop closer professional relationships with AH professionals (as trainers). However, the workbooks allow EC educators to develop strategies for the settings where they work, which indicates a valuing of the EC educator's experience and a respect for their perspectives. Multidisciplinary attendance at the mandatory certification course to be undertaken prior to delivering Teacher Talk may also provide opportunities for joint professional learning by the two disciplines. Further, while not a mandatory component of the program, there are multiple Australian examples of Teacher Talk introducing a low-intensity coaching component in addition to the group training sessions, which provides an opportunity to facilitate collaboration between AH professionals and EC educators (e.g. Scarinci et al, 2015; Gleeson, 2012).

A study undertaken in Ireland examined the impact of delivering LLLI to a mixed group of EC educators, primary school teachers and special needs assistants and AH professionals (physiotherapist, OT, psychologist) found that participating in the program did not lead to a statistically significant improvement in the EC educators' attitudes towards working collaboratively with the AH professionals (O'Toole & Fitzgerald, 2007). However the study used

³² Refer to Appendix 10 for qualifications to participate in the certification course and become a LLLI trainer.



a small sample size and did not use a control group for comparison purposes therefore the authors note that the findings should be considered “exploratory” (O’Toole & Fitzgerald, 2007, p. 341). As with some of the previous criteria, a new program could be developed specifically to foster sustained collaboration between EC educators and AH professionals, and in that respect, may be the best option for this criterion.

Best option/s: A new program.

Comments: The new program would be designed specifically to focus on achieving sustained collaboration between AH professionals and EC educators as a primary outcome of the program (as well as focusing on the other primary Every Toddler Talking outcome of increasing EC educator skill, knowledge and confidence). However, of existing programs, LLLI provides the greater opportunities for collaboration between professionals.

Appropriateness

Use in Victoria

LLLI and Teacher Talk have both been used in at least one location in Victoria (e.g. LLLI has been used in Moreland and Teacher Talk has been used in Brimbank and Hastings). The Joint Attention program was trialed in the United States and it does not appear to have been replicated in Victoria or elsewhere. In that respect, both LLLI and Teacher Talk appear to be the best options in regards to this criterion.

Best option/s: Learning Language and Loving It and Teacher Talk.

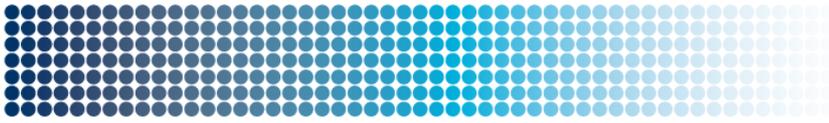
Comments: LLLI and Teacher Talk have been used in Victoria.

Alignment to VEYLDF

In order to identify the programs’ alignment with the VEYLDF, we used the available information about LLLI, Joint Attention and Teacher Talk (e.g. journal articles, websites) and the information provided in the VEYLDF (Department of Education and Early Childhood Development & Victorian Curriculum and Assessment Authority, 2009), as well as supplementary information (such as the Practice Principle Guides), to assess the alignment between the VEYLDF and the program. We have rated the alignment of Practice Principle 7 for all three programs as ‘not applicable’. This is because based on the available information none of these programs specifically address EC professionals’ assessment of children’s learning.

Although all three of the established programs rated similarly in regards to their alignment with the VEYLDF, the weakest program overall was the Joint Attention program. Overall, LLLI scored more highly than Teacher Talk and the Joint Attention program, primarily because it provides opportunities for open communication between professionals and is founded upon relationships of partnership, as opposed to a directive approach as is evident in Joint Attention, and provides opportunities for reflective practice, especially through the coaching component, which is not as evident in Teacher Talk or Joint Attention. All of the three established programs – including LLLI – have a weak alignment with the practice principles of equity and diversity. A new program could be developed especially to align with the VEYLDF and in this respect may be a viable option for this criterion.

Best option/s: Learning Language and Loving It and a new program (designed specifically to align with the VEYLDF).



Comments: LLLI scored highest when assessed according to the eight Practice Principles underpinning the VEYLDF (see Table 8) and a new program could be developed to explicitly align with the practice principles of the VEYLDF.

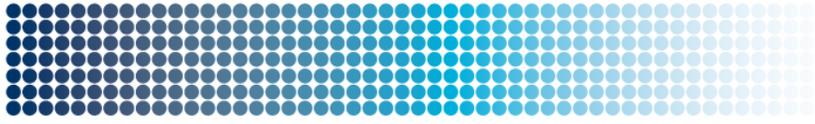
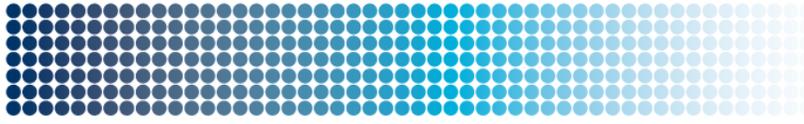
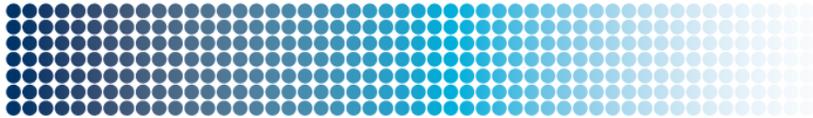


Table 8: Analysis of the alignment of existing programs to the VEYLDF

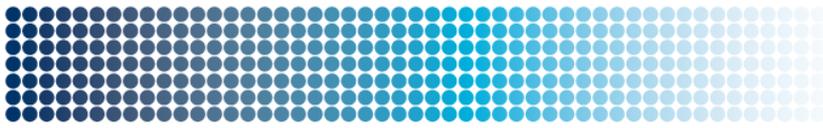
Extent to which the program meets the VEYLDF (Strong/Moderate/Weak)	Option		
	Learning Language and Loving it	Joint Attention program	Teacher Talk
Overall			
<i>Practice Principle 1: Family-centred practice</i>	Moderate	Moderate	Moderate
Comments	All three programs are equal in regards to this principle. All encourage an environment of respect which may go some way towards creating a welcoming and inclusive environment for families. However, all focus upon EC educators' relationships with children, not their relationships with children's families.		
<i>Practice Principle 2: Partnerships with professionals – Level of alignment</i>	Strong	Weak	Moderate
Comments	Provides opportunities for open communication with other professionals and enables EC educators to work constructively with speech pathologists (SPs) through the coaching component. This program encourages a commitment to working together to improve educators' individual practice in the ECEC setting, drawing on the expertise of a SP.	The program appears to encourage a directive educational approach whereby trainers "instruct" trainees to undertake specific tasks. The coaching component provides an opportunity for the EC educator to gain a new perspective on their practice, however there appears to be little valuing of the EC educator's expertise in the training and coaching components.	The workbooks allow EC educators to develop strategies for the settings where they work, which indicates a valuing of the EC educator's experience and a respect for their perspective. The program does not include a coaching and mentoring component which may limit opportunities for cross-sector sharing of different perspectives.
<i>Practice Principle 3: High expectations for every child – Level of alignment</i>	Moderate	Moderate	Moderate
Comments	The strategies reflect some of the principles that communicate high expectations to children and the program encourages interactions that build upon children's unique interests.	The program encourages an approach that reflects the principles of responsiveness and respect. A range of strategies are taught to educators that allow for differentiated approaches for working with children.	The workbooks include charts and checklists that encourage trainees to think about how they are going to meet the individual needs of children in the classroom. The program is designed to promote the communication and social development of all children, including those with language delay and those



			who are learning English as an additional language.
<i>Practice Principle 4: Equity and diversity – Level of alignment</i>	Weak	Weak	Weak
Comments	The program supports children's learning capacities and encourages maximisation of opportunities for every child via a range of strategies. Although the program is aimed at children from diverse backgrounds, available information did not indicate the program recognises bi- and multi-lingualism, promotes cultural awareness, supports a sense of place and identity or encourages environmental sustainability.	The program supports children's learning capacities and aligns somewhat with the principle of maximising opportunities for every child. There is nothing to indicate the program recognises bi- and multi-lingualism, promotes cultural awareness, supports a sense of place and identity or encourages environmental sustainability.	The program supports children's learning capacities and encourages maximisation of opportunities for every child via a range of strategies. Although the program is aimed at children from diverse backgrounds, available information did not indicate the program recognises bi- and multi-lingualism, promotes cultural awareness, supports a sense of place and identity or encourages environmental sustainability.
<i>Practice Principle 5: Respectful relationships and responsive engagement – Level of alignment</i>	Strong	Moderate	Moderate
Comments	The program encourages a responsive ECEC environment: respectful interactions between educators and children and extension of children's learning through a number of strategies. The program approach targets children from diverse backgrounds and has been used among culturally diverse communities.	The foundations of the program include strategies for engaging with children in a variety of ways to extend their learning. The program encourages the educator to listen and respond to children with full attention and share ideas collaboratively. There is nothing to indicate the program explicitly encourages or enables EC educators to understand, communicate and interact across cultures.	The program encourages a responsive ECEC environment. One of the training sessions focuses exclusively upon fostering peer interactions in ECEC settings. There is nothing to indicate the program explicitly encourages or enables EC educators to understand, communicate and interact across cultures.
<i>Practice Principle 6: Integrated teaching and learning approaches – Level of alignment</i>	Strong	Strong	Strong
Comments	The program encourages: educators' engagement and interaction with children; a focus on children's own	The theoretical construct underpinning the program reflects the idea that children learn best when they are	The program teaches educators strategies that are responsive to children's unique interests and includes



	interests in order to facilitate learning and; many of the approaches that adults can use to extend children's learning through play.	engaged. The program teaches educators strategies that can be used to extend children's learning and encourages conversation and interaction with children.	explicit strategies relating to play. It includes a component that focuses exclusively upon promoting interactions between children and encourage practices which align with the concept of an 'enriched curriculum.'
<i>Practice Principle 7: Assessment for Learning and Development – Level of alignment</i>	Not applicable (see Appendix 12)		
Comments			
<i>Practice Principle 8: Reflective practice – Level of alignment</i>	Moderate	Moderate	Moderate
Comments	The program promotes practices that have been shown to be successful in supporting children's learning and development, and is designed to change practices among EC educators. The coaching component provides opportunities for reflection. There is nothing to indicate that the training program encourages EC educators to gather information that supports, informs, assesses and enriches decision-making about appropriate professional practices.	The program promotes practices that have been shown to be successful in supporting children's learning and development, and is designed to change practices among EC educators. The coaching component provides opportunities for reflection. There is nothing to indicate that the training program encourages EC educators to gather information that supports, informs, assesses and enriches decision-making about appropriate professional practices.	The program promotes practices that have been shown to be successful in supporting children's learning and development and provides some opportunities to change practices. There is no empirical evidence regarding the program's effectiveness and there is nothing to indicate that the training program encourages EC educators to gather information that supports, informs, assesses and enriches decision-making about appropriate professional practices.



Suitability for EC educators

In both LLLI and Teacher Talk, EC educators are recipients of training and, as such, the qualifications required to participate as a trainee in the program are important to consider, as this will determine whether the programs are suitable for EC educators in the Victorian context. The Hanen Centre states that both programs are “designed for educators who work in a variety of early childhood settings, including childcare, preschool, nursery and kindergarten programs.”

LLLI has been implemented in Canada (Girolametto et al, 2003, 2004, 2007; Flowers et al, 2007), the US (Cabell et al, 2011; Piasta et al, 2012), and Ireland (Coulter & Gallagher, 2001; O’Toole & Kirkpatrick, 2007). The qualifications of the EC educators who participated in these studies were fairly diverse and included: postgraduate degree qualifications (O’Toole et al, 2007), a bachelors’ degree (O’Toole et al, 2007), a two year post-secondary diploma in Early Childhood (Girolametto et al, 2003, 2004, 2007; Flowers et al, 2007; Cabell et al, 2011) and a high school diploma (Cabell et al, 2011; O’Toole et al, 2007). This suggests that the program is suitable for EC educators with a wide range of qualifications.

The qualifications of the EC educators who participated in the Teacher Talk trial in Queensland (Scarinci et al, 2015) also had a range of qualifications from a bachelor’s degree or higher (19.5 per cent of participants, n = 8) to a Certificate III (34.1 per cent, n = 14). All participants who participated in the post-test study indicated that the program had changed the way they participated with children and nearly all reported that the program was very useful (Scarinci et al, 2015). Although based on only one study, this suggests that the program is suitable for EC educators with a wide range of qualifications.

The suitability of Joint Attention for EC educators in Victoria is unclear as there was insufficient information to determine the qualifications of the EC educators who participated in this program in the original trial. As with the previous discussion regarding the alignment of a new program with the VEYLDF – it may be possible to design a program that is especially suited to the qualifications of EC educators in Victoria, however as there is evidence to demonstrate that LLLI is effective among EC educators with a wide range of qualifications, it is the most viable option in regards to this criterion.

Best option/s: Learning Language and Loving It and Teacher Talk.

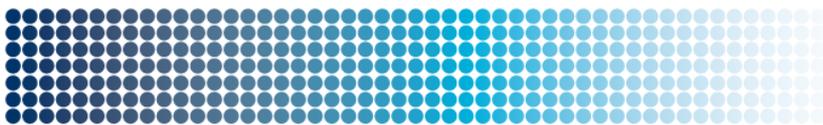
Comments: LLLI and Teacher Talk have been shown to be suitable for EC educators with a wide range of qualifications.

Suitability for AH professionals

In both LLLI and Teacher Talk, AH professionals – specifically speech pathologists – typically deliver the training (although EC educator consultants are also eligible to undertake certification) and, as such, the qualifications required to deliver the program are important to consider, as this will determine whether the programs are suitable for speech pathologists in the Victorian context.

In order to undertake certification, those delivering LLLI and Teacher Talk require a Bachelor Degree in Speech-Language Pathology or Diploma (or a degree in early childhood education or education, as well as experience with consulting, training or mentoring other educators).

The suitability of Joint Attention for EC educators in Victoria is unclear as there was insufficient information to determine the qualifications of the professionals who delivered the program. Furthermore, as with the previous criteria – although a new program could be



designed to align with the qualifications of AH professionals in Victoria, as LLLI and Teacher Talk already align with this criterion, they are the most viable options.

Best option/s: Learning Language and Loving It and Teacher Talk.

Comments: The requirements for speech pathologists to deliver LLLI and Teacher Talk align with the qualifications of speech pathologists in Australia.

Suitability for Aboriginal and Torres Strait Islander (ATSI) communities

We were unable to identify any published evidence regarding the suitability of any of the three established programs (LLLI, Teacher Talk, Joint Attention) among ATSI communities. However, an analysis of language and literacy development among Canadian Aboriginal children under the age of 6 found that Hanen programs had been implemented in some Canadian Aboriginal communities. Although there is no empirical evidence to demonstrate their effectiveness in these settings, the analysis revealed characteristics which suggest they would be appealing and appropriate among those communities (Ball, 2007). Although this does not conclusively indicate that the programs would be suitable in ATSI communities, it provides at least some indication of potential suitability.

We were unable to identify any similar information regarding the suitability of the Joint Attention program in any Indigenous community or among any Indigenous children in any country (including the US where the program was trialed).³³

A new program could be designed to meet the specific needs of ATSI communities in Victoria – drawing upon the principles outlined in the VEYLDF Equity and Diversity Practice Principle Guide (Kennedy & Stonehouse, 2012d). A new program could be developed specifically to reflect the culture and knowledge of ATSI communities – via partnerships with ATSI communities – and these components are likely to enhance the effectiveness of the new program in the ATSI communities (Harrison et al, 2012). In this respect, a new program is also a good option for this criterion.

Best option/s: Learning Language and Loving It, Teacher Talk and a new program.

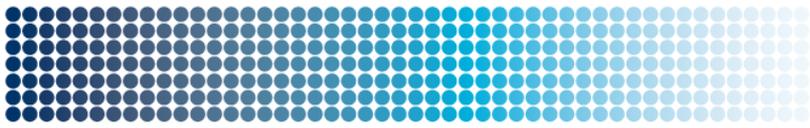
Comments: Hanen programs have been shown to be appropriate in Canadian Aboriginal communities which suggests that they may be suitable among ATSI communities. A new program could be developed specifically to reflect the culture and knowledge of ATSI communities, in partnership with those communities.

Suitability for rural and regional areas

There was insufficient information available to determine whether Teacher Talk or Joint Attention would be suitable in rural and regional areas. None of the evidence we identified indicated that either of these programs had been trialed in rural or regional areas, although one study has shown that when Teacher Talk was delivered in an urban area to EC educators working in urban and regional areas of Queensland, the program demonstrated some positive effects (Scarinci et al, 2015). This suggests that Teacher Talk strategies are relevant to regional Australian contexts, but it does not indicate whether the training program itself would be suitable if delivered in a rural or regional area.

We identified one study examining the effectiveness of LLLI that included EC educators from rural areas – specifically the United States (Cabell et al, 2011). The program was

³³ Rudd et al's (2008) publication does not specify the ethnicity of the children in the ECEC settings where the EC educators participating in the trial worked and efforts to obtain this information directly from the researchers were unsuccessful.



adapted to meet the needs of participants in this study (preschool teachers) – who were dispersed widely across a single mid-Atlantic state. The study showed that although the intervention did not lead to an improvement in children’s language outcomes, it did lead to an increase in the teacher use of responsivity strategies among the intervention group (Cabell et al, 2011). This study suggests that LLLI has been effective in a range of settings, including rural areas, in a country with a similar population to Australia. A new program could be developed specifically to meet the needs of rural and regional areas of Victoria.

Best option/s: Learning Language and Loving It and a new program.

Comments: In the US, LLLI was adapted to meet the needs of EC educators dispersed widely across a single location – including EC educators working in rural areas – and shown to have some positive outcomes. A new program could be adapted to meet the specific needs of EC educators in rural and regional Victoria.

Scalability and sustainability

Replication

LLLI has been replicated in numerous countries, including Canada (Girolametto et al, 2003, 2004, 2007; Flowers et al, 2007, the US (Cabell et al, 2011; Piasta et al, 2012, and Ireland (O’Toole & Kirkpatrick, 2007). It has been replicated in centre-based ECEC (Girolametto etc) and preschool settings (Piasta et al, 2012; O’Toole & Kirkpatrick, 2007), among cohorts of typically developing children (Girolametto et al, 2003, 2004, 2007), and among children with mild to severe learning difficulties (O’Toole et al, 2007). All of these studies have shown some positive effects for children and/or educators.

Both LLLI and Teacher Talk have been used in Australia (see ‘Use in Victoria’ in Appropriateness section above), however we were only able to identify *published* evidence of the effectiveness of either program in Australia for Teacher Talk (Scarinci et al, 2015). The Joint Attention program does not appear to have been replicated beyond the original trial and the new program will need to be developed, trialled and validated before it can be replicated.

Best option/s: Learning Language and Loving It and Teacher Talk.

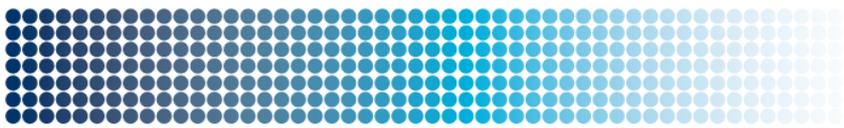
Comments: LLLI and Teacher have been replicated, but the effectiveness of Teacher Talk in multiple countries is less clear and the effectiveness of LLLI is less clear in Australia. In this respect, these programs are on par in regards to replicability.

Feasibility

The feasibility of implementing either LLLI or Teacher Talk across Victoria appears promising, especially because there is general familiarity with Hanen programs in Victoria. This may increase the willingness of speech pathologists to undertake training to become certified trainers, and the willingness of EC educators to participate in the training.

There is a limited number of certified LLLI trainers currently in Victoria (certified LLLI trainers can deliver the Teacher Talk program). The Hanen Centre website lists five certified LLLI trainers in Victoria –two of them are based in regional and rural Victoria (one in Ballarat and one in Willaura). In order to scale either LLLI or Teacher up to the whole state, therefore, there is clearly a need for more certified trainers (the cost of certification has been factored into our costings, see ‘costs’ below).

The coaching component of LLLI is an added issue to consider in regards to scalability – the key issue being whether coaching, and the video feedback of the coaching component



– is feasible state-wide given that LLLI involves at least four video feedback sessions per participant and there are currently relatively few certified LLLI trainers in Victoria. The acceptability of video feedback, coaching and mentoring was endorsed in the practice review and further consultation with the field and experts. In regional and rural areas where it may be difficult for certified trainers to visit EC educators, an alternative model of coaching has been trialled (see Cabell et al, 2011) which suggests that it is feasible and acceptable to adapt LLLI to better meet the needs of EC educators in regional and rural areas of Victoria, for example by educators filming themselves and sending it to the coach. Teacher Talk is likely to be easier to scale up because it doesn't include a coaching component, or if a coaching component is introduced, it can be delivered in a less intensive manner. There is insufficient information to determine the scalability of Joint Attention – especially in regards to the costs of delivering the program.

Best option/s: Teacher Talk.

Comments: Teacher Talk does not have a coaching component therefore it is easier to implement at a state-wide level.

Costs

Costs involved in delivering the three existing programs were not always available. The Joint Attention program, for example, indicated EC educators were provided with workbooks as part of their training but did not provide the costs of the workbooks, nor the costs or requirements of training the facilitator to deliver the program. However, these costs are available for both LLLI and Teacher Talk. To determine the least expensive option, we initially compared only available and similar components for each program: the number of trainer hours required to deliver the program for the recommended maximum number of participants; and the number of participant (EC educator) hours required to attend the course. These figures along with an estimated cost³⁴ are presented in Table 9. The new program was excluded from this comparison as there was insufficient information to predict the number of required trainer and educator hours.

Table 9: Known comparable costs of existing programs³⁵

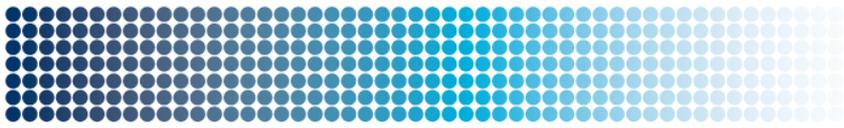
Unit	Option		
	LLLI	Joint Attention program	Teacher Talk ³⁶
Number of trainer hours to deliver the program	196 hours	128 hours	21 hours
Number of hours to attend the program (per participant)	26 hours	8 hours	21 hours
Maximum number of participants per program	14	30	20
Estimated cost (total)³⁷	\$23,604	\$15,504	\$17,388

³⁴ Refer to Appendix 13 for a full list of assumptions

³⁵ Excludes facilitator training costs and licenses, workbooks/resources, catering, travel and accommodation. All costs are in Australian dollars unless specified otherwise.

³⁶ Could be adapted to incorporate coaching (which would increase trainer and participant hours)

³⁷ Includes salary costs (i.e. time-release), excludes backfill.



Estimated cost per participant (pp) \$1,686 pp \$517 pp \$869 pp

Both LLLI and Teacher Talk have ‘set up’ costs to certify trainers to deliver the programs and some ongoing costs to deliver the program (e.g. annual membership to Hanen, additional workbooks). These, and all other known costs, have been summarised in Table 10.

Table 10: Other known costs of the three existing programs³⁸

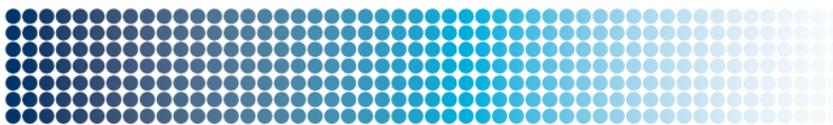
Unit	Option		
	LLLI	Joint Attention program	Teacher Talk
Certification hours	21 hours (3 days)	Additional training for ‘trainers’ not known	21 hours (3 days)
Certification fee	\$1,050 US per person	Not known	\$1,050 US per person
License	-	Not known – but does not appear to be required	Teacher Talk leaders package (\$105 US) per person
Workbooks/resources	\$82* for 1 workbook or \$144* for workbook and DVD (included in certification fee)	Provided to educators, but costs not available	\$63* for 3 workbooks (included in leaders package)
Other	Annual membership to Hanen (US\$48) for facilitators, first year included in certification fee		Annual membership to Hanen (US\$48) for facilitators, first year included in certification fee

*includes GST, excludes shipping

Both LLLI and Teacher Talk have some ongoing costs, including annual membership to maintain trainer certification (\$48 US), and both have set prices for the purchase of additional workbooks (e.g. for training participants / educators). LLLI is more costly (in total and per educator) which may make it less sustainable than Teacher Talk. However, LLLI provides opportunities for individual coaching – which Teacher Talk does not – and these coaching opportunities may lead to closer professional relationships. Once again, a new program could be developed specifically to ensure maximum sustainability, however as it is not possible to determine the costs of a new program in advance, it is difficult to determine whether it will be financially sustainable. It is also possible to introduce a coaching element to Teacher Talk at an increased cost.

It should be noted that catering and the costs of accommodation and travel for rural and remote trainers / educators to attend certification training or to deliver the program have not been included.

³⁸ Excludes backfill for certification course attendance, catering, travel and accommodation. All costs are in Australian dollars unless specified otherwise.



Although it was not possible to identify all costs of delivering the Joint Attention program, it is likely that this is the least expensive option in total and per educator when salary costs or backfill is accounted for. Of the programs where all costs are known, Teacher Talk is the least expensive.

Best option/s: Joint Attention program or Teacher Talk.

Comments: Joint attention is the cheapest option in terms of comparable known costs and is likely to be the least expensive option, but Teacher Talk is the least expensive in terms of all known costs.

Other

None of the pre-existing programs (LLLI, Teacher Talk, Joint Attention) are specifically designed to facilitate long-term, ongoing partnerships and collaboration between EC educators and AH professionals. In terms of sustainability, this is a potentially negative aspect of the programs as long-term, ongoing partnerships between EC educators and AH professionals are likely to enhance the skills and knowledge of both groups over an extended period of time.

Best option/s: New program.

Comments: The existing programs are roughly equal in terms of their sustainability – none are specifically designed to facilitate long-term, ongoing partnerships and collaboration for EC educators and AH professionals (which enhance the opportunities for improved skills and knowledge over time). LLLI provides coaching which may lead to collaboration but is more expensive than Teacher Talk, thereby making it less financially sustainable.

Other implementation considerations

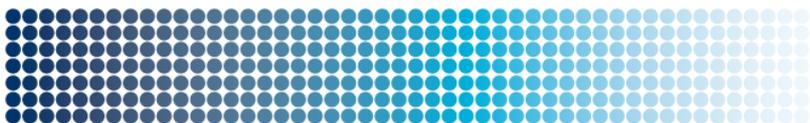
Key risks and risk mitigation strategies

The main risk associated with LLLI is that it requires a level of commitment that may not be feasible in some settings. This is based upon feedback received during the Practice Review as well as the observation that Teacher Talk has been adapted (to introduce a coaching component), rather than trial LLLI (where coaching is already an existing component) (e.g. Gleeson, 2012). Seven professionals noted that the time and costs required to undertake Hanen training or implement Hanen programs – such as LLLI – posed challenges for their organisation.³⁹

One way of mitigating this risk is to provide EC educator services and AH professional services with backfill so staff can participate in the program. Confirmation from the Victorian DHHS that delivery of LLLI courses constitutes ‘group intervention’ may also enable speech pathologists to deliver LLLI as part of an existing Community Health role. Another risk associated with LLLI is the cost of maintaining certified trainers, particularly as the certification course is currently only delivered by overseas trainers and capped at 14 participants.

The key risks associated with Joint Attention is that there is no evidence to indicate the program is effective beyond the original trial (i.e. replicability), nor is there any evidence to indicate that it is effective outside the US. One way of mitigating this risk is to trial the

³⁹ These seven professionals comprised two interviewees and five survey respondents. Concerns about Hanen programs included that the cost of the training was prohibitive, they were not suitable for vulnerable families because of their intensity; and they can be difficult implement due to demands on time.



program in a small number of sites to determine its effectiveness beyond the original trial and in Australian settings before implementing it more widely.

The key risk associated with Teacher Talk is that the quality of the evidence to support the program is weaker than the quality of the evidence to support the other two programs, therefore its effectiveness is less well established. That is, both LLLI and Joint Attention have been evaluated using an RCT methodology, whereas the highest level of evidence supporting Teacher Talk appears to be a pre- and post-test study (Scarini et al, 2015). As the program is flexible and allows for the inclusion of additional components such as coaching and video feedback, attention must also be given to fidelity when scaling the model. One way of mitigating this risk is to trial the program in a small number of sites, with implementation guidelines about coaching and video feedback, using an RCT methodology to determine its effectiveness before implementing it more widely.

The key risks associated with developing a new program is that the development would be an additional cost and could be time-consuming if new resources need to be developed. The program would need to be trialled and validated, as there would be no evidence to indicate its effectiveness. One way of mitigating the first of these risks is to use resources (e.g. content, teaching materials, etc) from a pre-existing program in order to eliminate the time required to develop new resources, however intellectual property rights would need to be considered. One way of mitigating the second of these risks is to incorporate elements of best practice into the program (i.e. the characteristics of effective programs) in order to ensure the program has a solid foundation in evidence.

It is difficult to say, based upon these risks and risk mitigation strategies, which program is the best option. However, the lack of evidence to support Joint Attention and the poorer quality of evidence to support Teacher Talk are possibly more concerning than the more pragmatic risks associated with LLLI (i.e. covering the costs of training and providing backfill). Furthermore, trialling and validating programs – which would better establish the effectiveness of Teacher Talk and Joint Attention – to determine their effectiveness may be time-consuming. Similarly, developing new resources is also likely to be time-consuming (for a new program). Multiple studies have demonstrated that LLLI is effective in multiple contexts – including in countries that are similar to Australia. Although it is the most expensive of the costed options, if financial support is provided for implementation, significant risks for the program appear to be mitigated.

Best option/s: Learning Language and Loving It.

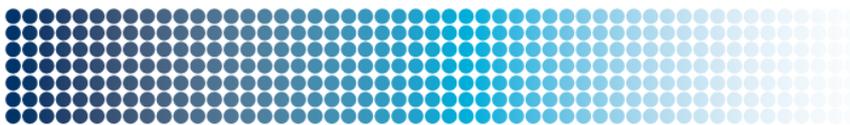
Comments: All options have associated risks, however as LLLI has the strongest evidence to demonstrate its effectiveness and it does not require a process of trialling and validation.

Phase Two timeframes and budget

The proposed timeframes and budget for Phase Two of Every Toddler Talking do not allow for a new program to be developed. It is also unlikely that the Joint Attention program could be implemented in Phase Two given the missing implementation information. However, it appears that both LLLI and Teacher Talk could be implemented and evaluated within the proposed timeframes and budget.

Best option/s: Learning Language and Loving It and Teacher Talk.

Comments: Further analysis of the best option is required to ensure Phase Two timeframes and budget can be met.



Conclusion

An analysis of all four options in regards to the above requirements indicates that, overall, LLLI it is the most viable option for the Every Toddler Talking initiative. This is because the program has:

- the strongest evidence to support its effectiveness;
- some components which align with the principles underpinning collaborative practice;
- been used in Victoria;
- scored highest among all three pre-existing programs in regards to its alignment with the VEYLDF;
- appeared to be suitable in respect of the qualifications of EC educators and AH professionals in Victoria;
- been viewed as appropriate and feasible for Indigenous Canadian communities and, as such, may be appropriate and feasible in ATSI communities in Victoria;
- been trialled and demonstrated positive outcomes among EC educators working in rural areas of the US;
- been replicated in multiple countries that have similar characteristics to Australia (Canada, US and Ireland);
- some characteristics that may enhance sustainability (of skills and knowledge);
- fewer risks – in terms of its overall effectiveness – than the other three options; and
- could be implemented and evaluated within the proposed timeframes and budget.

As this is the most viable option, a more detailed analysis of the program is provided below.

Learning Language and Loving It: Detailed analysis

In the following section, we provide a more detailed analysis of LLLI according to the eight VEYLDF Practice Principles and its applicability to the Victorian context.⁴⁰ We also provide a detailed risk assessment and a detailed costing and assessment of the program's sustainability and scalability.

Detailed analysis of alignment with the VEYLDF Practice Principles

Practice Principle 1: Family-centred practice

Important factors used in our analysis of the programs against Practice Principle 1 were:

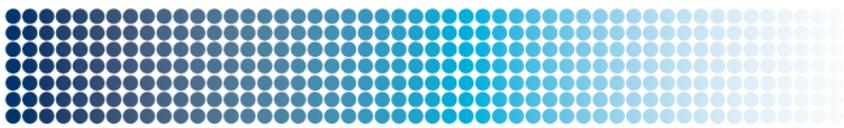
- Foster mutual respect and trust
- Share information with families using a range of styles and kinds of communication to foster engagement in planning for children's learning and development;
- Regard families as experts on their children's lives and actively seek children's and families' views and take them into account in practice (shared decision making);
- Offer choices and encourage families to make decisions; and
- Take responsibility for initiating and sustaining family-centred practice.

The following sections discuss the alignment between LLLI and each of these practices.

Foster mutual respect and trust

The program encourages an environment of warmth and respect between EC educators and children which may go some way towards creating an overall welcoming and inclusive environment for families.

⁴⁰ See Appendix 12 for a description of the methodology used to assess alignment.



Share information openly with families using a range of styles and kinds of communication

The program is not explicitly designed to enhance EC educators' work with families, however best practice principles guide EC educators to keep families informed and engaged with the program and their child's learning. With an improved understanding of children's language and communication, educators will be able to share that information with families.

Regard families as experts on their children's lives and actively seek children's and families' views and take them into account in practice

The program is not designed to enhance EC educators' work with families, however it does encourage EC educators to be responsive and respectful in their interactions with children. Furthermore, if EC educators have a better understanding of children's language and communication, they will be able to share that information with families.

Offer choices and encourage families to make decisions

The program is not designed to enhance EC educators' work with families, including in respect to offering families choices and encouraging them to make decisions, however with increased knowledge professionals may engage more in meaningful discussions with families to support shared decision making, particularly in regards to program planning and, if required, referrals to allied health.

Take responsibility for initiating and sustaining family-centred practice

The program is not explicitly designed to enhance EC educators' work with families and focuses upon the relationship between the EC educators and children, rather than EC educators and the children's families.

Practice Principle 2: Partnerships with professionals

Important factors used in our analysis of the programs against Practice Principle 2 were:

- Communicate openly and constructively with other professionals;
- Working towards shared goals: supporting children's learning and development;
- Value the experience of other professionals and make referrals when appropriate;
- Lead collaboration and partnerships and encourage others to lead;
- Commit to working together to advance knowledge about children's learning and development;
- Understand each other's practice, skills and expertise and make referrals when appropriate; and
- Build on children's prior learning experiences to build a continuity of their learning.

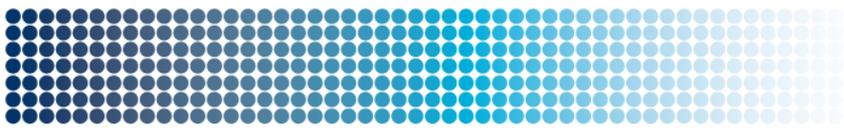
The following sections discuss the alignment between LLLI and each of these practices.

Communicate openly and constructively with other professionals

The program includes opportunities for group discussion and small group problem-solving activities for trainees which also facilitates open communication between professionals. It also provides an opportunity for EC educators to work constructively with AH professionals through the coaching and mentoring component.

Working towards shared goals: supporting children's learning and development

The extent to which the AH professionals (trainers) and EC educators (primarily trainees) are working towards the shared goal or undertaking a training program that is designed to support children's learning and development, there is some encouragement of this practice. As the program is designed to be delivered to EC educators within the same centre, it may



help to foster the shared goals of EC educators from the same centre who undertake the program together in regards to children's language outcomes.

Value the experience of other professionals and make referrals when appropriate

The coaching and mentoring component indicates that the program encourages EC educators to value the experience of the AH professional/EC educator consultant and the fact that the group sessions are facilitated through experiential activities suggests that the program encourages AH professionals/EC educator consultants to value the experience of EC educators. Through enhanced skills and knowledge, EC educators may have an enhanced capacity to make referrals when appropriate.

Lead collaboration and partnerships and encourage others to lead

The program is not designed to encourage or facilitate leadership, and although the coaching and mentoring component brings the philosophies and expertise of the AH professional to the EC educator, the program is not designed to bring the philosophies and expertise of the EC educator to the AH professional. The program reflects some core principles of effective collaboration such as respect and responsiveness and in this respect may empower EC educators.

Commit to working together to advance knowledge about children's learning and development

The program requires a commitment on the part of EC educators to build their knowledge of children's learning and development (specifically language development). The program requires a more intensive commitment to learning than many other professional development opportunities (i.e. those that are brief in duration with little opportunity for one-on-one learning).

Understand each other's practice, skills and expertise and make referrals when appropriate

Through the coaching and mentoring component, the program encourages a two-way understanding of each other's (i.e. EC educators and AH professionals) practice, skills and expertise. Through enhanced skills and knowledge, EC educators may have an enhanced capacity to make referrals when appropriate.

Build on children's prior learning experiences to build a continuity of their learning

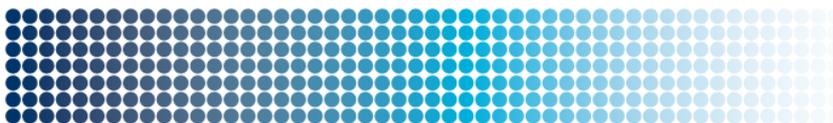
The program encourages EC educators to take into account children's existing skill levels which reflect an acknowledgement of children's prior learning experiences. However based on available information, the extent to which the program encourages EC educators to explicitly build on children's prior learning experiences is unclear.

Practice Principle 3: High expectations for every child

Important factors used in our analysis of the programs against Practice Principle 3 were, EC professionals:

- Communicate high expectations to every child, every day;
- Advocate for high expectations with parents, colleagues and other professionals;
- Enable every child to experience success by providing differentiated approaches that take account and build on children's strengths, abilities and interests; and
- Have high expectations of themselves and view themselves as agents of change.
- Engage in ongoing reflective practice, including reflecting on bias and promoting social justice and equity.

The following sections discuss the alignment between LLLI and each of these practices.



Communicate high expectations to every child, every day

Trainees in the program are taught to apply interaction strategies with children which reflect the principles that communicate high expectations (i.e. respect and responsiveness) (Kennedy & Stonehouse, 2012c, p. 10). For example, one strategy trainees are taught is “child-oriented strategies” which encourage children to initiate and engage in conversational interactions which educators can then use as a way of providing responsive language input on the child’s topic of interest. To that extent, the program teaches EC educators strategies to encourage children’s efforts and capitalise on children’s interests.

Advocate for high expectations with parents, colleagues and other professionals

This program is designed to teach EC educators the skills to work with children and is not designed to develop their skills to work with families, however the knowledge and skills learnt through the program may provide a foundation for advocating for high expectations with parents, colleagues and other professionals.

Enable every child to experience success by providing differentiated approaches that take account and build on children’s strengths, abilities and interests

The responsive interaction strategies that EC educators are taught as part of the program encourage interactions with children that are built upon children’s unique interests. They encourage conversations that are one-on-one as well as small group interactions tailored to respond to children’s interests, rather than the EC educator dominating the conversation. The fact that a range of strategies are taught (multiple strategies for each of the three “clusters of responsive interaction strategies”) indicates that a range of approaches are available to EC educators to use.

Have high expectations of themselves and view themselves as agents of change

The program encourages some of the factors that are likely to enhance professionals’ expectations of themselves, such as the opportunity to participate in high quality professional learning (i.e. LLLI is an evidence-based program that has been shown to be effective in numerous trials) and enhance their knowledge of child development theory. Based upon the information available, the extent to which the program encourages EC professionals to view themselves as agents of change is unknown.

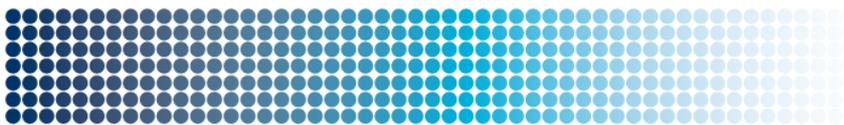
Engage in ongoing reflective practice, including reflecting on bias and promoting social justice and equity

The group discussions, small group-based work, coaching and mentoring components of this program are likely to encourage reflective practice. Based upon the information available, there is nothing to indicate that the program explicitly encourages *reflection* on bias or the promotion of social justice and equity, although the program approach is aimed at children from diverse backgrounds and abilities including children at risk of language delay, second-language learners, children with language delays and typically developing children.

Practice Principle 4: Equity and diversity

Important factors used in our analysis of the programs against Practice Principle 4 were that early childhood professionals:

- Support children’s evolving capacities to learn from birth;
- Ensure that the interests, abilities and culture of every child and their family are understood, valued and respected;
- Maximise opportunities for every child;



- Identify areas where focused support or intervention is required to improve each child's learning and development;
- Recognise bi- and multi-lingualism as an asset and support these children to maintain their first language and learn English as a second language;
- Promote cultural awareness in all children, including greater understanding of ATSI ways of knowing and being;
- Support children to develop a sense of place, identity and a connection to the land; and
- Encourage children as active participants for sustainability, influencing the quality of life now, and for future generations.

The following sections discuss the alignment between LLLI and each of these practices.

Support children's evolving capacities to learn from birth

The training program's strategies are designed to support children's evolving capacities to learn – with a focus on language development. The program is theoretically founded on the importance of responsivity, which suggests it will support professionals to respond to the unique skills and abilities of every child.

Ensure that the interests, abilities and culture of every child and their family are understood, valued and respected

The program is aimed at children from diverse backgrounds and abilities including children at risk of language delay, second-language learners, children with language delays and typically developing children. Given that the program is underpinned by the theory of linguistic responsivity, it is assumed that professionals will be encouraged to consider and build upon the child's interests, abilities and culture, however available information did not indicate an explicit focus on culture.

Maximise opportunities for every child

The training program applies three clusters of responsive interaction strategies (child-oriented strategies, interaction-promoting strategies, language-modelling strategies), which are consistent with the principle of maximising opportunities for every child.

Identify areas where focused support or intervention is required to improve each child's learning and development

Although the training program aims to enable educators to promote child language development and provide language rich environments, the program does not appear to directly train educators in assessment or identification of language difficulties.

Recognise bi- and multi-lingualism as an asset and support these children to maintain their first language and learn English as a second language

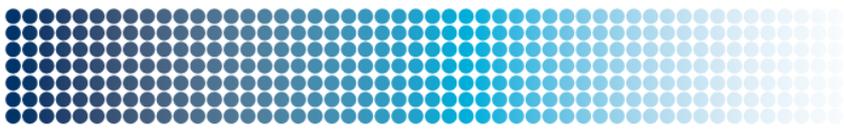
Based upon the available information there is nothing to indicate that the program supports children to maintain and strengthen their home language as they learn and use English.

Promote cultural awareness in all children, including greater understanding of ATSI ways of knowing and being

This program does not appear to focus on the promotion of cultural awareness in children.

Support children to develop a sense of place, identity and a connection to the land

There is no information available to suggest the program facilitates children's sense of place, identity and a connection to the land.



Encourage children as active participants for sustainability, influencing the quality of life now, and for future generations

Based upon the available information, there is nothing to indicate that the program explicitly encourages children to be active participants for environmental sustainability.

Practice Principle 5: Respectful relationships and responsive engagement

Important factors used in our analysis of the programs against Practice Principle 5 were:

- Early childhood professionals understand, communicate and interact across cultures;
- Give priority to warm, respectful relationships between professionals and children;
- Encourage and support children to have respectful relationships with other children and to teach and learn from each other;
- Interact with children to extend their learning in a variety of ways; and
- Listen and respond to children with full attention, engaging in ‘shared, sustained thinking’.

The following sections discuss the alignment between LLLI and each of these practices.

Early childhood professionals understand, communicate and interact across cultures

The program approach targets children from diverse backgrounds – and has been used among culturally diverse communities. However, based upon the available information, the extent to which it enables EC professionals to communicate and interact across cultures is unclear.

Give priority to warm, respectful relationships between professionals and children

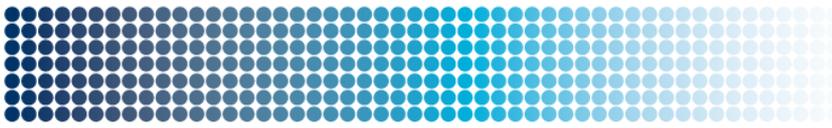
One of the theoretical foundations of LLLI is the responsivity hypothesis which promotes the use of responsive language input (i.e. building on the child’s focus or topic of interest). In this respect, the program encourages a responsive EC environment – one of the features of warm, respectful relationships. The program also encourages respectful interactions between educators and children through, for example, strategies that encourage balanced conversations that require educators to listen carefully to children and not dominate the conversation. Although these aspects of the program clearly help to create a warm, responsive EC climate, the program is not intended to teach educators how to respond appropriately to children’s emotions (even though that may be an indirect effect of their responsive interactions with children) and in that sense only partially meets this criterion.

Encourage and support children to have respectful relationships with other children and to teach and learn from each other

One of the three “clusters” of responsive interaction included in LLLI is interaction-promoting strategies which urge educators to encourage conversations between educators and children in small groups – which offer opportunities for children to teach and learn from each other.

Interact with children to extend their learning in a variety of ways

The foundations of the program – which include responsive interaction, child-oriented strategies and language-modelling strategies – align with the characteristics of practice which encourage engagement with children in a variety of ways to extend their learning. The program includes a variety of strategies – tailored to children’s interests and abilities – designed to engage children in interactions and conversation and extend upon their learning through strategies such as providing models of advanced oral language.



Listen and respond to children with full attention, engaging in ‘shared, sustained thinking’

As noted above, the foundations of this program include responsive interaction and full and active participation of children in conversations with educators. The strategies that educators learn through the program reflect these foundations, including listening carefully to children and tailoring responses to their interests. Shared, sustained thinking – whereby educators work collaboratively with children to extend their learning – is encouraged via, for example, modelling more complex language and concepts to children.

Practice Principle 6: Integrated teaching and learning approaches

Important factors used in our analysis of the programs against Practice Principle 6 were:

- Engaging with children in play;
- Combine guided play and learning, adult-led learning, and child-directed play and learning;
- Having conversations and interactions that support learning;
- Planning experiences to deepen and extend children’s knowledge, understanding and skills;
- Differentiating learning opportunities for individual learners;
- Planning a balanced curriculum using all five Learning and Development outcomes; and
- Creating physical environments that promote learning.

The following sections discuss the alignment between LLLI and each of these practices.

Engaging with children in play

The program encourages educators’ engagement with children, a focus on children’s own interests in order to facilitate learning, and many of the approaches that adults can use to extend children’s learning through play such as modelling, extending and responding.

Combine guided play and learning, adult-led learning, and child-directed play and learning

The responsive interaction strategies taught through the training program reflect the three integrated learning approaches: (a) *child-oriented strategies* (reflecting the child-directed play and learning approach) encourage children to “initiate and engage in conversational interactions”; (b) *interaction-promotion strategies* (reflecting the guided play and learning approach) encourage “extended, balanced conversations between educators and children”; and (c) *language-modelling strategies* (reflecting the adult-led learning approach) where EC professionals “provid[e] models of more advanced oral language and emergent literacy knowledge” (The Hanen Centre, 2011, p. 3).

Having conversations and interactions that support learning

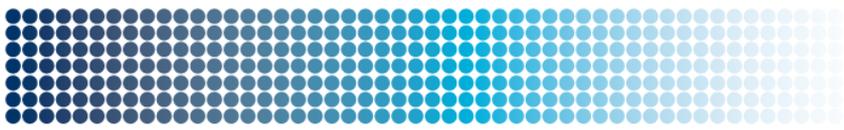
The program encourages educators to have conversations and interactions with children as a way of enhancing their language and literacy outcomes.

Planning experiences to deepen and extend children’s knowledge, understanding and skills

The program encourages educators to focus on children’s strengths and interests when working with them.

Differentiating learning opportunities for individual learners

The responsive interaction strategies that EC educators are taught as part of the program encourage interactions with children that are built upon children’s unique interests. They encourage one-on-one conversations and small group interactions that are tailored to respond to children’s interests. The fact that a range of strategies are taught (multiple strategies for each of the three “clusters of responsive interaction strategies”) indicates that



a range of approaches are available to EC educators to enable them to meet the needs of individual learners.

[Planning a balanced curriculum using all five Learning and Development outcomes](#)

The program encourages practices which align with the concept of an ‘enriched curriculum’ through, for example, following the children’s lead and focusing upon their interests. This program would focus primarily on the Effective Communication Learning and Development Outcome for children.

[Creating physical environments that promote learning](#)

The training program is not designed or intended to affect the physical environments within which early childhood education is delivered to children. However, the program does encourage multiple opportunities for children to engage with educators and with each other in the physical environment of the EC centre through, for example, one-on-one and small group interactions.

[Practice Principle 7: Assessment for learning and development](#)

This Practice Principle is ‘not applicable’ for this analysis because, based on the available information, LLLI does not specifically address EC professionals’ assessment of children’s learning. See Appendix 12 for more detail.

[Practice Principle 8: Reflective practice](#)

Features of effective critical reflection and professional enquiry, as outlined in the VEYLDF, are that early childhood professionals:

- Gather information that supports, informs, assesses and enriches decision-making about appropriate professional practices;
- Continually develop their professional knowledge and skills to enable them to provide the best possible learning and development opportunities for all children;
- Promote practices that have been shown to be successful in supporting children’s learning and development;
- Use evidence to inform planning for early childhood experiences and practice; and
- Challenge and change some practices.

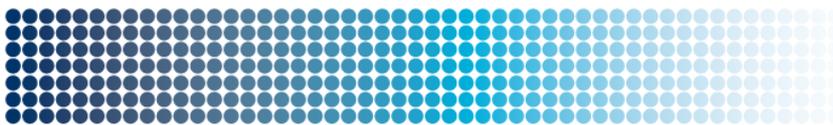
The following sections discuss the alignment between LLLI and each of these practices.

[Gather information that supports, informs, assesses and enriches decision-making about appropriate professional practices](#)

Insufficient information was available about the information the training program encourages educators to collect as part of their programming focused on creating language rich environments.

[Continually develop their professional knowledge and skills to enable them to provide the best possible learning and development opportunities for all children](#)

The training program provides professional development to educators to increase their knowledge and skills to promote children’s language development. The coaching element and discussions in group training sessions will provide opportunities for learning and reflection on practice.



Promote practices that have been shown to be successful in supporting children's learning and development

There is promising evidence about the effectiveness of the training program on children's language outcomes, indicating that the language promotion practices within the program are successful in supporting children's learning and development.

Use evidence to inform planning for early childhood experiences and practice

As mentioned above, there is promising evidence about the effectiveness of the program on children's language outcomes. A specific learning objective of the program is for educators to promote every child's language development using everyday activities, routines and play.

Challenge and change some practices

LLLI facilitators are trained to use adult education principles to provide educators with knowledge and skills to create optimal language learning environments and to use videotaped educator-child interactions to provide constructive, information feedback. On this basis, we assume the feedback will challenge and change some practices.

Detailed analysis of applicability to Victorian populations

In our analysis of the applicability of LLLI to Victorian populations, we have considered their appropriateness and applicability for Aboriginal and Torres Strait Islander (ATSI) communities, as well as the appropriateness and applicability for regional and rural areas in Victoria.

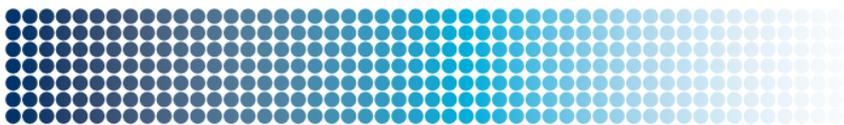
ATSI communities

We were unable to identify any studies that have examined the suitability of this program among Aboriginal and Torres Strait Islander communities. However, the following factors indicate that LLLI may be suitable in these communities:

- An analysis of language and literacy development among Canadian Aboriginal children under the age of six found that Hanen programs (including Learning Language and Loving It) had been implemented in some Canadian Aboriginal communities and that although there was no empirical evidence to demonstrate their effectiveness in these settings, Hanen programs (including Learning Language and Loving It) display "some of the characteristics that might make them attractive and useful in Aboriginal family- and centre-based programs" (Ball, 2007, p. 31). (Those characteristics are not specified).
- Three studies examining the effectiveness of LLLI were undertaken in ECEC settings located in metropolitan areas of Toronto (Flowers, 2007; Girolametto et al, 2003, 2007). The ethnic background of children participating in the study is not stated in any of the publications reporting upon the findings of those studies. As only 0.5 per cent of the city's population is Aboriginal³, these particular studies provide little insight into the effectiveness of these programs among Aboriginal populations. However, the City of Toronto is culturally diverse (e.g. 37.4 per cent of Toronto CMA residents were born overseas¹; 45 per cent of Toronto CMA residents speak a language other than English at home)² which suggests that this program is appropriate in a *multicultural* setting (Statistics Canada, 2006, 2011, 2014).

Rural/regional areas

We identified one study examining the effectiveness of LLLI that included EC educators from rural areas – specifically rural areas in a mid-Atlantic state of the United States (the precise location is not specified) (Cabell et al, 2011). Because of the geographic dispersion of participants in this study, the program was adapted so that (a) five of the sessions were



delivered in a three-day in-service workshop (13 hours of professional development), with separate workshops held in a range of other locations (two research staff facilitated each workshop); (b) EC educators (preschool teachers) were provided with video equipment and instructed on how to use it record their own interactions with children for review by a consultant (research assistant) off-site – feedback was given in writing to EC educators and they could contact the consultant directly via email for further support or feedback. The study did not lead to an improvement in children’s language outcomes, but it did lead to an increase in teacher use of responsivity strategies among the intervention group (Cabell et al, 2011).

Detailed costing

A detailed costing of certifying and delivering 14 LLLI courses was undertaken and is presented in Table 11, refer to Appendix 13 for the full list of assumptions and rationale, summarised as follows:

- It will be necessary to certify more LLLI trainers for Phase Two, therefore the costs of delivering one certification course (for a maximum of 14 participants) need to be incorporated into the costing;
- Certified training participants will need to be located in metropolitan, rural and remote locations, therefore we will assume nine metropolitan participants and five rural/remote participants for the costing and include accommodation expenses for the rural/remote participants; and
- Each of the 14 certified trainers will deliver one LLLI course to 14 educators (the maximum number of participants) from approximately three centres (i.e. three to four educators per centre, including the educational leader).

In terms of delivering certification costs, Hanen offers two options.

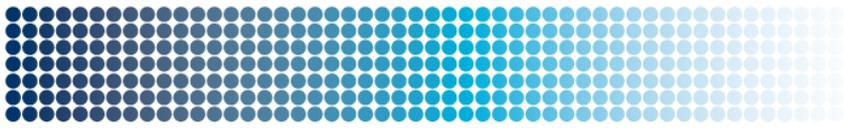
1. The Australian organisation ‘hosts’ the certification training and covers the cost of the venue, catering, accommodation, travel and daily per diem for the Hanen instructor and pays an instructor fee of CAD\$8,862 to Hanen. In this option, the Australian organisation collects the fees for certification participants, i.e. US\$950 (early bird) or US\$1,050 or can select not to charge participants a fee.

2. A co-hosting model, where the Australian organisation provides a venue, organises the catering and Hanen collects the fees for certification participants (i.e. US\$950 early bird or US\$1,050). The Australian organisation invoices Hanen for catering and does not need to cover Hanen instructor accommodation, travel or per diem.

Both these options were calculated (estimated to cost AUD\$18,089 and AUD\$22,266 respectively, refer to Appendix 13 for detail). The cheapest option was used in the following costing.

Table 11: Detailed certification and delivery costs for LLLI

Component	Unit cost (AUD unless otherwise specified)	Comments
Set up (1 certification course)		
Certification hours	21 hours (3 days)	Backfill not included, as it was assumed free professional development would be a sufficient enticement for participating professionals/organisations



Certification fee	\$18,089	The least expensive certification fee was the Australian 'hosting' option (see above), which incorporates a number of expenses provided in Appendix 13
Venue hire	Included in certification fee	\$1,160 per day @ 3 days (assumes Full Day (15 pax) DET rate at Bastow, including catering costs)
Catering	Included in certification fee	See 'venue hire' for details
Accommodation	\$3,000	Assume 3 nights accommodation is required for 5 rural/remote participants @ \$200 pp
Travel / meals	Excluded	Assume individual / organisation can cover meal/travel expenses by rural and remote participants
Subtotal (total)	\$21,089	

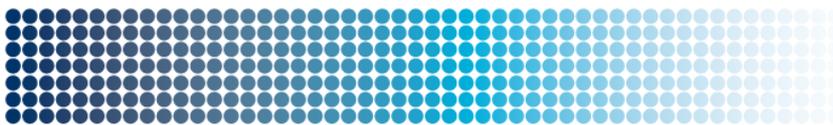
Delivery of 14 LLLI courses

Salary costs	\$9,408 for trainer, \$14,196 for educators (per course) / \$131,712 for trainers, \$198,744 for educators (total)	196 trainer hours at \$48/hr 364 participant/educator hours at \$39/hr
Workbooks	\$1,148 per course / \$16,072 total	1 workbook included pp @ \$82 including GST (does not include DVD or shipping)
Venue hire	-	Assume in-kind venue hire
Catering	\$1,800 per course / \$25,200 total	Assume 8 sessions, 15 people @ \$15pp
Accommodation	-	Assume course delivered locally
Travel	\$576 per course / \$8,064 total	Assume 30 km round trip for travel to centres for video feedback / coaching @ \$0.8 / km (4 centres, 6 trips per course)
Other consumables	\$140 per course / \$1,960 total	\$10 pp per course
Subtotal	\$27,268 per course / \$381,752 total	

Ongoing costs

Other	Annual membership to Hanen (\$48 US), first year included in certification fee	Assume cost can be absorbed by trainer
Subtotal	-	

Total estimated cost	\$28,774 per course / \$402,841 total
-----------------------------	--



Sustainability and scalability

One of the primary issues regarding the sustainability of LLLI is that it is a training program with a specific end point. That is, the program is not designed to *sustain* the relationship between EC educators (the trainees) and AH professionals (the trainers) in the long-term. Ongoing, long-term professional relationships between these two professional groups are important as they help to provide the foundation for sustained enhanced professional practice – both groups continue to learn from the other.

The Practice Review indicated that in the past some EC educators have been unable to participate in LLLI training because of the cost and time commitment involved. This aspect of the program is also noted in the literature. In their study examining the impact of the program among a cohort of EC educators in Ireland, O'Toole & Fitzgerald (2007) note that EC educators in that country have also expressed similar concerns. This suggests that in order for the program to be sustained in the long-term, financial support for ECEC services is required in order to cover the costs of the training and the cost of backfilling staff or providing financial support to attend after-hours professional development. Our costing (Table 11) has taken these considerations into account by allocating funds for back fill.

As noted previously, the implementation of LLLI across Victoria appears promising because there is general familiarity with Hanen programs in Victoria which may increase the willingness of speech pathologists to undertake training to become certified. Scalability depends on there being enough certified trainers to deliver the program across the state.

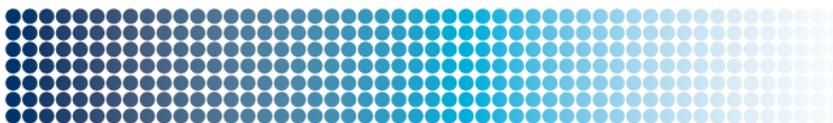
The program has been replicated in numerous countries – including countries with similar characteristics to Australia including Canada, the US and Ireland – and shown to have positive effects in all of these settings, which indicates that it has the potential to bring about similarly positive effects in an Australian setting. Furthermore, there is no indication that the program would be inappropriate in the diverse communities that exist within Victoria – including ATSI communities and communities with high levels of culturally and linguistically diverse populations.

Risk assessment and mitigation strategies

As noted previously, the key risk associated with LLLI is that it requires a level of commitment that may not be feasible in some settings. One way of mitigating this risk is to provide ECEC services with backfill so staff can participate in the program. Back fill has been included in the costings provided in this report.

A weak alignment with the VEYLDF practice principle Equity and Diversity may be of some concern. This may be important to consider in the context of Every Toddler Talking, as it is likely that in the context of a culturally diverse state such as Victoria, many EC educators would be working with children from culturally and linguistically diverse families. One way of mitigating this risk is to combine the delivery of LLLI with a training component that addresses each of the Practice Principles of the VEYLDF (including equity and diversity) (see 'Enhancements' section below).

Another risk associated is that the program may not be appropriate or suitable in Victorian ATSI communities as it has not been trialled among Indigenous communities in a Victorian (or Australian) context. One way of mitigating this risk is to undertake consultations with key ATSI organisations in Victoria (e.g. Secretariat of National Aboriginal and Islander Child Care) before implementing the program to explore any potential issues for ATSI communities more closely.



Enhancements to the model

Learning Language and Loving It is the most viable option for the Every Toddler Talking initiative. As noted above, the program has some key limitations that may reduce the impact of the program in relation to the outcomes of Every Toddler Talking. Therefore we have proposed three enhancements to the LLLI program:

1. Multidisciplinary certification training and multidisciplinary LLLI delivery to enhance collaboration;
2. Inclusion of a VEYLDF and NQS training component, to enhance the program's appropriateness; and
3. Follow-up collaborative working groups to enhance collaboration and sustainability.

Each of these enhancements is described in greater detail below.

Multidisciplinary training and co-delivery

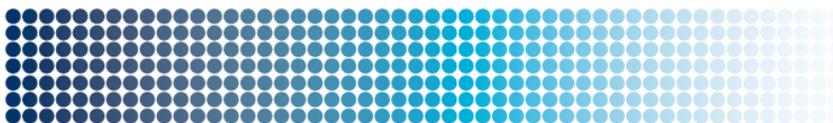
What is this enhancement?

Multidisciplinary training would involve EC educators and speech pathologists undertaking LLLI certification together. Multidisciplinary co-delivery would involve certified EC educators and speech pathologists delivering LLLI together to EC educators. As noted previously, EC educators are eligible to undertake LLLI certification. The requirements for EC educators to become certified are: (a) a diploma or degree in early childhood education or education; and (b) experience with providing consultation services, training or mentoring to other EC educators (The Hanen Centre, 2011). We recommend educational leaders (or qualified early childhood teachers) are selected to participate in certification training and to co-deliver LLLI, as the role and/or experience required in the role of educational leader will position them well to deliver LLLI training.

Why is this enhancement needed?

We are proposing multidisciplinary training and co-delivery involving EC educators and speech pathologists for three key reasons:

- Although speech pathologists have the qualifications necessary to work with young children and families to promote language and communication outcomes, they may be unfamiliar with or lack experience in ECEC environments, with the VEYLDF and with the NQS. By delivering LLLI training with EC educators, it is expected that speech pathologists will gain a greater understanding of ECEC (as the EC educator trainer will be able to address any gaps in the speech pathologist's knowledge), the VEYLDF and the NQS. This will not only develop speech pathologists' understanding of the early childhood pedagogy and practice and ECEC environments, but also enhance the training program, as EC educator trainers will be able to apply LLLI to the Victorian ECEC environment in a way that speech pathologists may not be able to do.
- By delivering training together, the speech pathologists and EC educators provide a model for speech pathologist-EC educator collaboration to the EC educators undergoing LLLI training. This may enhance EC educators' confidence and ability to work with speech pathologists in the future (i.e. through exposure to collaborative practice in training).
- The VEYLDF and NQS training component should be delivered by someone with a comprehensive understanding of the VEYLDF and the NQS. As noted above, a speech pathologist may not have an intimate knowledge of the VEYLDF and the NQS and, in this instance, the educational leader may be better positioned to deliver the VEYLDF and NQS training during LLLI.



Inclusion of a VEYLDF and NQS training component

What is this enhancement?

The VEYLDF provides a framework and shared language to facilitate collaboration between EC educators and AH professionals. The NQS sets a national benchmark for quality ECEC services. As key drivers of practice change, it is important that they clearly align with any new program for Victorian EC professionals or ECEC services. We are therefore proposing a training component that enhances both EC educators and AH professionals' understanding of the VEYLDF, the NQS and the relationship between these frameworks and LLLI.

This training should commence with the LLLI facilitators, to ensure a consistent and comprehensive understanding and the ability to facilitate training in a way that aligns with the practices of partnership and collaboration outlined in the Practice Principle Guide 2, *Partnerships with Professionals* (Kennedy & Stonehouse, 2012b). The training should then be delivered during LLLI group and individual coaching sessions with standard materials and guidelines.

Why is this enhancement needed?

This enhancement is needed as part of the Every Toddler Talking initiative because although the LLLI has a moderate level of alignment with the VEYLDF, an additional training component would enhance its alignment in this respect, especially in regards to equity and diversity – one of the eight practice principles of the VEYLDF that has a weak alignment with LLLI and would appear to be important to consider within the context of an initiative that seeks to improve babies' and toddlers' language and communication outcomes (see 'Detailed analysis of alignment with the VEYLDF' above). Reference to the NQS will help to ensure the LLLI training is meaningful for EC educators and that it is embedded into daily practice.

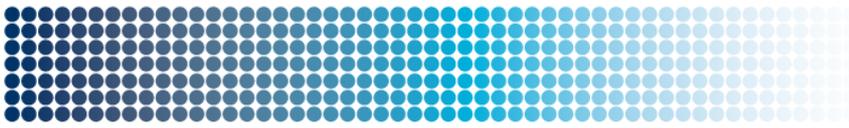
Collaborative working groups

What is this enhancement?

Collaborative working groups are multidisciplinary groups of professionals who work together to achieve shared goals. In this case the working groups comprising EC educators and a local speech pathologist would meet every school term (for a minimum of three school terms) after the LLLI course is completed. By continuing their professional partnership, both professions are able to extend their learning about how they actively and intentionally support children's learning and development. The broad objectives of the group would be to work together to reflect upon any issues that are emerging for EC educators in implementing the strategies learnt in the LLLI course, problem solve how issues could be resolved, and/or to extend upon the lessons learnt through the program.⁴¹ We propose a moderate level of flexibility in the collaborative working groups whereby the participants themselves organise the logistics of their working group (i.e. when they meet, where they meet) and determine the specific goals of their collaborative working group, which respond to local needs but align with the scope of the Every Toddler Talking initiative. Each member of the collaborative working group should commit to leading a quality improvement project or action research in their workplace, for every term that the group meets, which again align with the Every Toddler Talking outcomes.

The participants in the working groups could be:

⁴¹ We recommend that issues identified at the design workshop and by the project's academic advisors are considered when formulating working group objectives and terms of reference.



- the speech pathologist who delivered LLLI;
- the educational leader who delivered LLLI; and
- an appropriate representative from each of the ECEC centres participating in the training who is leading the quality improvement project or action research in their centre and plays a key role in embedding language promotion strategies, learnt through the training, in the centre on a daily basis. This person could be the centre's educational leader.

The collaborative working group could be facilitated by the certified speech pathologist or educational leader (or both). All participants would be expected to share the quality improvement activities/action research undertaken to promote babies' and toddlers' language and communication in the local centre and to use the expertise of the group to problem solve any arising issues.

As with the VEYLDF and NQS training component described above, the collaborative working groups should align with the characteristics of partnerships between EC professionals outlined in the Practice Principle Guide 2: *Partnerships with Professionals*, that is:

- respect for each other's experience and expertise;
- open and ongoing constructive communication;
- trust;
- clarity about roles;
- agreed goals or purpose;
- openness to different views and perspectives and willingness to learn from others; and
- commitment to building relationships.

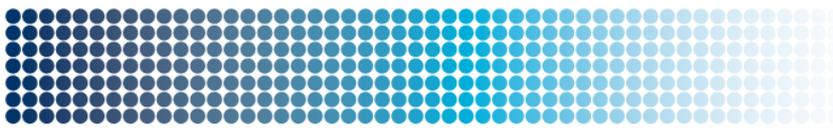
Integrating these characteristics into the collaborative working groups would enhance the ability of the two groups (EC educators and speech pathologists) to learn from each other, and ensure that the process of collaboration is respectful and responsive to the needs of participants.

Why is this enhancement needed?

Collaborative working groups are important for the Every Toddler Talking initiative because:

- LLLI provides limited opportunities for collaboration between speech pathologists and EC educators. In this model, collaborative working groups are one of the foundations for speech pathologist and EC educator collaboration – providing the basis for stronger professional relationships and, therefore, sustainable informal networks between the two sectors;
- Although speech pathologists have the qualifications necessary to work with young children and families to promote language and communication outcomes, they may be unfamiliar with or lack experience with ECEC environments. By participating in collaborative working groups, it is expected that speech pathologists will gain a greater understanding of the environments where EC educators work (as the EC educator trainer will be able to address any gaps in the speech pathologist's knowledge); and
- Collaborative activities have been shown to enhance the professional learning of EC professionals. As Flottman et al. (2009) notes:

“The complexity of early childhood learning and development and the changing nature of the field mean that early childhood professionals need to constantly reflect on and



update their skills. This can be done by professionals working in partnership with other professionals who have different backgrounds, experience and expertise” (p. 8).

Recommendations

Recommended model

The model we propose combines four components:

1. Multidisciplinary certification of LLLI facilitators
2. VEYLDF and NQS training for LLLI facilitators
3. Multidisciplinary LLLI+ training for EC educators
4. A collaborative working group

Each of these four components are described in further detail as follows.

Multidisciplinary certification of LLLI facilitators

Our analysis identified that the collaborative element of LLLI only partially met the requirements of Every Toddler Talking. Further, design workshop participants and academic advisors noted the importance of professional partnerships between speech pathologists and EC educators and increasing the understanding of roles and responsibilities in actively and intentionally supporting young children’s learning and development. In particular, it was commented that speech pathologists could benefit from better understanding of ECEC environments, frameworks (such as the NQS) and EC educator curriculum planning.

Joint professional training is a strategy that can promote increased understanding of different disciplines, knowledge and skills. We therefore recommend that LLLI certification courses include both EC educators (educational leaders or early childhood teachers) and speech pathologists so that future LLLI trainers have raised awareness of how to apply language promotion strategies in ECEC environments. Further, co-facilitation of all LLLI training sessions by a speech pathologist and educational leader will seek to promote increased understanding and levels of collaboration.

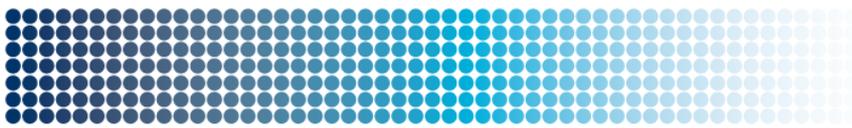
This component, however, is more expensive and effectively doubles the cost of delivering LLLI. We therefore recommend the evaluation of Phase Two include a cost analysis and that the benefits of co-facilitation and joint certification training are assessed.

VEYLDF and NQS training for LLLI facilitators

It is important that all LLLI facilitators have a deep and consistent understanding of the alignment between LLLI and key frameworks for EC educators such as the VEYLDF and the NQS. As some speech pathologists may not be familiar with these frameworks, the development of specific training on the VEYLDF and NQS is recommended. In order to enable peer learning, VEYLDF and NQS training could be delivered as an additional component of the LLLI multidisciplinary certification course.

Multidisciplinary LLLI+ training for EC educators

For Phase Two of Every Toddler Talking, we recommend delivering 20 hours of LLLI training and six coaching sessions (rather than 15 hours of LLLI training and four coaching sessions), over 14 weeks, because this is consistent with the promising study identified through the rapid review (Girolametto et al 2003). The combination of training and coaching was also strongly endorsed by the field and academic advisors. LLLI+ should also incorporate specific training about two critical frameworks for EC educators, the VEYLDF and NQS (see component two), which could be delivered during both the group and individual coaching sessions. We recommend that each LLLI+ course is delivered locally to



approximately three ECEC centres by a local speech pathologist and an educational leader who have attended the multidisciplinary certification course (see component one), and that the educational leader from each participating ECEC centre attend the course. This will enable the educational leader to lead continuous learning and embed practice improvement in ECEC centres beyond the training course. Figure 5 depicts delivery of one LLLI+ course in one location.

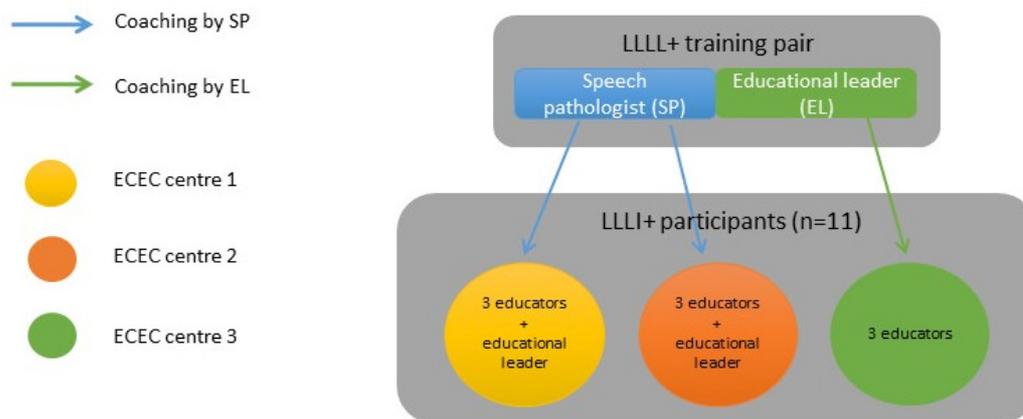
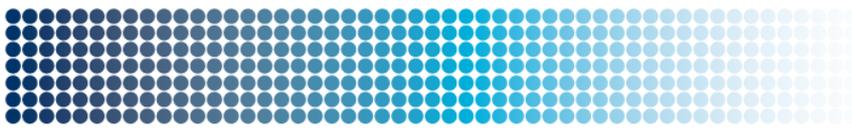


Figure 5: LLLI+ component

Collaborative working groups

Following LLLI+ training, we recommend that participating educational leaders (or another ECEC centre representative who is leading the embedding of LLLI+ training into daily practice), and local speech pathologists meet each school term (for at least three school terms) to critically reflect on the implementation of training material into every day practice, exchange information and ideas, to address arising issues and extend professional learning. We also recommend that the educational leader at each centre lead and report on quality improvement activities or action research to promote babies' and toddlers' language and communication in the local centre at these meetings.

The working group meetings would be held locally for approximately 1.5 hours, with consideration as to how backfill could be accommodated, potentially with in-kind support from the services involved.

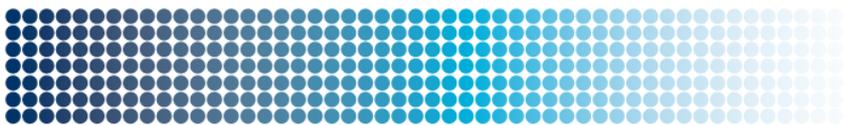


Implementation of the model

Table 12 summarises the key components and implementation recommendations.

Table 12: Every Toddler Talking model components

Component	Implementation recommendations
Multidisciplinary certification of LLLI facilitators	<ul style="list-style-type: none"> • Speech pathologists and educational leaders jointly attend LLLI certification to facilitate collaboration and the application of language promotion strategies to ECEC settings. • Backfill to attend certification could be part of an in-kind contribution from agencies, with certification training provided at no or low cost to agencies (i.e. covered by the Department). • Closely assess the benefits and costs of delivering this component in Phase Two, as it effectively doubles the cost of LLLI.
VEYLDF and NQS training for LLLI facilitators	<ul style="list-style-type: none"> • Design training to be incorporated into LLLI group sessions on the VEYLDF and NQS, illustrating the alignment between LLLI and the two key frameworks. • The training is delivered by a facilitator with deep knowledge of the VEYLDF and the NQS and the ability to provide training consistent with the principles of partnership. • Develop guidelines for incorporating the VEYLDF and NQS into individual coaching sessions.
Multidisciplinary LLLI+ training for EC educators	<ul style="list-style-type: none"> • Deliver 20 hours of LLLI group sessions and six coaching sessions to educational leaders and all staff in babies and toddlers rooms in participating ECEC centres. We anticipate staff from three centres could be involved in one LLLI course and all centres would be located in reasonably close proximity to one another. • Provide funds to cover the cost of trainers, backfill for group training sessions for EC educators, catering and workbooks for each participant. • Deliver LLLI training after hours or at a time convenient to all with a view to minimise backfill costs. • Request a commitment from each participating ECEC centre to contribute in-kind support, for example covering backfill for educator coaching sessions, purchasing a LLLI DVD for the centre, providing a training venue or covering transport costs of EC educators to attend group training sessions.
Collaborative working group	<ul style="list-style-type: none"> • Request a commitment from each participating ECEC centre to design and conduct a quality improvement project following LLLI that aligns with the Every Toddler Talking outcomes. • Staff member/s responsible for leading quality improvement are released to attend three collaborative working group meetings (one per school term) with representatives from the other centres who attended LLLI training and the LLLI trainers.



Evaluation of the model

Given that LLLI is yet to be scaled in Victoria and that a number of modifications to LLLI are recommended as part of the Every Toddler Talking model, we propose the Department conducts a feasibility study with a cluster randomised design in Phase Two.

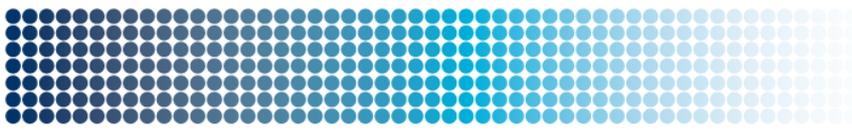
Study design and focus

A feasibility study typically focuses on eight areas: acceptability; demand; practicality; implementation; adaptation; integration; expansion; and limited-efficacy testing (Bowen et al, 2009). For the Every Toddler Talking model, the following feasibility study areas, as described by Bowen and colleagues (2009) appear particularly important:

- Limited-efficacy testing – many feasibility studies are designed to test an intervention in a limited way. Such tests may be conducted in a convenience sample, with intermediate rather than final outcomes, with shorter follow-up periods, or with limited statistical power.
- Adaptation – adaptation focuses on changing program contents or procedures to be appropriate in a new situation. It is important to describe the actual modifications that are made to accommodate the context and requirements of a different format, medium, or population.
- Implementation – this research focus concerns the extent, likelihood, and manner in which an intervention can be fully implemented as planned and proposed.
- Practicality – this focus explores the extent to which an intervention can be delivered when resources, time, commitment, or some combination thereof are constrained in some way.

A feasibility study with a cluster randomised design is recommended as it will be important to trial the adaptations to LLLI (i.e. the multidisciplinary certification and co-delivery of LLLI, the VEYLDF and NQS training, and the collaborative working groups) and the practicality of the model, inclusive of costs. Phase Two timelines have also influenced the recommended evaluation methodology as, given these timelines, it is unlikely that improvement in young children's language and communication outcomes could be attributed to the program. It is therefore recommended that the study develop a detailed logic model that includes such long-term outcomes, but focuses on measuring shorter-term outcomes, e.g. increased educator skill, knowledge and confidence; increased speech pathologist skill, knowledge and confidence; and increased collaboration between EC educators and speech pathologists.

Should assessment of children's language and communication progress be desired, a range of tools could be incorporated into the feasibility study (see 'measures and instruments' below), however, given the highly fluctuating nature of children's language and communication especially in the early years, it is unlikely that a difference will be detectable between those children in the intervention group compared to those in the control group. An additional limitation is the limited predictive validity of language and communication assessments for children of less than two years of age (see Xue et al 2015).



Research questions

Research questions that could be explored through the feasibility study are outlined as follows, organised by the research areas of process, impact and cost.

Process

- Was Every Toddler Talking delivered as intended? To what extent, and in what ways, was it adapted during the feasibility study?
- To what extent, and in what ways, did contextual factors impact on the design, implementation and outcomes of Every Toddler Talking?
- What changes are recommended?

Impact

- What was the impact of Every Toddler Talking on educator knowledge, confidence and behaviour?
- What was the impact of Every Toddler Talking on speech pathologist knowledge, confidence and behaviour?
- What was the impact of Every Toddler Talking on collaboration between speech pathologists and EC educators?

Cost

- What was the cost of delivering Every Toddler Talking per child?
- What efficiencies are recommended?

Recruitment

We recommend recruitment at an ECEC centre level and that eligibility considers variables such as qualification level of educators, size of centre, levels of vulnerability on the Australian Early Development Census domain of language and communication, socio-economic indexes for areas (SEIFA) and national quality standard (NQS) ratings. Eligibility criteria will need to be finalised by the researcher during the design stage of the feasibility study. We anticipate that this feasibility study will need to recruit 21 intervention centres and 21 control centres, however final numbers can only be determined after a statistical power calculation.

The delivery of seven LLLI+ courses (delivered by a certified local speech pathologist and educational leader or a 'LLLI+ training pair') appears feasible within Phase Two timelines. We estimate approximately 11 educators from three centres will be able to participate in each LLLI course (i.e. three to four educators per centre working in babies and toddlers rooms, inclusive of the centre's educational leader). A joint certification course and VEYLDF and NQS training will need to be held prior to delivery of the LLLI+ courses. Figure 6 depicts the delivery of LLLI+ training to intervention sites (and ECEC centres) for the overall study based on these assumptions.

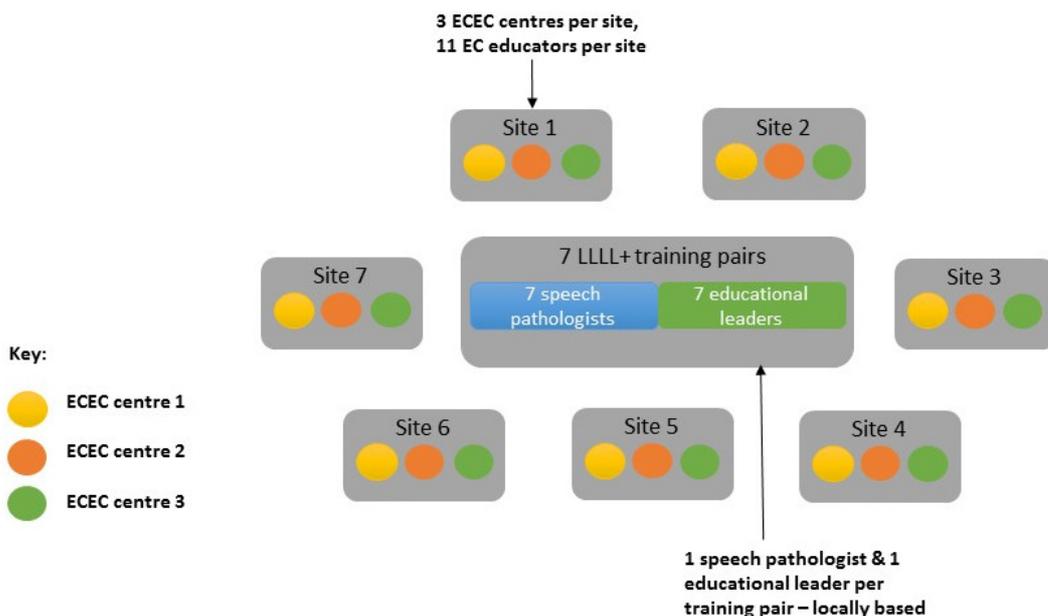
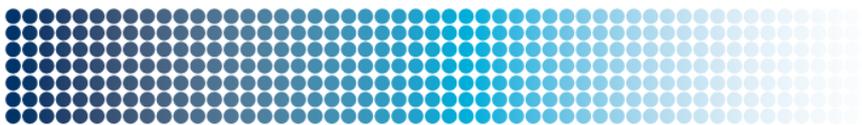


Figure 6: Delivery of LLLI and VEYLDF training to intervention sites for the feasibility study

Other considerations for recruitment include:

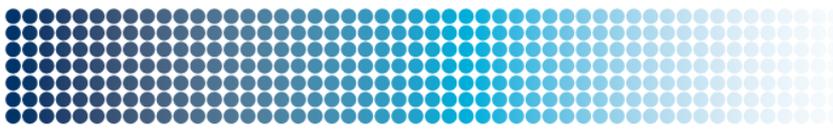
- Issuing an expression of interest for centres to participate in the study, with mandatory minimum criteria – this will help to ensure interest and commitment to the study and the selection of centres with enabling factors such as supportive leadership. Possible requirements for participating speech pathologists, EC educators and their employers are provided below.
- National quality standard ratings – those with lower quality ratings may be most in need but may also have competing demands in terms of quality improvement; however those with higher quality ratings already providing quality services are less likely to show change.
- Areas with high levels of disadvantage are likely to have higher numbers of children who could benefit from this approach.

Our costings have incorporated a number of assumptions for participating speech pathologists, educators and their employers. For participating speech pathologists / speech pathologist employers these include:

- Employer to release the speech pathologist to attend the certification course, and cover any backfill costs;
- Travel/meal expenses to attend the certification course are covered by the employer / speech pathologist;
- The employer will release the speech pathologist to plan and deliver LLLI (with backfill provided by the Department); and
- The employer will release the speech pathologist to participate in a minimum of three collaborative working groups (and cover any necessary backfill).

For participating EC educators / ECEC employers, these assumptions include:

- LLLI DVD purchased by each participating centre;
- In-kind venue hire by centre for LLLI training;



- LLLI training sessions conducted in the evening / convenient time (back fill is provided by the Department);
- Backfill for four LLLI video feedback sessions is covered as an in-kind contribution by each centre;
- Educational leader to incorporate and embed promotion of babies' and toddlers' communication and language in the centre's Quality Improvement Plan;
- ECEC centre to support educational leader to coach educators in babies and toddlers rooms on an ongoing basis to embed language promotion strategies; and
- ECEC centre to release educational leader or nominated centre representative to participate in three collaborative working groups.

We recognise that Phase Two may not incorporate all of these assumptions and final costs are subject to negotiating a fair and reasonable contribution from each participating organisation including the Department.

Measures and instruments

The Teacher Interaction Language Rating Scale (Girolametto et al 2000) has been used in studies to measure changes in educator practice. The rating scale explicitly aligns with LLLI language promotion strategies. We recommend EC educator implementation of language promotion strategies be measured in intervention and control sites prior to and following delivery of LLLI as part of the feasibility study and that the assessor is blinded to the intervention-control status of the ECEC centre.

Subject to finalisation of the Every Toddler Talking program logic and the indicators on collaboration, there are existing assessments that may be appropriate to measure collaboration such as the VicHealth partnership analysis tool. An online survey developed to capture collaboration indicators in the program logic may be the most appropriate tool. Changes in speech pathologist skill, knowledge and confidence could also be captured through an online survey or semi-structured interviews.

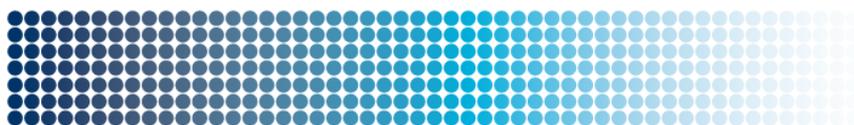
As mentioned above, Phase Two timelines, the fluctuating nature of children's language and communication development and the age of children targeted in Every Toddler Talking present challenges demonstrating that progress in language or communication can be attributed to the program. Should assessment of this area be desired, we recommend selecting a standardised parent report instrument to minimise data collection costs. Tools for consideration include the MacArthur-Bates Communicative Development Inventories and the Communication and Symbolic Behavior Scales. In trials included in the rapid review, improvement in child language outcomes were shown at six and 12 month follow-up (e.g. Buschmann 2009), so this could be the justification for using a similar follow-up timeline to demonstrate improvement in child language and/or communication due to the Every Toddler Talking program.

Timelines

Estimated timelines for the feasibility study are provided in Table 13.

Table 13: Projected feasibility study timelines

Timeline	Milestone / task
September – October 2015	Phase Two (feasibility study) contractor engaged
October 2015 – Feb 2016	Contractor commences feasibility study, including finalising research design, developing the research protocol and seeking



	human research ethics committee approval, recruitment, consent, collecting baseline data and conducting (or procuring) the LLLI certification course
March 2016	LLLI training to educators begins
May 2016	LLLI training concludes
May – July 2016	Post LLLI data collected
July – September 2016	Data analysed, interpreted and reported on
October 2016	First report submitted to Department
December 2016 – February 2017	Post collaborative working group data collected
April 2017	Data analysed, interpreted and reported on
May 2017	Final report submitted to Department

Conclusions

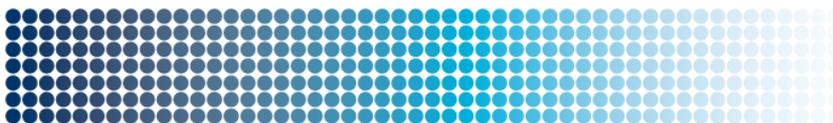
Phase One of Every Toddler Talking involved a rapid review of evidence-based programs and a review of current practice in Victoria to promote babies’ and toddlers’ language and communication outcomes. The findings from the reviews and additional consultation with the field and experts informed recommendations for the Every Toddler Talking model and evaluation.

Recommended model

The model we propose combines four components outlined in Table 14 with recommendations for implementation.

Table 14: Every Toddler Talking model components

Component	Implementation recommendations
Multidisciplinary certification of LLLI facilitators	<ul style="list-style-type: none"> • Speech pathologists and educational leaders jointly attend LLLI certification to facilitate collaboration and the application of language promotion strategies to ECEC settings. • Backfill to attend certification could be part of an in-kind contribution from agencies, with certification training provided at no or low cost to agencies (i.e. covered by the Department). • Closely assess the benefits and costs of delivering this component in Phase Two, as it effectively doubles the cost of LLLI.
VEYLDF and NQS training for LLLI facilitators	<ul style="list-style-type: none"> • Design training to be incorporated into LLLI group sessions on the VEYLDF and NQS, illustrating the alignment between LLLI and the two key frameworks. • The training is delivered by a facilitator with deep knowledge of the VEYLDF and the NQS and the ability to provide training consistent with the principles of partnership. • Develop guidelines for incorporating the VEYLDF and NQS into individual coaching sessions.
Multidisciplinary LLLI+ training for EC	<ul style="list-style-type: none"> • Deliver 20 hours of LLLI group sessions and six coaching sessions to educational leaders and all staff in babies and



<p>educators</p>	<p>toddlers rooms in participating ECEC centres. We anticipate staff from three centres could be involved in one LLLI course and all centres would be located in reasonably close proximity to one another.</p> <ul style="list-style-type: none"> • Provide funds to cover the cost of trainers, backfill for group training sessions for EC educators, catering and workbooks for each participant. • Deliver LLLI training after hours or at a time convenient to all with a view to minimise backfill costs. • Request a commitment from each participating ECEC centre to contribute in-kind support, for example covering backfill for educator coaching sessions, purchasing a LLLI DVD for the centre, providing a training venue or covering transport costs of EC educators to attend group training sessions.
<p>Collaborative working group</p>	<ul style="list-style-type: none"> • Request a commitment from each participating ECEC centre to design and conduct a quality improvement project following LLLI that aligns with the Every Toddler Talking outcomes. • Staff member/s responsible for leading quality improvement are released to attend three collaborative working group meetings (one per school term) with representatives from the other centres who attended LLLI training and the LLLI trainers.

Evaluation recommendations

A feasibility study with a cluster randomised design is recommended for the following reasons:

- It will be important to trial the adaptations to LLLI;
- The practicality of the model needs to be tested, inclusive of costs; and
- It is feasible to randomise at a cluster (i.e. ECEC centre level) rather than an individual subject level.

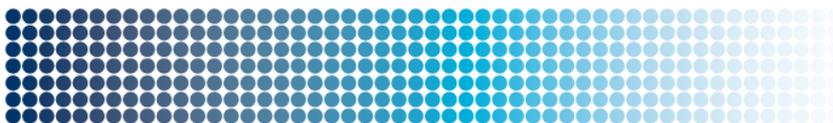
Phase Two timelines have also influenced the recommended evaluation methodology as, given these timelines, it is unlikely that improvement in young children’s language and communication outcomes could be attributed to the program. It is therefore recommended that the study develop a detailed logic model that includes such long-term outcomes, but focuses on measuring shorter-term outcomes, e.g. increased educator skill, knowledge and confidence; increased speech pathologist skill, knowledge and confidence; and increased collaboration between EC educators and speech pathologists.

Research questions

We recommend research questions that address: (1) process (e.g. was Every Toddler Talking delivered as intended?); (2) impact (e.g. what was the impact of Every Toddler Talking on educator knowledge, confidence and behaviour?); and (3) cost (e.g. what was the cost of delivering Every Toddler Talking per child?)

Recruitment

The delivery of seven LLLI+ courses (delivered by a certified local speech pathologist and educational leader or a ‘LLLI+ training pair’) appears feasible within Phase Two timelines. We estimate approximately 11 educators from three centres will be able to participate in each LLLI course (i.e. three to four educators per centre working in babies and toddlers rooms, inclusive of the centre’s educational leader). A joint certification course and VEYLDF and NQS training will need to be held prior to delivery of the LLLI+ courses.



We recommend recruitment at an ECEC centre level and that eligibility considers variables such as qualification level of educators, size of centre, levels of vulnerability on the Australian Early Development Census domain of language and communication, socio-economic indexes for areas (SEIFA) and national quality standard (NQS) ratings. An expression of interest could be used to recruit centres, and ECEC centres prioritised for inclusion if there is evidence of organisational leadership and a commitment to collaboration and quality improvement. While final recruitment is subject to a statistical power calculation, we estimate that this feasibility study could recruit 21 intervention centres and 21 controls centres (i.e. 42 centres in total).

Measures and instruments

The Teacher Interaction Language Rating Scale (Girolametto et al 2000) has been used in studies to measure changes in educator practice. The rating scale explicitly aligns with LLLI language promotion strategies. We recommend EC educator implementation of language promotion strategies be measured in intervention and control sites prior to and following delivery of LLLI as part of the feasibility study and that the assessor is blinded to the intervention-control status of the ECEC centre.

The fluctuating nature of children's language and communication development (especially in the early years) and the age of children targeted in Every Toddler Talking present challenges demonstrating that progress in language or communication can be attributed to the program. Should assessment of this area be desired, we recommend selecting a standardised parent report instrument to minimise data collection costs. Tools for consideration include the MacArthur-Bates Communicative Development Inventories and the Communication and Symbolic Behavior Scales. In trials included in the rapid review, improvement in child language outcomes were shown at six and 12 month follow-up (e.g. Buschmann 2009), so this could be the justification for using a similar follow-up timeline to demonstrate improvement in child language and/or communication due to the Every Toddler Talking program.

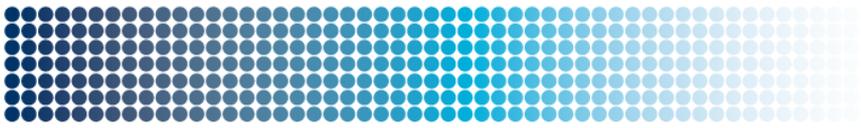
Other Phase Two recommendations

Prior to proceeding with a feasibility study of the proposed model, we recommend:

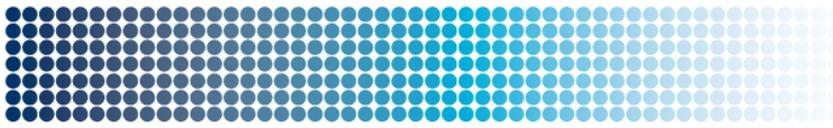
- Undertaking a detailed costing of the feasibility study, informed by this report; and
- Developing a detailed risk management strategy for the feasibility study, informed by this report.

As part of Phase Two, we recommend:

- Reducing the number of elements within each Every Toddler Talking outcome and clarifying priority outcomes for the program, based on feedback from the field;
- Clarifying DHHS 'group intervention' funding criteria. Participation by speech pathologists and Community Health agencies will be greatly enhanced if Every Toddler Talking activities can be delivered as part of existing funded activities (i.e. 'group intervention' sessions);
- A Phase Two communications and engagement strategy, particularly given the strong engagement and interest in the project to date. Clear communication of the rationale for the scope of Every Toddler Talking will be important, along with information about other Department initiatives focused on increasing parent capacity. There is also the opportunity to raise awareness and address variation in practice by disseminating clear messages about the evidence and findings from the Every Toddler Talking feasibility study (interim and final).



- As part of the communications and engagement strategy, establish a reference group to focus on engagement in the feasibility study and future planning for Every Toddler Talking. At a minimum, membership should include local government, the DHHS and the Department; and
- As part of the communications and engagement strategy, establish a working group with representatives from ECEC and speech pathology, to provide advice on new training content and the design of collaborative working groups. Professionals with a background in both ECEC and speech pathology may offer particular insight. Those involved in the Phase One design workshop or in-depth consultations were keen to offer further contributions to the initiative and may be easily re-engaged.



References

Albarran AS & Reich SM 2014, 'Using Baby Books to Increase New Mothers' Self-Efficacy and Improve Toddler Language Development', *Infant & Child Development*, 23, pp. 374-87.

Bowen DJ, Kreuter M, Spring B, Cofta-Woerpel L, Linnan L, Weiner D & Fernandez M 2009, 'How We Design Feasibility Studies', *American Journal of Preventive Medicine*, 36(5), pp. 452-457.

Buschmann A, Jooss B, Rupp A, Feldhusen F, Pietz J & Philippi H 2009, 'Parent based language intervention for 2-year-old children with specific expressive language delay: a randomised controlled trial', *Archives of Disease in Childhood*, 94, pp. 110-6.

Central and North West London NHS Foundation Trust/Hillingdon Community Health nd, "Small talk": *Speech and language therapy and children's centres working together*. Available from <http://archive.c4eo.org.uk/themes/earlyyears/vlpdetails.aspx?lpeid=428>. [23/02/2015].

Department of Education and Early Childhood Development & Victorian Curriculum and Assessment Authority, 2009, *Victorian Early Years Learning and Development Framework: For all Children from Birth to Eight Years*, Department of Education and Early Childhood Development, Melbourne, Victoria.

Flottman R, McKernan A & Tayler C, 2009, *Victorian Early Years Learning and Development Framework Evidence Paper – Practice Principle 2: Partnerships with Professionals*, Melbourne Graduate School of Education, Melbourne, Victoria.

Christakis DA, Zimmerman FJ, Garrison MM 2007. 'Effect of block play on language acquisition and attention in toddlers: a pilot randomized controlled trial'. *Arch Pediatr Adolesc Med*, 161, pp. 967-71.

Cirrin FM, Schooling TL, Nelson NW, Diehl SF, Flynn PF, Staskowski M, Zoann Torrey T & Adamczyk DF 2010. 'Evidence-based systematic review: Effects of different service delivery models on communication outcomes for elementary school-age children'. *Language, Speech, and Hearing om Schools*, 41, pp. 233-64.

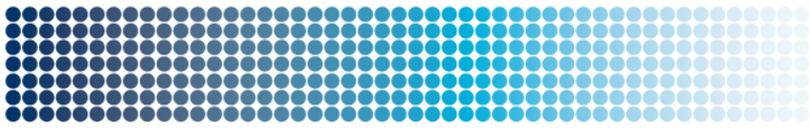
Commissioner for Children and Young People, Western Australia. *Building blocks: Best practice programs that improve the wellbeing of children and young people – Edition Two 2014*. Available from <http://www.cryp.wa.gov.au/files/Wellbeing%20Monitoring%20Framework%202014/Building%20Blocks%20-%20Edition%20Two%20-%20Final%20web%20version%20-%202014%20July%202014.pdf>. [23/01/2015].

Cronan TA, Cruz SG, Arriaga RI & Sarkin AJ 1996. 'The effects of a community-based literacy program on young children's language and conceptual development'. *Am J Community Psychol*, 24, pp. 251-72.

Girolametto L, Pearce PS, Weitzman E 1996. 'Interactive focused stimulation for toddlers with expressive vocabulary delays'. *Journal of speech and hearing research*, 39, pp. 1274-83.

Girolametto L, Weitzman E & Greenberg J 2003. 'Training day care staff to facilitate children's language'. *American journal of speech-language pathology / American Speech-Language-Hearing Association*, 12, pp. 299-311.

Gleeson K 2012, *Enhanced Teacher Talk Final Report: Executive Summary*. Peninsula Health Community Health. Available from http://www.rch.org.au/uploadedFiles/Main/Content/lsey/news_publications/TTExecutiveSummaryFINAL.pdf [22/06/2015].



Goldfeld S, Napiza N, Quach J, Reilly S, Ukoumunne OC, Wake M 2011. 'Outcomes of a universal shared reading intervention by 2 years of age: the Let's Read trial'. *Pediatrics*, 127, pp. 445-53.

Golova N, Alario AJ, Vivier PM, Rodriguez M, High PC 1999. 'Literacy promotion for Hispanic families in a primary care setting: a randomized, controlled trial', *Pediatrics*, 103, pp. 993-7.

Glogowska M, Roulstone S, Enderby P, Peters TJ 2000. 'Randomised controlled trial of community based speech and language therapy in preschool children'. *BMJ: British Medical Journal*, 321, pp. 923-6.

Hackworth NJ, Nicholson JM, Matthews J, Berthelsen D, Cann W, Westrupp EM, et al (forthcoming). *Early Home Learning Study: Overview and outcomes. Final report to the Victorian Government Department of Education and Early Childhood Development.*

High PC, LaGasse L, Becker S, Ahlgren I, Gardner A 2000. 'Literacy promotion in primary care pediatrics: can we make a difference?', *Pediatrics*, 105, pp. 927-34.

Kennedy A & Stonehouse A 2012a, *Victorian Early Years Learning and Development Framework – Practice Principle Guide 1: Family-centred Practice*. Department of Education and Early Childhood Development, Melbourne, Victoria.

Kennedy A & Stonehouse A 2012b, *Victorian Early Years Learning and Development Framework – Practice Principle Guide 2: Partnerships with Professionals*. Department of Education and Early Childhood Development, Melbourne, Victoria.

Kennedy A & Stonehouse A 2012c, *Victorian Early Years Learning and Development Framework – Practice Principle Guide 3: High Expectations for Every Child*. Department of Education and Early Childhood Development, Melbourne, Victoria.

Kennedy A & Stonehouse A 2012d, *Victorian Early Years Learning and Development Framework – Practice Principle Guide 4: Equity and Diversity*. Department of Education and Early Childhood Development, Melbourne, Victoria.

Kennedy A & Stonehouse A 2012e, *Victorian Early Years Learning and Development Framework – Practice Principle Guide 5: Respectful Relationships and Responsive Engagement*. Department of Education and Early Childhood Development, Melbourne, Victoria.

Kennedy A & Stonehouse A 2012f, *Victorian Early Years Learning and Development Framework – Practice Principle Guide 6: Integrated Teaching and Learning Approaches*. Department of Education and Early Childhood Development, Melbourne, Victoria.

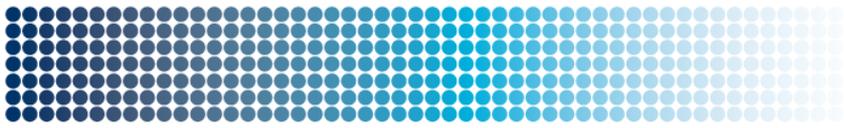
Kennedy A & Stonehouse A 2012g, *Victorian Early Years Learning and Development Framework – Practice Principle Guide 7: Assessment for Learning and Development*. Department of Education and Early Childhood Development, Melbourne, Victoria.

Kennedy A & Stonehouse A 2012h, *Victorian Early Years Learning and Development Framework – Practice Principle Guide 8: Reflective Practice*. Department of Education and Early Childhood Development, Melbourne, Victoria.

Landry SH, Smith KE, Swank PR, Guttentag C 2008, 'A responsive parenting intervention: the optimal timing across early childhood for impacting maternal behaviors and child outcomes', *Developmental psychology*, 44(5), pp. 1335-1353.

Law J, Garrett Z, Nye C 2003, 'Speech and language therapy interventions for children with primary speech and language delay or disordered (review)', *Cochrane Database of Systematic Reviews*, 3.

Leicester City Council/Children and Young People's Strategic Partnership nd. *Talk Matters!* Available at <http://archive.c4eo.org.uk/themes/earlyyears/vlpdetails.aspx?lpeid=67>.



[23/02/2015].

Stoke Speaks Out nd. *A multi-agency approach to tackling language deficit in Stoke on Trent*. Available at <http://archive.c4eo.org.uk/themes/earlyyears/vlpdetails.aspx?lpeid=359>. [23/02/2015].

Love JM, Kisker EE, Ross C, Raikes H, Constantine J, Boller K 2005. 'The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs', *Developmental Psychology*, 41, pp. 885-901.

Lowell DI, Carter AS, Godoy L, Paulicin B, Briggs-Gowan MJ 2011. 'A randomized controlled trial of Child FIRST: a comprehensive home-based intervention translating research into early childhood practice', *Child Dev*, 82, pp. 193-208.

Mendelsohn AL, Dreyer BP, Flynn V, Tomopoulos S, Rovira I, Tineo W 2005. Use of videotaped interactions during pediatric well-child care to promote child development: a randomized, controlled trial. *Journal of developmental and behavioral pediatrics*, 26, pp. 34-41.

Nelson HD, Nygren P, Walker M, Panoscha R 2006, 'Screening for speech and language delay in preschool children: Systematic evidence review for the US preventive services task force', *Pediatrics*, 117, pp. e2313-37.

Nottinghamshire Sure Start Children's Centres nd. *Nottinghamshire Sure Start children's centres 'Home Talk' service: Supporting two-year-olds with delayed language skills and their parents/carers*. Available at <http://archive.c4eo.org.uk/themes/earlyyears/vlpdetails.aspx?lpeid=432>. [23/02/2015].

Nottinghamshire Local Authority, Local NHS organisations nd. *Language for life strategy*. Available from <http://archive.c4eo.org.uk/themes/earlyyears/vlpdetails.aspx?lpeid=263>. [23/02/2015].

Office for Public Management 2011. *Summary report: Evaluation of I CAN's Early Talk 0-3 programme*. Available from <http://www.ican.org.uk/~media/Ican2/What%20We%20Do/Talk%20Prog/Early%20Talk%2000-3/ETEvaluationSummary1.ashx>. Accessed 20/02/2015. [10/02/2015].

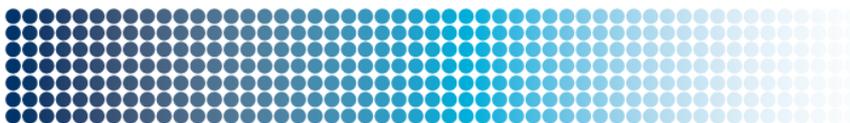
Office for Public Management. *Emerging impacts of the Early Language Development Programme 2013*. Available at <http://www.talkingpoint.org.uk/sites/talkingpoint.org.uk/files/ELDP/case%20studies/Emerging%20impacts%20of%20the%20ELDP.pdf>. [10/02/2015].

Olds DL, Robinson J, Pettitt L, Luckey DW, Holmberg J, Ng RK 2004. 'Effects of home visits by paraprofessionals and by nurses: age 4 follow-up results of a randomized trial', *Pediatrics*, 114, pp. 1560-8.

Roberts MY & Kaiser AP 2012. Assessing the effects of a parent-implemented language intervention for children with language impairments using empirical benchmarks: a pilot study. *Journal of speech, language, and hearing research*, 55, pp. 1655-70.

Robertson SB & Ellis Weismer S 1999, 'Effects of treatment on linguistic and social skills in toddlers with delayed language development', *Journal of speech, language, and hearing research: JSLHR*, 42, pp. 1234-48.

Rudd LC, Cain DW, Saxon TF 2008. 'Does improving joint attention in low-quality child-care enhance language development?' *Early Child Development and Care*, 178, pp. 315-38.



Scarinci N, Rose T, Pee J, Webb K 2015 'Impacts of an in-service education program on promoting language development in young children: A pilot study with early childhood educators', *Child Language Teaching and Therapy*, 31(1), pp. 37-51.

Speech Pathology Australia 2009. *Position paper: Working in a culturally and linguistically diverse society*. 2009. Available from http://www.speechpathologyaustralia.org.au/library/Clinical_Guidelines/Working_in_a_CALD_Society.pdf. [23/03/2015].

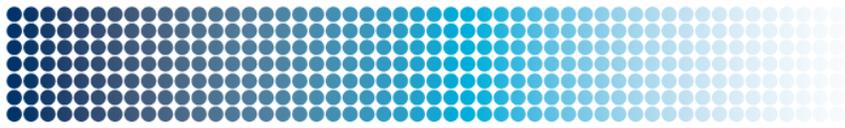
The London Borough of Barking and Dagenham, Targeted Support Services, Children's Services nd. *Universal co-ordinated model of play and communication services in children's centres in Barking and Dagenham*. Available from <http://archive.c4eo.org.uk/themes/earlyyears/vlpdetails.aspx?lpeid=433>. [23/02/2015].

Van Agt HME, van der Stege HA, de Ridder-Sluiters H, Verhoeven LTW, de Koning HJ 2007, 'A cluster-randomized trial of screening for language delay in toddlers: Effects on school performance and language development at age 8', *Pediatrics*, 120, pp. 1317-25.

Wake M, Tobin S, Girolametto L, Ukoumunne OC, Gold L, Levickis P 2011. 'Outcomes of population based language promotion for slow to talk toddlers at ages 2 and 3 years: Let's Learn Language cluster randomised controlled trial', *BMJ: British Medical Journal (Overseas & Retired Doctors Edition)*, 343, pp. 460.

West Berkshire Council nd. *West Berkshire Every Child a Talker*. Available from <http://archive.c4eo.org.uk/themes/earlyyears/vlpdetails.aspx?lpeid=452>. [23/02/2015].

Xue X, Bandel E, Vogel CA, Boller K 2015. *Measuring Infant/Toddler Language Development: Lessons Learned about Assessment and Screening Tools*. Available from http://www.acf.hhs.gov/sites/default/files/opre/measuring_infanttoddler_language_development_lessons_learned_about.pdf [24/07/2015].



Appendix 1

Rapid review findings regarding parent capacity

Increasing parent capacity

Ten of the 17 studies and two of the grey literature programs were parent capacity building interventions. Most of these interventions trained parents to support their child's language, pre-literacy skills or general child development. Two of the interventions consisted of providing parents with resources, with no training component.

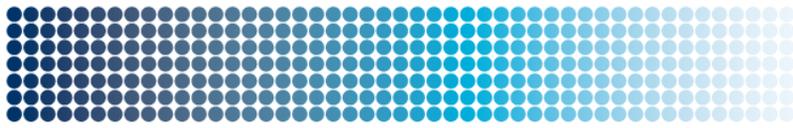
Training parents to deliver language intervention

Four studies trained parents to use language promoting strategies with their toddler with language delay (Buschmann et al, 2009; Girolametto et al, 1996; Roberts & Kaiser, 2012; Nottinghamshire Sure Start Children's Centres, nd).

The first was a high-quality 'best practice' study that took place in Germany (Buschmann et al, 2009). It utilised the Heidelberg Parent-based Language Intervention (HPLI) to train parents to use child-oriented, interaction promoting and language modelling techniques. Shared picture book reading is one of the main activities used in this program, based on the idea this is the opportune time to initiate communication and an ideal way of promoting word learning in toddlers. The HPLI program is highly structured and involves parents attending seven 2 hour sessions over a 3 month period, followed by one 3 hour session 6 months later. All sessions are run in groups of 5 to 10 parents and delivered by an HPLI-trained therapist. Of those children who were in the program group, 75 per cent of children showed normal expressive language abilities at age 3 compared to 44 per cent of those children in the control group (did not receive the program).

The second and third studies were classified as 'promising' due to their small samples sizes. The second study was from Canada and used a modified version of the Hanen Program for Parents (Girolametto et al, 1996). Parents received training to administer a focused stimulation intervention to teach specific target words to their toddlers. The intervention was delivered by speech-language therapists (SLTs) and combined eight group training sessions with three home visits. Intervention children demonstrated improved expressive language, vocabulary and phonological skills. The third study, from the USA, involved Parent-implemented Enhanced Milieu Training (EMT), a conversation-based model of early language intervention using child interests to model and prompt language use in everyday contexts (Roberts & Kaiser, 2012). Over three months, parents received four standardised lessons to introduce each topic, and 24 bi-weekly practice sessions (half at the clinic, half in the home). The program was delivered by an experienced master's level special educator or SLT. The therapists received direct supervision and coaching from the first author of the study, who had 8 years' experience working with families of children with language impairment. Children in the intervention group showed higher expressive language and total language scores after completing the program

The fourth program was identified in the grey literature (Nottinghamshire Sure Start Children's Centres, nd). The Home Talk service was offered to two-year-old children in Nottinghamshire, UK who did not meet criteria for their local SLT service, but nevertheless had delayed language skills. The program was delivered by Sure Start Children's Centres' children's workers who had enhanced skills and training in facilitating language development, and who received regular guidance and advice from a children's centre SLT. Their training in language facilitation included a reduced version of the Hanen Learning Language and Loving It training course. The Home Talk program consisted of six 1 hour home visits during which the children's worker facilitated activities with the parent and child. The aim was to increase parent knowledge, skills and confidence in supporting language development through everyday interactions and activities at home.



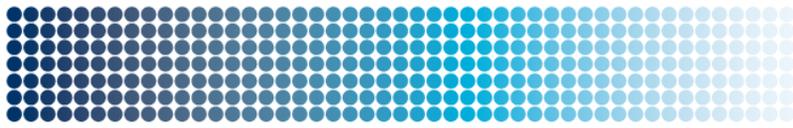
There was preliminary evidence to suggest that this program helped children to catch up with age expectations by age 3, however there was no comparison group.

When considering the effectiveness of the above programs, it is important to note the inconsistent findings supporting this type of program when applied in a community-based setting. The Victorian-based Let's Learn Language (LLL) study (Wake et al, 2011) conducted by the Murdoch Childrens Research Institute (from 2007-2009) trialed the effectiveness and efficacy of a community-based early language facilitation program delivered on a population basis. No differences were found between the intervention group (received LLL program) and the control group for language outcomes at two or three years of age. Children in both groups demonstrated large language gains, suggesting high rates of natural resolution. The evidence suggests that while such programs may not be useful at the population level, they might be useful and effective when targeting specific groups, for example parents of late talking toddlers who need to enhance the home language learning environment.

Teaching parents to promote early literacy

Two studies aimed to increase parent capacity to provide literacy-promoting environments and opportunities for their children (Cronan et al, 1996; High et al, 2000). Both studies that met the 'best practice' evidence level were from the USA and targeted low-income families, combining literacy guidance with the provision of developmentally-appropriate books. The first intervention involved an instructional home-visit program, where trained tutors modelled methods for parents to read to their children and to teach verbal concepts (Cronan et al, 1996). Families were allocated to either the high-intervention program, low-intervention program or no program (control group). Those families in the high-intervention program received 18 thirty minute sessions, while those families in the low-intervention program received 3 thirty minute sessions. The content of the high- and low-intervention programs was the same. Trained tutors received eight weeks of initial training on strategies for promoting emergent literacy. Training included attendance at lectures and completing required reading. Throughout the eight week training period tutors were required to undertake 3 exams, which covered the lecture content and required reading. Successful completion of training was defined as scoring 80 per cent or greater on exams. Trained tutors received detailed curriculum for delivering the program to families and program sessions were recorded in order to provide tutors with feedback regarding the quality of program delivery. Results showed that families in the 18-session program had increases in family literacy behaviours (such as parents reading to their children and borrowing library books). Children in the 18-session program showed greater gains in language and conceptual development scores than those children in the low-intervention program or control group children. Only the high intensity, 18-session program was shown to be effective for increasing family literacy behaviours and child language scores.

The second intervention was embedded into routine paediatric 'well-child' visits (regular health care visits across childhood) (High et al, 2000). Paediatricians provided literacy promoting anticipatory guidance and educational handouts to parents, along with the books. This program demonstrated positive impacts on child language and family literacy behaviours. However, the parents in this second study only attended an average of 3.38 paediatric visits with anticipatory guidance. Paediatricians were given a one hour training session, which provided them with information regarding the study design and objectives, as well as the importance of their participation in the program. They were not given a standardised procedure to follow, but rather, were encouraged to provide parents with the benefits of reading aloud to their children and to reinforce the information with handouts. They were asked to continue their usual anticipatory guidance practices. Children in the intervention group showed larger gains in parent-reported receptive and expressive vocabulary scores in the older children (18 to 25 months of age), but not in the younger children (13 to 17 months of age).

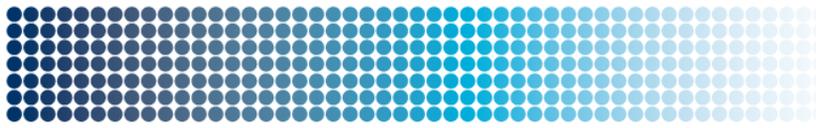


It is important to note that two methodologically sound studies trialling literacy promoting programs embedded within routine health care did not show improvements in child language outcomes (Goldfeld et al, 2011; Golova et al, 1999). Much like the 'best practice' study described above (High et al, 2000), the Victorian *Let's Read* trial involved the distribution of free books with literacy guidance provided over three maternal child health visits (Goldfeld et al, 2011). No benefits were found for children's language or parents' literacy activities. Although the program was trialled in relatively disadvantaged areas in Melbourne, it is possible that the intervention was not targeted enough, or intensive enough, to show effectiveness. A similar USA-based study provided bilingual books, educational handouts and literacy-promoting anticipatory guidance to low-income Hispanic families with infants, during routine paediatric well-child visits (Golova et al, 1999). This program was effective in increasing parent literacy behaviours such as joint parent-child reading, parents' enjoyment of shared book-reading and number of books at home. However, there was no demonstrable effect on the development of the children's oral language skills. The authors suggest that the use of a non-standardised modified (Spanish) version of a standard language measure may not have been sensitive enough to detect differences. It is also possible that language differences might have been detected at a longer follow-up when more extensive assessment of language would be possible.

Teaching parents to support general child development

Three studies trialled parenting interventions with the aim of improving child development and outcomes more generally (Landry et al, 2008; Olds et al, 2004; Mendelsohn et al, 2005). All three studies came from the USA. Two of these met 'best practice' evidence level and involved home-visitation programs. The first provided in-home training in responsive parenting practices, using the Play and Learning Strategies (PALS) program. Program facilitators were provided with systematic training by the supervisor (one of the study investigators), which included training in the PALS curriculum, review of sessions and practice with coaching. The program involved 11 weekly home visits that lasted about 1.5 hours each. The home visits were guided by a detailed curriculum with each session focussing on a particular responsive behaviour (e.g. contingent responding to child signals in warm and sensitive ways; how to attend to, maintain and build on child's interests rather than redirecting). The eighth session focussed on using rich language in everyday situations, with an emphasis on verbal scaffolding (e.g. offering prompts that provide conceptual links between objects, actions, persons, activities, functions or prior experiences). The PALS intervention group demonstrated improvements in child receptive vocabulary and composite language scores, communication skills as well as maternal language input (Landry et al, 2008).

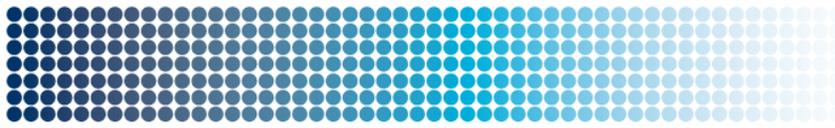
The second study involved a home visitation program to support low-income mothers with parenting and health advice (Olds et al, 2004). Mothers received home visits during pregnancy and the first two years of their child's life from either a nurse or a paraprofessional. The visits were designed to provide advice to improve maternal and foetal health during pregnancy, help the parent to provide more competent caregiving in order to improve child health and development, and enhance parents' personal development. Nurses were required to have Bachelor of Science in Nursing (BSN) degrees and experience in community or maternal and child health nursing. Paraprofessionals were required to have a high school education but were excluded if they had an undergraduate degree or college preparation in a helping profession. Preference was given to hiring paraprofessionals who had worked in human service agencies. Both nurses and paraprofessionals were provided with 1 month of extensive training before working with the families. Mothers received an average of approximately 6 visits during pregnancy and an average of 16 (paraprofessional) or 21 (nurse) visits during infancy. This program impacted on child total language scores only for those children in the nurse visitation condition, and whose mothers had low psychological



resources during pregnancy. Paraprofessional visitation did not have a significant effect on language, although it did have a significant effect on mother-child responsive interaction, as did the nurse visits. The authors speculated that the discrepancy between nurse and paraprofessional effects on child outcomes might be due in part to nurses having a 'natural legitimacy' that paraprofessionals lack. That is, nurses are likely to have engagement and persuasive power with pregnant women and parents of young children, as they are viewed as authorities on pregnancy and birth as well as care of newborns.

The third program was integrated into paediatric primary health care and used the Video Interaction Project approach (Mendelsohn et al, 2005). This program was targeted to low-income Latino families with low maternal education. At the time of routine well-child visits to the paediatrician, intervention families attended 12 sessions with a child development specialist. During these sessions, parents' developmental concerns were discussed, and then a five to ten minute videotape was made of the parent and child interacting. The parent and specialist then made observations about the video and the specialist provided feedback and advice about activities to practise at home to facilitate supporting parent-child interactions. The parent was also given a developmentally stimulating learning material chosen to promote verbal engagement (e.g. a toy or book). The study was ranked as 'promising' because although there were no overall differences seen between intervention and control groups, there was evidence of improvements in expressive language for the small group of children (n = 16) whose mothers had a higher level of education (seventh to 11th grade), compared to the children whose mothers had 6th grade or lower education. There was no detectable impact on receptive language.

An additional study was identified in the grey literature. Smalltalk is a community-based parenting program aimed at improving children's early home learning environments, with a specific focus on supporting early language development. The program was developed for two existing service platforms in Victoria: the maternal and child health (MCH) service and supported playgroups. The Early Home Learning Study evaluated smalltalk via a cluster randomised controlled trial with over 2,000 parents experiencing vulnerable circumstances, with children aged six months to three years (although this was a randomised controlled trial of sound methodology, it is as yet unpublished and so included among the grey literature) (Hackworth et al, forthcoming). The content of the program addressed five aspects of parenting and family functioning known to directly or indirectly impact on children's early language and communication skills development: enhancing quality everyday interactions; providing a stimulating environment; enhancing parental self-care; strengthening parenting confidence; and building parental connectedness to the community and services. Parents of infants aged six to 12 months received a six-week parenting group program delivered via the MCH platform. During the two-hour sessions, smalltalk strategies were discussed and at-home practice was planned and encouraged. Parents of toddlers aged 12 to 36 months participated in a ten-week playgroup and parenting program delivered through the supported playgroup platform. Playgroup facilitators introduced the smalltalk content in one-on-one or small group conversations and provided a play environment and activities that encouraged parent-child interactions. Facilitators looked for opportunities to observe parents practising the smalltalk strategies in the playgroup, to provide encouragement and feedback, and to discuss how they could use the strategies at home. Some parents in each service platform received the smalltalk plus program, in which the parent group/supported playgroup was supplemented by an additional 6 home-based, individual coaching sessions. All parents received a set of age-appropriate smalltalk resources including conversation cards, tip sheets and DVDs modelling the parenting strategies. A trained site coordinator managed the program in each setting and the program was delivered by trained group facilitators and/or home coaches. Most of the facilitators had experience in early childhood or community services, with many of them previously having worked in childcare or playgroup facilitation. The majority had post-secondary vocational qualifications or a degree in community services,



education or health. All smalltalk facilitators and home coaches attended two full days of training introducing them to smalltalk and training them in the specific content/delivery of smalltalk for their platform. New supported playgroup facilitators also attended the full-day standard training program provided by Playgroup Victoria. The home coaches received an additional half-day training in conducting in home observations.

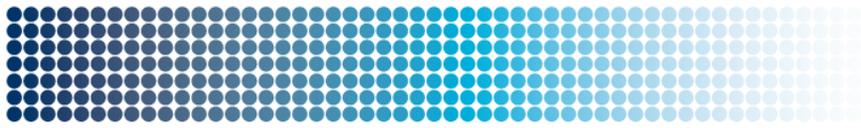
Given the very young age of children at the time of assessment, children's communication, socio-emotional and general development skills were considered as secondary outcomes. Primary outcomes included the quality of parent-child interactions and the home environment. The smalltalk plus (group + home coaching) infant program, delivered through MCH services, showed greater short-term improvements in a range of parenting behaviours than did standard (control) groups; however, at 4 to 5 month follow-up, there were few significant differences between the smalltalk and the standard care groups. In the infant program, parents who received smalltalk plus reported greater improvements in child communication skills than those who received smalltalk without home coaching. The impacts of the toddler program, delivered through supported playgroups, were better maintained. At follow-up, the smalltalk plus group showed greater improvements in parents' maintaining/extending the child's interest than both the control and smalltalk group, while the smalltalk group showed greater improvements in parent-reported home activities with the child. Both intervention groups showed greater parent-reported improvements in child personal-social skills. Overall the results suggest that the smalltalk toddler group delivered via supported playgroups showed longer-term impacts on parenting behaviours known to facilitate child language and communication development, but that some families required additional individual home coaching to see the benefits. Although the program has not yet demonstrated direct benefits for child language, the school-age follow-up will include direct-assessment of child language completed in the home (2015-2018).

Providing educational resources to promote language development

Two studies distributed resources to parents without an additional training component (Albarran et al, 2014; Christakis et al, 2007). The first was ranked as a 'best practice' program and involved providing baby books to new parents (Albarran & Reich, 2014). Six baby books were provided to families during the third trimester of pregnancy. One of the groups received books embedded with educational material about child development and optimal parenting, while the other group received books with the same pictures, but with rhymes rather than educational information (the control group received no books). Whether the books contained educational material or not, the provision of baby books had positive impacts on child language development at 18 months. The second study involved the distribution of two sets of building blocks to parents of toddlers, along with two newsletters suggesting different block activities (Christakis et al, 2007). There was evidence that this program improved parent-reported language as measured by the MacArthur-Bates Communicative Development Inventories for children from low- to middle-income families. However, the study was ranked as 'promising' as this program did not meet all four of the criteria required to be rated as 'best-evidence'.

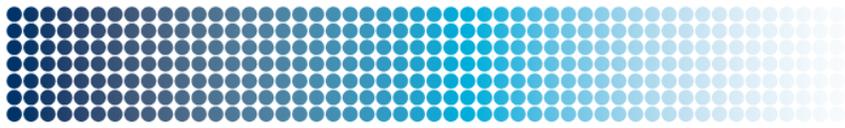
Cost effectiveness

Buschmann and colleagues (2009) reported on the cost-benefit of the Heidelberg Parent-based Language Intervention. The HPLI cost £270 per child, whilst the average labour cost for individual child therapy (£28 x 43 sessions) is £1204 per child. They calculated the total expected cost for the intervention group (HPLI plus six of the children needing subsequent individual direct therapy) as £13,704. The total expected cost for the control group (13 of the children needing individual direct therapy) was £15,652. The authors also commented that compared to more established parent-based language interventions, such as the Hanen Parent Program, the HPLI is less expensive and time consuming as it



is carried out without home visits by a single trained therapist, although actual costs were not compared.

Three studies reported the total costs for the programs (Olds et al, 2004; Mendelsohn et al, 2005; Hackworth et al, 2013). Mendelsohn and colleagues (16) reported that their video-taped interaction program (integrated into paediatric primary health care) cost approximately US\$240 per child per year, including \$200 for staffing and \$40 for materials. The Early Home Learning Study reported that the smalltalk program is a relatively low cost intervention (Hackworth et al, 2013). The standard 6-week MCH program cost is \$966 per participant and the standard 10-week supported playgroup costs \$1,333 per participant. Incorporating the smalltalk content into these services cost six to seven per cent more than running the standard groups. The smalltalk plus programs (incorporating six home visits) cost 69 to 89 per cent more per participant compared to standard services.



Appendix 2

Survey and in-depth consultation participants

A total of 484 people participated in the online survey, however only 407 of those participants met the eligibility criteria and completed the survey.⁴² The responses of ineligible participants and participants who did not complete the survey are not included in our analysis. Twenty-seven in-depth consultations were undertaken.⁴³

The regions where survey participants work are outlined in Table 15 below. Table 15 also includes information about where the programs described in the in-depth consultations are delivered. (As some programs are delivered in more than one location, the total number of programs exceeds the total number of interviews).

Table 15 indicates that survey participants working in the South West region of Victoria comprised the largest proportion of survey respondents (31 per cent), followed by the North West, North East and South East regions. Programs delivered in the South West region were also the most commonly described by interview participants (35 per cent), followed by the South East, the North West and the North East.

Table 15: Practice review participants by region

Department region	Survey (place of work)		Interview (place where programs are delivered)	
	No.	%	No.	%
North East region	85	21%	4	13%
North West region	116	29%	6	19%
South East region	80	20%	7	23%
South West region	126	31%	11	35%
State-wide	-	-	3	10%
Total	407	101%*	31	100%

* Due to rounding up of figures, the total percentage exceeds 100%.

The sectors that participants work in are outlined in Table 16 below. Representation from the ECEC sector was high in both the survey and the interviews (37 per cent and 26 per cent respectively). Professionals from the MCH sector were well-represented in the survey but less so in the interviews (19 per cent and 7 per cent respectively). Speech pathologists and other health service specialists (including professionals working in the early childhood intervention sector) were well represented in both the survey and interviews (17 per cent and 22 per cent for speech pathologists; and 17 per cent and 15 per cent for other health service specialists). A significant proportion of interviewees belonged to an 'Other' category, primarily because they were in a high level management or leadership position which involved multiple sectors.

⁴² The main reason participants did not meet the eligibility criteria was because they did not work directly with children and/or families nor did they manage professionals who worked directly with children and/or families (n = 36) or they did not work in Victoria (n = 18). The other ineligible participants did not work with children aged 0-3 or did not manage staff who worked with children in that age range (n = 11). A total of 12 respondents provided ineligible or incomplete data.

⁴³ Two interviews were undertaken with two participants. There was a total of 27 interviews undertaken, with a total of 29 participants.

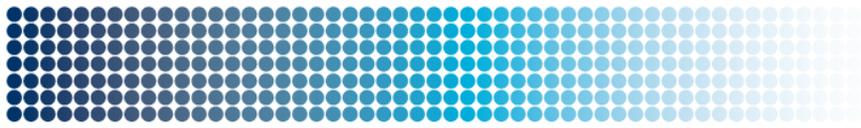


Table 16: Practice Review participants by sector

Sector	Survey		Interview	
	No.	%	No.	%
ECEC	152	37%	7	26%
Maternal & child health	78	19%	2	7%
Speech pathology	68	17%	6	22%
Other health service specialists	68	17%	4	15%
Other social assistance	12	3%	1	4%
Other	29	7%	7	26%
Total	407	100%	27	100%

* Other health service specialists were as follows: early childhood intervention specialists (n = 35), community health specialists (n = 16), occupational therapists (n = 5), paediatric nurses (n = 3), physiotherapists (n = 3), psychologist/counsellor/mental health professional (n = 9), other (n = 2). (NB: Five of the 68 other health service specialists held multiple roles, e.g. occupational therapist and early childhood intervention specialist, leading to a total of 73.)

We were interested in exploring whether practitioners supported children’s language development by working *directly* with *children* and/or by working with *parents/caregivers* (an *indirect* approach). We asked survey participants two questions pertaining to this issue:

- Do you – or your staff – support young children’s language development by working directly with them?
- Do you – or your staff – provide support to parents/caregivers so that they can support the language development of their young child(ren)?

Of the total number of survey respondents who responded to both questions (n = 362), 81 per cent (n = 293) reported that they worked directly with children and with parents/caregivers (i.e. an “indirect” approach).⁴⁴ Only a small proportion of survey respondents who answered both questions worked directly with children but not with parents/caregivers (9 per cent; n = 31) or with parents/caregivers but not directly with children (10 per cent; n = 38) (see Figure 7 below).

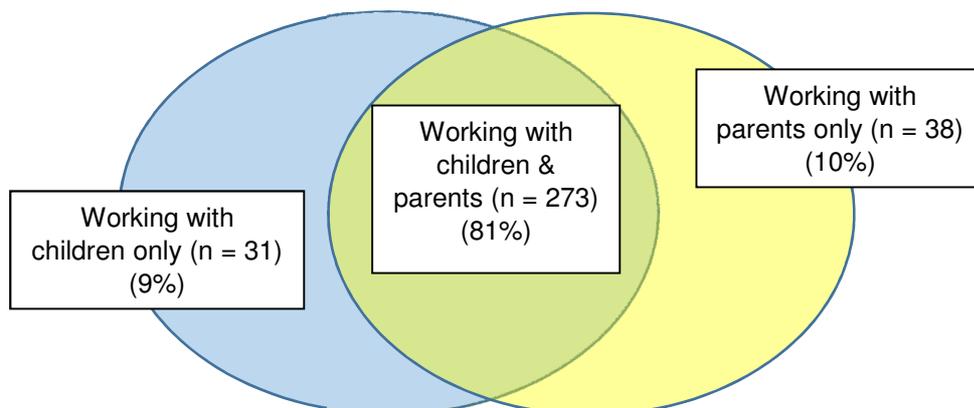
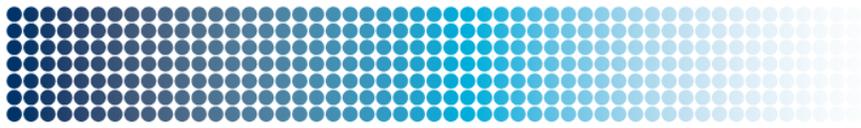


Figure 7: Number and proportion of respondents working only with children, working only with parents, and working with both children and parents (Total=342)

⁴⁴ Excluding those participants who responded ‘not applicable’ to both of these questions (n = 9).

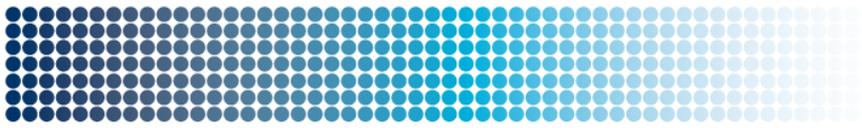


Of those respondents who are included in Figure 7, the professional groups that had the highest proportion of participants working with both children and parents were: speech pathologists (n = 57, 89 per cent); and other health services (n = 54, 87 per cent). As the numbers for participants who worked only with children or only with parents are small, it is difficult to identify trends by sector. However, it is perhaps not surprising to note that 15 per cent (n = 20) of those respondents who said they worked with children but not with parents were from the early childhood education and care sector.

When examined geographically, the spread of survey participants who worked directly with children and provided support to parents/caregivers was fairly evenly distributed across the regions (see Table 17 below). In all regions, more than 80 per cent of survey participants worked directly with children; and, except for the South Western region, the findings were similar for indirect work with parents/caregivers. Across the state, slightly more respondents worked with children (87 per cent) than with parents/caregivers (81 per cent).

Table 17: Number and proportion of survey respondents working directly with children and providing support by parents/caregivers – by region

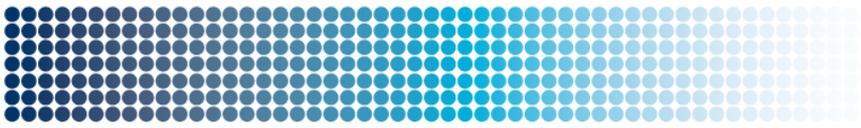
DET region	Total Survey Respondents	Work directly with children to support their language development and communication		Provide support to parents/caregivers so they can support language development and communication	
		No.	%	No.	%
North East region	85	73	86%	72	85%
North West region	116	105	91%	96	83%
South East region	80	70	88%	71	89%
South West region	126	107	85%	92	73%
Total	407	355	87%	331	81%



Appendix 3

Expected outcomes of Every Toddler Talking (as at January 2015)

For whom?	Expected outcomes (as expressed in the Request for Quote)
Children	Children at the trial sites have improved language and communication outcomes; and a reduction in the number of children identified as vulnerable in the speech and language domain in the AEDC for trial site areas, accounting for population movement.
Families	Families of children at trial sites have improved understanding of what they can do to support their children’s language and communication learning and development, including what services they can access.
Early childhood educators	EC educators involved in the project have the knowledge, skills and confidence to effectively: <ul style="list-style-type: none"> • support children’s communication, learning and development • make appropriate referrals to AH professionals • have strengths-based conversations with families about what they can do at home to support their child’s language and communication learning and development
Allied health professionals	AH professionals connected with educators and working together in sustainable ways with a focus on improving language and communication outcomes (primary prevention on the universal platform).
Service system	A sustainable collaborative practice model is in place in each trial site that allows EC educators and AH professionals to work effectively together to improve children’s language and communication outcomes taking a primary prevention approach.
Government	Department of Health and the DEECD have established channels at officer and executive levels for joining up policy and service provision related to supporting children’s speech, language and communication learning and development.
Community	The project contributes to the evidence base about what works to improve children’s language and communication outcomes and reconceptualization of speech and language therapy services role focused on primary prevention.



Appendix 4

Program evaluation tool

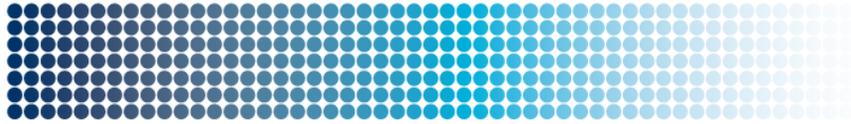
Best practice programs met all of the following criteria:

1. The program must have met the criteria for research design quality: randomised controlled trial methodology - with at least 20 participants in both the test and control groups;
2. The program must have had at least two positive impacts on desired outcomes (e.g. must be statistically significant or a change of at least 20 per cent or very strong qualitative support) and the program designers / authors should not report any negative or harmful effects.
3. There should be clear statements in the available information about what the program involves, whom it is for and why it is important (i.e. specificity).
4. The program must have been replicated and shown to be effective or it must demonstrate potential for replication.

Programs were rated as promising if they met the following criteria:

1. The program has evidence of positive evaluations but does not meet all the criteria listed above
2. The program is outstanding in another respect such as innovation (in terms of content, delivery method or forging new partnerships or networks) or cultural reach
3. The program has a strong program logic based upon recent research evidence regarding child language.

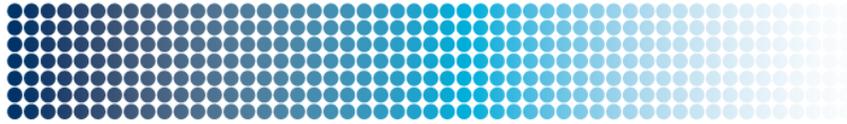
Adapted from the Australian Institute of Family Studies (AIFS) criteria (see Commissioner for Children and Young People, Western Australia, 2014)



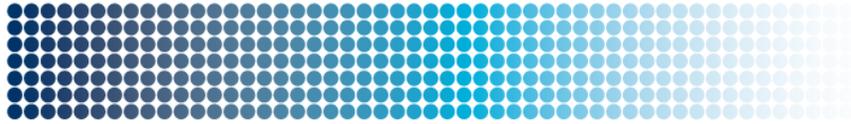
Appendix 5

Interview participants

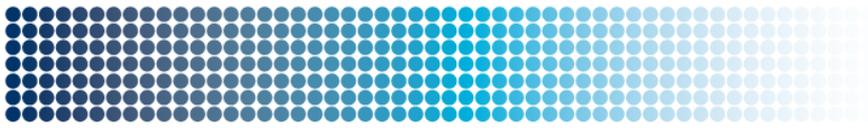
Organisation name	Interviewees' role in organisation	Program / approach	Region(s)
Ardoch Youth Foundation	Program Manager	Play Learn Read Talking The Talk Early literacy in supported playgroup	South West metropolitan South East metropolitan North West metropolitan South West regional
Benalla Community Health	Speech pathologist	Parent-Child Mother Goose	North East regional
Berry St	Manager	Early Learning is Fun program	South East metropolitan South West metropolitan
Central Gippsland Health Service (1)	Maternal and child health nurse & community nurse	Parent-Child Mother Goose	South East regional
Central Gippsland Health Service (2)	Speech pathologist	4 year old Kinder Screening program	South East regional
Central Goldfields Shire Council	Local government employee	Go Goldfields	North West regional
Glastonbury	Coordinator	Small Talk	South West regional
Good Beginnings (East Gippsland)	Play facilitator – Family Support worker	Play2Learn (Supported Playgroup)	South East regional
Goodstart Early Learning	Speech pathologist Social Inclusion manager	Program not included (implemented outside of Victoria)	N/A
Goulburn Valley Regional Library Corporation	Group facilitator	Parent-Child Mother Goose PEEP	North East regional
Gowrie (Docklands)	Manager	The Embedded Literacy Experience Resource	South West metropolitan



Inner North West Melbourne Medicare Local, Northern speech pathology consortia	Speech Pathologist	We can play (Supported playgroup)	South West metropolitan
Latrobe City Council	Child and Family Leadership team member & Project creator	500 by 5	South East regional
Mallee Family Care	Coordinator	Reading Discovery	North West regional
Maryborough District Health Service	Professional Practice Leader	Linking Learning Go Goldfields Best Start	North West regional
Maternal and child health (Enhanced) (Warragul)	Maternal and child health nurse	The Play Matters approach (Supported Playgroup)	South East regional
Melbourne City Mission	President & Group Facilitator	Parent-Child Mother Goose	North West metropolitan
Community Health Service (awaiting approval to share detail)	Speech pathologist	Facilitated Playgroup & outreach service	North-East metropolitan
Noah's Ark (1)	Speech pathologist	Hanen	South West metropolitan
Noah's Ark (2)	Speech pathologist	Key Worker approach Transdisciplinary practice Parent coaching	South West metropolitan
Peninsula Health (Frankston Community Health Children's Services Team)	Program Manager	Allied health / ECEC collaboration	South East Metropolitan
Playgroup Victoria	Training Manager	Playgroup leaders / facilitators training program	State-wide
Playgroup Victoria	Practice and Research Manager	Universal and supported playgroups	State-wide



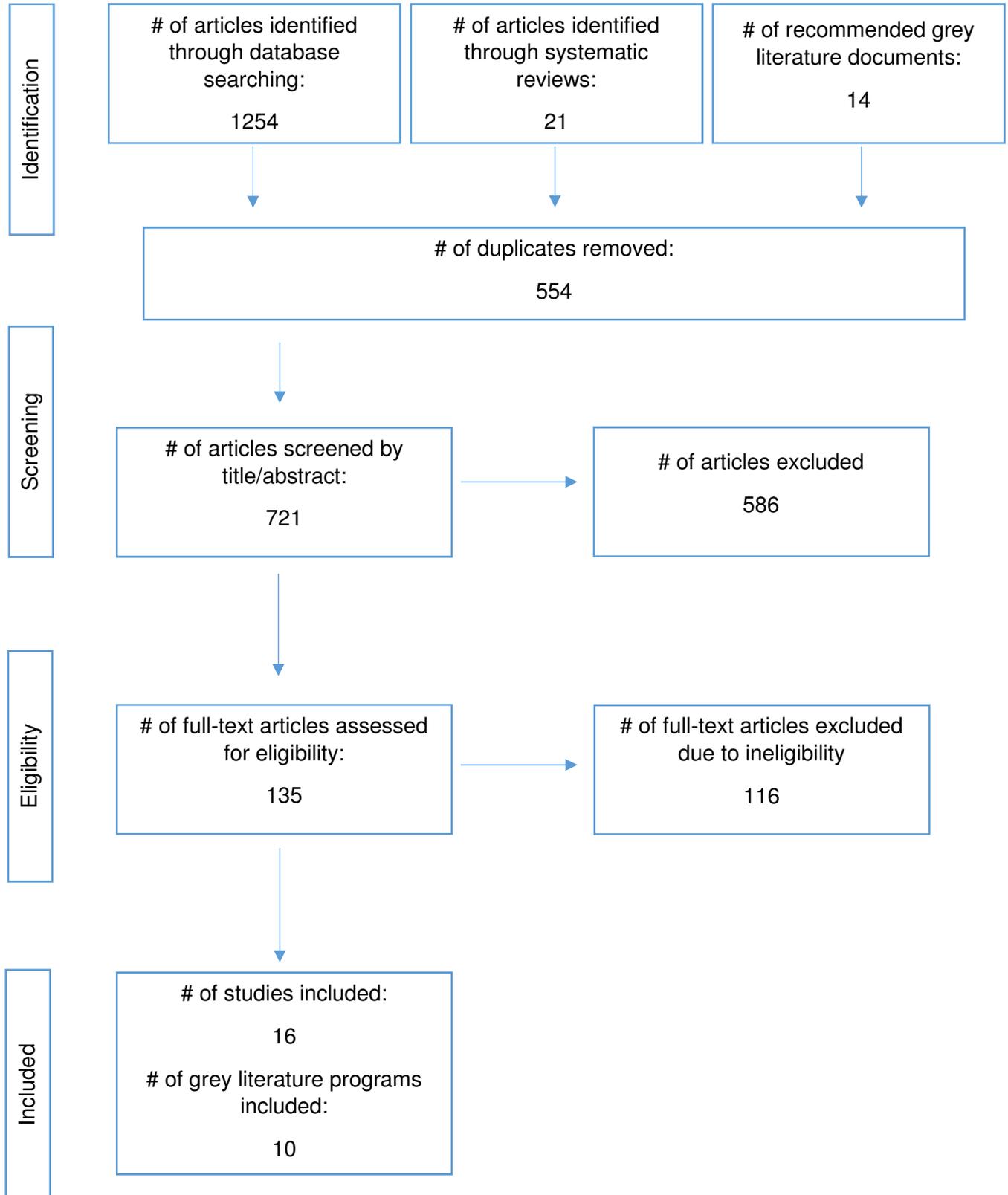
Sing & Grow Australia	Clinical services Manager	Sing & Grow	State-wide
Specialist Children's Service	Central Intake Speech pathologist	Early childhood intervention – central intake support	North-East Metropolitan
VICSEG New Futures	Director	Playgroups for Diverse Communities	North-West and South-West Metropolitan
Warracknabeal Network	Volunteer	Warracknabeal Oral Reading Development Strategy (WORDS)	South West regional

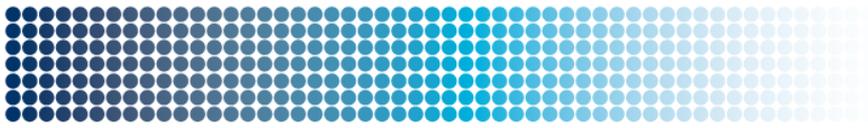


Appendix 6

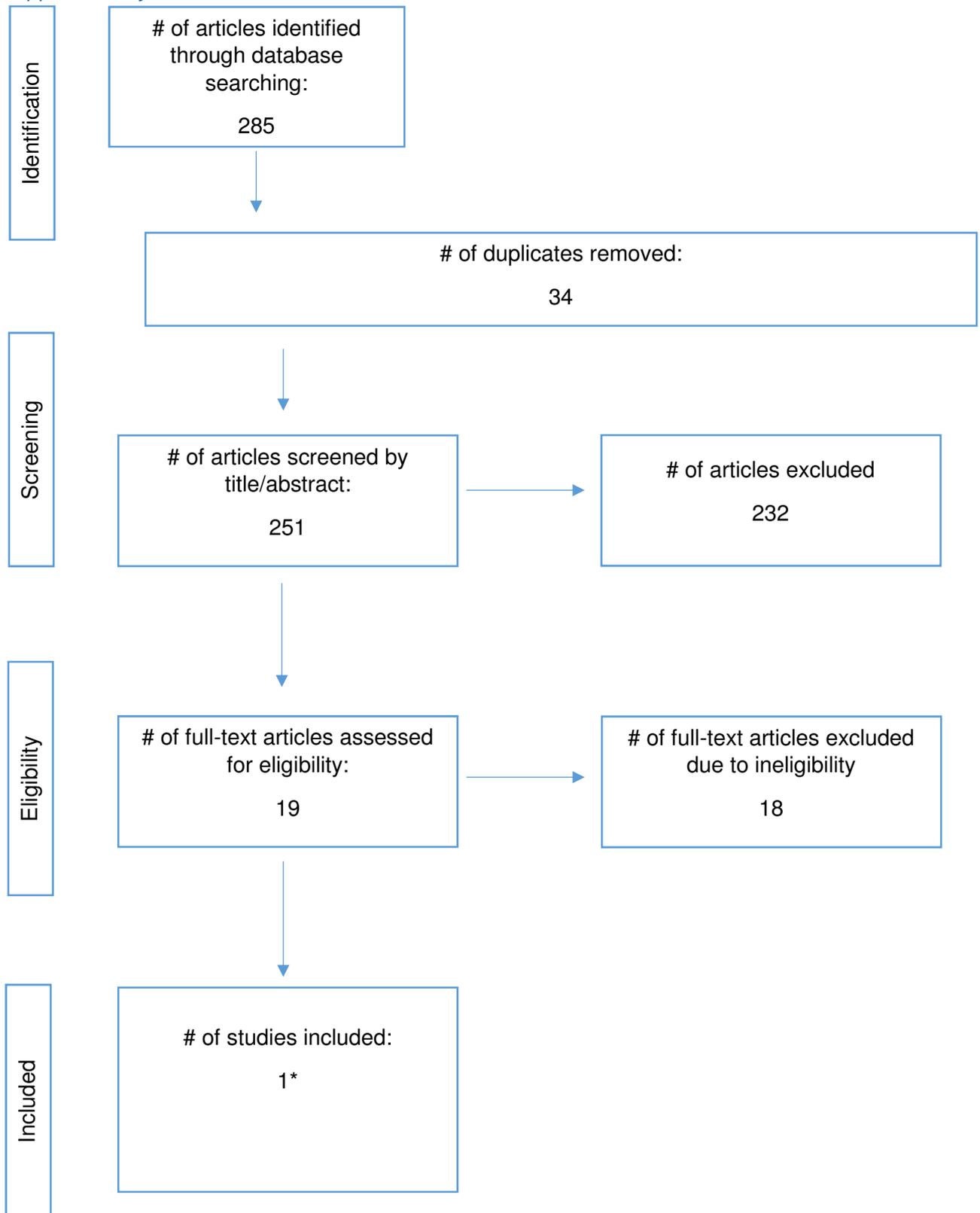
Article search and selection flow diagrams

Initial search

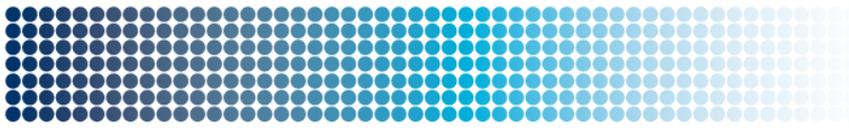




Supplementary search



* Rudd et al. (2008) (Ref: 21)



Appendix 7

List of included studies

Studies meeting 'Best Practice' program criteria

Albarran 2014; Using Baby Books to Increase New Mothers' Self-Efficacy and Improve Toddler Language Development

Buschmann 2009; Parent based language intervention for 2-year-old children with specific expressive language delay: a randomised controlled trial

Cronan 1996; The effects of a community-based literacy program on young children's language and conceptual development

High 2000; Literacy promotion in primary care pediatrics: can we make a difference?

Landry 2008; A responsive parenting intervention: The optimal timing across early childhood for impacting maternal behaviours and child outcomes

Love 2005; The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs

Lowell 2011; A randomized controlled trial of Child FIRST: a comprehensive home-based intervention translating research into early childhood practice

Olds 2002; Home visiting by paraprofessionals and by nurses: a randomised, controlled trial

Studies meeting 'Promising' program criteria

Christakis 2007; Effect of block play on language acquisition and attention in toddlers: a pilot randomized controlled trial

Girolametto 1996; Interactive focused stimulation for toddlers with expressive vocabulary delays

Girolametto 2003; Training day care staff to facilitate children's language

Glogowska 2000; Randomised control trial of community based speech and language therapy in preschool children

Mendelsohn 2005; Use of videotaped interactions during pediatric well-child care to promote child development: a randomised, controlled trial

Robertson 1999; Effects of treatment on linguistic and social skills in toddlers with delayed language development

Roberts 2012; Assessing the effects of a parent-implemented language intervention for children with language impairments using empirical benchmarks: A pilot study

Rudd 2008; Does improving joint attention in low-quality child-care enhance language development?

van Agt 2007; A cluster-randomized control trial of screening for language delay in toddlers: effect on school performance and language development at age 8

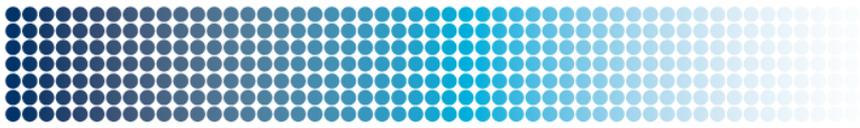
Grey literature program evaluations

Central and North West London NHS Foundation Trust/Hillingdon Community Health; "Small talk": Speech and language therapy and children's centres working together, Hillingdon

Hackworth (forthcoming); Early home learning study: Overview and outcomes

Leicester City Council/Children and Young People's Strategic Partnership. Talk Matters!, Leicester

Nottinghamshire Local Authority; Language for life strategy, Nottinghamshire



Nottinghamshire Sure Start Children's Centres; Nottinghamshire Sure Start children's centres 'Home Talk' service: Supporting two-year-olds with delayed language skills and their parents/carers

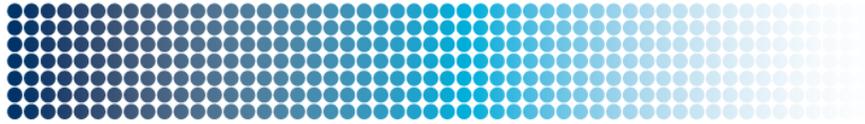
Office of Public Management 2011; Evaluation of I CAN's Early Talk 0-3 programme

Office of Public Management 2013; Emerging impacts of the Early Language Development Program: Impacts for lead practitioners and local practitioners [interim report]

Stoke Speaks Out; A multi-agency approach to tackling language deficit in Stoke on Trent

The London Borough of Barking and Dagenham, Targeted Support Services, Children's Services; Universal co-ordinated model of play and communication services in children's centres in Barking and Dagenham

West Berkshire Council; West Berkshire Every Child a Talker

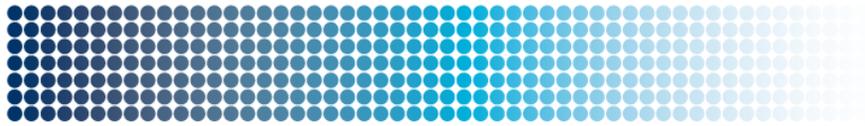


Appendix 8

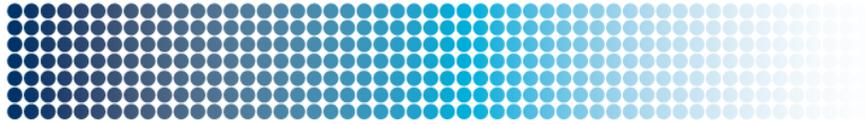
Summary of rapid review studies

Best practice studies

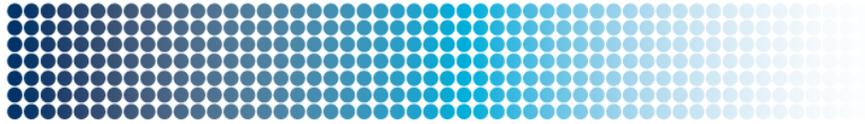
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
FOCUS: INCREASE PARENT CAPACITY								
Buschmann 2009; Parent based language intervention for 2-year-old children with specific expressive language delay: a randomised controlled trial	61 Parents of 2-year-olds with specific expressive language delay	Clinic / home	Training parents to deliver language intervention	Parent group training (Heidelberg Parent-based Language Intervention or HPLI)	HPLI-trained therapist (qualifications not specified) → Strategies implemented by parents	Process - Group training sessions for parents (7x2hr, 1x3hr) Content - Interactive model of language intervention - Parents were taught: <ul style="list-style-type: none"> o Child-oriented, interaction promoting techniques o Language modelling techniques o Shared picture book reading 	Expressive language ability	Direct assessment: - SETK-2 & SETK-3-5 (a widely used developmental language test for German speaking children) Parent report: - ELFRA-2 (the German version of the CDI)
Cronan 1996; The effects of a community-based literacy program on young children's language and conceptual development	225 Parents of 1-3 year old children from low-income families	Home	Teaching parents to promote early literacy	Instructional home visiting program	Trained tutor (university psychology students)	Process - Individual home visits (18 x 30-minute visits) Content - Modelling methods for the parent to use while reading to the child (dialogic reading techniques) - Teaching parent to teach the child concept - Singing songs	Language comprehension and production, knowledge of general concepts, parental literacy-promoting behaviours	Direct assessment: - Bracken Basic Concept Scale - PRIMER Language Comprehension Book Parent report: - MacArthur-Bates Communicative Development



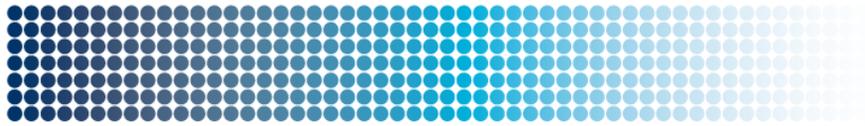
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
						<ul style="list-style-type: none"> - Provision of books and materials for concept instruction - Parents instructed to: <ul style="list-style-type: none"> o Talk to their children a great deal o Read regularly o Use language and ask questions requiring answers slightly beyond child's level o Create a positive reading environment o Use positive reinforcement 		<ul style="list-style-type: none"> - Inventory (CDI) - Parent literacy behaviours
High 2000; Literacy promotion in primary care paediatrics: Can we make a difference?	205 Parents of infants and toddlers from low-income families	Paediatric Clinic	Teaching parents to promote early literacy	Provision of resources and key messages	Paediatricians (embedded in routine paediatric care)	<p>Process</p> <ul style="list-style-type: none"> - M=3.38 paediatric visits - Provision of age-appropriate board books (chosen to promote parent-child interaction) - Provision of handouts about how children can benefit from, enjoy, and interact with books (focused on interaction between the parent and child) <p>Content</p> <ul style="list-style-type: none"> - Literacy promoting anticipatory guidance (on the benefits of reading aloud to children, reinforcing the information in the handouts) 	Receptive and expressive language for the older toddlers (>18 months), family literacy-behaviours	Parent report: <ul style="list-style-type: none"> - Family literacy-orientation - Modified MacArthur-Bates CDI
Landry 2008; A	166 Parents of	Home	Teaching	Home	Trained	Process	Receptive	Direct assessment:



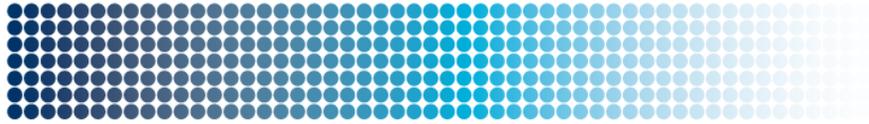
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
responsive parenting intervention: The optimal timing across early childhood for impacting maternal behaviours and child outcomes	2-year-old children		parents to support general child development	visiting program (Play and Learning Strategies or PALS)	facilitator (qualifications not specified)	<ul style="list-style-type: none"> - 11 x 1.5hr home visits - Training parents in responsive behaviours through discussion, watching educational videotape, videotaping coached interactions between the mother and child with feedback <p>Content</p> <ul style="list-style-type: none"> - Integrating responsive behaviours into everyday activities - Responsive skills included: <ul style="list-style-type: none"> o recognising positive and negative signals as a means of child communication o contingent responding to child signals in warm and sensitive ways o helping children learn to cooperate through sharing, providing choices o attending to the child's focus of attention and maintain and building on this interest o using rich language with an emphasis on labelling objects and actions, and verbal scaffolding (e.g. prompts providing conceptual links between objects, actions, 	vocabulary, composite language scores, communication skills, maternal language input	<ul style="list-style-type: none"> - Peabody Picture Vocabulary Test – 3rd Edition (PPVT-III) - Preschool Language Scale – 3rd Edition (PLS-3) <p>Observational data:</p> <ul style="list-style-type: none"> - Video-taped mother-child interactions



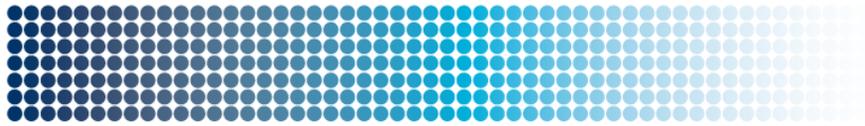
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
Olds 2004; Effects of home visits by paraprofessionals and by nurses: age 4 follow-up results of a randomized trial	735 pregnant low-income mothers	Home	Teaching parents to support general child development	Home visiting program	Nurses (with BSN degrees) and paraprofessionals (not qualified in a helping profession)	<p>persons etc)</p> <p>Process</p> <ul style="list-style-type: none"> - 1 month of extensive training by professionals before working with families - ~6 visits during pregnancy and average of 16 (paraprofessional) or 21 (nurse) visits during infancy <p>Content</p> <ul style="list-style-type: none"> - Parent and child health education - Parenting education - Helping parents to plan future pregnancies, continue their education, and find work 	Total language scores (significant impacts restricted to nurse-visitor program and to children born to mothers with low psychological resources)	<p>Direct assessment:</p> <ul style="list-style-type: none"> - PLS-3 <p>Observational data:</p> <ul style="list-style-type: none"> - Video-taped mother-infant interaction
Albarran 2014; Using Baby Books to Increase New Mothers' Self-Efficacy and Improve Toddler Language Development	167 New mothers and their infants		Provision of educational resources with no additional training	Provision of baby books		<p>Process</p> <ul style="list-style-type: none"> - New mothers given 6 baby books in third trimester of pregnancy <p>Content</p> <ul style="list-style-type: none"> - One group received books embedded with educational material about child development and parenting, one group received equivalent non-educational books (both types 	Total language scores	<p>Direct assessment:</p> <ul style="list-style-type: none"> - PLS-4



Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
						were effective) - Books were written at a first-grade reading level		
FOCUS: COLLABORATION / SHARED PRACTICE MODEL								
Love 2005; The effectiveness of Early Head Start for 3-year-old children and their parents: Lessons for policy and programs	3001 Low-income families with children 0-3 years	Centre and/or home	Multi-agency support for child development	Service coordination and case management (Early Head Start program)	Teachers and/or qualified home visitors	Process - Home visits and/or centre-based child care during first 3 years of child's life Content - Parenting education - Case management - Health care and referrals - Family support	Child vocabulary and parent provision of a good language and learning home environment (mixed model most impact)	Direct assessment: - PPVT-III Observational data: - Home Observation for Measurement of the Environment (HOME)
Lowell 2011; A randomized control trial of Child FIRST: A comprehensive home-based intervention translating research into early childhood practice	735 Families with child (0-2) and/or parent with psychosocial risk	Home	Multi-agency working for child development	Psychotherapeutic parent-child intervention	Clinical team (mental health clinician and qualified care coordinator)	Process - Weekly home visits of 45-90 mins Content - Parent-child intervention - Comprehensive assessment of child and family - Identifying and where appropriate involving other service providers - Home-based therapeutic intervention with child and parent	Child language	Direct assessment: - Infant-Toddler Developmental Assessment

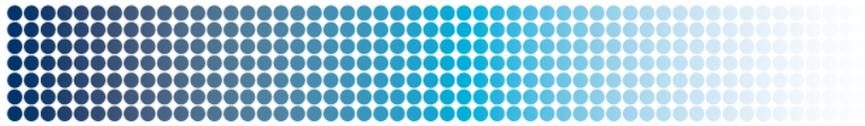


Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
<ul style="list-style-type: none">- Facilitate 'mutual delight' through reciprocal parent-child play and positive interactions through reading, play, family routines- Play used to help child master and rework difficulty challenges and to promote language development- Sharing of child development materials								

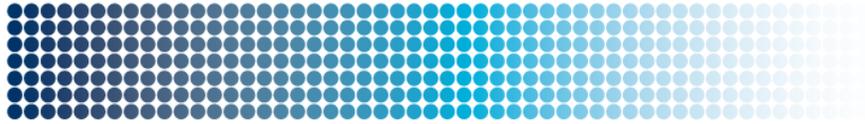


Promising practice studies

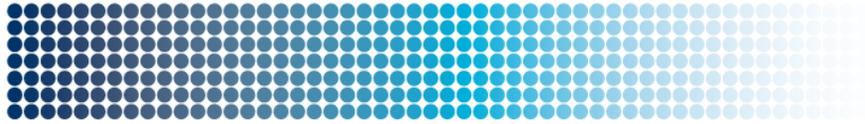
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
FOCUS: INCREASE PARENT CAPACITY								
Girolametto 1996; Interactive focused stimulation for toddlers with expressive vocabulary delays	25 parents of 2-year-old children with expressive vocabulary delays (late talkers)	Clinic and Home	Training parents to deliver language intervention	Parent group training & individual coaching (modified Hanen Program for Parents)	Speech-language pathologist	<p>Process</p> <ul style="list-style-type: none"> - 8 x 2.5 hour evening sessions to teach program strategies (watching videotapes, engaging in lectures, role plays, focused discussions) - 3 x home visits to provide individual feedback and on-the-spot coaching <p>Content</p> <ul style="list-style-type: none"> - Incorporating target words into existing daily routines - Using target words in response to the child's interest/activity, and repeating the word at least 5 times during each interaction - Model the word using labels, short comments and expansions - Set up new routines in order to model target words in many different contexts using different exemplars - Modelling two-word combinations 	Expressive language, vocabulary, phonological skills	<p>Observational data:</p> <ul style="list-style-type: none"> - Systematic Analysis of Language Transcripts (SALT) of video-taped parent-child free play <p>Parent report:</p> <ul style="list-style-type: none"> - MacArthur-Bates CDI
Roberts 2012; Assessing the effects of a parent-implemented language	34 parents of 2- to 3-year-old children with language	Clinic and Home	Training parents to deliver language intervention	Individual parent training to use Enhanced	Speech-language pathologist or Special educator	<p>Process</p> <ul style="list-style-type: none"> - 4 x 1-hour workshops to introduce each strategy - 24 x 1-hour practice sessions (half at home, half at clinic) to practice specific set 	Total and expressive language scores	<p>Direct assessment:</p> <ul style="list-style-type: none"> - PLS-4 <p>Observational data:</p> <ul style="list-style-type: none"> - SALT coding of



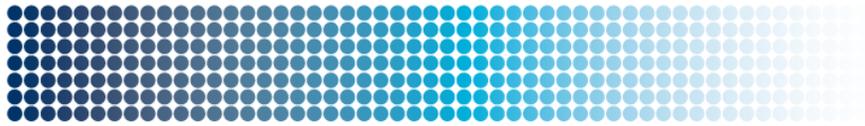
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
intervention for children with language impairments using empirical benchmarks: A pilot study	impairment			Milieu Teaching (EMT) strategies		<p>of strategies. Each practice session comprised of the following 15 minute blocks:</p> <ul style="list-style-type: none"> ○ Therapist reviewed EMT strategies taught at workshop ○ Therapist modelled strategies with the child ○ Parent practiced strategies with the child with therapist coaching ○ Therapist provided feedback <p>Content</p> <ul style="list-style-type: none"> - Responding to communication - Taking turns, waiting - Mirroring and mapping - Modelling specific child language targets - Expanding verbal and nonverbal communication - Time delay strategies: assistance, choices, waiting with routine, waiting with cue, inadequate portions - Prompting strategies: open questions, choice questions, “say” prompt 		parent-child interaction and child language sample
Mendelsohn 2005; Use of videotaped interactions during pediatric well-child care to promote child development: a randomised, controlled trial	93 Latino low-income families with children aged 0-3 and low maternal education	Paediatric clinic	Teaching parents to support general child development	Video-taped interactions used to promote early child development (Video Interaction	Child development specialist	<p>Process</p> <ul style="list-style-type: none"> - 12 x 30-45 minute sessions at the time of routine paediatric health visits - From first visit to paediatrician (2 weeks) until child is 3 years old <p>Content</p> <ul style="list-style-type: none"> - Discussion on child’s development, 	Expressive language (significant effects limited to those children whose mothers had a higher level of maternal	Direct assessment: <ul style="list-style-type: none"> - PLS-3 - Semi-structured assessment of language based on language items of the Caregiver-Child



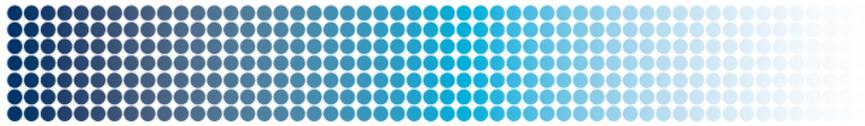
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
				Project)		addressing parent expectations and concerns (facilitated by age-specific parenting pamphlets) <ul style="list-style-type: none"> - Family provided with developmental stimulating age-appropriate learning material (e.g., toy or book) - 5- to 10-minute videotape made of parent and child engaging in activities of the parent's choice - Parent and specialist watch tape together, discuss observations, specialist proposes activities to practice at home 	education (7 th to 11 th grade))	Interaction Rating Scale
Christakis 2007; Effect of block play on language acquisition and attention in toddlers: A pilot randomized controlled trial	175 children aged 1-2		Provision of educational resources with no additional training	Provision of building blocks		Process <ul style="list-style-type: none"> - 2 sets of building blocks and 2 newsletter posted to families Content <ul style="list-style-type: none"> - Moulded, plastic interlocking building blocks - Newsletters contained 'block activities'- suggestions of activities parents could do with their child and the blocks (e.g., sort by colour, see how big a stack they could make) 	Language acquisition (significant impacts restricted to children from low-middle income families)	Parent report: <ul style="list-style-type: none"> - MacArthur-Bates CDI
FOCUS: INCREASE EDUCATOR CAPACITY								
Girolametto 2003; Training "day care" staff to facilitate children's language	16 early childhood educators (64 children aged 18-72)	ECEC setting	Increasing educator capacity to facilitate language	Group training and individual coaching in language	Speech-language pathologist	Process <ul style="list-style-type: none"> - 14 week program - 8 x 2.5 hour group evening sessions to teach program strategies (interactive 	Child language production; Educator use of language facilitation	Observational data: <ul style="list-style-type: none"> - SALT coding of video-taped educator-child



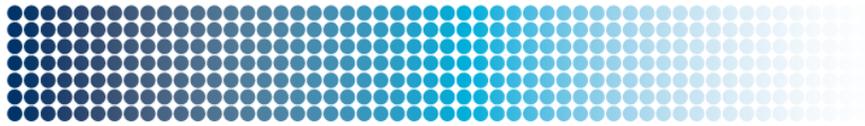
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
	months)		development	facilitation strategies (Hanan Learning Language and Loving It program)		lectures, watching and analysing videotapes, group discussions, role play) - 6 x 35 minute individual sessions in EC setting hours (5 min videotaping of educator-child interaction followed by 30 mins of feedback & coaching) Content - Child-oriented responses (e.g. waiting for initiations, using verbal and nonverbal responses that follow the child's plan-of-the-moment, being face-to-face) - Interaction-promoting responses (e.g. waiting for turns, using combinations of questions & comments to encourage turns on topic, ensuring all children in the group are actively participating) - Language-modelling responses (e.g. using responsive labels, expansions and extensions of the child's topic)	strategies	activities - The Teacher Interaction and Language Rating Scale Parent report: - MacArthur-Bates CDI
Rudd 2008; Does improving joint attention in low-quality child-care enhance language development?	30 EC educators (121 children aged 14036 months) from low-quality settings	ECEC setting	Increasing educator capacity to facilitate language development	Professional development workshop and coaching in joint attention	Researcher from child development centre (qualifications not specified)	Process: - 1 x 4 hour group training workshop <ul style="list-style-type: none"> Information provision and discussion Video and live modelling of strategies Role-play of strategies - 3 X 1 hour individual coaching visits <ul style="list-style-type: none"> Observation of caregiver-child interactions by researcher Feedback to caregiver Content	Vocabulary acquisition (for children in the class of caregivers who engaged in frequent and longer bouts of joint attention)	Observational data: - Coding of videotaped classroom session for caregiver engagement in joint attention episodes Parent-report:



Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
						<ul style="list-style-type: none"> - Information about child development and language acquisition (ages and stages, how stimulation in one area of development can influence growth in another area) - Information about joint attention and its effect on language development - Instruction in using Focus-Follow-Talk model of joint attention <ul style="list-style-type: none"> o Focus on child's object of attention o Follow child's lead o Talk (parallel talk, elaboration, descriptive talk, self-talk) - Examples of each type of talk, and typical situations in which one can use joint attention and the different types of talk - Coaching feedback specific to implementation of joint attention in the classroom 		<ul style="list-style-type: none"> - MacArthur CDI Short-Form Vocabulary Checklist
FOCUS: DIRECT LANGUAGE INTERVENTION								
Glogowska 2000; Randomised control trial of community based speech and language therapy in preschool children	159 Children aged 3 and under with slow speech/lang uage development	Clinic	Direct language intervention	Routine individual speech and language therapy	Speech-language pathologist	Process <ul style="list-style-type: none"> - M hours of therapy received = 6.2 - M no of contacts with therapists = 8.1 - M frequency of therapy = once a month - M no of months over which therapy took place = 8.4 - M length of sessions = 47 minutes Content <ul style="list-style-type: none"> - Routine SLT tailored to child's individual 	Auditory comprehension	Direct assessment: <ul style="list-style-type: none"> - PLS-3 - Bristol Language Development Scales - Phonological analysis of 22 words



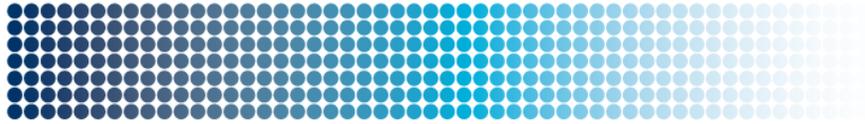
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
Robertson 1999; Effects of treatment on linguistic and social skills in toddlers with delayed language development	21 Late talking toddlers aged 1;9-2	Clinic	Direct language intervention	Small group early language intervention	Speech-language pathologist	<p>needs</p> <p>Process</p> <ul style="list-style-type: none"> - 24 x twice-weekly 75 minute session - Maximum 4 children per group <p>Content</p> <ul style="list-style-type: none"> - General stimulation emphasising vocabulary development and use of early 2- or 3-word combinations within a social context - Manipulation of familiar routine or “script” (e.g., deliberate violation of the routine) to increase opportunities for linguistic input or to encourage children to use language - Linguistic input naturally paired with hands-on activities and visual cues to encourage mapping of new information - Encouraging communicative attempts and facilitating increase in linguist skills using specific techniques: <ul style="list-style-type: none"> - Parallel Talk – clinician provides verbal description of the child’s actions - Expansion/Expatriation – repetition of child’s utterances adding relevant semantic or grammatical information to extend the child’s meaning - Recast – repetition of child’s utterance with modification of modality or voice - Organisation of intervention environment to provide multiple opportunities for child to share information, participate in naturally 	Linguistic behaviours (mean length of utterance, total number of words/different words, lexical repertoire, number of intelligible utterances)	Observational data: <ul style="list-style-type: none"> - SALT analysis of audiotaped language samples



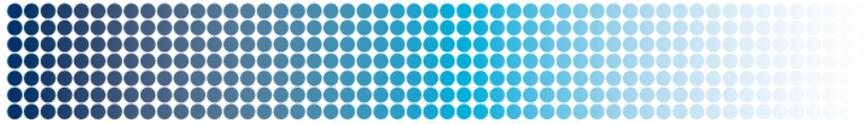
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
						occurring interactions, regulate the behaviour of others and receive appropriate feedback and reinforcement		
van Agt 2007; A cluster-randomized control trial of screening for language delay in toddlers: Effect on school performance and language development at age 8	9,419 toddlers	Health centre	Direct language intervention	Screening for language delay (and subsequent early treatment)	Child health centre physician	<p>Process</p> <ul style="list-style-type: none"> - Screening for language delay at 15/18 months and again at 24 months - Positive screen was followed by multidisciplinary assessments at speech and hearing centres and subsequent early treatment if needed <p>Content</p> <ul style="list-style-type: none"> - Screening instrument consisted of uniform set of questions for parents about language production, language reception and interaction, and test elements for the child - Multidisciplinary assessment included assessment of language production, language reception, hearing, cognitive development, and socioemotional development 	Reduced linguistic problems, reduced attendance at special school	<p>Assessment completed by teacher:</p> <ul style="list-style-type: none"> - A Dutch language vocabulary test - Assessment of Oral Language Skills Dutch for Children in Group 1–4 <p>Teacher- and parent-report:</p> <ul style="list-style-type: none"> - Questionnaire about oral and written linguistic abilities

Grey literature

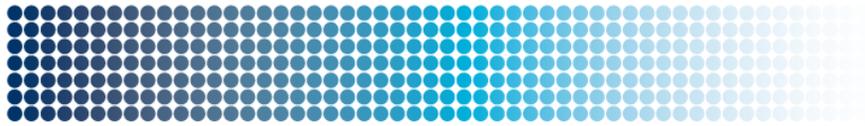
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
-------	--------------	---------	--------------------	--------------	--------------	----------------	---	---------------------------



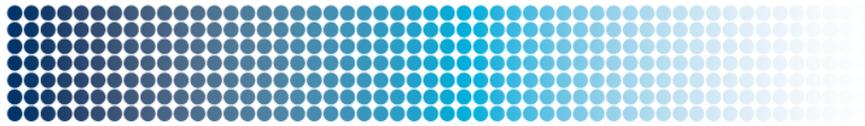
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
FOCUS: INCREASE PARENT CAPACITY								
Nottinghamshire Sure Start Children's Centres; Nottinghamshire Sure Start children's centres 'Home Talk' service: Supporting two-year-olds with delayed language skills and their parents/carers	16 families from areas of high social disadvantage, with a two-year-old child with expressive language delay who did not meet criteria for local SLT service	Home	Training parents to deliver language intervention	Instructional home-visit program (Home Talk program)	Trained children's worker	<p>Process</p> <ul style="list-style-type: none"> - Six x one hour home visits - Songs and rhymes to start and end each session - Worker facilitates language-rich activity as the core of the session (e.g., book-sharing, making a photo-book together, play-doh activity, trip out for a listening walk) - Toys and resources related to the session may be left with families between visits - At end of program, families supported to access universal play and learning opportunities and referred to appropriate services as needed <p>Content</p> <ul style="list-style-type: none"> - Importance of parent's role in developing language through everyday routines and play activities is stressed and promoted - Responsive parent-child conversation and interaction strategies (e.g., interpreting child's nonverbal messages by putting them into words) - Providing an optimal language-learning environment at home (e.g., reducing the use of television and dummies) - Focussing on language-rich activities to promote language development (e.g., shared book reading) 	<p>Note: no control group</p> <p>High rate (75 per cent) of language skills catching up to age expectation by age 3, Low rate (31 per cent) of ongoing speech, language and communication needs, Parents reported changing everyday activities and routines with their child</p>	<p>Parent report:</p> <ul style="list-style-type: none"> - Expressive vocabulary checklist from the Language Development Survey - Pragmatic skills questionnaire from the Language Use Inventory



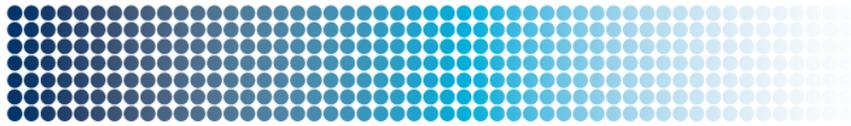
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
Hackworth 2013; Early home learning study: Overview and outcomes	1890 parents experiencing vulnerable circumstances and their children (six months to three years)	MCH or Supported playgroup + home	Teaching parents to support general child development (with an emphasis on language and communication)	Group parenting program (<i>smalltalk</i>)	Trained group facilitators and home coaches	<p>Process</p> <ul style="list-style-type: none"> - Infant group (six-12 months) <ul style="list-style-type: none"> o Parenting group program delivered in MCH platform o Six x weekly two-hour sessions o <i>smalltalk</i> strategies discussed, at-home practice planned and encouraged - Toddler group (12-36 months) <ul style="list-style-type: none"> o Playgroup and parenting program delivered through supported playgroup platform o Ten x weekly two-hour sessions o <i>smalltalk</i> content introduced in one-on-one or small group conversations o Provision of play environment and activities to encourage parent-child interaction - <i>smalltalk</i> plus (infant or toddler) <ul style="list-style-type: none"> o Additional six home coaching visits o Parent and home coach watch DVD o Activities to consolidate knowledge and enable practice and feedback o Video recording of parent-child interaction, playback and feedback - Provision of age-appropriate resources (all parents) (e.g., conversation cards, tip sheets, DVDs) <p>Content</p> <ul style="list-style-type: none"> - Enhancing quality everyday interactions - Providing a stimulating environment 	<p>Communication skills (<i>smalltalk</i> plus infant program), Parent maintaining/extending child interest (<i>smalltalk</i> plus toddler group), Home activities with child (<i>smalltalk</i> toddler)</p>	<p>Observational data:</p> <ul style="list-style-type: none"> - Indicator of Parent Child Interaction - Early Communication Indicator <p>Parent report:</p> <ul style="list-style-type: none"> - Parent verbal responsivity - Home environment - MacArthur CDI - Communication subscale of Ages and Stages Questionnaire



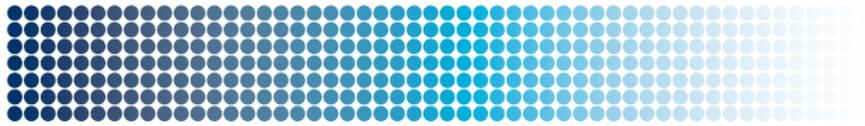
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
						<ul style="list-style-type: none"> - Enhancing parental self-care - Strengthening parenting confidence - Building parental connectedness to the community and services 		
FOCUS: INCREASE EDUCATOR CAPACITY								
Office of Public Management 2013; Emerging impacts of the Early Language Development Program: Impacts for lead practitioners and local practitioners [interim report]	Practitioners (educators) from preschools, nurseries, children's centres and private, voluntary and independent settings)	ECEC	Increasing educator capacity to facilitate language development	Cascaded training program (Early Language Development Program)	I CAN Communication advisors → ECEC Lead practitioners	<p>Process</p> <ul style="list-style-type: none"> - 2-day training course delivered by I CAN communication advisors to ECEC lead practitioners - Lead practitioners 'cascade' this training on to local practitioners in their own and other local settings - Provision of program resources to support ELDP strategies for both practitioners and parents (books, activity cards, DVDs) <p>Content</p> <ul style="list-style-type: none"> - Early language training modules on 'Working with Under 3s' and 'Working with Parents' 	Practitioners' knowledge, confidence and awareness, Improved practice in supporting language development	Self-report: <ul style="list-style-type: none"> - Pre- and post-training and follow-up survey
West Berkshire Council; West Berkshire Every Child a Talker	Preschool practitioners (educators) and 2324 children	Pre-schools	Increasing educator capacity to facilitate language development	Specialist training and consultative program (Every Child a Talker (ECAT) initiative	Early language consultants (Speech and language therapist and Early years teacher) → Preschool lead	<p>Process</p> <ul style="list-style-type: none"> - Early language consultants employed 3.5 days per week to organise and lead cluster meetings, visit preschools, support settings to device action plan, provide/organise training opportunities, lead publicity work, collect and collate child monitoring data - Lead practitioners funded to have 1 half-day session per week to dedicate towards ECAT - Initial comprehensive speech, language and 	<p>Note: no control group</p> <p>Reduced number of children classified as 'at risk of delay'</p>	Teacher-report: <ul style="list-style-type: none"> - Child monitoring tool



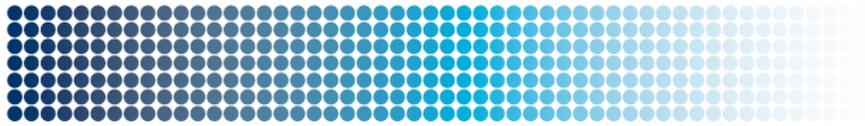
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
					practitioners	<p>communication training delivered by SLT department to lead practitioners</p> <ul style="list-style-type: none"> - Each setting developed an action plan with support of consultants - Linking established ECAT setting lead practitioners with new ECAT settings - Provision of key resources (e.g., video cameras, story sacks, printers, books) - Termly cluster meetings - Publicity work to increase knowledge amongst parents and other practitioners <p>Content</p> <ul style="list-style-type: none"> - Initial training focused on key strategies to support the development of different areas of communication skills: <ul style="list-style-type: none"> o Play o Attention and listening o Understanding of spoken language o Speech sounds - Further training opportunities on specific topics (e.g., communication friendly spaces) - Publicity work included: <ul style="list-style-type: none"> o ECAT information board for parents in each preschool o Local ECAT website o Provision of verbal information, leaflets (e.g., Talk to Your Baby) and resources at local events o Production and distribution of Talking Tips leaflets for special occasions (e.g., 		



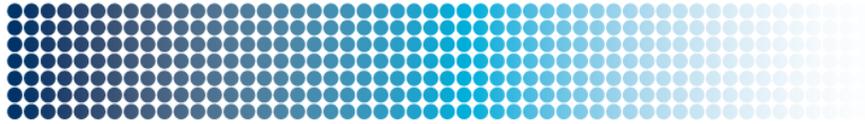
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
Queen's diamond jubilee, Olympics)								
FOCUS: COLLABORATION / SHARED PRACTICE MODEL								
Office of Public Management 2011; Summary report: Evaluation of I CAN's Early Talk 0-3 programme	Multiple early years children's services in four UK local authorities	Various children's services	Local initiative to improve children's language and communication	Planning, training and consultant support (Early Talk 0-3 program)	Local authority strategic level lead and steering group → Service managers → Children's practitioners	Process <ul style="list-style-type: none"> - Election of strategic level lead and steering group - Cross service review using self-audit review tool, with support of I CAN consultant - Action plan developed by strategic level lead, steering group and I CAN consultant - Resources provided to support action plan - Action plan activities supported by resources and I CAN consultancy Content <ul style="list-style-type: none"> - 'Train the trainer' training for early years' workforce delivering messages about importance of speech, language and communication development for under 3s and how to support this - Activities varied depending on area needs but included development of referral pathways and improving how services are targeted and/or coordinated 	Awareness of speech, language and communication in the community and parents, Practitioners' understanding of the role of different agencies in supporting children's language development, Practitioner and parent's confidence in supporting language development and identifying difficulties	<ul style="list-style-type: none"> - Semi-structured interviews and surveys with key stakeholders - Focus groups and interviews with parents - Case studies
Nottinghamshire Local Authority, Local NHS organisations; Language for life strategy,	Multiple services for children aged 0-7	Various children's services	Local initiative to improve children's language and communication	Planning, training, universal service implementation	Steering group → Health visiting team, SLT service	Process <ul style="list-style-type: none"> - Steering group formed comprising representatives of all practitioners involved in support for the development of language across universal, targeted and specialist services for children 	Increase in referrals of children 2 years and under to SLT, reduction in overall SLT	<ul style="list-style-type: none"> - Monitoring of SLT referrals - Unspecified standardised language assessments



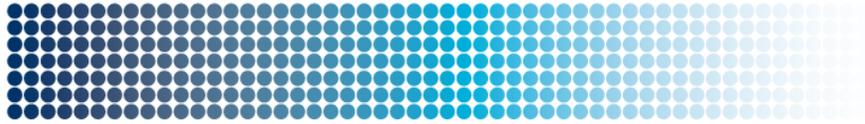
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
Nottinghamshire				(Language for Life strategy)		<ul style="list-style-type: none"> - Working groups forms for: <ul style="list-style-type: none"> o Training development o Operations o Collaborative practice o Conference and campaign - Universal 2 year language screen by health visiting team, followed by appropriate advice/referral - Children's Centre SLT service provided support to practitioners and parents <p>Content</p> <ul style="list-style-type: none"> - The Children's Centre SLT service worked with children 0-5 in homes, settings (not specified) and nurseries to achieve the following outcomes: <ul style="list-style-type: none"> o Develop and provide training to practitioners and parents to support language rich environments o Early identification and intervention o Improving parental confidence and effectiveness for supporting their child's language development o Language enrichment o Development of resources (i.e., a leaflet and poster pack to provide information for parents and practitioners on children's language development and enrichment) 	referral rate, Increase in vocabulary of nursery class children after teachers underwent training (statistical analysis and results not accessible)	- Unspecified qualitative data collection
Leicester City Council/Children and Young	Whole community	Children's centres	Local initiative to improve children's	Awareness-raising, child assessment	Children's centres' staff including	<p>Process</p> <ul style="list-style-type: none"> - Community awareness raising - Provision of information and guidance to 	Note: no control group Percentage	- Communication language and literacy



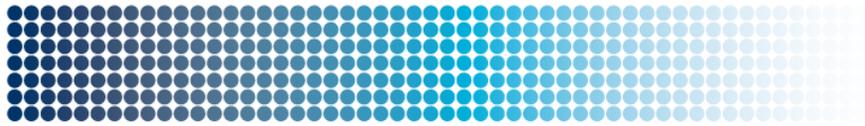
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
People's Strategic Partnership; Talk Matters!, Leicester			language and communication	and intervention (Talk Matters strategy)	teachers	families - Universal screening of communication development at 9 and 24 months - Provision of language-rich environments for children age 0-5 - Appropriate training and resources for all early years practitioners Content - Community development activities (e.g., 'Dump the Dummy', 'Turn off the Telly', 'Talk to your Baby') - Information and guidance woven through sessions in which traditional ante/post-natal information is delivered (e.g., breast feeding gives opportunity to talk about attachment, weaning gives opportunity to remind parents that food is a great thing to talk about, sharing rhymes and stories with babies) - Information for parents on stages of communication development and how to engage in all areas of their child's learning - Parenting groups (e.g., 'Discovering Babies' program led by children's centre teacher) - Suite of four age-related preventative activities delivered in all children's centres (birth to 1; 1-2 years; 2-4 years; 4-5 years) - Video-recording practitioners to help them become more aware of their practice, set targets for improvement, and work towards changing their practice	improvements in excess of targets in communication, language and literacy development achievement, Individual examples of parent behaviour change	development (CLLD) within the Foundation Stage Profile (FSP) – national audit tool - Case studies



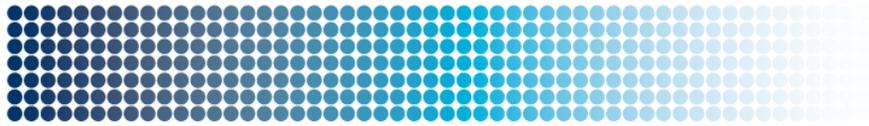
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
Stoke Speaks Out; A multi-agency approach to tackling language deficit in Stoke on Trent	Children's workforce, parents and children	SLT clinic and children's centres	Local initiative to improve children's language and communication	Training and support program (Stoke Speaks Out initiative)	Steering group → Children's workforce	<p>Process</p> <ul style="list-style-type: none"> - Multi-agency forum devised long-term City plan, multi-agency steering group formed - Evidence of need gathered from practitioners, parents and children - Current provision of services and training across the city was mapped out - Training framework written and delivered (some of this targeted to areas of highest deprivation or settings with high level of need) to address gaps or lack of confidence in the knowledge and practice of the children's workforce - Staged pathway developed to bridge gap between early intervention and specialist support and altered referral procedure to SLT <p>Content</p> <ul style="list-style-type: none"> - Hub for all early-communication-related activity (website, conferences, forums, large-scale events) - Training for practitioners offered over 4 levels of accreditation, exploring why children were presenting with delay, what support they needed and how this was best delivered - Stoke Speaks Out information leaflets as part of pregnancy pack (bonding and attachment, early language and dummy use) - Support for toddler groups the develop structured session plans with planned outcomes 	31 nursery/school settings achieved level 4 Communication Friendly award, High level of training of paediatric health staff, Parents given key messages at important touch points, Parents' confidence	<p>Direct assessment:</p> <ul style="list-style-type: none"> - Reynall Developmental Language Scales 3 - Renfrew Word Finding Picture Test <p>Self-report</p> <ul style="list-style-type: none"> - Parental questionnaire - Practitioner pre- and post-training questionnaires - Case studies



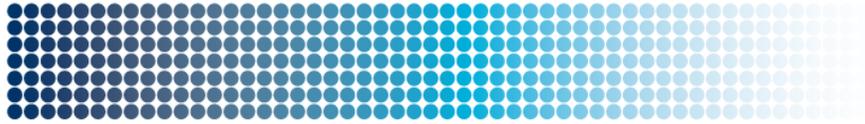
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
The London Borough of Barking and Dagenham, Targeted Support Services, Children's Services; Universal co-ordinated model of play and communication services in children's centres in Barking and Dagenham	Children ages 0-5 and their parents, Early years workforce	Children's centres	Local initiative to improve children's language and communication	Universal coordinated model of play and communication services	Play and communication workers, SLTs	<p>Process</p> <ul style="list-style-type: none"> - Recruitment and training of 20 play and communication workers (PCWs) - PCWs led: <ul style="list-style-type: none"> o Universal and targeted play and communication services to children and their parents o Outreach services in schools, libraries, health centres - SLTs led: <ul style="list-style-type: none"> o Play and language workshop for parents (3 X 1.5 hour weekly sessions) o Tailored workshop for parents of children with language difficulties o Monthly drop-in speech and language advice sessions - Professional development program for all early years practitioners (e.g., children's centre staff, health visitors, community nursery nurses, staff from social care, teachers and pre-school practitioners) <p>Content</p> <ul style="list-style-type: none"> - Universal service activities included infant massage, babbling babes, toddler talk, little rhyme makers - Play and language workshop sessions: <ul style="list-style-type: none"> o Week 1: give parents an understanding of the development of children's language and communication and why it is important 	CLLD attainment of boys and children with English as an additional language	- Communication language and literacy development (CLLD) within the Foundation Stage Profile (FSP) – national audit tool



Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
						<ul style="list-style-type: none"> o Week 2: practical ideas and strategies to support language development during play and everyday routines o Week 3: focus on sharing books and music to support language and communication - Drop-in advice session: SLT takes structured case history and observes child at play. Onward referrals made as required - Professional development program key principles: <ul style="list-style-type: none"> o An understanding of speech, language and communication development o 14 key interact strategies to support this development o Creating communication-friendly environment to support this development 		
FOCUS: DIRECT LANGUAGE INTERVENTION								
Central and North West London NHS Foundation Trust/Hillingdon Community Health; “Small talk”: Speech and language therapy and children’s centres working together,	Children’s centres		Improve access to SLT services	Drop-in triage SLT model	Speech and language therapists	Process <ul style="list-style-type: none"> - SLT staff met with preschools and service managers to discuss SLT service provision - Monthly 2 hour SLT screening triage session held in children’s centres Content <ul style="list-style-type: none"> - Therapist took case history details form parent and discuss parental concerns, referrer concerns - Children observed and assessed playing with other children or their own parents within the 	All children seen within 6 weeks of referral, more children were able to access the SLT service compared to traditional clinic model	<ul style="list-style-type: none"> - RIO computer reporting systems - Qualitative information from reported outcomes by parents, children’s centre staff and therapists



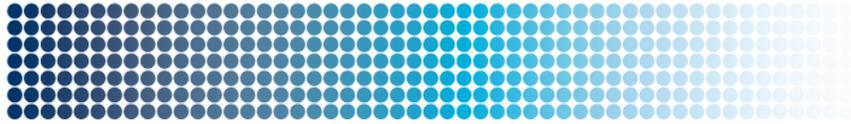
Study	Participants	Setting	Intervention theme	Intervention	Delivered by	Key Strategies	Which language-related outcomes improved?	Language-related measures
Hillingdon						same environment - Parents provided immediate feedback/advice - Children either invited to local SLT group, invited to attend further assessment or given advice and discharged/signposted to other health/children's centre services if appropriate		



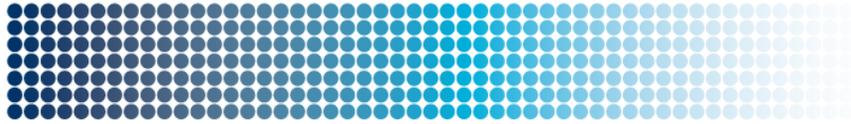
Appendix 9

Complete list of programs and approaches

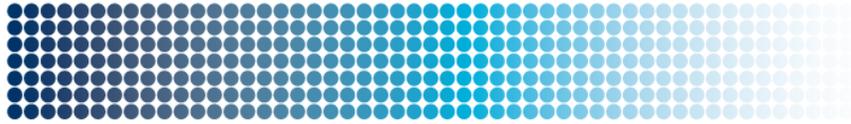
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
1	286 Rhythm Sticks		SE	1				
2	Abecedarian (including 3A Australia)		NE SW	1 5	x	✓	x	✓
3	4 year-old Kinder screening program		SE (R)	1				
4	ABC and Beyond		NW SE	1 1				
5	AAC (Alternative Augmentative Communication) (including PEC, Key word sign)		NE NW SE SW	4 10 7 3				



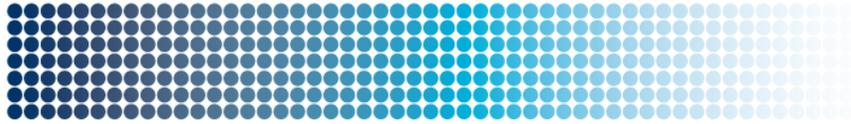
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
6	Active Lorikeets		SE	2	Evaluated by Gippsland Lakes Community Health		Uncertain	
7	Babies Love Books		SW	1				
8	Baby Bounce		NW	1				
9	Baby time / Toddler time		NE NW SE SW	3 4 1 8				
10	Bedtime Storytime		NW SW	2 1				
11	Best Start		SE	1	Best Start is a Victoria-wide initiative that has been evaluated at the state and local level			
12	Bilingual Story-time	Lalor	NW (M)	1				



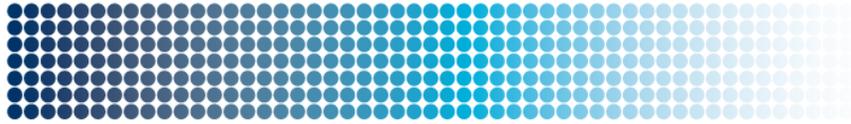
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
13	BLADES (Bristol Language Development Study)		NW SE SW	1 1 1				
14	Bookaburra		NE	1				
15	Bookaroo		NW	2				
16	Busy Bodies group program		NE	1				
17	Capacity building parents: Modelling and coaching for parents		NE NW SE SW	22 40 20 25	N/a			
18	Circle of Security		SE	1		✓		
19	Community playgroups		All regions across Victoria		✓			
20	Community Reading Day		NE	1				



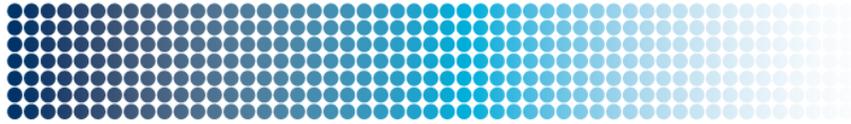
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
21	Conversation & promoting everyday language (e.g. modelling, coaxing, open-ended questions)		NE NW SE SW	31 28 26 33				
22	Cradle to Kinder		SE	1				
23	CUED Articulation		SE	1				
24	DVD for parents of young babies	Central Goldfields	NW (R)	1				
25	Early childhood intervention (including therapy)		Various locations across Victoria					
26	Early intervention (including referrals)		Various locations across Victoria					
27	Early Learning is Fun (ELF)		SE (M) SW (M)	1 1	✓	N/a	x	N/a
28	Early Literacy in Supported Playgroup	Prahran	SE (M)	1	x		x	



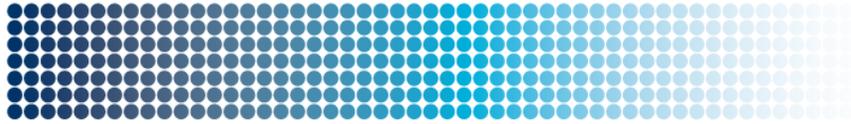
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
29	Early screening for 4 year-olds	Central Gippsland	SE (R)	1	Uncertain	N/a	Uncertain	N/a
30	Embedded Literacy Experiences in the curriculum for babies and toddlers	Docklands	SW (M)	1				
31	Family Early Learning Partnership (FELP)		NW	1				
32	General information and support for parents & the wider community		NE NW SE SW	15 26 25 26	N/a			
33	Go Goldfields		NW (R)	1				
34	Hanen (unspecified or adapted)		NE NW SE SW	4 8 10 3				



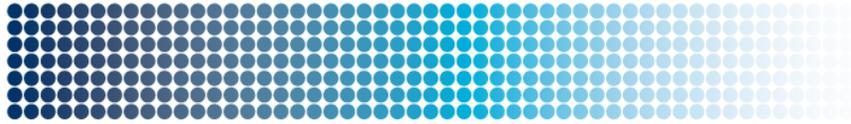
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
35	Hey Babe		SE	1	✓ (Australia)	N/a	Uncertain	N/a
36	HIPPY		NE NW SE SW	0 3 2 0	✓ (Australia)	✓	✓ (Australia)	✓
37	Incredible Years		SE	1	Uncertain	✓	Uncertain	✓
38	Individualised advice		SE (M)	1	N/a			
39	Intensive support playgroups		NW	1	✓ (Australia)	N/a	Uncertain	N/a



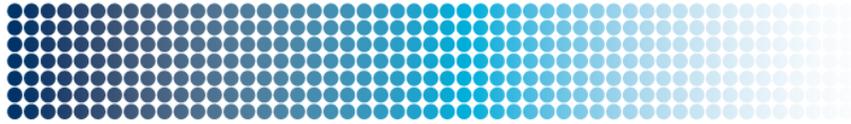
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
40	It Takes Two (Hanen program)	Hoppers Crossing, Altona, Williams Landing	NE NW SE SW	3 12 9 6	Uncertain	✓	Uncertain	Uncertain
41	iTots		NW	2				
42	Jive, Jiggle and Jump		SE (M)	1				
43	Key worker approach	Maribynong, Brimbank, Melton, Hobsons Bay	SW (M)	4	N/a			
44	Language Stimulation Techniques		NE NW SE SW	3 6 4 5	N/a			



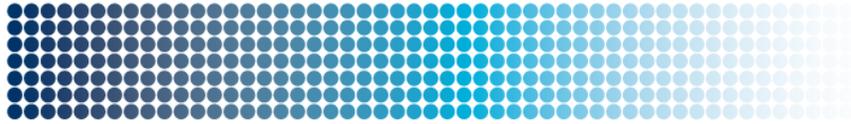
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
45	Learn2Grow		SE	1				
46	Learn to Play		NW SE	1 1				
47	Learning Language and Loving it		NW	1	Uncertain	✓	Uncertain	Uncertain
48	Let's Clap: Early Intervention program		SW	1				
49	Let's Read		NE NW SE SW	1 4 5 7	✓	N/a	x	x
50	Let's Talk		SE	3				
51	Linking Learning		Various locations across Victoria					



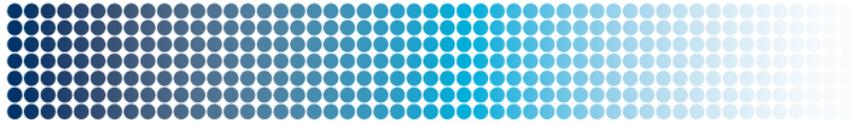
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
52	Little Language Learners group		SE (M)	1				
53	Little Stars (based on PCMG)		SW	1				
54	Little Wrens		SE	2				
55	Looking Glass		SE	1				
56	MAKATON		SE SW	2 1				
57	Making Words Sparkle		NW	1				
58	Music, singing & rhymes		NE NW SE SW	11 11 6 17	N/a			



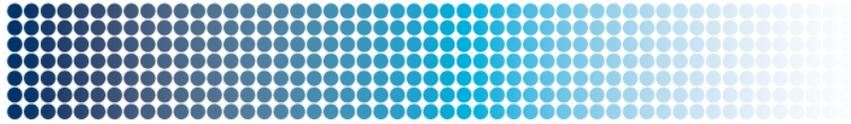
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
59	New Parent Groups / New Parent Education sessions		NE NW SE SW	2 1 2 1				
60	Parent and Toddler Language program		SE	1				
61	Parent education		NE NW SE SW	1 1 3 3	N/a			
62	Parent-child attachment and relationship building		NE NW SE SW	1 5 3 2	N/a			



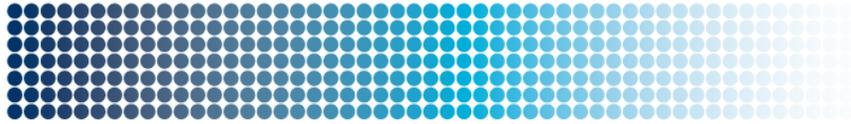
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
63	Parent-child Mother Goose	Mansfield, Greater Shepparton Brunswick, Glenroy Sale	NE NW SE SW	6 10 7 5	x	✓	Uncertain	Uncertain
64	Parenting Plus		SE	2	✓ (Australia)	Uncertain	N/a	N/a
65	PASDS (Parenting Assessment Skills Development Service)		SE	1	✓ (Australia)		Uncertain	Uncertain
66	PEDS (Parents Evaluation of Developmental Status)		NE NW SE SW	3 0 0 1				



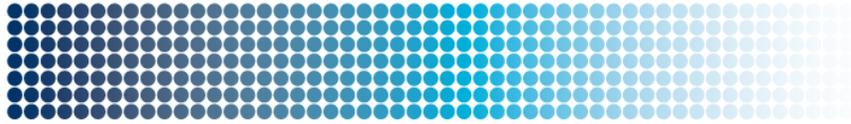
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
67	PEEP (Peers Early Education Partnership) Learning Together program	Benalla, Greater Shepparton	NE (R)	2	x	✓	x	x
68	Picnic in the Park		NE	1				
69	Play Learn Grow		NE NW SW	2 1 1				
70	Play Learn Read	Richmond Frankston, Mornington, Carrum Downs Geelong North	NW (M) SE (M) SW (R)	1 3 1	x	x	x	x
71	Play Matters supported playgroup	Warragul	SE (R)	1	x	N/a	x	N/a
72	Play2Learn Supported playgroup	Bairnsdale	SE (R)	1				
73	PlayBall Kids Sports		NE	2				
74	PlayConnect (playgroup)		Various locations across Victoria					



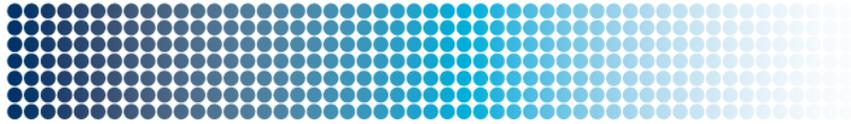
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
75	Play (as a general approach)		NE NW SE SW	17 19 16 14				
76	Playsteps		SE	1				
77	Pragmatic Organisation Dynamic Display Communication Books		NW	1				
78	Proud kiddies, Good Talkers		NW	1				
79	Puppets		NE NW SE SW	5 1 2 3				
80	Rainbow Rhyming (baby and infant version of Reading Discovery)		SW	2				



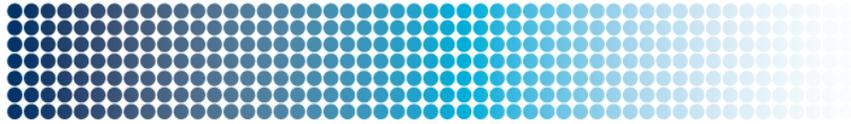
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
81	Reading books, story-time and library activities		NE NW SE SW	29 33 30 46	N/a			
82	Read with me (library outreach program)		NW	1				
83	Reading Discovery	Warnambool Mildura	SW (R) NW (R)	2 1	✓ x	N/a	x	N/a
84	Sing & Grow	Various locations across Victoria; focus on metropolitan areas with some regional programs	All (with a focus on Metropolitan)		✓ (Australia)		Uncertain	
85	smalltalk	Glastonbury and various other sites across Victoria including City of Ballarat, City of Knox, City of Darebin & Shire of Yarra Ranges	All (M & R)		x	N/a	x	N/a



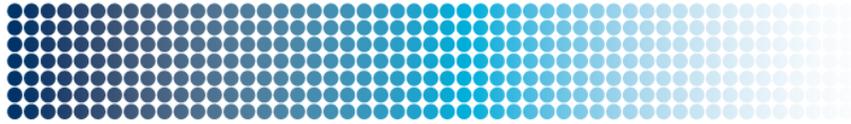
ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
86	SPARK		SE	4	Uncertain	Uncertain	Uncertain	Uncertain
87	SPOT (Speech and Language OT Group)		NE SW	1 1				
88	Stronger Families		SE	1				
89	Supporting Development of Pre-verbal skills		NW	1				
90	Supported Playgroups and Parent Initiative (SPPi)		All Best Start sites in Victoria					
91	Supported playgroups		NE NW SW	3 6 1	Some evaluations of individual playgroups have been undertaken in Victoria.			
92	Talk and Play Toddlers		SW	1				
93	Talk Time		NW	2				
94	Talkativity		SE	1				



ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
95	Talking Matters Bendigo Drop-in clinic		NW	4				
96	Talking the Talk	Sunshine	SW (M)	1	✓	N/a	Uncertain	N/a
97	Talking Together		NW	1				
98	Taralaye Early Learning program		NW	1				
99	Target Word (Hanen)		NE NW	1 1				
100	Teacher Talk	Brimbank LGA	SW	M	Uncertain	Uncertain	Uncertain	Uncertain
101	Tech for Tots		SW	1				
102	The Embedded Literacy Experience Resource	Docklands	SW	M				
103	Tiny Humans, Huge Potential		SE (M)	1				



ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
104	Toe-tapping Toddlers		NW	1				
105	Triple P		SW	1	✓ (Australia)		Uncertain	
106	Tuning into Kids		NW SE SW	1 1 1	✓ (Australia)	Uncertain	✓ (Australia)	Uncertain
107	Video Parent-Child Interaction Therapy		NE NW SE SW	0 2 1 2				
108	Visual aids (excluding PECS)		NE NW SE SW	5 8 11 5				

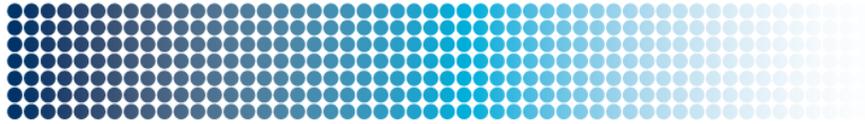


ID	Strategies (All strategies in BOLD text are evidence-based programs) ¹	Location ²			Evaluation & cost-effectiveness information (where available) ³			
		Suburb(s) or LGA	Region(s)	No. of respondents utilizing that program/approach in the region	Local evaluation completed & available	Evaluated elsewhere	Local cost-effectiveness study	Cost-effectiveness study elsewhere
109	We can play (playgroup)		NW	1				
110	WORDS (Warracknabeal Oral Reading Development Strategy)	Warracknabeal	SW (R)	1	x	N/a	x	N/a
111	Young Parents Group		SE SW	1 1				

¹ = Evidence-based programs were defined as those that: (a) required training and/or a manual; (b) included core components (i.e. replicable); and (c) had been evaluated. For the purposes of this table, an *evidence-based* program is not necessarily an *effective* program. Only those strategies we knew *definitely fulfilled* that criteria are highlighted in bold. Other strategies may fulfil these criteria but insufficient information prevented us from identifying them as such.

² = The location of programs described through in-depth consultations are defined according to the *suburb(s)* or *LGA*s where they are delivered. For programs identified through the survey, the location of programs is identified according to the region where it is delivered. For those programs and approaches identified through in-depth consultations, we have noted whether they are delivered in metropolitan or regional/rural areas.

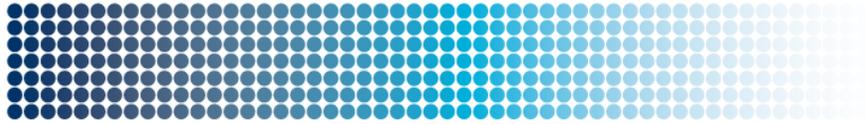
³ = The information regarding evaluation and cost-effectiveness is based upon the information provided by the practice review respondents. Boxes left unchecked in these columns indicate that we were unable to identify any information about evaluation or cost-effectiveness. Unchecked boxes in these columns *do not* indicate that a strategy has never been evaluated or undergone a cost-effectiveness study. Checked boxes indicate the information was reported to be available, crosses indicate the information was reported not to be available.



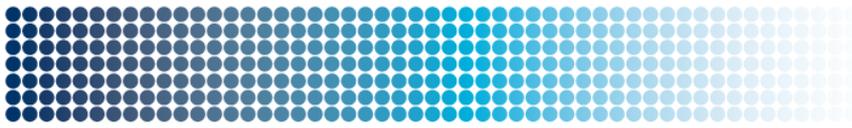
Appendix 10

Further information about common programs used in Victoria

Program	Participants	Intervention	Setting	Key Strategies	Evidence to indicate effectiveness
Common programs identified through the survey					
It Takes Two	Parents of children (0-5 years) identified as having a language delay	<p>Group sessions for parents</p> <p>Three individual visits to families – parents are videotaped as they practice strategies</p>	<p>Community setting & home visits</p> <p>Delivered by: a speech pathologist</p>	<p>-a family-centred program; parents are involved in the intervention thereby strengthening their ability to help their child</p> <p>-makes use of everyday activities and interactions within family life</p> <p>-the interaction between adult and child is the means by which children learn</p> <p>-teachers parents to be responsive (The Hanen Centre, 2011)</p>	Yes – multiple studies indicate that the program is effective (see Girolametto, 1988; Tannock et al, 1992; Girolametto et al, 1996)
Parent Child Mother Goose	Parents and children (0-4 years)	<p>Group sessions for parents and children (2 hours)</p> <p>Includes time for parents to interact, time for children to play together</p>	<p>Various settings including community settings</p> <p>Delivered by: trained facilitator</p>	-uses oral traditions of rhymes, songs and storytelling which become a resource for parents to use during daily activities and routines	At least two published studies indicate that the program is effective (see Scharfe, 2011; Terrett et al, 2013)
Let's Read	Maternal and child health nurses and parents of	Maternal and child health nurses model shared reading activities to parents	Clinic-based program	-nurses were trained to deliver 5 minute intervention to parents during well-child visit	An RCT of the initiative demonstrated the program was not effective in terms of children's vocabulary production



Program	Participants	Intervention	Setting	Key Strategies	Evidence to indicate effectiveness
	children aged 0-18 months living in relatively disadvantaged areas	and provide them with information and free books	Delivered by: maternal and child health nurse	-nurses delivered, modelled and discussed the Let's Read intervention messages and free resources were distributed -guidance materials were evidence-based and designed to promote shared reading	and communication or parents' literary activities at 2 years of age (Goldfeld et al, 2011) and did not lead to improvements in emergent literacy and language outcomes or literacy activities at 4 years of age possibly because it was not targeted enough (Goldfeld et al, 2012)
Baby Time/Toddler Time	Parents and children (0-12 months – Baby Time; 1-3 years – Toddler Time)	Early literacy enrichment program	Community settings Unclear who the program is delivered by	Unclear	Unclear

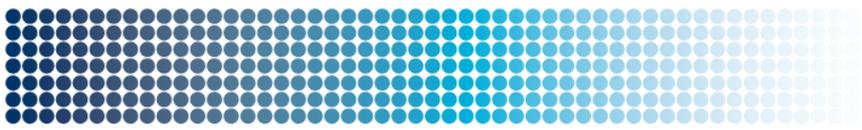


Appendix 11

Characteristics of Learning Language and Loving It, the Joint Attention Program and Teacher Talk

Characteristics of Learning Language and Loving It

Characteristics	
Delivered by	Speech pathologists or early childhood education consultants who are Hanen certified (see 'certification training' below)
Delivered to	EC educators
Dosage	5-8 group training sessions + 4-6 individual videotaping and feedback sessions for each EC educator
Intensity	<p>Group training sessions = total of 15-20 hours</p> <p>Intensity of individual videotaping and feedback sessions not specified (approximated to be a minimum of 4-6 hours)</p>
Facilitators	
Qualifications required by those delivering the program (in order to undertake certification)	Bachelor Degree in Speech-Language Pathology or Diploma or degree in early childhood education or education, as well as experience with consulting, training or mentoring other educators
Certification training	<p>Learning Language and Loving It™ Certification Workshop:</p> <ul style="list-style-type: none"> • 3-day workshop consisting of 7 hours training per day • The workshop is delivered in a small group setting • Participation is "experiential and hands-on" <p>Apart from the qualifications described above, no other prerequisites are required to undertake this training. Training to become a Learning Language and Loving It facilitator is delivered by a certified Learning Language and Loving It trainer (see 'other relevant information' below).</p>
Participants	
Qualifications of target audience	The Hanen Centre states that their child-centred programs are: "designed for educators who work in a variety of early childhood settings, including childcare, preschool, nursery and kindergarten programs"
Costs and Licencing	
Licencing	Practitioners who are certified to deliver the program are licensed to deliver the program and use all the associated materials required. To maintain certification, Hanen membership must be renewed annually.
Adaptation	The Hanen Centre welcomes discussion with different organisations, but must authorise any possible adaptations.



Characteristics of Joint Attention program

Characteristics	
Delivered by	Researchers
Delivered to	Early childhood educators*
Dosage	One training session Follow-up coaching sessions
Intensity	Training session = four hours Coaching = once every three weeks for approximately one hour for three months

Facilitators

Qualifications required by those delivering the program (in order to undertake certification)	Insufficient information **
Training required for trainers (i.e. certification)	Insufficient information **

Participants

Qualifications of target audience	The ECEC professionals who participated in the program had varying levels of qualifications One-third had no college education (i.e. high-school education only)
--	---

Costs and Licencing

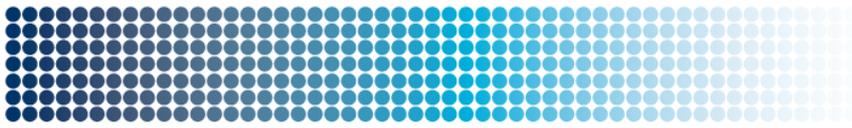
Licencing	Insufficient information**
Adaptation	Insufficient information **

* In the description of the program (Rudd et al, 2008), the participants were referred to as "child-care providers." For the purposes of consistency in this report they are referred to here as early childhood educators.

** Attempts to contact the researchers who developed the program to clarify these details were unsuccessful.

Characteristics of Teacher Talk

Criteria	Characteristics of program
Delivered by	Speech pathologist or early childhood education consultant with relevant certification (see 'certification training' below)
Delivered to	Early childhood educators
Dosage	Three full one-day training sessions which are designed to introduce early childhood educators to the <i>Learning Language and Loving It</i> approach: <ul style="list-style-type: none"> • <i>Teacher Talk</i> Training A: Encouraging Language Development in Early Childhood Settings; • <i>Teacher Talk</i> Training B: Let Language Lead the Way to Literacy; and • <i>Teacher Talk</i> Training C: Fostering Peer Interaction in Early



Childhood Settings.

Each session is delivered as a small group training session, participants are also provided with *Action Plans* that they can take away from the training and use as an ongoing resource in their classroom setting. Video feedback is not used.

Intensity Small group training sessions = three full-day training sessions which may be administered over the course of a week, a month, or a year

Facilitators

Qualifications required by those delivering the program (in order to undertake certification) Bachelor Degree in Speech-Language Pathology or Diploma or degree in early childhood education or education

Certification training To deliver *Teacher Talk*, the facilitator needs to have undergone *Learning Language and Loving It* training (see above) which then makes them eligible to purchase the *Teacher's Talk Leader's Package*.

Learning Language and Loving It certification training must be delivered by a Hanen trainer (currently there are no Hanen trainers in Australia).

Participants

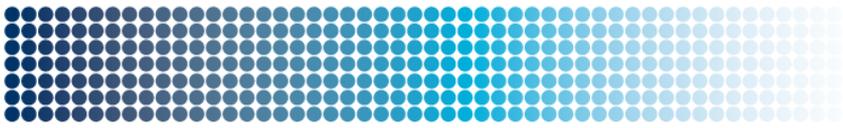
Qualifications of target audience The Hanen Centre states that their child-centred programs are: "designed for educators who work in a variety of early childhood settings, including childcare, preschool, nursery and kindergarten programs"

Costs and Licencing

Licencing Practitioners who are certified to deliver the program are licensed to deliver the program and use all the associated materials required. To maintain certification, Hanen membership must be renewed annually

Adaptation The training series can be offered flexibly: "Training A may be offered on its own, or in combination with Training B and/or C, and the trainings do not have to be held on consecutive days. However, because Training A is a prerequisite for both Trainings B and C, all Teacher Talk participants must attend Training A before attending the other training sessions"

The Teacher Talk and Learning Language and Loving It resources can also be used by organisations who are unable to attend Teacher Talk or Learning Language and Loving It training.



Appendix 12

Analysis of alignment of Learning Language and Loving It, the Joint Attention program, Teacher Talk to the VEYLDF

We used the eight practice principles that inform the VEYLDF to assess the alignment of each option to the VEYLDF. The process for undertaking this task was as follows:

1. Identify the key factors that contribute to or reflect the VEYLDF's eight practice principles, based upon the information provided in the VEYLDF itself and, where supplementary information is required, the VEYLDF Practice Principle Guides (8 in total: Kennedy & Stonehouse, 2012a, 2012b, 2012c, 2012d, 2012e, 2012f, 2012g, 2012h); and
2. Draw upon the available information about each program to assess the alignment between the program and these key factors and evaluate whether the program does or does not reflect these key factors (or where there is insufficient information or the factor is not appropriate for this particular program); and
3. Assign one of the following scores to each of these characteristics for all three programs where:
 - 2 = the program does contribute to or reflect this factor
 - 1 = the program partially contributes to or reflects this factor;
 - 0 = the program does not contribute to or reflect this factor (or there is insufficient information to determine to what extent the program contributes to or reflects this factor or the factor is not appropriate for this particular program);
4. Combine all the scores assigned to the program (described in step 3) for each practice principle and use that score to categorise each program as having a strong, moderate or weak alignment with each of the eight practice principles.

The results of this analysis are outlined in Tables 18 – 39 below. All scores described in step four were then combined to provide an overall assessment of the program's alignment to the VEYLDF.

For this overall analysis, the categories for determining alignment with the VEYLDF were as follows:

- 0-28 = weak overall alignment;
- 29-56 = moderate overall alignment; and
- 57-84 = strong overall alignment.

The results of this analysis are presented in Table 18 below.

Table 18. As noted in Table 18, we have rated the alignment of Practice Principle 7 for all three programs as 'not applicable'. This is because based on the available information none of these programs specifically address EC professionals' assessment of children's learning.

As illustrated in Table 18, all three programs scored an overall moderate level of alignment when analysed in regards to the other seven practice principles. The program that scored highest was Learning Language and Loving It, followed by Teacher Talk and Joint Attention. It is important to note that these scores do not necessarily mean that one program is more appropriate than another. It may mean that there is insufficient information available to compare the programs in regards to their alignment with the VEYLDF. Furthermore, some of the practice principles may be less relevant to the Every Toddler Talking initiative than others.

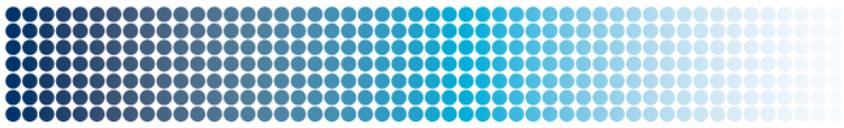


Table 18: Overall alignment of three programs with the requirements of the VEYLDF

Program	Scores								Total score (max=84)	Overall alignment to the VEYLDF (strong, moderate or weak)
	Family-centred practice (max=10)	Partnerships with professionals (max=14)	High expectations (max=10)	Equity & diversity (max=16)	Respectful responsive (max=10)	Integrated teaching & learning (max=14)	Assessment for learning and development	Reflective practice (max=10)		
Learning Language & Loving It	4	12	7	5	8	13	Not applicable	7	56	Moderate
Joint attention	4	4	7	4	5	11		7	42	Moderate
Teacher Talk*	4	7	6	5	7	14		5	48	Moderate

* Teacher Talk incorporates three training sessions – only one of which is mandatory. This assessment is based upon the assumption that all three training sessions are undertaken.

Practice Principle 1: Family-centred practice

Family-centred practice is defined as: “a set of values, skills, behaviours and knowledge that recognises the central role of families in children’s lives... and involves professionals and families working together to support children’s learning and development” (Kennedy & Stonehouse, 2012). Important factors used in our analysis of the programs against Practice Principle 1 were:

- Foster respectful relationships and responsive engagement through welcoming and culturally inclusive environments
- Share information with families using a range of styles and kinds of communication to foster engagement in planning for children’s learning and development
- Regard families as experts on their children’s lives and actively seek children’s and families’ views and take them into account in practice (shared decision making)
- Offer choices and encourage families to make decisions
- Take responsibility for initiating and sustaining family-centred practice

The following tables describe the alignment between three programs: Learning Language and Loving It, the Joint Attention program and Teacher Talk according to each of these five practices. The assessment of alignment was based upon the information available to us regarding each program.

The maximum score for this Practice Principle is 10. Overall level of alignment with this Practice Principle are categorised as follows:

- 0-3 = **weak** level of alignment
- 4-7 = **moderate** level of alignment
- 8-10 = **strong** level of alignment

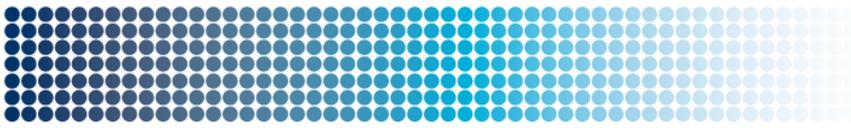
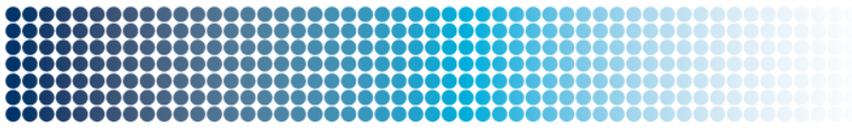
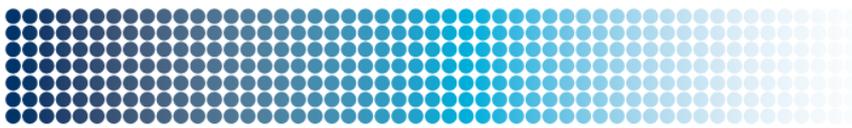


Table 19: Learning Language and Loving It – Alignment with Practice Principle 1: Family-centred practice

	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Foster respectful relationships and responsive engagement through welcoming and culturally inclusive environments		✓		1
Comments	The program encourages an environment of warmth and respect between EC educators and children which may go some way towards creating an overall welcoming and inclusive environment. The program is not focussed on enhancing EC educators' work with families and based upon available information there is nothing to indicate that the program <i>explicitly</i> encourages culturally inclusive environments.			
Share information with families using a range of styles and kinds of communication to foster engagement in planning for children's learning and development		✓		1
Comments	The program is not designed to enhance EC educators' work with families, including in respect to sharing information with families, however as professional understanding of children's learning and development increases (in regards to language and communication), it is reasonable to expect that this understanding would be			



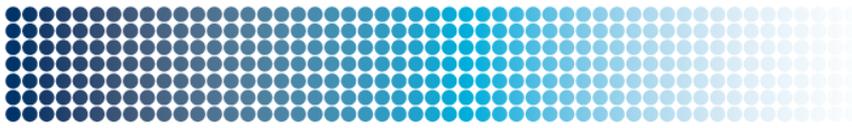
	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
	shared with families in line with the National Quality Standard (NQS) 6			
Regard families as experts on their children's lives and actively seek children's and families' views and take them into account in practice (shared decision making)		✓		1
Comments	The program is not designed to enhance EC educators work with families, however it does encourage EC educators to be responsive and respectful to children when they interact with them which may provide the foundation for actively seeking children's views. See also the comments above regarding NQS 6			
Offer choices and encourage families to make decisions		✓		1
Comments	The program is not designed to enhance EC educators work with families, including in respect to offering families choices and encouraging them to make decisions, however with increased knowledge professionals may engage more in meaningful discussions with families to support shared decision making, particularly in regards to program planning and, if required, referrals to AH.			
Take responsibility for initiating and sustaining family-centred			✓	0



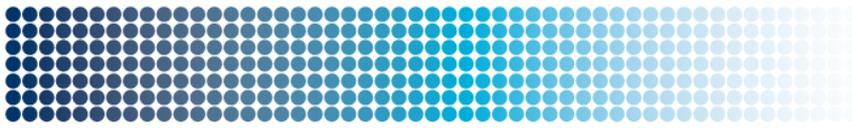
	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
practice				
Comments	The program is not designed to enhance EC educators work with families and focuses upon the relationship between the EC educators and children, rather than EC educators and the children’s families			
Total score*				4
Alignment with this Practice Principle of the VEYLDF				Moderate

Table 20: Joint Attention Program – Alignment with Practice Principle 1: Family-centred practice

	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Foster respectful relationships and responsive engagement through welcoming and culturally inclusive environments		✓		1
Comments	The program encourages an environment of respect between EC educators and children which may go some way towards creating an overall welcoming and inclusive environment. However, the program is not designed to enhance EC educators work with families and based upon available information there is nothing			



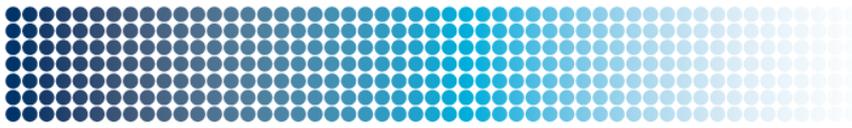
	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
	to indicate that the program <i>explicitly</i> encourages culturally inclusive environments			
Share information with families using a range of styles and kinds of communication to foster engagement in planning for children's learning and development		✓		1
Comments	The program is not designed to enhance EC educators work with families, including in respect to sharing information with families, however as professional understanding of children's learning increases it is reasonable to expect that this understanding would be shared with families in line with the National Quality Standard (NQS) 6			
Regard families as experts on their children's lives and actively seek children's and families' views and take them into account in practice (shared decision making)		✓		1
Comments	The program is not focussed on enhancing EC educators' work with families, however it does encourage EC educators to be responsive when they interact with children. See also the comment above			



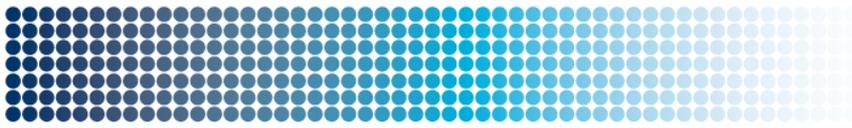
	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
	regarding NQS 6			
Offer choices and encourage families to make decisions		✓		1
Comments	The program is does not focus on enhancing EC educators' work with families, including in respect to offering families choices and encouraging them to make decisions, however with increased knowledge professionals may engage more in meaningful discussions with families to support shared decision making, particularly in regards to program planning and if required referrals to AH.			
Take responsibility for initiating and sustaining family-centred practice			✓	0
Comments	The program is not designed to enhance EC educators' work with families and focuses upon the relationship between the EC educators and children, rather than EC educators and the children's families			
Total score*				4
Alignment with this Practice Principle of the VEYLDF				Moderate

Table 21: Teacher Talk - Alignment with Practice Principle 1: Family-centred practice

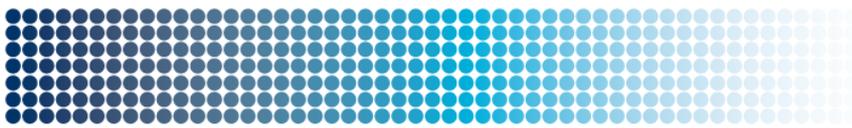
	Does this program encourage or facilitate these practices?	Score
--	--	-------



	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Foster respectful relationships and responsive engagement through welcoming and culturally inclusive environments		✓		1
Comments	The program encourages an environment of warmth and respect between EC educators and children which may go some way towards creating an overall welcoming and inclusive environment. However, the program is not designed to enhance EC educators' work with families and based upon available information there is nothing to indicate that the program <i>explicitly</i> encourages culturally inclusive environments			
Share information with families using a range of styles and kinds of communication to foster engagement in planning for children's learning and development		✓		1
Comments	The program is not designed to enhance EC educators work with families, including in respect to sharing information with families, however as professional understanding of children's learning increases it is reasonable to expect that this understanding would be shared with families in line with the National Quality Standard (NQS) 6			
Regard families as experts on		✓		1



	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
their children's lives and actively seek children's and families' views and take them into account in practice (shared decision making)				
Comments	The program is not designed to enhance EC educators work with families, however it does encourage EC educators to be responsive and respectful to children when they interact with them which may provide the foundation for actively seeking children's views. See also the comment above regarding NQS 6			
Offer choices and encourage families to make decisions		✓		1
Comments	The program is not designed to enhance EC educators work with families, including in respect to offering families choices and encouraging them to make decisions, however with increased knowledge professionals may engage more in meaningful discussions with families to support shared decision making, particularly in regards to program planning and if required referrals to AH.			
Take responsibility for initiating and sustaining family-centred practice			✓	0
Comments	The program is not designed to enhance EC educators work with families and focuses upon the relationship			



	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
	between the EC educators and children, rather than EC educators and the children’s families			
Total score*				4
Alignment with this Practice Principle of the VEYLDF				Moderate

Practice Principle 2: Partnerships with Professionals

Partnerships with professionals are defined as: “ongoing long-term relationships based on shared values and commitment” (Kennedy & Stonehouse, 2012b, p. 4). Important factors used in our analysis of the programs against Practice Principle 2 were:

- Communicate openly and constructively with other professionals
- Working towards shared goals: supporting children’s learning and development
- Value the experience of other professionals and make referrals when appropriate
- Lead collaboration and partnerships and encourage others to lead
- Commit to working together to advance knowledge about children’s learning and development
- Understand each other’s practice, skills and expertise and make referrals when appropriate
- Build on children’s prior learning experiences to build a continuity of their learning

The following tables describe the alignment between three programs: *Learning Language and Loving It*, the *Joint Attention* program and *Teacher Talk* according to each of these seven practices. The assessment of alignment was based upon the information available to us regarding each program.

The maximum score for this Practice Principle is 14. Overall level of alignment with this Practice Principle are categorised as follows:

- 0-4 = **weak** level of alignment
- 5-9 = **moderate** level of alignment
- 10-14 = **strong** level of alignment

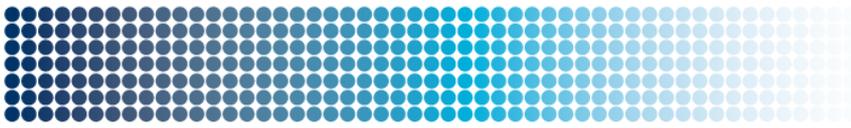
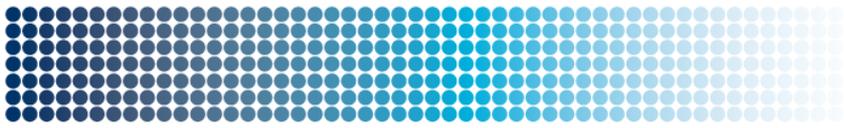
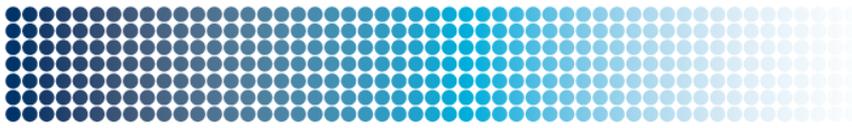


Table 22: Learning Language and Loving it – Alignment with Practice Principle 2: Partnerships with Professionals

Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Communicate openly and constructively with other professionals	✓			2
Comments	The program includes opportunities for group discussion and small group problem-solving activities for participants which also facilitates open communication between professionals. Provides an opportunity for EC educators to work constructively with AH professionals through the coaching and mentoring component.			
Working towards shared goals: supporting children’s learning and development	✓			2
Comments	To the extent to which the AH professionals (trainers) and EC educators (primarily trainees) are working towards the shared goal or undertaking a training program that is designed to support children’s learning and development, there is some encouragement of this practice. As the program is designed to be delivered to EC educators within the same centre, it may help to foster the shared goals of EC educators from the same centre who undertake the program together in regards to children’s language outcomes.			
Value the experience of other professionals and make referrals when appropriate	✓			2



Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Comments	The coaching and mentoring component indicates that the program encourages EC educators to value the experience of the AH professional/EC educator consultant and the fact that the group sessions are “facilitated through... experiential activities” suggests that the program encourages AH professionals/EC educator consultants to value the experience of EC educators. Through enhanced skills and knowledge, EC educators may have an enhanced capacity to make referrals when appropriate			
Lead collaboration and partnerships and encourage others to lead		✓		1
Comments	The educator program is not designed to encourage or facilitate leadership. The program reflects some core principles of effective collaboration such as respect and responsiveness and in this respect may empower EC educators			
Commit to working together to advance knowledge about children’s learning and development	✓			2
Comments	The program requires a commitment on the part of EC educators to build their knowledge of children’s learning and development (specifically language development). The program requires a more intensive commitment to learning than many other professional development opportunities (i.e. those that are brief in duration with little opportunity for one-on-one learning).			



Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Understand each other's practice, skills and expertise and make referrals when appropriate	✓			2
Comments	Through the coaching and mentoring component, the program encourages a two-way understanding of each other's (i.e. EC educators and AH professionals) practice, skills and expertise. Through enhanced skills and knowledge, EC educators may have an enhanced capacity to make referrals when appropriate.			
Build on children's prior learning experiences to build continuity of learning		✓		1
	The program encourages EC professionals to take into account children's existing skill levels which reflects an acknowledgement of children's prior learning experiences.			
Total score*				12
Alignment with this Practice Principle of the VEYLDF				Strong

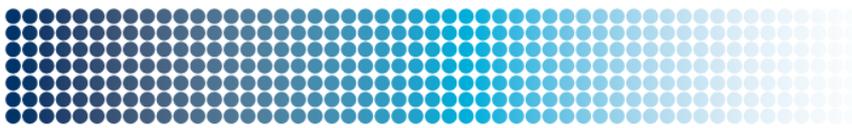
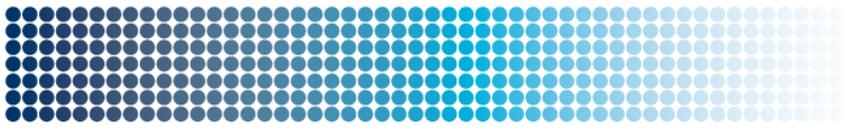
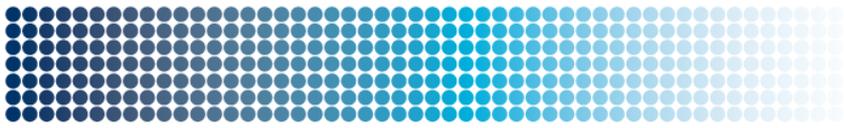


Table 23: Joint Attention in Child Care Settings – Alignment with Practice Principle 2: Partnerships with Professionals

Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/Insufficient information (Score = 0)	
Communicate openly and constructively with other professionals			✓	0
Comments	Provides an opportunity for EC educators to communicate with the trainer (i.e. a researcher) through the coaching and mentoring component, and provides some opportunities for trainees to share their ideas with one another. Overall, however, based upon the available information, the program appears to be encourage a directive educational approach whereby the trainer instructs the trainees to undertake specific tasks, as opposed to allowing for open communication. The coaching component also appears to utilise a directive approach where the trainer describes the EC educators strengths and weaknesses and discusses information with them, rather than providing an opportunity for two-way discussion			
Working towards shared goals: supporting children's learning and development			✓	0
Comments	Based upon the information available, it is difficult to assess the extent to which the program brings about or contributes to the practice of working towards shared goals			
Value the experience of other professionals and make referrals when appropriate		✓		1
Comments	The coaching component of the program allows EC educators to gain a new perspective and insights into children, based upon			



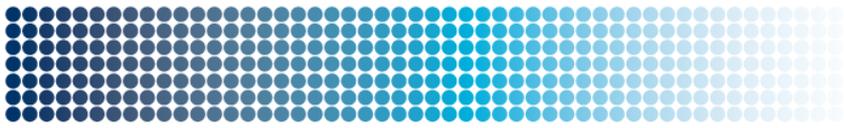
Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/Insufficient information (Score = 0)	
	the information provided by the trainer. Through enhanced skills and knowledge, EC educators may have an enhanced capacity to make referrals when appropriate. However, there appears to be little valuing of EC educators expertise – especially as the program encourages a directive approach			
Lead collaboration and partnerships and encourage others to lead			✓	0
Comments	The program is not designed to encourage or facilitate leadership and the program does not appear to encourage some of the core principles of effective collaboration such as respect and responsiveness. It appears to provide little opportunities for building partnerships			
Commit to working together to advance knowledge about children's learning and development	✓			2
Comments	The program requires a commitment on the part of EC educators to build their knowledge of children's learning and development (specifically language development). The program requires a more intensive commitment to learning than a many other professional development opportunities (i.e. those that are brief in duration with little opportunity for one-on-one learning)			
Understand each other's practice, skills and expertise and make referrals when		✓		1



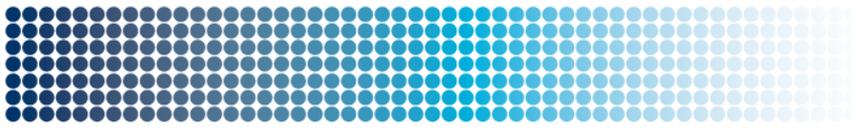
Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/Insufficient information (Score = 0)	
appropriate				
Comments	Through the coaching and mentoring component, the program provides a platform for a two-way understanding of each other's practice, skills and expertise however, as noted above, the program appears to encourage a directive approach to learning. Through enhanced skills and knowledge, EC educators may have an enhanced capacity to make referrals when appropriate			
Build on children's prior learning experiences to build a continuity of their learning			✓	0
Comments	Based upon the available information, it is unclear whether the program encourages EC professionals to build on children's prior learning experiences. Basic information about child development is provided as part of the training, but little information is provided about the content of that component of the program			
Total score*				4
Alignment with this Practice Principle of the VEYLDF				Weak

Table 24: Teacher Talk – Alignment with Practice Principle 2: Partnerships with Professionals

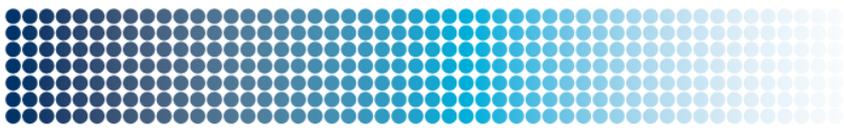
Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No/Not applicable/Insufficient information (Score = 0)	
Communicate openly and constructively with other		✓		1



Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No/Not applicable/Insufficient information (Score = 0)	
professionals				
Comments	The program encourages open communication through small group work activities, however it does not include a coaching component and in that respect provides less opportunities for open and constructive communication between EC professionals			
Working towards shared goals: supporting children's learning and development		✓		1
Comments	To the extent to which the AH professionals (trainers) and EC educators (trainees) are working towards the shared goal or undertaking a training program that is designed to support children's learning and development, there is some encouragement of this practice			
Value the experience of other professionals and make referrals when appropriate		✓		1
Comments	The program does not include a coaching and mentoring component which may limit the extent to which EC educators gain a greater understanding of the AH professional/EC educator consultant's perspective and insights into children. The workbooks associated with the program allow trainees to personalize strategies to their own settings which indicates a valuing of their experience and a respect for their perspectives and insights into the children they work with and the setting within which they work			
Lead collaboration and partnerships		✓		1



Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No/Not applicable/Insufficient information (Score = 0)	
and encourage others to lead				
Comments	The program is not designed to encourage or facilitate leadership and the program itself reflects some core principles of effective collaboration such as respect and in this respect may empower EC educators (see comments for 'Value the expertise' section above)			
Commit to working together to advance knowledge about children's learning and development		✓		1
Comments	The program requires a commitment on the part of EC educators to build their knowledge of children's learning and development (specifically language development)			
Understand each other's practice, skills and expertise and make referrals when appropriate		✓		1
Comments	The small group work activities provide opportunities for EC professionals to understand each other's practice, skills and expertise. Through enhanced skills and knowledge, EC professionals may have an enhanced capacity to make referrals when appropriate			
Build on children's prior learning experiences to build a continuity of		✓		1



Practices that bring about or contribute to partnerships and collaboration	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No/Not applicable/Insufficient information (Score = 0)	
their learning				
Comments	The program is founded upon the theoretical foundations of LLLI and, to that extent, is founded upon the idea that EC professionals should take children’s existing skill levels into account when interacting with them – which reflects an acknowledgement of children’s prior learning experiences. However, based on available information, the extent to which the program encourages EC professionals to <i>explicitly</i> build on children’s prior learning experiences is unclear			
Total score*				7
Alignment with this Practice Principle of the VEYLDF				Moderate

Practice Principle 3: High expectations for every child

Within the VEYLDF, the principle of high expectations for every child is founded on the belief that “every child has a right to an education that takes into account the child’s individual learning path and the uniqueness of their experience, learning and development” (Kennedy & Stonehouse, 2012c, p. 3). Important factors used in our analysis of the programs against Practice Principle 3 were, EC professionals:

- communicate high expectations to every child, every day
- advocate for high expectations with parents, colleagues and other professionals
- enable every child to experience success by providing differentiated approaches that take account and build on children’s strengths, abilities and interests
- have high expectations of themselves and view themselves as agents of change
- engage in ongoing reflective practice, including reflecting on bias and promoting social justice and equity

The following tables describe the alignment between three programs: *Learning Language and Loving It*, the *Joint Attention* program and *Teacher Talk* according to each of these five practices. The assessment of alignment was based upon the information available to us regarding each program.

The maximum score for this Practice Principle is 10. Overall level of alignment with this Practice Principle are categorised as follows:

- 0-3 = **weak** level of alignment
- 4-7 = **moderate** level of alignment
- 8-10 = **strong** level of alignment

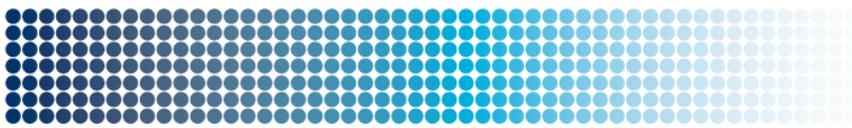
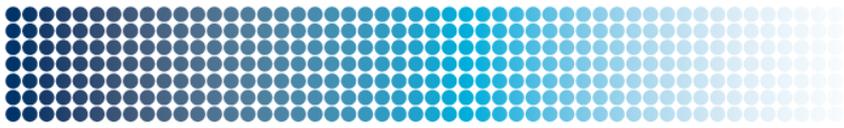
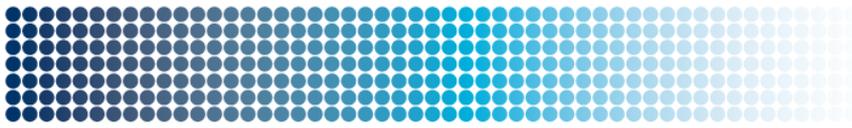


Table 25: Learning Language and Loving it – Alignment with Practice Principle 3: High expectations for every child

Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Communicate high expectations to every child, every day	✓			2
Comments	Trainees in the program are taught to apply interaction strategies with children which reflect the principles that communicate high expectations (i.e. respect and responsiveness) (Kennedy & Stonehouse, 2012c, p. 10). For example, one strategy trainees are taught is “child-oriented strategies” which encourage children to initiate and engage in conversational interactions which educators can then use as a way of providing responsive language input on the child’s topic of interest. To that extent, the program teaches EC educators strategies to encourage children’s efforts and capitalise on children’s interests			
Advocate for high expectations with parents, colleagues and other professionals		✓		1
Comments	This program is designed to teach EC educators the skills to work with children and is not designed to develop their skills to work with families, however the knowledge and skills learnt through the program may provide a foundation for advocating for high expectations with parents, colleagues and other professionals			
Enable every child to experience success by providing	✓			2



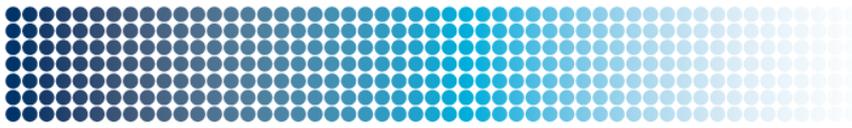
Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
differentiated approaches that take account and build on children's strengths, abilities and interests				
Comments	<p>The responsive interaction strategies that EC educators are taught as part of the program encourage interactions with children that are built upon children's unique interests. They encourage conversations that are one-on-one as well as small group interactions and that are tailored to respond to children's interests, rather than the EC educator dominating the conversation. The fact that a range of strategies are taught (multiple strategies for each of the three "clusters of responsive interaction strategies") indicates that a range of approaches are available to EC educators to utilise</p>			
Have high expectations of themselves and view themselves as agents of change		✓		1
Comments	<p>The program encourages at least some of the factors that are likely to enhance professionals' expectations of themselves, such as the opportunity to participate in high quality professional learning (i.e. LLLI is an evidence-based program that has been shown to be effective in numerous trials) and enhancing their knowledge of child development theory. Based upon the information available, the extent to which is encourages EC professionals to view themselves as agents of change is unknown</p>			



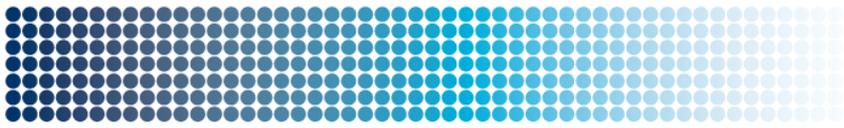
Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Engage in ongoing reflective practice, including reflecting on bias and promoting social justice and equity		✓		1
Comments	The group discussions, small group-based work, coaching and mentoring components of this program are likely to encourage reflective. Based upon the information available, there is nothing to indicate that the program explicitly encourages a <i>reflection</i> on bias or the promotion of social justice and equity, although the program approach is aimed at children from diverse backgrounds and abilities including children at risk of language delay, second-language learners, children with language delays and typically developing children			
Total score*				7
Alignment with this Practice Principle of the VEYLDF				Moderate

Table 26: Joint attention program – Alignment with Practice Principle 3: High expectations for every child

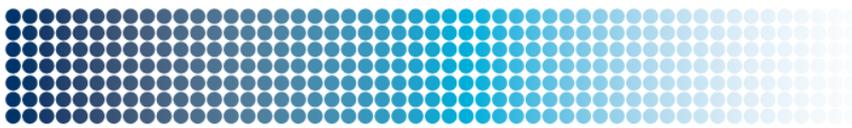
Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Communicate	✓			2



Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
high expectations to every child, every day				
Comments	The concept of ‘joint attention’ is founded upon the practice of focusing attention on an object that a child is paying attention to, following the child’s gaze and then talking with the child about the object. This reflects the principles of respect and responsiveness – both of which communicate high expectations to the child			
Advocate for high expectations with parents, colleagues and other professionals		✓		1
Comments	This program is designed to teach EC educators the skills to work with children and is not designed to develop their skills to work with families, however the knowledge and skills learnt through the program may provide a foundation for advocating for high expectations with parents, colleagues and other professionals			
Enable every child to experience success by providing differentiated approaches that take account and build on children’s strengths, abilities and	✓			2



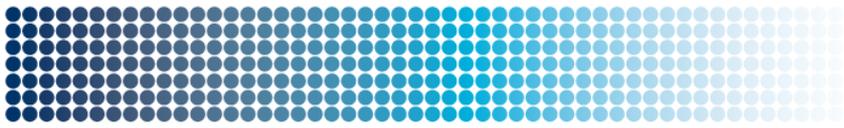
Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
interests				
Comments	<p>The concept of 'joint attention' is founded upon the practice of focusing attention on an object that a child is paying attention to, following the child's gaze and then talking with the child about the object. Talking strategies include parallel talk (i.e. talking for the child), elaboration (i.e. expanding on the child's short utterance), descriptive talk (i.e. expanding on the child's utterance with a descriptive word) and self-talk (i.e. verbalising your actions). To the extent that the program teaches EC educators to focus their attention on the object the child is paying attention to, the program encourages approaches that build on the child's interests. The fact that a range of strategies are provided for talking with the child suggests that the program provides trainees with differentiated approaches for working with children</p>			
Have high expectations of themselves and view themselves as agents of change		✓		1
Comments	<p>The program encourages at least some of the factors that are likely to enhance professionals' expectations of themselves, such as the opportunity to participate in high quality professional learning (i.e. Joint Attention is an evidence-based program) and enhancing their knowledge of child development theory. Based upon the information available, the extent to which is encourages EC professionals to view themselves as agents of change is unknown</p>			
Engage in ongoing reflective		✓		1



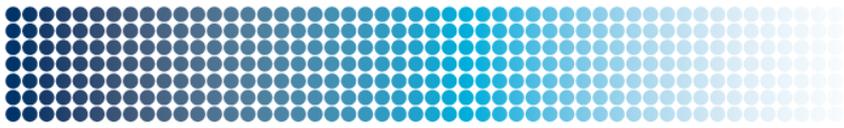
Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
practice, including reflecting on bias and promoting social justice and equity				
Comments	The coaching component of this program may encourage reflective practice. Based upon the information available, there is nothing to indicate that the program explicitly encourages a reflection on bias or the promotion of social justice and equity			
Total score*				7
Alignment with this Practice Principle of the VEYLDF				Moderate

Table 27: Teacher Talk – Alignment with Practice Principle 3: High expectations for every child

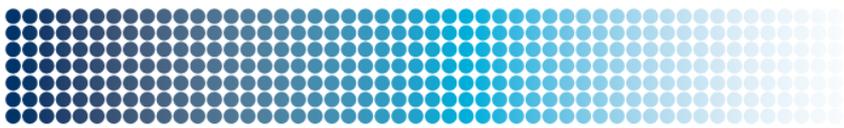
Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Communicate high expectations to every child, every day	✓			2
Comments	At least 1 of the 3 training sessions encourage EC professionals to build upon children’s interests (one of			



Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
	the practices that reflects high expectations of children) – the Training B session teaches trainees strategies to facilitate children’s reading and writing skills by “choosing books that match children’s interests.” At least 1 of the 3 training sessions encourage trainees to utilise age appropriate strategies (another practice that reflects high expectations of children) – thereby encouraging <i>achievable</i> challenges for children. The program is designed to promote the communication and social development of all children, including those with language delay and those who are second language learners			
Advocate for high expectations with parents, colleagues and other professionals		✓		1
Comments	This program is designed to teach EC educators the skills to work with children and is not designed to develop their skills to work in partnership with families. Based upon the information available, the extent to which the program encourages EC educators to advocate for high expectations with colleagues and other professionals is unknown. however the knowledge and skills learnt through the program may provide a foundation for advocating for high expectations with parents, colleagues and other professionals			
Enable every child to experience success by providing differentiated approaches that take	✓			2



Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
account and build on children's strengths, abilities and interests				
Comments	The workbooks associated with the program include charts and checklists that encourage trainees to think about how they are going to meet the individual needs of children in the classroom. The program is designed to promote the communication and social development of all children, including those with language delay and those who are second language learners. The program encourages an inclusive approach via strategies such as "us[ing] five important steps to ensure that no child is left out of the interaction during group activities"			
Have high expectations of themselves and view themselves as agents of change		✓		1
Comments	The program encourages at least some of the factors that are likely to enhance professionals' expectations of themselves, such as enhancing their knowledge of child development theory (especially through <i>Training Session A: Encouraging Language Development in Early Childhood Settings</i>). Based upon the information available, the extent to which is encourages EC professionals to view themselves as agents of change is unknown			
Engage in ongoing reflective			✓	0

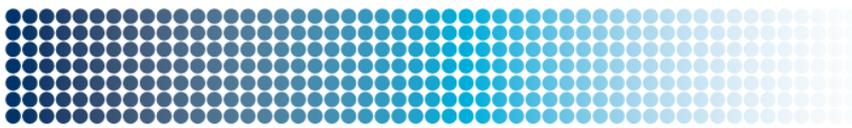


Practices that reflect high expectations for every child	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
practice, including reflecting on bias and promoting social justice and equity				
Comments	Although the program encourages EC educators to take an inclusive approach when working with children, there is nothing to indicate that it explicitly encourages a reflection on bias or the promotion of social justice and equity			
Total score*				6
Alignment with this Practice Principle of the VEYLDF				Moderate

Practice Principle 4: Equity and diversity

The VEYLDF principle of equity and diversity recognises that personal, family and cultural histories shape children’s learning and development and that “children learn when early childhood professionals respect their diversity” (VEYLDF, 2009, p. 11). Important factors used in our analysis of the programs against Practice Principle 4 were that early childhood professionals:

- Support children’s evolving capacities to learn from birth
- Ensure that the interests, abilities and culture of every child and their family are understood, valued and respected
- Maximise opportunities for every child
- Identify areas where focused support or intervention is required to improve each child’s learning and development
- Recognise bi- and multi-lingualism as an asset and support these children to maintain their first language and learn English as a second language
- Promote cultural awareness in all children, including greater understanding of ATSI ways of knowing and being
- Support children to develop a sense of place, identity and a connection to the land
- Encourage children as active participants for sustainability, influencing the quality of life now, and for future generations



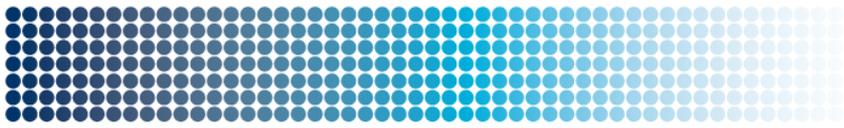
The following tables describe the alignment between three programs: *Learning Language and Loving It*, the *Joint Attention* program and *Teacher Talk* according to each of these eight practices. The assessment of alignment was based upon the information available to us regarding each program.

The maximum score for this Practice Principle is 16. Overall level of alignment with this Practice Principle are categorised as follows:

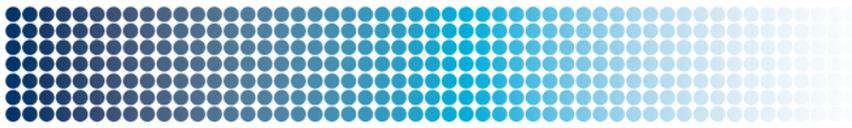
- 0-5 = **weak** level of alignment
- 6-11 = **moderate** level of alignment
- 12-16 = **strong** level of alignment

Table 28: *Learning Language and Loving it – Alignment with Practice Principle 4: Equity and diversity*

Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Support children’s evolving capacities to learn from birth	✓			2
Comments	The training program’s strategies are designed to support children’s evolving capacities to learn – with a focus on language development. The program is theoretically founded on the importance of responsivity, which suggests it will support professionals to respond to the unique skills and abilities of every child.			
Ensure that the interests, abilities and culture of every child and their family are understood, valued and respected		✓		1
Comments	The program is aimed at children from diverse backgrounds and abilities including children at risk of language delay, second-language learners, children with language delays and typically developing children. Given that the program is underpinned by the theory of linguistic responsivity, it is assumed that professionals will be encouraged to consider and build upon the child’s interests, abilities and culture, however available information did not indicate an explicit focus on culture.			
Maximise	✓			2



Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
opportunities for every child				
Comments	The training program applies three clusters of responsive interaction strategies (child-oriented strategies, interaction-promoting strategies, language-modelling strategies), which are consistent with the principle of maximising opportunities for every child.			
Identify areas where focused support or intervention is required to improve each child's learning and development			✓	0
Comments	Although the training program aims to enable educators to promote child language development and provide language rich environments, the program does not appear to directly train educators in assessment or identification of language difficulties.			
Recognise bi- and multi-lingualism as an asset and support these children to maintain their first language and learn English as a second language			✓	0
	Based upon the available information there is nothing to indicate that the program supports children to maintain and strengthen their home language as they learn and use English			
Promote cultural awareness in all children, including greater understanding of ATSI ways of			✓	0



Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
knowing and being				
Comments	This program does not appear to focus on the promotion of cultural awareness in children.			
Support children to develop a sense of place, identity and a connection to the land			✓	0
Comments	There is no information available to suggest the program facilitates children's sense of place, identity and a connection to the land			
Encourage children as active participants for sustainability, influencing the quality of life now, and for future generations			✓	0
Comments	Based upon the available information, there is nothing to indicate that the program explicitly encourages children to be active participants for sustainability.			
Total score*				5
Alignment with this Practice Principle of the VEYLDF				Weak

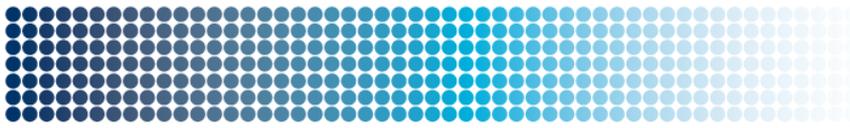
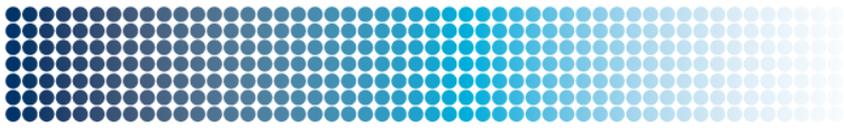
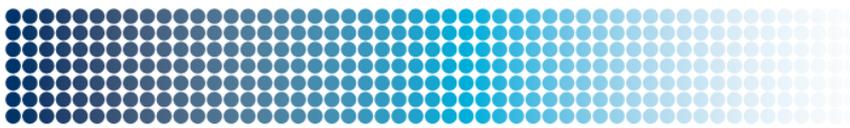


Table 29: Joint attention alignment with Practice Principle 4: Equity and Diversity

Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Support children's evolving capacities to learn from birth	✓			2
Comments	The training program is designed to promote children's language acquisition through joint attention strategies (i.e. 'focus, follow, talk'), which aligns with the principle of supporting children's evolving capacities to learn from birth			
Ensure that the interests, abilities and culture of every child and their family are understood, valued and respected		✓		1
Comments	Given the focus on joint attention and encouraging educators to identify the focus (and interest) of the child in daily activities, the program partially aligns with this principle. No other information about understanding, valuing and respecting the child's interests, abilities and culture was available.			
Maximise opportunities for every child		✓		1
Comments	The training program applies joint attention strategies, partially consistent with the principle of maximising opportunities for every child.			
Identify areas where focused support or intervention is required to improve each child's learning and development			✓	0



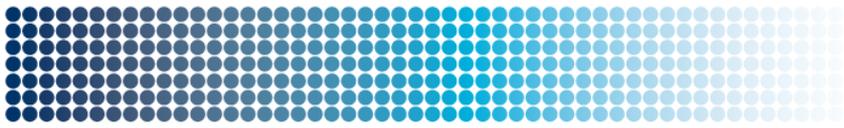
Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Comments	While educators' knowledge of typical language development may increase through the program overall, the curriculum outlined within the four hour training program does not focus on the identification of language (or other) difficulties.			
Recognise bi- and multi-lingualism as an asset and support these children to maintain their first language and learn English as a second language			✓	0
	Based upon the available information there is nothing to indicate that the program supports children to maintain and strengthen their home language as they learn and use English			
Promote cultural awareness in all children, including greater understanding of ATSI ways of knowing and being			✓	0
Comments	This program does not appear to focus on the promotion of cultural awareness in children.			
Support children to develop a sense of place, identity and a connection to the land			✓	0
Comments	There is no information available to suggest the program			



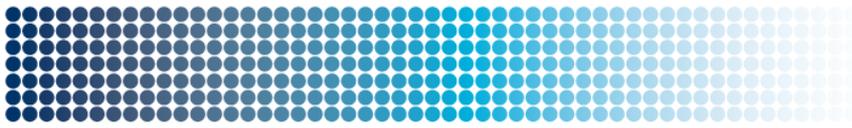
Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
	facilitates children’s sense of place, identity and a connection to the land			
Encourage children as active participants for sustainability, influencing the quality of life now, and for future generations			✓	0
Comments	Based upon the available information, there is nothing to indicate that the program explicitly encourages children to be active participants for sustainability.			
Total score*				4
Alignment with this Practice Principle of the VEYLDF				Weak

Table 30: Teacher Talk – Alignment with Practice Principle 4: Equity and diversity

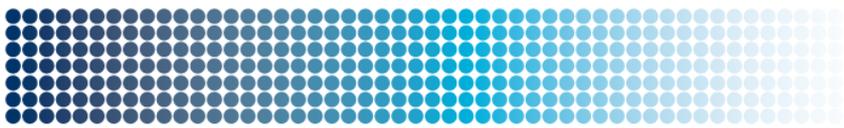
Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Support children’s evolving capacities to learn from birth	✓			2
Comments	The training program’s strategies are designed to support children’s evolving capacities to learn – with a focus on language development. Like LLLI, the program is theoretically founded on the importance of responsivity, which suggests it will support professionals to respond to the unique skills and abilities of every child.			
Ensure that the interests, abilities and culture of every		✓		1



Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
child and their family are understood, valued and respected				
Comments	The program is aimed at children from diverse backgrounds. Given that the program is underpinned by the theory of linguistic responsivity, it is assumed that professionals will be encouraged to consider and build upon the child's interests, abilities and culture, however available information did not indicate an explicit focus on culture.			
Maximise opportunities for every child	✓			2
Comments	The training program encourages peer interaction and language development in early childhood settings as well as language skills important for literacy development, which are consistent with the principle of maximising opportunities for every child. <i>Training A</i> session also provides educators with strategies to ensure inclusion, which potentially provides a model of fairness, inclusion and respect for diversity for children			
Identify areas where focused support or intervention is required to improve each child's learning and development			✓	0
Comments	Although the training program teaches educators to promote child language development and to provide language rich environments, the program does not appear to directly train educators in assessment or identification of language difficulties.			
Recognise bi- and multi-lingualism as an asset and support these children to maintain their			✓	0



Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
first language and learn English as a second language				
	Based upon the available information there is nothing to indicate that the program supports children to maintain and strengthen their home language as they learn and use English			
Promote cultural awareness in all children, including greater understanding of ATSI ways of knowing and being			✓	0
Comments	This program does not appear to focus on the promotion of cultural awareness in children.			
Support children to develop a sense of place, identity and a connection to the land			✓	0
Comments	There is no information available to suggest the program facilitates children's sense of place, identity and a connection to the land			
Encourage children as active participants for sustainability, influencing the quality of life now, and for future generations			✓	0
Comments	Based upon the available information, there is nothing to indicate that the program explicitly encourages children to be active participants for sustainability.			
Total score*				5



Factors that reflect a commitment to equity and respect for diversity	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Alignment with this Practice Principle of the VEYLDF				Weak

Practice Principle 5: Respectful relationships and responsive engagement

This practice principles requires EC educators to respect the values of families. Responsive engagement builds upon respectful relationships and involves being sensitive to the uniqueness of each child and family (Kennedy & Stonehouse, 2012e). Important factors used in our analysis of the programs against Practice Principle 5 were:

- Early childhood professionals understand, communicate and interact across cultures
- Give priority to warm, respectful relationships between professionals and children
- Encourage and support children to have respectful relationships with other children and to teach and learn from each other
- Interact with children to extend their learning in a variety of ways
- Listen and respond to children with full attention, engaging in ‘shared, sustained thinking’

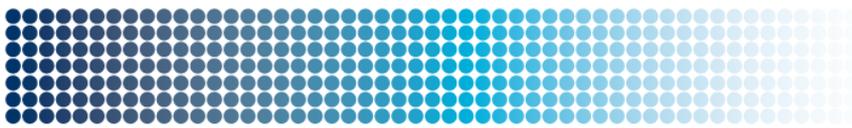
The following tables describe the alignment between three programs: *Learning Language and Loving It*, the *Joint Attention* program and *Teacher Talk* according to each of these five practices, in regards to the extent to which they encourage or facilitate these practices. The assessment of alignment was based upon the information available to us regarding each program.

The maximum score for this Practice Principle is 10. Overall level of alignment with this Practice Principle are categorised as follows:

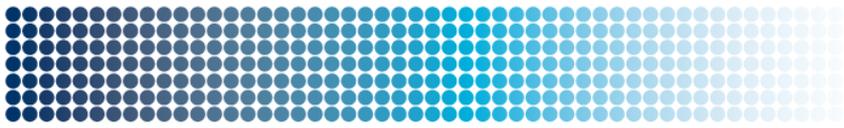
- 0-3 = **weak** level of alignment
- 4-7 = **moderate** level of alignment
- 8-10 = **strong** level of alignment

Table 31: Learning Language and Loving it – Alignment with Practice Principle 5: Respectful relationships and responsive engagement

Practices that bring about respectful relationships and responsive engagement	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Early childhood		✓		1



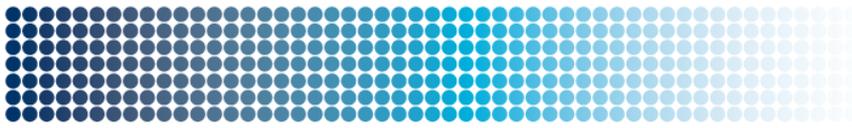
professionals understand, communicate and interact across cultures				
Comments	The program approach targets children from diverse backgrounds – and has been used among culturally diverse communities. However, based upon the available information, the extent to which is enables EC professionals to communicate and interact across cultures is unclear.			
Give priority to warm, respectful relationships between professionals and children		✓		1
Comments	One of the theoretical foundations of LLLI is the responsivity hypothesis which promotes the use of responsive language input (i.e. building on the child’s focus or topic of interest). In this respect, the program encourages a responsive EC environment – one of the features of warm, respectful relationships. The program also encourages respectful interactions between educators and children through, for example, strategies that encourage balanced conversations that require educators to listen carefully to children and not dominate the conversation. Although these aspects of the program clearly help to create a warm, responsive EC climate, the program is not intended to teach educators how to respond appropriately to children’s emotions (even though that may be an indirect effect of their responsive interactions with children) and in that sense only partially meets this criteria.			
Encourage and support children to have respectful relationships with other children and to teach and learn from each other	✓			2
Comments	One of the three “clusters” of responsive interaction included in LLLI is interaction-promoting strategies which urge educators to encourage conversations between educators and children in small groups – which offer			



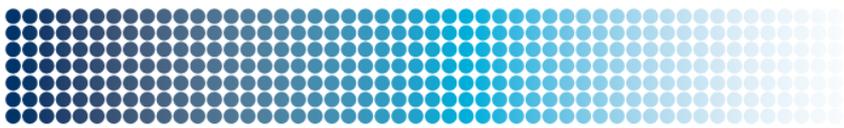
	opportunities for children to teach and learn from each other.			
Interact with children to extend their learning in a variety of ways	✓			2
	The foundations of the program – which include responsive interaction, child-oriented strategies and language-modelling strategies – align with the characteristics of practice which encourages engagement with children in a variety of ways to extend their learning. The program includes a variety of strategies – tailored to children’s interests and abilities – which are designed to engage children in interactions and conversation and extent upon their learning through strategies such as providing models of advanced oral language.			
Listen and respond to children with full attention, engaging in ‘shared, sustained thinking’	✓			2
Comments	As noted above, the foundations of this program include responsive interaction and full and active participation of children in conversations with educators. The strategies that educators learn through the program reflect these foundations, including listening carefully to children and tailoring responses to their interests. Shared, sustained thinking – whereby educators work collaboratively with children to extend their learning – is encouraged via, for example, modelling more complex language and concepts to children.			
Total score*				8
Alignment with this Practice Principle of the VEYLDF				Strong

Table 32: Joint attention program – Alignment with Practice Principle 5: Respectful relationships and responsive engagement

Practices that bring about	Does this program encourage or facilitate these practices?	Score
----------------------------	--	-------

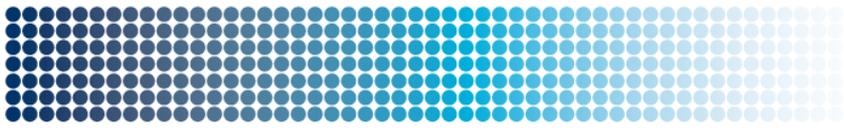


respectful relationships and responsive engagement	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Early childhood professionals understand, communicate and interact across cultures			✓	0
Comments	Based upon available information there is nothing to indicate that the program encourages or enables EC professionals to understand, communicate and interact across cultures.			
Give priority to warm, respectful relationships between professionals and children		✓		1
Comments	The concept of 'joint attention' is founded upon the practice of on focusing attention on an object that a child is paying attention to, following the child's gaze and then talking with the child about the object. In this respect, the program encourages a responsive EC environment – one of the features of warm, respectful relationships. Although these aspects of the program clearly help to create a responsive EC climate, the program is not intended to teach educators how to respond appropriately to children's emotions (one of the practices that characterizes warm, respectful relationships), there the program only partially meets this criteria.			
Encourage and support children to have respectful relationships with other children and to teach and learn from each			✓	0

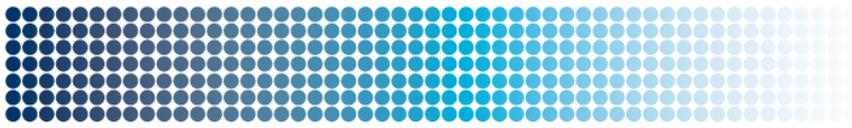


other				
Comments	Based upon the available information, the program focuses upon educators' interactions with children rather than children's relationships with each other. There is nothing to indicate that the program encourages educators to build or maintain respectful relationships with other or to teach and learn from each other.			
Interact with children to extend their learning in a variety of ways	✓			2
	The foundations of the program include strategies that align with the characteristics of practices which encourage engagement with children in a variety of ways to extend their learning (i.e. responsive interaction, child-oriented). A range of "talking strategies" are taught which include using words and actions and extend upon children's learning (e.g. expanding on the child's utterance with a descriptive word and verbalising actions).			
Listen and respond to children with full attention, engaging in 'shared, sustained thinking'	✓			2
Comments	The concept of 'joint attention' is founded upon the practice of on focusing attention on an object that a child is paying attention to, following the child's gaze and then talking with the child about the object. In this respect, the program encourages the educator to listen and respond to children with full attention and share ideas collaboratively via the aforementioned "talking strategies."			
Total score*				5
Alignment with this Practice Principle of the VEYLDF				Moderate

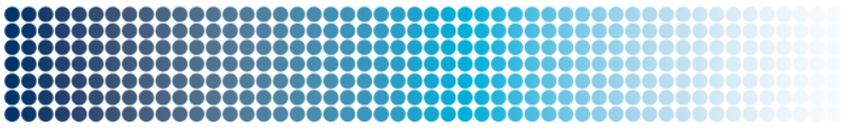
Table 33: Teacher Talk – Alignment with Practice Principle 5: Respectful relationships and responsive engagement



Practices that bring about respectful relationships and responsive engagement	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Early childhood professionals understand, communicate and interact across cultures			✓	0
Comments	Although the program encourages EC educators to take an inclusive approach when working with children, and is designed to promote the communication and social development of all children, based upon available information there is nothing to indicate that the program explicitly encourages or enables EC professionals to understand, communicate and interact across cultures.			
Give priority to warm, respectful relationships between professionals and children		✓		1
Comments	The program teaches educators strategies that are responsive to children’s unique interests through such strategies as following the child’s lead and choosing books that match children’s interests. In this respect, the program encourages a responsive EC environment – one of the features of warm, respectful relationships. The program also encourages respectful interactions between educators and children through, for example, strategies that encourage turn-taking in conversation with children. Although these aspects of the program clearly help to create a responsive EC climate, the program is not intended to teach educators how to respond appropriately to children’s emotions (one of the practices that characterizes warm, respectful relationships), there the program only partially meets this criteria.			



Encourage and support children to have respectful relationships with other children and to teach and learn from each other	✓			2
Comments	Training C sessions focus exclusively upon fostering peer interactions in EC settings. This includes a consideration of the physical environment and how that might encourage peer interaction (e.g. making the most effective use of space in the classroom). The sessions also teach educators to encourage a variety of groupings for interactions which provides children with opportunities to teach and learn from each other.			
Interact with children to extend their learning in a variety of ways	✓			2
	The program teach educators a variety of strategies allow children to extend their learning and includes a variety of strategies – tailored to children’s interests and abilities – which are designed to engage children in interactions and conversation with educators and with each other.			
Listen and respond to children with full attention, engaging in ‘shared, sustained thinking’	✓			2
Comments	The program encourages a responsive EC environment, with a focus upon children’s unique interests and abilities which requires listening and responding to children with full attention.			
Total score*				7
Alignment with this Practice Principle of the VEYLDF				Moderate



Practice Principle 6: Integrated teaching and learning approaches

Integrated teaching and learning approaches are defined as those that “combine guided play and learning, adult-led learning, and child-directed play and learning” (Kennedy & Stonehouse, 2012f, p. 3). Important factors used in our analysis of the programs against Practice Principle 6 were:

- Engaging with children in play
- Combine guided play and learning, adult-led learning, and child-directed play and learning
- Having conversations and interactions that support learning
- Planning experiences to deepen and extend children's knowledge, understanding and skills
- Differentiating learning opportunities for individual learners
- Planning a balanced curriculum using all five Learning and Development outcomes
- Creating physical environments that promote learning

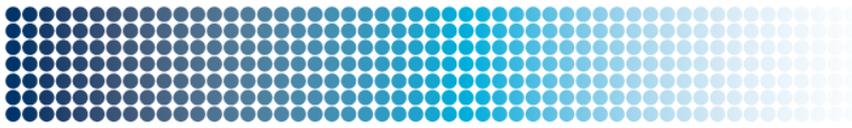
The following tables describe the alignment between three programs: *Learning Language and Loving It*, the *Joint Attention* program and *Teacher Talk* according to each of these six tools and examples, that is, the extent to which they facilitate these approaches.

The maximum score for this Practice Principle is 14. Overall level of alignment with this Practice Principle are categorised as follows:

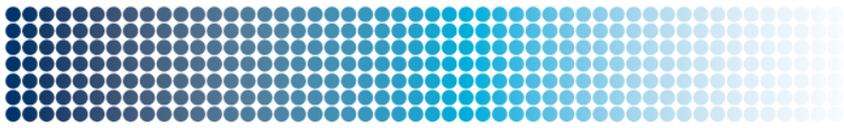
- 0-4 = **weak** level of alignment
- 5-9 = **moderate** level of alignment
- 10-14 = **strong** level of alignment

Table 34: *Learning Language and Loving It* – Alignment with Practice Principle 6: Integrated teaching and learning approaches

Integrated learning approaches	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Engaging with children in play	✓			2
Comments	The program encourages educators' engagement with children, encourages a focus on children's own interests in order to facilitate learning and encourages many of the approaches that adults can use to extend children's learning through play such as modelling, extending and responding			
Combine guided play and	✓			2



learning, adult-led learning, and child-directed play and learning				
Comments	The responsive interaction strategies taught through the training program reflect the three integrated learning approaches: (a) <i>child-oriented strategies</i> (reflecting the child-directed play and learning approach) encourage children to “initiate and engage in conversational interactions”; (b) <i>interaction-promotion strategies</i> (reflecting the guided play and learning approach) encourage “extended, balanced conversations between educators and children”; and (c) <i>language-modelling strategies</i> (reflecting the adult-led learning approach) where EC professionals “provid[e] models of more advanced oral language and emergent literacy knowledge” (The Hanen Centre, 2011, p. 3)			
Having conversations and interactions that support learning	✓			2
Comments	The program encourages educators to have conversations and interactions with children as a way of enhancing their language and literacy outcomes			
Planning experiences to deepen and extend children’s knowledge, understanding and skills	✓			2
Comments	The program encourages educators to focus on children strengths and interests when working with them. It is reasonable to assume changed practice would support improved curriculum decisions and therefore planning.			
Differentiating learning opportunities for individual learners	✓			2



Comments	The responsive interaction strategies that EC educators are taught as part of the program encourage interactions with children that are built upon children's unique interests. They encourage conversations that are one-on-one as well as small group interactions and that are tailored to respond to children's interests. The fact that a range of strategies are taught (multiple strategies for each of the three "clusters of responsive interaction strategies") indicates that a range of approaches are available to EC educators to utilise in order to meet the learning needs of individual learners.			
Planning a balanced curriculum using all five Learning and Development Outcomes	✓			2
Comments	The program encourage practices which align with the concept of an 'enriched curriculum' through, for example, following children's lead and focusing upon their interests. The five learning and development outcomes overlap and are interconnected particularly in very young children. Improvements in literacy and language learning will impact upon other learning and development outcomes.			
Creating physical environments that promote learning		✓		1
Comments	The training program is not designed or intended to impact upon the physical environments within which early childhood education is delivered to children. However, the program does encourage multiple opportunities for children to engage with educators and with each other in the physical environment of the EC centre through, for example, one-on-one and small group interactions and, in that sense, the program partially meets the requirement of creating physical environments that promote learning.			
Total score*				13
Alignment with this Practice Principle of the VEYLDF				Strong

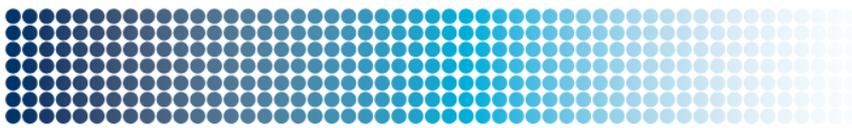
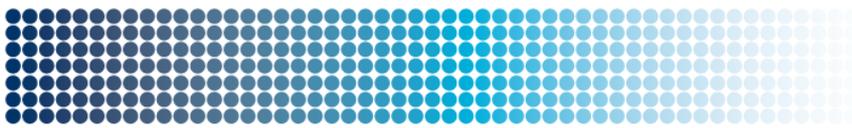
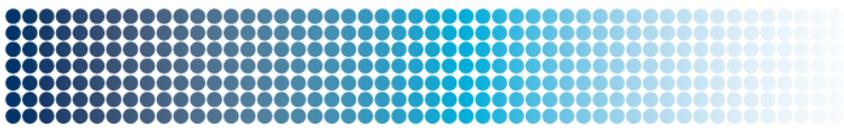


Table 35: Joint attention program – Alignment with Practice Principle 6: Integrated teaching and learning approaches

	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Engaging with children in play	✓			2
Comments	‘Joint attention’ is the practice of focusing attention on an object that a child is paying attention to, following the child’s gaze and then talking with the child about the object and, in this respect, reflects the idea that children learn best when they are engaged (i.e. engaged in a particular object of interest). The program also teaches educators strategies that can be used to extend children’s learning such as extending and responding.			
Combine guided play and learning, adult-led learning, and child-directed play and learning	✓			2
Comments	The focus on ‘joint attention’ (see comment above) encourages child-directed play and learning and guided play and learning (i.e. focusing on the object the child is interested in and then talking with the child about the object). A range of strategies encourage adult-led learning.			
Having conversations and interactions that support learning	✓			2
Comments	The program encourages educators to have conversations and interactions with children as a way of enhancing their language and literacy outcomes.			



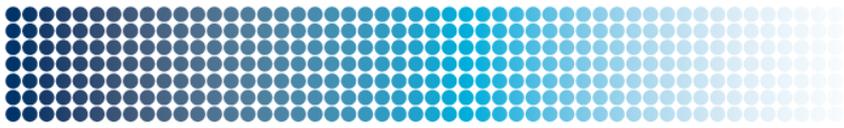
Planning experiences to deepen and extend children’s knowledge, understanding and skills	✓			2
Comments	The program encourages educators to focus on what interests individual children. .It is reasonable to assume changed practice would support improved curriculum decisions and therefore planning.			
Differentiating learning opportunities for individual learners		✓		1
Comments	The strategies that educators learn include parallel talk (i.e. talking for the child), elaboration (i.e. expanding on the child’s short utterance), descriptive talk (i.e. expanding on the child’s utterance with a descriptive word) and self-talk (i.e. verbalising your actions). The fact that a range of strategies are provided for talking with the child suggests that the program provides trainees with different approaches for working with children. Based upon the available information, however, there appears to be less of an explicit focus on children’s <i>unique</i> strengths, abilities and interests – as with the two other training programs described here and for this reason, the program only partially meets this requirement.			
Planning a balanced curriculum using all five Learning and Development Outcomes	✓			2



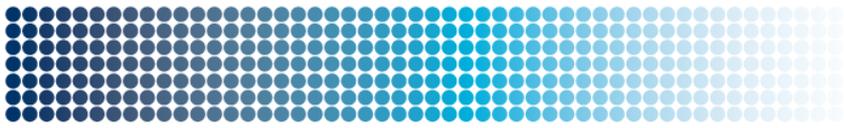
Comments	The program encourage practices which align with the concept of an 'enriched curriculum' through, for example, following children's lead and focusing upon their interests. The training also incorporates "basic child development information" with an "emphasis on the concept that stimulation in one area of development (i.e. language) can and does influence growth in other areas of development" (p. 326). The five learning and development outcomes overlap and are interconnected particularly in very young children. Improvements in literacy and language learning will impact upon other learning and development outcomes.			
Creating physical environments that promote learning			✓	0
Comments	The training program is not designed or intended to impact upon the physical environments within which early childhood education is delivered to children.			
Total score*				Strong
Alignment with this Practice Principle of the VEYLDF				11

Table 36: Teacher Talk – Alignment with Practice Principle 6: Integrated teaching and learning approaches

	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Engaging with children in play	✓			2
Comments	The program teaches educators strategies that are responsive to children's unique interests through such strategies as following the child's lead and choosing books that match children's interests. The program includes explicit strategies relating to play (the final step in following a child's lead is 'Join in and Play') and			



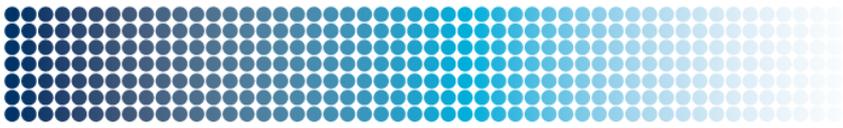
	includes a range of other strategies that reflect concepts such as extending, responding and reflecting.			
Combine guided play and learning, adult-led learning, and child-directed play and learning	✓			2
Comments	The program teaches educators strategies that encourage child-directed play and learning (i.e. as noted above, responding to children's unique interests through such strategies as following the child's lead and choosing books that match children's interests). The program includes a range of other strategies that encourage guided and adult-led learning (e.g. extending, responding and reflecting).			
Having conversations and interactions that support learning	✓			2
Comments	The program encourages educators to have conversations and interactions with children as a way of enhancing their language and literacy outcomes.			
Planning experiences to deepen and extend children's knowledge, understanding and skills	✓			2
Comments	The program encourages educators to focus on children strengths and interests when working with them. .It is reasonable to assume changed practice would support improved curriculum decisions and therefore planning.			
Differentiating learning opportunities for individual learners	✓			2



Comments	The workbooks associated with the program include charts and checklists that encourage trainees to think about how they are going to meet the individual needs of children in the classroom. The program is designed to promote the communication and social development of all children, including those with language delay and those who are second language learners. . The program encourages an inclusive approach via strategies such as “us[ing] five important steps to ensure that no child is left out of the interaction during group activities.”			
Planning a balanced curriculum using all five Learning and Development Outcomes	✓			2
Comments	The program encourages practices which align with the concept of an ‘enriched curriculum’ through, for example, following children’s lead and focusing upon their interests. The five learning and development outcomes overlap and are interconnected particularly in very young children. Improvements in literacy and language learning will impact upon other learning and development outcomes.			
Creating physical environments that promote learning	✓			2
Comments	Of all three programs assessed here, this is the only program that – based upon the available information – includes strategies that explicitly focus upon the physical environment (in Training C session: making the most effective use of space in the classroom). The program also includes a component that focuses exclusively upon promoting interactions between children which provides children with opportunities to learn from each other.			
Total score*				14
Alignment with this Practice Principle of the VEYLDF				Strong

Practice Principle 7: Assessment for Learning and Development

Assessment for learning and development is defined as: the process of gathering and analysing information about what children know, can do and understand. It is part of an ongoing cycle that includes planning, documenting and evaluating children’s learning



(EYLF in Kennedy & Stonehouse, 2012gh, p. 3). The VEYLDF indicates early childhood professionals should assess children’s learning in ways that:

- Inform their practice
- Include children’s view of their own learning
- Are authentic and responsive to how children demonstrate their learning and development
- Draw on families’ perspectives, knowledge, experiences and expectations
- Consider children in the context of their families and provide support to families when necessary
- Value the culturally specific knowledge embedded within communities about children’s learning and development
- Are transparent and objective, and provide families with information about their children’s learning and development, and about what they can do to further support their children
- Gather and analyse information from a wide range of sources to help them assess and plan effectively
- Provide the best possible advice and guidance to children and their families.

Based on the available information, Learning Language and Loving It, the Joint Attention program and Teacher Talk do not specifically address early childhood professionals’ assessment of children’s learning. This does not mean assessment practices may be positively influenced through implementation of these programs, rather it means that we are unable to analyse the programs against the dimensions of effective assessment for learning and development because of the limited information and different focus of the programs. Consequently, we have rated the alignment of Practice Principle 7 to each program as ‘not applicable’.

Practice Principle 8: Reflective practice

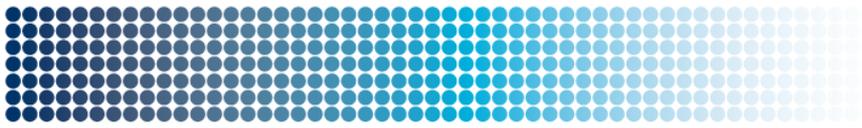
Reflective practice is defined as an “ongoing, dynamic process of thinking honestly, deeply and critically about all aspects of professional practice with children and families [which] occurs spontaneously as well as in essential planned reflection time (Kennedy & Stonehouse, 2012g, p. 3). Features of effective critical reflection and professional enquiry, as outlined in the VEYLDF, are that early childhood professionals:

- Gather information that supports, informs, assesses and enriches decision-making about appropriate professional practices
- Continually develop their professional knowledge and skills to enable them to provide the best possible learning and development opportunities for all children
- Promote practices that have been shown to be successful in supporting children’s learning and development
- Use evidence to inform planning for early childhood experiences and practice
- Challenge and change some practices

The following tables describe the extent to which three programs: *Learning Language and Loving It*, the *Joint Attention* program and *Teacher Talk* facilitate reflection on these factors and with these people.

The maximum score for this Practice Principle is 10. Overall level of alignment with this Practice Principle are categorised as follows:

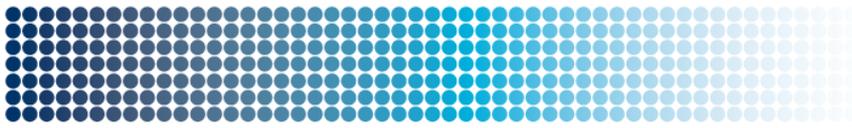
- 0-3 = **weak** level of alignment



- 4-7 = **moderate** level of alignment
- 8-10 = **strong** level of alignment

Table 37: Learning Language and Loving it – Alignment with Practice Principle 8: Reflective practice

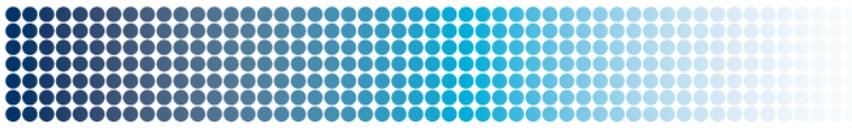
Encouraging reflective practice on the following factors and with the following groups	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Gather information that supports, informs, assesses and enriches decision-making about appropriate professional practices			✓	0
Comments	Insufficient information was available about the information the training program encourages educators to collect as part of their programming focused on creating language rich environments.			
Continually develop their professional knowledge and skills to enable them to provide the best possible learning and development opportunities for all children		✓		1
Comments	The training program provides professional development to educators to increase their knowledge and skills to promote children’s language development. The coaching element and discussions in group training sessions will provide opportunities for learning and reflection on practice. However, the training program is time limited so may not continually enhance professional knowledge.			
Promote practices that have been	✓			2



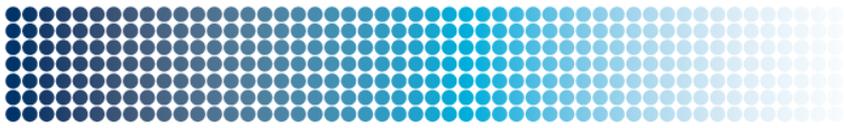
shown to be successful in supporting children's learning and development				
Comments	There is promising evidence about the effectiveness of the training program on children's language outcomes, indicating that the language promotion practices within the program are successful in supporting children's learning and development.			
Use evidence to inform planning for early childhood experiences and practice	✓			2
Comments	As mentioned above, there is promising evidence about the effectiveness of the program on children's language outcomes. A specific learning objective of the program is for educators to promote every child's language development using everyday activities, routines and play.			
Challenge and change some practices	✓			2
Comments	LLLI facilitators are trained to use adult education principles to provide educators with knowledge and skills to create optimal language learning environments and to use videotaped educator-child interactions to provide constructive feedback. On this basis, we assume the feedback will challenge and change some practices.			
Total score*				7
Alignment with this Practice Principle of the VEYLDF				Moderate

Table 38: Joint attention program – Alignment with Practice Principle 8: Reflective practice

Encouraging reflective practice on the following factors and with the following groups	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Gather information that supports, informs,			✓	0



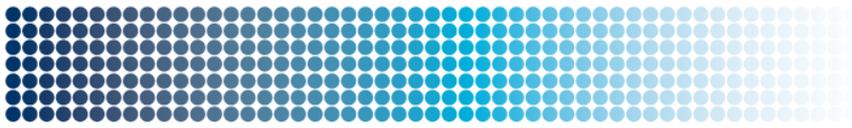
assesses and enriches decision-making about appropriate professional practices				
Comments	Insufficient information was available about the information the training program encourages educators to collect as part of implementing joint attention strategies			
Continually develop their professional knowledge and skills to enable them to provide the best possible learning and development opportunities for all children		✓		1
Comments	The training program provides professional development to educators to increase their knowledge and skills to promote children’s language development. However, the training program is time limited so will not continuously enhance professional knowledge and skills.			
Promote practices that have been shown to be successful in supporting children’s learning and development	✓			2
Comments	There is promising evidence about the effectiveness of the training program on children’s language outcomes, indicating that the practices within the program are successful in supporting children’s learning and development.			
Use evidence to inform planning for early childhood experiences and practice	✓			2



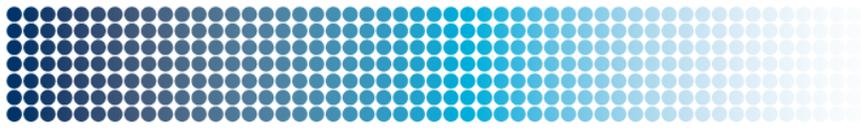
Comments	As mentioned above, there is promising evidence about the effectiveness of the program on children’s language outcomes. Through the combined training and coaching sessions, it is assumed that program strategies will be incorporated into program planning.			
Challenge and change some practices	✓			2
Comments	The coaching element of this program suggests that the program will encourage practice change.			
Total score*				7
Alignment with this Practice Principle of the VEYLDF				Moderate

Table 39: Teacher talk – Alignment with Practice Principle 8: Reflective practice

Encouraging reflective practice on the following factors and with the following groups	Does this program encourage or facilitate these practices?			Score
	Yes (Score = 2)	Partially (Score = 1)	No / Not applicable/ Insufficient information (Score = 0)	
Gather information that supports, informs, assesses and enriches decision-making about appropriate professional practices			✓	0
Comments	Insufficient information was available about the information the training program encourages educators to collect as part of their programming focused on creating language rich environments			
Continually develop their professional knowledge and skills to enable them to provide the best possible learning and development opportunities		✓		1



for all children				
Comments	The training program provides professional development to educators to increase their knowledge and skills to promote children’s language development. However, the training program is time limited so is unlikely to continually enhance professional knowledge.			
Promote practices that have been shown to be successful in supporting children’s learning and development	✓			2
Comments	Practices similar to LLLI, which has promising evidence, are promoted through this program.			
Use evidence to inform planning for early childhood experiences and practice		✓		1
Comments	There is some evidence to support this program, but no empirical evidence about its effectiveness on children’s language outcomes. Training session A addresses how educators can use everyday conversations, play and daily routines to promote children’s communication and social development, suggesting that the professional development is incorporated into program planning.			
Challenge and change some practices		✓		1
Comments	Although there is no coaching or video feedback provided through this program, group discussions during the training sessions may provide an opportunity to challenge and change practices, building on the material presented to the group.			
Total score*				5
Alignment with this Practice Principle of the VEYLDF				Moderate



Appendix 13

Comparable costings

As not all details about the costs of delivering the three existing programs were available, we calculated similar known costs for LLLI, Joint Attention program and Teacher Talk. The estimated cost is provided in Table 40. The new program was excluded from this comparison as there was insufficient information to predict the number of required trainer and educator hours. All costs are in Australian dollars unless specified otherwise.

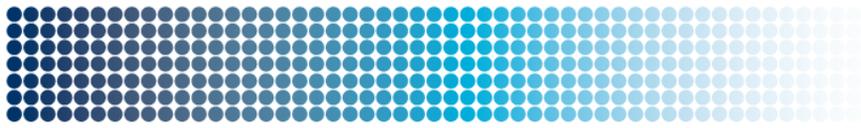
Table 40: Known comparable costs of existing programs

Units	Option		
	LLLI	Joint program	Attention Teacher Talk ⁴⁵
Number of trainer hours to deliver the program,	196 hours	128 hours	21 hours
Number of hours to attend the program (per participant)	26 hours	8 hours	21 hours
Maximum number of participants per program	14	30	20
Estimated cost (total)	\$23,604	\$15,504	\$17,388
Estimated cost per participant (pp)	\$1,686 pp	\$517 pp	\$869 pp

Inclusions/exclusions for the comparable costing were as follows:

Inclusions	Exclusions
Time release for the trainer to deliver the program and for educators to participate in the program	Backfill for the trainer and educators
	Facilitator training and licence costs
	Workbooks/resources
	Travel time /costs
	Planning time for trainers
	Venue hire
	Catering
	Accommodation

⁴⁵ Could be adapted to incorporate coaching (which would increase trainer and participant hours)



This costing applied:

- **Estimated** agency rates of \$48/hour for the trainer (equivalent to qualified early childhood teacher rate, which is comparable to speech pathologist rates) and \$39/hour for educators (average of \$42/hour for diploma/advanced diploma and \$35/hour for unqualified/certificate III qualified). Costs do not assume a minimum number of hours.
- The maximum number of training sessions/hours for each program – e.g. LLLI group sessions take between 15 to 20 hours to deliver and incorporate four to six video feedback sessions (refer to Appendix 13). Our costing therefore assumed 20 group training hours (rather than 15) and six (1 hour) video sessions.
- The maximum number of participants per course

Detailed costing

Certification course options

In terms of certification costs, Hanen (the provider of the certification course), offers two options.

1. The Australian organisation 'hosts' the certification training and covers the cost of the venue, catering, accommodation, travel and daily per diem for the Hanen instructor and pays an instructor fee directly to Hanen. The Australian organisation can select to provide the training for free to participants or collect the full fee directly from participants.
2. A co-hosting model, where the Australian organisation provides a venue, organises the catering and Hanen collects the fees for certification participants. The Australian organisation invoices Hanen for catering and does not need to cover Hanen instructor accommodation, travel or per diem.

Both of these options were calculated using the following assumptions:

- An exchange rate of \$1AUD to \$0.89CDN (as at 19 June 2015)
- An exchange rate of \$1AUD to \$0.74US (as at 19 June 2015)
- Training would be conducted at the Bastow Learning Centre at Department venue hire rates
- Training would be delivered over three consecutive days in Melbourne
- Training would be attended by 14 participants, five of whom would be from rural/remote areas and require three nights accommodation (paid for by the Department)
- Travel/accommodation costs for Victorian participants to attend the certification course would be covered by the employer or participant
- Backfill, if required, would be covered by the employer or participant
- The Department would not charge a participant fee to the employer/participant

Costs are presented below in Table 41 Table 41: Detailed certification costs. All costs are in Australian dollars unless specified otherwise.

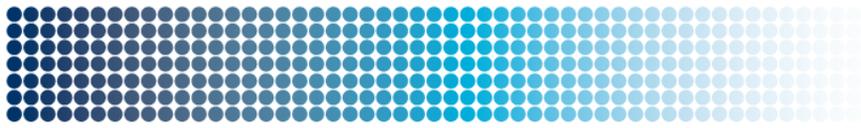


Table 41: Detailed certification costs

Unit	Option 1 – Australian hosting model	Option 2 – Co-hosting model
Instructor fee	\$8,862 CDN	Nil
Participant fee	Nil (or paid directly to the Australian organisation at the same rates as option 2)	\$950 US (early bird) or \$1,050 US (paid to Hanen)
Accommodation (Hanen)	5 nights @ \$200 / night	Covered by Hanen
Return flights to Toronto (Hanen instructor)	\$3371	Covered by Hanen
Per diem (Hanen)	\$50 CDN / day	Covered by Hanen
Venue hire	\$1160/ day	\$800/day
Catering	Included in venue hire	Covered by Hanen
Accommodation (Victorian participants)	3 nights @ 200 / night for 5 people	3 nights @ 200 / night for 5 people
Total estimated cost (incl. Victorian accommodation)	\$21,089	\$25,266
Total estimated cost (excl. Victorian accommodation)	\$18,089	\$22,266

Overall inclusions/exclusions and assumptions

The detailed costing included the following costs. All costs are in Australian dollars unless specified otherwise.

For set-up/certification:

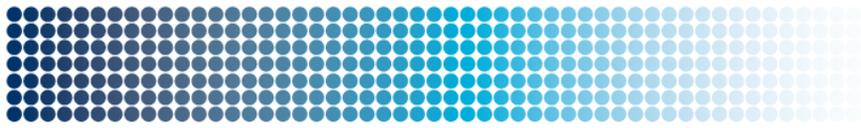
- 1 certification course (option 1, see above), delivered to 14 trainers (as above)

For LLLI delivery:

- 14 LLLI courses to 56 ECEC centres (i.e. 4 centres per course) and 196 educators (i.e. 14 educators per course)
- 20 hours of group sessions and 6 x 1 hour of video feedback sessions for each educator
- Time-release for trainers and educators (see below table for details)
- Catering (see below table for details)
- Trainer travel costs to ECEC centres for video feedback sessions (see below table for details)
- Consumables (see below table for details)
- 1 workbook per participant (see below table for details)

Costs excluded were:

- Venue hire (see below table for rationale)
- Accommodation (see below table for rationale)



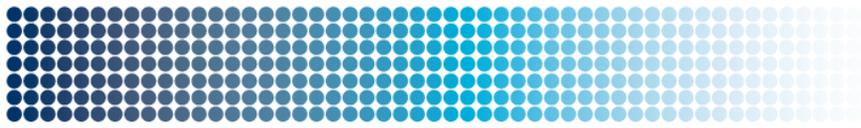
- Trainer planning time (see below table for rationale)
- LLLI DVD (see below table for rationale)

Table 42: Detailed certification and delivery costs for LLLI

Costs	Unit cost	Comments
Set up / 1 certification course		
Certification costs	\$21,089	See Table 41, option 1 for details
Delivery of 14 LLLI courses		
Salary costs	\$9,408 for trainer, \$14,196 for educators (per course) / \$131,712 for trainers, \$198,744 for educators (total)	196 trainer hours at \$48/hr 364 participant/educator hours at \$39/hr
Workbooks	\$1,148 per course / \$16,072 total	1 workbook included pp @ \$82 including GST (does not include DVD or shipping)
Venue hire	-	Assume in-kind venue hire
Catering	\$1,800 per course / \$25,200 total	Assume 8 sessions, 15 people @ \$15pp
Accommodation	-	Assume course delivered locally
Travel	\$576 per course / \$8,064 total	Assume 30 km round trip for travel to centres for video feedback / coaching @ \$0.8 / km (4 centres, 6 trips per course)
Other consumables	\$140 per course / \$1,960 total	\$10 pp per course
Subtotal	\$27,268 per course / \$381,752 total	
Ongoing		
Other	Annual membership to Hanen (\$48 US), first year included in certification fee	Assume cost can be absorbed by trainer
Subtotal	-	
Total estimated cost	\$28,774 per course / \$402,841 total	

It should be noted that efficiencies are likely to be realised over time, for instance, with the delivery of multiple LLLI courses by the same certified trainer. Hanen is also currently developing online LLLI modules, which could be delivered as an alternative to face to face training. While the modules have not yet been piloted, nor fees calculated, there are two costing models under consideration:

- The LLLI leader pays a licensing fee and then can use the modules with as many participants as they choose.



- A specified fee for participants to access one or more modules.

The final costing model will be comparable to other online training and will seek to be within the reach of Hanen members and educators.