BA Childhood Practice

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Liz Ersoy
Professional Project BA30080

> *"Individuals, or their representatives, have given permission for information obtained in the course of this study to be used as evidence or quoted in the text of this assignment. The actual names and identities of all children, staff, parents/carers have been deleted from material to be used in the appendices. Pseudonyms have been used where reference to individuals is made in the assignment text"*
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Exploring the use of sign and gesture to support language and communication development, and improve long term literacy outcomes in vulnerable babies.

Liz Ersoy

July 2013

BA Childhood Practice

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Finally, Mum and Dad, I know how proud you will be......thank you.

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Programme Learning Outcomes

This assignment will address the Programme Learning Outcomes:

3.3 Have a critical understanding of the theories and principles required to analyse and critically evaluate the programmes provided by the service.

3.7 Have a critical understanding of the contribution of other professionals to the service and to other children's services

3.8 Have a critical understanding of the principles, theories and concepts of leadership and management practice relevant for their role.

3.9 Have the knowledge and understanding needed to support evidence informed practice.

4.5 Engage in professional reflection for continuing improvement.

4.6 Lead and support teamwork and collaboration.

4.8 Lead and support collaboration with other agencies and other children's services to build capacity and develop

Chapter 1 – Introduction

I have twenty three years of experience working with disadvantaged families and I continue to observe poor language acquisition as a common correlation in children attending targeted support services. A plethora of research exists which evidences that early childhood experiences can predict and fundamentally determine long term life chances (Feinstein, 2003, Waldfogel, and Washbrook, 2008, Hobcraft and Kiernan, 2010, Gregg and Goodman, 2010). Research by Kaiser and Roberts (2011) specifically identified language development delay as an early indicator of social and academic outcomes.

The Early Years Framework (2008), launched on 10 December 2008, conveyed the commitment of the Scottish Government and of the Convention of Scottish Local Authorities (COSLA) to giving all children the best start in life. In investing in early years and early intervention, a significant contribution to the long term economic and social wellbeing of Scotland may be achieved.

Given my experience, my leadership role and understanding of strategic direction, my interest was in discovering what could be delivered differently to support and improve early communication, and therefore potentially have a positive influence on long term outcomes for our most vulnerable children.

My report includes a literature review on early communication and language development. I have identified research questions based upon the review of literature and will discuss my chosen investigative design. I will describe how my study was implemented and discuss the findings from this research project. Potential implications for the research will be reflected upon and conclusions made in the light of project completion.

Chapter 2 – Review of the literature

Language development is a broad and much debated area of interest by professionals and academics in the child development world. Human language may be identified by three predominant features: it is symbolic, it is grammatical and no one system exists (Tomasello 2003).

Language and communication are fundamental to early development, inextricably linked with emotional health and the ability to function as a social being. Gesture, movement and facial expression are very much embedded into the human communication system. Graddol et al (1994) undertook research into kinesics and identified six behaviours which support the development of secure, warm and loving relationships between carer and infant. These behaviours include; touch, gesture, gaze, body orientation and facial expression. Language and communication encompasses a wide range of ways in which humans express feelings, wants and needs which implicates verbal speech and kinesics working together.

Bateson (1971), cited in Music (2011, p.100) introduced the term "motherese", now referred to as parentese or Infant Directed Speech (IDS). The term described the cross cultural characteristics evident during communication between adults and babies. Parentese is largely identified in the use of musicality throughout speech patterns and a high level of emotional expression during interaction between caregiver and baby. Singing and musicality have been found to support positive infant mood and emotional regulation which has a positive impact upon sleep pattern, eating and the ability to learn (Trehub et al 1993).

David et al (2003) recognised the relationship between loving, nurturing attachments and the development of early communication, concluding that listening to babies is a much more holistic activity then hearing alone. Lindon

(2005) similarly purports that in order to assist the development of language and communication, the early social interaction and attunement between caregiver and baby must be recognised, valued and supported.

Aged ten months, children generally do not have clear verbal speech, however can communicate their wants, thoughts and feelings through gesture (Bates, 1976; Bates et al 1979). Research has highlighted that a correlation exists between high levels of early childhood gesture and increased vocabulary in later child development (Acredolo and Goodwyn, 1988 p. 450; Rowe, 2006). In addition to the suggestion of increased vocabulary in gesturing children, the use of gesture and signing symbols has been linked to secure attachment building, earlier than average effective communication, and increased intelligence quotient (Goodwin et al 2000; Thompson et al 2007).

Symbolic gestures have been found to have a positive effect on reciprocity between children and caregivers, increasing the frequency of joint attention and supporting the development of increasingly complex communication strategies (Acredolo and Goodwyn, 1985, p. 40–49; Acredolo and Goodwyn 1988 p. 450–499; Goodwyn et al, 2000; Moore et al, 2001; Namy et al, 2000; Tomasello and Farrar, 1986). Sign and symbolic language gives preverbal children opportunity to communicate simply and quickly, decreasing frustration and allowing appropriate and timely responses from adults, being better able to understand the child's expression (Acredolo and Goodwyn, 2001).

Three decades of research has shown that poor parental educational attainment, lack of financial resources, low interpersonal skill and high personal stress, increase the risk of child developmental delay, behaviour difficulties and school failure (Hackman and Farah, 2009; Hess and Shipman, 1965; McLoyd, 1998; Robins, 1966; Rutter, 1985a; Rutter et al, 1974; Sameroff et al, 1982).

Delayed language acquisition is one of the earliest indicators of developmental concern which may affect long term social and academic outcomes. Nelson et al 2006, studied the incidence of language development issues across the American population and highlighted the important role of effective early interventions for children with language delay in ensuring positive social and academic outcomes.

Significant pieces of research have considered the impact of social status on the development of language. Children experiencing social and economic disadvantage are more likely to experience fewer verbal interactions with their significant adult (Cohen and Beckwith, 1979, Snow et al, 1976). Barnes et al (1983) further purported that children received less stimulation and poorer responses from mothers with low social economic background. Children with language difficulty have been found to experience more negative, and fewer positive interactions with their preschool peers (Qi and Kaiser, 2004; Guralnick et al 2006), which may further contribute to the onset of behavioural difficulties.

A British longitudinal study of more than 11,000 children focused upon receptive language skills and early influences on language development. Children aged 5 years, with receptive language difficulties experienced socioeconomic disadvantage in childhood and had less exposure to a stimulating early literacy environment. The risk of long term language problems was reduced when a child was born into a working family, the parental education went beyond minimum school-leaving age, a higher standard of housing was experienced, and when the child attended a preschool provision. This research concluded that effective literacy-promoting early interventions should target both children and parents (Schoon et al 2010).

Adamson et al 2009 identified that dyadic interaction, especially when taking place between child and parent is foundational to emerging communication. They found that the use of gestures with words during exchange is significant in the transition from prelinguistic to linguistic communication. Children develop symbolic play which follows a pattern parallel to the development of communication. Siller and Sigman, 2008 suggest that a common underlying base in cognitive development exists and is directly related to the use of symbols.

Hart and Risley's (1995) research proved landmark in evidencing the link between parent behaviour and child language development. It was recognised that the amount of parent:child interaction, responsiveness to the child, the amount and quality of language used and the use of speech and language support intervention, impacted significantly upon a childs language development. Research by Alston and St. James-Roberts, 2005, Yoder et al, 2001, Weizman and Snow, 2001 and Smith et al, 2000 concurred with the work of Hart and Risley, highlighting the significant potential of early intervention for those children at particular risk.

Many studies have been undertaken over the past twenty years which highlight the effectiveness of working closely with parents to improve their child's language development. These include family-guided intervention by Woods et al 2004, modified teaching by Charlop-Christy and Carpenter, 2000 and reciprocal imitation training by Ingersoll and Gergans 2007. The range of language intervention strategies have largely been developed from the understanding of normative child:parent interactions such as Weizman and Snow, 2001; behavioural learning techniques, Schreibman and Koegel, 2005 or a hybrid of both as with Kaiser's work in 1993.

Summary

- All children, irrespective of age or ability, display behaviours which indicate their condition, interests, responsiveness, and needs.

- Children are at increased risk of social development problems and reading difficulties when early language delay is experienced. Assessment, monitoring and a preventative, proactive approach can enrich language development and improve social and academic outcomes.

- Interventions and supports have the potential to increase the speed, multiplicity, and complexity of communication at each developmental stage.

- Many children with language difficulties will benefit from methodical teaching to acquire and retain new language and communication skills during the early years.

- Early intervention to support language and communication begins with social interaction; teaches prelinguistic skills; encourages understanding and expression and continues through the transition to verbal language.

- Educating and supporting parents is key to successful child communication intervention and effective early intervention.

- Participation in learning opportunities within the home and in the setting is essential in early language intervention. Training and ongoing support is more likely to secure longer term participation.

Chapter 3 – The Research Questions

As a result of my reading I aim to discover:

How can the use of gesture and signing, when used in daily practice, support positive interaction and communication and language development of the vulnerable under 3's in my setting?

Sub questions:

What gesture and signing activity is currently displayed by staff when working with parents and children?

What communication activity currently exists between parents and babies accessing services within my setting?

What are the behaviours and communication activities between adult and baby when signs and gestures are used?

Chapter 4 - Research Design

In conducting research to answer my identified questions I took a largely qualitative approach. Some quantitative data was gathered which provides statistical support to my findings.

The merits of different approaches to research are based upon different individual and cultural perspectives on epistemology and ontology. Quantitative research is traditionally viewed as a scientific method for gathering and collating objective, accurate information which may be analysed and evidenced statistically (O'Leary 2010, p. 106). Quantitative research offers precision through controlled measurement which can be replicated. Human experience is complex and variables are not readily identified or controlled. Quantitative research does not acknowledge individuality and uniqueness but rather assumes that facts are correct and the same for all people all of the time (Burns, 2000, p. 9-10).

Qualitative research has its emphasis upon new understanding in respect of how contexts affect reality (Silverman 1993). Qualitative researchers immerse themselves in the ideas, the individuals and events surrounding the area of interest, believing that events can be fully understood when they are seen in context. Within qualitative research, nothing is predefined, individual perspectives are considered and the researcher aims to understand experience as unified (Burns, 2000).

Research techniques considered to be quantitative, such as statistical correlation, or qualitative, such as observation, are not correct or incorrect. They are more or less useful, dependent upon the theory, methodology, hypothesis or topic of research (Grey 2009). Quantitative research and qualitative research are not mutually exclusive and a single investigation can adopt both methods (Best and Khan, 1989, p. 89-90). Traversing the

interpretive and the positivist research dimensions for new discovery can be advantageous in its potential for wider learning (Clough and Nutbrown 2002).

My interest was in studying a phenomena in detail, rather than in focusing upon standardized, systematic comparisons. I therefore chose qualitative research methods with some use of quantitative data gathering which added breadth to my work.

Action Research became my predominant methodology. Action Research is a cyclical process of inquiry and action through doing, which assists in gaining deeper understanding of the factors of change which can result in positive change at a personal, professional and scholarly level. Action research offers the systematic, reflective study of specific actions, and the effects of these actions in order to move towards a future of improved practice in a workplace context (Riel and Lepori, 2011).

McNiff et al (1992) described action research as organic, having the intrinsic and inherent ability for continual and natural development. I aimed to engage with stakeholders in relation to knowledge discovery offering emancipation and empowerment (O'Leary 2010 145-150). I valued their participation and collaboration as key to the change identified (Meyer 2000).

Evidence gathered from multiple sources supports analysis of the action taken, and offers a developing understanding from several perspectives. This leads to reflection where new plans for action are formulated for the next action research cycle, often widening the stakeholder group (Riel 2010).

In order to answer my research questions I aimed to work specifically with the staff, children and families in the baby room. These were a group of 9 families (5 in the morning session and 4 in the afternoon) and 2 Early Years Officers. I chose to focus on this sample group as they were our youngest

pre-verbal infants. All of the sample families were referred for support services by health professionals or through Social Work services. Generally, attendance of this group is very good. Within my setting, significant emphasis is placed upon developing genuine, positive relationships with families. I believed that parents would engage with the research process as reciprocal respect and trust exists between parents and staff.

What gesture and signing activity is currently displayed by staff when working with parents and children?

I met with the staff individually to conduct a semi-structured interview before introducing the change. An interview guide offered some structure with a set of key questions I aimed to raise (Appendix 1), and allowed staff to share their thoughts and perceptions around the subject. My objective was to understand the respondent's point of view rather than make generalisations about it. Although my questions were non-standardised, I anticipated advantageous depth and detail in each response (Gillham 2000, p 11).

As a quantitative measure I employed direct observation and participant observation to complete a checklist adapted from Listening and Talking (Cole 1992) to reflect my specific interest in the use of gesture and sign (Appendix 2). Participant observation offers the advantages of blending in to day to day business and provides direct experience of events and the use of photography was also facilitated (Woods 2006). Staff were measured against the checklist to discover the style and extent of their communication activity before the change of practice.

What communication activity currently exists between parents and babies accessing services within my setting?

I conducted individual, semi-structured interviews with each parent/carer prior to intervention. I used an interview guide (Appendix 3) with a set of key

questions I aimed to raise, but which also allowed flexibility and permitted conversational exchange which could evoke qualitative information about attitudes opinions, and perspectives. I was open to whatever information each parent felt it appropriate to share at that time and valued it as unique and relevant.

Parents were observed during interaction with their child and were scored against the adapted Listening and Talking checklist (Cole 1992).

What are the observable behaviours and communication activities between adult and baby when signs and gestures are used?

Following a period of ten weeks from when the intervention was introduced, I again conducted the semi structured interviews with staff and parents in order to continue our conversation and gain some sense of their experience during the research process (Gomm 2004). I completed the checklist with each member of staff and every parent and child for a second time. This allowed an opportunity to measure any impact or statistical change. Erickson 2007; Hammersley 1992; and Miles and Huberman 1984, all prominent qualitative researchers, recognise the value of and support the inclusion of numerical data in qualitative research practice. Sandelowski, et al (2009) described the "quantitizing" of qualitative data to support the recognition of patterns and further the understanding of qualitative data.

My use of triangulation; in this research, the study and use of literature, the semi-structured interviews with staff and parents and the communication checklist, offered a breadth of understanding around my chosen research topic as different sources of evidence were considered and compared (Cohen et al 2000).

Chapter 5 – Implementation

I introduced "Signalong", a visual communication system, to the children and families in the under 2's age group.

I prepared a PowerPoint presentation (Appendix 4) which gave background to my interest in the topic, highlighted pertinent, relevant research and described how using Signalong as an early intervention supported the Scottish Governments vision (Early Years Framework 2008).

I shared this presentation with the staff in early March as planned in my project timeline (Appendix 5). I highlighted that the work would be undertaken within the baby room and that it would continue to develop in the light of findings which may lead to the emergence of a whole Centre involvement. I met with the parents of the sample group to give a similar presentation and to request their participation in the study. I sought signed consent from each parent which permitted me to observe and record a variety of information throughout the study (Appendix 6).

I sought the guidance of our visiting Speech and Language Therapist as an accredited Signalong teacher.

As collaborative participants in the study, practitioners implemented three Signalong sessions each week, for 10 weeks, to which parents were asked to attend. The Signalong sessions used song and rhyme to introduce the new communication method; three new signs being added each week and Parent Postcards (Circle 2011) being used to support the parent in taking the learning into the home. Signs were increasingly used throughout the day in the playroom. Parents were given new knowledge and empowered to make changes to the way they communicated with their young child.

Within the first few weeks of the project it became necessary for 4 of the sample group to move rooms which implicated a significant transition. However, staff already being aware of and supportive of the work, rolled out the project and involved their current families. The baby room introduced the research project to every new family who accessed the service within these weeks.

Chapter 6 – Findings

What communication, gesture and signing activity is currently displayed by staff when working with parents and children?

Three themes emerged during individual interviews with staff regarding communication between themselves and the children in their care (Appendix 7). Staff reported themselves as confident communicators with children, all having training and experience which had developed their skills and knowledge. Staff felt supported by managers, colleagues and other professionals and shared feeling motivated to acquiring new skills to develop practice.

Staff shared that the environment, including the acquisition of new furniture and resources had offered the opportunity to develop a very creative learning space for children which had enhanced learning experiences. Staff believed that relationships within the team were positive and conducive to the sharing of ideas. Staff felt motivated to provide excellent play opportunities with children's outcomes in mind.

All staff reported that they enjoyed their work, viewing themselves as committed to early years. Staff recognised the importance of communication and the potential impact on development and later learning. Staff highlighted their close working relationships with parents as paramount in supporting attachment and communication between parent and child. Staff believed that the training opportunities open to them supported their professional development.

At the outset of this project, observations of staff using the communications checklist as a quantitative measure, indicated that they were skilled in their role, scoring above 90% across the rating scale (Appendix 8). Staff

communicated positively with the children verbally and had strong non-verbal communication. Few formal Signalong signs were evident. Two members of staff had previous experience in using this method of communication with children with additional support needs but had not implemented it consistently or for some months. Staff used body language and hand gestures to support understanding. Thumbs up was used with "well done" and "come over" was supported with beckoning.

What communication activity currently exists between parents and babies accessing services within my setting?

Evaluation of the informal interview transcripts showed parents were largely unaware about how important communication is to their childs development and how play and engagement with adults supports communication.

All parents with older children in the household spoke about the siblings role as the main person to spend time playing with their baby. Parents viewed this as helpful, allowing them to focus on other activities.

Six of the nine parents shared that they and their child experienced frustration when they were unable to understand their child's needs. One parent shared "communication with D is really hard. I can't work out what he wants". She shared that their relationship was strained and "not how I would like it". Another parent explained, "A gets really frustrated.....he has started banging his head on the floor".

Quantitative scores were between 54% and 87% pre-intervention (Appendix 9). Physical activity and parent led communication scored consistently higher in comparison to behaviours which required attunement and reciprocal understanding. Essentially, activity which parents controlled and involved

some physical action were observed more frequently than actions from the adult as a direct response to the child's expression of needs or wants.

What are the behaviours and communication activities between adult and baby when signs and gestures are used?

Staff

From the outset of the project, staff had a clear understanding of what I aimed to research, were keen to improve their own ability in Signalong and to participate in the measuring of childrens outcomes. Staff felt very positive about their learning and the impact this had had on the families involved. (Appendix 10). Quantitative data measured pre and post intervention showed an increase in behaviours particularly around the use of sign and gesture to support spoken words (Appendix 11).

Parents

The post-intervention quantitative measure shows an increase in positive communication promoting behaviours for 8 out of the 9 families (Appendix 12). Overall this translates into an increase in behaviours from parents to their child in the sample, by between 5% and 12%. These statistics highlight the positive impact on communicative behaviours following the use of supported Signalong within the Centre.

My data shows that behaviours displaying sensitivity to the child, and conversational behaviours in responding to the child, actions improved by 5%. The most significant increase of 12% was in establishing shared attention. Parents more readily attempted to engage their child with the use of voice, body language and gesture. An increase in parents talking to the child about what the child was experiencing was evident.

All of the parents experienced the introduction of sign and gesture as a positive experience with 8 of the 9 parents reporting increased confidence in interacting with their child. Most parents expressed that they and their child experienced less frustration during interaction as sign supported their ability to communicate. An improved relationship between parent and child was also identified by most of the parents. One parent who had described the communication between her and her son as "very difficult" pre intervention, described how the project had made them "closer".

Parents particularly enjoyed the "Signalong" song time which, for most, had become a fun part of their routine within the home. One parent shared, "R is taking more interest, especially in singing......".

Chapter 7 - Discussion of the Findings

The introduction of Signalong as a visual communication system to support language development and to promote close communicative relationships between adult and child has shown positive results.

Increased confidence emerged as a main theme in parental feedback (Appendix 13). They shared that the interaction between themselves and their child had increased and improved in quality as less frustration was exhibited by both parties (Acredolo and Goodwyn, 2001). One parent, whose child has significant language delay, explained "We have loads still to do.....he signs some words now and tries to talk more. I feel calmer. I'm less worried, I'm reassured that he is doing ok, so when I don't understand what he wants I manage it better. I don't get frustrated so much and because I'm calmer, so is he."

Research by Vallotton (1998) used qualitative data to reveal the significance of symbolic gestures as a therapeutic communication tool which could support children in expressing emotion, which could further reduce frustration and anxiety between adult and child.

Parents felt empowered by their increased understanding of child development and new knowledge about the importance of positive interaction and potential impact on outcomes. I believe that professionals within early years invest in positive relationship building with parents but the equity of power remains very unbalanced in favour of the professionals. The majority of parents involved in this study live in poverty, have grown up in challenging environments with parents who themselves had limited parenting skills.

These parents need a chance to learn, to discover why positive parenting is so important and be shown and supported in how things can be done

differently for better outcomes. Research was shared with these parents who learned that socially interactive situations impact on children's learning much more effectively than purely listening, as when watching television (Clark, 2009 and Kuhl, 2007). Parents reported feeling "closer" and more in tune with their babies. As the group of children began using signs, parents showed a keenness to learn new words in sign and were animated in their response to their children, again promoting reciprocal communicative behaviours (Lindon 2005).

Importantly, parents and children were having fun together. Singing was a particular highlight which all parents reported an increase in within their home environment. Singing to babies nurtures early pleasure in rhythm and soothing sound (Trehub et al 1993). As babies reach the toddler stage, the emergence of humour can be developed with rhyme and song (Honig and Brophy 1986). Parents expressed pride in their childs achievements and showed delight in their child's aquisition of new signs. This was often evident after a weekend, when children returned to the Centre and were encouraged to show staff a newly learned or improved sign.

Parents also shared that their relationship with staff had developed positively. Although staff recognise the importance of building genuine, honest relationships with all parents from the outset, parents enjoyed the experience of learning alongside staff. Parents were quick to correct staff in their mis-signing and a sense of shared fun was valued. Mapp (1997) found that when parents connected to the school community and contributions were valued, respectful and meaningful relationships could be nurtured and sustained which in turn increased their interest and commitment to their child's educational development.

Chapter 8 – Implications

In terms of my setting and my team and the families, all are keen to continue the use of Signalong as a communication tool which we have shown, supports language acquisition and nurtures communicative relationships between adults and children. I aspire to my setting becoming a signing Centre where our first step will be for Signalong to be introduced to all parents of under 3's at the beginning of placement (Appendix 14). The aims of Signalong (Appendix 15) will be explained and the format of singing sessions shared with each family (Appendix 16). Ground rules are currently in draft proposal form as consultation with parents will be undertaken to capture their thoughts and ideas, before finalisation (Appendix 17).

I am currently in discussion with The Signalong Group regarding the photographic reproduction of their resources which, during the research we could not widely use due to Copyright restrictions and costs. As a company, they have informed me that they are keen to investigate the use of impact measures, and have expressed interest in the research we have undertaken. Discussions are ongoing. One staff member is currently training in Signalong, with potential of becoming a Signalong trainer later in the year. Two further staff are on the training waiting list.

I acknowledge the motivation and team spirit which emerged around this project and which motivated others in terms of interest and action. I feel that my relationship with the staff directly involved in the project has strengthened as we learned more about one another and learned new knowledge and skill alongside each other.

Staff have approached me to discuss the possibility of formally building in staff signing training sessions into our work. After discussing a number of models we have agreed that a proposal will be made to staff at the next staff

meeting (Appendix 18). The first thing to be identified is a name sign for every staff member which our link language therapist is pleased to assist with. Thereafter, all staff meet together for a morning briefing which lasts around 10 minutes and ensures that daily diaries are accurate and any staffing issues resolved. At this point staff will be invited to sign "hello" and to share their name sign. A new sign will be introduced on a weekly basis and staff will take turns to present the new sign to the team. This roll out should build capacity in the team as all will participate and have opportunity to lead a session, seeking assistance from trained staff member as required.

I am due to present my research and findings to my senior management team in August 2013. I will share my interest and background learning which led to my research questions and action research proposal. I will demonstrate the significance and impact of my own learning, that of my team and of the families involved by sharing my data findings, using direct quotes from parents and by sharing some photographic evidence of change and impact. During my presentation I will share my belief that other early years services, particularly those working with targeted groups, could learn by undertaking a similar action research project within their setting.

I suggest that there is the real potential for all Early Years Centre across Edinburgh to adopt our signing approach. As innovative practitioners who recognise the significance of early intervention to long term outcomes (Alston and St. James-Roberts, 2005; Yoder et al, 2001; Weizman and Snow, 2001; Smith et al 2000) there exists potential for a longitudinal literacy impact study based around this project.

Chapter 9 – Conclusions

Undertaking this piece of research, as Centre Manager, without doubt, has taught me that our current delivery of services can be developed and enhanced in a way which improves outcomes for all our children and especially for those most vulnerable. Managing my time and involvement throughout the study has proved challenging, as my role implicates my being away from the setting for significant periods of time. However, my approach was collaborative and I had the engagement of professional, motivated and enthusiastic practitioners who ran the project on a day to day basis and wholly supported the project from the beginning.

The transition of children into a new room with changes of key staff for children and parents was a development which I had not anticipated. A change of key worker is a significant transition, in my experience often for parents rather than children. I therefore anticipated a drop-off in terms of engagement and a delay to the project implementation. However, the staff, with previous limited involvement, immediately embedded themselves in the study. The team quickly adopted the programme which had begun in the baby room and ensured that it fitted into their routine, allowing a relatively seamless transition for children and their parents. Staff ensured that they fully understood the project and engaged parents in enthusiastic conversations around it.

I have been impressed by the commitment and enthusiasm of my team. I have learned more about individual members of my team and relationships have developed and flourished with mutual respect during the study. As a direct result of my experience of action research I will lead (initially) a practice forum for staff in the setting, who will meet monthly to consider practice issues and implement the use of action research to discover answers to these issues. All staff involved have understood and observed the cycle of

learning. Learning has led to new action, which in turn leads us to new understanding and change and the development of an organic process which is now valued by our community and widens our stakeholder net.

I believe that further research is needed to consider how parent training is most effectively achieved. My project brought parents and children together within my Centre, in a group to undertake singing sessions and learn signing. Although attendance rates were high, I have no doubt that this was more challenging for some parents to endure than others and 1:1 opportunities were limited.

I have learned that parent training to support language development in children already assessed as delayed or at risk of language delay is an effective early intervention. I would be interested to discover the impact if the intervention could be further supported by increasing parental involvement and embedding the intervention into the families own home and natural environment.

As an Early Years Centre with an ambition to reduce inequality and improve outcomes for all, our relationship with, and work undertaken with parents is critical. Children are capable beings. Our responsibility is to reach in and provide opportunities, believe in their potential and work truly in partnership with parents to make positive change.

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