



# Better Start Bradford Innovation Hub

## Talking Together

### Final Report

#### June 2024

*This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford and the Talking Together project. This report provides an overview of project performance and findings from an implementation and before-and-after outcome evaluation. The report is based on data collected by the project provider from 1st June 2015 to 30th April 2024. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB. Previous reports were produced for Talking Together December 2017 and January 2021.*

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Version: 1.0

Approved by:

Produced for Better Start Bradford



# Executive Summary

## Project background

Talking Together, developed by BHT Early Education and Training, is a locally developed intervention designed to improve the home learning environment for children aged 2 who are at risk of language development delay. The project and has three main elements:

**Talking Together Screening (TT Screen):** A universally offered language assessment for all 2 year-olds in the Better Start Bradford area, completed as part of a home visit.

**Talking Together Intervention (TT Intervention):** A targeted 6-week home-based intervention offered to those children considered at risk for weak or delayed language development, as identified through the TT screen. Delivered by BHT's Language Development Workers (LDWs), the 6 sessions cover a range of concepts related to early communication development, and provide knowledge and support to parents to allow them to best support children's early language skills themselves.

**Talking Together Plus Intervention (TT+):** An additional programme offered to some families who received Talking Together, where it is identified that they may benefit from some additional support. Delivered by LDWs the programme is tailored specifically to an individual child's need and therefore differs in length per family.

Talking Together was commissioned by the Better Start Bradford programme from the 1st June 2015 and will be delivered until 31st November 2024. This report is based upon data collected by the project provider between June 2015 and April 2024, covering almost 9 full years of delivery. A further update to the data in this report will be provided as part of a contract completion appendix once the project has closed. Previous evaluation reports have been produced for Talking Together (in 2017 and 2021) and a feasibility RCT was conducted in 2019. Details of each can be found on the BSBIH website.

## Aims of the evaluation

In this report, we share findings from:

- An **implementation evaluation** to establish whether Talking Together was successfully delivered as intended, whether it was acceptable, and whether it reached a representative population within Better Start Bradford.
- An **assessment of need** to evaluate the prevalence of language delay in the Better Start Bradford reach areas, using the Born in Bradford's Better Start (BiBBS) birth cohort. This is summarised here but a full report is available on the BSBIH website.
- An **enhanced evaluation** which involved a feasibility RCT which looked at evidence of promise for the project, and the acceptability of a wait-list control design for future evaluation. This is summarised here with a full report available on the BSBIH website.

Opportunities to secure funding to support a full effectiveness evaluation of Talking Together have been explored for the last three years. Funding would need to support the continued and expanded delivery of the project as well as the evaluation. To date, no viable opportunities have been found and this continues to be the aspiration for the project to further develop its evidence base.



# Executive Summary

## Key findings

### Talking Together Screening

The project has assessed 5690 children since delivery of screening began which accounts for nearly three quarters (72%) of invited eligible children. Children accessing the Talking Together Universal Screening assessment were reasonably representative of the wider BSB population.

40% of assessed children are identified as being at risk of language delay and so are referred into the Talking Together intervention, demonstrating a high level of need for Talking Together.

### Talking Together Intervention

Participation in Talking Together suggests a high level of acceptability of the project. 78% of families referred to Talking Together go on to participate in at least one session, and 78% of participating families go on to complete.

### Talking Together Plus

Around 15% children that take part in Talking Together are identified as requiring further support and are referred into Talking Together+. Talking Together+ also shows a good level of acceptability with 62% of referred families taking up the offer and 72% of those completing.

### Assessment of Need

In the BiBBS study, 1 in 4 children were found to be at risk of language delay. Boys, and children from a Pakistani heritage were more likely to have language delay. Those living in larger households were less likely.

### Enhanced evaluation

A feasibility RCT of the project demonstrated good rates of recruitment and levels of acceptability, as well as some group differences in outcome measures. Parents in the intervention group showed improved parental warmth while children demonstrated improved vocabulary compared to the control. This highlights the potential value of this intervention to improve the home learning environment. A full RCT was not possible because the number of children receiving the intervention in the Better Start Bradford areas was not large enough for statistical power.

## Recommendations

### Recommendations for practice

There is a significant need for Talking Together in Bradford. This evaluation has shown it is feasible for delivery, and acceptable to families. It also has shown evidence of promise in improving the parent-child relationship, and children's vocabulary. These are important components to achieving school readiness. The project does not currently have funding to sustain beyond the end of the Better Start Bradford programme. Partners should consider how this can be continued and scaled across the city.

### Recommendations for evaluation

There is real opportunity to establish the effectiveness of Talking Together via a full scale RCT. This opportunity rests on funding for implementation of the project to be secured, as well as additional funding for evaluation.

The BSBIH are keen to apply for funding to undertake this evaluation, but would first need the intervention to secure funding for delivery locally.



# Project background

## Project purpose and function

Children's early language skills are a fundamental part of their development, and are linked to their social and emotional wellbeing[1], as well as their school readiness, later literacy and academic success [2,3,4].

Children from more deprived backgrounds have consistently been found to demonstrate poorer language skills, and this influence of poverty can be seen even before children's 2nd birthday [5,6]. Children growing up in poverty are likely to be spoken to less often and to have a less stimulating home learning environment [7,8]. These determinants of children's language skills are important targets for intervention, as changing these aspects of children's early experience could help to reduce the impacts of deprivation [9].

Talking Together, developed by BHT Early Education and Training, is a locally developed intervention designed to improve the home learning environment for children aged 2 who are at risk of language development delay. The project has three main elements:

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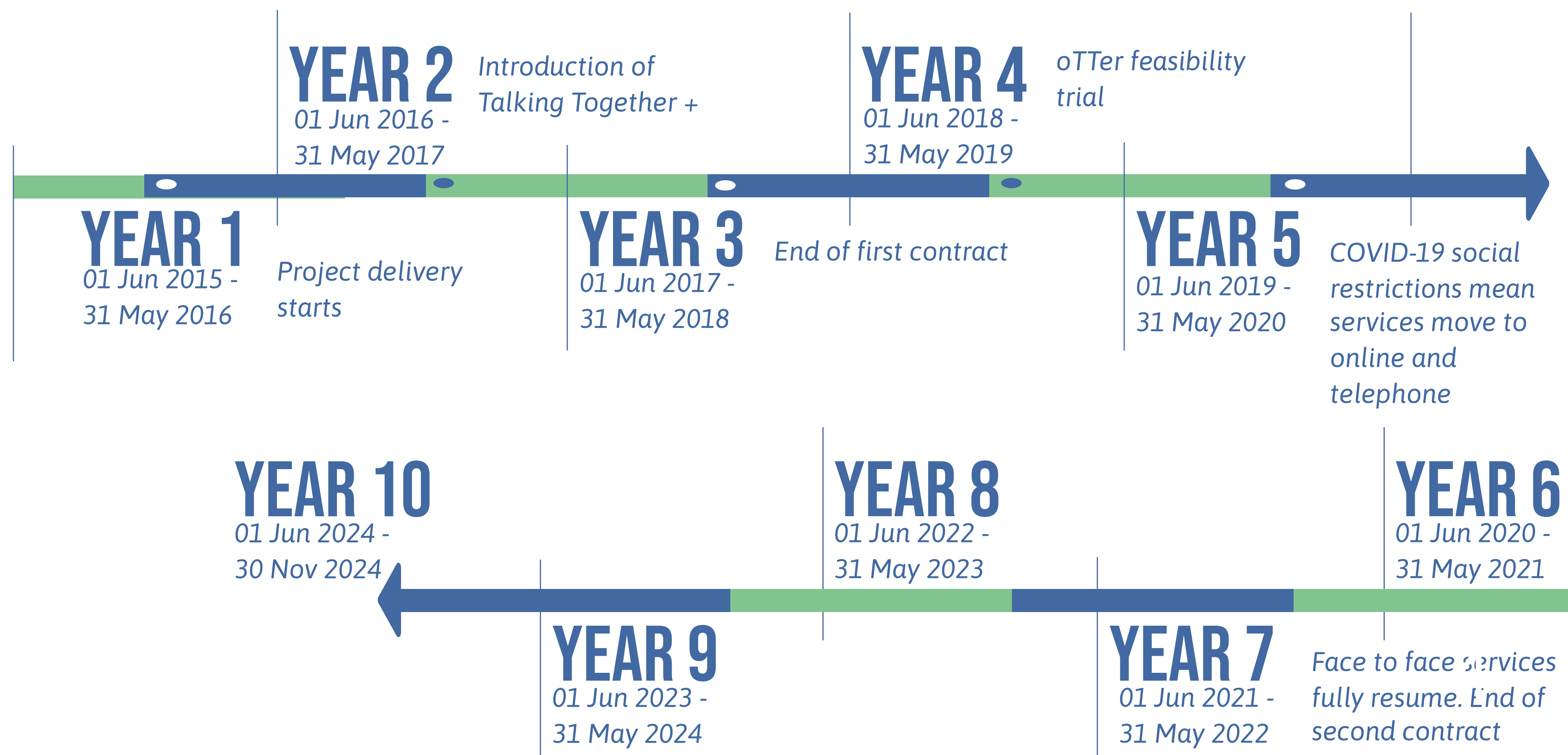
## COVID-19: Impact on the project

In response to the social restrictions and first COVID-19 lockdown, BHT adapted the project. The universal Language Screening Assessment was delivered over the phone to parents. Where referrals to Talking Together were made, parents were given a choice to receive sessions via video/phone call or to wait for face to face delivery when it was deemed safe. Parents who chose face to face delivery were added to a waiting list and offered weekly/bi-weekly catch up calls where the Language Development Worker would offer simple tips and advice on things they could do at home to support their child's language development. Families who the project were unable to contact were placed on a waiting list to carry out a door step visit once these were safe to resume. From October 2020 the project initiated a pilot programme to resume socially distanced door step delivery of the screening assessment following a robust risk assessment. However, this was then suspended in response to the second lockdown. Face to face assessments and intervention sessions had fully resumed by the end of 2021. The project timeline can be seen on page 4.



## Project background

### COVID-19: Impact on the project



## Aims of the evaluation

In this report, Talking Together has received:

- An **implementation evaluation** to establish whether Talking Together was successfully delivered as intended, whether it was acceptable, and whether it reached a representative population within Better Start Bradford.
- An **assessment of need** to evaluate the prevalence of language delay in the Better Start Bradford reach areas, using the Born in Bradford's Better Start (BiBBS) birth cohort. This is summarised here but a full report is available ([https://bsbinnovationhub.files.wordpress.com/2023/04/bsbih\\_langevidencebrief01\\_010323.pdf](https://bsbinnovationhub.files.wordpress.com/2023/04/bsbih_langevidencebrief01_010323.pdf); published paper: <https://bmjpaedsopen.bmj.com/content/bmjpo/7/1/e001764.full.pdf>)
- An **enhanced evaluation** which involved a feasibility RCT which looked at evidence of promise for the project, and the acceptability of a wait-list control design for future evaluation. This is summarised here (full report available: <https://bsbinnovationhub.files.wordpress.com/2023/04/outcomes-of-talking-together-evaluation-and-results-otter-a-randomised-controlled-feasibility-trial.pdf> ; published paper: <https://link.springer.com/article/10.1186/s40814-019-0498-2>).

Opportunities to secure funding to support a full effectiveness evaluation of Talking Together have been explored for the last three years. Funding would need to support the continued and expanded delivery of the project as well as the evaluation. To date, no viable opportunities have been found and this continues to be the aspiration for the project to further develop its evidence base.

## Data quality



BHT have worked closely with BSBIH across the life of the project to ensure that Talking Together data is of good quality and submitted on time to support monitoring and reporting. They have also adapted data collection to support the enhanced evaluation of the project.

# Implementation findings

## Universal Language Assessment

### How many children were screened?

Across the whole evaluation period, the project aimed to invite all eligible children for a language assessment to identify risk of communication and language delay. It was anticipated that 70% of those invited would go on to attend for screening.

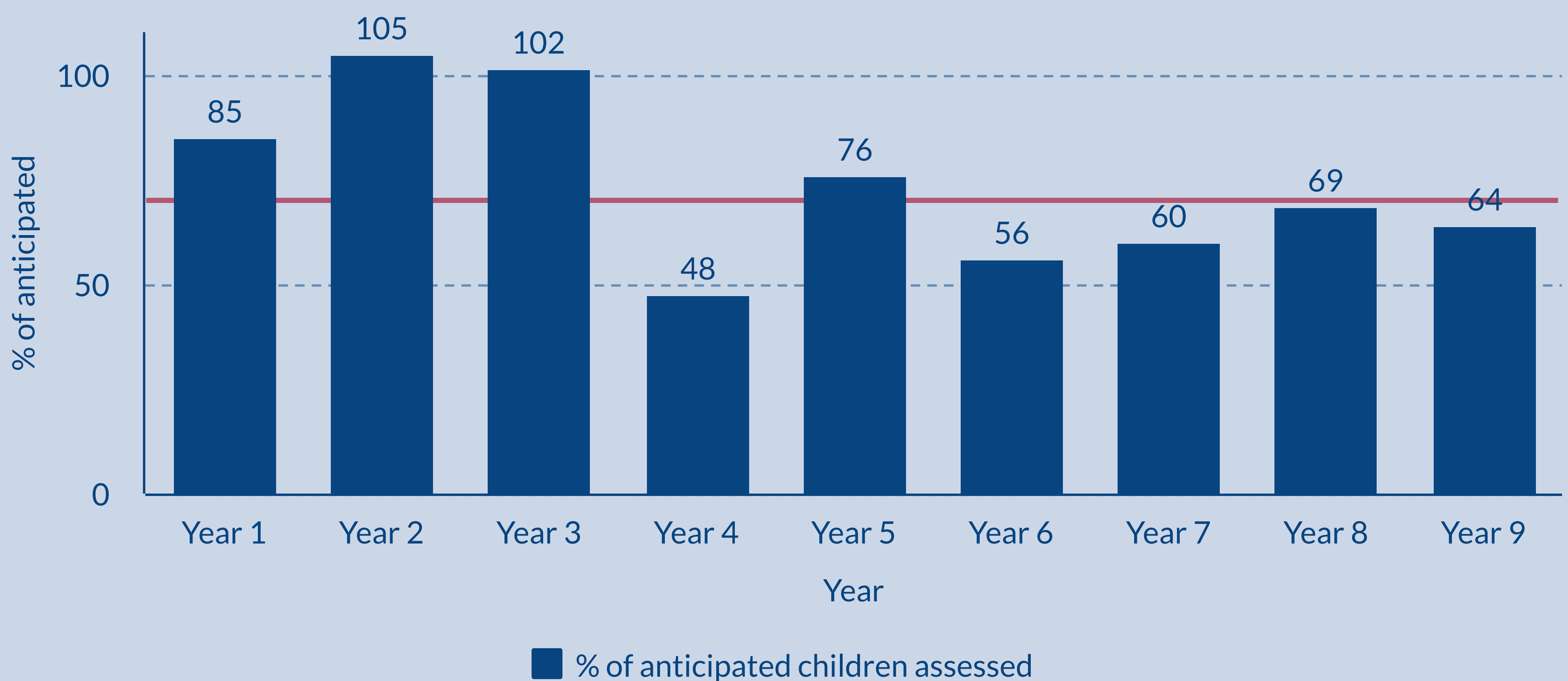
Between 1st June 2015 and 30th April 2024, 7894 children were recorded as being invited for the language assessment. Of these, 5690 (72%) had an assessment visit recorded meaning the project exceeded their target overall. Annual performance against the anticipated figure is shown in Figure 1.

The project has exceeded or been very close to target for 6 years out of 9 years (it is worth noting that Year 9 is not a complete year and the project are on track to meet the 70% target).



of children assessed

Figure 1: % of anticipated children receiving language assessment





# Implementation findings

## Universal Language Assessment

### Who were the children who attended the universal assessment?

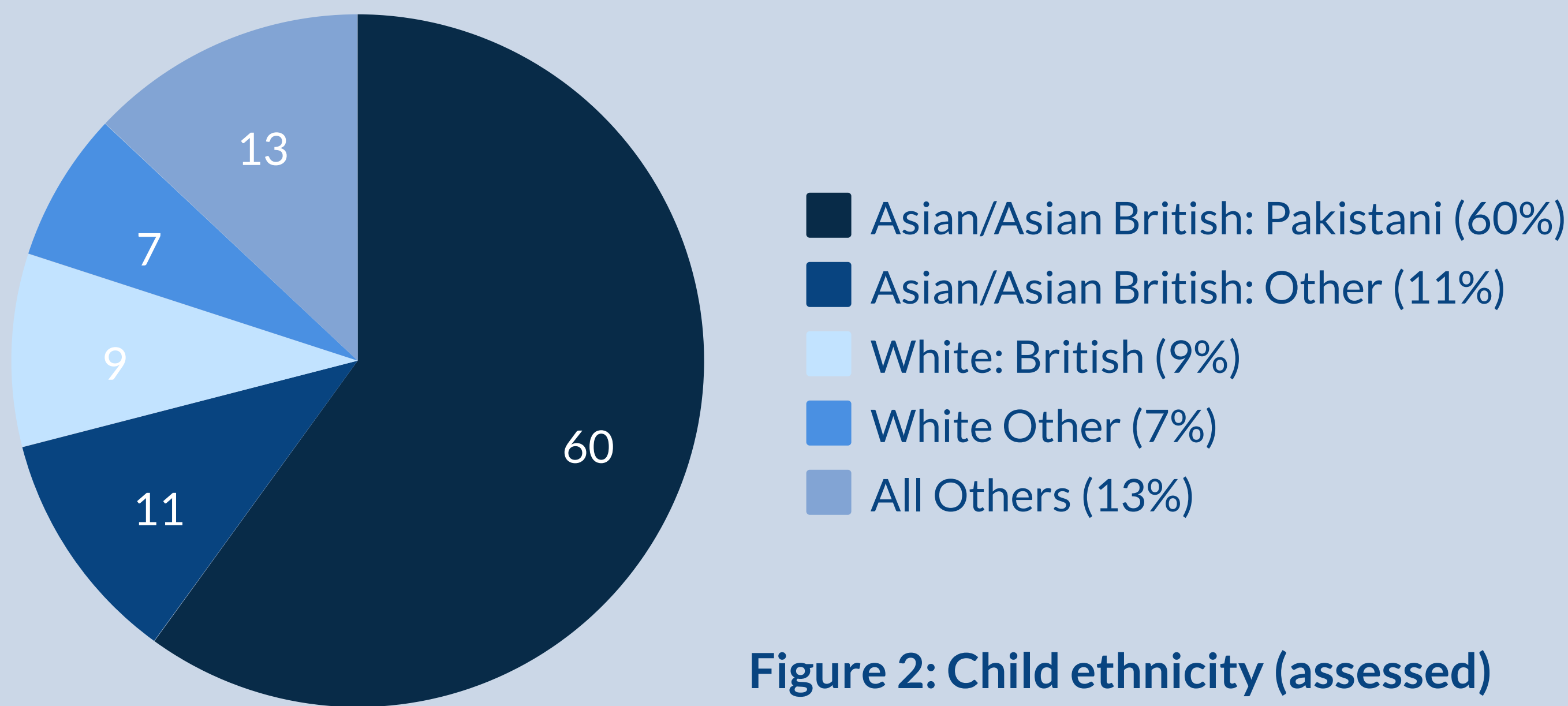
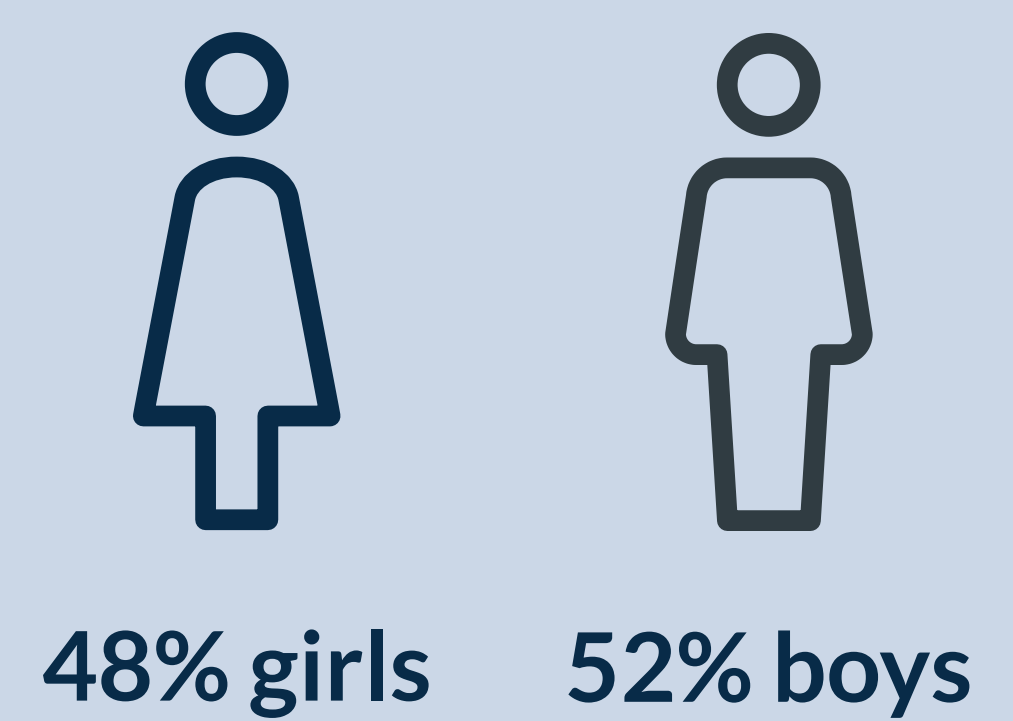


Figure 2: Child ethnicity (assessed)

Average age: 25 months



Ethnicity data was available for 5620 of the screened children and was compared to the ethnicity of all children born between 2016 and 2022 taken from Maternity data. The data suggests that children of Asian/Asian British: Pakistani and Asian/Asian British: Other backgrounds are very slightly over represented amongst screened children (60% and 11% vs 57% and 9%). Those of White British and Other backgrounds are very slightly under represented (9% and 7% vs 10% and 9%). However, overall screened children are representative of the overall population.

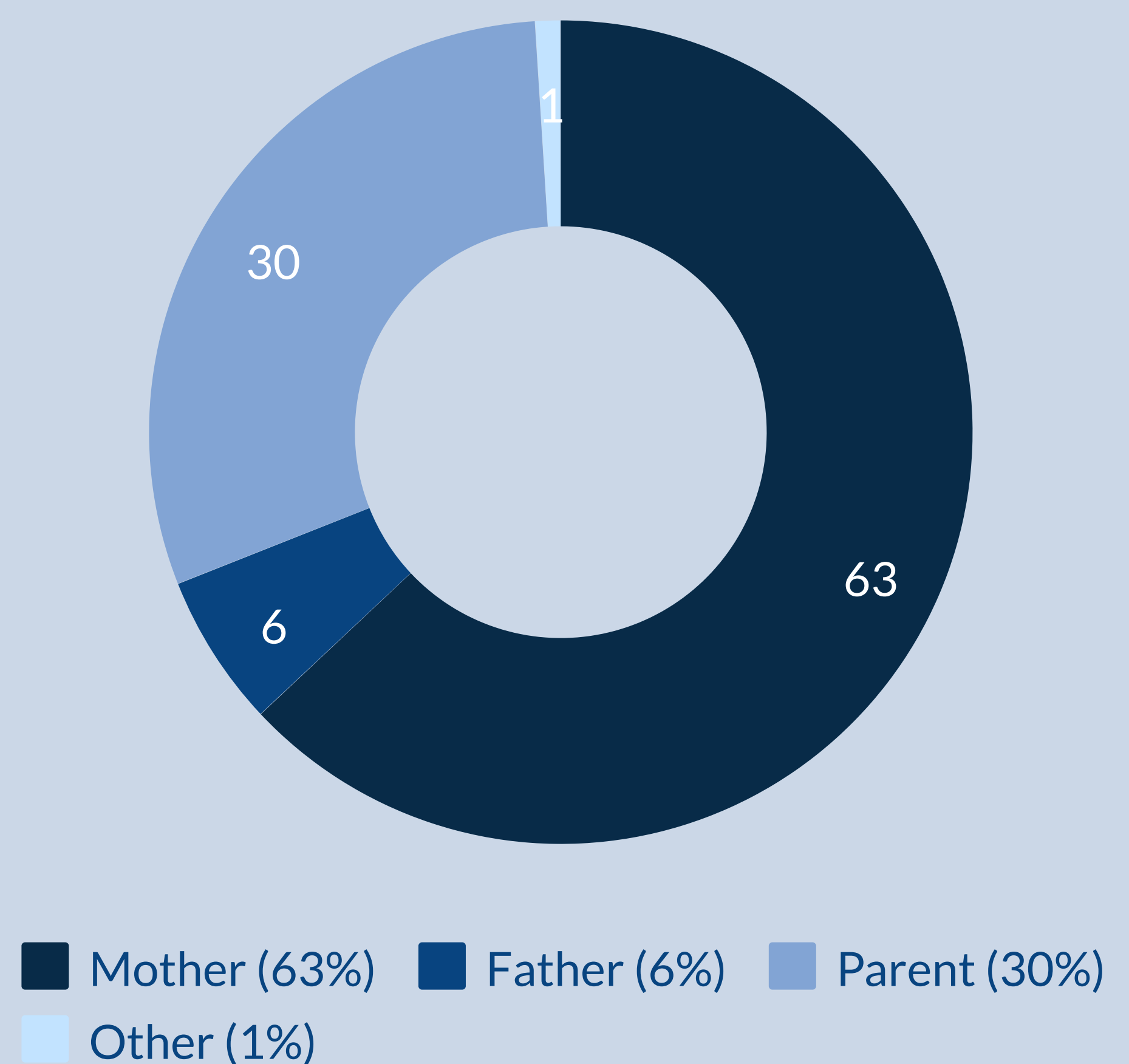
### Who were the parents and caregivers of assessed children?

Home language was recorded for 4132 parents and caregivers. More than one language was recorded for some individuals. The most frequently recorded languages are presented in Table 1. Relationship status was recorded for 5466 parents and caregivers. Of these, the majority (63%) were mothers, with another 30% recorded simply as parent. Other adults registered for Talking Together included grandparents, aunts, siblings and foster carers.

Table 1: Parent/caregiver home languages

Home Language	% recorded
English	54%
Urdu (including Hindi)	24%
Punjabi	17%
Bengali	5%
Polish	4%
Other Central or Eastern European language	4%
Pashto	3%
Other language	9%

Figure 3: Parent/caregiver relationship to child



# Implementation findings

## Talking Together Intervention

### How many children were assessed as needing Talking Together?

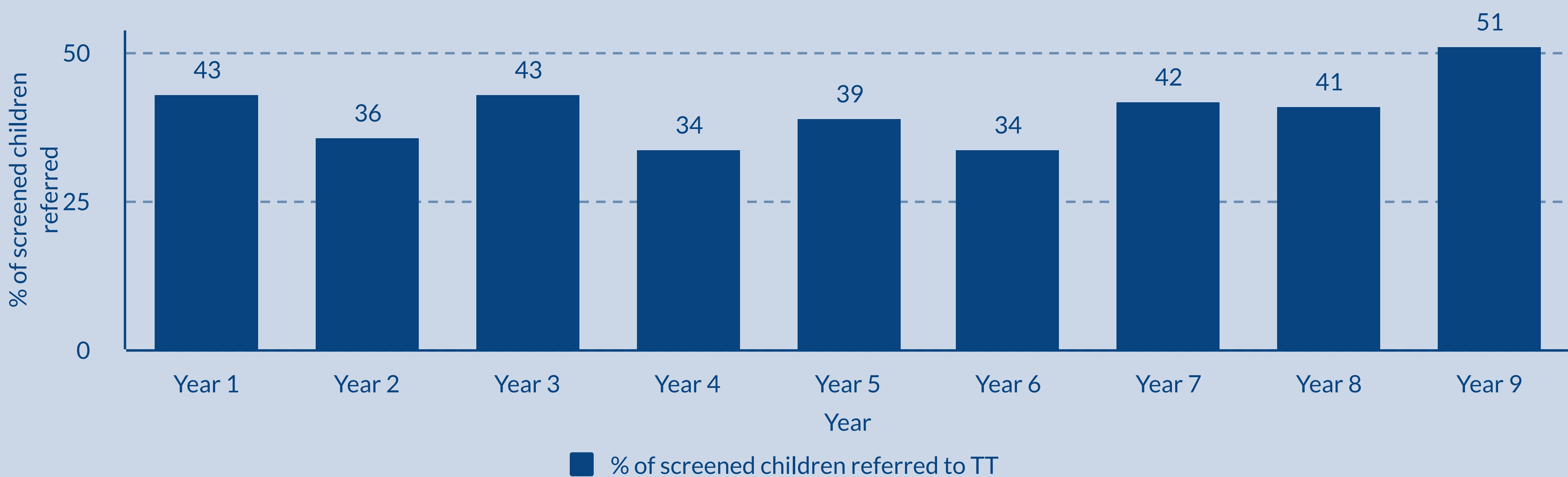
In the first contract it was expected that 30% of the children screened with the language assessment tool, would be assessed as needing intervention and so be referred into the Talking Together intervention. This was increased to 40% in the second contract, and 50% in contract 3.

Overall, 2274 children (40%) were identified as at risk of communication and language delay and referred into Talking Together. The % referred year on year is shown below in Figure 3. It is worth noting that prior to confirmation of a contract extension in 2023, referrals were paused in November with home visits resuming in March 2024.



children referred to Talking Together

Figure 4: % of screened children referred to Talking Together



### How many children accessed Talking Together and completed the intervention?

Of the 2274 referrals made to Talking Together, there were 2006 (88%) recorded as being accepted by families. Rates of acceptance ranged from 83% to 95%. **It is worth noting that for the last three years of delivery the acceptance rate has been stable at 95%.**

1774 children were recorded as having at least one TT intervention visit. This is 78% of those referred and 88% of those who accept a referral.

To complete the project it is necessary for children to have received 5 of the 6 home visits that make up the intervention. It was anticipated that 80% of those taking up the Talking Together offer would complete the project.

1375 children were recorded as having completed Talking Together. This represents 78% of those who participated and had opportunity to complete (16 children were still participating at the time of reporting). This is 98% of the target.



of children completed Talking Together



# Implementation findings

## Talking Together Intervention

### Who were the children who accepted referrals to Talking Together?

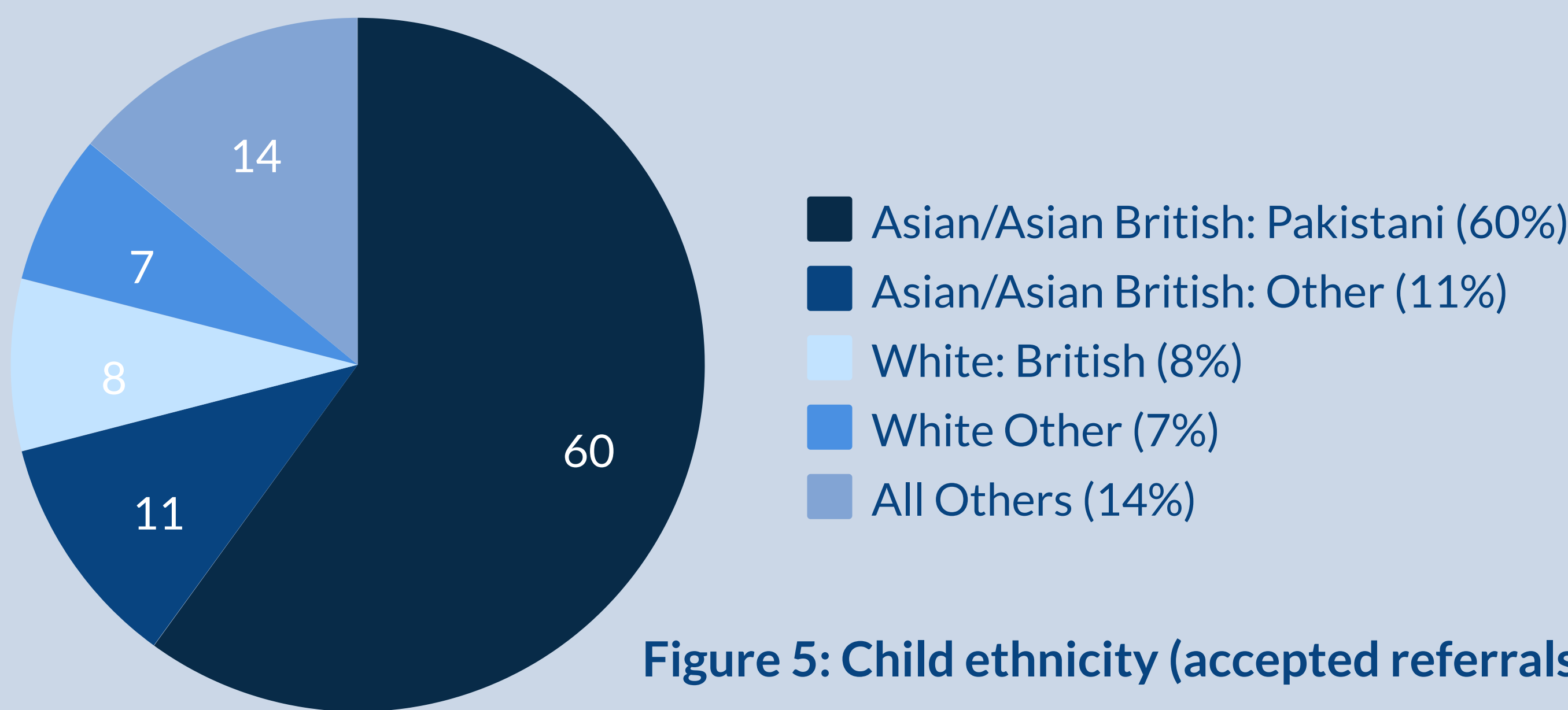
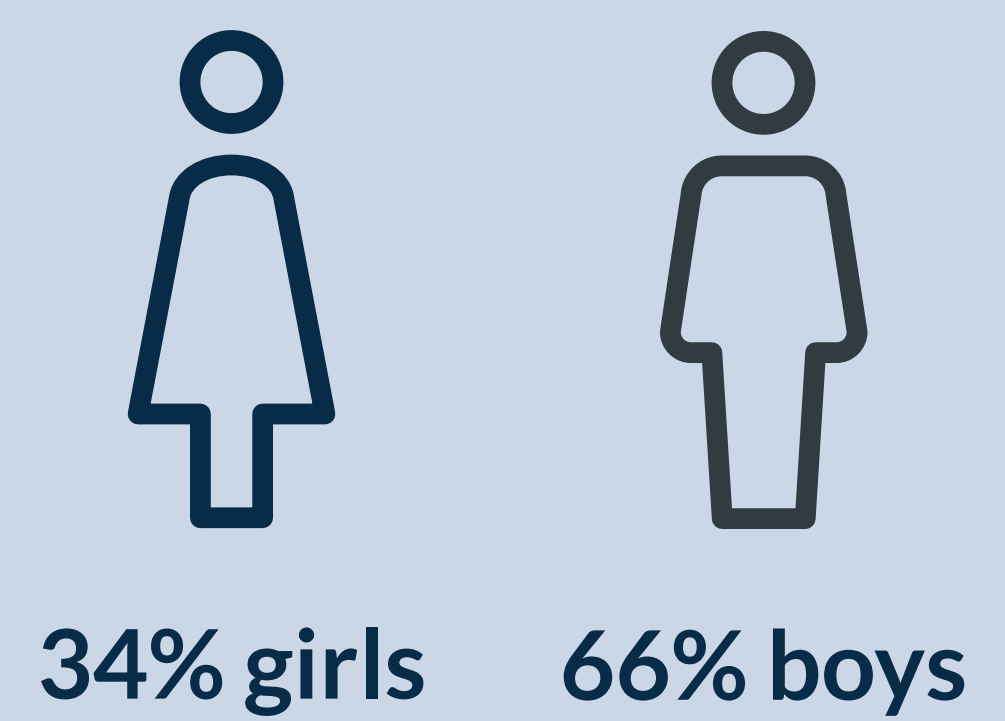


Figure 5: Child ethnicity (accepted referrals)

Average age: 29 months



The ethnic background of referred children was very similar to those screened, with children of Asian/Asian British: Pakistani and Asian/Asian British: Other backgrounds slightly over represented and those of White British and Other backgrounds slightly under represented.

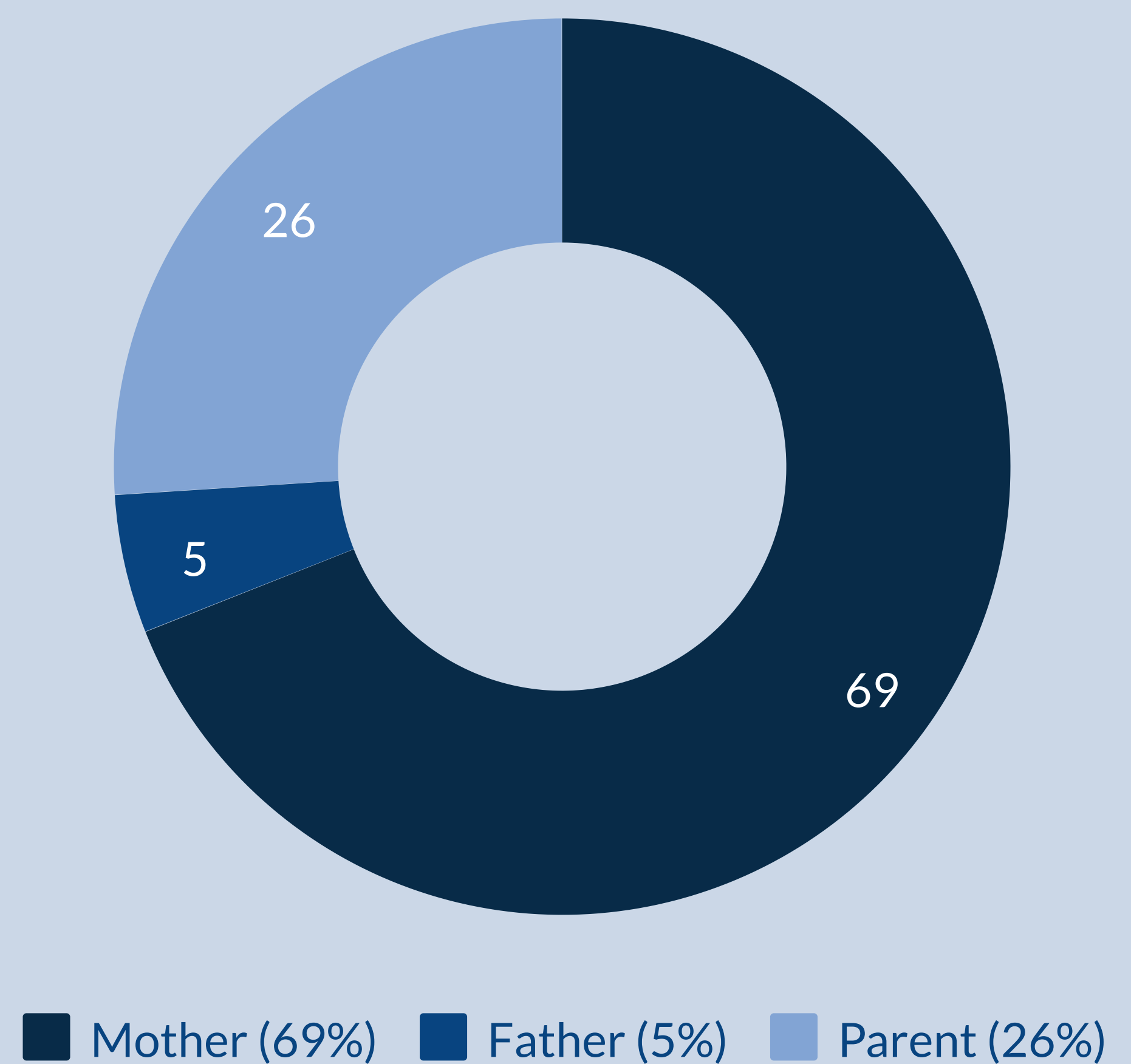
The average age of children at the point of completion of the project was 29 months (with a range of 18 months to 52 months). Interestingly, the number of boys taking part in Talking Together was nearly double the number of girls. This reflects research conducted by the Innovation Hub which found that being male and of Pakistani heritage increases risk of language delay. This research is described in more detail later in this report (see page 12).

### Who were the parents and caregivers of participating children?

Table 2: Parent/caregiver home languages

Home Language	% recorded
English	59%
Urdu (including Hindi)	27%
Punjabi	18%
Bengali	5%
Pashto	4%
Central and Eastern European languages	3%
Other	9%

Figure 6: Parent/caregiver relationship to child



## Implementation findings

### Talking Together+

268  
offered

165  
took part

#### *How many children were received Talking Together+?*

Talking Together+ is an additional programme offered to families where it is identified that they may benefit from some additional support. Delivered by LDWs the programme is tailored specifically to an individual child's need and therefore differs in length per family.

Talking Together+ was introduced part way through the first contract, with anticipated figures not agreed until Contract 2 (in 2018). From 2018 it was anticipated that around 11% of children who complete Talking Together would be offered and take up Talking Together+.

Overall, 268 children were recorded as having been referred for Talking Together+. This represents 20% of those who completed the Talking Together intervention, and 15% of every child who took part, exceeding expectations. However, of that 268, 165 were recorded as having received Talking Together+ in line with anticipated numbers (12% of completers).

#### *How many children completed Talking Together+?*

Like the main TT intervention, Talking Together+ consists of 6 sessions. However, as a tailored programme TT+ can differ in length across children and there is no single definition of completion. The LDWs delivering the intervention mark the programme as complete for a child based on progress.

It was anticipated that 80% of children taking up TT+ would complete the programme. 119 children were recorded as completing (72%) meaning the project were slightly below this target (90%).

On average families received 4 TT+ sessions, with a minimum of 1 and a maximum of 10.

In total 852 Talking Together+ sessions were delivered to families.

72%

children completed  
Talking Together+



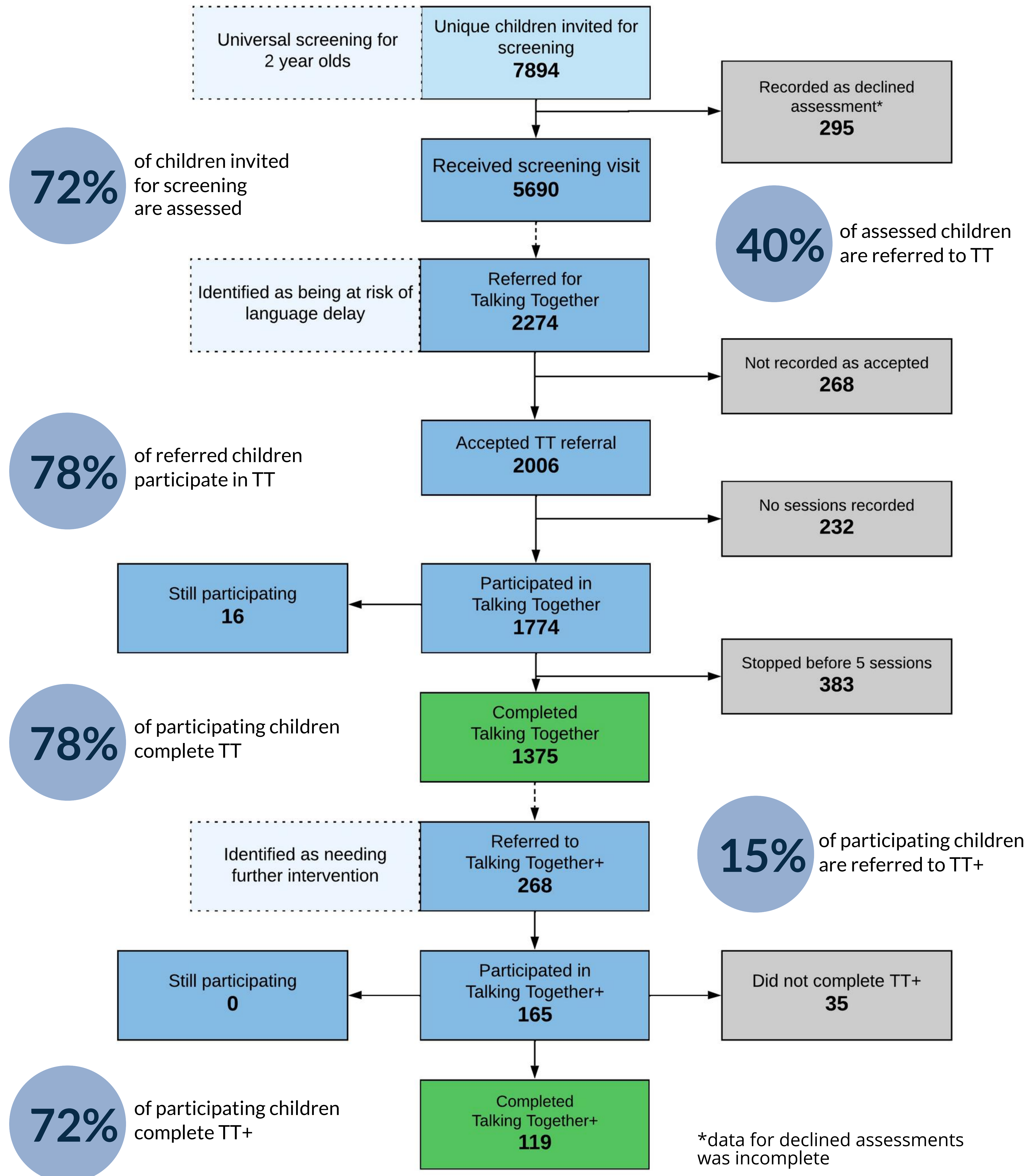
Average number of  
TT+ sessions  
received



Total number of  
TT+ sessions  
delivered



# Participant Flow Diagram





# Satisfaction

## What did women say about the support they received?



174 Talking Together participants had completed project satisfaction questionnaires at the time of reporting (approximately 10% of participants). Given the relatively low rate of responses, findings should be interpreted cautiously.

**99%** of respondents had a median score of 4 or more

**100%** of respondents agreed or strongly agreed that the project was helpful to them

**99%** of respondents agreed or strongly agreed that they were satisfied with the support they received

**100%** of respondents agreed or strongly agreed that the project gave them useful information

**97%** of respondents agreed or strongly agreed that the project was easy to access

**98%** of respondents agreed or strongly agreed that they would recommend the project to family or friends

**94%** of respondents were happy with the project overall

*Me and my child have enjoyed the programme and it has also helped with her speech.*

*Since my son started this programme his attitude and behaviour has changed positively. The team was really nice and caring and my son was willing to participate because he really liked the professional and the interpreter. If not he would not have taken part in the programme... I would highly recommend everything about the programme*

*My daughter is a lot more confident and talkative since taking part in this programme*

*I am really satisfied with Talking Together program because I see a very big improvement since my child attended this program*

*Doing the talking together has made a massive impact on my son, I can not thank you enough. Its thanks to the tools to help my sons communication ..."*



## Assessment of Need

### Language delay in Better Start Bradford

The data captured by BHT and our BiBBS birth cohort has enabled the Innovation Hub to identify for the first time research evidence of the need for Talking Together and early interventions for language in the Better Start Bradford area.

We analysed a sample of language assessments of 712 BiBBS children collected pre COVID-19.

From this we found that approximately 1 in 4 children in the BiBBS cohort who took part in the universal Talking Together screening had evidence of early language delay and could be categorised as late talkers.

This is double the rates found elsewhere in the UK.

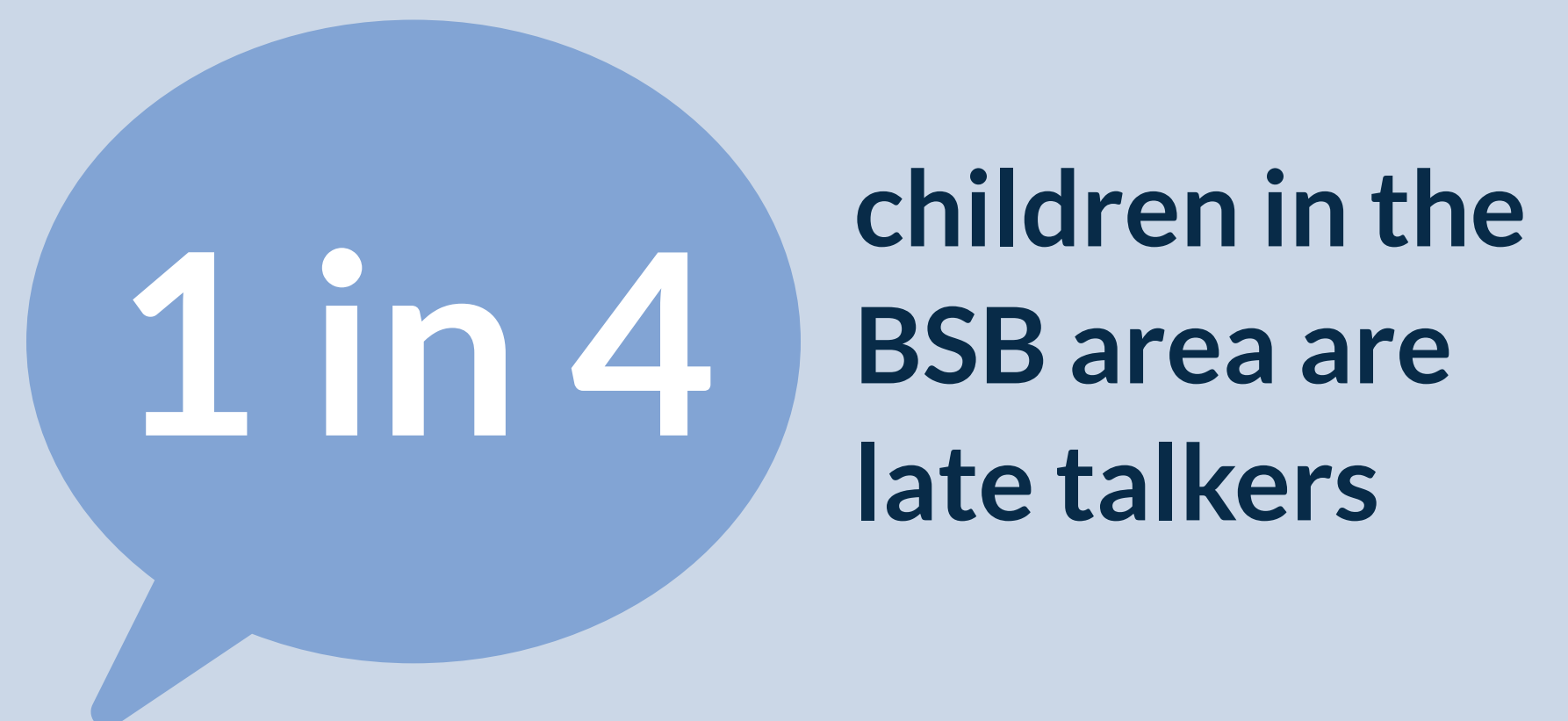
Factors that were associated with being a late talker were:

- being of Pakistani heritage
- being male at birth
- having parent-reported hearing concerns
- having a delay in understanding words
- not yet using language in everyday settings as expected (e.g. not yet combining words or asking Wh- questions like 'where' or 'what', family not understanding the child).

Factors that protected against being a late talker were:

- living in a larger household

We concluded that children in the Better Start Bradford area are already at a disadvantage in their language skills from as early as 2-years-old when compared to other children in England, and that there is high demand for early intervention.



## Enhanced evaluation

### Evaluating the effectiveness of Talking Together

#### *oTTer Feasibility Study*

Between 2018 and 2019, Talking Together was subject to a randomised controlled feasibility study funded by the Nuffield Foundation. This feasibility study, named the oTTer trial, is the first step in a rigorous outcome evaluation and aims to establish if and how best a full randomised control trial (RCT) could be completed.

This study used a waiting control design, meaning eligible families who consented to oTTer were randomly assigned to either receive Talking Together immediately, or after a 6 month wait. This meant the development of the children in the immediate intervention group could be compared to children developing as normal in the waiting control group.

#### Key findings included:

1. Referral rates indicate that Talking Together is a much-needed service and was positively received by the community.
2. Results suggest a potentially beneficial impact of the intervention in improving:
  - children's home learning environment
  - parental relationships with their child
  - child emotional and behavioural difficulties
3. A full trial is feasible with adaptations to improve adherence and reduce attrition. To undertake a effectiveness evaluation the intervention would need to receive further commissioning and was scaled up.



#### *Why Talking Together works*

Talking Together addresses key modifiable risk factors for weaker language outcomes, including home learning environment and parental sensitivity. These are factors that we believe contribute to inequalities in language outcomes for children. However, supporting families to change their home learning environment and develop more responsive interactions that support communication development can be a real challenge, as parents can feel judged.

In addition to improvements in outcomes found in this study, the qualitative interviews showed that practitioners consistently took a strengths-based approach to developing families' skills. This involved identifying and building on examples of good practice in the home, ensuring that families felt seen and celebrated.

Staff considered this approach vital to the acceptability and success of the project, because it fostered trust and dialogue. Parents spoke of their positive relationship with practitioners, suggesting that this approach was successful in developing key therapeutic relationships that support learning. This demonstrates not only the importance of the content of the project, but the value in having sensitive and skilled practitioners who work holistically with families.



## Next steps for evaluation

As part of the oTTER study there was some exploration of whether Talking Together could be expanded outside of the Better Start Bradford area - which would support an effectiveness evaluation. However, commissioners were unable to commit to funding in the immediate post pandemic context.

In 2022 it was suggested that the Local Authority would be funding a broadening of the Talking Together offer across the district, and as a result the BSBIH submitted a funding application to Nuffield Foundation to support a full RCT of the project. However, due to unforeseen circumstances, it was no longer viable for the Local Authority to fund Talking Together, and the Nuffield Foundation application was withdrawn.

Since then the BSBIH have been supporting BHT to identify other funding sources for implementation and evaluation of Talking Together. It was anticipated that a funding call for the Education Endowment Fund (EEF) in autumn 2023 would be a good fit for a submission. However, when the call was shared, it was clear that Talking Together did not fit the remit as it was aimed at school age children. Securing further funding is therefore still the aspiration.

## Evidence review

With the exception of those presented in this report, no other evaluations of the Talking Together programme have been completed. This means that the programme was assessed by the BSBIH as EIF NL2 at the start of delivery (see Figure 6).

At that time, an evidence review was completed that considered evaluations of programmes that are similar to Talking Together in their eligibility and design. The review found formative evidence for the effectiveness of the home visiting approach on both children's language outcomes and parent outcomes [10, 11, 12] but concluded that more research was needed to understand what components of the approach are necessary for producing impact. The full evidence review can be provided at request.

The evaluations of Talking Together completed by the BSBIH have been successful in nudging up the level of evidence for the programme and it is currently assessed as EIF Level 2+. However, there is now a strong foundation for an effectiveness evaluation of Talking Together which would move the project from Level 2+ to Level 4.

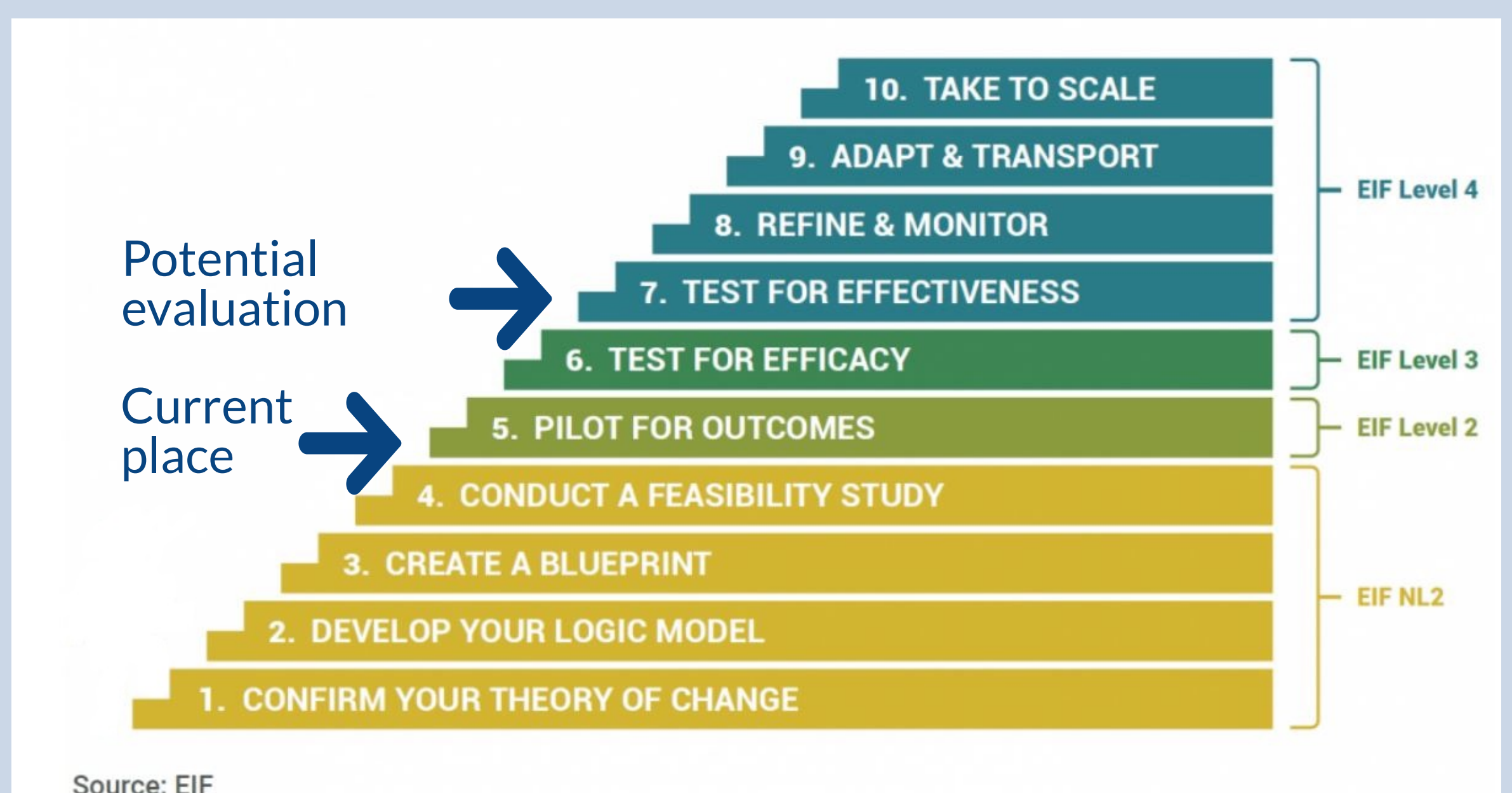
**Figure 6: Early Intervention Foundation (EIF) Levels of Evidence**

The figure on the right displays the EIF evidence ladder.

At the beginning of delivery the project was NL2

The project is currently Level 2+

With funding secured for continued delivery and further evaluation, the project has the potential to move to Level 4





## Conclusion of findings

Over the life of the project, Talking Together have screened almost three quarters of eligible 2 year olds in the Better Start Bradford area. Strong rates of screening have helped to establish that there is a high level of need for early language intervention, with around 40% of children being identified as at risk of language delay.

The Talking Together intervention has been found to be successfully delivered in line with the project logic model and is an acceptable intervention to BSB families. The project has demonstrated good rates of recruitment and retention, as well reach, recruiting children who are broadly representative of the wider BSB area. As well good rates of completion of the core Talking Together offer, Talking Together+ has been shown to be a successful way of continuing to support families who are identified as benefiting from more intervention after the 6 Talking Together have finished.

Our enhanced evaluation of Talking Together has also demonstrated good rates of recruitment and levels of acceptability, as well as some group differences in outcome measures, and concluded that Talking Together shows evidence of promise in improving the home learning environment. It is worth noting that language and social and emotional development are very closely linked in young children, and while outcomes of Talking Together are primarily related to language, improvements in the home learning environment and parental sensitivity are likely to have wider impacts for children. Further, our findings suggest that full trial of the programme is feasible and should be a priority to help to develop the building evidence base for Talking Together.

## Recommendations for Practice

At age two, 1 in 4 children in inner-city Bradford are late talkers.

Early preventative intervention to enable these children to be 'school ready' is critical.

Talking Together offers a solution for these children:

- It is a preventative home learning intervention which shows high levels of acceptability and very high completion rates by families in need.
- A feasibility RCT has shown a potentially beneficial impact of the intervention in improving children's home learning environment, parental relationships with their child, and child emotional and behavioural difficulties.

Commissioners and services should continue to provide funding for this project, and consider scaling up across other areas of diversity and deprivation across the district.

## Recommendations for Evaluation

There is real opportunity to establish the effectiveness of Talking Together via a full scale RCT. This opportunity rests on funding for implementation of the project to be secured, as well as additional funding for evaluation.

The BSBIH recommends that funding opportunities for evaluation continue to be explored to support the building of the evidence base for the project.



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