Upskilling an early education workforce and supporting pre-school children

LEAP

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1.0 Purpose of this report

Lambeth Early Action Partnership (LEAP) developed this Learning Journey to capture the story of LEAP's Evelina Award service over its lifetime: from its inception to the end of its journey as part of the LEAP programme.

A key focus of a Learning Journey is on implementation: how the service was delivered and the different resources required to do this. Learning Journeys are service summaries, not service evaluations. They are part of a wider suite of LEAP research and learning projects. Each are designed to capture insights into our progress towards giving children in the LEAP area a better start in life.

Information contained within this report was taken from national policy and evidence as well as from a variety of internal LEAP documents including:

- service plans;

- theories of change;

- monitoring, evaluation and learning frameworks;

- quarterly narrative reports and service data reports;

- workforce and client feedback;

- minutes from service reviews and team meetings.

Learning Journeys were co-written between service leads and members of the LEAP team. The Key Messages were based on high-level reflections drawn from the available data and insights gleaned over years of service delivery.

We will share our Learning Journeys with key stakeholders including the National Lottery Community Fund; local early years commissioners and public health colleagues; service delivery partners; families; and via national public health networks as appropriate.

Our hope is that the learning from the LEAP programme can inform future commissioning and programming decisions. We would also like to see it contribute to the wider evidence base about health improvement interventions in the earliest years.

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2.0 Background

2.1 What is LEAP?

LEAP was one of five local partnerships which make up 'A Better Start' – a national ten-year (2015-2025) test and learn programme funded by the National Lottery Community Fund. It aimed to improve the life chances of babies, very young children, and families. LEAP was a collective impact initiative; our services and activities linked together and worked towards shared goals to improve outcomes for very young children.

2.1 Why are speech, language and communication skills important?

Speech, language and communication (SLC) skills are fundamental to early childhood development. Children with strong communication skills are better able to interact with others, make friends and have healthy interpersonal relationships.

Poor development of SLC in the early years (EY) has a profound impact on life outcomes[2], influencing academic achievement, behaviour, mental health and employability in later life[3].

Children who have poor vocabulary at age five, have been shown to be:

- several times more likely to have delayed English and maths skills at the start of secondary school;

- 11 times more likely to have mental health needs;[4]

- twice as likely to experience periods of unemployment as adults.[5] *and*

- more at risk of interacting with the criminal justice system.

As many as 71% of sentenced children in the youth justice system between April 2019 and March 2020 had speech, language and communication needs.[6]

Speech, Language and Communication Needs (SLCN) are the biggest early childhood disability. Prevalence and incidence data indicates that 10% of all children will present with a persistent communication disability.[7]

The data also shows that 7.6% of children in the early primary years will have a developmental language disorder (not linked to factors such as general learning difficulties, cerebral palsy or hearing impairment).[8] Reports suggest 1 in 5 children commence primary school in England without the language skills they need.[4]

2.1 Barriers and enablers to speech, language and communication (SLC) development

Positive social and communicative interactions in a child's early years are key to SLC development.[9] Critical periods for brain-development reinforce that the early years (0-5 years) is the most important time for communication and language development.[10]

The active process of interactions between children and their caregivers has a major impact on a child's communication development.[11] The quality of these interactions and their environments, in both early years education settings and the home learning environment is integral to this. What parents or carers do is more important than who parents are, in the context of socio-demographic features.[12]

A child's socio-economic circumstances are recognised as a potential barrier to strong SLC development. Ethnicity is also an identified risk factor in the context of established links between child poverty & ethnicity.

Research from the Office of National Statistics explores the correlation between child poverty, educational outcomes and ethnicity. It found that children living in Black households were notably more likely to experience poverty: 30% live in low-income households and 22% live in low income and material deprivation.[13] Similarly, Black, Asian and ethnic minority households in the UK are more than twice as likely to live in poverty as their white counterparts. Socioeconomic context has a huge impact on children's development.[14]

Children from disadvantaged backgrounds are on average much more likely to experience a Speech, Language and Communication need (SLCN). Some reports citing as many as 1 in 3 children starting school without the language skills needed for learning.[15]

Evidence shows a clear social gradient for language. Children from the most disadvantaged groups have lower language skills than those in the least disadvantaged groups. Those in the most disadvantaged groups are least likely to 'catch up'.[2]

Good quality early years education and childcare provision, and positive pre-school experiences, support overall development outcomes for children. This is particularly true of children from disadvantaged backgrounds.[12] However, there is poor take up of free early education for two-year olds. There is also poorer quality early years provision in parts of the sector in disadvantaged areas of the UK2.[3]

The Early Years Foundation Stage EYFS (0-5yrs) statutory framework[16] includes Communication and Language development (CLD) as one of the three prime areas. It highlights the crucial role of childcare or setting-based provision to promoting communication development.

In 2024, 95% of 3-4-year-olds were reported to participate in formal early education in the UK.[17] Thus, early years practitioners hold a key role in supporting SLC development and identifying children who experience SLCN. The EY practitioners' role within the children's workforce, was reiterated by Public Health England (2020). It published guidance around the development of locally commissioned pathways to support children's best start in SLC development.[18]

There are significant gaps in early years practitioners' skills, understanding and confidence to support SLC development;[3] and awareness of when and how to refer to specialist support. Among the research highlighting these gaps, is The Communication Trust's survey of the children's workforce.[19]

Practitioners indicated they lacked confidence speaking to families about need for referral to speech-language therapy. Differences in skills, experience and practice within the early years workforce are real barriers. They have resulted in the mismatch of known prevalence of SLCN and the numbers of children being identified and supported.[3]

2.4 Understanding the local level of need

Children from Lambeth were significantly less likely to achieve at least expected communication and language development (CLD) at the end of Reception if they lived in the LEAP wards. This is according to the Early Years Foundation Stage Profile (EYFSP) for the years 2012-2013 to 2017-2018. It compared children living in LEAP wards with those residing in non-LEAP Lambeth wards.[20]

Furthermore, children eligible for pupil premium (e.g., those children eligible for free school meals) were significantly less likely to achieve at least expected CLD in Reception than children not eligible for pupil premium. In addition, children of non-White British background were significantly less likely to achieve expected CLD than their White British peers.[20]

Figure 1 shows the percentage of children in reception in the LEAP area who achieved 'good level of development' in CLD in 2014-2019 and 2022-2023.[21] It clearly demonstrates the difference between ethnic groups. It is one example of how data is used to support LEAP's aim to prioritise families from Black, Asian and other minority ethnic groups.
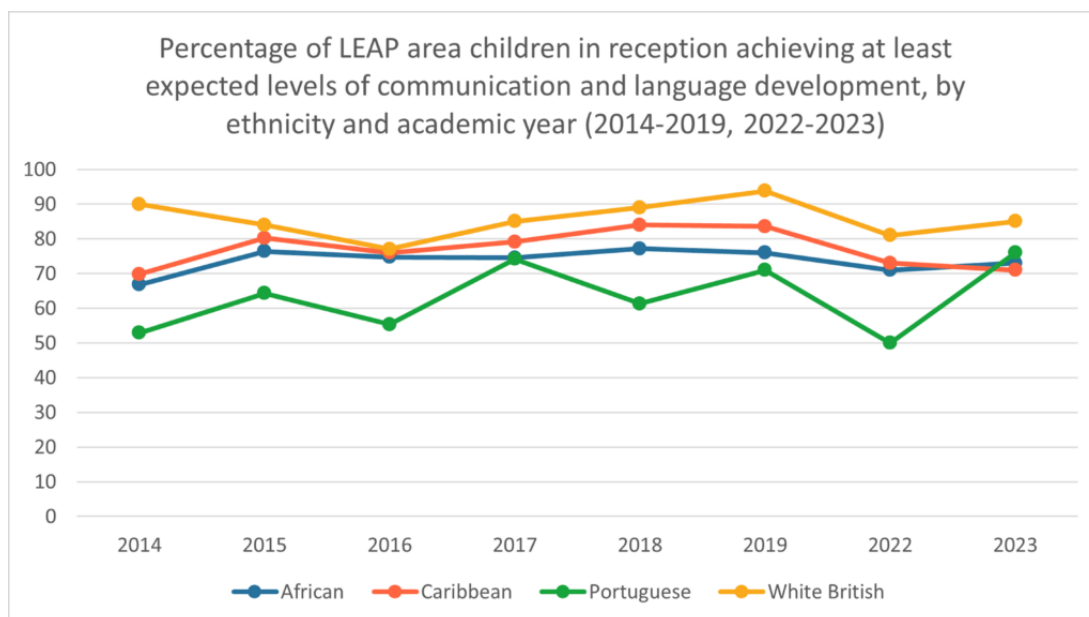
Figure 1: Percentage of LEAP area children in reception achieving at least expected levels of communication and language development, by ethnicity and academic year (2014-2019, 2022-2023)

As outlined by the Bercow report, Speech, Language and Communication Needs (SLCN) often goes unidentified or unreferred.[22] Only a third of the population who have SLCN will have sought help or been referred to SaLT.[19] These findings are consistent across population studies. They indicate the need for increasing the overall awareness of SLC and when to refer for specialist support.

The local referral rate to the Evelina London Children's Community speech and language therapy (SaLT) service for 0-5-year-olds by GPs in Lambeth sat at approximately 5% of the local child population.

A significantly higher prevalence of SLCN is likely to exist for 0-5-year-olds across Lambeth than reflected in referral rate to the local SaLT service. This is according to extrapolations from cited SLCN prevalence data1, alongside Lambeth health-inequality[20] and levels of deprivation data.[23] Unmet need was expected to be higher again in the more deprived LEAP wards in Lambeth.

Children from Lambeth LEAP wards are significantly less likely to achieve expected levels of communication and language development than those in the non-LEAP wards. This suggests an under-representation of children in this population who are likely to have an SLCN that requires clinical support.

3.0 LEAP's Evelina audit and award service

In 2018, LEAP commissioned the Evelina London Children's Community Speech and Language Therapy (SaLT) service to deliver the Evelina SaLT Communication Friendly Setting Audit & Award programme of workforce development. The purpose was twofold: to increase identification of SLCN – and to provide support to improve SLC development for children within the early years childcare and education settings in the LEAP area.

The Evelina SaLT audit & award programme was one of the three elements in the LEAP Ahead: Talk and Play Every Day input. It included:

1 **Sharing consistent public health messaging**

Through the Evelina Talk and Play Every Day leaflet series. The series demonstrated how to support speech, language and communication development.[24] There was particular emphasis on how to "Keep your language alive" and the importance of bilingualism in messaging to parents and the children's workforce.

1 **Delivering targeted SaLT Chattertime groups**

For parents to access SaLT. Also for adult-child interaction strategies to support communication in their home-learning environment.

These components of Evelina SaLT input were delivered within the LEAP Communication & Language Development (CLD) strand until the completion of the LEAP programme in Spring 2024.

3.1 Theory of change

LEAP developed a theory of change for the Evelina Speech and Language Therapy (SaLT) audit & award service (Figure 2). The three desired outcomes were:

1 Practitioners in early years settings are better able to support SLC development and identify and support children with SLC needs.

2 Parents are supported to provide improved home learning environments for their child.

3 Targeted children improve their communication and language skills.

LEAP aimed to achieve this with the following medium-term outcomes:

Parents have the knowledge, confidence and motivation to support their child's speech and language development.

Practitioners have the knowledge and confidence to identify and support children with speech and language difficulties.

Settings sustain engagement and maintain achievement of the Foundation or Enhanced Evelina Award for Communication Friendly Environment.

Participants from other services hear and respond positively to key 'Evelina Award' health promotion or public health messages.

Families access Making REAL and Sharing REAL.

Figure 2: Theory of Change for LEAP's speech and language therapy – Evelina award service

3.2 Team structure

LEAP funded four whole time equivalent Speech and Language Therapy (SaLT) posts. These included sessions from the Early Years Clinical Lead Speech & Language Therapist.

The sessions oversaw service delivery of the Evelina SaLT work into LEAP's Communication and Language Development strand. They collaboratively linked with the LEAP CLD Coordinator. Sessions for SaLT delivery of the Evelina Audit and Award programme were embedded in the roles of between 7-10 therapists. This happened across the Evelina SaLT team at any one point in the lifetime programme delivery with the purpose of:

- increasing flexibility of the service offer to EY settings;

- reducing vacancy risk to completed expected delivery; and

- maximising bi-directional learning from project and the Evelina SLT service for future sustainability.

3.3 Service delivery process

The Evelina Speech and Language Therapy (SaLT) audit and award workforce development programme provided early years practitioners with training on SLC development and identifying SLCN. It then delivered bespoke coaching and feedback to support practitioners to embed their learning and use of strategies. The aim was to increase communication friendly environments in the EY settings.

Initially, the programme targeted all the Private, Voluntary and Independent (PVI) EY settings within the LEAP geographical area. Only a few had made any historical referrals to SaLT. They were identified as environments where workforce development could help improve practitioner understanding and skill in recognising SLCN and making referrals.

Setting eligibility was later extended to include government-maintained EY settings e.g., nursery schools and nursery classes attached to primary schools. Children in LEAP postcodes attended a range of EY settings and it was proposed that unidentified SLCN was likely to exist across the area.

The CLD leads for the LEAP programme worked alongside the SaLT team to engage all the settings within the LEAP area. All settings were invited to take the opportunity to participate in this long-term, free and flexible workforce-development programme. Settings were invited through email or letters from the LEAP CLD team. They then met with nursery managers, the link practitioners, the CLD lead and an allocated member of the SaLT team.

Once an EY setting was confirmed

A link Speech and Language Therapist worked with the setting manager or communication champion, to establish the best way to engage in the Evelina audit and award training offer.

The SaLT team was able to offer bespoke training models. It was a big driver in giving EY staff access to the relevant training courses, coaching, and feedback. This included training delivered in-person or virtually, and offered in workhours, twilight sessions or Saturdays.

Enabling maximum access to individual early years settings also helped to embed strategies that supported interaction and communication development within each setting.

Gaining the Evelina Award for communication friendly environments

EY settings' practitioners were required to participate in training and coaching and complete the following:

1. Evelina Foundation-level training in SLC development
   - Understanding SLC development in the early years (0-4 years)
   - Sharing SCL messages with parents, including multilingualism and EAL needs
   - Identifying SLCN and strategies that can support children who have SLCN
   - Making SaLT referrals and signposting to other universal/targeted support for SLCN
   - Designing activities to support interaction and communication development within settings

2. Adult-Child Interaction (ACI) training to learn how to use positive ACI strategies that support SLC development. In addition, 1:1 coaching using video-feedback with all EY practitioners within the identified settings, to ensure competent use of ACI behaviours.

3. Training and coaching for competent use of the WellComm screening tool[25] to review SLC development of children from 6 months to 6 years. Plus, ongoing use of the tool to monitor children's progress[26] within the setting, particularly after implementing targeted groups or strategies to support children with identified SLCN.

4. Coaching and individual support for children with SLCN within the setting. Also, identifying helpful strategies or activities or pinpointing how to implement targeted groups.

And – upon completion of Evelina SaLT Audit for 'Communication friendly settings' – using an audit framework following the delivery of training, coaching and support to:

- evaluate the early years setting's environment; *and*

- measure differences in ACI practices and EY practitioners' behaviours at the start of the programme and afterwards.

Service iterations enabled speech and language therapists (SaLTs) to develop a flexible and individualised setting-based coaching and training offer. to the offer maintained the engagement and progress in EY settings with varying size, funding streams and staff experience and skill sets.

3.4 Further context

In recent years, the Early Years sector has had significant challenges. COVID-19 has had a long-term impact.[27]

> *As children return to early years settings, we are seeing the longer-term impact of the pandemic and the effect that missing early education has had on them. It is now clearer where children have fallen behind, and what longer-term challenges providers face in helping them to catch up.*
>
> **Ofsted's annual report, December 2022**

The capacity of practitioners has been stretched by the increased needs of the children who attend their setting. Needs such as delayed speech and language or delayed development of age-appropriate social skills.

Alongside this, the Early Years sector has been facing recruitment and retention issues. Underfunding has led to low wages, which in turn has led to fewer people choosing Early Years education as a career path.

Additionally, the number of more junior qualified staff (Level 1 and Level 2) has increased in settings, with a decrease in the number of more senior qualified staff (Level 3).[28]

These ongoing staffing challenges have proved to be a barrier to implementing programmes, such as the Evelina Audit and Award programme, within local settings. Ofsted's Annual Report reported ongoing challenges in recruiting and retaining qualified staff which were exacerbated by the pandemic.[29]

3.5 Test and Learn: Changes made to improve service delivery and engagement

3.5.1 Trial of different screening tools for practitioners to successfully identify SLCN:

National strategies child-monitoring tool (Appendix A)

The National Strategies child-monitoring tool was adopted in Lambeth through the prior Department for Education (DfE) *Every Child a Talker* programme. In the initial phase of Evelina, it was used as part of EYFS child-monitoring component of the Evelina audit and award programme.

This was a free, DfE published and endorsed tool to identify communication need. Although, in practice its use in non-maintained settings was inconsistent. It did not result in practitioners feeling confident to take the next step of discussing potential SLCN with families and making referrals to speech therapy.

Practitioners rarely made referrals following the use of this screen, even if SLCN was identified. This was despite training and reported increased confidence in using the DfE tool.
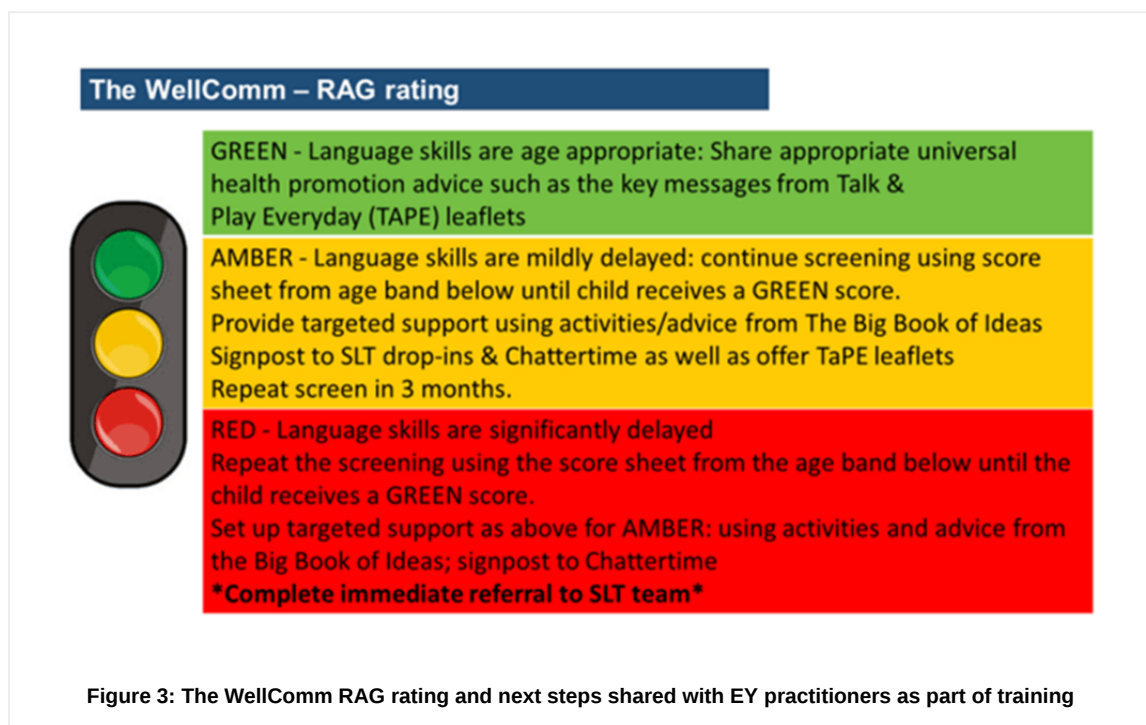
The WellComm screen[25]

From summer 2019 to January 2020, a small selection of participating LEAP EY settings trialled the WellComm screen to review child language development for the cohorts of children in their care. This was alongside ongoing use of the DfE child-monitoring tool.

The WellComm speech and language screening tool offers a quick-to-use, validated, direct and objective assessment of a child's language development.[26]

Application indicates that it can be used as a screen with children who have English as an additional language (EAL).[25] The screen can be used by EY practitioners to review the SLC development of a child from 6 months to 6 years. It uses a Red Amber Green (RAG) rating outcome to give clear and practical information that can guide the practitioner's next steps.

- Green – indicates that child's SLC skills are developing as expected for age.

- Amber – indicates some delay in a child's SLC development for their age at the time of screening. It warns the setting to implement recommended strategies to support the child (e.g. targeted activities or interventions within the setting). It encourages the setting to signpost families to other support including the targeted SLT core offer (e.g. Evalina SaLT Chattertime groups)

- Red – indicates a child has a SLCN at the time of screen. The child should be referred to SLT and offered targeted support in the areas of need identified through the assessment screen.

Figure 3 shows how these RAG ratings were shared with the practitioners in the LEAP settings. RAG provided additional local information about what resources or other support was available.

The WellComm – RAG rating

GREEN - Language skills are age appropriate: Share appropriate universal health promotion advice such as the key messages from Talk & Play Everyday (TAPE) leaflets

AMBER - Language skills are mildly delayed: continue screening using score sheet from age band below until child receives a GREEN score.
Provide targeted support using activities/advice from The Big Book of Ideas
Signpost to SLT drop-ins & Chattertime as well as offer TaPE leaflets
Repeat screen in 3 months.

RED - Language skills are significantly delayed
Repeat the screening using the score sheet from the age band below until the child receives a GREEN score.
Set up targeted support as above for AMBER: using activities and advice from the Big Book of Ideas; signpost to Chattertime
Complete immediate referral to SLT team

Figure 3: The WellComm RAG rating and next steps shared with EY practitioners as part of training

Use of WellComm in the pilot showed an increase in the number of children identified with 'red' and 'amber' scores in settings. The use of the Wellcomm tool helped practitioners to confidently identify children whose communication needs were less obvious (but who still required support) so they didn't fall further behind.

Practitioners reported increased confidence in their identification of children experiencing SLCN. They felt clear about what actions were expected next and were more likely to make referrals when SLCN was identified.

WellComm was selected as the screening tool for the remaining time in the project. The RAG rating enabled practitioners to map the SLC support needed in their settings for at the individual child and at the cohort level.

Additionally, the WellComm 'Big Book of Ideas' provided additional focused teaching and targeted intervention activities. These could be used with children needing further development. This meant practitioners had resources to share with parents and use immediately within their settings, even before needing to discuss further with the SLT.

The WellComm RAG rating was also used as an outcome measure. It monitored children's progress after settings had been trained, coached and supported to implement bespoke targeted SLCN interventions for identified children. It also showed the impact on all children attending the setting.

Evelina aimed to screen and monitor the SLC development of all the children attending the engaged settings in the LEAP area – not just those living in the specified LEAP wards. This was unique to the other CLD strands of work in the LEAP programme.

3.5.2 The Evelina SaLT Communication Friendly Settings Audit tool

The Evelina Speech and Language Therapy (SaLT) Communication Friendly Setting Audit tool had been designed and used by the Evelina SaLT service prior to the LEAP programme.

Modelling adult-child interaction (ACI) strategies in a supportive environment can alter the trajectory of a child's communication outcomes. Research suggests this is true where environment may have contributed to an SLCN.[30] The audit tool had been founded in this research.

Other environmental indicators that support communication were employed through Lambeth's adoption of the DfE's *Every Child a Talker* programme,[31] supported by the Evelina SaLT service.

3.5.3 Refining the Evelina Audit Tool: reflecting the WellComm for SLC surveillance as well settings' responses and actions to refer and support identified SLCN

The Evelina SaLT Audit and Award for Communication Friendly Environments was reviewed during the initial stages of the programme's delivery to the Private, Voluntary, and Independent (PVI) settings within the LEAP CLD strand. The review aimed to increase accessibility for all early years settings to work towards achieving the standards expected to be observed during an audit observation.

The insight work facilitated by LEAP, led to a review of the structure and expectation within the audit; and the development of two stages: Foundation level and the Enhanced level of the Evelina SaLT Audit and Award for Communication Friendly Environments.

This enabled settings to demonstrate the impact that resulted from staff training and environmental changes at the Foundation level as they worked towards additional expectations at the enhanced level.

The Foundation Award Level set out the standards or expectations. It listed practical and specific behaviours that could be observed to be 'emerging', 'developing' or 'secure' within each of the five sections of the award. These sections include:

- adult-child interaction

- enabling environments

- opportunities for communication

- on-going assessment and support of SLCN

- working with parents as partners

The enhanced-level Evelina award requires these same standards to be demonstrated by settings consistently. It also demands evidence for the Enhanced level criteria, including:

- extensive use of ACI

- use of visual and additional communicative supports

- engaging parents and families to actively engage in the Talk & Play Every Day messaging

- promoting and creating opportunities for activities that enhance SLC skills in children

- providing targeted interventions to support identified SLCN within children's settings, such as small language groups

4.0 Outcomes, reach and feedback

Data was collected over the lifetime of the service. This data makes it possible to reflect on two medium-term outcomes from the Theory of Change (figure 2):

M2: Practitioners have the knowledge and confidence to identify and support children with speech and language difficulties

M3: Settings sustain engagement and maintain achievement of the Foundation or Enhanced Evelina Award for Communication Friendly Environment

Outcome-based accountability demonstrated impact in three key areas:

1. Settings/practitioners engagement in the programme
   Including the uptake of training, use of WellComm screen and implementation of strategies learned as observed in completed audits

2. Children reached through WellComm screening and support

3. Influence on wider SLT service and systems change
   After adopting the WellComm screening tool across parts of the SLCN pathway of universal, targeted and specialist support for 0-4 year olds

4.1 Practitioners and Settings

M2: Practitioners have the knowledge and confidence to identify and support children with speech and language difficulties

Feedback from practitioners was gathered regularly following training in the Evelina Foundation-level:

- when identifying and supporting SLCN in the EYFS;

- using the WellComm screening tool; and

- delivering ACI training.

An in-depth Service Evaluation of LEAP's Communication and Language Development (CLD) workstreams[32] highlighted the key outcomes and themes of impact on the workforce.

Lambeth's early years workforce faced significant pressures – including high turnover, staffing shortages and Covid disruption.

Despite this, LEAP's Evelina SLT workstream delivered high-quality training, bespoke practitioner coaching and in-setting support to hundreds of early-years practitioners across the lifespan of the service.[32] The reach of this work includes:

- 860 practitioners reached overall through the Evelina SaLT audit-and-award workforce-development programme

- 717 practitioners completed Evelina Foundation-level training: identifying and supporting SLCN in the EYFS

- 71 WellComm group-training sessions across settings

- 140 WellComm practitioner coaching sessions

- 65 practitioners completing adult-child interaction (ACI) coaching sessions with video-feedback

- 121 coaching sessions which included helping settings plan and monitor SLC for children[33]

Practitioners reported improvements in their knowledge, confidence and practice around supporting children's speech, language and literacy development.

Of the participants completing the Evelina Practitioners' Questionnaire (Appendix B) – following the Evelina Foundation-level training: Introduction to SLCN in the EYFS, and WellComm training: 86% of practitioners indicated an increased awareness and understanding of SLC development, how to identify SLCN and skills to support these.[32]

> *They kind of tell you everything about it… They introduced the WellComm in there… they help you learn how to recognise a child who might have speech and language delay. And also how to convince the parents around referrals."*
>
> **Early Years Practitioner, Small Private Setting**

After WellComm training and coaching, practitioners were audited to ensure their competence in:

- using the screening tool;

- identifying SLCN; and

- completing the next steps, such as discussions with parents, signposting families and providing targeted interventions or support within the setting.

At the end of the programme over 70 practitioners had completed the WellComm training and coaching.

In addition to training, practitioners reported significant benefits from all the various types of in-setting support. These included, ACI coaching, WellComm shadowing and case discussions. They also reported that learning within their day-to-day situation helped build skill and confidence.[32]

> *(The SLT) came in and did additional tutoring for her because she recognised she needed more confidence building"*
>
> **Manager, Large maintained setting**

Strategies to support SLCN were shared through the Evelina Foundation SLCN training alongside the ACI training and coaching. They were key opportunities to have an impact on awareness and skill of EY Practitioners.

ACI coaching was particularly salient. It offered bespoke opportunities to try new interaction techniques with the children in the practitioner's care.

Practitioners found the sessions useful to put into practice the strategies discussed in training:[34]

> *I found it very useful as when I looked back over the videos with my tutor, I could listen to her feedback and I was then able to use different skills when communicating with the children in my next video session.*
>
> **Early Years practitioner**

> *I am more confident in using different methods to communicate with the children.*
>
> **Early Years practitioner**

> *Getting down to child level and following their lead is I think the best strategy on any level of childcare.*
>
> **Early Years practitioner**

The qualitative evaluation of the LEAP CLD workforce development services[32] identified impacts for settings and practitioners:

- Perceived improvements in day-to-day interactions with children to support SLC development.
- Large-scale adoption of Wellcomm screening for speech-and-language difficulties.
- 462 children were screened using the WellComm toolkit between 2021 and 2023.
- Perceived improvements in SLT referral timing and completion.

Many settings considered these changes well-embedded in their practice. They were optimistic that these would continue when LEAP funding ended.[32]

> *Getting to know our children early is a key priority. We know we're a key source of early intervention… The sooner we can make referrals, the better it is for the child.*
>
> **Manager, Small private setting**

M3: Settings sustain engagement and maintain achievement of the Foundation or Enhanced Evelina Award for Communication Friendly Environment

The Evelina Speech and Language Therapy (SaLT) Audit for Communication Friendly Environments demonstrated impact for settings at different points in the lifetime of the project.

Prior to the Covid-19 pandemic, 10 of the 24 settings had already achieved the Evelina Foundation-level award; several were working towards the Enhanced level award.

Setting engagement was disrupted during and after Covid. Fifteen settings were re-engaged when restrictions relaxed. Covid and subsequent staffing challenges significantly affected the ability of EY settings to commit staff to training, sustain engagement and to complete the Evelina Foundation Level Award.[32]

> *The (foundation) award is meant to be achieved within a year. I think the barrier to achieving it quicker was that we didn't have a stable staff group, it was changing quite a lot.*
>
> **Deputy Manager, Small nursery school**

EY practitioners and speech and language therapists indicated that a more bespoke, flexible and personalised approach to accessing training – and implementing their learning – was key to maintained engagement.[32]

> *The SLCN training isn't quite as helpful as having (the SLT) coming and responding to what we're actually doing. That's much more helpful, because we can grow and develop our practice.*
>
> **Class Teacher, Small nursery school**

The Evelina SaLT Audit and Award programme within the CLD strand of LEAP finished in March 2024. Six settings achieved the Foundation-level Evelina Award and five received the Enhanced-level Evelina award.

4.2 Children in settings

Over its lifetime, the Evelina award service reached 1,097 children. Their demographics reflected the ethnicities, languages spoken and socioeconomic status of the populations living within the LEAP area of Lambeth. Figure 4 illustrates the reach of the service.
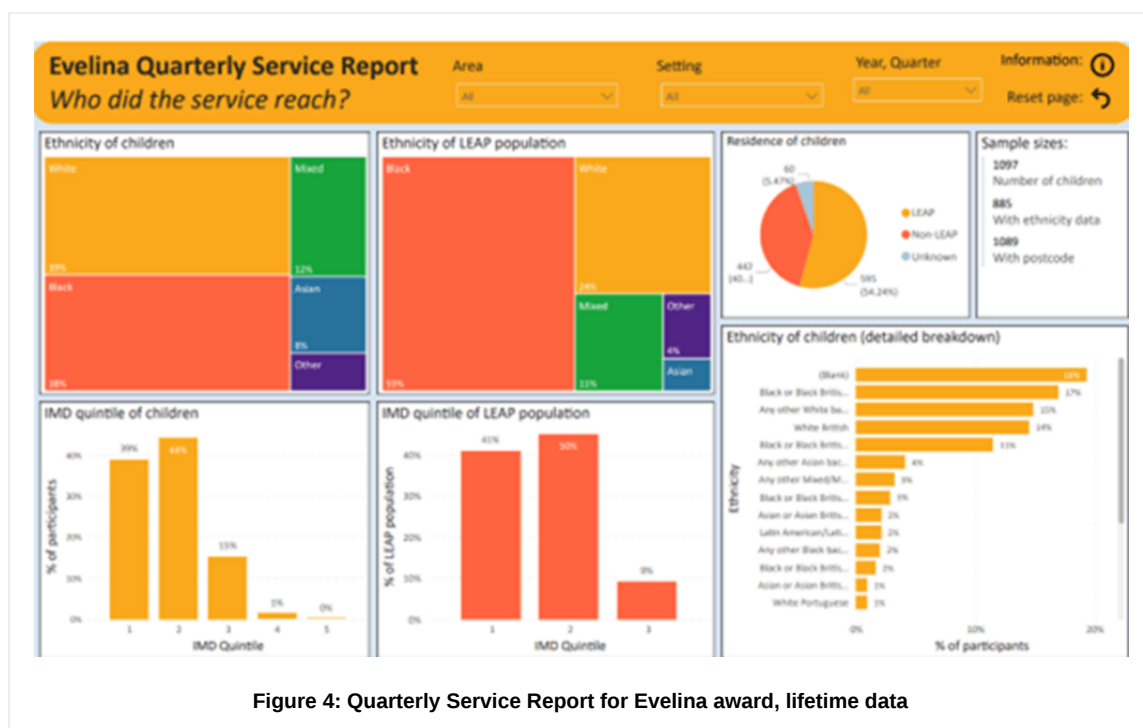

Figure 4: Quarterly Service Report for Evelina award, lifetime data

EY practitioners referred 349 children to the specialist Speech and Language Therapy (SaLT) service across the programme's lifetime. This reflected a significant change in practice for the involved settings following the LEAP input. Previously, only a handful of referrals to SLT originated from an EY nursery source.

Four of the original Private, Voluntary, and Independent EY settings reported making referrals to SLT service prior to commencing in the LEAP programme in 2018. This demonstrates:

- the impact on the practitioners' and settings understanding of SLCN;

- the need for referral to SLT and how to do this; and most importantly

- the significant reach to the children in their settings whose SLCN was then identified and referred for earlier intervention.

The WellComm screen was adopted as the programme SLC monitoring tool in January 2020. It had an impact on change in behaviour and the identification of children experiencing SLCN in the LEAP settings.

Settings, on average, felt that 10-11% of their children may be experiencing an SLCN at time of engaging with the LEAP Evelina SaLT service. However, they would not have necessarily then referred these children. This is illustrated in Table 1. It shows the result for a selection of LEAP EY settings at the point when the WellComm screen was introduced. An average of 11% of children had been identified as likely to have an SLCN prior to the use of the WellComm screen.

The average proportion of SLCN identified by the WellComm screen was significantly higher at 59%. It included both the children identified as 'red' and 'amber'.

Nursery Setting	Number of Children on roll	Number of WellComm completed	Red on RAG	Amber on RAG	Green on RAG	Proportion of Amber or Red (on WellComm)	# children on roll identified with SLCN prior to WellComm	% children on roll identified SLCN prior to WellComm

1 (PVI)	52	49	16	15	18	63%	2	4%
2 (Gov)	17	14	10	2	2	86%	3	18%
3 (PVI)	44	14	5	5	2	71%	5	11%
4 (PVI)	25	24	7	1	16	33%	4	16%
5 (PVI)	26	26	5	5	16	38%	3	12%
6 (Gov)	31	27	17	0	10	63%	1	3%
Average	**33**	**26**	**10**	**5**	**11**	**59%**	**3**	**11%**

Table 1: LEAP EY settings identification of SLCN pre-post WellComm screen at initial trial of tool

From the start of the WellComm's adoption in January 2020, 617 children were screened using the WellComm tool. This happened at the 15 settings that continued to engage in the LEAP Evelina Award programme during and after the Covid pandemic.

The initial Red, Amber and Green (RAG) ratings for these 617 children at their chronological age-equivalent showed:

- 48.6% scored Green, indicating SLC skills at the level expected for their age.

- 24.6% scored Amber, indicating SLCN as development not at the expected level for their age.

- 26.7% scored Red, indicating a significant SLCN or SLC difficulty, requiring referral to SLT.

In most settings, subsequent re-screening was conducted for those identified as red/amber.

As indicated, prior to the LEAP programme very few referrals to the SaLT service originated from an early-years setting.

Using the the WellComm screen in EY settings , practitioners identified 26.5% of children with a 'red' RAG score and potentially significant Speech, Language and Communication (SLC) difficulties. The EY practitioners had been upskilled to refer to SaLT. This had an immediate effect on the numbers of referrals to SLT from Early Years educational settings.

Additionally, 24.6% of children were identified as 'amber', meaning they had Speech, Language and Communication Needs (SLCN). Significantly, this meant an increase in children who might subsequently receive targeted support within their setting. Children who may then be more closely monitored to ensure their progress. This was previously less likely to have happened.

Two settings (government-maintained and PVI), where WellComm had been embedded into practice, also trialled implementing Evelina Enhanced groups support. SLC targeted intervention groups for children with SLCN were modelled by SLT and then delivered by EY practitioners. There was evidence of improvement in children's SLC ability in these settings between the baseline and subsequent screening. This is illustrated in Figure 5 and Figure 6 – for the Government-maintained nursery and PVI nursery setting respectively.

Figure 5: Government maintained nursery (number of children = 74; number of screenings = 144)

Figure 6: PVI nursery setting (number of children = 33; number of screenings = 65)

For both settings, these figures show the improvement in the RAG rating scores for children between the baseline assessments. They also demonstrate the subsequent screening after they had participated in the language-intervention groups delivered by practitioners in their settings.

This is measured by the increased number of children scoring 'Green for (chronological) age' between the two assessment points. The number of children demonstrating SLC skills at the level expected for their chronological age increased between the initial baseline assessment and assessment following intervention.

The bar-graph on the left of both Figure 5 and Figure 6, shows a visual representation of pre/post RAG ratings. The number of children identified with an SLCN (either scoring 'red' or 'amber') at the baseline had then decreased for the post-intervention screen. At post intervention there was an increase in children scoring 'green' for age and fewer children, presenting with an SLCN, scoring 'red' or 'amber'.

The promising results helped settings see the potential impact of early identification of SLCN. Simple targeted early interventions supported the SLC development with obvious outcomes for the children in their settings.

4.3 Influence on the wider SLT service & systems change

The LEAP Evelina SaLT Audit & Award workforce development programme of work influenced quality improvement within the SaLT service and the wider health-surveillance system.

This has primarily been through the planned adoption of the WellComm screening tool as a pan-borough screen. It has increased identification of SLCN across health and early-years settings to – resulting from the WellComm's use within the LEAP programme settings.

The LEAP programme enabled the SaLT team to share its learning with other sections of the Children's Workforce across health and education. As such, the WellComm tool has influenced the design of the SLCN pathway for universal, targeted and specialist support for 0-4 year olds. This has expanded across the London boroughs of Lambeth and Southwark serviced by the Evelina SaLT team.

Figure 7 shows the plan for the SLCN pathway of identification and support. It has emerged from the Evelina SaLT Audit and Award and Talk & Play Every Day programme of work, commissioned within LEAP's CLD strand.

Figure 7: Pathway for early identification and support of SLCN in Lambeth and Southwark
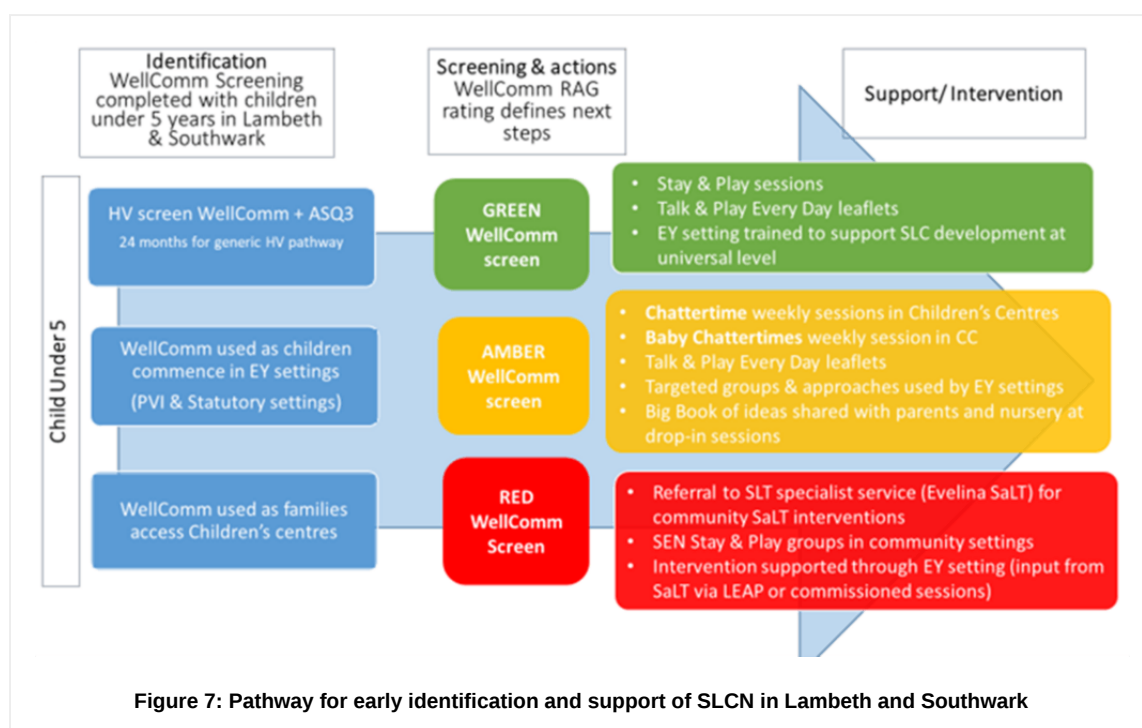
WellComm training and introduction of processes to support its use has extended across the Lambeth and Southwark children's workforce. It includes children's centre staff, Family Hub support workers, health visitors and child-development workers.
The most significant impact to service change has been the introduction of the WellComm screen for health-visitors and health-visitor checks (ASQ3 at universal 24-month).

The use of the WellComm at universal health screens – in addition to within early years settings – provides an opportunity to introduce Red, Amber and Green (RAG) as well as a common vocabulary to discuss SLCN. Doing so will help practitioners, health professionals and parents to identify SLCN and provide early intervention where indicated.

Speech, language, and communication needs (SLCN) are the most prevalent childhood disability.[4] According to the SLCN commissioning guidance from Public Health England (2020) a system-wide 'SLC pathway' is essential.[18] This pathway should encompass universal, targeted, and specialist support to address SLCN, with a focus on early identification and targeted interventions.

Additionally, the Early Years SEND Partnership highlighted the vital role of commissioners and local authorities in establishing an effective SLCN pathway.[35] This includes investing in training practitioners to ensure they are skilled and confident in delivering support.

These recommendations have underpinned a proposed borough-wide scaling of the approaches adopted from LEAP's Evelina audit and award workforce development programme. It will pilot the provision of a targeted nursery service delivered by Evelina SaLT.

This pilot is based on LEAP learning. It includes WellComm use to identify SLCN across engaged settings. This is followed by SaLT modelling-targeted interventions with EY practitioners to use with identified children.

There has been initial agreement to the pilot and potential upscaling of a targeted nursery SaLT service across the boroughs of Lambeth and Southwark. This is based on the proposed use of practical and bespoke approaches to support on-site learning for practitioners to identify and help SLCN.

It is anticipated that extended, routine use of the WellComm will:

- promote consistent messaging for parents/carers and children's workforce;

- influence a clearer process to support earlier identification of SLCN; and

- provide targeted support or specialist referral, across community, early years education and health provision.

Data was not collected on the remaining medium-term outcomes. As a result we were unable to report on the following:

- Parents have the knowledge, confidence and motivation to support their child's speech and language development.

- Participants from other services hear and respond positively to key 'Evelina Award' messages.

- Families access Making it REAL and Sharing REAL with Parents.

5.0 Successes & challenges

We took a Theory of Change (ToC) approach to the LEAP Evelina Award service. Reflecting on learning and iterations to the service design were key to success in the programme's delivery and overcoming challenges to process.

5.1 Challenges

Key challenges for Evelina Speech and Language Therapists were reiterated in the Communication and Language Development (CLD) evaluation31 as experiences often shared across all the CLD programmes of work.

Management engagement was a key indicator to the likelihood of success of practice change or implementation of strategies. Less engaged managers affected the adoption of WellComm tool, how staff engaged in the ACI, and targeted intervention strategies. These settings were less likely to succeed on the Evelina Audit or achievement of the award, regardless of intensity of input from SaLT.

Staffing capacity and staff absences significantly impacted the efficiency of delivery and success of keeping EY settings within the programme.

High staff turnover is understood to be a frequent challenge in the EY sector. This was exacerbated from covid 19 and for several months following the pandemic. Many settings had difficulty recruiting staff – or having enough staff to then be able to release practitioners to attend training or coaching sessions.

This had a significant impact on EY settings being able to recruit staff to fulfil Communication Champion roles. It therefore impacted a site's ability to monitor children's language and support targeted interventions to meet identified need.

Data submissions (including WellComm screens) from early-years practitioners was a significant challenge. Often, practitioners found it difficult to prioritise paperwork submissions due to staffing challenges or time pressures.

We reviewed how practitioners submitted LEAP paperwork several times throughout the programme. It was simplified and supported by the core LEAP team; however, it remained a challenge throughout. This was also linked to how engaged the management was.

The programme had two key challenges:

1. Identifying effective ways to support use of early identification tools for SLCN

2. Overcoming the reluctance to refer children to SLT specialist services.

The Wellcomm assessment tool offered more concrete options to support decision making. Its introduction followed concern that settings were not identifying children with suspected SLCN. This was despite reported changes in confidence following SLCN training and use of the DfE monitoring tool (Appendix A (http://appendix-a)).

However, ensuring the widespread use of the tool in the correct manner was challenging due to:

- leadership engagement;

- staffing-constraints; *and*

- a lack of clarity about who was responsible for screening for SLCN or making SLT referrals.

5.2 Successes

Flexibility to modify training and coaching delivery

LEAP's multi-year funding stream allowed the Evelina Award service to deliver more personalised, long-term and flexible support.

Greater improvement in skill and confidence than one-off training interactions

Thanks to 'baseline' Evelina foundation-level Identification of SLCN in the EYFS and WellComm training and in-setting bespoke support (ACI and WellComm).

Individualised coaching for EY practitioners supported individual use of WellComm screen and ACI strategies. It also reiterated key messages from the Evelina SaLT Identifying SLCN in the EY foundation level training.

Practitioners feel valued, engaged and motivated to adopt a change of practice for themselves and across their setting

The use of video-feedback coaching following ACI training particularly helped. It provided personalised targets for skill-development.

Flexible training supported most settings to overcome challenges to their staffing and engage with both baseline training and in-setting support

Practitioners valued the bespoke approach to SLT support. They were able to adapt the mode and frequency of SLT input of training or coaching to match the needs of settings and staff. Twilight, evening or weekend sessions allowd such flexibility – as well as Insets or on-site.

SLT staffing structure contributed to an adaptable and resilient SLT team to support the EY workforce

This was advantageous during and following Covid when recruitment and staffing posed a challenge for Early Years settings and for the SaLT service. It also helped embed learning into existing practice. Rapid development of the SLCN early identification pathway using the WellComm screening tool supported early identification and concrete next steps for the children's workforce.
A proposed pilot SaLT-targeted nursery service has been commissioned in the legacy of the LEAP Evelina award service. It will expand these flexible approaches and staffing structures.

Engaged and motivated EY management

Engaging the trust and motivation of setting leaders/managers was key to sustained collaborative working. It was also vital to embedding training and SLC-supportive behaviours to achieve practitioner and child outcomes.

EY settings with highly motivated and knowledgeable management were more likely to embed training and establish systems to adopt behaviours supporting Speech, Language and Communication (SLC) development. In these settings, opportunities to share skills, knowledge and practice, and associated positive outcomes, were more likely seen across the whole team.

Government-maintained settings were more able to engage with the service than Private, Voluntary, and Independent (PVI) settings, where a less stable workforce was typically observed.

Adoption of early identification tool for SLCN

The WellComm assessment tool offered practitioners concrete options to clarifying decisions about which children to refer to SLT. It was introduced in response to:

- identifying effective ways to support how EY settings used early identification tools for SLCN; and

- overcoming the reluctance to refer children to SLT specialist services

Practitioners reported positive benefits, including:

- better identification of need;

- better referral conversations with parents; and

- improved confidence in providing targeted in-setting support.

As mentioned in the challenges, there remained variability in WellComm use and whether it was embedded in practice. This was mostly linked to staffing stability and how engaged the team were in the process.

In these cases, practitioner skill and confidence gaps were addressed through the flexible WellComm training and individual in-setting coaching. These measures ensured competent use to:

1. identify children with SLCN;

2. initiate targeted support; and

3. make specialist referrals.

EY settings publicity and sharing Evelina Award journey

The Evelina audit and award for Communication Friendly Environments measured change of environmental features that support SLC development. This includes observed ACI behaviours being used by staff.

Iterations to adopt a two-level audit and award (Foundation and Enhanced) has helped more PVI settings achieve the high expectations of the Evelina award. It has also led to recognition of their journey and attainment, for example, by parents and within the network of nurseries in the borough. This supports the sharing of key SLC development messages across the wider children's workforce.

6.0 Sustainability and next steps

Local community health and education systems have adopted the WellComm screen as a key component to streamlining the process/pathways for early identification of SLCN. This is the direct result of LEAP funding. It includes future use as an SLC screen alongside the ASQ3 as part of health visitors' routine 2-year-old health and development reviews.

It has also successfully advocated for the proposed targeted SaLT nursery service. The service will build on the learning from LEAP and extend SLT-supported WellComm screen use. It will also target interventions in nursery settings across all communities of Lambeth. This includes the neighbouring London Borough of Southwark. Both boroughs sit within the remit of the Evelina Community Speech & Language therapy team.

Evidence has indicated that training is most effective if it is:

- ongoing;

- targeting the needs of practitioners; and

- linked to current practice.

This resonates with our experience at LEAP. It underpinned our proposal to deliver a cyclical/rotational model of development. One which supports settings in an ongoing way. One that creates a sustainable EY support model for **identification** and **timely intervention** for SLCN; the biggest childhood disability.

7.0 Key messages

- LEAP delivered an innovative EY workforce development service that was well-aligned with national policy and priorities. It reached the targeted populations of children.

- LEAP's Evelina SaLT audit and award programme provided an opportunity to trial a flexible and setting-led approach. An approach that supported the skills and confidence of EY practitioners to identify SLCN. One that used targeted activities and ACI strategies to support children to develop SLC within their settings.

- EY sector training is most effective if it is ongoing, targeting the needs of practitioners and linked to current practice. The skills of practitioners and needs of settings are varied. They require a flexible approach to have an impact in the setting for the children they support.

- Data collection should be streamlined, relevant and functional to settings to alleviate the additional paperwork burden to practitioners.

- Engagement of management along with a key practitioner (communication champion) supports the embedding of positive practice (e.g. use of WellComm tool)

- Linking training and progress through audit and award provided a tangible and engaging model. It allowed settings to demonstrate their progress and overall success.

- Local authority quality-improvement teams enable better engagement of EY settings. Their support allows EY settings to access resources, training and ongoing work to support early identification and targeted interventions for SLCN.

8.0 Appendices

8.1 Appendix A: Early Communication and Language Checklist: Tracking tool

Instructions for use:

1 Look at the first column 'attention and listening'.

2 Begin in the first age bracket (0-11 months), read each statement and highlight if it reflects the child's current development.

3 Keep going until you are no longer highlighting any statements.

4 Make a judgement in which age ranges the child is 'emerging' (highlighted at least 1 statement) and 'secure' (highlighted almost all or all statements). Mark these with an 'E' or 'S'.

5 Move to the next column 'understanding' and repeat steps 2-4. Continue until all columns have been completed, including the 'speech' section on the back.

Appendix A: Early Communication and Language Checklist: Tracking tool (page 1)

Notes on monitoring early communication and language

Observation and best-fit judgements

- Judgements of a child's stage of development are made through a process of ongoing observational assessment.
- Observation involves noticing what children do and say in a range of contexts, and includes information from the family about what children do and say at home.
- For children learning English as an additional language, it is important to find out from families about how children use language in their mother tongue and how they communicate at home.
- The assessment is a 'best fit' match to a stage band. This involves considering what is known about the child, and matching it to the development described in the bands. This should be considered separately for each strand of communication and language.
- Within each band, a judgement will be made in two levels – either 'Emerging' when a child shows some development at that level, or 'Secure' when most of the statements reflect the child's current development.
- Development of speech sounds need not be assessed specifically, but it is useful to be aware of typical development which is described in the table to the right.

Checkpoints

- Alongside the 'best fit' judgement, certain 'Checkpoint' statements are included. Marked with a flag 🚩 and a specific age, these are particular statements which should be noted.
- Where a child has not reached a Checkpoint by the age indicated, this is not necessarily a sign of difficulty. The Checkpoint statements serve as an alert for close monitoring including discussion with the family, and perhaps further assessment or support.

Guidance on typical development of speech sounds	
Stage	**Speech sounds** *(Developing speech and being understood applies to all languages. Order of acquiring specific sounds – here in English – may vary with other languages)*
0-11 months	Babbles using a range of sound combinations, with changes in pitch, rhythm and loudness. Babbles with intonation and rhythm of home language ('jargon').
8-20 months	Speech consists of a combination of 'jargon' and some real words and may be difficult to understand.
16-26 months	Many immature speech patterns, so speech may not be clear. May leave out last sounds or substitute sounds (e.g. 'tap' for 'bap'). Uses most vowels, and *m,p,b,n,t,d,w,h*
22-36 months	Speech becoming clearer, and usually understood by others by 36 months although some immature speech patterns still evident. May still substitute sounds or leave out last sound. Emerging sounds including *k,g,f,s,z,l,y.*
30-50 months	Speech mostly can be understood by others even in connected speech. Emerging use of *ng, sh, ch, j, v, th, r* – may be inconsistent. Sound clusters emerging (e.g. *pl* in *play, sm* in *smile*) though some may be simplified (e.g. 'gween' for 'green').
40-60+ months	Overall fully intelligible to others. May be still developing *r* and *th*. May simplify complex clusters (e.g. *skr, str*).

Making good progress

- The goal of monitoring children's development is to plan and provide more accurate support for each child to make good progress.
- How well a setting helps children to make good progress can be determined by analysing the proportion of children who are at risk of delay, as expected, or ahead of expectations in each strand of language and communication. If children are making accelerated progress, the proportion of children at risk of delay should decrease over time.
- In considering whether a child is at risk of delay, as expected, or ahead in each strand of language and communication, it is necessary to consider the child's actual age in months in relation to the overlapping age bands. If a child is within two months of the end of the age band and development is not yet within the band or is judged to be 'Emerging', then a judgement of 'risk of delay' would be appropriate.

Appendix A: Early Communication and Language Checklist: Tracking tool (page 2)

8.2 Appendix B: Evelina post-training Practitioner Questionnaire

Evelina — Practitioner Questionnaire

ank you for agreeing to complete this questionnaire. There are no right or wrong answers.

e purpose of this questionnaire is for LEAP to understand the impact the Evelina training has had on your knowledge and fidence, and to evaluate the effectiveness of our training.

completing this form, you are agreeing for the information to be shared with LEAP and its partners. This data will be red securely. If you have any further questions or need help completing the questionnaire, please let one of the ctitioners know.

you a LEAP setting?
Yes ☐ No ☐ Not sure

at is the current month?
April, May, June (Q1)
July, August, September (Q2)
October, November, December (Q3)
January, February, March (Q4)

inking about the training you attended today, please tick the answer that best describes how you el:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongl disagre
I felt that the training met the objectives stated					
I felt that the information was presented clearly					
I felt that the staff at the training were friendly					
I felt the staff were knowledgeable					
I have learnt something new because of attending the training					
Overall, my experience of this LEAP training has been positive					

Appendix B: Evelina post-training Practitioner Questionnaire (page 1)

9. Giving advice to parents on how they can support children's speech, language, and communication development.	1		2	3	4	5
0. Referring a child to the Speech and Language therapy team	1		2	3	4	5
1. Identifying children with speech, language and communication difficulties	1		2	3	4	5
2. Implementing activities that can be used in settings to support language and communication development	1		2	3	4	5
3. Supporting EAL children	1		2	3	4	5

result of taking part in the Evelina training, do you feel there have been any changes in following areas:	Stayed the same			A bit better		A lot bet
Your knowledge about children's communication and language development	1	2		3	4	5
Your confidence in supporting children's communication and language development	1	2		3	4	5
Your skills in using strategies to support children's communication development (e.g. ACI, visuals, circle time strategies)	1	2		3	4	5

How useful have you found the resources you have used? If you have not used the resource, please circle N/A	Not useful at all	Not very useful	Neither useful or not useful	Useful	Very useful	N/
27. Talk and play every day leaflets (0-2+years)	1	2	3	4	5	N/
28. Read and rhyme anytime leaflet	1	2	3	4	5	N/
29. Switch it off and talk together leaflet (screens: phones, tablets, and computers)	1	2	3	4	5	N/
30. Keep your language alive leaflet (bilingualism)	1	2	3	4	5	N/

Appendix B: Evelina post-training Practitioner Questionnaire (page 2)

On a scale of zero to ten, how likely are you to recommend this service to a colleague?

ot at all likely   Extremely likely

0	1	2	3	4	5	6	7	8	9	10

ase read the statements below and circle the number which best reflects your feeling about each tement.

ase rate your *knowledge* about the following topics:	Very low knowledge	Low knowledge	Moderate knowledge	High knowledge	Very high knowled
Children's ages & stages of language and communication development	1	2	3	4	5
Supporting children's language and communication development	1	2	3	4	5
Identifying children who might need help with their communication and language development.	1	2	3	4	5
How to refer a child to the Speech and Language therapy team	1	2	3	4	5
Where to signpost families if they need additional support to develop their children's communication skills.	1	2	3	4	5
Where to seek advice about speech, language, and communication	1	2	3	4	5
The wider impact of speech, language, and communication difficulties	1	2	3	4	5
Activities that can be used in settings to support language and communication development	1	2	3	4	5
English as an additional language, and language development	1	2	3	4	5

ase rate your *confidence* in doing the following things:	Very low confidence	Low confidence	Moderate confidence	High confidence	Very hic confiden
Supporting children's speech, language and communication development.	1	2	3	4	5
Describing children's speech, language and communication skills to parents/carers.	1	2	3	4	5

Appendix B: Evelina post-training Practitioner Questionnaire (page 3)

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↑ Instance 1   ↑ Instance 2   ↑ Instance 3   ↑ Instance 4   ↑ Instance 5   ↑ Instance 6   ↑ Instance 7   ↑ Instance 8

33. Specific targeted intervention programmes (e.g. language groups) were also introduced to support children identified as red or amber on the WellComm for settings who were working at the Enhanced Evelina award level

↑ View

34. Feedback from ACI coaching sessions on the practitioner feedback form (Appendix B)

↑ View

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