Every Child Our Future Developing Speech, Language and Communication (DSLC) Year One Review

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Introduction

Every Child Our Future, in collaboration with representatives from the Childcare and Early Years Service (CEYS) and Children Young People Education and Skills have established a 3-year pilot programme to explore the impact of having a paediatric speech, language and communication therapist work directly with schools. Two therapists (0.5 FTE) have been appointed to work across two schools (with a third school at arm's length from the project), in collaboration with an EYs Advisor and each school's EYs teaching team. It is envisioned that the therapists work with the schools in a general way, providing advice and training, supporting with the implementation of groups and interventions. Children with diagnosed SLC needs will continue to access the SALT service as required.

The intended outcomes of this pilot can be summarised into three aims:

- To close the gap in communication and language outcomes between disadvantage children and their more advantaged peers
- To demonstrate the feasibility, adoptability, acceptability, and adaptability of this model of collaborative multi-agency working to improve outcomes for young learners in Jersey Primary Schools
- To allow for the early identification and support of speech language and communication needs in children, ensuring effective early intervention can be put in place. It is hoped this will reduce the number of referrals and the severity of difficulties children present when older.

This review was commissioned by Every Child Our Future to evaluate the first year of the pilot, drawing together key learning and questions to be considered in the second and later years. The report begins with a review of the research evidence that underpinned the design of the pilot. Next the review process is outlined, followed by the findings from the review. The report concludes with a discussion of the findings and key questions moving forward.

Why Language?

During one of the interviews with the teachers during this research, we asked if the teachers felt the focus of the project was appropriate, or if they felt links with a different agency (for example occupational health, inclusion, or mental health) would have been better? The teachers were unanimous in their response. Language, they felt, was the central need for their current students and without a focus on developing language and language learning skills, the children would be at a disadvantage as they moved through school. This view reflects the consensus view presented by the research literature. Language development is foundational and poor language development is associated with limited educational attainment, poor employment opportunities, poor mental health and involvement with the justice and prison services (Snow, 2020).

Why language development? Why an Early Years focus?

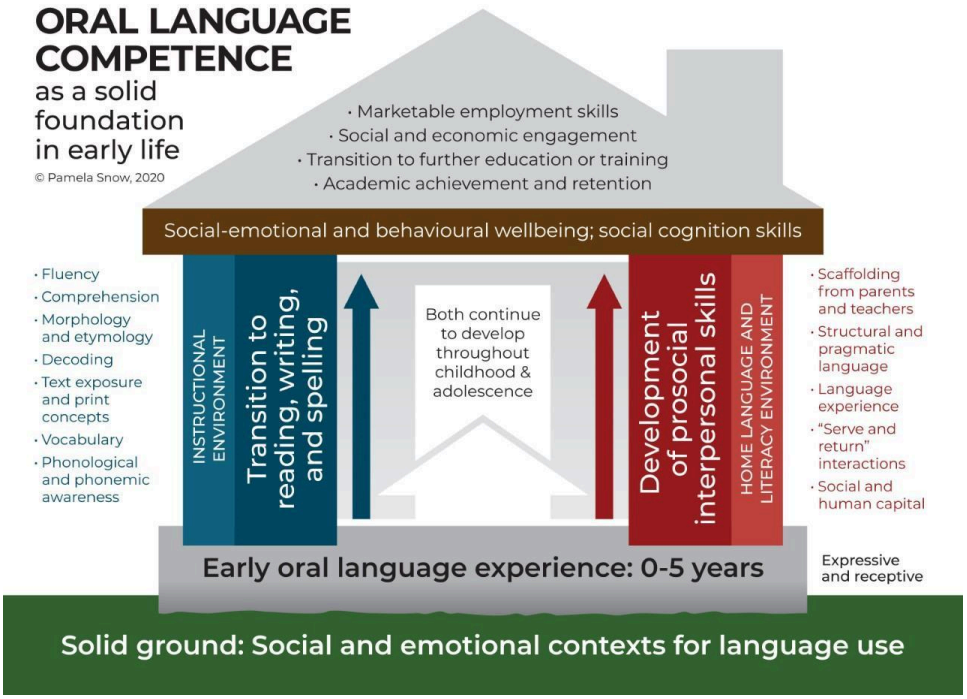

Figure 1: The Language House (Snow, 2020)

As the Language House in Figure 1 highlights, language development is a complex process, affected by many factors. Both the school and the home environment are crucial and complementary in supporting a child's language development. The early language experiences from 0-5years old are a foundation to further development in both literacy development and the behavioural wellbeing and the social and emotional development of children.

Studies suggest language development impacts on the development of behavioural and emotional self-regulation (Norbury et al., 2016), literacy development, mathematical development and access to the wider curriculum in school.

It is important to recognise the distinction between language delay, language disorder and the use of language for learning (often described as oracy). It is recognised that language development is dependent on interactions between children and more competent language users. The 'serve and return' of communication around an object of mutual interest is the primary driver of a child's language development[1]. In some circumstances, the nature and quantity of communicative acts the child experiences may not be enough to ensure language development. For example, a report by the Joseph Rowntree Foundation (Fell & Hewstone, 2015) suggested that in families experiencing financial stress, the amount of child directed language is reduced. In addition, the language the child

[1] Serve and Return (harvard.edu)

may here can become more functional and limited to instructions and directions. Reduced exposure to language interactions can result in language delay. This suggests a child's language is developing along expected developmental trajectories but has not reached age expected expectations. Language delay is correlated with low social economic status and deprivation, amongst other indicators. Law et al (2017) identified in some areas, up to 80% of children present with delayed language on entry to school.

In contrast, language disorders (estimated to be prevalent in around 7-10% of the population[2]) is a lifelong disorder, which affects the use and understanding of language. Language disorders can present as expressive difficulties such as difficulty with speech production and producing grammatically appropriate speech or receptive disorders, characterised as a difficulty in understanding language and language use. Norbury *et al*, (2016) identified that on average 2-3 children in a reception class of 30 children will have a developmental language disorder that will affect their ability to access the curriculum. Developmental language disorders (DLD) can be complex and benefit from long term therapeutic support.

In addition, language difficulties are often present as a feature of other neurodevelopmental disorders, and special educational needs such as FASD; ASD; ADHD, DCD[3], dyslexia and other neurodevelopmental conditions. Just as reading difficulties can have a heritable component, so can language disorders.

Early intervention, and response to teaching approaches.

In 1986, Professor Keith Stanovich published the results of a longitudinal study on the development of children's reading skills from entry to school until Grade 2 (Year 3 in UK) (Stanovich, 1986). He suggested the results illustrated the Matthew Effect – the rich get richer, and the poor get poorer. Children who started school with well-developed skills in language and phonological awareness[4] able to take advantage of classroom opportunities and make good progress in learning to read. Children without these advantages made slower progress and over time the gap in attainment grew wider. The Education Endowment Foundation report on the attainment gap in the UK (Education Endowment Foundation, 2017) suggests the gap in attainment between children who experience disadvantage and more affluent peers grows as children move through their schooling. It makes sense to work to close this gap as soon as possible when children start their education (and before) before the cumulative impact of barriers to learning grows. This is of particular importance for the speech, language and communication skills of children on which much of their schooling depends.

Once children have started their education, it is possible to support them effectively using an approach called response to teaching, or response to intervention (Connor et al., 2011; Spear-Swerling & Cheesman, 2012). This approach suggests that support can be tiered effectively to ensure children make progress. At the lowest level, the universal provision in the classroom supports all children – this is called Tier One provision. For children who make slower progress with the universal provision, another layer of small-group specialised intervention is put in place- Tier Two support. A child's progress with Tier Two provision helps identify any further needs and if needed they should access Tier Three, specialist external support.

Using a response to intervention approach to developing language can serve an additional purpose, This approach can help distinguish between language delay and language disorder. Children who display the characteristics of language disorder will typically make slower progress in developing their

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[2] Quick Statistics About Voice, Speech, Language | NIDCD (nih.gov)

[3] FASD- Foetal Alcohol Spectrum Disorder Home - National FASD

ASD – Autistic Spectrum Disorder What is autism

ADHD – Attention Deficit Hyperactivity Disorder Attention deficit hyperactivity disorder (ADHD) - NHS (www.nhs.uk)

DCD – Developmental Coordination Disorder Developmental co-ordination disorder (dyspraxia) in children - Symptoms - NHS (www.nhs.uk)

[4] Phonological awareness is the ability to distinguish sounds in speech and is an essential precursor to learning to read

language, despite any additional support and the early identification of their needs means appropriate support can be put in place.

Review Methodology

This review aimed to review the programme after the first year of implementation and to identify areas for development and further research moving into Year 2. The questions the review sought to answer are outlined below.

What impact has being involved in the DSCL programme had on the school, teachers, parents, and children?

1. *Q. How has the programme developed?*
   This question frames the review, looking to capture the evolving nature of the project and the theory of change that has been developed. Understanding how the programme has developed provides insight into the key stages of the implementation and the systems and structures that have supported it to run effectively in the first year.
2. *Q. What impact has the programme had in Year 1?*
   It is important to capture emergent evidence of the impact of the programme both for the children involved, the schools and the wider community and so this question frames an evaluation of the indicators of impact (qualitative and quantitative).
3. *Q. What have the barriers to implementation been?* Recognising barriers to progress and implementation provides insight to the programme implementation and identifies areas for development moving forward.
4. Q. *What are the next steps for Year 2 and what questions should we ask?*
   Drawing on the data collection in response to questions 1, 2 and 3, this question enables the review to summarise the findings to date and to identify areas for consolidation and development in Year 2 and areas for further research.

The review used a mixed methodology to inform the findings, including qualitative data collection methods such as interviews with teachers, school leaders, teaching assistants and the speech and language therapists involved. The interviews were conducted during visits to the two intervention school settings. Observations of small group intervention teaching and whole class vocabulary teaching and children at play were made. Focus group interviews were conducted with parents from each intervention school.

Data from Wellcomm assessments[5] and statutory assessments such as the Early Years Foundation Stage (EYFS) Baseline Assessments[6] and the end of year assessments[7] were collected from both intervention schools and the control school. Contextual data on each school was collected from school websites.

Detailed data was collected in collaboration with the Speech and Language Therapists to inform the child case studies included in the report.

The qualitative data was analysed according to the five steps thematic analysis methodology (Braun & Clarke, 2021). The questions provided a-priori coding frame used to analyse the data and identify themes.

The findings have been used to construct an initial theory of change (French et al., 2012; Guskey, 2002; Michie et al., 2008) seeking to identify the core elements of the programme identified through the first year, leading to further questions to inform evaluation in Year 2.

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[5] Wellcomm WellComm - GL Assessment (gl-assessment.co.uk)

[6] DFE, 2022 Reception baseline assessment: assessment and reporting arrangements (ARA) - GOV.UK (www.gov.uk)

[7] DFE, Early years foundation stage profile handbook - GOV.UK (www.gov.uk)

Findings

How has the programme developed?

The programme began with schools expressing interest in the pilot. The Head Teacher submitted an Expression of Interest outlining how they thought the school would benefit from being involved and how they envisioned the project would work. The EYFS leads were interviewed and two schools chosen. A third school was selected as a comparison. Funding was secured from a community foundation, the schools Jersey Premium budget and the Education Reform board.

Overview of the Schools Involved

School A is a two-form entry school situated in the centre of St Helier. It has around 360 children on roll and an ARC provision specialising in children with Autistic Spectrum Disorder, with 26% of children identified as having a Special Educational Need. The school serves a large population of multi-lingual learners (71%).

School B is a two-form entry school situated within St Saviour, in a residential area. At present, there are 424 children on roll. The school serves a community with 52% muti-lingual learners and 26% of children identified as having Special Educational Needs. The school has 38% of students as eligible for the Jersey Premium.

School C is a two-form entry school situated in St Helier. There are around 360 children on roll, 16% of whom have a Special Educational Need. The school serves a large population of multi-lingual learners (62%).This school has been the comparison school during the first year of the project.

Figure 2 shows a more detailed breakdown of the children on roll in the Nursery and Reception classes of the schools involved. It is evident that School A serves a community with higher levels of social and economic deprivation than the other schools involved.

School		Number of pupils	% eligible for Jersey Premium	% MML	% SEND
School A	Nursery	30	50	87	47
	Reception	43	38	66	30
School B	Nursery	24	33	38	19
	Reception	51	45	33	6
School C*	Nursery	29	n/a	n/a	n/a
	Reception	45	n/a	n/a	n/a

*School C is included as the comparison school. They have not been part of the programme in 2022-23.

Figure 2: Table showing comparison data for the Nursery and Reception classes in the schools involved in the project during 2022-23.

Two Speech, Language and Communication Therapists (SALT)were recruited through an open application process and allocated to School A and School B to start in September 2022, working three days a week in school.

The programme activity across the year

In both intervention schools, the SALTs have implemented a programme of activity across the year that is broadly similar in content, range and scope, with some variation and adaptation according to context (see Figure 3 for further details)

Time	School A	School B
Autumn Term 2022	Wellcomm Screening Wellcomm intervention groups: 2 x a week – one delivered by the SALT and the other by a Teaching Assistant	Wellcomm Screening Wellcomm intervention groups: 2 x a week – one delivered by the SALT and the other by a Teaching Assistant

	Supporting across setting with weaving Using the Communication Supporting Classroom Observation Tool to develop the environment. Training for teachers and teaching assistants Parent workshop	Supporting across setting with weaving Using the Communication Supporting Classroom Observation Tool to develop the environment. Training for teachers and teaching assistants Parent workshop
Spring Term 2023	Wellcomm Screening Wellcomm intervention groups: 2 x a week – one delivered by the SALT and the other by a Teaching Assistant Supporting across setting with weaving Training for teachers and teaching assistants Development of the word of the week, and book of the week Sign of the week and parental support videos on Tapestry Parent workshop Informal drop-in and additional parental support	Wellcomm Screening Wellcomm intervention groups: 2 x a week – one delivered by the SALT and the other by a Teaching Assistant Supporting across setting with weaving Training for teachers and teaching assistants Word Aware training and implementation across Nursery and Reception Development of the word of the week, and book of the week Sign of the week and parental support videos on Tapestry Parent workshop
Summer Term 2023	Wellcomm Screening Wellcomm intervention groups: 2 x a week – one delivered by the SALT and the other by a Teaching Assistant Supporting across setting with weaving Training for teachers and teaching assistants Development of the word of the week, and book of the week Sign of the week - using Makaton Parental support videos on Tapestry Parent workshop Informal drop-in and additional parental support Transition sessions and home visit support	Wellcomm Screening Wellcomm intervention groups: 2 x a week – one delivered by the SALT and the other by a Teaching Assistant Supporting across setting with weaving Training for teachers and teaching assistants Concept Cat training and implementation in Reception, aligned to Maths curriculum Development of the word of the week, and book of the week Sign of the week – using BSL Parental support videos on Tapestry Parent workshop Transition sessions and home visit support

Figure 3: Table outlining an overview of the programme developed during the first year of the pilot.

The variations in the programme delivered in each school reflect the needs of the children, the staff and the parental community. School A has benefitted from the specialist SALT input to support the identification of need within the cohorts, in particular in the Nursery class. The children at School A speak a wide variety of languages and it is not always possible to be able to assess children in their first language. This makes the screening process using Wellcomm less precise and efficient.

What impact has the programme had in Year 1?

Any consideration of impact of such a programme will be multi-faceted and complex, using a variety of quantitative and qualitative data sources. To explore the impact of the first year of the project, data has been used from the Wellcomm Screening Assessments and the early years assessments conducted, interviews and focus groups and observations in the settings.

It should be noted that there are challenges in using Welcomm Screening Tool as a measure of impact. In the first instance, the nature of the assessment means that false positive (when children without difficulties are identified as having difficulties) and false negative (when children with difficulties are not identified) outcomes are to be expected. This is overcome in a school setting by careful additional observations of the children over time, tracking of their progress within Wellcomm small-group intervention and the use of other assessments. In addition, not all aspects of language development are assessed during the Wellcomm screening process and progress is not consistently described, through equivalent incremental steps over ages and stages. At School A, 6 children were excluded as the WellComm Screening Tool was not considered to be an appropriate assessment to use for these children due to their social communication and learning differences.[8] Vocabulary breadth and depth is an area that is not included.

However, if we consider the early identification of children with significant difficulties with speech, language and communication to be a key aim of the programme, then there is clear evidence of impact. The number of referrals (and acceptance of children into specialist Priority 1 treatment) has increased. The therapists report being able to support teachers with the earlier identification of children with difficulties, encouraging them to submit referrals earlier in the year and supporting them to provide appropriate information during the referral process. School A currently has 14 (out of 30) children currently on referral for review -a rise in comparison with previous years. It was suggested that in previous years, teachers would leave the children for longer before making a referral, allowing the child time to settle into the nursery and reception setting. The expertise of the SALT has enabled a faster response, and more children have been swiftly identified and are now receiving intensive support with their difficulties better accommodated within the classroom.

Furthermore, as Figure 4 highlights the children have made accelerated progress over the year, with a greater number of children working within the green zone and age-related expectations in each school. However, it is not possible to isolate the impact of SALTs from this data, as there is no comparison data showing how the children might have progressed under normal classroom conditions.

[8] For School A and B an exclusion criteria was applied to the data collection.

Exclusion criteria from Wellcomm screening:

-Children who could not access the screening process as their communication and learning differences
-children who were absent/not on roll at the time of the screening.

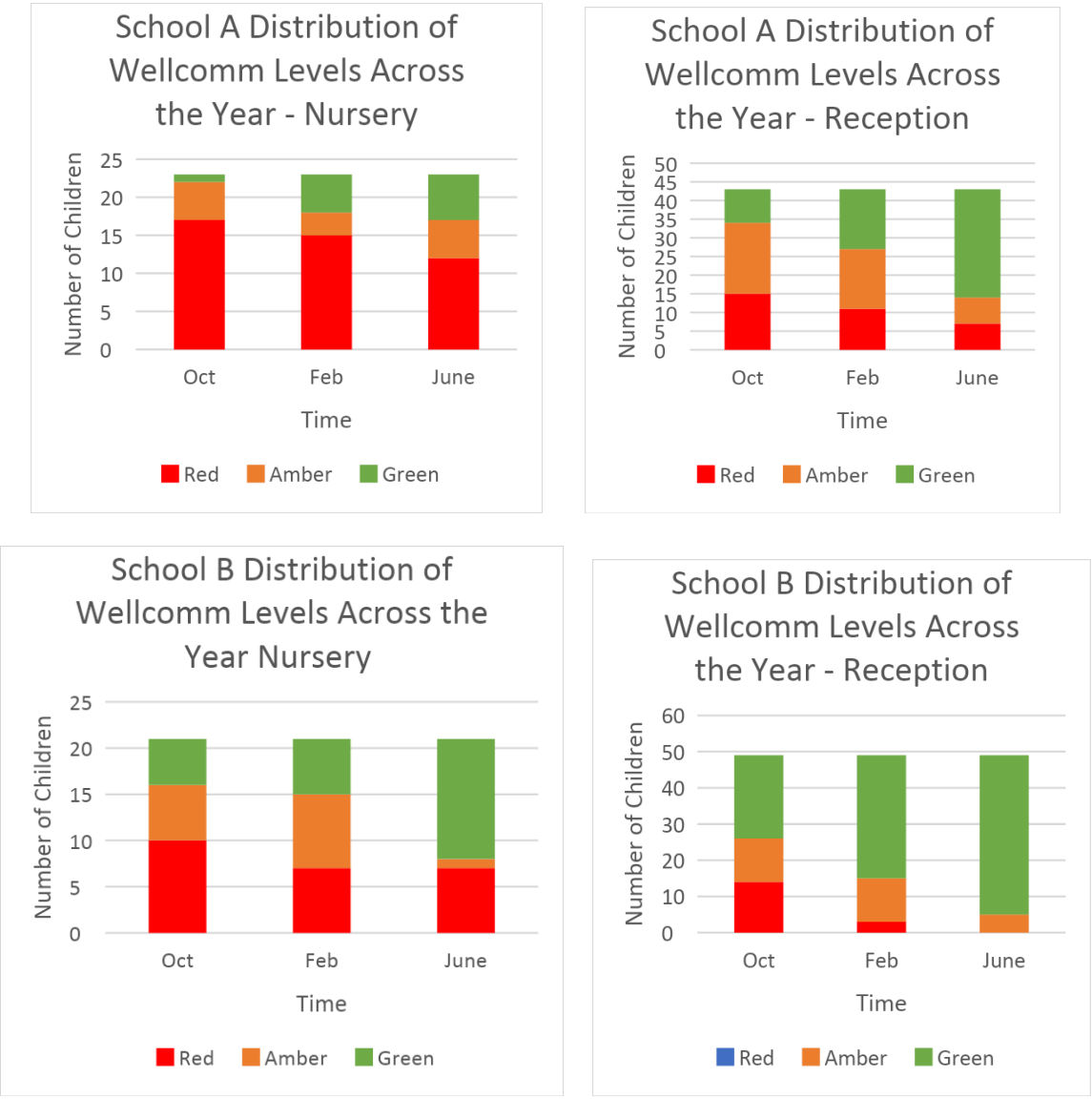

Figure 4. Figure 4 shows how the number of children working at Age Related Expectations, when assessed using the Wellcomm Screening Assessment has changed over the academic year 2022-2023

School C reported their outcomes in June 2023 as 15 out of 29 Nursery children working within green (52%) and 41 out of 45 Reception aged children working within the green zone (91%).

Figure 5 shows the numbers of children in Nursery working below their age-related expectations in the red zone using the Wellcomm Screening Tool at the end of June 2023 and how many sections of the red zone they did not achieve. This graph shows clustering of children in School A and School B who have not achieved two, three or four sections. In contrast, School C (the comparison school), there are 7 children who have been identified as one section below and two children who are six or more sections below. It could be suggested that the SALTs have ensured the children who are just below expected levels have been quickly and effectively supported, ensuring their language more in line with their peers. An alternative explanation is that the Wellcomm Screening Tool is not suitable for use with these children, due to their social and language learning differences. This will have positive impacts on their ability to access the curriculum and wider learning opportunities as they start statutory education.

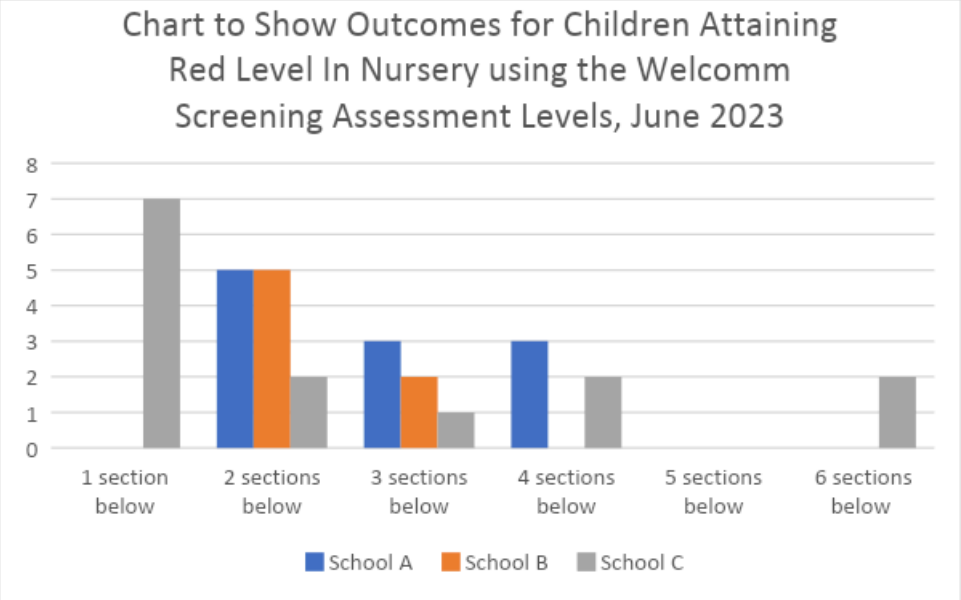

Figure 5: Number of children in Nursery working below their age-related expectations in the red zone using the Wellcomm Screening Tool at the end of June 2023 and how many sections of the red zone they did not achieve.

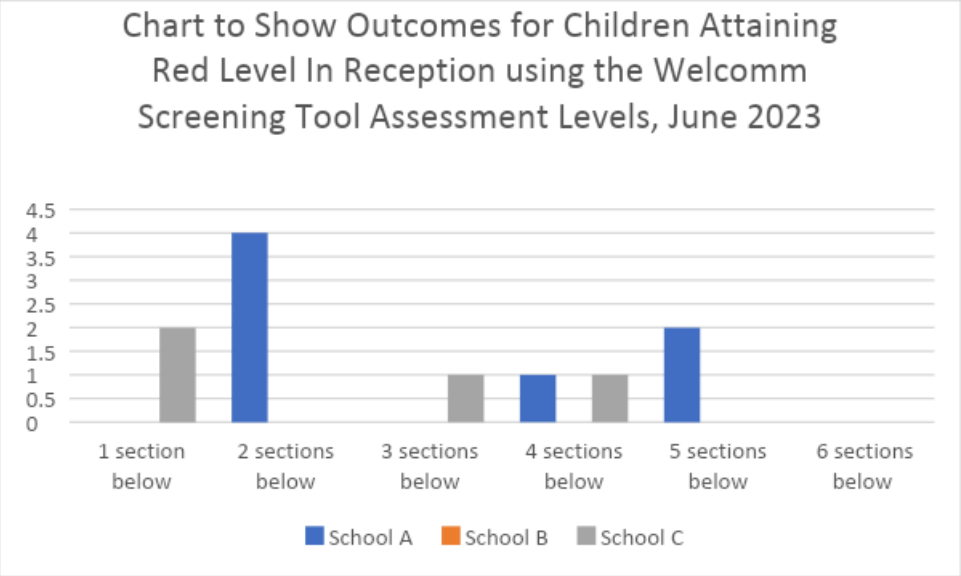

Figure 6: Number of children in Reception working below their age-related expectations in the red zone using the Wellcomm Screening Tool at the end of June 2023 and how many sections of the red zone they did not achieve.

A small number of case studies were developed to illustrate the impact of the programme on children who attend School A and School B and been supported. These case studies help to show the powerful impact the programme has had on individual children and their ability to enjoy school and participate. The first three case studies could be seen as good news stories. The children have made rapid accelerated progress from low starting points and are now broadly working within age related expectations across the curriculum. The first child – L – will have time to consolidate and develop his language as he moves into Reception. The two older children, A and S are both multi-lingual learners and will benefit from close monitoring and support as they move into Year 1.

Case Study 1

L is multilingual speaker who started Nursery in September 2022. L started nursery with control over fewer than 10 words in both home language and English. He was quickly identified though the Wellcomm screening programme as working within the Level 2 range (considerably below age related expectations) and joined a twice weekly small group intervention with two other children. L has made consistent and rapid progress over the year in both English and home language. In the Nursery setting, L is now confident to actively participate in all areas of the curriculum and is judged to be working at the expected level in both literacy and numeracy. His parents have reported improvements in his language skills, both in home language and English.

Case Study 2

A is a multi-lingual child who started in Reception in September 2022. A speaks mainly home language at home, with some English. The baseline assessments administered at the beginning of the Reception Year, and the Wellcomm Assessment identified that language and communication in English was well below expected standards. Over the year A has accessed small group Wellcomm intervention sessions twice weekly targeted at her English language learning level. In June 2023, teachers report that she is now initiating and joining into interactions in the classroom and building relationships with her peers. A has become an active language learner, asking for novel vocabulary and showing an increased ability to follow instructions and answer questions related to interests and learning. By the end of the reception year, A is attaining age-related expectations in most areas of the curriculum, except for word reading, writing, number and numerical patterns. A will continue to be monitored as a multi-lingual language learner into Year 1.

Case Study 3

S is a multi-lingual child who speaks her home language, with some English. S started attending school in Reception, where baseline assessments highlighted some difficulties in speaking, listening and attention and understanding language. S received regular, biweekly Wellcomm small group intervention sessions lead by the Speech and Language therapist and a teaching assistant. The sessions focused on developing an understanding and use of prepositions such as 'on' and 'under', the use of the pronouns 'he' and 'she' and the construction of the past tense in English. Assessments indicate that S has made considerable progress and is now working with age-related expectations for speaking, listening and attention and understanding. Mother has reported feeling very pleased with how S is now talking and understanding language. Her confidence has improved over the school year. She reported that S is using longer sentences, especially in English, and is keen to tell the family the new words they are learning. S will continue to be monitored closely into Year 1.

Case Studies 4 and 5 illustrate success in a different way. The child described in case study 4 – L- has made good steady progress from a low starting point but continues to show considerable difficulties. Response to the small group intervention and structured teaching show the challenge L faces learning language and suggests L will benefit from further specialist support in the future. The early identification of the extent of L's difficulties means that the appropriate adjustments to the classroom setting can be put in place before L starts Reception, and ongoing support can be planned for.

Case Study 5 describes how the wide-ranging speech, language and communication difficulties of E have been swiftly identified, leading to intensive therapeutic support. E is a happy child who rarely initiates conversation with the adults in the setting. E is sociable and seems to be involved in the activities the other children are involved in. In a busy Nursery, it would be easy to overlook the level of

difficulty E has in expressing themselves and understanding others – E may have been considered to a little shy, or nervous with unfamiliar adults. The screening process quickly identified needs and by the end of his Nursery year, E had been referred and accepted for intensive therapy in addition to the support he continues to receive at school.

Case study 5

L is a monolingual English-speaking child, eligible for Jersey Premium, who started Nursery in September 2022. L has been involved in small group Wellcomm intervention sessions twice weekly. L has missed many of the small group sessions and immersion in the language rich environment through poor attendance. L has made progress over the year and teachers report L can maintain attention and focus for longer periods of time, especially during whole class carpet sessions. Progress has not been as rapid as other children and L has not reached age expected levels in communication and language, literacy and numeracy. Mother has seen improvements in his use of language at home, commenting that L is easier to understand and behaviour at home has improved. L will continue to access Welcomm group intervention sessions in Reception and progress will be carefully monitored. Additional parental support has been put in place to support with attendance and behaviour.

Case study 6

E is a multi-lingual child, eligible for the Jersey Premium, who started Nursery in September 2022. His parents report speaking both home language and English at home. The Wellcomm screening on entry to Nursery class identified that E was at a very low level of language learning (Level 1) in both English and home language. E has accessed small group Wellcomm intervention sessions twice weekly and additional language support with the environment for the year. This close monitoring has enabled the extent of his language acquisition difficulties to be identified. Although E is engaged within the setting and is involved in activities, E rarely initiates conversations or interactions with other children or adults. E has been referred to and accepted by the Speech and Language Therapy team for intensive support with speech sound production, expressive and receptive language skills.

Impact on the settings and practitioners

All those involved mentioned the importance of materials and resources to support the implementation of the screening, the small group sessions and across the settings. The therapists have worked creatively to adapt the materials and resources available in the settings to foster the language learning opportunities that would benefit the children. This has been valued by the staff in school as they learnt to accommodate the language development practices into their teaching repertoires. Teachers and Teaching Assistants have appreciated learning how to use the resources and materials provided by the therapists precisely. They are developing an understanding of how to adapt what is available in the continuous provision environment to foster a language supportive environment and informal opportunities for children to use the language they are learning.

Which aspects of the programme have made a difference?

Two themes were present in the data which describe the aspects of the programme that were felt to make a difference by those involved. These were relationships and training.

Relationships

As the development of language depends on strong relationships, it is unsurprising that the importance of strong, trusting **relationships** between all involved was considered to be critical. Teachers, leaders and parents were grateful for the time and care the therapists showed in building relationships and understanding the task they were involved in. It is notable that both therapists and school staff commented that the partnership had allowed them to understand how the different services (health and education) work and how they could adjust to working in collaboration more effectively. The therapists were surprised at the complexity of the school environment and how much

was involved in time tabling and organisation. Teachers commented on the depth of knowledge of the therapists and how generous they were with their time and expertise,

Training

The ongoing formal and informal **training** that the therapists provided was considered to be hugely valuable by all. Teachers and teaching assistants valued the opportunities to be able to develop their knowledge of speech, language and ways of supporting children. The use of Word Aware and Concept Cat in the Nursery and Reception classrooms, as a universal approach for all children to benefit from was considered a powerful way to support the introduction and consolidation of vocabulary acquisition. Informal training, such as the co-planning, delivery and assessment of Wellcomm groups and modelling the use of target language in the continuous provision was successful. The Teaching Assistants appreciated the careful guidance, tight focus and small steps the Wellcomm targets provided and how the therapists supported them to find ways to work with the children.

The Speech and Language Therapists reflected they had been involved in informal training opportunities as they observed and were involved in early reading and phonics and the way nursery and reception classrooms are typically organised.

The parents interviewed valued the workshops provided and the online resources to use at home that were uploaded onto Tapestry.

Where have the challenges and barriers to implementation been?

The challenges and barriers to the implementation can be grouped into challenges with the operational aspects of project start-up and longer-term aspects for consideration and development.

Operational challenges

From the beginning the operational issues of finding time, space and capacity within the school day have been a challenge and continue to be so. The value of the work was recognised by all and it has been prioritised, but space and time remain difficult to secure. In particular allocating regular time for small group interventions to be delivered and the appropriate space to deliver them has proved problematic. Small group sessions are delivered in corridor spaces, by doors and in rooms shared with other providers. This leads to regular interruption and the loss of resources and materials. Time is wasted as teaching assistants identify free areas to work in and collect the resources they need. It can be difficult to remove children from whole class sessions and teaching, or ask children to finish an activity in order to complete the group tasks.

Communication amongst the team has been highlighted as crucial- both for the school and therapy staff. The opportunity to feedback and share progress is essential and both therapists have devised ways of sharing what the children have been focused on. One successful strategy was a “Talk to me about ……” sticker that the children were given at the end of each Wellcomm session. This enables every adult in the setting, and parents to further embed the concepts and language throughout the day. However, the importance of group meetings where key learning can be shared is important. One recommendation suggested during the interview process would be for therapists and staff to have weekly half hourly team meetings to allow for planning to link continuous provision activities and enhancements to the key, focus vocabulary and the book of the week.

Longer term considerations

As to be expected in a new pilot project, there have been some initial teething problems. One issue raised was a lack of clarity around the roles and responsibilities for those involved. To begin with the therapists were unclear as to their position in school and to whom they were accountable. Some of the teaching staff admitted to feeling worried at the beginning. They were unprepared for the arrival of the therapist and felt it placed them under scrutiny. The sensitive and careful way the therapists approached the role quickly overcame any feelings of concern, but this raises an important consideration should the pilot be scaled up. It will be valuable to clarify the roles and responsibilities of those involved within the project, including line management and reporting arrangements. This should

extend to safeguarding with some thought given to how both schools and the health service can ensure their statutory safeguarding responsibilities are covered.

Another area for further consideration is the expectations of the children's development and how the impact will be assessed and judged successful. Using assessments processes such as the Wellcomm Screening Tool is a valuable process, however, success can also be defined as an increase in referrals and improved early identification of children with language disorders. At present all children are receiving support through the programme, but this varies according to the needs of the cohort in each school. The therapists and teachers were unclear how the success of the project would be measured and felt it would be helpful to have more clearly defined metrics in place and a clearly defined process for recording the data, which allows for the recognition of absence at times of testing and children who are excluded from the assessment process. It may be beneficial to consider success at a wider system level than comparing outcomes across schools as the schools concerned serve such varying communities.

Finally, in both School A and School B, collaboration and communication with parents was mentioned as an ongoing challenge. It was felt that this should be an ongoing consideration and a total community response would be beneficial. Working within a support system for parents that provided early support and intervention with speech, language and communication development, managing behaviour and parenting skills, ensuring attendance and pre-nursery development was suggested as a positive way forward. School leaders were enthusiastic in their support for a community hub model, such as the Sure Start Programme that was established in England. Structured on Bronfenbrenner's Bio-Ecological model (Rosa & Tudge, 2013), the Sure Start Centres were envisioned as hubs around which parents could access a wide range of children's services and support in a non-judgemental and supportive way. Subsequent research has shown that these centres where successful in improving a range of outcomes for children[9].

Discussion and Next Steps

What are the next steps for Year 2 and what questions should we ask?

As this report has established, there are many powerful aspects of the programme and it has shown it is beginning to meet the stated aims of:

- closing the gap in communication and language outcomes between disadvantage children and their more advantaged peers;
- demonstrating the feasibility, adoptability, acceptability, and adaptability of this model of collaborative multi-agency working to improve outcomes for young learners in Jersey Primary Schools;
- allowing for the early identification and support of speech language and communication needs in children, ensuring effective early intervention can be put in place. It is hoped this will reduce the number of referrals and the severity of difficulties children present when older.

Undoubtedly, the sensitive approach the therapists have taken towards establishing their presence and building relationships in each school has contributed to the effectiveness of the programme in Year 1. It will be important to establish whether this success has relied on the experience, skills and dedication of them as individuals and can be replicated wider. The programme has shown itself to be feasible, acceptable and adaptable to the both the education and health colleagues involved and greatly valued by all. The schools are convinced the programme is making a powerful difference to the outcomes for their young learners.

There is emerging indicative evidence that the programme is allowing for the early identification and support of speech, language and communication needs in children. Although this project has increased the number of referrals across the year, there is some suggestion that the severity of the difficulties of the children is reducing.

[9] The health impacts of Sure Start | Institute for Fiscal Studies (ifs.org.uk)

As yet, it is unclear whether the project will have a lasting impact on the gap in language and communication outcomes between children who experience disadvantage and their more advantaged peers. It will be necessary to design a longer-term evaluation to be able to explore this with any confidence, however the research literature and the success of the programme to date suggest this would be worth exploring.

What questions should be asked in Year 2?

The questions that will inform the shape and scope of the programme can be framed around the development and evaluation of the programme at an individual school level and then how the programme could be developed at a wider system level.

At the school level, it will be valuable to further codify the programme, building a theory of change which enables the active ingredients of the programme to be isolated and tested. It will be important to consider how teachers and staff can continue to develop their knowledge, skills and understanding, taking ownership of operational elements of the programme and allowing the speech therapists to become more strategic and extend their reach.

Closely following the further progress children make as they move from Nursery into Reception, and from Reception into Year 1 will be important to help evaluate the impact of the programme in achieving its aims. The 6 case studies could be extended and developed to include further contextual information. Furthermore, it will be powerful to understand how the profiles of children working within Red level at the end of Nursery in June 2023 change as they progress in the second year of the programme. It may be valuable to extend the range of language (and other) assessments used with these children in order to understand their challenges in greater depth.

Finally, at a school level, one of the strengths of the programme has been the quality and quantity of training available. How can the programme be extended to increase awareness and skills of staff throughout KS1 and beyond in supporting children using the Well Comm and providing language rich learning environments? How can the growing expertise of the staff involved in the programme be used to develop the knowledge and skills of teachers and families, with a focus on both multi-lingual learners and those with more complex language learning needs?

At a wider system level, several questions were raised by those involved in this review. Therapists, leaders and teachers all reflected on the model and how it could be adapted to respond efficiently and effectively to the contexts of other Jersey primary schools and nursery providers. It was felt that not all schools and settings (for example those in more rural areas) would require onsite therapists in such an intensive way, but would value an adapted model. How could the model be adapted to be successful in a variety of different schools and contexts?

One of the strategies that would be helpful when developing an adaptive model that could respond to differing contexts would be to work towards establishing a Theory of Change. A Theory of Change is a model which describes the key elements of a complex intervention, articulating the elements that are necessary and describing how the intervention is theorised to work. An initial theory of change has been included in this review (see below) and this can be used to inform further evaluation and identification of the key aspects of the programme and how they contribute to ensure it is remains successful.

To support the ongoing development of the programme, it will be helpful to develop the systematic collection of data, in both intervention and control schools. This might include national assessment outcomes such as the Reception Baseline Assessment, Phonics Screening Check and KS1 Assessments, pre-school information including any information concerning health visitor and Year 2 check outcomes, sibling referrals to speech, language and communication services, more detailed language assessments for children who present with higher levels of skills (with support to ensure these can be conducted in the home language) and observational checklists of behaviours within each setting. Collecting parental views on entry to Nursery and Reception, perhaps using a questionnaire, and the systematic evaluation any training provided would be powerful to further refine

the programme.

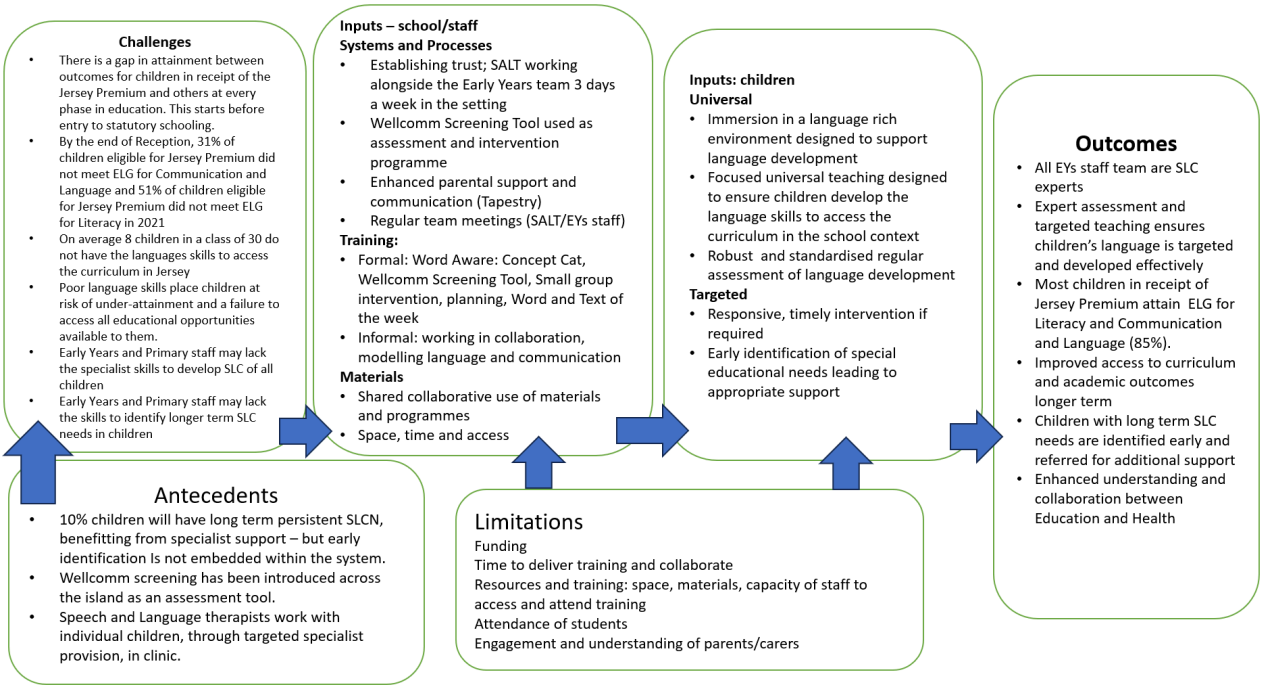

Figure 7. A Theory of Change summarising the key elements of the intervention, as described within this review. It aims to identify the areas that could be codified and further developed as the programme moves into Years 2 and 3.

In summary, the key questions for Year 2 are:

1. What are the active ingredients of the programme that ensure the programme can achieve its stated aims in a wide range of contexts and communities? What is the Theory of Change?
2. How can the data collection be extended to allow for further detailed evaluation, particularly to understand if the programme can close the gap between disadvantaged and non-disadvantaged and if the programme can be successful in reducing the complexity and severity of speech, language and communication needs for children in Jersey?
3. How can the programme be codified and adapted to suit differing contexts and communities across Jersey?

Conclusion

The project Every Child Our Future Developing Speech Language and Communication Project has undoubtedly been successful in its first year and is valued by both educators and therapists. This pilot year has enabled all those involved to develop the programme and begin to identify aspects that are important for its success. It is in a strong position to consolidate and refine the programme in the second year, developing the programme into a model that could be adapted to suit differing contexts and communities.

It would be valuable to consider sharing the learning of the project wider across the charity and education sector. It is an innovative programme with the potential to have considerable impact on the gap in disadvantage between children who experience disadvantage and those who do not, and support schools to adapt and respond to the ongoing effects of the pandemic.

Appendix 1

1. Interview Schedule

Every Child Our Future Developing Speech Language and Communication (DSLC) Year 1 Review

Main Research Question:

What impact has being involved in the DSCL programme had on the school, teachers, parents, and children?

Additional research questions:

5. *How has the programme developed?*
6. *What impact has the programme had in Year 1?*
7. *Which aspects of the programme have made a difference?*
8. *What has been effective and where have the barriers to implementation been?*
9. *What are the next steps for Year 2 and what questions should we ask?*

Semi-structured Interview Schedule

Introduction:

Hello, thank you very much for agreeing to this interview. My name is Megan Dixon. I am school leader in England and researcher. I have been asked by Every Child Our Future to do an evaluation of the Developing Speech Language and Communication programme after the first year. Our aim is to explore how the programme has developed and identify next steps and areas of learning moving forward. I would like to ask you a series of 8 questions about your experiences with the programme and record your answers. Your answers will be treated anonymously, and all recordings will be deleted after the final report is completed. You can withdraw from the interview at any point. Are you happy to take part in the interview and for your data to be used as part of the evaluation?

Yes – go to interview

No – Thank you for talking to me. It has been a pleasure to meet you.

RQ	Question	Probes
1.	1. Please share your name and role	
1	2. How have you been involved in the Developing Speech Language and Communication programme?	What has been your role? How have you contributed to the development of the programme? To the implementation of the programme?
2	3. What impact have you seen over the year? ● On the children ● On the staff involved ● On yourself?	What do you think has contributed to this impact? What has enabled this impact?
3	4. What has been effective about the programme? Which aspects in particular?	How has it helped develop capacity? Opportunity?

		Motivation?
3	10. What have been the challenges, or difficulties faced in implementing the programme?	How have you overcome them? How could they have been prevented? What would have helped with this?
4	11. Which aspects of this programme might other schools be able to adopt? What might make a difference?	Why? How do you think this would help? Are there any wider benefits across Jersey/the school system?
4	12. What would be your advice to anyone considering adopting these aspects of the programme?	What systems should be put in place? What needs to be prepared and organised before starting? What should schools be aware of and plan for?
1,2,3,4	13. Have you any other thoughts or reflections on the programme? Is there anything else you would like to add?	

End: *Thank you very much for sharing your thoughts and ideas with us. Your reflections form part of the data we will use. You can withdraw your data at any time until the report is submitted at the end of June 2023. The report will be available after that and we would be happy to send you a copy if you wish. Thank you once again.*

Appendix 2:

Timetable School A

Monday 19th June 2023

Time	What	Where	Who
8.30	Welcome	School Office	H (SALT)
8.45	Meeting / Interview	Office	H (SALT) and L (EYFS Lead)
9:30	Tour of EYFS and general observations in environment	Nursery/Reception	
10:30	WellComm group	Nursery	H (SALT) and S (TA)

10.45	Staff interviews	Nursery	A (TA)
11.00	Staff interviews	Nursery	E (Teacher)
11.20	Staff interviews		J (TA)
11.35	Staff interviews		L(EYFS Lead)
11.55	SALT interview		H (SALT)
12:30	Lunch		
1:00	WellComm groups x 2	Reception	J A(TA)
1:30	Staff interview	Reception	A(TA)
1.45	General observations across EYFS	Reception/Nursery	
2:30	Parents interview	Parents Room	
2:45	Staff interviews	Reception	W(Reception Teacher)
3:00	Staff Interview	SENCo office	N(SENCo)
3.15	Head Teacher Interview		R (Head Teacher)

Timetable School B

Tuesday 20th June 2023

Time	**What**	**Where**	**Who**
8:30	Welcome	School Office	T (SALT)
9:00	Word Aware session	Nursery	T (SALT)
9:30	Interview Head Teacher	Head Teachers Office	P (HT)
10:30	General observations across EYFS	Nursery/Reception	
11:20	WellComm group	Nursery	K (TA)
11:45	Staff interviews	Nursery	K (TA)
12:00	General observations across EYFS	Nursery/Reception	
12:30	Lunch		
1:00	Interview with SALT		T (SALT)
1:30	Word Aware	Reception Roof	J (Teacher)
2:00	Staff interview		
2:30	Nursery Parents interview	Nursery	TBC
2:45	Reception Parents interview	Reception	TBC
3:00	Staff interviews		(TA)
3:15	Staff interviews		N (Nursery Teacher)
3:30	Staff interviews		J (Reception Teacher)
	Staff interviews		A (Reception Teacher)

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