Experiences of the implementation and application of an early years communication improvement model, the Language Lead approach: Speech and Language Therapist and Early Years practitioner perspectives.

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Abstract

The issue of speech, language and communication (SLC) delays in children has become an increasing public health concern with the recognition that early SLC difficulties can result in long-term disadvantage (Law et al 2017).

Early Years (EY) practitioners are not always trained in this specific area of learning and development and Speech and Language Therapy (SLT) services have been found to be variable with a lack of equity in delivery in different parts of the country (Bercow 2008). SLT services in Nottingham developed a structured response to the need and demands on the service, the Language Lead (LL) approach. Evidence suggests that the training and development of an individual language “champion” to develop the work around SLC is an effective intervention (Law and Pagnamenta 2017). There is evidence which suggests that SLTs place high value on collaborative working (Jago and Radford 2016) although some research suggests that interprofessional working is not always easy to negotiate and there may be structural and relational difficulties in cross-boundary working (Payler and Georgeson 2013).

Exploring the implementation of the Language Lead (LL) approach, researchers conducted semi-structured interviews with 9 SLTs and 10 EY practitioners who were LLs in a range of early years settings in the county to establish how the SLTs and LLs were interpreting their experiences in the implementation of the structured SLT delivery model. The interviews were analysed using a thematic analysis and the results identified the different perspectives on the approach between the professionals involved, the barriers and enablers to the implementation of the approach strengths of the approach and the centrality of leadership in successful implementation in individual EY settings. Of additional significance were the issues which were raised around the way that the efficacy of the approach was evidenced across the county.

Background

The Language Lead (LL) approach was developed by the Nottinghamshire Child and Families Partnership Speech and Language Therapy (SLT) service in 2008 as a delivery model for their universal community SLT provision across the county. There has been a gradual roll out of the approach and there are now more than 150 LLs in early years settings across Nottinghamshire, supported by a named SLT.

The intention of the approach has several key intentions and aims, not least of these being a reduction of pressure on SLT services through developing the knowledge and skills of a designated practitioner to lead on speech, language and communication in their EY setting. In practice, the intention is that this individual is supported to improve the communication environment within the setting, to identify and support children with higher needs and to improve practice within early years settings, with whole settings receiving training and with individual LLs guiding and advising staff in their setting.

The approach utilises a learning-and-support model of training with core training and ongoing support delivered by SLTs to an identified individual practitioner who is selected or self-selected to become the LL and who acts as a “language champion” within their setting. The LL approach is implemented by a member of EY staff in each nursery / school / childcare provider and is meant to be adapted to the setting by the LL. The intention is that the approach is universal, applying to all children within the setting, but with potential for targeted strategies to be implemented for some children.

The approach operates in a structured and semi-flexible way with an initial formal role contract between LL and SLT, followed by termly action plans and with the SLT acting as an ongoing point of contact as required by the LL. The SLT team also organise and run termly LL networks for learning and meeting other LLs across the county.

**Literature review**

The public health context

ICAN’s “The cost to the nation of children’s poor communication” report (2006) notes surveys of school staff who believe that around 50% of children UK-wide start school lacking the skills that are vital for an effective start to learning. These skills include SLC, affecting educational outcomes and long-term life chances and the concerns were echoed in the Bercow review (2008) of SALT services which provided the first systematic review of these services.

 Public Health England identified children's early communication and language development as central to school readiness (PHE 2016) and SLC has been increasingly recognised as a public health issue, particularly since the move in responsibility for commissioning SLT services to Local Authorities from October 2015.

The NCFP SLT team developed the approach to deliver their universal SLT services across the county more effectively in the context of this agenda, both in response to national change to SLT provision and service delivery models and in response to local context in order to better manage children’s SLC needs.

Law and Pagnamenta (2017), in their discussion around communication as a public health concern, identify the training of a “communication champion” in a setting as a key universal intervention in the area. This can be achieved through SLT services working collaboratively with EY settings to train and develop staff in these settings.

The EY context

Most staff working in EY settings have received limited or no specific additional training around children’s language and communication needs (Mroz and Hall 2003). Most children in England attend private and voluntary EY settings where practitioners have varying amounts of opportunity, training and experience to work interprofessionally (Payler and Georgeson 2013).

ICAN’s 2006 report, highlights the need for skills development in the area of C&L for the whole EY workforce. A response to this was the development and implementation of the Every Child a Talker (ECAT) programme in 2008, a cascade approach to the delivery of training to staff in EY settings aimed at developing their knowledge and skills in the area of SLC needs. In her evaluation of the ECAT programme, McLeod (2011) recognises the crucial necessity for skilled carers and educators, facilitated by high-quality training (McLeod 2011). 10 years on Bercow continues to recommend that , “Understanding of speech, language and communication should be embedded in initial qualifications and continuing professional development for all relevant practitioners”( ICAN 2018 p 31).This suggests that in fact there has been little change in the level of practitioner professional development since the initial recommendations of his first report and that the public health aspect of early communication and language needs has not been successfully integrated within the educational context.

The C&L context: the case for early intervention.

In financial terms alone, there is good evidence that investment in SLCN as a public health issue provides a good return in relation to school readiness and long-term educational progression (City of Stoke 2017). Children who received early intervention with communication and language showed gains in reading comprehension mediated by gains in oral language (Frike et al 2013). Specific language intervention programmes can be effective in advancing the language skills of socially disadvantaged children and improve their school readiness. (Reeves et al 2018).

Research aims

• To understand the perceived value of the LL approach by staff from both areas.

• To identify the shared understanding/recognition of barriers and enablers to effective progression of the approach.

Methodology

The research design was based on the method of thematic analysis and upon the field of implementation science. Thematic analysis (Braun & Clarke, 2006) is a method for analysing interview data from a variety of epistemological and ontological stances. The researchers had clinical experience therefore the methodological stance was characterised by a degree of interpretivism. From the constructivist perspective, the research interviews were actively concerned with establishing how the SLTs and LLs were interpreting their experiences.

The research followed a structure based around the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009). This is a cross-disciplinary implementation assessment framework designed to allow researchers to investigate and evaluate the implementation of services, strategies or interventions in a variety of settings and from a variety of viewpoints. The CFIR consists of five main categories: the outer setting or wider context of the intervention, the inner setting or organisation and local context in which the intervention is being implemented, the intervention itself, the characteristics of the individual being interviewed and their reciprocal relationship with the intervention, and a reflection on the implementation process.

Interviews were based around this framework, but the use of a semi-structured approach meant that the researchers could move away from the schedule and follow the thoughts of our participants as appropriate. During the analysis, it became apparent that additional common themes to those in the original implementation analysis were emerging and these were added in order to construct a thematic template, enhancing the categories from the original framework.

Participants and data collection

The study was piloted with two SLTs who were highly involved in designing and rolling out the LL approach.

Interviews were conducted with nine SLTs who were recruited voluntarily from across Nottinghamshire. 15 LLs took part in interviews and these participants came from a variety of settings and were a mixture of teachers, teaching assistants (TAs) and preschool staff. There were four TAs, three foundation unit leaders, four foundation teachers, two preschool workers, one playgroup manager, and one nursery worker. As a result of the voluntary recruitment process, these specific settings were not necessarily those settings that the SLTs were working in. The findings from 10 LL interviews only were analysed as data saturation was reached.

One researcher conducted all the interviews with the SLTs and analysed their data; a second researcher conducted all the interviews and analysis for the LLs. Interviews were conducted between February and June 2017. Interviews were audio-recorded and transcribed verbatim.

Findings and analysis

Transcripts of the interviews were analysed using a relatively open form of thematic analysis (Braun and Clark 2006) in order to generate clear codes which related to the views and beliefs about the approach for each participant group. A number of themes emerged, linked to the approach itself and its components, the qualities of the individual LL and the type of setting, the process of implementing the approach, the roles of both the LLs and the SLTs within the process and the impacts of the approach. Some of these were specific to the participant group whereas other themes showed a large degree of overlap in the views of the participant groups. It was also evident from the analysis that there were different perceptions about the approach between the two participant groups. As a result of analysing the themes which emerged from the interviews it was possible, not only to analyse the expectations of SLTs and EY practitioners but also to recognise a degree of mismatch in how the approach is perceived by different professionals in the implementation of the approach.

The approach

In general the approach was viewed by both SLTs and LLs as valuable as a collaborative way of working and as a mechanism for CPD . SLTs in particular held positive view of this model of delivering SALT. LLs described building relationships with the SLTs through the network meetings and of finding them reliable for help and SLTs noted better dialogue between setting practitioners and SLTs as a result. However, some LLs voiced a suspicion that the approach was designed to reduce SLT workloads.

The implementation

The thematic analysis of LL practitioner’s interviews suggested that there was a rather unsystematic introduction of the approach to settings by the SLT team resulting in a degree of uncertainty and an expressed desired for more initial support with the approach. This point was connected to the theme of selection of the LL. Both SLTs and LLs noted the difference to how the approach was perceived depending on whether they were chosen for the role or given the opportunity to elect to be the LL.

When asked to explain their perceptions of the implementation process, interviewees expanded upon how the LLs implement the approach. LLs identified their direct work with children as well as indirect work through other people including parents, staff, and the SLTs. SLTs noted that some LLs found the distinction between targeted and universal working difficult to reconcile.

Characteristics of the individual

The personal characteristics of the LL were central themes, with LLs discussing their own levels of confidence in the role and its development and SLTs noting wide disparities in the individual practitioners levels of competence and confidence in leading on SLC within their settings. The shared recognition of barriers to effective progression of the approach echoes Payler and Georgeson’s 2013 research into the wide variation in confidence and competence encountered in inter-professional working which is dependent on both practitioner experience and type of setting. SLTs in particular noted the difference in the way the LLs worked depending on the type of setting with private nurseries or pack away setting having a higher turnover of staff making the interprofessional relationship more difficult to establish. The mismatch of expectation and perception between SLTs and EY practitioners also has links to Jago and Radford’s 2016 study which identified the impact of a lack of understanding of each other’s roles and responsibilities in day to day practice. In the case of the consultative model of service delivery, this approach is not always understood by practitioners and not necessarily the way that SLTs were trained to work.

Leadership and management

The role of leadership in advancing/supporting the model in practice was a common thread with both SLTs and LLs noting the need for managerial support. SLTs clearly felt in many cases that their relationship with the setting manager was pivotal in the effectiveness of the collaboration and the way the approach was valued and rolled out in the setting, particularly in relation to how much autonomy the LL was given to carry out their role in the setting. LLs also identified support from the leadership in the setting as being crucial to successful implementation across the setting but, additionally noted that the rest of the setting team also had to be “on board” for the approach to be successful.

Evidence for efficacy of the approach

Evidence for the effectiveness of the approach was noted by both parties. In particular, SLTs reported evidence of improved practice in environmental changes and staff competency in those settings where the LL way of working was implemented. They also commented on the increased relevance of referrals to SLT team and the uptake of staff undertaking accreditation. LLs themselves noted the value to their own professional learning and development and achieving accreditation was viewed as an important professional milestone. Time was clearly identified by LLs and SLTs as probably the most significant barrier to effective implementation.

Finally, the research identified participant’s perceptions around efficacy and views in relation to difficulties in evidencing efficacy of the approach. SLTs were particularly aware that there was not a consistently strong process in their team for monitoring impacts on the child although both SLTs and LLs were very positive about the approach and felt they were having an impact. The LL practitioners evidenced a wide spread of approaches to evaluation. All the LLs talked about carrying out observational or informal evaluations of the LL approach. A smaller number reported using some structured audit or evaluation in their setting. Evaluation measures included using tools available from The Communication Trust, doing communication environment audits, and providing reflections on videos of staff interactions. However, some LLs appeared ill-equipped to evaluate the impact of the approach on children, staff and the environment and SLTs also suggested that impacts of the approach on children in the setting were not clearly or routinely identified in any systematic way.

Conclusions

The LL approach as a model of delivery of SLT services has a good fit with the needs of the community in the county and was generally viewed as an effective way of working, in particular in the way it facilitates dialogue between the SLT service and local EY settings. However, there was a disparity in the initial expectations between SLTs and LLs, with LLs suggesting that the initial introduction of the approach was unsystematic and that setting staff require more time to get to grips with the role whereas SLTs felt their approach was structured and supportive.

Beyond the termly networks, the extent and nature of working with SLTs varied widely across the ten LLs and both sets of practitioners were aware of this inconsistency.

All the LLs spoke of the EY sections of their workplaces, which included reception classes, having positively oriented cultures with respect to the LL approach. However, SLTs demonstrated more variability in their experience of whether the approach was viewed positively by different types of setting.

Managerial support was seen as crucial, but was not enough on its own and needed to be accompanied by support from the other staff in the setting. The setting leadership and the amount of devolved leadership was a key area to the perceived success of the approach and a key learning point was in relation to the role of leadership in the EY context which supports the successful implementation and embedding of any training. The pedagogical approach of the training is critical to its effectiveness and SLTs need to tailor training to individual contexts and to ensure learners are given time to reflect on and assimilate their learning (McLeod 2011).

Finally, there is the need to develop impact measures and more robust tracking of individual children’s progress was a clear recommendation for the development and continuing evidence –base to support the ongoing commissioning of the service delivery model.

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