# Improving support for communication and language development in early years settings:

## An evaluation of three workforce development services

September 2024

# Acknowledgements

# Contents

# Section 1
# Executive Summary

## About Lambeth Early Action Partnership

Lambeth Early Action Partnership (LEAP) is one of five local partnerships which make up A Better Start (ABS), a national ten-year (2015-2025) programme funded by the National Lottery Community Fund that aims to improve the life chances of babies, very young children, and families.

LEAP funds and improves over 20 services in parts of Lambeth where young children experience greater inequalities than in the rest of the borough. LEAP has two primary aims: 1) to improve early childhood development outcomes for all children living in the LEAP area, and 2) to reduce inequalities by supporting those at greater risk of poor outcomes.

## LEAP's setting-focused communication and language development services

From 2015 onwards, LEAP has created and funded a tailored package of services to support children's communication and language development (CLD) outcomes. This includes services that help parents and carers to improve the support they offer around their children's CLD, and services focused on upskilling the early years workforce. This evaluation focuses on three LEAP services that support practitioners within early years settings. These services aim to improve practitioners' knowledge, confidence and practice around:

+ Identifying speech, language and communication needs (SLCN)

+ Delivering targeted interventions for children, including through referrals to specialist support

+ Contributing to communication friendly environments both indoors and outdoors

+ Promoting parent/carer involvement in supporting children's CLD

**The Speech and Language Therapy Evelina Award for Communication Friendly Environments (Evelina Award)** aims to strengthen the communication environments that children encounter during their early years, to mitigate the risk of them starting school with delayed language skills. Participating settings receive a programme of audits, foundation training, and one-to-one coaching. This aims to upskill their practitioners to: understand typical speech, language and communication (SLC) development, identify SLCN using the WellComm assessment tool,[1] deliver targeted support and make referrals, promote positive SLC development for all through quality adult-child interactions, and help parents and carers promote their children's SLC development.

**Natural Thinkers** aims to develop children's CLD, wellbeing and involvement through high-quality outdoor learning and play. Participating settings receive a programme of training,

ongoing support, cross-setting network meetings, and accreditation in line with 10 commitments. This aims to upskill practitioners to provide quality outdoor activities as part of everyday practice, and promote parent and carer involvement in outdoor learning and play.

**Making it REAL** (Raising Early Achievement in Literacy) aims to support parents and carers to improve the quality of their home learning environment, with a particular focus on literacy. Participating settings receive training, cross-setting network meetings and ongoing support to upskill practitioners to deliver in-setting literacy events for families, identify families who would most benefit from separately delivered home visits, and promote literacy in their day-to-day practice.

These services are intended act as a **complementary bundle,** aiming to increase the likelihood that children achieve positive CLD outcomes through the provision of universal and targeted support in different contexts.

All services take a **'whole setting' approach,** aiming to improve the knowledge, confidence and practice of all practitioners in a setting. The Evelina Award does this by offering training to all practitioners, while Natural Thinkers and Making it REAL train a small group of practitioners who are expected to 'cascade' key ideas to their team.

### A note on terminology

As each service has a slightly different area of emphasis, this report uses the term communication and language development (CLD) when referring to services together. More specific terms are used to refer to the focus of individual services. For the Evelina Award this is speech, language and communication (SLC); for Natural Thinkers this is outdoor learning and play to promote wellbeing, involvement and CLD; and for Making it REAL this is the home learning environment and early literacy.

5

## Background and methodology

Early communication and language development has a profound impact on outcomes throughout a child's life, including on academic attainment, emotional wellbeing, socio-emotional functioning and adult employment.[2] [3] However, evidence shows that around 10% of children experience long-term speech, language and communication needs (SLCN), making it more likely that they will experience difficulties later in life.[4] There are also marked inequalities in early CLD, with children from socially disadvantaged families more than twice as likely to have SLCN. Analysis of Early Years Foundation Stage (EYFS) Profile Data also shows that children living in the LEAP area were significantly less likely to achieve the expected level of CLD compared to their peers.[5]

Early years settings play a crucial role in supporting CLD. National guidance, including the EYFS statutory framework, sets out practitioners' expected role in the universal promotion of positive development, timely identification of issues, and intervention to address these.[6] [7] However, evidence shows that there are significant gaps in current provision, with particular concerns around practitioners' ability to identify and address SLCN.[8] [9] This is compounded by contextual factors, with the early years sector facing mounting pressures around funding, skills, recruitment and retention.[10]

In this context, this evaluation sought to shed light on one approach to improving practice. It aimed to understand how and to what extent

an intensive bundle of interventions aimed at driving improvements across whole settings could make a difference to a workforce under pressure. It also provides a range of recommendations for implementation and delivery at the system, setting and individual level.

This was a process and impact evaluation with the following key question:

> **To what extent and how do LEAP's CLD services support a 'whole setting' approach to improving early childhood communication and language development?**

Specific objectives included:

1 To document LEAP's CLD services' approach to improving practitioners' knowledge, confidence and practice

2 To understand how successfully services were implemented, and the key barriers, enablers and contextual factors that informed this

3 To explore how LEAP's CLD services produce change

4 To understand perspectives on the impact of the programme on practitioners, and any evidence of changes to child CLD outcomes

5 To provide recommendations for the implementation and delivery of setting-focused CLD programmes.

This was a theory-based evaluation, conducted in line with process evaluation guidance.[11]

The methodology, aims and research questions were co-designed with key service staff and stakeholders. The methodology consisted of:

+ Focus groups and interviews with 6 service staff, exploring reflections on service implementation and potential mechanisms of impact

+ Interviews with 25 practitioners at participating settings, exploring process and perceived impact across the programme

+ A practitioner survey completed by 55 respondents, focusing primarily on perceptions of impact

+ Observation of four training/support sessions

+ Quantitative analysis of routinely collected reach, dosage, feedback, activity and validated child outcome data

Qualitative data was collected in between June and September 2023. Training reach and dosage data was also analysed up to this point. Some activity data (e.g. numbers of WellComm assessments) was analysed up to January 2024, while child outcome data was analysed up to March 2024.

## 1.2 Findings

### LEAP services were implemented with moderate success

Analysis of monitoring data suggested that, up to September 2023, the Evelina Award had reached 28 settings, and both Natural Thinkers and Making it REAL had reached 24. The number of settings engaged varied significantly over time, however, with a significant drop for both the Evelina Award and Making it REAL in the wake of COVID-19.

At least 700 practitioners engaged with Evelina Award training and support, at least 142 engaged with Natural Thinkers and at least 99 engaged with Making it REAL.

The dosage of Evelina Award training (the amount of training practitioners had engaged with), however, varied

significantly. Monitoring data for settings who were participating in autumn 2023 indicated that though 60% of practitioners had completed Evelina Award foundation training, only around 30% had engaged with enough in-setting coaching to be deemed 'competent' to deliver WellComm assessments themselves, or to deliver high-quality adult-child interactions. At some settings, the Evelina team had struggled to deliver much training at all, limiting the service's ability to change practice across the whole setting as intended. Natural Thinkers and Making it REAL aim to train only a subset of practitioners, so delivered the amount of training they intended.

Where settings had struggled to engage with training (either dropping out or failing to achieve significant dosage), qualitative data identified the following contextual barriers:

+ **Capacity issues often made it difficult to release staff for training**, with many settings *"at ratio but only just"*.[12] This was particularly problematic for the Evelina Award, given its focus on training all practitioners and the frequency of in-setting coaching. This barrier was more likely to be experienced by Private, Voluntary and Independent (PVI) settings.

+ **High staff turnover could made it difficult for training to ever reach the whole setting**. Turnover at some settings was far higher than the 2021 national average of 16% (in one case it was 63%) meaning significant dosage could not be achieved across the whole team regardless of how often training was made available.

+ **COVID-19, poor Ofsted ratings and other unexpected 'shocks' led some settings to pause or stop their engagement** with LEAP services. The additional pressures generated by these events could leave settings *"overwhelmed"* and able only to focus on the *"core areas"* of their delivery.

For some settings, service features and other contextual factors could mitigate some of these barriers:

+ **The flexibility of the training offer** helped to mitigate issues around releasing staff for training. LEAP funding allowed services to offer more flexibility around the timing, format and location of training, often making it easier for under-pressure settings to engage. This was supported by initial audit processes and the close working relationships service managers/ speech and language therapists built with settings, allowing the training offer to be tailored to each setting's context. Adaptations to delivery in the wake of COVID-19 also helped some setting to remain engaged.

+ **Supportive management was crucial for successful implementation of training.** This included managers making a point of quickly sending new staff on training, arranging cover whenever possible, and even weaving training attendance into formal appraisal processes. Managers were most likely to be supportive when they had a strong vision of the value of engaging with training and support, recognising potential benefits for their children, their team, and the setting as a whole.

## Long-term, in context and personalised support was key to driving improvements in practitioner knowledge, confidence and practice

Overall, practitioners responded positively to all elements of services' training, support and resources. Survey data showed that between 72% and 100% of practitioners felt each element of training was either 'useful' or 'very useful'.

Qualitative data signalled that certain components were felt to be particularly impactful:

+ **For all three services**, **practitioners responded very positively to longer-term, personalised support.** For the Evelina Award, the relationships that practitioners developed with their setting's designated speech and language therapist (SLT) allowed training to be tailored to their specific needs, building their confidence over time. This was also true of long-term support from the Making it REAL service manager around delivering literacy events, and in-setting guidance using the Natural Thinkers 10 commitments. In general, ongoing support was seen as more impactful than 'one-off' foundation training, though this was also felt to be high quality.

+ **Hands-on and in-context elements of training were also well received.** For the Evelina Award, for example, 'trying out' new skills with the children practitioners worked with day-to-day helped practitioners embed new practices and uncover unexpected issues. Use of video interaction guidance to improve adult-child interactions was particularly widely praised. Similarly, the interactive elements of Natural Thinkers training ("learning through play") were felt to be very useful.

+ **Resources and tools were generally seen to be relevant and of a high quality.** The WellComm toolkit's Big Book of Ideas and the Natural Thinkers Green Folder, for example, were seen as valuable sources of ideas for how best to support children. Practitioners also appreciated how resources had been crafted to align with the EYFS.

+ **Opportunities to learn from other settings,** including through network meetings and cross-setting training sessions, were very well received.

A number of contextual factors moderated the impact of training and support:

+ **Certain changes to practice felt difficult due to capacity constraints.** WellComm assessments and completing paperwork for referrals to specialist SLT, for example, were felt to be very time consuming, particularly at 'peak times'.

+ **When management were engaged and supportive, a wider group of practitioners tended to have experienced positive outcomes.** The settings who had experienced the most widespread positive outcomes tended to have managers who normalised services' intended behaviours and integrated them

into daily routines. This included protecting time for new activities, integrating them into planning, or even weaving them into appraisals and setting improvement plans.

+ **Where managers were less engaged, a smaller subset of practitioners tended to have experienced positive outcomes,** with Natural Thinkers and Making it REAL's 'cascade' training models particularly unlikely to reach the whole setting.

## Practitioners reported a range of improvements around promoting CLD, identifying SLCN and delivering targeted support

Survey data on perceived changes to practitioner knowledge, confidence and practice was overwhelmingly positive. Qualitative data was more nuanced, with some outcomes less likely to be reported, and others failing to reach the whole setting.

+ **Evelina Award:** According to survey data, between 89% and 100% of practitioners agreed with each outcome statement about changes to their knowledge, confidence and practice. Considering only reported changes to practice, they were most likely to endorse improvements around identifying SLCN (54% strongly agree, n=19), equally likely to endorse improvements in day-to-day support for SLC and engaging parents and carers (both 49% strongly agree, n=17), and least likely to endorse improvements

around making referrals to specialist support (43% strongly agree, n=15).

Qualitative data also indicated that most practitioners had improved their day-to-day interactions with children, with numerous reports of the introduction of new techniques and activities to promote SLC development. Most settings were also using WellComm assessments to identify SLCN, with at least 618 children being assessed up to January 2024. However, the frequency and accuracy of assessments varied considerably, with assessments often being conducted by only a small subset of the team, or with the help of SLTs. When they were completed, practitioners reported improvements in their ability to offer targeted intervention, including being able to make more informed referrals to specialist support, offer targeted in-setting support, and use their link with the SLT team to specific children's needs.

Alongside conducting WellComm assessments, other outcomes were also unlikely to be shared across the whole setting. This included taking responsibility for making referrals to SLT, and promoting parent and carer involvement in children's SLC development.

+ **Natural Thinkers:** Between 86% and 96% of survey respondents agreed with each outcome statement around changes to their knowledge, confidence and practice as a result of Natural Thinkers training and support. Considering only reported

changes to practice, they were most likely to endorse a positive impact on the frequency of outdoor activities (42% strongly agree, n=26), and least likely to endorse improvements in the support they offered to parents and carers around supporting their child's outdoor learning and play (32% strongly agree, n=16).

Qualitative data also suggested that, at most settings, outdoor activities were both of a higher quality and more frequent, but that most settings struggled to engage parents and carers. However, at a few settings. responsibility for planning and delivering outdoor activities was not shared across the whole setting.

+ **Making it REAL:** Between 63% and 72% of survey respondents agreed with outcome statements around changes to their knowledge, confidence and practice around supporting parents and carers to improve the quality of their home learning environment.

Qualitative data suggested that all settings were running high-quality literacy events to improve parents' and carers' knowledge and practice. Overall, responsibility for planning and delivering these was shared across settings. However, there was limited evidence that practitioners were using Making it REAL principles day-to-day, or coordinating with the Making it REAL service manager around the delivery of home visits.

Where changes to knowledge, confidence and practice were experienced more widely, managers were most confident that they would persist over the long term. There was particular optimism for Natural Thinkers, which most considered 'embedded' in their day-to-day practice. Managers were more hesitant around whether all intended elements of Evelina Award practice would continue as they felt that implementation challenges meant they were not yet 'secure' across their team.

## Child outcomes improved over time

Validated pre- and post- outcome measures suggested that LEAP services were having a positive impact on children at participating settings:

+ WellComm assessment scores were used to assess the impact of the Evelina Award on children's SLC development. WellComm assessments use a 10-point measure to determine whether children's SLC ability is appropriate for their age, assigning them a red (significantly delayed language skills), amber (mildly delayed) or green (age appropriate) rating. **WellComm scores increased by an average of 0.8 points between children's first and most recent assessment,** with children scoring red or amber (those with the highest level of need) improving by 1.5 points and children scoring green retaining the same score. Many children's colour rating for their age also improved, as shown in Figure 1.

+ Leuven scores for wellbeing and involvement (a 5-point scale used by Natural Thinkers to identify changes in children's emotional wellbeing and involvement in tasks) also increased. **Leuven scores for wellbeing increased by an average of 0.55 points** between children's initial and final assessment as part of Natural Thinkers, **while scores for involvement increased by an average of 0.62 points.**

+ Making it REAL child outcome data was only available for those children who had received home visits. Home Learning Environment Index **scores for 0-3 years olds (a 57-point measure) increased by an average of 3.7 points** between children's first and last home visit, though this was not statistically significant. **Scores for 3-5 year olds (a 49-point measure) increased by an average of 7 points,** which was significant.

**Figure 1:** WellComm RAG ratings by assessment point (n=210)



Initial Assessment: Green 45.2%, Amber 25.2%, Red 29.5%

Final Assessment: Green 54.9%, Amber 23.3%, Red 21.9%

Legend: ● Green  ● Amber  ● Red

## 1.3 Conclusions and recommendations:

Early years practitioners are crucial to ensuring that all children are supported to achieve positive CLD outcomes and that SLCN is identified and addressed promptly. However, they face several challenges, including increasing contextual pressures and low confidence around identifying SLCN.

That most settings and practitioners reported significant improvements in their ability to promote CLD and identify and intervene to support SLCN suggests that LEAP services' approach offers one way to address these gaps. This is further supported by evidence of positive changes to children's CLD outcomes at participating settings. Commissioners, service leads and settings can therefore learn from LEAP's approach to both implementation and changing practice, as well as the contextual factors that enabled or constrained positive changes.

For example, stakeholders can learn from the success of flexible approaches and encouraging management buy-in in mitigating implementation challenges, as well as reflecting on whether intensive interventions are appropriate in settings where certain preconditions – i.e. a reasonably stable staff team – are not in place.

Findings around key mechanisms of impact also lend further weight to evidence of best practice around continuing professional development for early years practitioners.[13] This includes the value of hands-on, in-context and longer-term coaching over 'one-off' or 'abstract' training. However, it recognises that, given the high cost associated with these approaches, pragmatism may be necessary when deciding on training which elements to commission or deliver. Enabling factors – particularly ensuring management are engaged and supportive – are also crucial. This evaluation also identified that though whole-setting approaches may lead to longer-term change, further work is required to ensure the success of 'cascaded' training models.

This evaluation makes the following recommendations in response to these findings. Recommendations are split into three levels – system, setting and practitioner:

### System level:

+ Continue to raise the profile of, improve standards of and provide accountability around practitioner support for communication and language development, using system-level levers – both national (Ofsted) and local (Education Teams).

+ Offer additional training/support to managers around the importance of identifying and supporting speech, language and communication needs, as well as how to improve their team's skills and embed new practices.

+ Further embed speech, language and communication needs screening tools. The correct identification of speech, language and communication needs is crucial to early intervention in language development.

+ Consider more widespread formalisation of links between local Speech and Language Therapist provision and early years settings. Settings benefit from a named contact with local speech and language therapy for discussing specific issues/following up on referrals.

## Setting level:

+ Ensure management buy-in in training interventions. When management buy in, settings are more likely to engage successfully with training, and a wider group of practitioners are likely to experience positive outcomes.

+ Consider the appropriateness of intensive and ongoing training programmes for settings where certain preconditions - including staff capacity and stability – are not in place. High quality one-off training that includes other elements of good practice can still be effective.

+ Prioritise flexible training packages, audits, and test and learn approaches. These can help settings overcome staffing and capacity challenges and ensure resources are directed most effectively.

## Practitioner level:

+ Explore the use of speech, language and communication needs screening tools, recognising the value of early identification and intervention in speech, language and communication needs.

+ Prioritise ongoing support, consistency and accountability, wherever possible, to supplement 'one-off' training.

+ Prioritise hands-on, in-context training where possible. This was seen to lead to greater improvements than learning new skills in the abstract.

+ Identify opportunities for sharing best practice across settings.

+ Identify high-quality resources to help embed practice when intervention staff are unavailable.

## References for Executive Summary

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**12** 'Ratio' refers to the minimum number of early years staff that must be available per child, depending on staff qualification and the age of the child.

**13** Department for Education (2012). Nutbrown review: foundations for quality. London: DfE. Available from: https://www.gov.uk/government/publications/nutbrown-review-foundations-for-quality

# Section 2
# Introduction

## 2.1 Scope and Aims

This report is part of a series of evaluations of services delivered by Lambeth Early Action Partnership (LEAP), a National Lottery funded programme aiming to improve childhood development outcomes and reduce inequalities in the London borough of Lambeth.

Conducted by LEAP's in-house research team, it summarises the findings of a process and impact evaluation of LEAP's setting-focused Communication and Language Development (CLD) services. These services – the Speech and Language Therapy Evelina Award (Evelina Award), Natural Thinkers and Making it REAL (Raising Early Achievement in Literacy) – aim to drive improvements in the early years workforce's ability to promote positive CLD, and to identify and support those with speech, language and communication needs (SLCN)

This evaluation aimed to understand how successfully LEAP's services were implemented, particularly in the context of growing pressures on the sector around funding, skills, recruitment and retention. It also aimed to understand how LEAP's services produce change for practitioners, with specific emphasis on the intensity of each service's offer, their 'whole-setting' approach, and their focus on both prevention and early intervention. A secondary objective was to capture perceived impact on practitioners, and indications of changes to child outcomes.

The evaluation had the following key question:

> To what extent and how do LEAP's CLD services support a 'whole setting' approach to improving early childhood communication and language development?

The key objectives of the study were:

1 To document LEAP's CLD services' approach to improving practitioners' knowledge, confidence and practice

2 To understand how successfully services were implemented, and the key barriers, enablers and contextual factors that informed this

3 To explore how LEAP's CLD services produce change

4 To understand perspectives on the impact of the programme on practitioners, and any evidence of changes to child outcomes

5 To provide recommendations for the implementation and delivery of setting-focused CLD programmes.

## 2.2    Background and rationale

### The importance of communication and language development, and the scale of need

The importance of early communication and language development is well-established. **Evidence shows that early CLD has a profound impact** on later academic attainment, emotional wellbeing, socio-emotional functioning and adult employment outcomes.[14] When children experience issues with early CLD, they are more likely to:

underachieve academically,[15] need later mental health support,[16] experience periods of unemployment,[17] and be at risk of interacting with the criminal justice system.[18]

**There is also strong evidence of inequalities in early communication and language development,** with certain groups more likely to experience poor outcomes. Public Health England[19], for example, suggest that children from socially disadvantaged families are more than twice as likely to be identified with SLCN.[20] The link between deprivation and poor CLD outcomes is particularly

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well established,[21] while ethnicity has also been identified as a risk factor given the links between child poverty and ethnicity.[22] This has been described as creating a 'social gradient', with children from the most disadvantaged groups not only more likely to have poorer language skills, but also being less likely to 'catch up' to their less disadvantaged peers later in life.

National data allows us to understand the scale of communication and language need. **Approximately 10% of children are estimated to experience language difficulties.**[23] 2023 Early Years Foundation Stage (EYFS) profile results, meanwhile, suggest that 20.3% of children did not reach the expected level in the communication and language domain, and 30.3% did not reach the expected level in the

literacy domain.[24] SLCN also often goes unidentified, with the Bercow Report highlighting that "poor understanding of, and insufficient resourcing for SLCN means too many children and young people receive inadequate, ineffective and inequitable support, impacting on their educational outcomes, their employability and their mental health."[25]

There is evidence that **children in the LEAP area face particular challenges around CLD.** Analysis of EYFS profile data from 2012–2018 showed that children living in LEAP wards were significantly less likely to achieve at least expected levels of communication and language development compared to their peers in non-LEAP wards.[26]

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**26**  Luck, G. (2018). Is communication and language development an inequalities issue for children in Lambeth?: Comparing developmental milestones of 5-year-olds in the LEAP wards with the rest of Lambeth. London: Lambeth Early Action Partnership. Available from: https://www.leaplambeth.org.uk/files/documents/EYFS%20CLD%20LEAP%20poster%20.pdf.

## Approaches to support communication and language development in the early years

**There are a wide range of policies, approaches and interventions to promote CLD and address SLCN in the early years.** A key recent publication is the Best Start in Speech, Language and Communication guidance.[27] This describes an intended shift away from relying on referrals to expert support, to supporting those closest to a child (whether parents/carers, early years professionals or people in the wider community) to develop the skills needed to support CLD. In line with this, the report includes guidance around implementing a system-wide 'SLC pathway', where a range of sources of support come together to provide a continuum of universal, targeted and specialist support.

More specific areas of focus are also relevant to this evaluation. One is **early identification and targeted intervention to address SLCN.** The Bercow report recommends that practitioners who work with children have sufficient training to identify and respond to communication needs, and that there are clear pathways and partnership working with specialist speech and language therapy (SLT) services.[28] Specific interventions in this area include embedding SLT services within early years settings,[29] as well as **the use of screening tools to identify SLCN.** This includes guidance around the use of the Early language identification measure (ELIM) at the 2.5 year health and development review.[30] There is mixed evidence around the best use of screening tools, including limited evidence for the benefits of universal screening.[31]

27  Public Health England. (2020). Best start in speech, language and communication: Guidance to support local commissioners and service leads. London: PHE. Available from: https://assets.publishing.service.gov.uk/media/5f9be9bbe90e0704157fb12f/BSSLC_Guidance.pdf

28  I CAN and Royal College of Speech and Language Therapists (2018). Bercow: Ten Years On. London: I CAN and RCSLT. Available from: http://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf

29  Royal College of Speech and Language Therapists (2021). Supporting children in the early years. London: RCSLT. Available from: https://www.rcslt.org/wp-content/uploads/2021/09/rcslt-early-years-factsheet.pdf

30  Public Health England (2020). Early language identification measure and intervention: Guidance handbook. London: PHE. Available from: https://assets.publishing.service.gov.uk/media/5fc50ee4e90e0762aabe93b6/ELIM_Handbook_December-2020.pdf

31  US Preventive Services Task Force (2024). 'Screening for Speech and Language Delay and Disorders in Children: US Preventive Services Task Force Recommendation Statement.', JAMA, 331(4), pp. 329–334. doi:10.1001/jama.2023.26952

There is strong evidence[32] for the importance of **high-quality interactions between children and caregivers.** This includes how practitioners involve children in activities, and use 'scaffolding strategies' like guiding, modelling and questioning. The quality of the **home learning environment** – including the activities that parents/carers do with children – is also a crucial factor in supporting CLD and a range of later outcomes.[33]

**Outdoor learning and play** has a number of benefits for children, including improved wellbeing, emotional wellbeing, and willingness to try new things and learn. There is growing evidence that outdoor learning is beneficial to language development, with natural playgrounds identified as a 'richer conversational setting' for children.[34]

## The role of early years settings in supporting CLD

**Setting-based early years practitioners play a crucial role in promoting CLD.** Communication and language is one of three prime areas within the EYFS statutory framework,[35] while recent guidance has also identified practitioners' key role in integrated local pathways to meet the needs of children with SLCN.[36]

Despite this acknowledgement, evidence shows that there are **significant gaps in current provision, with particular concerns around practitioners' ability to identify and address SLCN**.[37] One survey identified that only 69% had received training in

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**32**  James, F. (2022). 'Supporting high-quality interactions in early years', Education Endowment Foundation Blog, 2 February. Available at: https://educationendowmentfoundation.org.uk/news/eef-blog-supporting-high-quality-interactions-in-early-years

**33**  Melhuish, E., Phan, M., Sylva, K., Sammons, P., Siraj, I. and Taggart, B. (2008). 'Effects of the Home Learning Environment and Preschool Center Experience upon Literacy and Numeracy Development in Early Primary School', Journal of Social Issues, 64(1), pp.95-114. DOI:10.1111/j.1540-4560.2008.00550.

**34**  Prins, J., van der Wilt, F., van Santen, S., van der Veen, C. and Hovinga, D. (2023) 'The importance of play in natural environments for children's language development: an explorative study in early childhood education', International Journal of Early Education, 31(1), pp. 450-466.

**35**  Department for Education (2014). Early years foundation stage (EYFS) statutory framework. London: DfE. Available from: https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2

**36**  Public Health England (2020). Best start in speech, language and communication: Guidance to support local commissioners and service leads. London: PHE. Available from: https://assets.publishing.service.gov.uk/media/5f9be9bbe90e0704157fb12f/BSSLC_Guidance.pdf

**37**  Gascoigne, M.T. (ed). (2012) Better communication – shaping speech, language and communication services for children and young people. London: Royal College of Speech and Language Therapists. Available from: https://www.bettercommunication.org.uk/Better%20Communication%20low%20res%20file.pdf

identifying and supporting children with SLCN, suggesting significant gaps in knowledge. [38] Gaps in awareness of when and how to refer to specialist support have also been highlighted. These issues contribute to what the Communication Trust describes as the "major mismatch between the known prevalence of SLCN and the numbers of children actually being identified and supported."[39]

**The early years workforce is also facing growing contextual challenges.** This includes issues with recruitment and retention leading to limited capacity, as well as a falling proportion of highly qualified staff.[40] A number of studies have also identified that opportunities for Continuing Professional Development (CPD) vary considerably across settings, with many mangers limiting training opportunities to those that are mandatory

(e.g. safeguarding, health and safety), often on cost grounds.

**Addressing these issues needs to happen across a range of levels.** Commissioners play a crucial role, with multiple bodies[41] setting out how Local Authorities should develop an effective SLCN pathway, including through training skilled and confident practitioners. There is also a range of best practice guidance around improving practitioner skills. The Professional Association for Childcare and Early Years, for example, summarises evidence that suggests that training is most effective when it is ongoing, targeted to the needs of practitioners and linked to actual practice. This is substantiated by the Nutbrown review[42], which recommended a 'blended' approach to CPD, comprising "high quality materials, work–based learning and support, visits to other [outstanding] settings" and a range of other features.

38  The Communication Trust (2017). Professional development in speech, language and communication: findings from a national survey. London: The Communication Trust. https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/1tctworkforce-development-report-final-online.pdf

39  Gascoigne, M.T. and Gross, J. (2017). Talking About a Generation: Current Policy, Evidence and Practice for Speech, Language and Communication. London: The Communication Trust. Available from: https://www.bettercommunication.org.uk/tct_talkingaboutageneration_report_online_update.pdf

40  Early Years Workforce Commission (2021). A Workforce in Crisis: Saving Our Early Years. London: Professional Association for Childcare and Early Years. Available from: https://www.pacey.org.uk/Pacey/media/Website-files/Non-PACEY%20documents%20(PDFs)/a-workforce-in-crisis-saving-our-early-years.pdf

41  Early Years SEND Partnership (2021). Quality support for speech, language and communication in early years settings – A Strategic Approach. London: EYSEND Partnership. Available from: https://councilfordisabledchildren.org.uk/sites/default/files/uploads/attachments/A%20strategic%20approach%20to%20slcn%20in%20early%20years%20settings.final221.pdf

42  Department for Education (2012). Nutbrown review: foundations for quality. London: DfE. Available from: https://www.gov.uk/government/publications/nutbrown-review-foundations-for-quality

The OECD suggests[43] that contextual factors including strong leadership are also key. There is also some evidence for 'whole setting'[44] approaches to supporting practitioners.

## Implications for this evaluation

The early years workforce has a key role in promoting positive CLD, identifying SLCN and providing appropriate intervention. Doing so successfully is crucial, given the long-term implications of CLD and inequalities in current attainment. Despite growing acknowledgement of this, the workforce currently faces significant challenges, including contextual pressures and gaps in knowledge about how best to support CLD.

In this context, this evaluation aimed to shed light on one approach to improving practice. It aimed to understand how and to what extent an intensive bundle of interventions aimed at driving improvements across whole settings could make a difference to a workforce under pressure. Through doing so, it aims to generate recommendations across a range of levels, including for national bodies, commissioners looking to improve support for CLD in their area, and for settings themselves.

43  OECD (2012). Research Brief: Qualifications, Education and Professional Development Matter, www.oecd.org/education/school/49322232.pdf.

44  Public Health England (2021). Promoting children and young people's mental health and wellbeing: A whole school or college approach. London: PHE. Available from: https://assets. publishing.service.gov.uk/media/614cc965d3bf7f718518029c/Promoting_children_and_ young_people_s_mental_health_and_wellbeing.pdf

## 2.3 About Lambeth Early Action Partnership

Lambeth Early Action Partnership (LEAP) is one of five local partnerships which make up A Better Start, a national ten–year (2015–2025) programme funded by The National Lottery Community Fund that works to improve the life chances of babies, very young children, and families.

LEAP delivers over 20 services in parts of Lambeth ('the LEAP area') where young children experience greater inequalities than children in the rest of the borough

### LEAP has two primary aims:

+ To improve early childhood development outcomes for all children living in the LEAP area

+ To reduce local inequalities by supporting those at a greater risk of poor outcomes

While LEAP has some targeted services that are only available to families living in the LEAP area, other services are available to all families living in Lambeth. Services fall into two groups:

+ Services that work directly with children to help them reach their developmental milestones.

+ Services that support children indirectly, by working with parents and carers, early years practitioners and the wider community, so they are better equipped to provide the responsive relationships and positive experiences that children need.

## 2.4 LEAP's Communication and Language Development Strand

Since 2015, LEAP has created and funded a tailored package of services to support children's communication and language development (CLD) outcomes.

LEAP's CLD strand has two components:

1 services that supported parents and carers to improve the support they offer around CLD, and;

2 services focused on improving practitioner practice.

Despite their different target groups, all services aim to promote CLD outcomes through the development of communication-friendly environments, as well as offering targeted support to those at risk of, or already experiencing SLCN.

Appendix 2 describes those services targeted at parents and carers.

## 2.5  LEAP's setting-focused communication and language development services

This evaluation focuses on LEAP's work to support early years settings and practitioners. In line with evidence around best practice to support positive outcomes,[45] these services aim to improve practitioners' knowledge, confidence and practice around:

+ Identifying speech, language and communication needs (SLCN)

+ Delivering targeted interventions for children, including through referrals to specialist support

+ Contributing to communication friendly environments both indoors and outdoors

+ Promoting parent/carer involvement in supporting children's CLD

All three services existed in some capacity before the start of the LEAP programme. LEAP funding allowed for the delivery of an 'enhanced' offer, comprising more intensive training and support for settings.

Each service was co-designed by LEAP and CLD service leads. The services were evidence- and theory- informed and supported by both a narrative and simple diagrammatic 'Theory of Change'. The Theories of Change detailed the intended outcomes that would be achieved as a result of participating in the service.

A summary of the intended practitioner outcomes are outlined in Table 1. More detail on intended short, medium and long-term outcomes for practitioners, parents/carers and children can be found in the diagrammatic Theories of Change in Appendix 3.

### A note on terminology

As each service has a slightly different area of emphasis, this report uses the term communication and language development (CLD) when referring to services together. More specific terms are used to refer to the focus of individual services. For the Evelina Award this is speech, language and communication (SLC); for Natural Thinkers this is outdoor learning and play to promote wellbeing, involvement and CLD; and for Making it REAL this is the home learning environment and early literacy.

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45   https://councilfordisabledchildren.org.uk/sites/default/files/uploads/attachments/A%20strategic%20approach%20to%20slcn%20in%20early%20years%20settings.final221.pdf

## The Speech and Language Therapy Evelina Award for Communication Friendly Environments (Evelina Award)

The Evelina Award was developed by the Evelina London Speech and Language Therapy team to strengthen the communication environments that children experience during their early years, to mitigate the risk of them starting school with delayed language skills. To achieve this, training and support aims to upskill practitioners to:

+ identify SLCN (using the WellComm assessment tool),[46] deliver targeted in-setting support, and refer children to an SLT team if needed;

+ improve all children's SLC development through high-quality adult interactions and providing a communication-friendly environment;

+ track the progress of SLC development for children in their setting, and;

+ promote parent and carer involvement in their children's SLC development.

Participating settings are assigned a designated speech and language therapist (SLT), and receive a programme of audits, foundation training, one-to-one coaching and reviews. This is supported by the WellComm toolkit, which includes an assessment tool to identify SLCN, and a 'Big Book of Ideas' to support targeted action. After an initial period of engagement, settings are awarded either a Foundation or Enhanced level Award, which describes the extent to which they are offering the environmental features that promote healthy SLC development.

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46   Published by GL Assessment, The WellComm assessment tool supports practitioners to evaluate whether the language children are using and understanding is appropriate for their age. It is part of the wider WellComm toolkit, which includes resources for targeted interventions for children with SLCN. More information available at: https://www.gl-assessment.co.uk/assessments/products/wellcomm/

## Natural Thinkers

The Natural Thinkers service aims to promote children's communication and language development, wellbeing and involvement through the provision of high quality outdoor learning and play. To achieve this long term goal, training and support aims to upskill practitioners to:

+ Feel more knowledgeable and confident about creatively using the natural world to support children's communication and language development, wellbeing and involvement;

+ Run regular, high-quality outdoor activities as part of their everyday working, and;

+ Promote and support parent and carerinvolvement in outdoor activities, demonstrating the importance of connecting children to nature, and supporting them with practical ideas.

Participating settings receive a programme of training and support comprising: foundation training for a subset of their practitioners, ongoing in-setting support, 'accreditation visits', funding for resources to embed the service, and cross-setting network meetings. This is underpinned by the Natural Thinkers 10 commitments (see Appendix 5), which provide practitioners with a framework for connecting children to nature through practical activities. It is also supported by the 'Green Folder' and other resources, which aim to provide ideas for high quality outdoor activities.

## Making it REAL

Making it REAL aims to improve the home learning environment through building parent/carer knowledge and confidence about what they do with their young children to build early literacy skills, focusing on four strands of literacy: oral language, environmental print, books and early writing.

In its 2023 iteration, training and support aimed to upskill practitioners to:

+ Identify families who would benefit from home visits (delivered separately by the Making it REAL service manager);

+ Deliver literacy events in settings (for both families receiving home visits and the wider cohort), and;

+ Promote key early literacy messages in day-to-day practice.

Participating settings received foundation training, network meetings, and ongoing support to deliver literacy events. The ORIM framework (Opportunities, Recognition, Interaction and Modelling) provides the framework for embedding the four strands of literacy across intended activities.

**Table 1**  Intended practitioner outcomes for each service

| Evelina Award | Natural Thinkers | Making it REAL |
|---|---|---|
| Improved knowledge of typical communication and language development | Improved knowledge about the benefits of outdoor learning and play | Improved knowledge around the role of parents/carers and the home learning environment in supporting children's early literacy |
| Improved knowledge, confidence and practice around identifying children with SLCN using provided screening tools | Improved knowledge, confidence and practice around creating and running high-quality outdoor activities as part of day-to-day practice | Improved knowledge, confidence and practice around helping parents/carers to support their child's literacy at home, including through delivering literacy events and identifying families to receive home visits |
| Improved knowledge, confidence and practice around referring children with SLCN to specialist speech and language therapy (SLT) | Improved knowledge, confidence and practice around promoting and supporting parent/carer involvement in children's outdoor learning and play | Improved knowledge, confidence and practice around offering day-to-day support to promote early literacy development |
| Improved knowledge, confidence and practice around supporting all children's SLC, including through high-quality day-to-day interactions and providing a communication-friendly environment | | |
| Improved knowledge, confidence and practice around supporting parents/carers with their children's CLD (including promoting high-quality interactions between parents/carers and children and parent/carer awareness of SLT support) | | |

## CLD services as a mutually-reinforcing, preventative bundle

LEAP's CLD services are intended to operate as a complementary bundle, providing support for CLD in different contexts and in response to different levels of need.

In line with prevention and early intervention principles, **all three services aim to improve the provision of universal support for all children at settings,** in order to prevent the emergence of SLCN. Given that all participating settings are situated in the LEAP area (with higher levels of deprivation and poorer child and maternal health outcomes) this can also be understood as a 'targeted selective' intervention based on broad demographic risk factors. Examples of intended universal support include:

+ All elements of Natural Thinkers

+ Improving adult-child interactions as part of the Evelina Award

+ Setting-wide Making it REAL literacy events

Universal provision is intended to be complemented by **cohort-wide screening** for SLCN via the WellComm assessment,[47] which is then used to inform **targeted intervention** to address elevated need. Intended targeted activities include:

+ Using targeted activities from the Evelina Award's Big Book of Ideas

+ Referral into specialist speech and language therapy (SLT)

+ Case discussion of specific children with speech and language therapists

+ Making it REAL home visits and targeted literacy events

Service managers reflected on how these different types of support could come together to best support children. A child who a WellComm assessment had identified as below the expected level of development for their age, for example, might receive additional support by continuing to engage with Natural Thinkers activities, as well being referred into SLT or Making it REAL home visits.

[47] https://support.gl-education.com/knowledge-base/assessments/wellcomm-support/general-information/about-wellcomm

## 2.6 Methodology

This evaluation was a mixed methods process and impact evaluation, conducted in line with the Medical Research Council's process evaluation guidance.[48]

It was a theory-based evaluation, using services' existing Theories of Change as the basis for exploration of potential practitioner outcomes and mechanisms of change.

In order to achieve the evaluation aims, the methodology consisted of:

+ Semi-structured interviews and focus groups exploring process and impact with service management, staff and practitioners at participating settings.

+ A practitioner survey exploring perceptions of impact.

+ Observation of training and coaching for Natural Thinkers and the Evelina Award.

+ Quantitative analysis of routinely collected training, feedback and activity data

+ Quantitative analysis of child outcome data

All qualitative data was collected during the period June–September 2023. The period for which quantitative data was available for analysis varied, as set out below.

### Interviews and focus groups with service managers and staff

One interview and two focus groups were conducted with six service managers and staff. This included the Evelina Award service manager, two Evelina Award speech and language therapists (SLT), two Natural Thinkers service managers, and the Making it REAL service manager. The Natural Thinkers service managers were also the overall leads for LEAP's CLD strand. Respondents were asked to reflect on how LEAP services had been delivered, and to identify potential barriers and enablers for implementation and the achievement of intended outcomes. All service managers and staff were anonymised, but may be identifiable given the limited number of relevant roles.

### Interviews with early years practitioners

25 interviews were completed with practitioners from nine settings in the LEAP area, exploring process and perceived impact across the programme. These settings were selected to represent a range of funding types, sizes, and Ofsted ratings. All settings were participating in at least two LEAP-funded programmes at the time of interview, and some had previously participated in another (see Table 2).

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[48] Moore, G., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O'Cathain, A., Tinati, T., Wight, D. and Baird, J. (2015). 'Process evaluation of complex interventions: a summary of Medical Research Council guidance', in Richards, D. and Hallberg, I.R. (eds.) Complex interventions in health: an overview of research methods. Abingdon: Routledge. Available from: https://www.ukri.org/wp-content/uploads/2021/11/MRC-291121-PHSRN-ProcessEvaluationSummaryGuidance.pdf

**Table 2:** Setting characteristics (qualitative sample)

| Characteristic | Spread across 9 settings |
|---|---|
| Size | + 2x large settings (100+ children)<br>+ 2x medium-sized settings (50-100 children)<br>+ 5x small settings |
| Funding type | + 2x maintained settings<br>+ 6x Private, voluntary or independent (PVI)<br>+ 1x nursery school |
| Ofsted Rating | + 1x Outstanding<br>+ 8x Good |
| Participation in LEAP programmes | + 3x participation in all programmes<br>+ 6x participation in two programmes (5 of these had previously participated in all three) |
| Practitioners interviewed at setting | + 6x Manager and at least 2 frontline staff<br>+ 2x Manager only<br>+ 1x 3 frontline staff |

Within each setting, researchers aimed to complete an interview with a member of the management or leadership team, alongside at least one frontline practitioner. At six settings, interviews were conducted with the manager and at least two other members of staff. At two settings one interview was conducted with only the manager, and at one setting, three interviews were conducted with non-managerial staff.

**Table 3:** Role of interview respondents

| Characteristic | Detail |
|---|---|
| Role | + 9x Management Team<br>+ 8x Senior Practitioners (Room lead, class teacher or other mid-level role)<br>+ 8x Junior Practitioners (Early years practitioner, teaching assistant or other junior role) |

Managers were recruited through direct emails. After they had confirmed their participation, they were asked to propose 2–3 colleagues that matched a provided sample specification. Interviews lasted between 30 minutes and 1 hour. They were conducted by telephone, online or in-person.

All respondents are anonymised, though due to the small number of settings in the LEAP area, there is a slight risk that participants may be identifiable.

## Practitioner survey

55 practitioners completed a survey about their experience of receiving support from LEAP's CLD services.

Practitioners were asked to the extent to which they agreed with outcome statements about the impact of LEAP services, how useful they had found different resources and how easy or hard they had found different activities. This was supplemented by a number of open-text questions.

The survey was sent to the managers of all settings who were taking part in LEAP's CLD programmes at the time of interview, who were asked to share it with their wider team. To encourage engagement, the survey was kept at 5–10 minutes long, and practitioners who completed it could opt into an incentive prize draw. Practitioners from 19 settings completed the survey. Table 4 sets out their characteristics:

**Table 4:** Characteristics of survey respondents

| Characteristic | Detail |
|---|---|
| Role | + 13x Management team<br>+ 8x Senior Practitioners<br>+ 22x Junior Practitioners<br>+ 2x other support staff |
| Length of time in the early years sector | + 5x < 1 years<br>+ 11x between 1 and 2 years<br>+ 9x between 3 and 5 years<br>+ 8x between 6 and 9 years<br>+ 22x more than 10 years |

## Observation of training sessions

Researchers observed four training interactions to better understand key mechanisms of impact. This included an Evelina Award foundation training session, an in-setting WellComm coaching session, Natural Thinkers training, and a Natural Thinkers accreditation visit. No training or support was observed for Making it REAL.

## Quantitative analysis: reach, dosage, activity and child outcome data

Quantitative data for this evaluation came from several sources and was available for different time periods (up to between September 2023 and March 2024):

+ **Reach and dosage data** was drawn from the routine data that all LEAP services are required to collect as set out by their Monitoring, Evaluation and Learning (MEL) Framework. This was supplemented by additional data supplied by the Evelina Award team, including setting-specific spreadsheets on practitioners' engagement with training. Analysis was conducted on all available data up to September 2023.

+ **Practitioner activity data,** including numbers of WellComm assessments conducted and referrals into speech and language therapy support was drawn from internal Evelina Award data. Analysis was conducted on all available data up to January 2024.

+ **Validated child outcome data** was drawn from routinely collected data, as set out in each service's MEL Framework. Each service uses a different measure to assess the impact of the service:

  – Outcome data for the Evelina Award is collected using the WellComm assessment, which assesses whether children's speech and language development is appropriate for their age. Analysis was conducted on all available data up to March 2024.

  – Outcome data for Natural Thinkers is collected using the Leuven Scales for wellbeing and involvement. Analysis was conducted on all available data up to January 2024.

  – Two measures were used for Making it REAL; the Toddler Home Learning Environment (THLE) and the Pre-school Home Learning Environment (PHLE). Analysis was conducted on all available data up to January 2024.

## Qualitative analysis

Qualitative data was coded and analysed using a thematic approach in Microsoft Excel. Findings then were triangulated across different data sources. Appendix 4 includes a note on the presentation of qualitative data.

## Method limitations

The evaluation team recognised a number of limitations to the methodology which it is important to acknowledge:

+ Due to a lack of routinely collected and robust outcome data, all practitioner impacts (including from the survey and interviews) are both self-reported and from one time point only. This introduces a strong likelihood of positive bias. As such, all impact findings have been presented as 'perceived' or 'indications of change'.

+ The sample suffered from selection bias. Survey respondents were likely to be those who had engaged well with training, which is likely to have biased the findings positively. Recruitment for interviews also went through managers, who are likely to have chosen well-engaged staff, despite encouragement not to do so from researchers. Triangulation between data sources – i.e. checking claims made in interviews against monitoring data – went some way to mitigating this.

+ At some settings we were only able to speak to managers. More perspectives from more junior staff would have given a fuller understanding of the programme.

+ Child outcome datasets were relatively small, particularly for Making it REAL, reducing the robustness of our conclusions.

+ Routine monitoring data was often incomplete, limiting the robustness of reach, dosage and certain activity findings, and making them likely to be an underestimate.

+ This evaluation by nature was very broad in scope. Researchers were unable to cover all intended outcomes with every respondent, and though research materials did include prompts, we were led by each interviewee. This report is also unable to include all of the data captured.

## 2.6     Structure of this report

The remainder of this report is structured as follows:

+ **Section 2** defines LEAP service's approach to improving practitioner support for CLD

+ **Section 3** explores the reach and dosage of training

+ **Section 4** identifies barriers and enablers to service implementation

+ **Section 5** explores practitioner responses to and interactions with training, support and resources, aiming to identify key mechanisms of change

+ **Section 6** explores the perceived impact of each service on practitioners

+ **Section 7** provides an overview of child outcome data for each service

+ **Section 8** sets out the evaluation's key conclusions and recommendations.

# Section 3
# Defining LEAP services' approach to improving practitioner support for communication and language development

# Section summary

+ LEAP communication and language development (CLD) services take a 'whole setting' approach, aiming to improve the knowledge, confidence and practice of all practitioners in settings who work directly with children. To achieve this, Evelina Award training is offered to all practitioners in settings, while Natural Thinkers and Making it REAL training is offered to a smaller subset of practitioners who are expected to 'cascade' messages to their colleagues.

+ All three services initially offer 'foundation' group training. This is followed by in-setting coaching and support over the longer term.

+ Both the Evelina Award and Natural Thinkers conduct an initial 'audit' process, aiming to identify the specific needs of settings and tailor their training offer accordingly.

+ All services have developed iteratively over time. This includes introducing new resources and measurement tools, as well as shifting delivery in response to COVID-19 disruption

This section explores how LEAP's CLD services aim to change practitioner knowledge, confidence and practice, in order to lay the groundwork for later exploration of responses to training, support and resources, and perceived outcomes. Although the primary scope of this evaluation was service delivery in 2023, where appropriate adaptations to service delivery over time are included.

Findings are drawn from interviews and focus groups with service managers and Evelina Award speech and language therapists (SLTs). This was supplemented by a review of existing documentation, including service plans and narrative reports.

## 3.1    A 'whole setting' approach

All three services aimed to change the knowledge, confidence and practice of all practitioners who work directly with children in a setting, from managers to recently qualified early years practitioners. Service managers described this approach as an attempt to *"implement an ethos in a setting"*, aiming to make new activities *"part of everyday practice."*

Service managers identified a range of benefits to this approach over relying on a smaller subset of responsible practitioners. This included:

+ Reaching a large cohort of children, more quickly

+ Ensuring that practice is fully *"embedded"* in a setting, and therefore continues regardless of staff turnover or absence

+ Establishing a sense of *"shared purpose"*, helping to normalise changes to practice

+ Ensuring that support remains consistent across a child's journey within a setting, both as they move between age-groups and across classes

In order to achieve this, **Evelina Award training and support is offered to all practitioners** in a setting, with the amount of support they receive dependent on their pre-existing skills.

**Natural Thinkers and Making it REAL training, however, is delivered to a smaller subset of practitioners** who are expected to 'cascade' key messages and ideas to the rest of their team. Wider cohorts of practitioners may also interact with service managers during accreditation visits or the delivery of literacy events.

The Making it REAL manager reflected that there were few specific provisions to make sure this happened, and the success of this approach often depended on factors internal to settings. Similarly, Natural Thinkers documentation identified that a key assumption of the approach is that *"trained practitioners remain in settings for long enough to embed the programme with the staff team."*

## 3.2 The Evelina Award's approach to improving practitioner support for communication and language development

### Adaptations over time

The Evelina Award has taken a 'test and learn' approach since it first began receiving LEAP funding in 2018.

Initially, for example, training was only offered to Private, Voluntary or Independent settings (PVIs), on the basis that maintained settings and nursery schools needed less support, as they had a better qualified workforce and received additional support from the local authority. Soon after the service started, however, maintained settings and nursery schools were included due to evidence that they were also struggling.

The training offered to practitioners has also changed over time. In the first few years of delivery, settings were asked to use the Every Child a Talker (ECAT) monitoring tool to identify speech, language and communication needs (SLCN). Service leads decided to switch to the WellComm Toolkit (which includes an assessment) in 2020 on the basis that it was *"easier for [practitioners] to understand"* and *"know what to do next."*

COVID-19 caused severe disruption to the delivery of the Evelina Award. Some settings closed fully during the COVID-19 lockdown, while a large proportion requested pauses in their involvement with the Evelina Award. All Evelina training activities were moved online during this period, and no settings received audits for a 12–18-month period. Some elements of training—particularly the foundation training and initial half day WellComm training—have continued to be offered remotely, though they are also offered face-to-face.

As with Making it REAL, following this period of disruption, the Evelina team decided to focus their efforts on a smaller group of 12-13 settings, rather than continuing to attempt to re-engage previously involved settings.

### Service delivery in 2023:

Practitioners received the following support and training during the evaluation period:

**Baseline audits:** When first engaging with the Evelina Award, settings received a 'baseline audit'. This included an assessment of key observable behaviours used by staff, as well as environmental features that support CLD. Service managers and SLTs explained that this process allowed them to develop tailored training plans that considered the quality of settings' existing support for CLD. Baseline audits also allowed the Evelina team to identify and adapt to contextual challenges that might prevent engagement with training, for example by offering weekend or evening sessions to settings with particularly limited capacity.

**SLCN in the early years Foundation Training:** Following the initial audit, settings received two days of CPD (continuing professional development) accredited foundation training. This aims to provide practitioners with a *"basic understanding"* of how to provide both universal and targeted support for speech, language and communication (SLC) development, including how to: 1) understand typical development; 2) identify SLCN (including through the use of screening tools) and the difference between this and English as an additional language (EAL); 3) support SLC development day-to-day, including through adult-child interaction (ACI) strategies; 4) make referrals to specialist SLT support; and 5) share key messages about CLD development with parents/carers.

**Adult-child interaction and WellComm toolkit training:** To complement foundation training, practitioners receive supplementary half-day sessions on promoting SLC development through adult-child interactions (ACI), as well as how to use the WellComm toolkit. This includes training around conducting WellComm assessments to determine whether a child is at the expected level of development for their age, as well as using the WellComm 'Big Book of Ideas' to identify targeted responses to SLCN.

**In-setting coaching and tutorials:** The Evelina team aim to provide regular individual or small-group coaching to further develop practitioners' knowledge and confidence around supporting SLC. This includes a consistent SLT offering one-to-one support to conduct WellComm assessments, including role-modelling best practice. It also includes practicing adult-child interaction strategies, using video interaction guidance (VIG) to allow practitioners to reflect on their own practice.

Service Managers and Speech and Language Therapists reflected that this offer is a key point of difference to other programmes, which tend to lack an *"individual focus."* They felt one-to-one work not only allowed them to tailor both the focus and amount of training they offered to practitioners, but also enabled them to build *"relationships"* with staff through *"being there week in week out."*

———

**"[Foundation training] gives all practitioners a sort of basic understanding of communication development, interactions and how those support development … and then when things aren't going right, what to do next – what they can do in their setting, and then who they can refer on to."** — Speech and LanguageTherapist

**Re-auditing and receiving awards:** Following an initial period of training and support, settings are re-audited. If a consistent change in practitioner behaviour and the setting environment is evident, settings will be awarded either a 'Foundation level' or 'Enhanced level' Evelina Award. Audits continue at regular intervals, and settings must demonstrate continued behaviours in order to stay at the same level.

Foundation level criteria include evidence that practitioners have a basic understanding of typical CLD, that they can use adult-child interaction strategies, and that they can identify SLCN and make referrals to SLT services. Enhanced level criteria include evidence of extensive use of ACI throughout the setting, use of visual supports to promote CLD development, and extensive use of activities to enhance CLD.

**Enhanced-level training:** Settings who receive a Foundation level award may be offered enhanced training, including around implementing targeted group work for children identified as red or amber in WellComm assessments, as well as specific training around specialist needs identified through WellComm assessments (e.g. Autism Spectrum Disorder, visual impairments).

## 3.3 Natural Thinkers' approach to improving practitioner support for communication and language development

Practitioners received the following support and training during the evaluation period:

**Foundation training**: Natural Thinkers managers provided one full day and two half day 'foundation' training sessions. These equip practitioners with knowledge of why outdoor learning and play are important, as well as offering practical training around seasonal activities to run with children. Service managers reflected that this training was designed to be as interactive as possible, giving practitioners the chance to *"try things out"*. During training, settings are given resources to help them develop activities in their setting, including the Green Folder of Natural Thinkers activities.

**Support visits and accreditation:** Following initial training, settings are asked to produce a development plan for how they will improve provision in their setting, which needs to be signed off by their manager. Service managers then support settings to meet the Natural Thinkers 10 commitments (see Appendix 5) for high quality outdoor learning and play, for example suggesting ideas to improve their outdoor environment or new approaches to engaging parents and carers.

Settings will then receive an accreditation visit, where service managers observe practice against the 10 commitments. If all commitments are satisfied, a setting is accredited. This lasts for three years.

**Funding** is made available to each setting to purchase resources to help embed the service, which they receive on the completion of their development plan.

Practitioners at accredited settings are also invited to **network meetings,** where staff from different settings come together to share practice ideas and learn new skills.

## 3.4 Making it REAL's approach to improving practitioner support for communication and language development

### Adaptations over time

Making it REAL has gone through various phases since its inception in 2016. Following an initial pilot, for example, funding was introduced to help settings release staff for home visits and purchase equipment, and a specific role was developed to support settings on a one-to-one basis. During COVID-19, home visits were replaced by remote contact.

Due to a significant drop off in participation throughout COVID-19, significant changes were made to service delivery in 2021. As with the Evelina Award, efforts were focused on a smaller number of settings. Crucially, practitioners were no longer expected to deliver home visits, with all visits conducted by the Making it REAL service manager.

### Service delivery in 2023

Practitioners received the following support and training during the evaluation period:

**Foundation training**: Despite no longer delivering home visits, a practitioner from each setting was required to attend a two-day Making it REAL training session. At this training, they were introduced to key concepts in early literacy and how to use the Making it REAL approach to support families – including identifying children who would benefit from home visits, planning and delivering literacy events, and using the ORIM framework (Opportunities, Recognition, Interaction and Modelling) in their day-to-day practice. Practitioners are also introduced to the Making it REAL folder, which includes resources and tools to help them plan literacy events and to support in-setting practice.

**Network meetings** brought together trained practitioners, encouraging them to discuss upcoming activities, share

experiences and challenges, and re-familiarise themselves with resources. This was seen as a key complement to foundation training:

—

**"Practitioners land best when they're able to interact with others and learn from other people. It's all well and good to read something on a piece of paper or to hear someone tell you it, but when you're having conversations about real life context and are able to share your context, I think that's been the most valuable thing."** — Making it REAL service manager

**Support to deliver literacy events.** The Making it REAL service manager offered practitioners ad-hoc, ongoing support to deliver twice-yearly literacy events. This involves helping to identify and design engaging literacy activities that are appropriate to settings' needs and building practitioners' confidence to work with parents and carers. In many cases, the Making it REAL Manager attended literacy events to offer ongoing support.

**Coordinating home visits.** Though they no longer delivered home visits themselves, practitioners were expected to help identify which families would benefit from in-home literacy support, and to liaise with the service manager to build on what had happened at each home visit, delivering further support to children with higher levels of need.

## 3.5 Measurement

The child outcomes measured by each service have been developed upon iteratively over time. In autumn 2023, the following measures were being used:[49]

**Evelina Award** outcome data was collected using the WellComm assessment, a 10-point scoresheet that assesses whether children's SLC development is appropriate for their age. The Evelina team recommend that all children are assessed every six months.

**Natural Thinkers** outcome data was collected using the Leuven Scales for wellbeing and involvement. Both 5-point scales, the wellbeing indicator

measures children's emotional wellbeing, while the involvement indicator measures their engagement in particular tasks. An initial Leuven assessment is meant to be conducted in the autumn term (or spring term if a child arrived at a setting later) with a follow-up in the summer term.

**Making it REAL** outcome data was collected using the Toddler Home Learning Environment (THLE) (for 0-3s) and the Pre-school Home Learning Environment (PHLE) (for 3-5s) The THLE and PHLE both measure the frequency with which parents and carers carry out various learning activities with their child. Data is only collected for children who receive home visits (at the first visit and the end of the fourth).

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[49]  See Section 7 for further detail on child outcome measures.

# Section 4
# Reach and dosage

# Section summary

+ Up to September 2023, the Evelina Award had reached 28 settings, Natural Thinkers had reached 24, and Making it REAL had reached 24.

+ The number of settings engaged has varied over time, with a significant drop off for both the Evelina Award and Making it REAL in the wake of COVID-19.

+ Data on the number of practitioners reached is incomplete. At least 700 practitioners engaged with Evelina Award training, at least 142 engaged with Natural Thinkers, and at least 99 engaged with Making it REAL.

+ The dosage of Evelina Award training varied significantly. During the fieldwork period, 60.4% of practitioners had completed Evelina foundation training, but only around

+ 32% had engaged with enough in-setting coaching to be described as WellComm or adult-child interaction 'competent'.

This chapter summarises quantitative findings regarding the reach and dosage of LEAP's CLD services in the period up to June 2023. Reach refers to whether the intended audience (in this case early years settings and their workforce) came into contact with training, and dosage refers to the quantity of the training and support delivered.

Data is drawn from a variety of sources, including internal service monitoring spreadsheets and LEAP's data platform.

Unfortunately, data was variable in its consistency and completeness, reducing the accuracy of these conclusions and making it likely that some findings are an underestimate.

## 4.1    Number of settings reached

Each service has engaged the following total number of settings:

+ 28 settings engaged by the Evelina Award

+ 24 settings engaged by Natural Thinkers

+ 24 settings engaged by Making it REAL

The number of settings engaged over time has varied. Figure 2 sets out the average number of settings engaged each year between 2017/18 and 2022/23

## 4.2    Number of practitioners reached

Due to inconsistencies in reporting, it is not possible to identify exact numbers of practitioners reached by training.

Data for the **Evelina Award** is most complete for numbers of attendances at foundation training, which suggests that between 2018 and 2023 at least 700 practitioners attended training.

Data for the reach of half-day coaching sessions (e.g. WellComm and ACI) and in-setting coaching is only available between January 2022 and September 2023, and it is not possible to identify the exact number of individual practitioners engaged. Within this period, the Evelina team delivered at least:

+ 71 half-day WellComm training sessions

+ 140 WellComm coaching sessions

+ 65 adult–child interaction coaching sessions

+ 121 Planning and Outcome Interactions

Available data for **Natural Thinkers** suggests that, up to September 2023, 142 practitioners attended foundation training, with 34 attending network meetings.

For **Making it REAL,** monitoring data suggests that 99 practitioners attended Making it REAL training, with 28 attending a network meeting.

**Figure 2** Number of settings engaged by services, 2017/18 – 2022/23
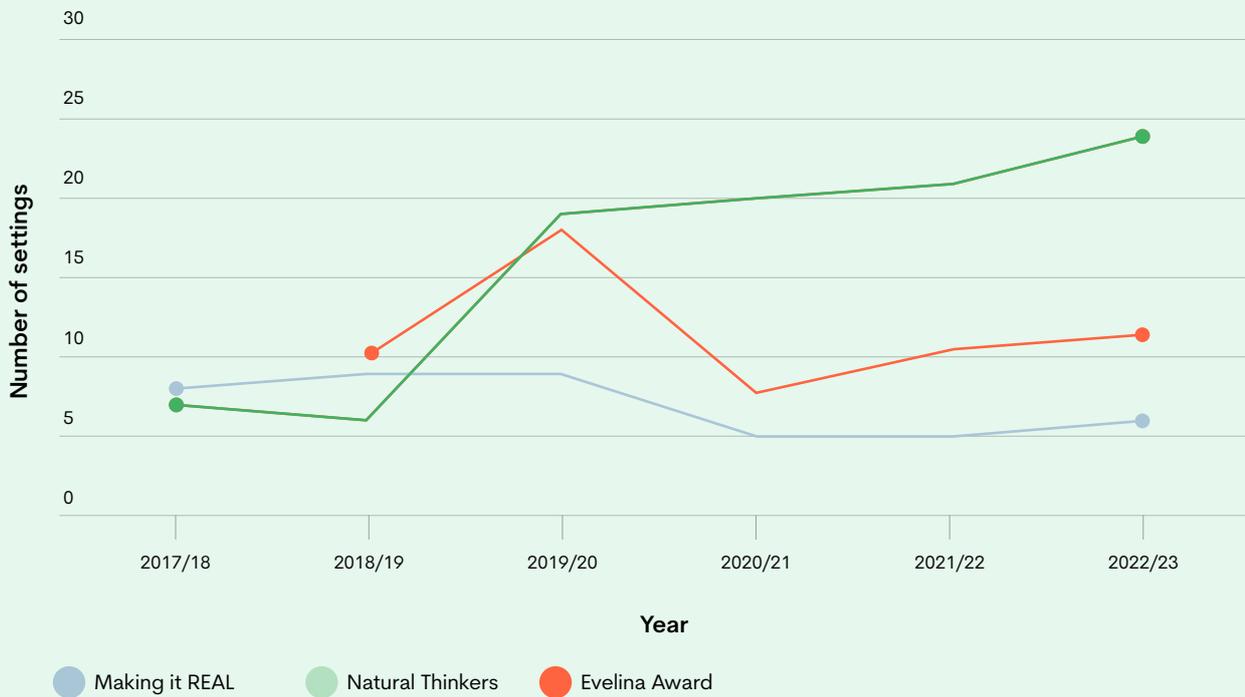


## 4.3  Training dosage

There was significant variation in how much training individual practitioners had engaged with.

The amount of **Evelina Award** training that practitioners 'should' engage with varies from case to case, depending on their existing skills and the level of support they need to be seen as a 'competent' in a particular activity. As such, there is no formal definition of dosage for the Evelina Award. For the purposes of this evaluation, dosage can be explored by identifying if practitioners have:

+ Completed two-day Evelina Award Foundation training

+ Been declared 'WellComm competent' by a speech and language therapist (this means they have completed the half day training and have been observed to be using the WellComm toolkit effectively in-setting)

+ Been declared 'adult-child interaction competent' by a speech and language therapist (this means they have completed the half day training and have been observed to be using the WellComm toolkit effectively in-setting)

+ Received any 'enhanced' training

Based on monitoring data for the 134 staff at the 12 settings engaging with the Evelina Award in summer 2023, Table 5 shows the percentages of setting teams who had engaged with different elements of training.

What this looked like within individual settings varied considerably. The two settings in Table 6, for example, are both of a similar size and had engaged with the programme for a similar length of time.

No data on engagement with ongoing support and coaching for Natural Thinkers or Making it REAL was available, beyond the numbers of attendees at foundation training and network meetings.

## 4.4    Child reach

A number of factors make it difficult to reliably identify the number of children reached by each service, including the fact that services aim to benefit all children in settings. Some child data is available on LEAP's data platform, but this excludes those who did not provide consent to share their details.

Internal service monitoring also does not include data on the number of children on roll in participating settings year on year.

Using setting-supplied data for 2018 (when numbers were likely to be higher than 2023 given evidence of shrinking class sizes), the average cohort size for participating settings was 49 children. Considering the average number settings engaged by each service, we can estimate that 570 children attended Evelina Award settings each year for five years, and 792 children attended Natural Thinkers settings each year for six years.

More accurate data is available for Making it REAL. Figure 3 shows the number of children participating in home visits year on year. This does not include other children in settings who may have attended literacy events or received day-to-day support around their early literacy.

**Table 5:** Proportion of practitioners who had achieved 'dosage' for different elements of Evelina Award training, as of September 2023

| | |
|---|---|
| Completed two-day foundation training | 60.4% |
| WellComm competent | 29.9% |
| Adult–child interaction competent | 35.5% |
| Received enhanced training | 29.9% |

**Table 6:** Proportion of practitioners who had achieved 'dosage' for different elements of Evelina Award training (selected settings)

| Maintained Setting – 17 Practitioners | Private Setting – 24 Practitioners |
|---|---|
| + 15/17 completed foundation training | + 15/24 completed foundation training |
| + 17/17 WellComm competent | + 1/24 WellComm competent |
| + 8/17 adult–child interaction competent | + 3/24 adult–child Interaction competent |
| + 17/17 received enhanced training | + 0/24 received enhanced training |

**Figure 3:** Number of children engaging in Making it REAL home visits, 2017/18 – 2022/23
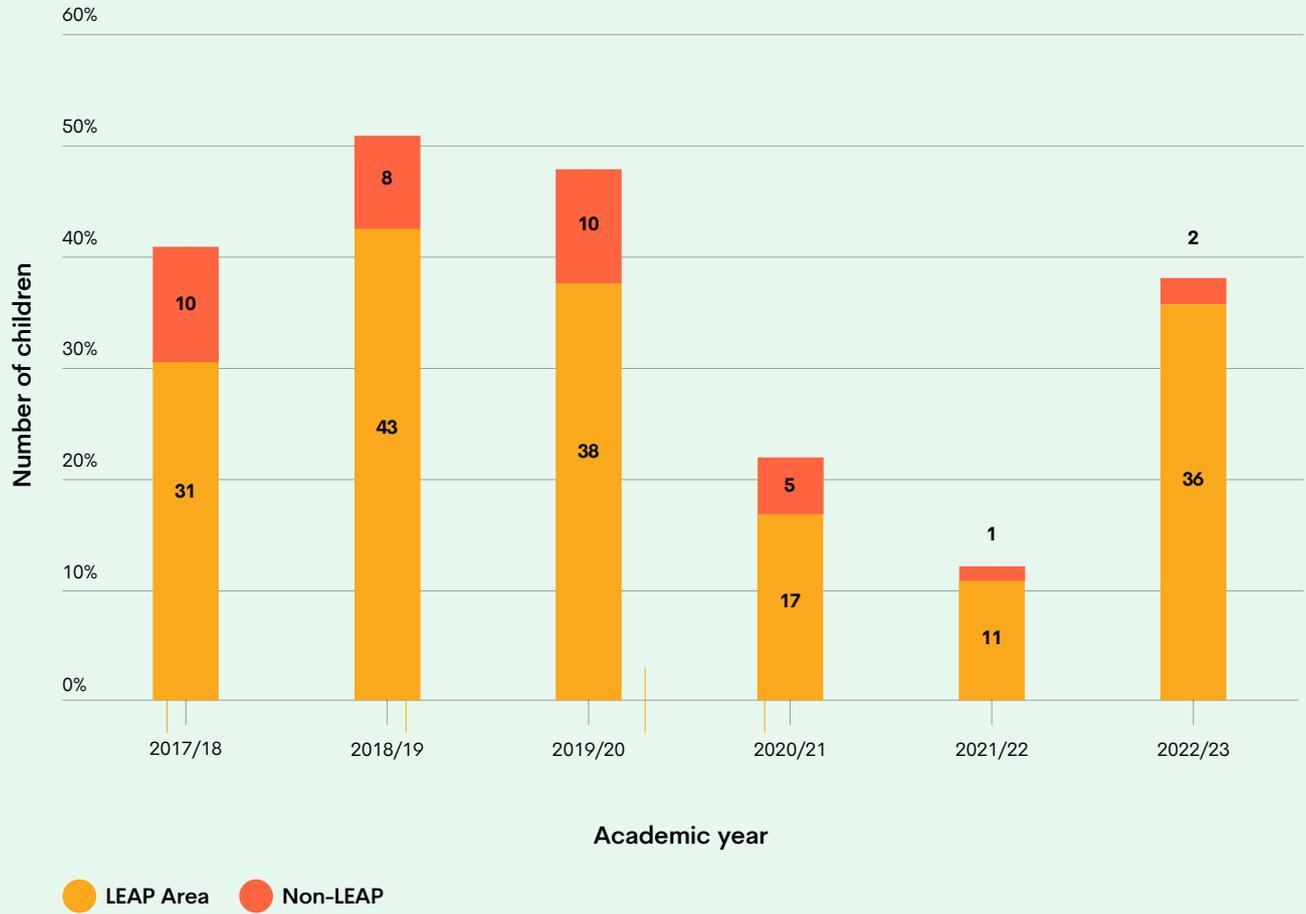
# Section 5
# Barriers and enablers to service implementation

"I wove it into our school improvement plan, and from our school improvement plan into appraisals and management performance. It's a whole immersive thing."

— Manager, Maintained setting

# Section summary

+ Where training had not been implemented successfully (i.e. settings had dropped out or failed to achieve significant dosage) analysis identified the following barriers: limited staff capacity preventing staff being released for training, high turnover preventing training ever reaching the whole setting, and unexpected disruptions causing pauses in engagement.

+ There was some evidence that private, voluntary and independent (PVI) settings faced more barriers than nursery schools and maintained settings.

+ For some settings, the flexibility of services' training offer could mitigate these barriers. This flexibility included being able to change the format, timing and location of training as needed, and was informed by initial audits and the close working relationships between service staff and setting managers.

+ Adaptations to training – including the transition to Making it REAL home visits being delivered by the Making it REAL service manager – also allowed settings to remain engaged during difficult periods.

+ There was strong evidence that supportive management was a key enabler for successful engagement with training. Managers were most likely to be supportive when they were aware of services' benefits to children, their team and the setting as a whole.

This section explores the key factors underpinning how successfully LEAP's communication and language development (CLD) services were implemented. When using the term 'implementation', it mainly focuses on reach and dosage.

Where possible, it also explores how certain factors impacted services' fidelity to their original service plans and the introduction of new adaptions, as set out in Section 2.

The themes below derive primarily from analysis of qualitative data,

including interviews with practitioners and analysis of open text survey and feedback responses. They are relevant to all three services, and include both contextual factors and service features.

It is important to note that, though historic reasons for settings being unable to engage were explored where possible, the majority of findings relate to settings who were engaging in autumn 2023. As explored in Section 2, for Making it REAL and the Evelina Award, these are settings who had demonstrated successful enough engagement for continued investment

to be deemed appropriate. As such, there may be additional implementation barriers not captured that affected historically engaged settings.

Variation in training dosage across settings cannot be explained by the length of time settings had engaged with LEAP services for. All settings where interviews were conducted had been engaged for at least two years.

## 5.1    Barriers to successful implementation

**COVID-19 and other external 'shocks' led some settings to stop or pause their engagement with LEAP's CLD services.** Managers described how the additional pressures caused by these events meant it felt necessary to prioritise their *"core areas"* of provision, and resource-intensive programmes like LEAP's did not fit this category.

As shown in Figure 2, COVID-19 had a particularly marked impacted. Many settings paused their involvement in spring 2020, with some never re-engaging. Setting managers explained how COVID-19 had led to a range of challenges, including having to adapt to restrictions and closures, falling demand leading to funding issues, accelerating issues with recruitment and retention, and rising levels of child need. In this context, service managers described how many settings became *"overwhelmed"*, and regardless of LEAP's attempts to support them to continue, *"they just couldn't do it."*

There was some evidence that the Evelina Award's pivot to online training allowed some settings to continue engaging when they might not have

otherwise. However, this did not change the overall trend of reduced delivery. The Evelina Award service manager reflected:

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**"We were trying to maintain our programme. And so we tried to offer virtual training to settings... but most felt unable to access us because they were completely in crisis mode."**
— Evelina Award service manager

When some settings did re-engage following the end of the worst disruption, the lengthy hiatus in their involvement meant that their practitioner team had often changed significantly, and that training was no longer *"fresh in the minds"* for those who remained. Service managers described having to invest a lot of effort in *"resetting"* these settings, including offering additional refresher training and support.

Other factors also led managers to de-prioritise their involvement with LEAP's services. One of the original cohort of Evelina Award settings, for example, had to end their involvement due to a drop in funding due to declining class sizes. This financial pressure was reported to have caused a number of *"knock on effects",* including additional difficulties finding the right staff and

having to rely on more costly agency support. A manager at one also PVI setting described deciding to pause her setting's involvement with the Evelina Award and Making it REAL in the wake of a poor Ofsted rating:

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**"We had to stop [engaging with LEAP services] because we got inadequate from Ofsted. We were doing too much at that time and so we said 'Let's stop it, let's focus on the most important things.'"** — Manager, PVI setting

**All settings reported that capacity issues made it difficult to release staff for training.** This prevented some settings from feeling able to engage at all, and often limited the dosage of training within settings who did engage. Interview data showed that this barrier was particularly marked for the Evelina Award, given its emphasis on training the whole staff team (rather than a smaller subset of the team), the length of training sessions, and the frequency of in-setting coaching. These barriers were also more likely to be experienced by PVI and smaller settings, given their tendency to have more limited capacity.

Managers at multiple settings described being *"at ratio but only just"*, meaning that releasing their team for training while maintaining statutory requirements didn't always feel possible. Releasing staff was particularly difficult when practitioners were required to attend training off-site, as in the case of foundation training across all three services. The manager of one PVI setting explained:

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# "I respect the effort that [service managers] have put in to try and make it accessible, but time is always hard. It's the nature of our industry, people are required to be on site."

— Manager, PVI setting

Limited capacity led some settings to cancel their team's attendance training at the last minute. The manager of a PVI setting, for example, described her regret at having to let down their speech and language therapist (SLT) when she was expecting to deliver in-setting Evelina Award coaching, but felt that "staffing shortages" left her no choice.

In order to be able to release staff, some managers had to call on agency or bank staff, or even step in to cover rooms themselves. This was disruptive and was seen in some cases to be a financial burden.

—

**"They will have to be away [for foundation SLCN training] for a couple of days. So I need to substitute – that's more of a financial thing."** — Manager, PVI setting

Where settings did use agency staff, they were unlikely to send them on training, as they were unsure how long they would remain in the setting.

**Table 7: Proportion of practitioners who had achieved 'dosage' for different elements of Evelina Award training (selected settings)**

| Maintained Setting – 17 Practitioners | Private Setting – 24 Practitioners |
|---|---|
| + 15/17 completed foundation training | + 15/24 completed foundation training |
| + 17/17 WellComm competent | + 1/24 WellComm competent |
| + 8/17 Adult–Child interaction competent | + 3/24 Adult–Child Interaction competent |
| + 17/17 received enhanced training | + 0/24 received enhanced training |

Capacity limitations were the primary reason why settings were no longer required to deliver Making it REAL home visits. Many settings struggled with the fact that at least one practitioner (ideally two) needed to be released for an extended period. As one manager described it, *"Making it REAL was another thing that impacted a lot on our staff ratio... I [had] to have somebody in to substitute to send someone."* Similarly, the manager of one setting who hadn't continued with Making it REAL recognised that although they had *"a high number of children who could have done with that intervention"* they had to *"balance it against limited capacity."*

**High staff turnover frequently prevented the whole setting being adequately trained at one time.** Most settings who took part in interviews were experiencing high turnover, far beyond the 2021 average of 16% annual turnover for group-based providers (PVIs).[50] In the calendar year 2023-24, for example, one private setting saw

15 of their 24 staff leave – a turnover rate of 63%. High turnover tended to be more common for larger settings and for PVIs.

Where turnover was high, monitoring and qualitative insights suggested that settings struggled to ensure that a consistent proportion of their team had completed training. Poor staff retention meant that numbers of trained staff (e.g. those who had been declared WellComm or ACI competent) were often falling, while it was both too costly for settings and too impractical for the Evelina team to offer immediate training for new starters. As such, training often struggled to *"keep up"* with turnover.

This is brought to life by Evelina Award dosage figures for two settings with contrasting levels of turnover, as set out in Section 3, and below in Table 7.

This experience was corroborated by the Deputy Manager of a nursery school, who explained that staffing instability meant her setting took longer

**50** Haux, T., Butt, S., Rezaian, M., Garwood, E., Woodbridge, H., Bhatti, S. and Woods Rogan, R. (2022). The early years workforce: recruitment, retention, and business planning. London: Government Social Research. Available at: https://assets.publishing.service.gov.uk/media/626a7b1a8fa8f57a39974184/SCEYP_thematic_report-_April_2022.pdf

than the expected year to achieve the Foundation Evelina Award.

—

"I think the barrier to achieving [the award] quicker was that we didn't have a stable staff group. It was changing quite a lot." — Deputy Manager, Nursery School

Evelina service managers also reflected that turnover within the service team could affect training delivery, with the induction of new staff after COVID-19 delaying the support they were able to offer to settings.

## 5.2 Enablers for successful implementation

**The flexibility of the training offer mitigated some of the barriers settings faced around limited capacity to release staff for training.** Service managers reflected that LEAP funding allowed them to offer more flexibility around the timing, format and location of training, making it easier for settings with limited capacity to engage. They described how LEAP funding allowed them to consider their pre-existing offer, and reflect carefully on *"what was going to work for those settings"* given the difficult contextual factors. **This approach was also supported by the initial audit processes,** which allowed service teams to *"be individual with each setting"*, adapting the training offer to meet each service's individual context.

Examples of this flexibility included being able to offer INSET day training to maintained settings and nursery schools, and weekend 'twilight' sessions to PVIs, recognising that their *"incredibly long days"* and other additional constraints prevented them from releasing staff during the day.

These options were praised by multiple managers, who felt their team would otherwise have struggled to engage with training.

**The close working relationships service managers and SLTs built with each setting also allowed training to be flexible in the immediate term.** This included changing sessions at short notice during particularly busy periods, or offering catch-up sessions if staff missed whole-team training sessions. The manager of a PVI setting explained that, on one occasion, a few members of her team had been unable to attend part of the Evelina Award foundation training, but the SLT team had been *"really flexible and were able to fit them in"* to a different group. The manager of a PVI setting explained how she would get in touch with their SLT to let her know if there were no staff available for training.

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"If I say 'On this day I don't have staff, so if you come you're not going to see anyone', they'll say they understand." — Manager, PVI setting

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SLTs reflected that offering this flexibility became more difficult over time as staffing issues increased and turnover within the Evelina Award team limited their capacity.

**Adaptations to training supported engagement during periods of particular difficulty.** The introduction of online Evelina Award training, for example, allowed some settings to engage who wouldn't otherwise have been able to. The transition to Making it REAL home visits being delivered by the service manager also allowed some settings to stay engaged with the programme in at least some way (i.e. through delivering literacy events).

**Supportive management played a crucial role in successful engagement with training.** Training was most likely to be implemented successfully (i.e. reaching dosage across a wide portion of the team) when managers were engaged, encouraged their staff to engage with training and introduced new processes to support this.

This included managers being proactive and making a point of sending new staff on training as soon as possible. The manager of a PVI setting, for example, explained:

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**"Every new teacher, I send them on the [Evelina Award foundation training]. Why is that important? Because otherwise they don't know how to deliver activities."**
— Manager, PVI setting

Some managers also worked to overcome capacity challenges that could prevent their team from engaging with in-setting coaching. This included *"being organised and ensuring you've got other staff to cover"*, using bank or agency staff, or even stepping in to cover a shift themselves. Some practitioners recognised the value of this, with one praising how her manager was able to *"find cover for me to go and attend training."*

In a handful of cases, managers had embedded attending LEAP training into formal planning and appraisal processes. They described how this worked to normalise attending training and make it an expected part of staff's duties:

—

**"I wove it into our school improvement plan, and from our school improvement plan into appraisals and management performance. It's a whole immersive thing."**
— Manager, Maintained setting

Service managers also highlighted the role of management in enabling good implementation of training, describing how one setting's experience had *"changed dramatically"* when a new manager was installed.

**Management was most likely to support and encourage engagement with training when they understood the value of LEAP's CLD services and were motivated to make their engagement a success.** Managers who bought into the aims of each service were more likely to be willing to put up with the disruption of engaging with training. One manager, for example, reflected that LEAP

services' aims aligned with her ambition to *"run [the setting] in a certain way"*. As such, a degree of disruption and cost was *"worth it."* Overall, managers recognised that they were receiving significant value from LEAP's services, offsetting the financial burden of enabling their team to attend training.

There were three primary motivations that managers mentioned for engaging with the programme. The most frequently mentioned was **the benefits engaging would offer the children in their care.** Many felt that the incidence of speech, language and communication needs (SLCN) was increasing – particularly in the wake of COVID-19 – and that they were currently unable to address this effectively. As one manager explained, "speech and language support was needed right now – we have too many children with speech and language delays." Improving their team's ability to identify SLCN and provide early intervention was explicitly mentioned by the manager of one PVI setting:

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**"Getting to know the 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, PVI setting

Some managers also felt that mandatory qualifications didn't adequately prepare practitioners to identify and support SLCN, and they had limited time, budget or opportunities to address this themselves through continuing professional development. As such the

opportunity to develop their team's skills was immensely appealing.

Highly engaged managers were also more likely to have identified that engaging with LEAP services would benefit their team more generally, increasing job satisfaction, and ensuring the role felt 'new'. One manager explained how valuable it had been to "give [the team] something else, something new."

Successfully engaging with LEAP also offered benefits to the setting as a whole. This included being more able to demonstrate improvement, market the setting to parents and carers, and even access funding. Multiple settings were proud to have received Natural Thinkers accreditation and had put this on their website. Others had used service documentation to feed into Ofsted reports, or used WellComm scores to complete Education Health and Care (EHC) plans and apply for SEND inclusion funding. As one manager explained, *"the nursery is now a Natural Thinkers nursery, which is good for our Ofsted report."* This was helped by the fact that service materials had been crafted to align with the Early Years Foundation Stage (EYFS), as explored in Section 5.

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**"That continuing professional development is really important, particularly to people just starting out or even in the middle of their career... Because we are stretched to send people off on the sort of training we used to be able to do. So this is free training, and it's good."**
— Manager, maintained setting

# Section 6:
# Mechanisms of Impact: How did practitioners respond to and interact with LEAP's communication and language development services?

# Section summary

+ Survey responses suggested that practitioners were broadly very positive about the usefulness of services' training, support and resources. Practitioners were most positive about Evelina training and support (90% to 96% finding it useful or very useful), slightly less positive about Making it REAL (78% to 100%) and least positive about Natural Thinkers (72% to 92%).

+ Survey respondents were more likely to endorse the usefulness of training and support over resources. Across all three services, an average of 88% of respondents found initial/foundation training useful, while 96% found ongoing support/coaching useful.

+ Qualitative data suggested that the long-term and personalised nature of support make a particular difference to practice. This included very positive responses to building a trusting relationship with a designated speech and language therapist (SLT) for the Evelina Award, in-setting guidance using the 10-commitments framework for Natural Thinkers, and support from the Making it REAL service manager to deliver literacy events.

+ Hands-on and in-context training and support were also generally seen as more positive than 'baseline' training, particularly if this was delivered online.

+ Practitioners also responded positively to opportunities to learn from other settings and the fact that service materials had been crafted to align with the Early Years Foundation Stage (EFYS).

+ Contextual factors moderated the impact of training, with capacity constraints preventing the uptake of certain time-consuming practices.

+ A wider cohort of practitioners were more likely to experience intended outcomes when setting management normalised, encouraged and otherwise integrated new practices into day-to-day routines.

This section explores practitioner responses to, and interactions with, LEAP's CLD services, in order to determine the key mechanisms that informed changes to knowledge, confidence and practice. It also explores how contextual factors moderated responses to interventions.

Findings are drawn from survey responses, feedback collected as part of routine monitoring, interviews, and observation of training sessions. Interview topic guides first encouraged unprompted responses around what was or wasn't useful about training and support, followed by questions based on specific mechanisms of impact identified in theories of change.

## 6.1 Responses to and interactions with Evelina Award training, support and resources

### Survey responses

Quantitative data suggested that respondents were similarly positive about all elements of Evelina Award training, support and resources. Of those survey respondents who had interacted with different components of Evelina Award support and training, between 90% and 96% felt that they were either 'very useful' or 'useful'.

As shown in Figure 4, endorsement levels were similar across different elements of support. Practitioners were most likely to endorse the usefulness of the 2 day foundation training (65% strongly agree, n=20), and least likely to endorse speech and language therapy leaflets for parents and carers (52% strongly agree, n=16).

### Qualitative reflections

In a slight departure from the survey findings, qualitative data indicated that most practitioners felt that **in-setting coaching from speech and language therapists (SLTs) made a particular difference to their knowledge, confidence and practice.** This included adult–child interaction (ACI) and WellComm coaching, alongside case discussions about specific children.

Practitioners repeatedly highlighted the value of the **hands-on, in-context nature of coaching.** They felt that practising new skills with the children they worked with every day enabled them to properly 'try out' new techniques, and uncover issues that would have been difficult to identify in the abstract. As one senior practitioner explained:
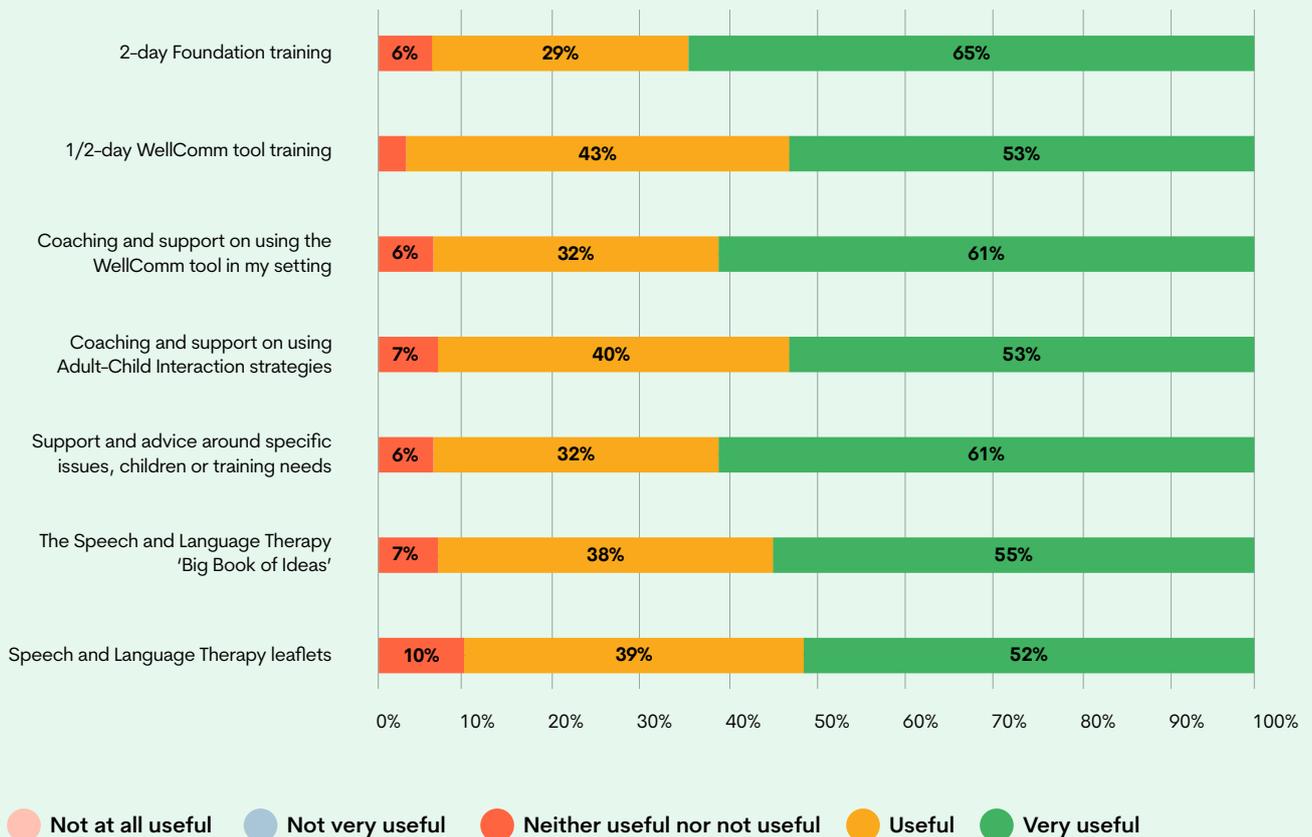
"The SLT addresses things where we're working, how we're working, what the child needs, and how we can give it to that child. When we're doing the [foundation] training we don't really have those answers because we've not done what they suggested yet."
— Senior Practitioner, PVI setting

A key example of this was the use of **Video Interaction Guidance (VIG) during coaching around adult–child interaction (ACI).** VIG is an intervention in which supervisors use clips of authentic situations to enhance communications within relationships, and is typically used in the context of parent/carer–child relationships. For the Evelina Award, practitioners take videos of themselves interacting with a child, and then reflect on these together with the SLT, being encouraged to reflect on the strengths and weaknesses of their practice and set goals for how it could be improved. Though most found it uncomfortable at first, a number of practitioners identified that this had made a real difference to their practice. One junior practitioner, explained how it helped her to identify *"what I'm doing well"* and *"what we could do to improve on it."* One nursery school found VIG so effective they decided to share videos taken as part of Evelina Award coaching

**Figure 4:** Perceived usefulness of Evelina Award training, support and resources



| | Neither useful nor not useful | Useful | Very useful |
|---|---|---|---|
| 2-day Foundation training | 6% | 29% | 65% |
| 1/2-day WellComm tool training | | 43% | 53% |
| Coaching and support on using the WellComm tool in my setting | 6% | 32% | 61% |
| Coaching and support on using Adult–Child Interaction strategies | 7% | 40% | 53% |
| Support and advice around specific issues, children or training needs | 6% | 32% | 61% |
| The Speech and Language Therapy 'Big Book of Ideas' | 7% | 38% | 55% |
| Speech and Language Therapy leaflets | 10% | 39% | 52% |

● Not at all useful   ● Not very useful   ● Neither useful nor not useful   ● Useful   ● Very useful

across other age group classes to improve practice more widely:

—

**"It was working so well in the nursery… so we rolled it out to reception. Especially with new Teaching Assistants starting, it's really lovely for them to have the experience of seeing other members of staff saying, 'I didn't really know how to take this conversation any further' and sort of sharing good practice and less good practice."** — Senior practitioner, Nursery school

Working in context also allowed SLTs to **role model good practice,** for example first showing practitioners how to do WellComm assessments and then practicing and troubleshooting in one-to-ones.

Practitioners also felt that **the longer-term, one-to-one relationships they developed with SLTs were crucial to improving their practice over time.** Working with the same SLT week on week enabled practitioners to develop *"strong relationships"* and begin to see them as a *"go-to person"* they felt comfortable working with. One practitioner, for example, described how her setting's SLT not only had a *"reassuring"* manner, but worked with the team at a gentle and manageable pace. She explained how the SLT *"took us through [new practices] step by step… it became less and less worrying."*

This *"ongoing"* relationship also allowed practitioners to try out new activities during the week, and then ask clarification questions the next

time they saw the SLT. One practitioner described struggling with a particular question in the WellComm assessment, but was able to later resolve this with the SLT's help. Repeated interactions with SLTs also helped to hold practitioners to account, encouraging practitioners to work on their skills to demonstrate progress.

This sense of having a trusted, 'on call' SLT also underpinned practitioners' ability to have case discussions about specific children with pronounced SLCN, as explored further in Section 6.

Trusting one-to-one relationships also allowed coaching to be **personalised to practitioners' needs.** For example, if a practitioner was lacking in confidence or, as in one case, struggled with English, SLTs could offer *"additional tutoring."*

Building trusting relationships wasn't always a quick or easy process. Evelina Award service managers reflected that it took some practitioners time to see the team as simply there to support them, rather than trying to test or catch them out. As such, changes in SLT could inhibit practitioners' engagement with the training.

**Practitioners were also positive about foundation training,** praising how it offered them a basic understanding of typical SLC development, how to identify SLCN and how to make referrals. As one senior practitioner explained**,** *"they kind of tell you everything about it."* However, a number of practitioners reflected that the foundation training was most effective when it was complemented and embedded by in-setting coaching.

Some were sceptical that foundation training on its own would have made much difference to their practice, particularly when it had happened some time ago:

—

**"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."** — Senior Practitioner, Nursery school

Though it did enable more practitioners to receive support, **some felt online training had less of an impact on their knowledge, confidence and practice.** Multiple practitioners felt that that online training wasn't as effective as it lacked 'hands on' elements that would allow them to embed new skills. One junior practitioner reflected *"when it's online it's just talking, that's it... there's not a lot of activity to be shown."*

**There were mixed responses to the usability of the WellComm toolkit.** Some felt the WellComm assessment was unwieldy or too long, while others felt it was too *"precise"* to be easy to use with children. One senior practitioner even described it as in conflict with their setting's child-led approach, describing the assessment as feeling *"very forced because it almost needs clinical conditions."* Another mentioned that she felt certain questions within the WellComm assessment were *"culturally inappropriate"*, for example that an image of a two-storey house wasn't relatable to the inner-city children she worked with. Over time, most practitioners grew in confidence, and were able to use the assessment more easily.

**Overall feedback on the Big Book of Ideas was more positive**, with practitioners appreciating its navigability, and how it helped them to *"come up with new ideas."*

## 6.2 Responses to and interactions with Natural Thinkers training, support and resources
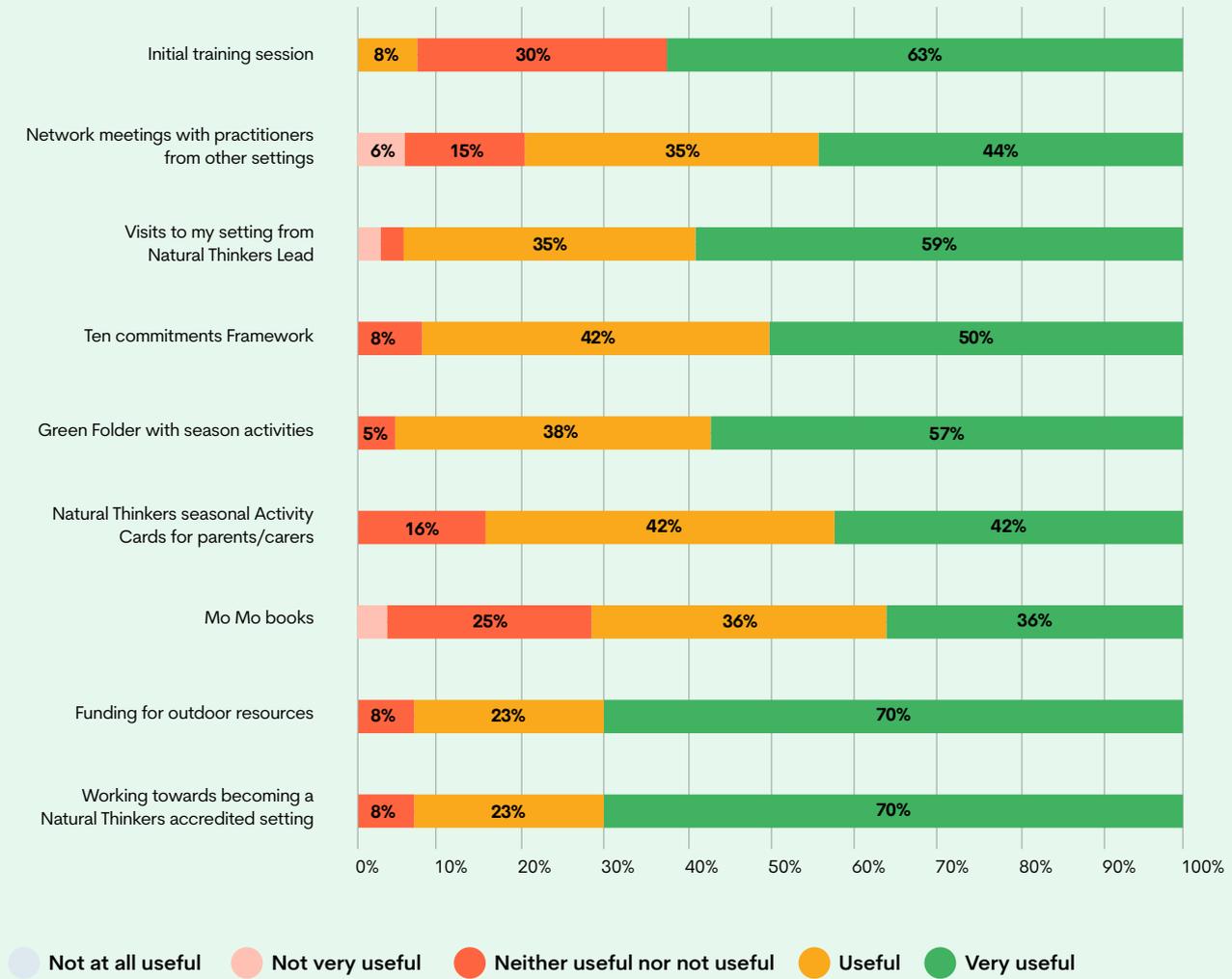
### Survey responses

Quantitative data indicated that practitioners were positive about all elements of Natural Thinkers training, and felt it was of a high quality. Of those survey respondents who had interacted with different components of

Natural Thinkers support and training, between 72% and 92% felt that they were either 'very useful' or 'useful'.

As shown in Figure 5, practitioners were most likely to endorse the usefulness of: working towards becoming a Natural Thinkers accredited setting (70% very useful, n=28); funding for outdoor resources (70% very useful, n=28); initial training (63% very useful, n=25), and; visits to their setting from service managers (59% very useful, n=20). They were less likely to endorse the usefulness of MoMo books (36%

**Figure 5:** Perceived usefulness of Evelina Award training, support and resources

| Category | | |
|---|---|---|
| Initial training session | 8% / 30% / 63% | |
| Network meetings with practitioners from other settings | 6% / 15% / 35% / 44% | |
| Visits to my setting from Natural Thinkers Lead | 35% / 59% | |
| Ten commitments Framework | 8% / 42% / 50% | |
| Green Folder with season activities | 5% / 38% / 57% | |
| Natural Thinkers seasonal Activity Cards for parents/carers | 16% / 42% / 42% | |
| Mo Mo books | 25% / 36% / 36% | |
| Funding for outdoor resources | 8% / 23% / 70% | |
| Working towards becoming a Natural Thinkers accredited setting | 8% / 23% / 70% | |

Legend: ● Not at all useful ● Not very useful ● Neither useful nor not useful ● Useful ● Very useful

very useful, n=10), activity cards (42% very useful, n=16) and network meetings (44% very useful, n=15).

Routinely collected feedback also indicated that practitioners felt Natural Thinkers training was of a high quality. At least 88% of practitioners strongly agreed with six different statements about the quality of training, including that: information was presented clearly, staff were knowledgeable, and training met its stated objectives.

## Qualitative reflections

The vast majority of practitioners were very positive about the initial Natural Thinkers training, with many identifying the **hands-on and interactive components as particularly valuable.** Multiple open-text responses on routine feedback forms highlighted the value of trying out suggested activities *"from a child's perspective"* and *"learning through play".* Similarly, one practitioner reported that trying out theoretical activities during training *"helps to confirm"* their confidence in adopting new practices.

Practitioners also praised the **breadth of ideas** they were exposed to during training, and how they were encouraged to be creative and *"use what is already in our environment",* rather than feeling like they couldn't take part due to limited resources.

**Guidance and support from service managers,** often delivered during visits to settings, was also felt to be key to improving settings' outdoor environment over time. Practitioners described how service managers were *"always in touch",* and explained how they would work together to ensure activities worked for their context.

——

**"[Service managers] are very good, very supportive. We'll put out an activity, we'll discuss what we're doing with the activity, the purpose of the activity and what we want the children to gain or learn from the activity."** — Senior Practitioner, PVI setting

Multiple practitioners also identified development plans and the **Natural Thinkers 10 commitments as providing a useful framework for improving their practice over time.** These resources were perceived to both prompt areas of activity that they might not otherwise have considered (e.g. work with parents and carers), and to give settings *"targets to work towards.".*

Multiple practitioners also identified **funding as crucial to beginning their setting's Natural Thinkers journey,** allowing them to quickly transform their outdoor environment, for example through the addition of new planters. One practitioner mentioned that service managers helped them to decide what to buy with funding, encouraging them to avoid materials that looked 'unnatural'.

In line with the survey findings, practitioners responded particularly positively to certain Natural Thinkers resources. The **Green Folder,** for example, was a useful **source of inspiration when practitioners were struggling for ideas.**

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**"The folder has been really useful, because we don't always have an idea. But if we look in the folder we get inspired. And actually we can tweak those ideas and make them a little bit different, just for variety you know, so the children aren't doing the same things all the time."**
— Senior Practitioner, Maintained setting

## 6.3 Responses to and interactions with Making it REAL training, support and resources

### Survey responses

11 practitioners responded to survey questions on the most useful elements of Making it REAL training and support. As shown in figure 6, between 100% and 78% of practitioners felt that each element of support had been useful. The most highly endorsed component was 'Ongoing support from the Making it REAL Service Manager' (63% Very Useful, n=5).
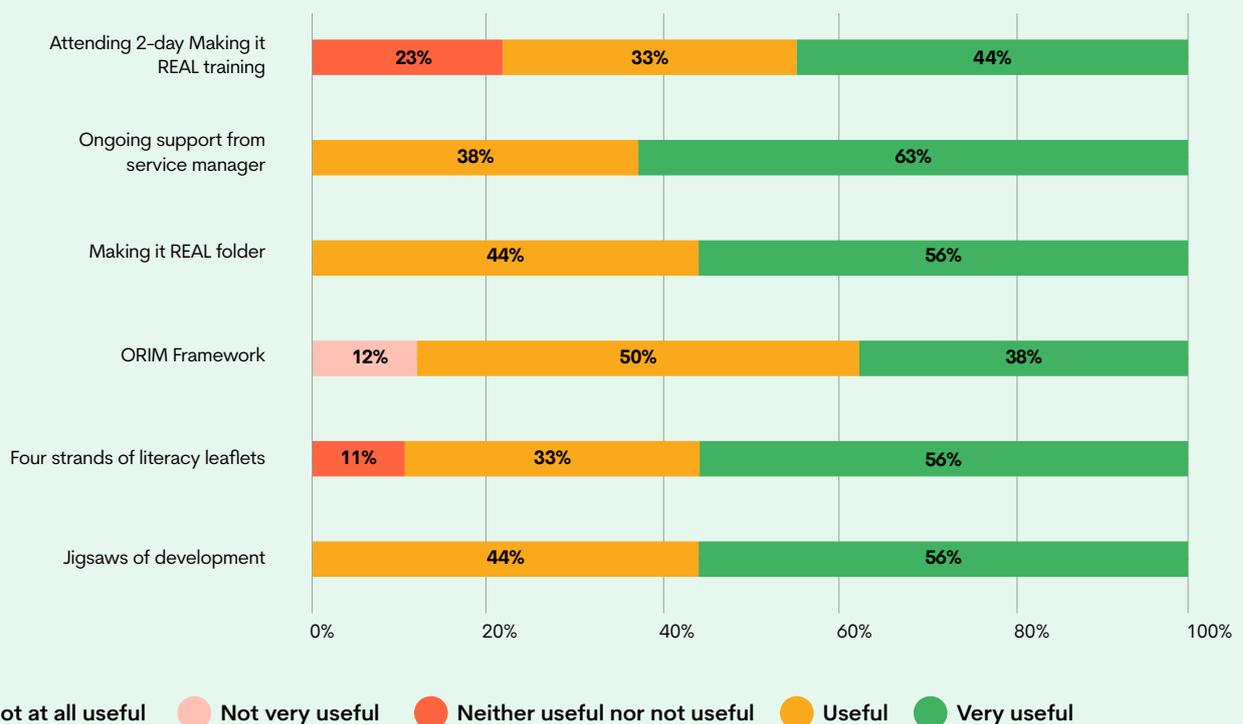
### Qualitative reflections

In line with the survey findings, multiple practitioners described how **ongoing support from the Making it REAL service manager helped to improve their confidence over time.** One junior practitioner described having significant concerns around interacting with parents and carers when she first attended Making it REAL training. Working alongside the Making it REAL manager to plan literacy events, and seeing her role-model high-quality interactions with parents and carers, allowed her to gradually grow in confidence.

—

"At first… I wasn't confident in myself that I could do it or even talk to the parents. But the support I got from [the Making it REAL Manager] helped, so I found that easier as well. And the way she just explained things."
— Junior Practitioner, PVI setting

**Figure 6:** Perceived usefulness of Making it REAL training, support and resources



Legend: Not at all useful · Not very useful · Neither useful nor not useful · Useful · Very useful

At around half of the settings in the qualitative sample, the Making it REAL service manager also played a key role in delivering literacy events. Though practitioners felt this enabled the delivery of high-quality events, at the time of the evaluation, **some settings had yet to deliver literacy events without the service manager's involvement.**

Practitioners also praised the quality of Making it REAL training, with the ORIM (Opportunities, Recognition, Interaction and Modelling) framework and use of 'real life scenarios' helping to encourage reflection on current practice. As below, sharing practice with practitioners from other settings was seen as useful.

## 6.4 Cross-cutting mechanisms of change

Across all three services, **practitioners responded very positively to opportunities to learn from practitioners at other settings.** This included cross-setting Evelina Award foundation training, and Making it REAL and Natural Thinkers network meetings. Multiple respondents highlighted the benefits of hearing about successes or challenges in other settings that they could then reflect on in their own context. This was something that practitioners typically did not have enough capacity or opportunities to do. One senior practitioner, for example took great inspiration from visiting other local settings with well-developed outdoor spaces. Practitioners also mentioned the benefit of feeling like they had a 'shared purpose' around improving outdoor CLD provision, and how this could act as a motivator to keep them engaged.

Some practitioners also saw value in **how services' resources, activities and measurement tools had been deliberately crafted to tie into the**

**Early Years Foundation Stage** (EYFS), Ofsted reports and other relevant frameworks. This not only made it easier for some practitioners to understand how service activities fed into children's overall development goals, it also helped to align activities within wider existing planning. The manager of one PVI setting, for example, explained how *"when [the team] plan Natural Thinkers activities, we link them to the EYFS."*

**Many settings reported difficulties meeting LEAP's requirements around collecting and sharing outcomes data and consent.** This was despite historic attempts to identify and iterate on tools to ensure they were not overly complex or arduous. Managers described how one of the "hardest things" about engaging with LEAPs services had been "meeting the deadlines for reporting data", particularly given internal reporting processes and a range of other pressures. However, multiple settings appreciated the fact that consent forms for all three programmes had been integrated into one in 2022:

"It's the one downside to these things, knowing you've got to give something back... The good thing is that they've made it one [consent form]. Before we had to one for Natural Thinkers, one for WellComm..."

— Manager, Maintained setting

## 6.5 The impact of contextual factors on responses to, and interactions with training, support and resources

**Certain intended changes to practice felt particularly difficult due to capacity constraints.** Capacity constraints not only hindered practitioners' ability to engage with training, but also whether they felt able to adopt new practices. One of the most frequently mentioned examples was the completion of WellComm assessments. Even if practitioners felt comfortable about the assessment, many agreed with the sentiment that *"the problem is having the time and space to do it."* WellComm assessments were particularly problematic given how long a full screening could take (one practitioner reported assessments taking up to 45 minutes if a child scored poorly for their age), and the need to release staff for a one-on-one interaction. As one manager explained:

"You have to have a teacher outside the ratio. They have to take the children one-to-one to do [the assessment]. We don't always find the time." — Manager, PVI setting

This was backed up by survey data, where only 60% (n=18) of surveyed practitioners who had tried to conduct an assessment found it easy or very easy to complete alongside their other responsibilities (compared to 70% who found day-to-day activities easy or very easy, n=23). As such, WellComm assessments were one of the first things to be dropped in times of higher pressure, leading many settings to either limit frequency of assessments and which children they were targeted at, or ask for help to complete them from SLTs (explored further in Section 6).

A handful of practitioners also saw **the time it took to complete paperwork for referrals to SLT support as prohibitive.** One senior practitioner described how she had been meaning to make a referral for weeks, but had failed to make the time to do so.

Practitioners at some settings reported that there were certain 'peak times' where capacity was particularly stretched and activities introduced by LEAP's CLD services were more likely not to be completed. These included the end of terms and the transition period from pre-school into reception.

In line with this, a handful of practitioners mentioned the idea of *"intervention overload",* whereby participating in multiple LEAP services could itself be a barrier to achieving intended outcomes. One survey respondent reflected: *"Sometime it's difficult to find the time to plan activities to support the Speech and Language programme because we are caught up with all other projects and deadlines."*

As with implementation, management played a crucial role in determining the extent to which practitioners were able to adopt new behaviours. **Positive outcomes were more likely when management normalised, protected time for, or otherwise integrated new practices into day-to-day routines.**

At some settings, managers and senior staff had worked to embed new practices in everyday routines. Often this included simply ensuring that they had protected time to complete them, rather than having to squeeze them in amongst other duties. One senior practitioner, for example, explained how her manager was aware that she would need some protected time to prepare for delivering a Making it REAL literacy event, so she would *"give [her] time to get ready for it."*

A management practice that seemed particularly effective at embedding new practices was integration into planning. At one small PVI setting termly plans for individual children were expected to include previous WellComm results and actions required as a result (e.g. which activities from the Big Book of Ideas would support further SLC development). This approach was particularly common for settings who were taking part in Natural Thinkers. The manager of one PVI setting, for example, described how Natural Thinkers had been *"set into the curriculum",* with different learning activities in each season – including pumpkin-picking in the autumn and wreath-making in winter. At another PVI setting, Natural Thinkers featured on the daily risk assessment, making considering outdoor activities a default part of daily planning:

—

**"Natural Thinkers is on [the risk assessment]. 'Is the Natural Thinkers activity set up', gets ticked every day... there's a reminder first thing in the morning for the first staff member who comes in... so it's always set up before the children start."**
— Senior Practitioner, PVI setting

A handful of settings had even integrated LEAP services' intended practices into appraisal processes, staff targets and performance monitoring. At one PVI setting, the manager would make a point of covering LEAP activities during one-to-ones, praising staff if they'd *"done everything that they were supposed to do."*

"You have to have a teacher outside the ratio. They have to take the children one-to-one to do [the assessment]. We don't always find the time."

— Manager, PVI setting

The manager of one maintained setting explained that LEAP services were weaved into the setting's improvement plan, with service activities one of the primary ways they were planning to meet their long-term term targets around improving CLD. As such, the completion of training and new behaviours had been integrated into team appraisal process. She explained that this was a particularly effective way to normalise new activities and help to remove barriers for her team:

—

**"So here [a frontline practitioner] has got a target, which is very much about raising attainment in communication and language for specific groups of children. But within that I had: 'Attend the two day Evelina [training]', and 'Ensure WellComm assessments are completed within given timescales.'"**
— Manager, Maintained setting

**Some managers also worked to motivate their team by building understanding of why new practices mattered.** This included reminding staff of the importance of providing children with the best possible support. One manager explained how she had worked to motivate a practitioner who described themselves as "not an outdoor person", encouraging them to understand the benefits of being outside in all weathers. At another setting, a manager described reminding staff that, though it was onerous, timely data collection was a condition of receiving high-level training and support.

**Supportive management practices also made it more likely that changes**

**to knowledge, confidence and practice would be shared widely across the team.** This was particularly the case for Natural Thinkers and Making it REAL, where fewer practitioners attended the foundation training, though it was also relevant for certain time-intensive Evelina Award practices like conducting WellComm assessments or making referrals to specialist SLT.

Having LEAP Natural Thinkers and Making it REAL embedded within planning meetings, for example, helped to communicate that everyone should take part. Managers also mentioned role-modelling engagement with trained practitioners to suggest to their team that they should do the same:

—

**"So [the trained practitioner] brings in a lot of information. And she also puts it in practice. Because once we see … when she models it, we follow and everyone knows gets into it as well."**
— Deputy Manager, PVI Setting

Giving specific roles to multiple practitioners (not just those who were most confident or who had received training) also helped to spread responsibility across the team. One manager described how it had taken her *"nine years to get Natural Thinkers to a place where [she was] really happy with it"*, but the setting now had a 'champion' in each section of the nursery, as well as the expectation that everyone should take part.

Some managers also played an ongoing role in supporting trained practitioners to cascade messages to the wider

team. The senior practitioner who had been trained in Natural Thinkers at one PVI setting explained that, at first, many of her colleagues were *"not as enthusiastic"* about doing outdoor activities. However, over time, and with her managers' blessing, she was able share responsibility for activities, for example asking individuals to take charge of *"looking in the [green] folder, finding an activity and gathering all the resources."* Managerial support had also been crucial to overcoming opposition around running outdoor activities in all weathers. She described how she had *"spoken to the management about... how it has to be done because the children come first"* and they were now planning to buy all-weather clothing for their cohort.

**Survey results suggested that most practitioners felt encouraged by their managers and given the time and resource to complete activities.** When asked to score out of five the extent to which they felt encouraged by their management to deliver activities suggested by services, practitioners scored an average of 4 across all services, suggesting they felt reasonably well supported. When asked the extent to which they were supported with necessary time, space and resources to complete activities, practitioners scored an average of 3.9. Practitioners were most likely to feel encouraged and supported to deliver Natural Thinkers (3.8 encouraged, 4.1 necessary time and space), and least likely to feel encouraged and supported to deliver Making it REAL (3.5 encouraged, 3.6 time and space).

**Where managers were less supportive, practice was less likely to have changed, and was more likely to have reached only a smaller portion of the staff team.** Staff at one setting, for example, described how trained Natural Thinkers and Making it REAL staff received limited support from senior managers, meaning that responsibility for cascading messages remained in the hands of more junior practitioners. One practitioner reflected that management should *"encourage us to do it... talk about it and get [the wider team] to get involved more."* A handful of other practitioners corroborated this experience, suggesting that their manager did little more than say *"[the SLT] is here, go and see her"* to promote their engagement with training.

# Section 7:
# Perspectives on practitioner impact

"So they're able to recognise [SLCN] when a child joins the nursery within the first three to six weeks. So we don't have to wait until we are doing our two year checks, or our development reviews, we're able to notice it earlier and make the referrals a lot earlier"

— Manager, PVI setting

# Section Summary

+ Between 89 and 98% of survey respondents agreed that the **Evelina Award** had improved their practice around identifying speech, language and communication needs (SLCN), making referrals to specialist speech and language therapy (SLT), supporting speech, language and communication (SLC) development through everyday interactions, and promoting parent/carer involvement in SLC development. Respondents were most likely to endorse changes to their practice in identifying SLCN, and least likely to endorse improvements in referral practices.

+ Qualitative data suggested that certain Evelina Award outcomes were not widely shared across the whole setting, including responsibility for conducting WellComm assessments and making referrals. Positive changes to day-to-day interactions with children were widespread.

+ There was significant variation in how settings used the WellComm toolkit to identify SLCN, including around whether assessments were universal or targeted, and their frequency. Overall, at least 618 children were assessed at least once.

+ Despite this variation, WellComm assessments allowed most settings to offer targeted intervention through in-setting support and referrals to specialist SLT.

+ Between 84 and 92% of survey respondents agreed that **Natural Thinkers** had improved the quality and frequency of outdoor activities, and their ability to promote parent/carer involvement in outdoor learning and play. Respondents were most likely to endorse positive impacts on the frequency of outdoor activities, and least likely to endorse improvements in involving parents and carers.

+ Qualitative data also suggested that high-quality outdoor activities were more frequent, but that most settings struggled to engage parents and carers. However, at some settings responsibility for planning and delivering outdoor activities was not shared across the whole setting.

+ 72% of survey respondents agreed that Making it REAL had improved their practice around supporting parents and carers to provide a high-quality home learning environment.

+ Qualitative data suggested that Making it REAL settings were delivering high quality literacy events, but didn't always provide day-to-day literacy support.

+ Where managers were engaged and changes to practice were shared across teams, practitioners were most confident that they would remain embedded after the end of the LEAP funding.

This section explores the perceived impact of LEAP's setting-focused CLD services, aiming to understand changes to knowledge, confidence and practice, and the extent to which they reached whole settings.

For each service, this section first summarises relevant survey responses, followed by qualitative reflections. Qualitative and quantitative findings are presented separately due to some discrepancies in findings, which are highlighted where appropriate.

**Survey** respondents were asked the extent to which they agreed with a range of statements about changes to their knowledge, confidence and practice as a result of each service.

These statements were drawn from services' Theories of Change, and align closely with those in Table 1. In **interviews,** care was taken not to prompt responses unnecessarily. Respondents were first asked broad questions about how they supported children's CLD, followed by specific questions about changes because of each service. Only then were they prompted with specific attitudes and behaviours of interest.

Though it wasn't in the original aims of the evaluation, all qualitative respondents were also asked for their perspective on whether changes to practice would continue after the end of LEAP's funding. A high-level summary of responses is included in this section.



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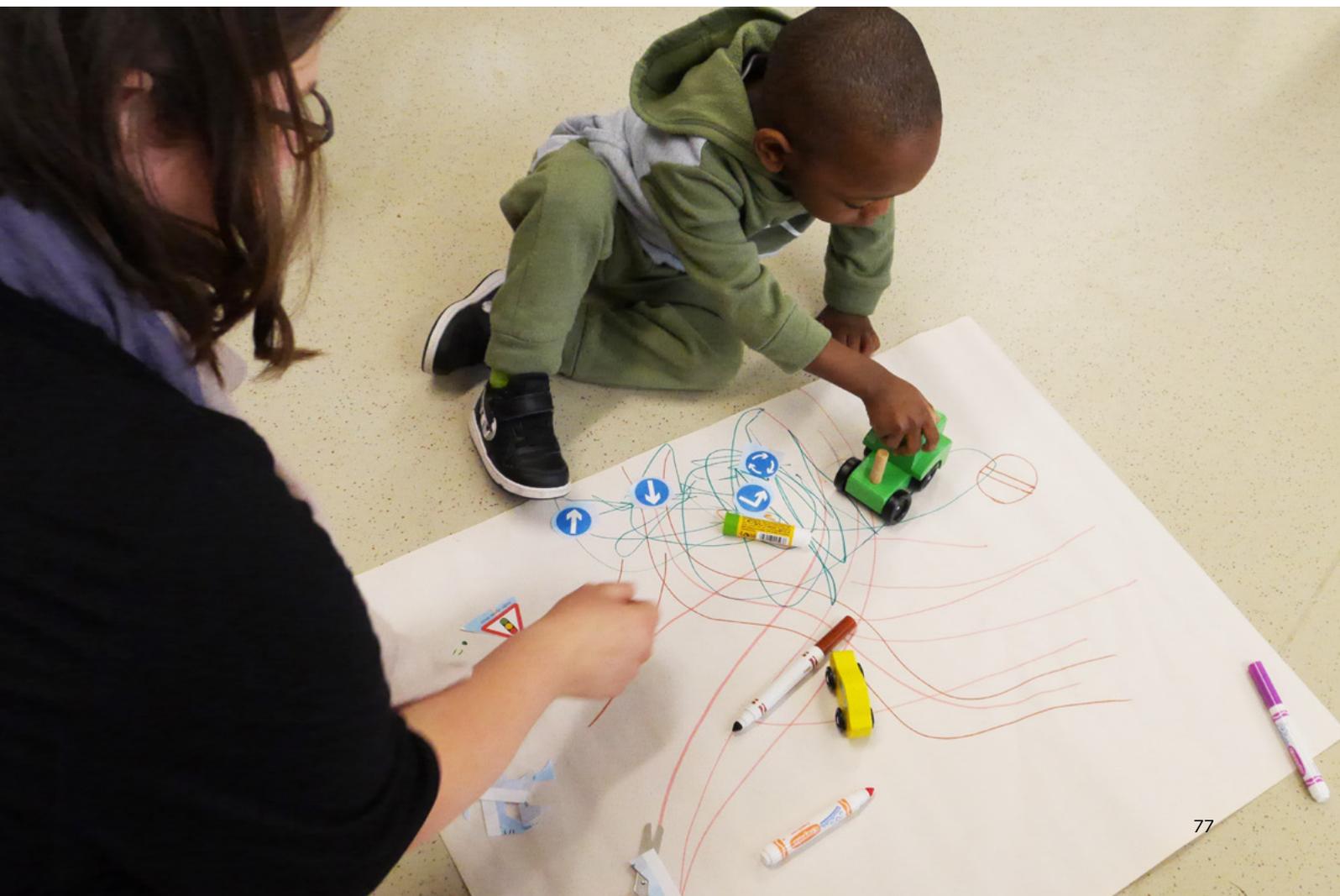
## 7.1 Reported impact of Evelina Award training, support and resources

### Survey responses

All survey respondents who had engaged with Evelina Award training, support and resources reported positive impacts on their knowledge confidence and practice. Between 89% and 100% agreed with all statements.
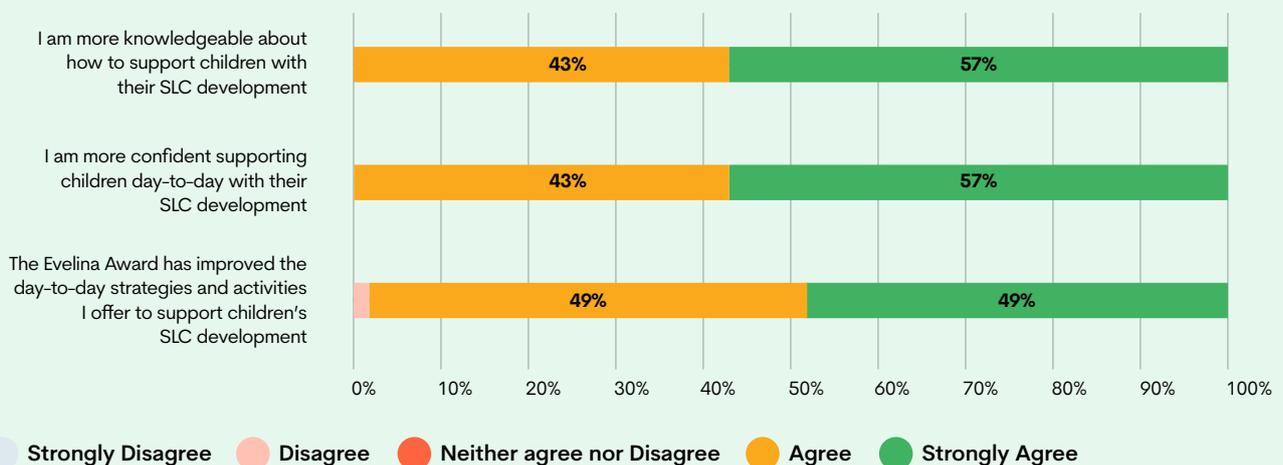
Overall, respondents were most likely to endorse improvements in their knowledge, confidence and practice around the day-to-day activities they used to support SLC development. As shown in figure 7, between 98% and 100% of respondents agreed with each statement in this area.

Respondents were slightly less likely to agree with statements about changes

to knowledge, confidence and practice around identifying and supporting children with SLCN. As shown in Figure 8, between 91% and 98% of respondents agree with all statements. Comparing reported changes in practice, respondents were less likely to endorse improvements in their ability to refer children who needed additional support (43% strongly agree, n=15), compared to improvements in their ability to identify SLCN (54% strongly agree, n=19).

Though they remained very positive overall, survey respondents were least positive about changes to the knowledge, confidence and practice around supporting parents and carers to promote their child's SLC development. As shown in Figure 9, between 89% and 91% of respondents agreed with each statement.

**Figure 7:** Reported changes to knowledge, confidence and practice around day-to-day support for SLC development (n=35)

Comparing only reported changes to practice as a result of Evelina Award support, training and resources, respondents were most likely to endorse improvements in their practice around identifying SLCN (54% strongly agree, n=19), equally likely to endorse improvements in day-to-day support for SLC and engaging parents and carers (both 49% strongly agree, n=17), and least likely to endorse improvements in referral practices (43% strongly agree, n=15).

**Figure 8:** Reported changes to knowledge, confidence and practice around identifying and supporting children with SLCN (n=35)
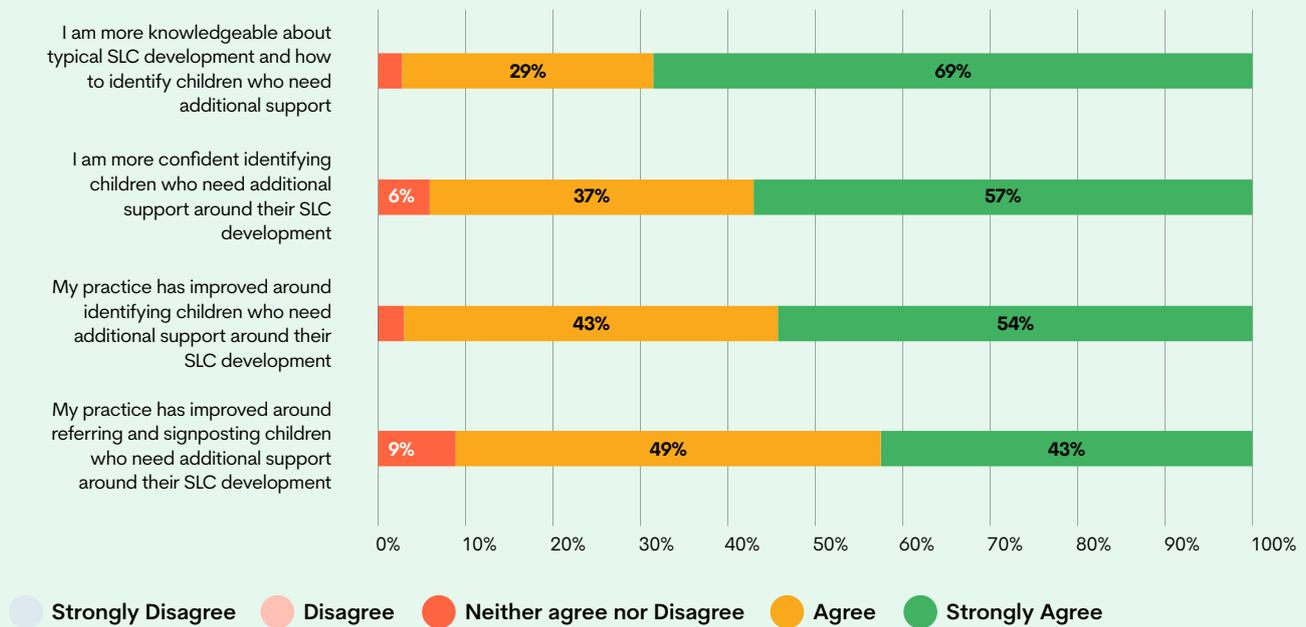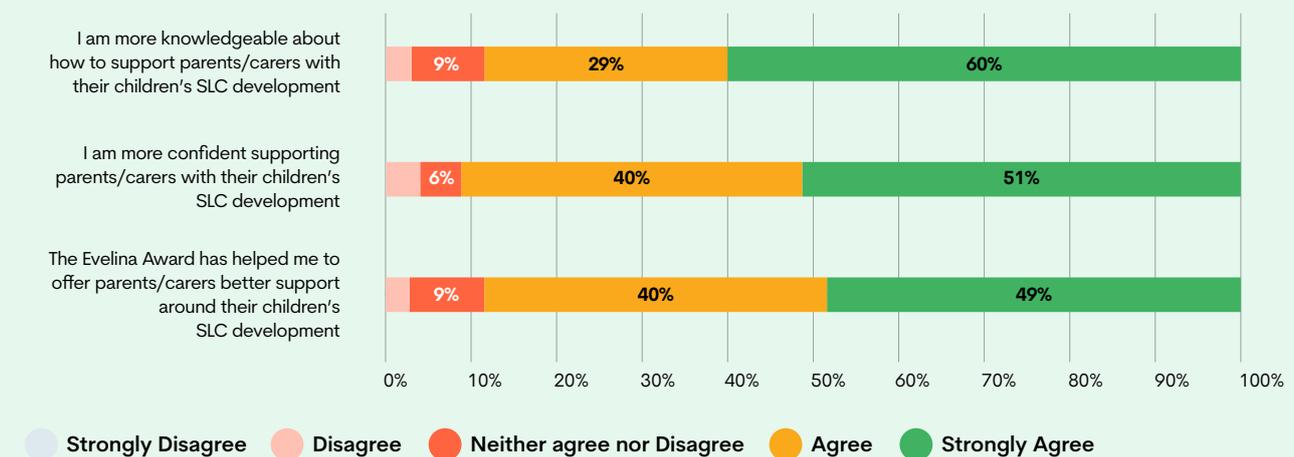


**Figure 9:** Reported changes to knowledge, confidence and practice supporting parents and carers with their child's SLC development (n=35)

## Qualitative reflections

### Reported impacts on adult-child interactions

In line with survey findings, **most practitioners who took part in interviews reported improvements in the quality of their day-to-day interactions with the children in their care.** Practitioners across all different roles described having improved knowledge of how to speak to and interact with children, as well as being able to run new activities.

Numerous practitioners reported that, since attending training, they were asking children fewer questions, commenting on what children were doing by adding extra words, and using visuals or objects to support language acquisition – all types of practice promoted in Evelina foundation training, ACI training, and in-setting coaching. One junior practitioner explained how she had become "more patient" with children and was able to offer different types of age-appropriate support in different contexts:

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**"[Evelina training] made us become a bit more aware of how we should use words, and what kind of activities we can use. How we could extend the sentences, you know … obviously age appropriate. It made you more aware of what you could have done differently to support the children's communication."**

— Junior Practitioner, PVI setting

Another junior practitioner explained how she had not previously used specific techniques when speaking with children, and found the Evelina training to around repeating, modelling, and extending sentences "really helpful."

Certain new group activities were particularly widely adopted, including 'What's in the bag?', an activity that uses objects to elicit language from young children. The frequency with which these activities were used varied, with some settings offering them every day, and others weekly.

### Reported impacts on practitioners' ability to identify speech, language and communication needs via WellComm assessments

Though the majority of survey respondents strongly agreed that their practice around identifying SLCN had improved, qualitative data was more nuanced. Interviews suggested that how the WellComm assessment was being used varied significantly. This included variation in who was conducting assessments within settings, which children were prioritised for assessments, the interval between assessments, and whether the assessment tool was being correctly used.

**At most settings, a small subset of practitioners were responsible for conducting WellComm assessments,** suggesting that changes to practice had failed to reach the whole setting. As well as failing to meet the service's

objectives, this ran counter to WellComm toolkit guidance, which suggests that screening is conducted by a child's key worker, given they are likely to know them best.

At these settings, assessments were typically being conducted by senior staff like room leads or deputy managers. This was typically due to other practitioners failing to engage with sufficient training to be declared 'WellComm competent', as set out in Section 3. The deputy manager of a nursery school, for example, explained that though they were *"looking to get the other members of nursery staff trained"* the room lead was *"the only one who could do it at the moment."* At one setting where this was the case, practitioners explained that this was a deliberate approach to allow one member of staff to run assessments while others looked after the wider cohort of children.

### Overall WellComm usage

Monitoring data showed that, up to January 2024, 618 children had received at least one WellComm assessment. 284 received two assessments, 92 received three assessments, and 26 received four. This data should be interpreted carefully, given the inconsistent reporting of activities, and is likely to be an underestimate.

**At a handful of settings, most assessments were being completed by, or with the help of, Speech and Language Therapists.** This was often due to a lack of sufficiently trained staff. Practitioners in these settings told us that, though they had received some training, they were unable to deliver assessments without support. Multiple practitioners at one maintained setting, for example, reflected that they *"needed more practice"* to deliver assessments, and worried about having time to do so even when they were fully trained. Even where setting staff were sufficiently trained, capacity limitations meant that SLTs sometimes stepped in.

**At around a third of settings, a larger group were delivering assessments, enabling children to be assessed by their key worker.** Those who were able to do this felt this was highly beneficial, as the "best person to do [the assessment] is the key person."

**Most settings were trying to conduct universal screening, with others prioritising certain groups.** Most managers reported that they aimed to screen all children – ideally soon after they arrived at a setting – to establish a 'baseline' and correctly target additional support and referral. This universal approach was supported by Speech and Language therapists, who felt that it was important not to make *"assumptions about level of ability."*

**Routinely collected activity data suggested that around half of settings were conducting universal screening reasonably successfully,** with the majority of children assessed within a few months of their arrival.

This was more likely to be the case at maintained or nursery school settings, reflecting the more regular arrivals of children across the school year. At one nursery school, monitoring data showed that, of 20 children who joined the setting in autumn 2022, 15 were screened within a month of their arrival. A senior practitioner explained making a deliberate decision to assess *"all the children in the setting, and then [assess] new children as they come in."*

At other settings, though managers held ambitions to screen universally, **capacity constraints and the limited number of practitioners who had received training led them to prioritise screening for certain groups.** The manager of a large setting where only one member of staff was 'WellComm competent' explained that they had agreed with the Evelina team to *"focus on the preschool children",* on the basis that *"the priority was for those who are going to school and might need a bit more support."*

Other settings were conducting assessments based on the anecdotal identification of higher levels of need. One room lead at a maintained setting explained how her immediate team had completed a WellComm assessment *"a few times",* targeting *"children that we were worried that their communication and language wasn't developing as much as it should be."*

**Most settings were not regularly re-assessing children,** with some deciding to prioritise re-assessment of those with the highest levels of need. Evelina leads suggested that ideal practice was to re-screen the entire cohort of

children every six months. However, at the time that fieldwork was conducted, many settings had failed to rescreen a large proportion of their children.

From the data available, less than half of children who had been screened had had a follow-up assessment, with the most successful settings re-screening around 2/3 of their children.

Both managers and practitioners explained that finding time to regularly re-assess children was very difficult, particularly if a limited number of staff were trained. As such, some had decided to prioritise re-assessment of those identified as having higher levels of need. At one PVI setting where only 9 of 28 children had been reassessed, the manager explained that they had decided to prioritise re-assessment of those who had scored amber or red on their first assessment. She recognised however that re-assessment of all children was *"a good idea [and] something that we should do."* The manager of one setting where reassessment was currently fairly universal felt that they might not be able to sustain this in the long term, and

they might need to pivot to focus only on one initial assessment.

Where re-screening was happening, most settings were conducting assessments at around six-month intervals, though this was often irregular. The manager of a PVI setting—where around half of the children had had more than one WellComm assessment—shared an ambition to re-assess all of their children termly, but felt that there simply wasn't enough time or capacity to do this currently, with children leaving also making this difficult.

There was also evidence that **many WellComm assessments were being conducted incorrectly.** If a child scores amber or red for their age, WellComm guidance is to repeat the screening process using score sheets from the age bands below until the child achieves a green score. This ensures that practitioners fully understand the extent of a child's speech delay and are able to offer them the most appropriate follow-up support and, if necessary, a referral.

## "It's difficult. I want to do it once if we possibly can, because we were surprised by the number of children who were [amber or red]. We will continue to do the initial screening."

— Manager, Maintained setting

However, many settings were not following this process. Analysis of 384 assessments where this data was available suggested that only 139 children (36%) of children who initially scored red or amber were screened until they scored green. This data was skewed by poor practice at one setting. With their data removed, 56% of children were screened until they scored green.

There were few reflections on why settings were not using the tool correctly. One suggestion was that correct practice significantly extended the amount of time an assessment took, making it even more prohibitive for settings already struggling with limited capacity. One manager explained that an assessment could take *"45 minutes a child if they're not where they should be."*

### Reported impacts on offering targeted intervention for speech, language and communication needs

Despite the significant variation in how the WellComm assessment was used, analysis identified a range of reported improvements in practitioners' ability to offer targeted intervention following identification of SLCN.

This was underpinned by how **the WellComm assessment enabled a more sophisticated understanding of children's level of need**. This was the case even if delivery of assessments was patchy or led by SLTs, as explored above. Numerous practitioners endorsed the value of

having certainty about children's needs, rather than making assumptions as they had previously. The manager of one maintained setting, for example, expressed her surprise that such a significant proportion of their children had scored amber or red in an overall assessment of their child cohort. Knowing this for a fact allowed her to take more deliberate action.

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**"WellComm gives me the data. 69% of our children were not where they should have been in September. That's horrendous. If that's not something that needs addressing, I don't know what is."** — Manager, Maintained Setting

Other practitioners felt similarly. One junior practitioner explained that the WellComm assessment was *"something I really like"* because it *"gives you a better idea of where children are."*

**Many settings were providing targeted in-setting support based on WellComm assessments.** What this looked like varied, from using WellComm results to inform whole-cohort planning, to offering individual support using the Big Book of Ideas.

**At a few settings where WellComm practice was well-embedded, results were being used to inform planning,** helping teams to *"identify areas of weakness within the cohort that we can address through planning."* Though the manager identified that how they used the WellComm could improve, one PVI setting was doing this in a particularly sophisticated manner. Practitioners explained how WellComm results were

discussed at routine all-staff meetings and were used to inform termly plans for children, alongside targets from the Early Years Foundation Stage Profile. The manager explained:

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**"Practitioners do a learning plan every term, so if they know where a child is with the WellComm they can say 'okay what is my next step for this child?' They already refer to the EYFS, but I've said they need to refer to the WellComm."** — Manager, PVI setting

**The strong link that settings had built with SLTs allowed them to discuss how best to support specific children with poor WellComm results.** Multiple practitioners reflected on the immense value of being able to reach out to SLTs to discuss a child's specific needs and how to support them. One practitioner, for example, described how when she wanted to offer additional support to a child she could *"sit with the SLT and... ask her how we can deal with this situation, what type of strategies we can use with this child."* The manager of a PVI setting corroborated this, describing how their SLT was *"on call"* to discuss any problems or challenges with specific children.

Multiple practitioners mentioned doing specific activities in response to WellComm scores. This typically included Big Book of Ideas activities to address needs in specific areas. One practitioner explained how the Big Book of ideas gives *"a whole series of things you can do to help"* which most practitioners *"wouldn't think of on [their] own."*

Some settings who had engaged with enhanced training had introduced group sessions to support children identified as either red or amber. The manager of one PVI setting explained that these groups were now *"naturally embedded"* and they were *"doing that all the time."*

**In a few cases, WellComm results were used to inform signposting into Making it REAL home visits and literacy events,** alongside suggestions from SLTs. A senior practitioner at one PVI, for example, explained that her criteria for inviting families to a literacy event was *"based on the WellComm screening and living in the LEAP area."*

## Reported impacts on referring children with speech, language and communication needs to additional support

Practitioners across settings reported that **WellComm assessments allowed them to make earlier decisions about which children to refer specialist support**. Where most practitioners reported having previously made referrals based on intermittent formal review moments, or on an ad hoc basis after working with children for an extended period, WellComm assessments allowed them to *"clearly understand when a referral is due earlier."* This benefit was seen most clearly at settings who were conducting frequent universal assessments. The manager of one such setting reflected on how the WellComm toolkit had changed their referral practice:

"So they're able to recognise [SLCN] when a child joins the nursery within the first three to six weeks. So we don't have to wait until we are doing our two year checks, or our development reviews, we're able to notice it earlier and make the referrals a lot earlier." — Manager, PVI Setting

Some practitioners also felt that using the WellComm toolkit had increased the number of referrals they made. This contrasts with other evaluations[51] of the WellComm toolkit, where practitioners suggested it had reduced the number of referrals they made.

Despite these benefits, responsibility for making referrals was often not shared across the whole setting, and typically remained in the hands of the most senior practitioners. This was in line with survey findings, where practitioners were less likely to endorse changes to referral practice as a result of Evelina Award training and support (43% strongly agree).

At most settings, referrals were made by either the Special Educational Needs Co-ordinator (SENCO), manager, or another senior practitioner. Less experienced staff were unlikely to report positive changes to their practice in this area.

One junior practitioner, for example, wasn't sure if she had ever received training, and felt that making referrals was her managers' responsibility. Other practitioners didn't feel like they had the skills to prepare referral forms, and admitted to delaying flagging children.

At a handful of settings, a wider proportion of the team were taking responsibility for preparing referral forms, or even submitting them themselves. The manager of one such setting reflected on how this had increased the speed with which they were able to get children specialist support.

Up to September 2023, monitoring data suggests that 349 children were referred to specialist speech and language support.

No accurate data exists to make a comparison with practice before settings engaged with the Evelina Award.

51  Dysart, E. and Code, A. (2023). *Use of the WellComm Toolkit in Early Talk For York (ETFY) Settings: Evaluation Report*. York: City of York Council. Available from: https://www.york.gov.uk/downloads/file/9316/early-years-wellcomm-toolki

"The SENCO is not just relying on one person now – everybody in the team has the capacity to make referrals. So that definitely speeded up the process. We are making more referrals now." — Manager, PVI Setting

### Reported impacts on promoting parent/carer involvement in children's speech, language and communication development

Despite the positive survey results, qualitative data indicated that **most practitioners struggled to identify and make use of opportunities to promote parents' and carers' involvement in their child's SLC development.**

Though they were positive about the quality of parent/carer-facing materials (including 'Talk and play everyday' leaflets and the parent/carer-facing elements of the Big Book of Ideas), there were few examples of practitioners regularly engaging parents and carers with key Evelina messages. The primary barrier to this was simply a lack of high-quality contact with parents and carers, outside of formal moments like parents' evenings or fleeting encounters at the start and end of the day. One manager reflected:

"I guess communicating the messages to parents is probably the hardest thing … We have a noticeboard but the parents don't really come into the nursery so much. We've got leaflets, but unless the parent is there."
— Manager, PVI setting

A handful of settings were able to engage more successfully with parents and carers. These tended to be settings where this was already well established across their wider work.

Though most respondents struggled to communicate general Evelina Award messages, **some senior practitioners reported they were having better conversations with parents and carers around SLCN and referrals since engaging with the Evelina Award.**

WellComm results were seen as particularly useful for having productive conversations about SLCN, particularly given parents and carers might be "in denial" that their child was experiencing difficulties, or resistant to a referral to specialist support. Senior practitioners reflected that the way WellComm results are structured made it easy to walk parents and carers through the specific areas of SLC development that their child needed help with, which could help to enhance the credibility of a referral:

"Having that tool to make referrals and talk to parents is invaluable ... Many parents can be in denial ... Especially with language we have lots of parents thinking 'It's okay, she's only two'. We can show evidence that the child needs some help, so they're more trusting and more welcoming of the referral." — Manager, PVI setting

The manager of another PVI setting noted how she made a point of explaining to new parents and carers that her staff would conduct WellComm assessments during their child's time at a setting. She felt that this helped to reassure parents and carers that they weren't *"labelling anybody", they were simply identifying children who "needed some help"*.

Outside of using WellComm data in conversations with parents and carers, one manager described how wider Evelina Award training had boosted their overall ability to have difficult conversations with parents and carers, including being *"empathetic"* and *"not assuming that a parent knows"* about typical SLC development.

### Perspectives on whether changes would continue post-LEAP funding

All managers reported that they hoped to continue with the key Evelina Award practices, including conducting regular WellComm assessments, sharing responsibility for referrals, and supporting their team to have high-quality interactions with children.

**However, most were hesitant about whether all elements would continue,** given that they were not yet *"secure"* **across the whole team.** The manager of one setting where few practitioners were fully trained and they were regularly relying on SLT support was particularly pessimistic. She worried that the end of support would *"leave [her] behind staffing wise",* and that with continuing high turnover her team were *"going to forget."*

Other managers recognised these challenges but had a different response, identifying that the **successful continuation of activities would depend on continued investment from the setting,** including potentially offering ongoing training or 'refreshers'. One senior practitioner reflected:

"If we could carry on doing internal audits and revisiting the video training ... we could carry on doing it ourselves. The leadership team would kind of have to buy into that and make sure it happens, you know when staff come and go." — Senior Practitioner, Nursery School

Multiple managers called for additional resources, or even a 'membership' system with easy access to the Evelina SLT team, to allow them to continue embedding activities themselves.

However, managers recognised that not all elements of the Evelina Award could be replicated internally, and were **particularly concerned about losing their link to the speech and language therapy team** and how it allowed them to build their team's skills and discuss children with the highest levels of

SLCN. The manager of a PVI setting reflected that this kind of responsive support was *"what's missing in the sector."*

**Other settings were hopeful about continuing activities, but felt they would need to 'tweak' some of the most resource intensive ones in order to do so.** The managers of settings who were receiving support to deliver

WellComm assessments, for example, felt they might need to change the frequency of assessments. One such manager was convinced that screening was essential and wanted to continue in *"some shape or form"* but felt that her team may not be able to sustain the breadth and regularity of their current practice.

## 7.2    Reported impact of Natural Thinkers training, support and resources

### Survey responses

All survey respondents who had engaged with Natural Thinkers training, support or resources reported that it had positive impacts on their knowledge, confidence and practice.

As shown in Figure 10, between 86% and 96% of respondents agreed that training had increased their knowledge, confidence and practice around delivering high-quality outdoor learning and play activities as part of their

**Figure 10:** Reported changes to knowledge, confidence and practice around delivering high quality outdoor activities as part of everyday practice (n=50)



Legend: Strongly Disagree, Disagree, Neither agree nor Disagree, Agree, Strongly Agree
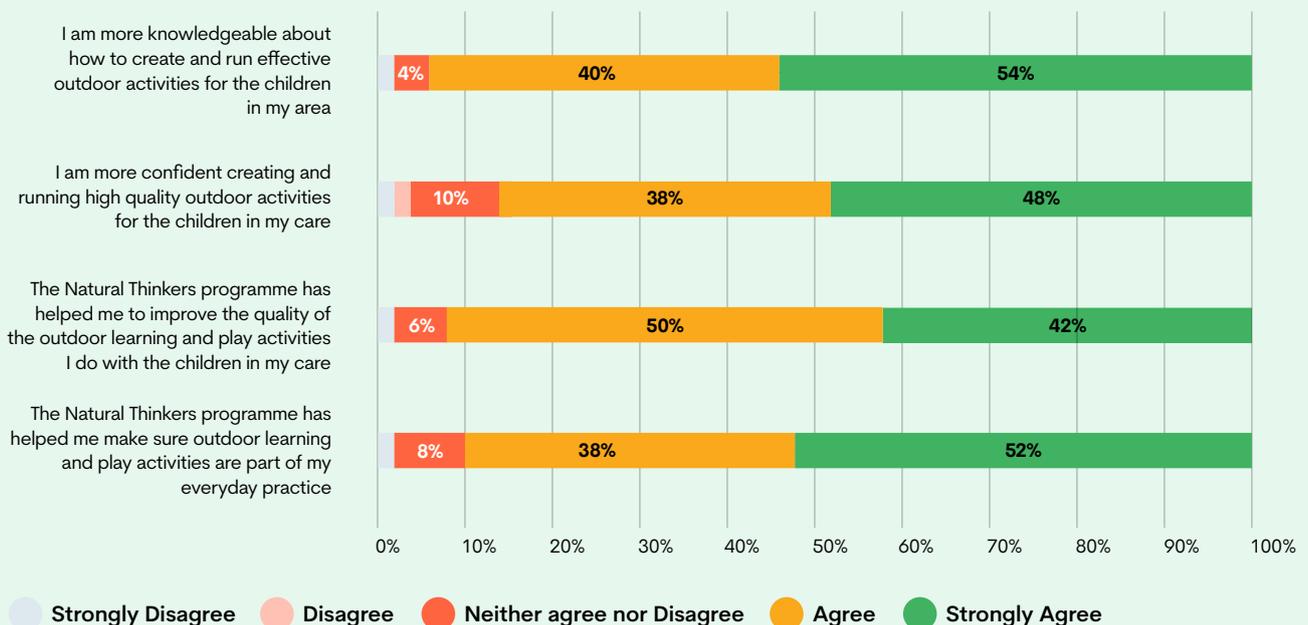
everyday practice. Respondents were slightly less likely to endorse a positive impact on the quality of outdoor learning activities they delivered (42% strongly agree, n=21), compared to the frequency of those activities (52% strongly agree, n=26).

As shown in Figure 11, respondents were slightly less likely to endorse positive changes to their knowledge, confidence and practice around promoting and supporting parent and carer involvement in children's outdoor learning and play. Overall, between 82% and 86% of respondents agreed or strongly agreed with each statement.

Comparing only changes to practice, respondents were most likely to agree that Natural Thinkers had a positive impact on the frequency of outdoor activities (52% strongly agree, n=26), and least likely to agree that it had improved the support they offered parents and carers around their child's outdoor learning and play (32% strongly agree, n=16).

**Figure 11:** Reported impact on knowledge, confidence and practice around promoting parent/carer involvement in children's outdoor learning and play (n=50)
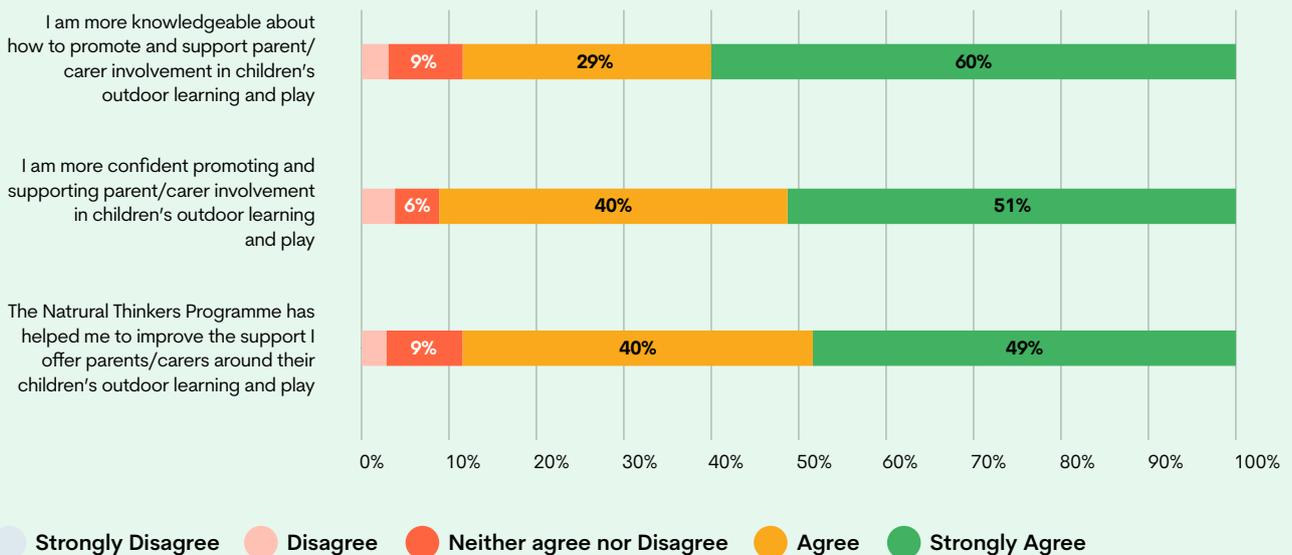
## Qualitative reflections

### Reported impacts on running high-quality outdoor activities as part of day-to-day practice

**The vast majority of practitioners felt that Natural Thinkers had improved the quality of their setting's outdoor spaces and activities.** Practitioners from across all settings were eager to share examples of how they had introduced new outdoor features, including mud kitchens, bug hotels and music areas. Many had also introduced specific outdoor activities, including planting, butterfly-collecting and building 'stick libraries'.

At some settings, Natural Thinkers principles and commitments were a core part of planning, even being woven into how settings intended to meet the EYFS framework. The deputy manager of a nursery school explained that *"as soon as [the room lead] went to that training and had that experience, it transformed the planning and the outside space."*

**Most practitioners also felt outdoor activities were more strongly embedded in day-to-day practice.** Though practitioners at most settings reported that their children had already been spending time outside before their involvement in Natural Thinkers, many felt that they had gone out more since engaging with training. One survey respondent reflected that *"staff in the beginning did not like to take children out at all times [but] with the Natural Thinkers support now they are going out more."*

One of the most frequently identified changes was practitioners' increasing willingness to go out in all weather and seasons, rather than just in fair weather. The manager of one PVI setting reflected that training had encouraged her team to identify opportunities to get all children involved *"throughout all weathers."*

In order to enable this, staff at multiple settings had worked to explain to parents and carers the benefits of more frequent outdoor activities, while a handful had even bought equipment to enable this.

Despite these positive setting-level changes, **the number of practitioners who took responsibility for planning and delivering outdoor activities varied, indicating that some outcomes were failing to reach the whole setting.** Though survey results indicated that all practitioners were involved in improving the quality and frequency of outdoor activities, interviews suggested that there was considerable variation in the extent to which individual practitioners' practice had changed. This typically depended on how successfully trained practitioners had 'cascaded' messages to their wider team, as explored in Section 5.

At some settings, though only a handful of staff had attended training, a wide cross-section of the team were actively involved in the planning and delivery of outdoor activities. At one PVI setting, a junior practitioner explained how they would have regular meetings about *"what we should do next week"* in the outdoor space, with

the *"whole team contributing their ideas."* This was echoed by a senior practitioner at another PVI setting, who described how Natural Thinkers was *"done automatically",* and that as the trained practitioner she didn't need to *"go around and say to anybody 'have you done Natural Thinkers?'"* as it was clearly built into each individual's work.

At a handful of settings, however, responsibility for planning and leading outdoor activities remained in the hands of the practitioners who had attended training. For example, even though she did do outdoor activities with her children when told to, one senior practitioner described herself as someone who *"[hadn't] really been involved in Natural Thinkers at all",* and that she was only doing activities as she had been *"given a task."* The trained practitioner from this setting reflected on her frustration at being unable to get other members of the team to take responsibility for activities:

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**"The other staff aren't interested to do activities with the children. It was hard. You can't do it all the time ... We would like the other staff to do activities with the children, not only us ... To be honest, I could give up a little."**

— Junior Practitioner, Maintained setting

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### Reported impacts on promoting parent/carer involvement in children's outdoor learning and play

In line with survey results, **most practitioners reported finding it difficult to engage parents and carers with Natural Thinkers messages.** One senior practitioner described this as *"the hardest bit"* of meeting the Natural Thinkers 10 commitments, explaining how her setting struggled to reach parents and carers *"unless they're the kind of parent who loves that sort of thing anyway."*

Some practitioners described how their setting had attempted a range of strategies to engage parents and carers, but weren't sure if they were having any effect. One junior practitioner described how she would *"give them leaflets, give them activities, but you don't have any feedback from them."*

A handful of settings were more successful, particularly through running Natural Thinkers 'events'.

One maintained setting, for example, ran a *"week of Natural Thinkers and gardening fun",* where for *"half an hour every day parents and children [came in to do] different activities."*

### Perspectives on whether Natural Thinkers would continue post -LEAP funding

Managers were broadly positive about whether changes in their team's knowledge, confidence and practice would persist in the long term. Most managers spoke about Natural Thinkers being so *"embedded"* into their day-to-day practice that it would make little difference if they no longer received support from service managers. As explained in Section 5, this was most likely where Natural Thinkers was part of settings' planning or curriculum, and when changes to practice were shared most widely across the team.

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**"With or without additional commissioning of [Natural Thinkers], we can still continue because it's embedded within our practice."**
— Manager, PVI setting

At the few settings where responsibility for Natural Thinkers activities was not as widely shared, practitioners tended to be more pessimistic. One senior practitioner didn't think her setting would continue with Natural Thinkers in the long term, imagining that her team would have *"slacked off"* at some point.

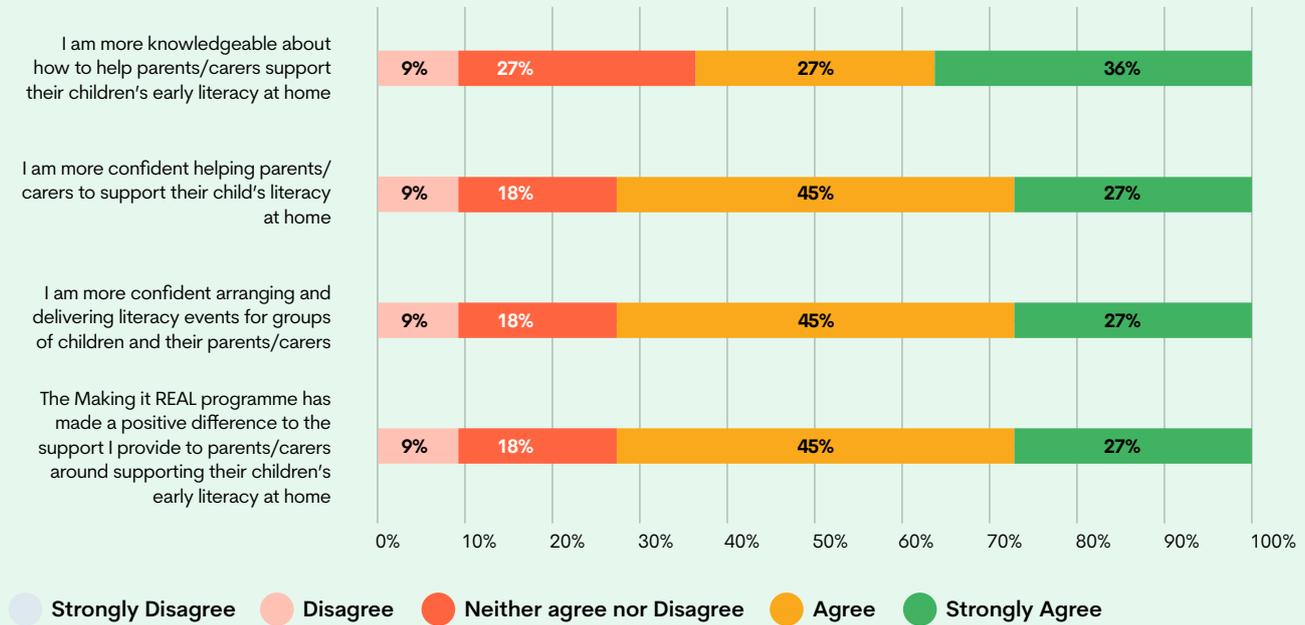## 7.3 Reported impact of Making it REAL training, support and resources

Given the small number of settings who were receiving Making it REAL training and support during the fieldwork period, there is limited data on the perceived impact of the service. Only 11 respondents responded to survey questions, while interviews were conducted at three settings currently engaging with the service (though five had engaged previously). Given these small sample sizes, findings are unlikely to be as robust as for the Evelina Award or Natural Thinkers.

### Survey responses

Respondents at participating settings were fairly likely to agree that Making it REAL training, support and resources had made a difference to their knowledge, confidence and practice around helping parents and carers to support their child's literacy at home. As shown in Figure 12, between 63% and 72% of respondents agreed with each statement (n=11).

**Figure 12:** Changes to knowledge, confidence and practice around promoting parent/carer support for children's literacy and the home learning environment (n=11)



| Statement | Strongly Disagree | Disagree | Neither agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| I am more knowledgeable about how to help parents/carers support their children's early literacy at home | | 9% | 27% | 27% | 36% |
| I am more confident helping parents/carers to support their child's literacy at home | | 9% | 18% | 45% | 27% |
| I am more confident arranging and delivering literacy events for groups of children and their parents/carers | | 9% | 18% | 45% | 27% |
| The Making it REAL programme has made a positive difference to the support I provide to parents/carers around supporting their children's early literacy at home | | 9% | 18% | 45% | 27% |

Legend: Strongly Disagree · Disagree · Neither agree nor Disagree · Agree · Strongly Agree

## Qualitative responses

### Reported impacts on helping parents and carers to support their child's literacy at home

**The majority of settings described running successful literacy events for parents and carers.** Literacy events are hosted within settings or in the local area and aim to support parents' and carers' knowledge and confidence around providing a high-quality literacy environment. They are typically structured around one or more strands of the 'ORIM' framework.

Practitioners reflected that literacy events allowed them to continue supporting parents and carers to improve their home learning environment, despite capacity barriers meaning they were no longer able to

deliver home visits. The manager of a maintained setting explained that:

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**"[Practitioners] can use the skills they've been taught on the REAL training to actually develop our own workshops for parents and children. We will never be able to do the home visits side of it, but we can do lots of mini REAL events. And they are really good for parents."**
— Manager, Maintained setting

As suggested by the Making it REAL service manager, most settings described initially running literacy events for those families who were receiving home visits. All settings had then progressed to delivering literacy events for a broader cohort of parents and carers.

Practitioners described running a range of creative activities at these events, including 'reading cafes' and 'environmental print' walks where they would take parents, carers and children out into the local community to identify and respond to everyday examples of written language, including street signs and car number plates.

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**"We had some really lovely reading cafes … really lovely sort of parent workshops. That was a huge benefit – and they were really well turned out. I mean, I think that we're definitely going to carry on with the workshops – inviting parents in."** — Deputy Manager, Nursery School

Though a high proportion of families who were receiving Making it REAL home visits attended literacy events, a few practitioners reflected that it wasn't always easy to engage as many parents and carers as they would have liked. One practitioner described how she was planning to change the timing of the event to combat this.

Unlike for the Evelina Award or Natural Thinkers, **responsibility for planning and running literacy events tended to be widely shared across teams,** even though there was often only one trained practitioner.

At one PVI setting, the practitioner who had received Making it REAL training described how she had delivered the first two sessions only with the support of the Making it REAL Manager but had then engaged her wider team to help with set up and delivery. At a nursery school, two junior practitioners described enjoying supporting a senior practitioner to deliver literacy events. This was backed up by the service manager, who described how *"all the staff that worked in the nursery were working alongside us to deliver literacy events."*

This wasn't always the case, however. At one maintained setting who had recently stopped participating in Making it REAL, the trained practitioner described feeling like she had sole responsibility for running literacy events. This setting had also struggled to cascade Natural Thinkers messages effectively.

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**"I know about ORIM, nobody else in this building knows about ORIM, because I don't have any opportunity to share."**
— Senior Practitioner, Maintained Setting

Another practitioner in the same setting was largely unaware of Making it REAL.

## Reported impacts on knowledge, confidence and practice around offering day-to-day support to promote early literacy development

**There was limited evidence that practitioners were actively promoting early literacy as part of their day-to-day practice.** For example, very few practitioners mentioned using any of the Making it REAL resources with children day-to-day, other than having them available in the setting through books or displays.

There was also limited evidence that practitioners were coordinating with the Making it REAL service manager to offer complementary support to children who were receiving home visits. One practitioner did report that aligning in-home and in-setting support was discussed at Making it REAL network meetings, but acknowledged that this wasn't picked up in day-to-day practice. The Making it REAL service manager acknowledged this, reflecting that contextual pressures had made it hard to link home visits with in-setting work.

## Perspectives on whether Making it REAL would continue post-LEAP funding

The settings who were taking part in Making it REAL all wanted to continue with literacy events, but felt that returning to home visits without additional capacity was unlikely to be possible.

# Section 8
# Evidence of change for children and families

# Section summary

+ Most practitioners felt that LEAP's communication and language development (CLD) services had had a positive impact on the children in their care.

+ WellComm scores – a 10-point measure of speech, language and communication (SLC) attainment for a child's age - increased by an average of 0.8 points between their first and most recent assessment. Those who scored amber or red at their first assessment (those with the highest level of need) saw an increase of 1.5 points, while those who initially scored green experienced no change on average.

+ Leuven scores for wellbeing increased by an average of 0.55 points between children's initial and final Natural Thinkers assessment.

+ Leuven scores for involvement increased by an average of 0.62 points between their initial and final Natural Thinkers assessment.

+ There was evidence that children from households speaking a non-English language had higher wellbeing scores at the beginning and end of the programme compared to children who came from English-speaking households.

+ Making it REAL Home Learning Environment Index scores for 0-3 year olds increased by an average of 4 points between children's first and last home visit, though this was not statistically significant. Scores for 3-5 year olds increased by an average of 7 points, which was a significant result.

Child outcomes were not a priority this evaluation. However, validated pre- and post- outcomes measures for each service allow us to understand the impact of LEAP support on participating children. 'Pre-post' comparisons of this kind are not perfect, as it is possible that something other than LEAP's services produced these changes. However, a randomised trial design was not possible, and we can be reasonably confident that LEAP services are generating these results.

To supplement this analysis, practitioners were also asked for their reflections on child and family impacts, a few examples of which are summarised here.

## 8.1  Perceived changes to child and family outcomes

**Practitioners were uniformly positive about the impact improvements to their knowledge, confidence and practice had had on children and families.**

In the context of the Evelina Award, for example, multiple practitioners reported how rewarding it had been to see children move from red, to amber to green WellComm scores. One practitioner reflected that *"the benefits for our children have been amazing."* Other practitioners saw huge benefit in Natural Thinkers, identifying that outdoor activities had helped children to become *"more outgoing and speak more."* Making it REAL Literacy events were also felt to offer something to families that they *"don't do back home."*

**There were few reflections on the mutually reinforcing elements of**

LEAP's CLD services. One manager reflected on how the services were *"all connected",* using different sets of skills to approach the same problem. If they did reflect on how CLD services related to each other, practitioners were most likely to highlight how Natural Thinkers supplemented the objectives of the Evelina Award, both in terms of how it promoted language use across the cohort as well as offering additional support to children with SLCN. One senior practitioner explained how Natural Thinkers offered a particular benefit to 'quiet children', as outdoor activities helped to *"find their voice [and] build their confidence with language."* As explored in Section 7, there were also examples of WellComm assessments leading to signposting into Making it REAL home visits and literacy events.

Data limitations meant it was not possible to identify whether involvement in multiple services led to a greater increase in validated outcomes for children.

## 8.2

## Changes to WellComm Scores

WellComm scores can be used to assess the impact of the Evelina Award on children's SLC development.

### Understanding WellComm scores

Practitioners conduct a WellComm assessment by filling out a 10-point 'scoresheet' corresponding to a child's age. Each scoresheet asks practitioners to observe and interact with children to understand the amount and type of language they are using and understanding. Based on the results of the scoresheet, practitioners score children out of 10, these scores corresponding to a rating of red, amber, or green (RAG rating). A red rating indicates that a child's language skills are significantly delayed, an amber rating indicates that they are mildly delayed, and a green rating indicates that their language skills are age-appropriate. If a child scores amber or red, practitioners re-assess the child using scoresheets from the age bands below until the child achieves a green score.

This analysis is based on the first rating children receive when assessed with the scoresheet corresponding

to their age, rather than subsequent retesting against other age groups' scoresheets. The analysis compares this rating between a child's first and most recent screening – regardless of the gap in between these points – in order to understand change over time. It assumes that children are assessed first using the correct tool for their calendar age, which is correct procedure.

This data is available for 210 children that had two or more assessments up to March 2024. Despite data being available for a longer period, this total is lower than the number of children with multiple assessments mentioned earlier in the report due to incomplete reporting of data at a level of detail to make this analysis possible.

### Change in language skills over time

Available data shows that for children who were initially scoring amber or red, their WellComm score for their age increases by an average of 1.5 points between their first and most recent assessment.[52] For children whose initial assessment was green, there was no difference between their average scores in their first and most recent assessments. Overall, children's score increased by an average of 0.8.

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[52] Differences between the scores at each timepoint for each group of children were modelled using multilevel regression with random intercepts by child. The fitted model was then used to predict scores for each group at each timepoint. For children initially assessed below Green, the predicted scores were: Initial = 3.4, 95% CI: [3.0, 3.8], Final = 4.9, 95% CI: [4.5, 5.3]. For children initially assessed at Green, the predicted scores were: Initial = 7.8, 95% CI: [7.4, 8.3], Final = 7.8, 95% CI: [7.4, 8.3].

**Figure 13:** Change in average WellComm score between first and most recent screening (n=210)
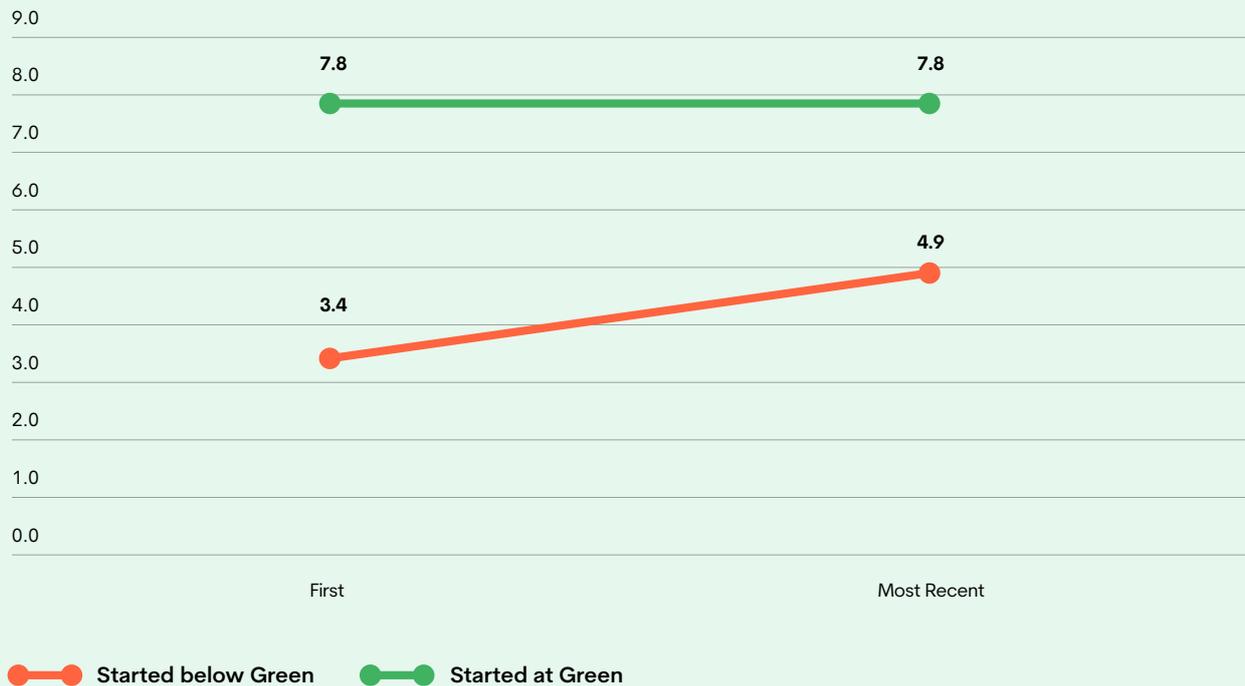


Looking at changes to RAG ratings set out in Figure 14, there is a large increase in the proportion of children being assessed green by the most recent assessment compared to the first. The proportion of children scoring green increased from 45.2% to 54.9%, the proportion scoring amber decreased from 25.2% to 23.3%, and the proportion scoring red decreased from 29.5% to 21.9%. Controlling for a child's initial assessment, there is evidence that the odds of being assessed green are about 2.6 times higher at the most recent assessment than at the initial assessment.[53])

There are several caveats worth highlighting here. First, around half of the outcomes data comes from one setting, though when this is removed the same trends continue. Second, as explored in Section 7, there was significant variation in which children were assessed within settings, meaning these results are not likely to be representative of the full LEAP cohort. Finally, some children who score lowest on the WellComm tool – particularly those with SEND or severe speech delay - are not expected to demonstrate a dramatic change in their language skills over time. This may explain some of the proportion of children who continue to score red over time.

53 Results are derived from a multi-level logistic regression with random intercepts by child, which predicted the odds of being assessed green by timepoint controlling for whether a child scored Green at their first assessment. The results suggest that the odds of scoring Green are 2.6 times higher for children at their second assessment (t= 3.05, p = 0.002, 95% CI: [1.4, 4.9]).

**Figure 14:** WellComm RAG ratings by assessment point (n=210)



## 8.3

# Changes to Natural Thinkers wellbeing and involvement scores

### Understanding wellbeing and involvement data

Practitioners in Natural Thinkers settings use the Leuven tools to observe and record children in their settings. Leuven assessments are conducted at the start of the school year (or when a child joins), and then again at the end of the year.

The Leuven tool focuses on two indicators: wellbeing and involvement. It is a 5-point scale ranging from extremely low (1) to extremely high (5). The wellbeing indicator measures the emotional wellbeing of children. The involvement indicator measures

the engagement of children in particular tasks.

This analysis included over 200 children who had received two Leuven assessments up to January 2024.

### Changes to wellbeing scores

Among all children, average Leuven wellbeing scores increase by about 0.55 points between their initial and last assessment.[54]

There is evidence that children from households speaking a non-English language had higher wellbeing scores at their first and last assessment compared to children who come from English-speaking households. However, both groups saw improvements in their wellbeing scores between the

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**54** t = 13.05; 95% CI: [.4668, .6319]

two timepoints, and the size of the improvement was roughly similar for each group.[55]

There was no evidence of a significant difference between the wellbeing scores of white children and the wellbeing scores of children with any other ethnic background. Moreover, children from White, Black, Mixed, or unknown ethnic backgrounds saw improvements in their average wellbeing scores between assessments. This was not the case with Asian children or children with "Other" ethnic backgrounds, who saw no significant change in their average scores.[56]

## Changes to involvement scores

Looking at children overall, average involvement scores improve by 0.62 points from children's first to last assessment.[57]

At their first assessment there is no difference in involvement between

children from English and non-English-speaking households. Moreover, both groups of children see significant improvements in their involvement scores. However, the improvement seems to be more noted for children from non-English-speaking households, as by the second assessment they have significantly higher scores than their English-speaking counterparts.[58]

At their first assessment, there is no evidence of a significant difference between the involvement scores of White children and children of any other ethnic background. By their last assessment, this remains true except for Black children; there is some evidence that Black children have lower involvement scores than their White peers.[59]

The average involvement scores for children of all ethnic backgrounds except Asian significantly increased from the first to last assessment. For Asian children, the average involvement score did not significantly change.[60]

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55   Start of the year, mean wellbeing score: English-speaking households: 3.15 compared to non-English-speaking households: 3.37, t= -2.26, p=0.0122. End of the year, mean wellbeing score: English-speaking households: 3.71 compared to non-LEAP area 3.92, t= -2.25, p=0.0126.

56   This is likely due to low sample sizes for Asian (n = 9) and Other (n=20) ethnic categories.

57   t = 14.33; 95% CI: [0.5366, 0.7068]

58   Start of the year, mean involvement score: English-speaking households: 2.97 compared to non-English-speaking households: 3.03, t= -0.55, p=0.58. End of the year, mean involvement score: English-speaking households: 3.51 compared to non-LEAP area 3.74, t= -2.258, p=0.0123.

59   Post-program mean difference in involvement score between black and white children: -0.26 (t= -2.24, p=0.025, 95% CI: [-.4852947 -.0324613]).

60   Like with wellbeing scores, this is likely a result of low sample sizes for Asian children (n = 9).

**Figure 15:** Changes to wellbeing and involvement scores



Legend:
- 🔵 Extremely high
- 🟢 High
- 🟠 Medium
- 🌸 Low
- 🔴 Extremely low

X-axis: Leuven scale and timepoint

Categories: Involvement – Pre, Involvement – Post, Wellbeing – Pre, Wellbeing – Post

Y-axis: % of children

Involvement – Pre: Extremely high 4.28, High 25.33, Medium 42.43, Low 22.37, Extremely low 5.59

Involvement – Post: Extremely high 14.8, High 44.08, Medium 31.58, Low 7.89, Extremely low 1.64

Wellbeing – Pre: Extremely high 5.26, High 25.2, Medium 42.11, Low 15.46, Extremely low 1.97

Wellbeing – Post: Extremely high 18.09, High 50.99, Medium 25.66, Low 4.61

## 8.4 📖 Changes to Making it REAL home learning environment index scores

### Understanding Home Learning Environment Index scores

Outcome measures were only collected for children who had received Making it REAL home visits, meaning this data does not capture the wider impact of support for the whole cohort of children within settings (e.g. setting-wide literacy events).

Two measures were used to collect outcome data for Making it REAL; the Toddler Home Learning Environment (THLE) and the Pre-school Home Learning Environment (PHLE). The THLE and PHLE both measure the frequency with which parents and carers carry out various learning activities with their child. The THLE is used with children aged 0–3 years and the PHLE is used with children aged 3–5 years old. Both measures were administered at session one and the final session (four) of Making it REAL home visits.

The THLE consists of eight questions. The first is measured on an eight-point

scale and the other seven are measured on a seven-point scale. Participant scores are summed to give the total THLE score, with scores ranging from a minimum score of 8 to a maximum of 57.

The PHLE consists of seven questions, which are all scored on a seven-point scale. Participant scores are summed to give the total PHLE score, with scores ranging from a minimum score of 7 to a maximum score of 49. For both measures, higher scores indicate a better home learning environment.

The following data comprises only participants who had attended the first and final session and completed the home learning environment questionnaire at both sessions. This sample comprises 10 participants who completed the THLE and 20 who completed the PHLE. As these measures have different questions, their data cannot be combined, so the two measures were analysed separately. Due to small numbers, statistical analysis was limited and, consequently, detailed demographic breakdowns of the analysis are not provided.

## Toddler Home Learning Environment Index Scores

The average THLE score for the 10 participants was 42.5 at session one and 46.2 at the final session, an increase of nearly 4 points (see Figure 16). This indicates a trend for improved home learning environments over time for families taking part in Making it REAL. However, this increase was not statistically significant.[61] The small sample size for this outcome measure may explain the non-significant finding and as such future research with a larger sample size may yield different results.

## Preschool Home Learning Environment Index Scores

The average PHLE score for the participants was 29.95 at the first session and 36.95 at the final session (see Figure 17). This increase of 7 points was statistically significant. Again, this indicates Making it REAL has had a positive impact on families' home learning environments over time.

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[61]  Multi-level regression was used to analyse both measures. THLE: $t(9) = 1.06$, $p=0.289$, PHLE: $t(19) = 6.64$, $p<0.001$.

**Figure 16:** Change in average THLE scores (n=10)



**Figure 17:** Changes in average PHLE scores (n=20)

# Section 9
# Conclusions and recommendations

This report has set out the findings of a process and impact evaluation of LEAP's programme of setting-focused communication and language development (CLD) services. These services – the Speech and Language Therapy Evelina Award (Evelina Award), Natural Thinkers and Making it REAL – aim to drive improvements in the early years workforce's ability to promote positive CLD, and to identify and support those with speech, language and communication needs (SLCN).

This evaluation aimed to understand how successfully LEAP's services were implemented, particularly given evidence of the growing pressures on the sector around funding, skills, recruitment and retention. It also aimed to understand how LEAP's services produce change for practitioners, with specific emphasis on the intensity of services' offer, their 'whole setting' approach, and their focus on both promotion and early intervention. A secondary objective was to capture perceived impact on practitioners, and early indications of changes to child outcomes.

The evaluation assessed the programme through: focus groups and interviews with 6 service staff, 25 interviews with practitioners at participating settings, a practitioner survey completed by 55 respondents, observation of training and support, and quantitative analysis of routinely collected data.

The evaluation faced a number of limitations, including the likelihood of positive bias due to qualitative respondents being selected by setting managers, as well as the fact that all practitioner impacts were self-reported and from one time point only. Routine monitoring data was often incomplete, limiting the robustness of reach, dosage and certain activity findings, and making them likely to be an underestimate. Researchers attempted to mitigate these limitations through triangulation across data sources, while all practitioner impacts have been presented as 'perceived' or 'indications of change'.

## 9.1 Summary of findings and reflections

### Implementation of training and support

LEAP's CLD programmes were implemented with moderate success. Between 24 and 28 settings engaged with each service, with Evelina Award training reaching at least 700 practitioners, Natural Thinkers reaching at least 142, and Making it REAL reaching at least 99. However, the number of settings engaged varied significantly over time, with a significant drop in the wake of COVID-19.

Practitioners at many settings also struggled to achieve dosage for some elements of Evelina Award training. Monitoring data for those settings who were participating in autumn 2023 showed that, though most had completed foundation training, only around a third of practitioners had engaged meaningfully with in-setting coaching around use of the WellComm toolkit and adult-child interaction strategies. There were also only three settings where practitioners had engaged with enhanced training of any kind. At some settings, the Evelina team were unable to implement training to any great extent at all, with a very small proportion of the practitioner team achieving significant dosage. This was despite significant investment and repeated attempts by programme staff to encourage successful engagement.

Where settings failed to engage meaningfully, contextual factors were

key. Some settings were struggling with severely limited capacity, meaning they felt unable to release staff for training or it was very costly to do so. Staff turnover was also incredibly high in some cases – one large private setting saw 63% of its staff leave in a 12 month period – meaning that training could not be implemented across the team regardless of the frequency of training. Other factors, including cuts to funding, COVID-19 and negative Ofsted ratings also disrupted settings' ability to engage with training. These challenges reflect those faced by the wider early years sector, though some (particularly turnover) seem particularly pronounced within the LEAP area.

Those settings who did engage more successfully tended to have certain protective factors in place, including a stable team, and, crucially, engaged management. Some managers worked to introduce new systems to enable engagement with training and were willing to endure a degree of disruption and cost to release staff for training, because they were highly motivated that their setting take part. These managers tended to see LEAP's CLD services as an invaluable opportunity to offer their team continuing professional development opportunities, better support a child cohort with rising levels of need and gain other setting-level benefits.

High levels of resource also meant that service teams were able to overcome some of these barriers, using audits and close working relationships to ensure resources were directed correctly, and offering flexible training times and

locations. Adaptations to delivery in the wake of COVID-19 also helped some settings to remain engaged.

### Implications for recommendations

The challenges currently facing the early years workforce – including low pay, high turnover and lack of professional development – are likely to persist for some time. In this context, implementing training programmes to drive improvements in practice will remain difficult.

Commissioners and service leads can learn from the enablers identified in this evaluation, including role of audits and flexibility and the vital importance of management buy-in. They should also reflect on whether intensive interventions are appropriate for settings where certain preconditions – i.e. a reasonably stable staff team – are not in place.

## Mechanisms of impact

In Section 2, this report summarised how LEAP's CLD services differ from many analogous programmes that aim to support the early years workforce. On top of 'baseline' training, practitioners receive in-context, individualised coaching and support over an extended period. This is in line with recommendations for high-quality continuing professional development for the early years workforce.

Practitioners reported that this approach led to significant improvements in their knowledge, confidence and practice. Building a trusting relationship with a named practitioner who could tailor support to their areas of weakness enabled them to build their confidence over time. Repeated interactions also helped to hold practitioners to account and drive incremental improvement over time.

The hands-on and in-context elements of training were also very well received. For the Evelina Award, for example practitioners felt that the fact that WellComm, adult-child interaction strategies and enhanced coaching focused on children they worked with day-to-day helped them to quickly identify any issues and overcome them, as opposed to learning new techniques in the abstract (particularly if training was delivered online). Many practitioners also particularly valued the Video Interaction Guidance elements of training.

Many practitioners appreciated the high quality of intervention resources, particularly how the Big Book of Ideas and Natural Thinkers Green Folder helped to prompt activities to run with children. Multiple managers reported that the fact that resources had been tweaked to align with the EYFS helped their team to buy in to resources. Sharing practice with other settings was also perceived to lead to significant benefits.

A number of contextual factors moderated the impact of training and made it less likely that practitioners would experience the intended outcomes. For example, certain changes to practice were also seen as particularly difficult due to capacity and time constraints, particularly at 'peak times'. This was particularly the case for conducting WellComm assessments. Most settings also struggled with the fact that Natural Thinkers and Making it REAL trained a smaller subset of practitioners, who were expected to cascade messages to the rest of their team.

These barriers were most likely to be overcome when management protected time for and normalised new behaviours, and supported trained Making it REAL and Natural Thinkers practitioners to share messages with the rest of the team.

**Implications for recommendations**

Many of the key mechanisms of impact identified in this evaluation align with best practice for continuing professional development. This report lends particular weight to the value of ongoing and consistent coaching (or other kinds of follow-up/repeat interaction) in order to successfully embed changes to knowledge, confidence and practice. As with implementation, it also highlights the vital importance of supportive leadership in enabling changes to be successfully embedded.

However, this evaluation recognises that these approaches typically involve high levels of funding, while contextual barriers – particularly limited capacity – mean they may not be appropriate in all cases. Certain elements of training and support were also slightly less successful, with 'cascade' training models unlikely to be effective without supportive management amplifying key messages and encouraging buy-in across the whole team.

## Reported impact on practitioners

It is difficult to make robust and confident claims about the impact of LEAP's CLD services on participating settings due to a reliance on self-reporting. As such, outcome data should be interpreted as an indication of change, and more rigorous comparative research is recommended in the future.

Overall, survey data on perceived changes to knowledge, confidence and practice as a result of LEAP's CLD services was overwhelmingly positive. However, data from interviews was more nuanced, with practitioners at some settings reporting smaller changes, and some outcomes failing to reach the whole setting.

Survey and interview respondents both reported significant improvements in their knowledge of typical speech, language and communication development as a result of Evelina training, as well as their day-to-day interactions with children.

Changes to practitioners' ability and confidence to identify and support children with SLCN were more mixed. Interview and monitoring data showed inconsistent use of the WellComm toolkit, with senior staff often retaining responsibility for conducting assessments and making referrals to specialist support. Inconsistencies in WellComm usage included which children were prioritised for assessments, how often they were assessed, whether assessments were conducted correctly, and who within

settings conducted them. However, even at settings where WellComm practice was imperfect, practitioners reported benefits including being able to have a more informed understanding of the level of need in their cohort, targeting support as a result, and making more informed referrals to specialist support. Practitioners also benefitted from having a formal link to specialist SLT support, allowing them to explore how best to meet the needs of specific children.

Most settings reported marked improvements in the quality and frequency of their outdoor learning activities as a result of Natural Thinkers activities, and felt that this was now 'embedded' into their everyday practice. However, the extent to which responsibility for planning and delivering Natural Thinkers activities was shared varied, depending on how successfully messages were 'cascaded' from trained practitioners. At some settings, practitioners did lead activities with their children outdoors, but had little ownership of the programme as a whole – not engaging with planning or seeing their involvement as discrete 'tasks'.

All of the participating Making it REAL settings were successfully running literacy events for both children who were taking part in home visits and a wider cohort of families. However, there was limited evidence of day-to-day promotion of successful coordination between home visits with families and in-setting support.

Across all LEAP services, most settings reported struggling to engage

parents and carers, outside of formal moments like literacy events and using WellComm data at parents' evenings. This was reflected in survey data.

Where changes to knowledge, confidence and practice were embedded across a wide proportion of the team, managers were most confident around the long-term sustainability of taking part. This was particularly the case for Natural Thinkers. However, most managers felt they would struggle to maintain all elements of the Evelina Award as they felt changes were not yet 'secure' across their team, particularly if turnover continued to be high.

Vitally, child outcomes data also suggested that changes to practitioners' knowledge, confidence and practice were supporting services' long-term goals, namely supporting CLD outcomes for participating children.

**Implications for recommendations**

Despite acknowledgement of their crucial role in doing so, there is evidence that the early years workforce is struggling to identify and support children with SLCN.

That the majority of settings and practitioners reported significant improvements in their ability to promote CLD and identify and intervene to support SLCN suggests that LEAP services' approach might be one way to address these gaps. This is further supported by evidence of positive changes to child outcomes.

The use of SLCN screening tools is of particular interest. Though the WellComm toolkit was not being used perfectly, it had clear benefits for more effective targeting of in-setting and specialist support. The correct identification of SLCN is crucial to early intervention in language development, but current policy does not include the mandatory use of assessment tools.

This evaluation also lends some weight to the idea that 'whole setting' approaches lead to longer-term changes, with those settings where practice was shared most widely most optimistic about whether changes would be sustained into the future. However, the fact that some changes to practice – particularly for Making it REAL and Natural Thinkers – were not shared widely suggests that further work is required to ensure the success of 'cascaded' training models.

## 9.2 Recommendations

This evaluation makes the following recommendations in response to these findings. Recommendations are split into three levels – system, setting and practitioner.

### System level:

+ Continue to raise the profile of, improve standards of and provide accountability around practitioner support for communication and language development, using system-level levers – both national (Ofsted) and local (Education Teams).

+ Offer additional training/support to managers around the importance of identifying and supporting speech, language and communication needs, as well as how to improve their team's skills and embed new practices.

+ Further embed speech, language and communication needs screening tools. The correct identification of speech, language and communication needs is crucial to early intervention in language development.

+ Consider more widespread formalisation of links between local Speech and Language Therapist provision and early years settings. Settings benefit from a named contact with local speech and language therapy for discussing specific issues / following up on referrals.

### Setting level:

+ Ensure management buy-in in training interventions. When management are bought in, settings are more likely to engage successfully with training, and a wider group of practitioners are likely to experience positive outcomes.

+ Consider the appropriateness of intensive and ongoing training programmes for settings where certain preconditions - including staff capacity and stability – are not in place. High quality one-off training that includes other elements of good practice can still be effective.

+ Prioritise flexible training packages, audits, and test and learn approaches. These can help settings overcome staffing and capacity challenges and ensure resources are directed most effectively.

**Practitioner level:**

+ Explore the use of speech, language and communication needs screening tools, recognising the value for early identification and intervention in speech, language and communication needs.

+ Prioritise ongoing support, consistency and accountability, wherever possible, to supplement 'one-off' training.

+ Prioritise hands-on, in-context training where possible. This was seen to lead to greater improvements than learning new skills in the abstract.

+ Identify opportunities for sharing best practice across settings.

+ Identify high quality resources to help embed practice when intervention staff are unavailable.

# Appendix 1:
# List of Tables and Figures

# Appendix 2:
# LEAP's Communication and Language Development Strand

LEAP's CLD strand's portfolio of services aim to support CLD development through supporting both parents/carers and practitioners to offer communication-friendly environments.

This evaluation focused on the elements of services targeted at early years settings/their practitioners. As set out in the table below, other activities focus specifically on parents/carers. This includes elements of the Natural Thinkers and Evelina Award provision, separate to that touched on in this report.

| | |
|---|---|
| **Natural Thinkers – Stay and Play** | Hosted by Children's Centres, Stay and Play sessions encourage parents/carers to discover ideas for natural experiences and activities that can be done at home or in the park, even if they have limited resources. |
| **Evelina Award – Chattertime** | A group-based intervention to support parents to promote their child's SLC development and identify SLCN, delivered by specialist speech and language therapists. |
| **Sharing REAL with Parents** | Group sessions for parents, aiming to teach them ways of supporting young children's engagement with early literacy, including how to make use of environment print. |
| **Supporting Babies' Next Steps** | Group sessions for parents, aiming to teach them ways of supporting their baby's communication and language, social, emotional, and physical development. |
| **Doorstep Library** | A home visiting service working to make reading fun, accessible and convenient for families. Practitioners visit families once a week, reading to children, lending them books and encouraging parents to get involved. |

# Appendix 3:
# Theories of Change

This appendix includes diagrammatic theories of change for LEAP's three setting-focused communication and language development (CLD) services. Each diagrammatic theory of change sits alongside a more detailed 'narrative' document. Outcomes of interest for this evaluation were drawn from both documents.

Each theory of change also includes some elements that were not in scope for this evaluation. This includes elements of service delivery not targeted at early years settings (see Appendix 2), and how activities relate to other services in LEAP's portfolio.

Theories of change were updated in Winter 2022/23.

## Evelina Award – Theory of Change

| | Interventions (outputs) | Short-term outcomes | Medium-term outcomes | Long-term outcome |
|---|---|---|---|---|
| **1. Delivery** | **O1** Following a baseline audit, Speech and Language Therapists create setting-specific development plans and provide a programme of training and coaching for practitioners to help them identify and support children with speech, language and communication needs (SLCN). | **S1** Practitioners engage with the development plan, rate the training positively, and use the screening tools (WellComm) and evidence-based strategies for supporting children. | **M1** Practitioners have the knowledge, confidence and motivation to support children's speech and language development. | **L1** Practitioners in EY settings are better able to support speech, language and communication (SLC) development and identify and support children with SLC needs; parents are supported to provide improved home learning environments for their child; targeted children improve their communication and language skills. |
| **2. Training** | **O2** As above, Speech and Language Therapists provide a programme of training and coaching for practitioners to help them identify children with SLCN using the WellComm tool, and to support both children and their parents. | **S2** Settings engage with the setting development plan, rate the training positively, and have the knowledge and confidence to support parents with their children's SLC development. | **M2** Parents have the knowledge, confidence and motivation to support their child's speech and language development. | |
| **3. Engagement (previously access)** | **O3** Promote and offer the Evelina Award programme to all local early years settings. | **S3** Settings engage with the offer and work towards either the Foundation or Enhanced Evelina Award for Communication Friendly Environments. | **M3** Settings sustain engagement and maintain achievement of the Foundation or Enhanced Evelina Award for Communication Friendly Environments. | |
| **4. Stakeholders** | **O4** Agree key 'Evelina Award' messages to be reinforced by other services. | **S4** Other services reinforce key 'Evelina Award' messages as part of their delivery. | **M4** Participants from other services hear and respond positively to key 'Evelina Award' messages. | |
| **5. Support** | **O5** Establish processes to secure follow-on referrals to specialist speech and language therapy, if necessary, as well as Making it REAL and Sharing REAL. | **S5** Families referred into specialist speech and language therapy, as well as Making it REAL and Sharing REAL. | **M5** Families access specialist speech and language therapy, as well as Making it REAL and Sharing REAL. | |

## Natural Thinkers – Theory of Change

| | Interventions (outputs) | Short-term outcomes | Medium-term outcomes | Long-term outcome |
|---|---|---|---|---|
| **1. Delivery** | **O1** Children's Centre practitioners run Natural Thinkers Stay and Play Sessions for parents and children. | **S1** Families attend Natural Thinkers Stay and Play Sessions and rate them positively. | **M1** Parents have increased knowledge and confidence to help children learn in the outdoors. | **L1** Settings provide high-quality activities as part of their everyday working beyond the initial year of the Natural Thinkers programme; parents help children to learn in the outdoors; and participating children demonstrate increased levels of well-being and involvement. |
| **2. Training** | **O2** Provide Natural Thinkers training* and resources to practitioners in early years settings and children's centres. | **S2** Practitioners engage with the training, and rate this positively. | **M2** Early Years Practitioners in settings and Children's Centres have increased knowledge about the benefits of outdoor learning and increased confidence to provide high quality learning outdoors.** | |
| **3. Engagement (previously access)** | **O3** Early Years practitioners in settings engage families with Natural Thinkers activities and ideas. Children's Centre practitioners delivering Stay and Play sessions engage families on a universal basis whilst aiming to achieve the most difference for children from lower socio-economic families and from BAME backgrounds. | **S3** Parents and carers with children attending settings offering the Natural Thinkers programme engage with activities. Families engaging with Stay and Play Sessions include those living in deprived neighbourhoods and from BAME Background. | **M3** Parents/carers engage children in activities outdoors, supporting them to connect to nature within early years settings, children's centres and the home learning environment. | |
| **4. Stakeholders** | **O4** Agree key 'Natural Thinkers' messages to be reinforced by other services. | **S4** Other services reinforce key 'Natural Thinkers' messages as part of their delivery. | **M4** Participants from other services hear and respond positively to these key messages. | |
| **5. Support** | **O5** Provide ongoing support to settings and Children's Centres though accreditation and network meetings. | **S5** Practitioners engage with the support, and rate this positively. | **M5** Early years practitioners cultivate a growing staff commitment to children's learning in nature. | |

\* Visit settings, explain accreditation, explain what is expected of settings around a Development Plan, agree a start-up grant.
\*\* a) Create opportunities for outdoor learning experiences and promote and support parental involvement in Natural Thinkers settings, b) Recognise when children make progress in their learning, c) Interact with parents and children, d) Model using the outdoors.

## Making it REAL – Theory of Change

| | Interventions (outputs) | Short-term outcomes | Medium-term outcomes | Long-term outcome |
|---|---|---|---|---|
| **1. Delivery** | **O1** Oversee the delivery of Making It REAL to around 40 families* with young children each year. | **S1** Families sign-up, complete, and positively rate the service. | **M1** Parents have the knowledge and confidence, and the motivation, to support children's early learning in the home. | **L1** Practitioners can better support children's early communication, language and literacy development, parents provide improved home learning environments, and children achieve stronger early language and literacy outcomes. |
| **2. Training** | **O2** Support up to 15 local childcare settings and children's centres** (through training and network meetings) to deliver Making It REAL each year. | **S2** Practitioners within settings engage with the training and find this useful. | **M2** Practitioners within settings feel confident and competent to support children's early communication, language and literacy. | |
| **3. Engagement (previously access)** | **O3** Support settings to select families with the most to benefit from Making It REAL. | **S3** Our target population** engages with and completes the service. | **M3** Parents in our target population have increased knowledge, confidence and motivation to support their child's early learning. | |
| **4. Stakeholders** | **O4** Agree key 'Making it REAL' messages to be reinforced by other services. | **S4** Other services reinforce key 'Making it REAL' messages as part of their delivery. | **M4** Participants from other services hear and respond positively to key 'Making it REAL' messages. | |
| **5. Support** | **O5** Establish processes to ensure Making it REAL families are referred into Sharing REAL. | **S5** Families referred into Sharing REAL. | **M5** Families accessing Sharing REAL. | |

\* Making it REAL was previously expected to reach around 100 families each year. This was lowered to 40 as of December 2022 following a decision to focus on a smaller number of well-engaged settings.

\*\* As above, this this number was lowered from 20 local childcare settings and children centres as of December 2022.

# Appendix 4:
# Reflections on the presentation of qualitative data

Qualitative research seeks to understand social realities by exploring how and why they happen. Unlike quantitative research, it is not typically aimed at exploring how common or generalisable these social realities are. For this reason, qualitative findings do not attach numerical figures to the themes created. Language and structure have, however, been used to indicate the strength of different themes. This is based on various considerations, including diversity of participants (i.e. different roles within settings) who expressed a viewpoint, relative emphasis each of them gave, and the number of interviews the viewpoint was identified in. As a guide, 'some', 'several' or 'a few' are concepts reflected in relation to five or fewer interview participants, whilst 'most' or 'many' are statements or concepts reflected in 10 or more. Direct quotes are used where interviewee language illustrates a concept in a richer way than is possible in prose. Participants consented to these quotes being used anonymously and, as such, are attributed to broad categories of participant, not specific roles or settings.

# Appendix 5:
# Natural Thinkers 10 Commitments

The Natural Thinkers 10 commitments aim to support practitioners to develop their practice. They are that:

+ Children have access to a range of natural areas and materials outside.

+ Children have opportunities to grow, pick and taste produce.

+ Children have access to play with mud.

+ Children care for their natural environment.

+ Children engage with weather and the seasons.

+ Children have opportunities to engage with wildlife.

+ Children have daily access to the outside and nature for at least 25% of their day or session.

+ Settings ensure that no child is excluded from outdoor activities.

+ Settings ensure parent/carers have opportunities to get involved with Natural Thinkers activities.

+ Settings ensure that new staff attend the natural thinkers training or are inducted inhouse

LEAP