

I CAN's Early Talk Programme: independent evaluation of the impact of Early Talk on addressing speech, communication & language needs in Sure Start Children's Centre settings

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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Executive Summary

This qualitative evaluation of the I Can Early Talk (ET) programme at supportive level was commissioned by the Department for Children, Schools and Families (DCSF), now the Department for Education (DfE). The research was conducted by the Centre for Developmental and Applied Research in Education (CeDARE) at the University of Wolverhampton in 14 Sure Start Children's Centres (children's centres) in England in 2010, focusing on children aged 3 to 4 years old. Although the report, its findings and recommendations are necessarily bounded by the approach taken to the evaluation and the evidence collected, efforts have been made to contextualise the findings in light of the change of Government since the research was commissioned and reflect the shift from central provision towards more localised services and partnerships.

Early Talk

ET is designed to improve the knowledge and skills of early years' practitioners in order to improve speech language and communication (SLC) outcomes for children 0-5 years. It was devised by I Can, a national charity which supports the communication of children and young people.

ET has three levels: supportive, enhanced and specialist. In May 2007 the Department for Health together with the Department for Education and Skills began a pilot programme with I Can to roll out ET at the supportive level in over 200 children's centres in England, aimed at improving the speech, language and communication skills of children in the early years. This evaluation focused on the implementation of ET at the supportive level in 14 children's centres.

Sure Start Children's centres

Children's centres provide services for children under the age of five and their families. Under the current core offer services include: family support, health care, advice and support for parents, outreach services, childcare and training and employment advice. At the end of July 2010 there were 3,634 children's centres operational in England, providing services for over 2.9 million children under 5 and their families. 1,800 of those children's centres were in the 30 per cent most disadvantaged areas in England. The network of children's centres is a universal service which is accessible to families and highly visible in local communities, but which targets support towards the most vulnerable and disadvantaged families.

Many children's centres and other early years settings use established communication programmes like I CAN's ET programme and the government's Every Child a Talker (ECaT) initiative to support children's development in early language; enhance practitioners' knowledge, skills and understanding in early language development; and increase parents' understanding of and involvement in children's language development.

Children's centres were recruited for the evaluation sample in three groups:

Stage 1 centres: at least 6 months post ET accreditation;

Stage 2 centres: approaching accreditation or up to 6 months post-accreditation;

Stage 3 centres: in the early stages of, or considering, implementation.

Nine of the 14 children's centres in the final sample (64 per cent) were located in the 30 per cent most deprived areas in England (see Appendix 1).

Summary conclusions

Overarching conclusions

- Viewed as a whole, it appeared that ET offered an appropriate balance of support and challenge to consolidate and extend existing good practice in SLC and identify areas for development where practice was less effective.
- ET is relatively light touch and has been used effectively as a 'primer' for other programmes, notably Every Child a Talker (ECaT), explicitly by some local authorities (LAs).
- Some LAs did not appear to have sufficient capacity to deliver or coordinate effective mentoring for ET. Others used ECaT consultants as ET mentors, which may affect the use and implementation of ET once ECaT funding is withdrawn in 2011.
- There was some evidence that where extensive support was required for centres to improve, for example around SLC training or leadership, ET mentoring was not always sufficient to meet centres' needs.
- It is difficult to gauge the sustainability of ET as it is so deeply intertwined with other SLC initiatives. For example, in some areas, ECaT monitoring tools have supported the implementation of ET, which makes it hard to determine the boundaries between initiatives and their impacts.

Influence on staff

- There were strong indications that Stage 1 centres experienced a deeper level of cultural change following involvement in ET than Stage 2 centres in that they placed SLC more centrally in their pedagogy and focused on it more persistently.
- In some Stage 1 centres there were indications of a professional learning community forming around speech, language and communication (SLC), as ET and other initiatives were embedded. The formation of these communities supported a much deeper understanding of, and reflection on, SLC by practitioners.
- ET played a valuable role in integrating personal understanding of SLC with centres' institutionalisation of good practice in SLC.
- Institutionalising SLC in children's centres has improved the way some centres nearing and post-accreditation identify and address children's SLC needs. However, it is difficult to determine how far this was related to ET as centres were all involved in other concurrent SLC initiatives such as ECaT.
- Practitioners in Stage 1 centres demonstrated greater depth of understanding of the pedagogical motivations underpinning the changes they had made to the learning environment.
- ET leads in Stage 1 and 2 centres identified a greater range of methods to promote good language practice than in Stage 3 centres.
- Managers associated increased staff confidence and an enhanced ability to identify SLC difficulties with engagement in ET in Stage 1 and 2 centres.
- In conjunction with other initiatives such as ECaT, a wide range of practitioner' skills were enhanced by their increased focus on, and training for, SLC.
- Practitioners in all centres found it difficult to distinguish between the impact of ET and ECaT as they became so intertwined in practice.
- Managers and practitioners in stage 1 and 2 settings felt ET had made them more confident in making earlier identification of speech language and communication needs and developing strategies to support children in the centre.

Meeting the needs of children

- ET leads in Stage 1 centres identified greater improvement in children's communicative behaviour than those in Stage 2 centres.
- LAs stated that ET had improved practitioners' ability to develop in-house strategies to support children with additional/special needs and had a positive impact on the referral rate for speech language and communication needs (SLCN).
- There was evidence in some centres of a tendency to 'treat' children with English as a second language (EAL) on a deficit model, rather than focusing on the potential benefits of bilingualism and multilingualism for SLC development.

Parents' and carers' perspectives

- 40 per cent of parents surveyed were aware of the ET programme.
- The largest group of parents noticing change in SLC provision was in Stage 2 centres. However, over half of Stage 3 parents had also noticed changes in how speech and language were promoted, perhaps reflecting the current enhanced status of SLC overall. Fewer Stage 1 parents had noticed changes, which may reflect the institutionalisation of good SLC practice in these centres following ET accreditation and involvement in other SLC initiatives.
- EAL was regarded by some Stage 2 and 3 centres as a barrier to parental engagement, whereas Stage 1 centres were more likely to perceive engaging with parents as a two-way relationship.

Accreditation, gaps and overlaps

- The ET accreditation process needs to be flexible to address the range of provision of SLC in children's centres and their contexts.
- LAs and children's centres had a range of experiences of mentoring. Two of the LAs interviewed used mentors from other programmes such as ECaT to support the ET mentoring process.

Other SLC programmes

- ECaT was the most common programme used after or in tandem with ET.
- LAs perceived ET as an acceptable baseline for good SLC practice and in two LAs it was treated as a pre-requisite before centres could engage in what they perceived as the more challenging ECaT programme.
- Although many practitioners perceived ET and ECaT as almost interchangeable, managers and lead practitioners regarded them as complementary but distinct.

Implementing the recommendations in John Bercow MP's independent review of services for children and young people (0–19) with Speech, Language and Communication Needs

- ET was used effectively in the three LAs interviewed as a tool to upskill the workforce; one LA claimed it could provide statistical evidence of this.
- ET appeared to promote the primacy of SLC in children's centres and the early identification of SLCN.
- ET was considered to add to effective observation and monitoring techniques, although it was used less than ECaT to monitor child SLC progress.

Summary recommendations

- There is evidence that ET is an effective precursor to programmes such as ECaT. ET validated existing good practice and functioned as an effective baseline for developing practitioner skills in SLC before engaging in what was regarded as extended SLC development through initiatives such as ECaT or more advanced levels of ET. Commissioners of services, local communities and settings such as children's centres need to consider how they might harness support strategically to align programmes like ET with other initiatives so that centres receive appropriate levels of support and/or challenge and can develop a longer term programme of continuing professional development (CPD) and organisational improvement around SLC.
- The delivery of programmes such as ET needs to consider the existing level of SLC expertise in centres and their local communities when determining the degree of support offered. This may require I Can and others to take a more proactive approach to helping communities identify existing expertise, for example in the provision of external mentoring, to ensure that support is cost-effective and appropriate.
- Effective mentoring needs to offer mentees CPD and better understanding of change management processes within SLC provision.
- Programmes such as ET need to place greater emphasis on settings working with parents and carers so that parents and carers better understand how settings approach SLCN and can use that knowledge to support their children's SLC development.
- Progression and alignment between SLC initiatives could be enhanced if ET used evaluative frameworks from other initiatives, such as ECaT's child monitoring systems, to support settings in monitoring and evaluating outcomes for children.
- Programmes such as ET need to balance the potential disadvantages for children with EAL by placing more emphasis on valuing bilingualism and its potential for enhancing SLC in children's centres.

Full Report

This qualitative evaluation of the I Can Early Talk (ET) programme at supportive level was commissioned by the Department for Children, Schools and Families (DCSF), now the Department for Education (DfE). The research was conducted by the Centre for Developmental and Applied Research in Education (CeDARE) at the University of Wolverhampton in 14 Sure Start Children's Centres (children's centres) in England in 2010, focusing on children aged 3 to 4 years old.

1. Introduction and Background

I Can

I Can is a national charity which supports the communication of children and young people as well as specialist school provision for children with speech, language and communication needs (SLCN). The I Can programme offers interventions for children at differing stages of development: Early Talk (0-5 years), Primary Talk; and Secondary Talk. The Early Talk (ET) intervention has three levels:

- Supportive (or universal) level;
- Enhanced;
- Specialist.

They are defined as follows (ICan, 2006a):

At the **supportive level**, settings have resources and staff with the skills and knowledge to support all children's communication development, linking with existing speaking and listening curriculum areas. All pre-school settings should aspire to work at this level and show good practice in identification and referral of children with speech, language and communication disabilities.

At the **enhanced level**, settings have resources and staff with the skills and knowledge to provide an inclusive environment for children with a mild, moderate or transient disability, working collaboratively with local experts, as well as supporting all children's communication development.

The **specialist level** delivers high-quality integrated speech and language therapy and education for children with the most severe and complex communication disabilities. Services at this level can demonstrate collaborative practice that benefits children with severe, complex and persistent speech and language difficulties/disabilities. The services include a named speech and language therapist (SaLT), specialist teacher and support assistant.

This research study evaluates the implementation, benefits and challenges of the I Can ET programme at the supportive level, focusing exclusively on children's centres.

I Can's Early Talk programme

ET is designed to improve the knowledge and skills of early years' practitioners in order to improve speech language and communication (SLC) outcomes for children 0-5 years. At the supportive level, for accreditation I Can require one full time

equivalent senior practitioner to demonstrate that the setting meets I Can standards and competences for:

- knowledge and understanding of speech, language and communication needs and interaction, including teaching strategies for SLC and supportive daily routines;
- staff access to training and development;
- a language-rich environment with appropriate adult-child ratios;
- child/family welcome and admission to the setting;
- identification of SLC needs knowledge of referral processes;
- support for inclusion and cultural diversity;
- observation and planning; and
- accommodation, equipment and resourcing.

Mentors from either I Can or the local authority (LA) support the building of a portfolio for the accreditation observations and visit. Accreditation is valid for a three year period during which two reviews of action and practice take place. Accreditors are local early years specialists such as early years advisers and area special educational needs coordinators (SENCOs), trained by I Can (I Can, 2006a). In some LAs, ECaT consultants were also part of the ET training and accreditation team.

The link with children's centres

In May 2007 the Department for Health together with the Department for Education and Skills began a pilot programme with I Can to roll out ET (at the supportive level) to over 200 children's centres in 12 local authorities across England, aimed at improving the SLC skills of children in the early years, which is the focus of this evaluation.

Children's centres provide services for children under the age of five and their families. Under the current offer services include: family support, health care, advice and support for parents, outreach services, childcare and training and employment advice. At the end of July 2010 there were 3,634 children's centres operational in England, providing services for over 2.9 million children under 5 and their families. 1,800 of those children's centres were in the 30 per cent most disadvantaged areas in England. The network of children's centres is a universal service that is accessible to families and highly visible in local communities but which targets support towards the most vulnerable and disadvantaged families.

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Funding ET

LA staff interviewed provided some information about how ET was differently funded in their locality. For example, in one of the LAs interviewed, ET was originally funded by government as part of a pilot and once this funding was no longer available, they took a strategic decision to continue funding language enrichment, using some of the ECaT funding to support the universal implementation of ET. They were not clear about how they would continue to fund SLC when the ECaT resourcing is withdrawn. Some LAs, including two interviewed for this research, had developed a partnership

with I Can through piloting new resources and training, which had enabled them to use the resources and buy in accreditation as necessary.

The importance of speech language and communication in early years

Melhuish, Belsky and Leyland (2007: 2) have argued that:

Children growing up in impoverished circumstances are generally exposed to language that differs both qualitatively and quantitatively from the experience of more fortunate children. A social class gradient in language skills is already emerging by the time a child is two years old and the gap widens substantially by the time children reach statutory school age.

Dockrell *et al* (2008) found that speech, language and communication progress in the early years is linked to outcomes in child cognitive ability, literacy, social and emotional development, and child behaviour. While estimates vary about the level of SLC delay in young children, John Bercow's Report on speech and language provision (2008: 13) stated that:

- up to 50 per cent of children of some socio-economically disadvantaged populations have less developed SLC skills than their peers on entry to mainstream education;
- approximately 7 per cent of five year-olds entering school in England (nearly 40,000 children) have significant difficulties with speech and/or language;
- approximately 1 per cent of five year-olds entering school in England (in 2007, more than 5,500 children) have severe and complex SLCN.

John Bercow's Report (2008) also found evidence of a lack of knowledge and understanding of the primacy of child speech, language and communication needs among national and local policy-makers, commissioners, service providers, practitioners, and sometimes parents and families. In response, the then Government published a series of supportive recommendations and actions (*Better Communication*, DCSF 2008a) to address the issues identified in the report. In 2008, the *Inclusion Development Programme - Supporting children with speech, language and communication needs: Guidance for practitioners in the Early Years Foundation Stage* (DCSF 2008b) was published to provide guidance in promoting good practice for SLC in early years' practitioners.

Project specification

Focusing on children's centres, the project specification was to:

- qualitatively assess the pedagogical benefits of the ET programme;
- explore its relationship with the ECaT programme;
- explore how the ET programme meets the needs of differing groups of children; and
- evaluate the perceptions of associated groups such as parents/carers and local authority members.

The research objectives were to:

1. provide impartial evidence of how the ET programme has influenced staff and enhanced their ability to provide high quality speech; language and communication support for pre-school children in children's centres settings;
2. explore how the ET programme meets the needs of diverse groups of children and investigate its universality;
3. integrate parent/carer and other perceptions of the ET programme in the evaluation;
4. integrate perceptions of the accreditation process of the ET programme and to identify overlaps and gaps in provision
5. map how the ET programme interlinks with existing programmes of speech, language and communication support in children's centres settings;
6. evaluate how the ET programme meets the recommendations in John Bercow MP's *A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs (2008)*.

2. Theoretical framework

Multiple method evaluation is considered to be the most effective way of providing a more complete picture of the evaluated subject (Grammatikopoulous *et al*, 2008); using multiple methods also offers a means of triangulating the data. To structure the multiple methods employed, the research design and data analysis drew on the work of Guskey (2000) and Kirkpatrick (1994) to enable us to conceptualise and develop the following framework for the research process, looking at impact, fidelity of implementation, and sustainability.

Impact

We adapted Guskey's (2000) and Kirkpatrick's (1994) models of impact evaluation to underpin our evaluation of ET. Impact was assessed at five levels:

1. How did adult participants engage with ET? (Did staff like the programme? Did it fit with their objectives?)
2. What did adult participants learn from the programme? (What were the changes in knowledge and understanding?)
3. How did adult participants' behaviour change following their engagement with ET?
4. What was the impact on the children's centre (organisation and resources)?
5. What were the outcomes for children, staff and parents?

In addition, impact was viewed from the following perspectives:

- Framing the pedagogy
- Interaction
- Parents, culture and the community
- SLC specific needs (or issues around early identification).

Within this, the study investigated two different dimensions of speech, language and communication:

1. The *interactive* dimension: The communicative and pedagogical behaviour of the practitioner towards the child(ren).
2. The *contextual* dimension: language and learning opportunities of the environment.

Addressing the impact of ET in this way allowed us to address all the research objectives and undertake detailed cross-case analysis (see Appendices 2 and 3).

To evaluate the sustainability of ET, we drew on the work of Cynthia Coburn (Coburn 2003; Coburn and Russell 2008). During data analysis, we therefore examined crucial features such as:

- how managers mediated messages about the change and the curriculum and the extent to which they reflected the I Can principles;
- examples of shift in ownership of ET from external (I CAN) to internal (managers and practitioners) in the children's centre. This would be demonstrated by adapting resources to changing situations or the environment and/or contextualising the ET principles and standards;
- the development of experienced pools of support and advice on SLC on which staff could draw for knowledge and skills;
- the development of a core of professional practitioners whose knowledge and practice was underpinned by pedagogical ET principles;
- mentoring and coaching arrangements; and

- challenges to programme sustainability from competing priorities.

Rather than merely analysing the data for evidence of a change to a language-rich centre following implementation of ET, we sought also to identify the depth of the implementation. Adapting Coburn and Russell's (2008: 230) levels of depth of change, we analysed the data for evidence of:

Low levels of implementation	Changes to the surface structure (for example, display labelling) or room organisation (such as room re-arrangement) or the addition of new materials or resources. Talk related to how to use the materials, standards, assessments, general discussion of how an activity went.
Medium levels of implementation	Detailed planning for an activity, including purpose. Talk related to how an activity had gone (including why). Specific and detailed discussion of how children learn. Discussion of strategies in relation to observations. Shared problem-solving.
High levels of implementation	Talk related to pedagogical principles underlying how children learn, pedagogical principles underlying strategies, the nature of children's language learning or principles and concepts of SLC and SLCN.

High levels of change can perhaps best be seen as evidence of an 'enacted curriculum', that is by paying attention to practitioners' beliefs, norms and pedagogical principles. This relates to the ways practitioners drew on "pedagogical principles and norms of interaction in areas of the classroom beyond those subjects, times of day, or particular activities targeted by reform" (Coburn 2003: 7).

Fidelity of implementation

We examined the extent to which children's centres' implementation of ET matched the programme's aims and guidelines and represented a consistent approach in and across children's centres. We also looked at children's centres' perceptions of ET's fitness for purpose with respect to their SLC needs.

Sustainability

The use of a three-staged approach to the children's centres (see 3. Methodology) allowed us, to some extent, to investigate the sustainability of the ET programme. We also sought to explore this in greater depth than a comparison between stages of ET implementation. Again, drawing on the work of Coburn and Russell (2008) we identified and adapted strategies to evaluate the sustainability of ET such as:

1. Did change persist over time?
2. Were the underlying principles and practices of good SLC practice, as detailed in the ET standards, embedded in the children's centres in practice and policies?
3. Were there accessible, knowledgeable leaders in the LA and the centres?
4. Could the principles and practices associated with ET be seen beyond the curriculum in post-accreditation centres?
5. Was there a shift in ownership from external (I Can) to internal (managers and practitioners)? This relates to the extent to which ET resources and practices were integrated and adapted in children's centres.
6. Were there knowledgeable leaders on-site to induct newcomers and oversee CPD?
7. Did ET lead to the development of key leaders in the LA and in practice who could interrogate and adapt new initiatives and provide expert knowledge and skills?

3. Methodology

The original research brief was based on a two-phase research study that compared seven settings implementing ET (post-intervention) with seven settings not implementing ET (pre-intervention) over six months.

Meetings with I Can senior management, originally to identify children's centres for participation, revealed that ET was not designed as a simple six-month intervention project and that LAs were able to buy in different aspects of ET with different approaches to mentoring, factors that made a pre- and post-intervention design problematic. Therefore, with the support of the DCSF (now DfE), the research methodology was altered to become a study of children's centres at various stages and levels of implementation of ET. Thus, we adopted a case study approach with each children's centre becoming an evaluative case and allowing cross-case analysis to contribute to the findings of the evaluation.

Constructing the sample

We used purposive sampling to identify children's centres at different stages of involvement in ET. Initially, the challenge was finding children's centres involved in ET; some I Can advisers told us that it would have been more straightforward to find participating private, voluntary and independent settings. Considerable effort went into recruiting children's centres in a range of locations in England as identifying and accessing settings for the sample proved to be a complex and time-consuming process. Initially, I Can regional advisors contacted LAs using ET with details of the research and a request for them to provide the CeDARE research team with the LA name and contact details. When this yielded few results, I Can made direct contact. The research team then contacted the LA but had to wait while the LA contacted the children's centre for consent to give their name to the research team. At the same time, the research team used their professional contacts and networks to locate other LAs and children's centres using ET. In particular, it proved difficult to identify centres that were either engaged in ET but pre-accreditation or centres intending to undertake ET. We also had to exclude some centres that had undergone an earlier form of accreditation. Thus, this process of sample construction took five months. For inclusion in the research, a centre had to have children aged 3 to 4 years old, or within the immediate location. As it had proved so difficult to locate children's centres engaged in ET, we took a relatively simple approach to sampling. Our purpose was to recruit up to 15 centres according to their stage in the implementation of the ET programme:

Stage 1 centres: at least 6 months post ET accreditation;

Stage 2 centres: approaching accreditation or up to 6 months post-accreditation;

Stage 3 centres: in the early stages of, or considering, implementation.

By applying a staged approach, we could build a sample of a variety of children's centres across different stages of implementing ET. In addition, we ensured that the centres were located in at least three different areas of England. Eventually, 19 settings agreed to participate in the research, which allowed for some reserve settings as contingency. From these 19 settings, 14 were visited for the research: five Stage 1 centres; five Stage 2 centres; and four Stage 3 centres. Nine of the children's centres in the final sample (64 per cent) were located in the 30 per cent most deprived areas in England (see Appendix 1). Accessing Stage 3 centres was the most problematic as it depended on the goodwill of key contacts in LAs and relatively few LAs or children's centres had firm plans to begin ET at the time we were recruiting (from December 2009). Appendix 1 contains demographic details of the 14 children's centres visited for the research.

Research design and methods

Each children's centre was visited for a day by a researcher between May and July 2010. Table 1 outlines the methods used, which were designed to gather the data needed to address the research objectives for the project, and further details about the research design and tools developed can be found in Appendices 2 and 3. Interviews were held with the children's centre manager; the ET lead; and a range of practitioners available on the day. The interview with the manager explored how ET fitted with the manager's strategic vision for the centre; how ET was translated into practice; and its fit with the continuing professional development (CPD) needs of the centre and its staff. The interview with the ET lead, which took the form of a learning conversation (see Appendix 2) took a maximum of one hour and used the overarching themes of the evaluation's theoretical framework to explore how concerns about SLCN were identified and managed. Focus groups involving a total of 55 practitioners explored the learning environment; working with parents; CPD; and the impact of ET.

Table 1 *Research methods*

Method	Participant(s) in each setting
Telephone or face-face interview (Manager)	Manager of each participating children's centre.
Interview (Practitioner)	ET lead in each participating children's centre
Rating of the environment	Setting, for a language rich environment (based on ECERS-E and ECERS-R ¹).
Documentation	Gathered from existing documentation in setting.
Focus group	6 practitioners
Observation of practitioner-child interaction (PCI)	1 Level 3 practitioner
Post PCI observation interview	Level 3 practitioner observed
Questionnaire survey	4-6 parents of children aged 3-4.
Mapping other SLC programmes	Research team
Video recording	Combination of interviews with practitioners and observations of practice in 5 consenting children's centres.

Perspectives were collected from 62 parents via a short questionnaire. We also drew on observations of interactions between practitioners and children (PCI) and post-

¹ ECERS-R (Early Childhood Environment Rating Scale – Revised, Harms, *et al*, 2005) and ECERS-E (Early Childhood Environment Rating Scale – Extension, Sylva *et al*. 2006) are a set of standardised tools for measuring and improving the quality of early years provision ratings tools. They focus on areas such as space and furnishing; language and reasoning; interaction; literacy; and diversity. Further details can be found in Appendix 2.

observation interviews with the practitioners observed; environmental rating scales; and analysis of a range of centre documentation. The observations and rating scales were used to explore current practice in children's centres beyond practitioners' personal perspectives on change and progress and thus increase the validity of the findings relating to the current position of SLC in the centres researched. LA officers from three participating LAs were interviewed by telephone to gain a broader perspective on the implementation of ET. Finally, five centres were visited a second time by a specialist film company, *Soundhouse Media*, that created video case studies incorporating interviews with practitioners and footage of practice. The research objectives also structure the findings section of this report.

Data analysis

All data was recorded digitally, then reduced by individual researchers using standardised data reduction templates for each research tool. These were then analysed thematically by this report's authors using an iterative and evolving process consistent with a grounded theory approach (Strauss & Corbin, 1998), focusing in particular on evidence relating to impact, depth, and differences between the implementation stages. The observation and environmental rating data was processed using exploratory statistical analysis. At the same time, the data reduction process enabled us to undertake cross-case analysis to identify additional themes from the data. At an early stage, in September 2010, we held a data analysis day with the full research team to test out initial themes and findings and gauge whether they were consistent with their experiences in settings. The outcomes of this day then fed back into the next stage of the analysis. Finally, we used the observation data and the video case studies to validate and triangulate the analysis of the qualitative data.

Ethics

Ethical consent was gained from the University of Wolverhampton School of Education ethics committee for the research. Research participants signed a form giving their informed consent and were informed that they would not be identified in the report; identification obviously occurred during the video filming and participants gave their consent to this. *Soundhouse Media* negotiated ethical consent from the five children's centres video recorded, from the practitioners participating in the videos and from parents of the children filmed.

Piloting and training

The observation and environmental ratings tools were piloted in settings not involved in the research. The research team were trained in their use and, having trialled the tools, met to discuss the outcomes and process of using them and to ensure that a high level of inter-researcher reliability had been achieved.

Internal reference group

Initial plans to hold two semi-formal internal reference groups meetings were affected by the delays to recruiting centres for the research. Instead, the internal reference group, which included members of the research team and Professors Tony Bertram and Christine Pascal from the Centre for Research in Early Childhood (CREC), commented at key intervals on the research tools, design and early findings using the secure website established for the project.

4. Findings

This section outlines the findings of the evaluation and is structured around the research objectives.

4.1 ET's influence on staff

Research objective 1: To provide impartial evidence of how the ET programme has influenced staff and enhanced their ability to provide high quality speech, language and communication support for pre-school children.

The question of the extent to which ET influenced staff in the children's centres visited and enhanced SLC provision is the core of this evaluation because positive outcomes for children, which were not a specific focus of the research, are mediated by improvements to staff knowledge, skills and behaviour. Exploring the impact of ET requires us to return to the relevant features of Coburn's (2003) and Coburn and Russell's (2008) work to consider whether a cultural change occurred in the centres implementing ET and the depth of this change. Before considering those elements, however, our focus will first be on three levels of impact explored through three questions:

1. How did practitioners engage with ET?
2. What did they learn from the programme?
3. How did their behaviour change following their engagement with ET?

Analysing the data to respond to these questions also provided data about the extent to which ET has had an impact on the children's centres as a whole and laid the foundation for positive outcomes for children. The primary sources of data used to address this research objective were interviews with staff in centres and observations of practice.

4.1.1 Practitioners' engagement with ET (Impact level 1)

At this level, impact is concerned with concepts such as face validity and fitness of purpose. Was ET pitched at the right level? Did it raise the importance of SLC for practitioners? When it was introduced, did it build on existing knowledge and practice? Predictably, the evidence in this area varies according to the centres' implementation stage and practitioners' prior knowledge and experience. In some cases, practitioners spoke of ET validating existing knowledge and giving them rationales and theoretical foundations for existing practice:

It's given a label and a name for the activities that have probably been going on for a long time but once you've given it a label or a name it feels much more important. (1-02² video)

This was regarded as a positive effect, reinforcing current practice, both at a macro level:

The greatest reaction was they [practitioners] were so surprised they were doing it anyway. There was nothing really new that was introduced to them through that training programme. It was quite affirming for them that they were actually doing what was being suggested. (ET lead, 1-04)

² Codes include implementation stage and setting code i.e. 1-02 is Stage 1, setting 2. See Appendix 1 for full details of settings.

and at a micro level:

It really confirms to them what they were doing and gave them that sense of little things they had to go for really. Things like being at the child's level. That was highlighted again because of I Can. (Lead teacher, 1-05 video)

In a Stage 2 setting, the deputy manager stated that ET had had a more unsettling effect, challenging them to reassess their practice:

I think we were all mildly surprised because it was "Whoa, right we really do need to think a little bit more about what we're saying to children, how we're saying it and what we can say that we don't say and what we shouldn't say". So it was a little bit of an eye-opener. (2-07 video)

This challenge also had a positive impact on individual, less experienced practitioners:

The background I come from [ex-builder] is totally different to what I'm doing now and I was working with these girls for months and I thought, "I can never talk to a child like that", but watching them, asking them, speaking to them, the amount I've learnt is amazing. (1-05)

In this case, it appeared to be the increased emphasis on SLC as a result of engaging with ET that gave the practitioner the opportunity to learn from his colleague's good practice.

Thus, on balance, it appears that in terms of initial reactions and broad responses to engaging with ET, experienced practitioners felt their practice was reinforced and validated, while more novice practitioners and settings with less sophisticated SLC practice were encouraged to "raise their game" and put ET strategies into place. It also appeared that Stage 1 centres were more likely to emphasise the validation effect, which may reflect a stronger initial interest in SLC (as they were the 'early adopters' in our sample).

4.1.2. Practitioners' learning knowledge & understanding (Impact level 2)

Practitioners felt that ET developed both their procedural knowledge (know-how) and their propositional knowledge (know-what). In many cases, as we have already noted, this began with increased confidence about what they already knew:

ET] has helped me with my confidence as a practitioner to be able to continue doing things we were often doing before but now I feel that they're definitely the right things to do and they're really good practice. (Practitioner, 01-05 video)

In other cases, practitioners felt ET had helped to develop consistent behaviour and skills throughout their centre through challenging existing process and adding to their knowledge of what is effective:

I have learnt not to ask questions all day but comment, for example, "Why did you do it?" Now I say, "We don't do that in our setting". I listened to myself and I was horrified by how many questions I kept constantly asking - why, why, why? This is a gradual process, it's not one thing and you don't actually notice the cut-off point. (1-02)

The identification of this as a cumulative change process is important. In another Stage 1 setting, the practitioner highlighted how ET training had emphasised why good language practice is important and what it looks like in practice:

[The ET trainer] was telling us why we need to do things, not just “Do this, do this, do this”. And she was talking about attention spans for children, that was really useful to know, and keying into them. She explained that children cannot use all their senses at one time so if they are looking at something and holding something, they won’t be able to listen. (1-05)

In several centres, the increased use of Makaton³ and visual props and prompts to communicate with all children, not just those with special needs, had resulted from their engagement with ET. One centre’s SaLT felt that this had a noticeable impact on practitioners’ communicative behaviour:

The change in staff interaction with children is trying hard to use Makaton signs which as a result reduces the number of words they say in a sentence. It naturally makes their language much more simple, less focused on asking questions, uses a slower rate of speech. Obviously some staff have taken this on board more than others, depending on their motivation level. The way story is told at [the centre] using prompts has also developed, it just gets better and better. (2-10)

This was echoed in another centre where they now have a Makaton trainer on-site for staff and parents: *[ET] has reinforced what we were doing and made us focus more on the different aspects of children’s language such as Makaton. Early Talk really helped us with that. (1-03 video)*

Examples of changes across Stage 1 and 2 settings included continuous reviews of the timetable and the environment and a renewed emphasis on demonstrating to children the value of what they communicate. They also felt more skilled at storytelling, action rhymes and games. The early identification of SLC needs was identified as a focus in one centre (1-05) where practitioners noted how they now supported children “*taking turns, speaking out loud, good looking, good listening*”. Another practitioner in the same centre found that she was differentiating much more in her communication with children, adapting it to their individual levels rather than at a group level.

One manager extended the consolidation theme familiar at the practitioner level to her own leadership of the centre:

[ET] really helped me link some of the research and the ways of doing it with what we’re doing. And putting the folder together links things up in my mind. So I feel stronger in my beliefs and understanding of what it’s about. (1-05)

All Stage 1 managers highlighted improvements in practitioner-child interaction and raised awareness of SLC as a result of the implementation of ET, although in one setting (1-01), the manager planned to ‘re-do’ the ET training because of high staff turnover. The need for this was confirmed by the centre’s relatively low scores in the observations. All Stage 2 centre managers also confirmed that staff’s behaviour and practice had been influenced in line with ET principles. One manager linked the

³ A language programme which uses signs and symbols to teach communication, language and literacy skills for people with communication and learning difficulties.

programme with practitioners' increasingly systematic approach to change in relation to SLC:

They have started to collect evidence of changes to the environment or other aspects of practice to see how it has had an impact. For example, they had a "busy book" area which children were not going to, so they used Communication Friendly Spaces plus ET to change the area. Children now visit it more and talk more. (2-09)

Thus, in summary, Stage 1 and Stage 2 settings had developed new knowledge of understanding of both the need for good SLC practice and how to improve their own practice. This appeared to operate at a range of levels including managers and relatively inexperienced practitioners.

4.1.3 Changes in behaviour (Impact level 3)

In this section, we bring together changes highlighted by practitioners in a) pedagogy and curriculum and b) the learning environment and the observation data gathered by researchers in order to gauge changes in behaviour among practitioners.

a) Framing the pedagogy

Finding evidence of behavioural change in a primarily qualitative study is risky since we make no claim to measuring outcomes objectively. However, we asked the ET leads if they could provide us with any such evidence, whether anecdotal or from evaluative documentation. As expected, this was mainly anecdotal however we note that three of the five Stage 1 settings documented children's progress with a view to identifying change. Furthermore, Stage 1 centres had observed an increase in earlier intervention for children with SLC difficulties and a decrease in the number of children with SLCN; evidence of progress in individual learning documents; and the development of entry and exit data to assess SLC progress. Only one Stage 2 setting was developing a system to systematically monitor SLC progress and needs. In the documentation we analysed however, six centres used ECaT monitoring tools.

Changing the curriculum in response to ET

While advocating a child-initiated approach to learning, Siraj-Blatchford and Sylva (2004) stated that a balance is needed between adult-led and child-led interaction for effective cognitive gain. Child agency and child-led learning have become major foci of much early years' provision in recent years, leading to confusion about the potential value of a more didactic, adult-led, approach. Several children's centres commented that ET had validated the importance of small group work and adult-led interaction and giving them confidence in them as approaches to learning.

Stage 1 and 2 centres were able to identify developments such as:

- More detailed assessment of children (1-02)
- Staff reproducing child language precisely in learning journey records (1-05)
- Introduction of small group work (1-05 & 1-01)
- Greater focus on planning for language opportunities and increase in one to one interactions (1-01)
- More music/singing (2-06)
- Curriculum more child and language focused (2-06)
- More story time and small group work (2-07)
- Increased staff training on language opportunities in each of Early Years Foundation Stage (EYFS) areas (2-10)

- Introduction of a 'talk table' (2-10)

The quote below from an ET lead in a Stage 2 centre characterised many of the centres implementing ET:

Trying to get continuity between indoors and outdoors, making sure everything is labelled. Staff plan what vocabulary they use is appropriate to the right level and is reinforced. For example, a child could be here a year and be playing in the water constantly but still not know that this was a funnel. So I honed in to make sure that staff are commenting on children's play and that they are using the vocabulary. Language is everywhere so there will be vocabulary highlighted at forest fun sessions. (2-08)

Asked how far these changes were associated with ET or would have happened anyway given her expertise and training, the ET lead responded:

I think a mixture of both. For ET we all have to be singing from the same song sheet. We've had to pull together. I've been here three years and we decided not to rush it, despite pressure to achieve. [...] Nursery routine is followed by everyone and is on display; it now includes differentiated activities [in terms of language], which they were frightened of before but not now. (2-08)

Promoting good language practice

ET leads were asked how good language practice was promoted in the centre. Stage 3 settings gave less detailed and less innovative responses to this question, suggesting that ET had influenced how language is modelled and practised in Stage 1 and 2 centres. Staff training and appraisal were mechanisms mentioned by almost all centres. However, Stage 1 and 2 centres also showed evidence of:

- modelling good practice (6 centres)
- peer observation and video observation (one Stage 3 centre with ET-trained staff used video observation to improve language practice)
- practising questioning techniques and supporting practitioners to wait the ET recommended seven seconds for a response;
- practitioners collecting data to track and monitor child language;
- Using the EYFS Profile to monitor child progress in language and to seek for opportunities to apply language to all areas of the EYFS;
- ensuring all staff understand strategies for language and listening;
- using the ET pledge (made at accreditation) as a reminder of good practice.

PCI observations

Practitioner-child interaction (PCI) observations were undertaken of Level 3 practitioners (rather than those involved in leading or implementing ET) to gain a more objective measure of the ET's influence on practice. 14 categories of practitioner behaviour associated with ET were rated at the end of a 30 minute observation according to whether they were 'consistently seen' (rated 3); 'some evidence' (2); or 'not seen' (1). The PCI tool is included in Appendix 3. This was followed by a brief interview with the practitioner to explore the context for, and their intentions in, the interaction. As one observation was made during each visit, this should therefore be regarded as a cross-section of practice in each setting, rather than an evaluation of it.

PCI outcomes

Taken as a whole, the highest mean scores were associated with 'maintaining good eye contact', which was consistently seen in all observations, followed by drawing the attention of children (2.79) and valuing the child (2.71). The category which attracted the lowest scores was praising children's listening skills and non-verbal communication (1.9). Analysed by stage of involvement in ET, the mean score for Stage 1 settings (2.49) was slightly higher than for Stage 2 (2.33) and Stage 3 settings (2.30), perhaps reflecting Stage 1 settings' longer engagement with ET, although it should be emphasised that the differences at this level of analysis were not significant. In fact, the three highest scoring settings in terms of mean overall scores came from each of the three stages. The lowest scoring settings were from Stages 2 and 3.

In terms of PCI categories, after eye contact, which was consistently seen in all observations, the highest score for the aggregated Stage 1 settings was for valuing the child. In Stage 2 and 3 settings, drawing the attention of the child scored highest. Lowest scores were associated with listening skills and non-verbal communication for Stage 1 and linking language with the written word in Stage 3, whereas in Stage 2 lowest scores were associated with checking understanding and modelling the correct use of words.

The PCI data demonstrated overall that practitioners were using skills and approaches associated with good SLC practice. It should be reiterated that low scores on the PCI observation were the result of good SLC practice not being seen, rather than clear indications of poor practice. Thus, the lowest scoring setting (2-09) emphasised the use of 'a lot more activities focused on language and literacy' such as using letter recognition outside and the use of story sacks and props, although it did appear in this setting that they still had some distance to travel in implementing some of the elements of ET. Asked about the purpose and typicality of the interaction observed, practitioners in all phases were able to talk about how they had planned to use skills to promote SLC. On balance, the PCI observations confirmed two impressions: i) Stage 1 centres appeared to have embedded ET-related principles and strategies more deeply than the other centres and ii) the difference between Stage 1 centres and the other groups was relatively small, suggesting that a range of initiatives around SLC have had an impact on practice in early years settings.

Post-observation interviews

As already stated, the interviews that were undertaken with level 3 practitioners after the PCI observation were intended to contextualise the observations and explore them in more depth. At the end of the interview, practitioners in Stage 1 and 2 settings were asked how ET had changed their ideas and practice. While all but one of the interviewees were positive about the influence of the programme, three of the practitioners from Stage 1 settings and two from Stage 2 settings were able to highlight in detail examples of a number of changes. These ranged from changes to the ways in which stories built on children's interests and partnerships with parents around speech and language (1-03) and valuing children's contributions more in areas such as giving them time to respond (2-06) to increasing the practitioner's confidence to speaking to colleagues about speech and language issues (2-08). Another (Stage 1) practitioner identified a range of impacts, including an exemplification of the use of ET as precursor to and preparation for the implementation of ECaT:

It has definitely supported the change, the ideas and the training - all the videos and what children learn from us giving them language at such a young

age. We have also had transition sheets for when they go to school and using ECaT to assess and we use it every day. (1-02)

In this setting, the activity observed had been taken from ET training: *“Last time we had staff training, the I Can leader performed this activity on the training day and I have done it before and [the children] really enjoyed it and they get involved”* (1-02). Two further examples from Stage 1 settings are worthy of emphasis and indicate variations in ET’s legacy and sustainability. In one of the settings, the practitioner had returned to the setting after a four-year career break and had noticed what she termed ‘a big change’ in the ways staff interact with children. She exemplified this with a number of strategies associated with ET, such as waiting seven seconds for the child to respond and linking the use of resources to storytelling activities (01-05). In contrast, the practitioner observed in another setting (1-01) who had not been involved in the ET training, while familiar with some of the ideas of the programme, was unable to say if it had made any difference and was ‘not aware of any impact’ in the centre. This apparent failure to extend the programme was reflected in the observation data, where the setting scored the lowest of Stage 1 settings and third lowest overall in the PCI (without extenuating circumstances) and lowest in terms of the language-rich environment rating tool (ALERT) developed for the evaluation.

It was difficult to isolate any impact of ET or other initiatives in this context. For example, in the Stage 3 setting that scored lowest on the PCI (3-11), in which the manager felt they would benefit from more SLC support, the practitioner observed was able to articulate the fact that she had limited her input into the interaction specifically to focus on a girl with limited communication: *‘I tried to model what they were saying. I couldn’t quite work out what one of the girls was saying so I was trying to model back what she was saying.’* In other settings, practitioners consciously spoke to linking reading sessions to other activities and children’s own experiences (1-01; 1-03); or of differentiating more to encourage children with additional needs to participate:

We do large circle time and do a small circle group for children with additional needs who are less able to participate in a large group and find attention and concentration difficult. It’s the same activity but in a smaller environment [...] The children respond well especially if they are shy as it’s a smaller group. They know the book, they know what’s coming next so will join in. (2-06)

b) Framing the learning environment

We also explored with the centres the extent to which ET had led them to change their learning environment. ET leads described changes but again found it difficult to disentangle them from the increased focus on SLC through other programmes such as ECaT or even OFSTED reports. For example, several centres had used the ECaT audit tool to identify ‘hot and cold’ spots for communication in the setting (see 1-02 & 2-07 videos). It is however noteworthy that the two centres *thinking* about participating in ET had only made minor SLC-related changes to the environment in the recent past. The two remaining Stage 3 centres (one of which had two ET-trained staff members, while the other had withdrawn from ET) had both made some changes to the environment.

Changes in Stage 1 and 2 centres included:

- introduction of visual timetables for children;
- signing/Makaton;

- use of pictorials to support language;
- ensuring displays are at child level;
- improved labelling of resources (some using photos) and access to resources;
- poster prompts;
- display boards to celebrate language and initiate child discussion (one created by children using digital cameras);
- re-allocation of indoor space to offer small group areas, better book corners, cosy talk areas;
- changes to the outdoor environment (cosy talk/story areas outside, replication of inside resources outside, encouragement for example of painting outside).

It was noticeable that in Stage 1 setting focus groups, practitioners were more likely to identify pedagogical motivations for changing the environment. In one setting (1-05), focus group participants referred to research which found that boys use language more outside having prompted their development of an outdoor classroom. In another, a practitioner stated:

It's spotting an opportunity for creating a sustained activity stimulating lots of language, as well as other skills: gross motor, balance etc. The language is in everything we plan and do. Even when we plan an outdoor activity, a numeracy activity etc, language is there for all of it. You can't do it without it.
(1-01)

While Stage 2 centres offered much good practice in language enrichment (displays, photography, talk corners, music, singing, rhyme and so on), when focus group participants were asked, for example, *how* music supported language, they replied: *"It's working together, we talk to the children about what they need to do"* (2-08). No Stage 2 or 3 centre offered a pedagogical understanding of the reasons for change. This suggests that an increased focus on, and embedding of, SLC good practice, as appeared to be the case in some Stage 1 centres, may result in a deeper level of change.

ALERT scores: rating the environment

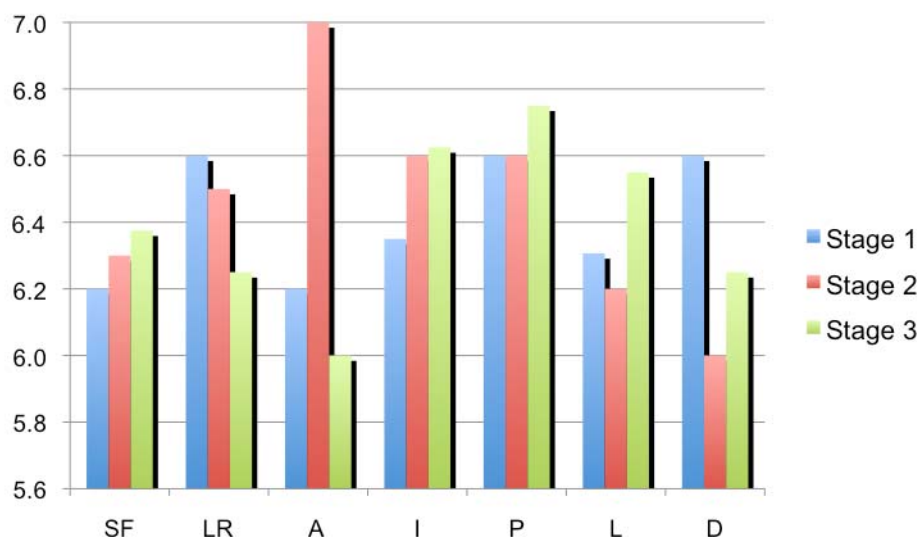
In an attempt to build a more objective comparative judgement of the settings' environments, ALERT ratings were made derived from the ECERS-E and ECERS-R rating scales (see Appendix 2 & 3). However, the fact that we were only able to visit centres once meant it was impossible for us to gauge progress in terms of the environment (or other factors), other than from practitioners' own testimony.

Taken as a whole, the mean scores on the ALERT were very high on every item, both overall and collated by setting stage (between 6.0 and 7.0). The scores were considerably higher than for other national projects using this data (e.g. Sylva *et al*, 2006). This may reflect the increasingly common use of ECERS-E and ECERS-R for quality assurance in early years settings, as well as the sample settings' engagement in SLC. The lowest overall mean score was for space and furnishings and highest was for programme structure but the difference between the two scores was relatively small (6.6 – 6.2)

A comparison of mean overall scores revealed that differences between each setting stage were very small (and not statistically significant): the Stage 2 group emerged as slightly higher (6.44) than Stage 1 (6.41) or Stage 3 (6.40) settings, suggesting that it is impossible to isolate a clear ET influence on the environment. In terms of individual items (see Figure 1), Stage 1 settings scored highest on diversity (D) and

language-reasoning (LR) but Stage 3 settings outscored them and Stage 2 settings on literacy (L). Stage 3 settings also scored highest on space and furnishings (SF) and programme structure (PS). Stage 2 settings outscored the other stages on activities (A which had one item only). On interactions (I), Stage 2 and 3 settings' scores were the same and slightly higher than Stage 1 settings.

Figure 1 Mean ALERT scores by setting stage



However, it is misleading to try to extrapolate too much from such a small group of settings. The mean score for Stage 1 settings (where the standard deviation was highest) was affected by the outcomes for one setting (1-01) which had the lowest mean score of the sample. A similar outcome was found with Stage 3 settings (3-14 as outlier) while the range of Stage 2 settings' overall mean scores was smaller.

In summary, it should be emphasised that making environmental change, on its own, is a relatively simple process and indicates a low level of change. In order to uncover indications of deeper change, we searched the data to “look beyond the presence or absence of specific materials or tasks to the underlying pedagogical principles embodied in the way teachers engage students in using these materials and tasks” (Coburn 2003: 5) particularly among focus group participants. We found this in some Stage 1 centres where participants drew on research to support environmental changes and linked it to pedagogy. While the Stage 2 centres had made changes towards developing a language-rich environment, the data showed few examples of pedagogical underpinning. This takes us to a deeper level of impact: pedagogical change connected with participants' new knowledge and skills.

Depth of pedagogical change and transfer of ownership

There was evidence of a low level of change across the Stage 1 and 2 centres and, in both stages, some evidence of medium depth of change. For example, in 1-05 the manager explained how the research basis of the I Can programme had helped her to make links across the various strategies. We also found evidence of a high levels of change in some of the Stage 1 settings, as the following example demonstrates:

It's spotting an opportunity for creating a sustained activity stimulating lots of language, as well as other skills: gross motor, balance etc. The language is in everything we plan and do, even when we plan an outdoor activity, a numeracy activity etc, language is there for all of it. You can't do it without it.

This practitioner, in a focus group, drew on the pedagogical underpinning of sustained shared thinking to exemplify how language can be extended together with problem-solving and other skills to support children's SLC development. However this was only found in Stage 1 centres, suggesting that such practitioner skills may need time to become embedded in practice following ET accreditation.

Transfer of ownership

As Coburn (2003: 6) observed, change can be adopted without being fully implemented or implemented superficially only to "fall into disuse". Taking ownership of the initiative can be signalled by practitioners adopting principles and strategies as a norm at classroom level; drawing on pedagogical principles beyond the usual classroom base and adapting and contextualising the initiative to their own needs even when the initial resourcing has ceased. As Coburn (2003) states, externally understood policy needs to become internally driven practice. To achieve this, pools of knowledgeable professionals are needed to support practitioners and sustain impact (Cordingley *et al*, 2003).

High levels of staff turnover hinders the development of sustainable expertise, as one manager noted: *'Half or most of the staff have left...you are chasing the tail all the time trying to keep up with the turnover and I would say actually even without that training staff are actually picking it up; they are really good.'* (1-04). The fact that ET was being cascaded to local primary schools and PVI nurseries by another (Stage 2) centre indicated that the staff had taken ownership of the programme and were prepared to promote and extend its use beyond their setting.

CPD was the chief means centres used to build and share knowledge among practitioners. In general, Stage 1 settings identified a greater range of sources of CPD than Stage 2 and 3 settings, although one of the Stage 2 centres (2-10) demonstrated an excellent understanding and range of CPD. Further research would be needed to clarify whether this is because Stage 1 centres were more aware of various modes of CPD or whether they actually offered a greater variety of CPD approaches. Settings generally had access to a speech and language therapist (SaLT) and this input of specialist knowledge may support formal and informal discussion of SLC and encouragement to try out new strategies in a safe environment. All Stage 1 centres emphasised the key role played by staff training, particularly for new staff and where there was a high turnover of practitioners. The high rate of families with EAL was also seen to increase the need for further CPD. The five Stage 2 centre managers had plans to continue CPD on SLC but managers at Stage 3 centres were generally less clear about CPD needs and provision and there was less evidence of planned, purposeful interaction (such as peer mentoring and peer coaching) among staff to support ongoing CPD. In fact, although peer support was mentioned by four Stage 1 and 2 settings, evidence suggested that it could have been better developed to offer more cost-effective support.

In all three LAs, interviewees spoke of ET as a means to enhance practitioner skills. The most common was the use of ET as targeted CPD for children's centres. ET was a universal offer to all settings in these LAs although it was targeted in some cases, such as in LA3 where priority was given to CCs with low scores on the Communication, Language and Literacy element of the EYFS profile. In LA2 and LA3, ET accreditation was an entry criterion for the ECaT programme.

4.2 Children

Research objective 2: to explore how the ET programme meets the needs of diverse groups of children and investigate its universality.

Analysis in this section is based on interviews with staff in children's centres and LAs, although it proved to be a difficult area in which to gather extensive data. The three LAs interviewed all claimed that ET had supported the earlier identification of children with SLCN. However, they appeared to understand this in different ways: while two of the LAs felt that ET had enhanced practitioner skills and therefore led to a decrease in referrals to speech and language therapy (SLT) services, the third LA thought that referrals to SLT services had increased as a result of ET. This may have been due to the LA's target of identifying any SLCN within 3-4 weeks of the child's starting nursery. In addition, the fact that all the I Can accreditors in the area were early years SaLTs may also have influenced the practitioners and referral processes.

In the children's centres, the enhanced practice associated with ET (and other initiatives) was linked to positive outcomes for children. Stage 1 settings appeared to have noticed the most change in children's reactions, for example:

- An increase in children using language outside, particularly while doing activities such as painting (1-05);
- Children acting as peer supporters, interpreting for each other (1-03);
- Enjoyment of, and repeated requests for, new initiatives such as 'talking books' (a recording of child's interests to be shared with child, family and practitioners); using signing in large peer groups (1-03).

In another Stage 1 setting, they spoke not only of ET helping to pinpoint where children were having problems, but also of the importance of peer support in SLC: "*The best teachers are the peers themselves. You can model language but quite often it's children who prefer to communicate with other children. You are there just to facilitate that*" (1-02 video). This is not surprising since Stage 1 centres had longer after accreditation to develop and embed initiatives. Despite this, Stage 2 centres also indicated improvements in children's interactions:

- increased confidence, improved attentiveness, calmer behaviour, more conversation (2-06);
- Increased language from displays involving child photography (2-10).

Other centres spoke of developing good SLC practice through such developments as routinely supporting signing and Makaton between all children and making pictorials available to all children. Practitioners, supported by managers and ET leads, spoke of being more confident in their ability to identify SLC needs post-ET. In several Stage 1 and 2 centres, they spoke confidently of the difference between different types of language delay, such as expressive/receptive delay and then outlined strategies to support children. A SaLT in one Stage 2 setting (2-09 video) stated:

I think for especially for children's centre areas where children are perhaps not exposed to a lot of language before they come to nursery, it does give them the foundations I think before they go on to further education.
(2-09 video)

In contrast, practitioners in Stage 3 centres had less confidence in their ability to support children with SLCN, apart from one centre (3-12) that was seen as a model

of good practice. The other Stage 3 centres were aware of their training needs and looked to use ET (and other programmes) to address these in the future.

Despite these developments, the situation was less clear-cut in a few centres with regard to English as an additional language (EAL). In those settings, practitioners appeared to view EAL as a deficit language model and, rather than celebrating bilingualism, were anxious to remedy the English language 'problem' and then be able to "write children off the register" and abandon any specific strategies for EAL. As Kamp and Mansouri (2010) claimed, the concept of multiculturalism can mask the underlying systemic challenges to educational equity and equality of opportunity. This deficit model of bilingualism did not appear to be related to the implementation of ET, as such an attitude was not common to all settings with multilingual children. However, comparing the I Can competences (I Can 2008) with ECaT guidance (DCSF 2008c), uncovers a difference in tone between the ECaT section on 'Celebrating Bilingualism' and the ET service framework on inclusion. With the increasing numbers of families attending children's centres for whom English is not the home language (see 1-03 video), programmes such as ET are crucial to building practitioners' confidence in their ability to differentiate between a child who is struggling with English and a child with a language delay/disability. We would therefore recommend that the ET training programme places more emphasis on valuing bilingualism and its potential for enhancing SLC in children's centres.

4.3 Parents/carers

Research objective 3: To integrate parent/carer and other perceptions of the ET programme in the evaluation.

The sustainability and longer-term impact of ET requires that parents and carers, as well as practitioners, develop strategies to support the communication needs of their children. Thus, analysis in this section is based on two data sources: interviews with staff, notably their responses when they were asked how they engaged parents, especially in SLC development; and responses to a short questionnaire survey of parents.

Parents/carers survey

A questionnaire survey was given to parents and carers in all settings and a total of 62 questionnaires were completed in 13 settings. The target was to complete 4-6 in each setting. Where more were completed, 6 were selected at random and used in the analysis to avoid unbalancing the results. 23 questionnaires were received from both Stage 1 and Stage 2 settings; 16 were received from Stage 3 settings. This discussion of the outcomes looks at their perceptions of SLC development in general and ET more specifically.

Parents were initially asked about the information their children's setting had provided about speech and language development. 90 per cent of respondent parents had received some kind of information, most commonly through song and action rhyme sessions, Bookstart or advice leaflets. Stage 1 parents had received a broader range of information than Stage 2 and 3 parents. 85 per cent of parents who had received information from the setting had found it accessible and easy to understand (75 per cent in Stage 3 settings), suggesting that it had met their needs. Just over half of parents showed that they had been proactive in seeking information about SLC development, a proportion that was much higher among Stage 1 parents (78 per cent) than Stage 2 (44 per cent) or Stage 3 parents (31 per cent). Asked to name the most common among the multiple sources of the SLC advice they had

accessed, 62 per cent of parents who responded named their health visitor, followed by the internet (38 per cent), books (35 per cent), and doctors or nurses (31 per cent).

60 per cent of parents had discussed how to promote speech and language with setting staff or health visitors (70 per cent of Stage 1 parents). 20 of these parents (32 per cent) identified changes that had resulted which ranged from different approaches to play and more reading to speaking on the children's level and offering more encouragement.

Over a third of the parents (40 per cent) had heard of ET; half of this group had noticed changes in SLC provision in their children's centre in the previous year. These figures were higher for Stage 2 parents than for either Stage 1 or Stage 3 parents, reflecting their centres' more recent engagement with ET. In fact, Stage 1 parents had the lowest positive response rates to both of these questions. This is likely to reflect the fact that less formal attention is paid to initiatives such as ET once they have been institutionalised and embedded in practice. In addition, in some cases that the children of parents surveyed had joined the centre since it had been accredited. A range of benefits for children was associated with these changes in SLC provision. Three parents cited their children speaking more clearly. Others referred to changes such as increased confidence, improved socialisation, and children using more complex sentences, vocabulary and grammar. Finally, 9 parents (15 per cent) said they had been involved in ET themselves. Surprisingly, given the data already discussed, twice as many of them were in Stage 1 settings (6) rather than in Stage 2 settings.

Practitioners on parents

Practitioners were clear about the importance of engaging parents in children's SLC development. Our expectation was that the Stage 1 centres would have the most evolved parental involvement in SLC, since all these settings were at least 6 months post-accreditation and had therefore had time to introduce and embed links with parents. This however was not the case and we found that most Stage 2 centres also had excellent links and used a range of methods to engage parents and carers.

The Stage 1 and 2 centres employed a broader range of modes of parental engagement than the Stage 3 centres. In all five Stage 1 settings, parents were perceived as a resource and parent-practitioner engagement was regarded as a two-way process. This was found in only two of the Stage 2 centres. In fact, one of the remaining Stage 2 centres was the extreme case in associating a perceived "language barrier" with parents being "hard to engage". Moreover, one ET lead (2-09) stated that once children could speak English, there was no further need for bilingual resources or EAL strategies. In fact, the following tensions were noted in Stage 1 and 2 centres relating to children and parents with English as an additional language:

- while in some centres engaging some groups of parents was perceived as a challenge, in others, particularly those with a high level of EAL, this was regarded as a barrier;
- many Bangladeshi parents can speak English but cannot read English; English stories are therefore translated into Bangla for them;
- staff in one centre were not aware of the existence of Bangla nursery rhymes;
- in many families, two languages (or more) are spoken at home and any English heard by children at home was described by the Deputy in one centre as "broken English". (1-03).

The two Stage 3 centres with least involvement with ET demonstrated the fewest modes of parental engagement, although interviews with staff revealed that they were aware of this and had started to involve parents more in SLC development. In the centre that had withdrawn from the programme, ET appeared to fulfil a role as a means to audit and serve the needs of non-English speakers. In the remaining Stage 3 centre, the manager commented that although the nursery staff had good relationships with parents, the staff found interacting with them in connection with their children's SLC development more problematic.

4.4 Accreditation, overlaps and gaps

Research objective 4: To integrate perceptions of the accreditation process of the ET programme and to identify overlaps and gaps in provision.

This section looks at accreditation and mentoring because the two areas are so closely linked in ET, before exploring some overlaps and gaps in provision, especially in relationship to ECaT in particular and partnership working in general. It is based on analysis of interviews with LA and children's centre staff.

Accreditation

The I Can ET accreditation visit (at supportive level) aims to ensure that the staff and the setting have "skills and knowledge to support all children's communication development" (I Can 2006a: 3). Competences across five standards are demonstrated by the building of a portfolio of evidence and observation and interviews by an I Can accreditor. Accreditors generally hold qualifications in speech and language therapy, education, or educational psychology and are members of a professional body (I Can 2006b). The accreditation standards (I Can 2008) for settings suggest that the accreditors should be drawn from local early years' specialists, early years' advisors and special educational needs co-ordinators (SENCOs).

The setting portfolio is submitted in advance of the accreditation visit. The observations and interviews take place on a one day visit by the accreditor with half the day allocated to report writing and feedback (I Can 2006c). Accreditors are advised that "it is a good idea to observe at least one third of the staff, particularly those with management responsibilities" for a short period of five minutes; further observations may be made if this does not capture the information required (I Can 2006c: 6). Accreditors are advised that it is sufficient to interview the most senior member of staff in small settings, although questions of clarification may be asked of other staff present; interviews should last a maximum of 20 minutes. Accreditation status is valid for three years with two periodic reviews which involve completing a document and a visit from the accreditor if deemed necessary. Only two of the centres visited had been reviewed formally by I Can; one centre had been asked to audit the SLC skills of new staff and to develop a policy document to support EAL. One centre, 15 months post-accreditation at the time of our visit, had not yet been asked to review their progress. This seems to represent a missed opportunity in terms of both monitoring SLC progress in the centre and ensuring that the centre is aware of developments in SLC practice.

The LA interviewees all appreciated the support, both past and present, from I Can. However, cost implications reduced their use of the I Can services mainly to buying in mentor training and accreditation. As noted earlier, ECaT funding often financially

supported the I Can process, thus budget cuts could squeeze funding for ET accreditation.

LAs expressed some concerns about the accreditation process: one interviewee stated that they thought it was too inflexible and did not allow for the range of different contexts in which children's centres operate. Managers and ET leads provided some examples of this range of contexts and the difficulties they created. Teams based in other services and with very different structures of line management made providing appropriate CPD for all staff problematic; this also led to different funding allowances from LAs for staff cover for training purposes. Some children's centres had private nursery provision in tandem with the children's centre nursery: in one centre (1-05) the outdoor area was shared between the PVI nursery and the children's centre nursery. While this may offer a genuine opportunity to share enhanced communicative practice, centre practitioners found listening to what they termed 'didactic' control of children and poor communication strategies distressing. In two Stage 1 centres, the "pre-school space" was shared by primary school early years' children (not exposed to ET) and children's centre nursery children whose setting has been accredited for ET. Such examples demonstrate a few of the problems associated with accrediting ET. While we acknowledge that I Can were working towards developing different standards to accommodate some of the specific challenges of children's centres, we recommend that they also take into account the perceptions of the LA interviewees that one size does not fit all.

The accreditation process became a major hurdle to one of the Stage 3 centres which had built their portfolio and is generally acknowledged as a "model of good practice" (ET lead). However, pressure of work led them to ask for a time extension for their portfolio submission and accreditation visit. This request coincided with the LA re-structuring and the transfer of the ET accreditor to a different area. The ET lead said she felt unsupported in the accreditation process, with no direction about how to re-submit or any future cost implications: "*We were left to it on our own really and I did feel quite isolated*".

LAs perceived ECaT to be generally more challenging, longer term, and providing more in-depth mentoring by the LAs; LA and centre staff saw ET in terms of confirmation and validation of existing good practice and a good baseline for developing practitioner skills in SLC. Centres also foregrounded much ECaT documentation as an example of their focus on SLC. Although the ECaT programme was not researched *per se*, we would recommend that practitioner and LA perceptions of ECaT and ET be considered with a view to incorporating some elements of ECaT into future planning for the development of the I Can model.

Mentoring

Skills development may begin with the ET training/trainers but is further developed and validated by mentors during the implementation, portfolio building and accreditation processes of ET. Post-accreditation mentoring is intended to support the embedding and sustaining of skills and strategies in the setting (although this was limited in ET). The mentor's role was perceived differently depending on the context. We have used the National Framework for Mentoring and Coaching (CUREE 2004-5) to distinguish between mentoring, specialist coaching, and collaborative coaching or co-coaching.

Local Authority views

In all the LAs, ET mentors were LA personnel. In LA1, the local lead for SLC had brought the concept of the I Can ET programme with her to the LA; each children's centre had an assigned SaLT who delivered personalised ET training for her centre; thus mentoring was apparently provided by the NHS. The local lead appeared confused by the question about mentors and claimed she had "never come across or used the term mentoring in relation to I Can". Moreover, she claimed there is *no* formal instruction for those who have trained to take it back to the setting. In LA1 all the early years SaLTs were trained I Can accreditors and termly network meetings were organised by the strategic and local leads for SLC.

In LA2, all children's centre teachers and early years consultants were ET trained. Mentors were usually an early years consultant or children's centre teacher, supported by an SLC senior management board. The local lead commented that mentors should be "fit for purpose". The strategic lead however, remarked that ECaT mentoring supported the ET mentor training and ET materials had to be "tweaked" to fit each setting's context. ET was seen as a "tool for workforce development" (and entry to ECaT) and thus as CPD in its own right. LA3 had a pool of ET trained mentors and accreditors who were a mixture of NHS and education staff. The local lead felt that I Can mentor training was "useful but not entirely thorough and not particularly in-depth". She commented that the ET mentoring had to be complemented in the LA by another quality assurance model which had greater depth and reflection. One issue highlighted was that the ET mentor training lacked emphasis and needed more focus on "peer coaching, support and how to move practice on without being too directing". This was regarded as "a tricky balance", particularly for SaLTs who come to mentor training with a medical model which may not include improving practitioners' skills.

Children's centres' perceptions

As already stated, centres gave mixed messages about mentoring both in the settings which were a year post-accreditation and those who were near, or immediately, post-accreditation. In two centres (1-05 & 2-07, the latter in LA2), only the manager or ET lead had direct access to the mentor and any practitioner queries or problems were channelled to the mentor via management. In other centres, staff had direct access to the mentors. The mentoring format ranged from intensive weekly support visits including observation, modelling and training (2-06) to relatively light touch:

"They did the training and they gave us workbooks to work through and then accredited us. It was really good they were accessible" (1-02).

Thus, the range of mentoring was so varied and interwoven with the input from ECaT that we can only draw tentative conclusions from this analysis. The LAs interviewed did identify issues with the ET mentor training, however, and there remains concern that some children's centres could not identify their mentors and did not have a clear understanding of what constitutes effective mentoring.

Overlaps and gaps: ECaT and other SLC interventions

In the three LAs interviewed, ET pre-dated ECaT. They had all been involved in ET for some time, piloting initiatives and resources in return for entry to aspects of the programme. In LA2 and LA3, ET was perceived as a baseline model for entry to ECaT which was thought to be more challenging; in LA1, the ET and ECaT programmes were perceived as parallel. In LA3, the strategic lead stated that the child SLC developmental monitoring processes of ECaT enabled the settings to monitor those children who are just below the level for referral, but did not pick up the

broader EYF Profile range. A strategic lead felt that ET offered a good grounding but then “it’s off you go”, whereas ECaT was more sustained with training and an action plan every half-term. The ECaT consultant observed regularly in the setting and fed back to settings which were expected to cascade good practice to a ‘buddy’ setting.

Apart from ECaT, the only other interventions the LAs were involved in at a strategic level were the Hanen and Elklan programmes (see 4.5 below for details). In LA2 it was felt that the Hanen training was time-consuming and a big commitment for practitioners.

Children’s centres visited were involved in a number of small-scale SLC programmes and initiatives. All but one were involved with ECaT. Although interviewees were not specifically asked about ECaT, a number of comments and opinions were collected. Managers stated that ECaT was both a natural progression from ET and a way to maintain its momentum. In another setting, having an ECaT lead had maintained interest in ET after accreditation and there were examples of ECaT practitioners working with the ET lead to support SLC strategies. In focus groups, there was some confusion about ET and ECaT and their specific focus, particularly among practitioners with lower level qualifications. Thus, on balance, senior staff did not appear to find that there was an overlap between ET and ECaT but more work needed to be undertaken with practitioners to distinguish between the two initiatives.

4.5. Links with other SLC programmes

Research Objective 5: to map how the ET programme interlinks with existing programmes of speech language and communication support.
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This section is based on comparison of programme documentation, along with evidence from interviews with LA staff primarily, but it is also informed by the perspectives of children’s centre staff. It is important to begin by emphasising once more that ET operates at the level of the setting, with the ET lead building up a portfolio of evidence which is accredited by I Can, rather than baselining and monitoring children’s development, like ECaT for example. As stated above, the programmes most commonly used to support SLC development in the LAs and children’s centres visited other than ET were ECaT, Hanen and Elklan.

ECaT, a well-resourced Government programme, is designed to support SLC development in any type of setting and with practitioner and parental involvement. It celebrates bilingualism and is closely linked with the Early Years Foundation Stage (EYFS). Every participating setting appoints an Early Language lead practitioner who receives advice, training and support from the Early Language consultant, who is appointed specifically to work with ECaT settings. For the lead practitioner, funding is available for training, observations, and visits to other settings. The Early Language Consultant makes regular visits to the setting to offer support; cluster meetings are also available for the lead practitioners. There is an initial audit and assessment visit before the next steps are planned. ECaT includes a child monitoring tool assessing listening and attention; receptive language; expressive language and social communication at key stages in a child’s development.

The Hanen programme is designed to support parents with children at risk of delay or disability by training SaLTs, teachers and parents to engage with the child according to tenets of good SLC practice. Elklan is a 10 week course for SaLTs and specialist teachers which enables them to deliver Elklan training in their workplace.

In the research sample, ECaT is the most commonly used programme with twelve of the fourteen centres involved and one on the waiting list for ECaT.

LA perceptions

Two of the three LAs interviewed used ET as a basis for entry to the ECaT programme, which they perceived as more challenging, more in-depth, and more long-term than ET. One LA also used ET accreditation as an entry-level criterion for some specialist CPD for practitioners. The third LA offered ECaT in parallel with ET. There were serious concerns among the LA interviewees about the termination of the ECaT programme in March 2011. This may have implications for SLC practice in general and ET in particular, for example, in LA1 where they used ECaT consultants as ET mentors and accreditors. In LA3, the strategy post-ECaT was to “embed all initiatives into a universal approach and develop a whole communication strategy based on them”, using good settings to spread good practice. However, as they used ECaT to monitor children just below referral level, there is a danger of such children not being identified if the use of ECaT monitoring processes declines.

Overall, the LAs perceived ET as a useful CPD tool. One felt that ET is a faster process than ECaT, with less paperwork. This LA also required all ECaT settings to have one member of staff trained in the Elklan programme. In LA1, some SaLTs used the Hanen approach but with specialist groups of parents but they noted the time commitment needed to train with Hanen. In LA2, again, some SaLTs with Hanen training worked with groups of parents, whereas in LA3, Elklan training was available for SaLTs and specialist teachers.

The funding which accompanied ECaT was seen as a bonus by the LAs. For example, LA1 had made a strategic decision to use some of this funding to support the development of ET as an entry programme for ECaT. Many of the consultants for speech, language and communication programmes appeared to work across the programmes as mentors and accreditors for ET, consultant or lead practitioners for ECaT, and much staff development in all three LAs was jointly attended by ET and ECaT delegates from settings. As noted earlier, LAs highlighted gaps in the mentor training for ET, and also felt that ECaT and a quality assurance programme were needed to support the mentor training. The ECaT child monitoring tools were considered to be useful and one interviewee felt that they supported the monitoring of children who did not warrant referral to more formal SLT services, but who were nevertheless at risk.

From the LA perspective, ET generally appeared to “fit well” with ECaT, often and was often used as an entry point for ECaT, a perspective that did not seem to have not filtered down to all children’s centres. When ECaT funding ends, some LAs stated that they would need to make strategic decisions about core funding for I Can programmes.

Children’s centre perceptions

While there was some confusion among three groups of focus group participants about the difference between ET and ECaT, managers and ET leads made clear distinctions. There was little doubt that in the centres, ET and ECaT were seen as complementary. We found that in eight centres, ECaT resources were perceived as a prime and very useful means to monitor children’s progress in SLC; in one (Stage 2) setting, for example, all 2-4 year-old children had been assessed. This was intended to provide valuable data about the outcomes of the ECaT programme and enable staff to plan individually for children and the centre. In contrast, identifying specific child outcomes from ET is difficult since baseline child assessment is not part of the programme.

In addition, we noted that three centres (one Stage 1 and two Stage 3) used ECaT resourcing to support the extension of the classroom outdoors. This is perhaps an area which ET could consider further. However, the greatest number of comments about ECaT and ET related to their sustainability.

Sustainability of ET and ECaT

Sustainability can be adversely affected by competing priorities, particularly when the initial funding and resourcing has ceased. However, only one of the LAs interviewed was developing a strategy to implement post-ECaT, whereas some children's centres were planning to train for more advanced accreditation with ET after March 2011. In children's centres, however, ECaT was perceived to be more supportive than ET, with mentors frequently visiting centres and cluster meetings. One centre described ECaT as "*very much about 'OK. Where are you at? Where do you want to go? And how can we support you?'*". Seven centres stated that they felt that ECaT and ET were complementary.

The complementarity of the ET and ECaT programmes appeared to support their sustainability. LAs shared training for SLC for both programmes, ECaT consultants were part of the I Can training and accreditation teams, and network and cluster meetings were open to participants in both programmes. Centres felt that ECaT supported good SLC practice post-ET accreditation, "keeping up the momentum" and "sustaining the work of ET". This may be because I Can mentors are advised to terminate the mentoring relationship at accreditation (I Can 2008b), whereas ECaT mentoring frequently takes place over a longer period of time. Sustainability is supported by the availability of a group of professional colleagues on whom staff can draw for knowledge, skills, and opportunities to learn together with the development of teacher-leaders who provide support over time and take responsibility for CPD (Coburn 2003). Further development of a core of skilled professionals would also moderate the high staff turnover rate experienced by some centres.

As noted elsewhere this report (section 4.5), ET mentoring training is an issue for LAs and the mentoring had some apparent shortcomings in relation to the children's centres and to the development of centre CPD. ECaT mentoring, although frequently involving the same professionals as ET, appeared to fill some of the perceived gaps in ET mentoring and CPD. As LAs 1 and 2 noted, ECaT mentoring "*came just at the right time to support Early Talk*".

ECaT makes specific referral to co-coaching as a feature of the programme, while ET refers to mentoring. While there is much common ground between these concepts, we suggest that the ET would benefit from further clarification and development of its mentoring roles. Mentors are experienced colleagues, who, in addition to their appropriate knowledge, should also have appropriate knowledge of the needs and context of the workplace. Specialist coaches, usually identified by the professional learner, enable the learner to take control of their learning, whereas co-coaching partners support each other and may draw on specialist input to support their own coaching (DfES, 2005). We raise questions about variations in how the ET mentoring role has been perceived and understood by I Can, LAs and children's centres.

Although I Can provides ET mentor training, all the children's centres researched used LA mentors, some of whom were SaLTS, others were drawn from education services. Thus, the first question we ask of I Can is:

- Is the mentoring training for ET appropriate for SaLTs *and* for EY professionals in terms of adult learning strategies, depth of specialist knowledge required, and understanding of the context of the workplace?

Secondly, we ask three questions of LAs and local communities using ET:

- Post-ECaT, how will ET mentoring be supported and how will the ET programme be supported to remain sustainable?
- Could co-coaching be extended from ECaT to support the ET programme in and across settings?
- Funding restraints will require LAs and settings to become more innovative; could the current ECaT co-coaching be developed to support all SLC within centres across the LA?

On the ground, it is clear that the centres participating in this research had differing understandings of the concept of mentoring, its purpose and role. We suggest that this could be clarified and used more appropriately to sustain ET. Moreover, as noted earlier, peer support is an under-used strategy for centre CPD. A more efficient use of co-coaching for SLC could make this a sustainable resource. Centres underplayed the importance of planned structured discussion groups as a form of CPD: the development of this would be likely to enhance the sustainability of ET. Furthermore, the ECaT model of requiring centres to “support a linked setting to develop their language provision and practice” (DCSF 2008c: 4) ensures that good practice is developed, owned, and extended by centres. It is therefore suggested that ET could develop this model and that visits to other ET accredited settings would be useful.

Access to expertise “can be a statistically significant predictor of innovation use” (Coburn and Russell 2008: 207) and we suggest that this could be further developed for ET. Furthermore, Coburn and Russell (2008) argue that the design of the coaching (including selection criteria, work roles and the focus of professional development) is a key strategy to create the conditions for deeper and more substantive improvement.

4.6 ET and John Bercow MP’s independent review of services for children and young people (0–19) with Speech, Language and Communication Needs

Research objective 6: to evaluate how the ET programme meets the recommendations of the Bercow Report (2008).

In order to focus this consideration of the ET programme’s relevance to John Bercow MP’s report, we have concentrated on two recommendations which appear most relevant to the development and implementation of the I Can ET programme at supportive level: Recommendations 8 and 11. In addition, as part of the analysis of the interviews with LAs, we have also included evidence relevant to Recommendation 19.

Recommendation 8 of John Bercow

Local authorities work together to undertake surveillance and monitoring of children and young people to identify potential SLCN across the age range, and particularly at key transition points.

The LAs interviewed mainly monitored SLCN by collating EYFS profiles and targeting support, which could include ET, towards centres with low scores for communication,

language and literacy (CLL). One LA reviewed EYFS scores over a period and then identified whether low scores were due to the population or a gap in practitioner skills. Following extensive input of ET and SLC, they observed a 5 per cent improvement in 2010 in the N172 score (number of children scoring 78 across all areas of the EYFS plus the percentage of children scoring 6+ on CLL and personal, social & emotional development areas of EYFS). Local authorities also routinely monitored SLT referrals and waiting lists.

Recommendation 11 of John Bercow

To help ensure that where a SLCN is identified, appropriate provision is available to intervene promptly, we recommend that speech, language and communication is prioritised by all children's centres and that it is a primary focus for measuring every child's progress.

This evidence gathered in this report suggests that children's speech, language and communication were a prime focus of all the centres near or post-accreditation for ET. It also demonstrates that in centres which were considerably post-accreditation (Stage 1), ET leads identified a greater change in children's communicative behaviour. Furthermore, Stage 1 and 2 centres discussed a greater range of methods to promote good language practice than Stage 3 centres and related a number of changes to the environment which reflected ET principles, although the ALERT scores discussed above reveal that it is not a straightforward issue to associate changes with ET. The most that can be said is that ET is one of a number of initiatives, headed by ECaT, which appears to have promoted the primacy of SLC in children's centres. The evidence accumulated above suggests that practitioners perceived that ET gave them knowledge, skills and confidence not only to identify delay and disability earlier, but to develop strategies to address the needs of all children.

As noted earlier, monitoring in the centres mainly used ECaT assessment sheets together with Learning Journeys, EYFS tracking and profiling. Although ET supports monitoring and observation of children as good practice, half the centres offered the research team ECaT assessment procedures as an example of their SLC primacy and good practice. Nevertheless, centres had found that the increased focus of SLC using both ECaT and ET had resulted in greater practitioner confidence; earlier identification of SLCN; and strategies to support children with additional needs. Post-ECaT, many centres planned to continue monitoring child SLC progress using ECaT documentation; this could be further developed by I Can to support evidence of the impact of ET in children's centres.

Recommendation 19 of John Bercow

The commissioning framework includes advice on:

- *how to assess the range of skills in local children's workforces;*
- *how to identify the right skills and capacity mix required in the children's workforce to deliver services and agreed outcomes, including staff with specialist skills able effectively to assess and support children and young people with SLCN;*
- *how to develop the workforce by identifying and addressing skills or capacity 'gaps'; and*
- *how to develop effective collaborative practice between different services and members of the workforce.*

LA interviewees felt that ET and ECaT were addressing gaps in practitioner (and workforce) skills. In LA1 and LA3 ET was seen as a vital tool to up-skill practitioners and as a “tool for workforce development”. In two of the LAs interviewed, some form of prioritising for ET had been made following the positive response from settings. Comments from interviewees on ET ranged from “good and successful” to “excellent” with both LAs and staff in children’s centres seeing ET as a means to enhance practitioner skills and thus enhance child communication.

Effective collaborative practice in relation to SLC was recognised by the LA interviewees at an operational level but not at a strategic level. Comments such as “challenging” and “messy at strategic level” were recorded. ET was also seen as a useful means of developing partnership between health and education services by LA interviewees. However, the children’s centres’ perceptions of collaborative partnership between health and education were more mixed. This seemed to depend to some extent on proximity. Where SaLTs were on site, staff spoke of health and education agencies working well together. Where this was not the case, managers had found problems with information-sharing, obtaining ongoing information from SLT services, and lack of feedback. Many centres reported a lack of contact with SaLTs and lengthy waits for referral and those with limited access to SLT services felt they would benefit from greater access and input to them. There was evidence that implementing ET supported partnerships between agencies, as one practitioner stated:

It’s different when the health worker is here once a week or every day. Staff [previously] were not sure about other people’s roles and there were times where some staff could not even find where the community team was. You can’t really trust somebody when you don’t know who they are, what they do. [... After shadowing colleagues] I heard lots of practitioners say, “I never knew they were already doing all this” and discussing them and sharing with each other. (2-10)

5. Summary-Conclusion

This section summarises the findings already outlined and is structured around the evaluation's research objectives. Children's centres were evaluated in three groups:

Stage 1 centres: at least 6 months post ET accreditation;

Stage 2 centres: approaching accreditation or up to 6 months post-accreditation;

Stage 3 centres: in the early stages of, or considering, implementation.

5.1 Influence on staff

- There were strong indications that Stage 1 centres experienced a deeper level of cultural change following involvement in ET than Stage 2 centres in that they placed SLC more centrally in their pedagogy and focused on it more persistently.
- In some Stage 1 centres there were indications of a professional learning community forming around speech, language and communication (SLC), as ET and other initiatives were embedded. The formation of these communities supported a much deeper understanding of, and reflection on, SLC by practitioners.
- ET played a valuable role in integrating personal understanding of SLC with centres' institutionalisation of good practice in SLC.
- Institutionalising SLC in children's centres has improved the way some centres nearing and post-accreditation identify and address children's SLC needs. However, it is difficult to determine how far this was related to ET as centres were all involved in other concurrent SLC initiatives such as ECaT.
- Practitioners in Stage 1 centres demonstrated greater depth of understanding of the pedagogical motivations underpinning the changes they had made to the learning environment.
- ET leads in Stage 1 and 2 centres identified a greater range of methods to promote good language practice than in Stage 3 centres.
- Managers associated increased staff confidence and an enhanced ability to identify SLC difficulties with engagement in ET in Stage 1 and 2 centres.
- In conjunction with other initiatives like ECaT, a wide range of practitioner' skills were enhanced by their increased focus on, and training for, SLC.
- Practitioners in all centres found it difficult to distinguish between the impact of ET and ECaT as they became so intertwined in practice.
- Managers and practitioners in stage 1 and 2 settings felt ET had made them more confident in making earlier identification of speech language and communication needs and developing strategies to support children in the centre.

5.2 Meeting the needs of children

- ET leads in Stage 1 centres identified greater improvement in children's communicative behaviour than those in Stage 2 centres.
- LAs stated that ET had improved practitioners' ability to develop in-house strategies to support children with additional/special needs and had a positive impact on the referral rate for speech language and communication needs (SLCN).
- There was evidence in some centres of a tendency to 'treat' children with English as a second language (EAL) on a deficit model, rather than focusing on the potential benefits of bilingualism and multilingualism for SLC development.

5.3 Parents' and carers' perspectives

- Based on a sample of 62, 40 per cent of parents surveyed were aware of the ET programme.
- The largest group of parents noticing change in SLC provision was in Stage 2 centres. However, over half of Stage 3 parents had also noticed changes in how speech and language were promoted, perhaps reflecting the current enhanced status of SLC overall. Fewer Stage 1 parents had noticed changes, which may reflect the institutionalisation of good SLC practice in these centres following ET accreditation and involvement in other SLC initiatives.
- EAL was regarded by some Stage 2 and 3 centres as a barrier to parental engagement, whereas Stage 1 centres were more likely to perceive engaging with parents as a two-way relationship.

5.4 Accreditation, gaps and overlaps

- The ET accreditation process needs to be flexible to address the range of provision of SLC in children's centres and their contexts.
- LAs and children's centres had a range of experiences of mentoring. Two of the LAs interviewed used mentors from other programmes such as ECaT to support the ET mentoring process.

5.5 Other SLC programmes

- ECaT was the most common programme used after or in tandem with ET.
- LAs perceived ET as an acceptable baseline for good SLC practice and in two LAs it was treated as a pre-requisite before centres could engage in what they perceived as the more challenging ECaT programme.
- Although many practitioners perceived ET and ECaT as almost interchangeable, managers and lead practitioners regarded them as complementary but distinct.

5.6 Implementing the recommendations in John Bercow MP's independent *A Review of Services for Children and Young people (0–19) with Speech, Language and Communication Needs*

- ET was used effectively in the three LAs interviewed as a tool to upskill the workforce; one LA claimed it could provide statistical evidence of this.
- ET appeared to promote the primacy of SLC in children's centres and the early identification of SLCN.
- ET was considered to add to effective observation and monitoring techniques, although it was used less than ECaT to monitor child SLC progress.

5.7 Overarching conclusions

- Viewed as a whole, it appeared that ET offered an appropriate balance of support and challenge to consolidate and extend existing good practice in SLC and identify areas for development where practice was less effective.
- ET is relatively light touch and has been used effectively as a 'primer' for other programmes, notably Every Child a Talker (ECaT), explicitly by some local authorities (LAs).
- Some LAs did not appear to have sufficient capacity to deliver or coordinate effective mentoring for ET. Others used ECaT consultants as ET mentors, which may affect the use and implementation of ET once ECaT funding is withdrawn in 2011.
- There was some evidence that where extensive support was required for centres to improve, for example around SLC training or leadership, ET mentoring was not always sufficient to meet centres' needs.

- It is difficult to gauge the sustainability of ET as it is so deeply intertwined with other SLC initiatives. For example, in some areas, ECaT monitoring tools have supported the implementation of ET, which makes it hard to determine the boundaries between initiatives and their impacts.

6. Recommendations

It should be emphasised that although the report, its findings and recommendations are necessarily bounded by the approach taken to the evaluation and the evidence collected, efforts have been made to contextualise the findings in light of the change of government since the research was commissioned and reflect the shift from central provision towards more localised services and partnerships.

- There is evidence that ET is an effective precursor to programmes such as ECaT. ET validated existing good practice and functioned as an effective baseline for developing practitioner skills in SLC before engaging in what was regarded as extended SLC development through initiatives such as ECaT or more advanced levels of ET. Commissioners of services, local communities and settings such as children's centres need to consider how they might harness support strategically to align programmes like ET with other initiatives so that centres receive appropriate levels of support and/or challenge and can develop a longer term programme of continuing professional development (CPD) and organisational improvement around SLC.
- The delivery of programmes such as ET needs to consider the existing level of SLC expertise in centres and their local communities when determining the degree of support offered. This may require I Can and others to take a more proactive approach to helping communities identify existing expertise, for example in the provision of external mentoring, to ensure that support is cost-effective and appropriate.
- Effective mentoring needs to offer mentees CPD and better understanding of change management processes within SLC provision.
- Programmes such as ET need to place greater emphasis on settings working with parents and carers so that parents and carers better understand how settings approach SLCN and can use that knowledge to support their children's SLC development.
- Progression and alignment between SLC initiatives could be enhanced if ET used evaluative frameworks from other initiatives, such as ECaT's child monitoring systems, to support settings in monitoring and evaluating outcomes for children.
- Programmes such as ET need to balance the potential disadvantages for children with EAL by placing more emphasis on valuing bilingualism and its potential for enhancing SLC in children's centres.

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Glossary

ALERT	A language-rich environmental rating tool (based on ECERS)
CLL	Communication, Language and Literacy
CPD	Continuing professional development
EAL	English as an additional language
ECaT	Every Child a Talker programme
ECERS-E	Early Childhood Environmental Rating Scale: extended version.
ECERS-R	Early Childhood Environmental Rating Scale: revised version.
ET	I Can Early Talk programme at supportive level
EYFS	Early Years Foundation Stage
LA	Local authority
Makaton	A language programme which uses signs and symbols to teach communication, language and literacy skills for people with communication and learning difficulties
PCI	Practitioner-child interaction (tool)
SaLT	Speech and language therapist
SEN	Special educational needs
SENCO	Special educational needs coordinator
SLC	Speech, language and communication
SLCN	Speech, language and communication needs.
SLT	Speech and language therapy

Appendices

Appendix 1. Sample of Children's Centres

Code	Stage	Location	Deprivation index ⁴	Ofsted	Accredited	Doing ECaT?	LA
1-01	1	North West	0-10%	Good	Nov-09	Yes	
1-02	1	North West	21-30%	Good	Nov-09	Yes	
1-03	1	London	11-20%	Good	Jun-09	Yes	
1-04	1	South East	51-80%	Outstanding	Jun-09	Yes	
1-05	1	South West	51-80%	Outstanding	Mar-09	No	
2-06	2	Yorkshire & Humberside	21-30%	Good	Dec-09	Yes	LA1
2-07	2	Yorkshire & Humberside	11-20%	Satisfactory	Jan-10	Yes	LA1
2-08	2	North West	0-10%	Satisfactory	Awaiting	Yes	LA2
2-09	2	North West	0-10%	Good	Mar-10	Yes	LA2
2-10	2	London	31-50%	Satisfactory	Jun-10	Yes	
3-11	3	South West	21-30%	Good	N/A	Yes	LA3
3-12	3	North West	51-80%	Satisfactory	N/A	Yes	
3-13	3	South West	0-10%	Good	N/A	Yes	LA3
3-14	3	South East	31-50%	Good	Withdrew from ET	Yes	

Every Child a Talker (ECaT) was introduced in local authorities in England in three implementation waves from 2008. LA1 and LA2 were part of wave 2, while LA3 was part of wave 3.

⁴ Deprivation indices identify and aggregate areas of multiple deprivation in a locality. Essentially the lower the percentage score on the deprivation index, the higher the deprivation in the area. Further information can be found at <http://www.imd.communities.gov.uk/>.

Appendix 2. Research design

This section outlines the tools developed for the evaluation and the rationale behind their development. Appendix 3 contains the interview schedules and tools themselves.

Telephone interviews: local authority

A 30 minute telephone interview was conducted in three participating LAs with the local lead and also with a strategic lead for SLC. This interview explored the LA's perception of the primacy of SLCN, and the rationale for, and implementation of, the ET programme. The three LAs interviewed all had two case study children's centres (see Appendix 1).

A number of recent reports and policy documents, such as *The Bercow Report: A Review of Services for Children and Young People with Speech, Language and Communication Needs* (2008) and *Inclusion Development Programme: Supporting children with speech, language and communication needs* (DCSF, 2008c), have offered best practice advice and guidance on supporting children with SLC needs. With the likely reduction in funding for public services over the next few years, we anticipated that LAs may have difficulty fulfilling recommendations such as Bercow's (2008) in this area; we explored how the I Can ET programme at supportive level fits in with the strategic vision for SLC in the LAs. We aimed to gather data about the rationale for implementing ET and how this fits with other initiatives within the LA such as ECaT. Drawing on the Key Elements of Effective Practice (KEEP) evaluation tool for local authorities to support early years practice (DfES, 2005)⁵, we noted the importance of ongoing training and development for early years' staff and explored how LAs perceived the role of ET as continuing professional development.

In the light of the new pathfinder projects for joint commissioning of SLC services, we explored the challenges of joint working and how these impacted on a programme such as ET, which depends on both education and health input for success. In response to Bercow, we investigated how all children are assessed for SLC across the authority; how children with specific SLC needs are monitored and whether a needs analysis for workforce training is underway.

As the roll-out of ET varies from one authority to another, we gathered underpinning information about the mutual roles of I Can and the LA; the provision of mentors and accreditors; and the mediating and moderating factors affecting ET implementation. Collating this information enabled us to build a picture of the strategic and supportive role of the LA in relation to SLC for all children, including children with English as an Additional Language (EAL) and children with a Statement of Special Needs. It also offered a picture of how ET (including mentoring) is commissioned and managed by LAs.

Telephone interviews: Children's centre manager

A brief (c 15 minutes) telephone interview was undertaken with the children's centre manager in line with the DfE's objective of minimising the burden on the children's centres. If the manager preferred, it was conducted as a face-to-face interview during the researcher's visit.

Questions (see Appendix 4 for interview schedules) for settings nearing or post-accreditation differed slightly from those asked of early stage settings. We explored

⁵ <http://www.niched.org/docs/key%20elements%20of%20effective%20practice%20KEEP.pdf>

how ET fit with the manager's strategic vision for the centre; how the programme was translated into practice; and how the programme fit with the continuing professional development (CPD) needs of the centre and its staff. The previous evaluation of I Can (Dockrell et al. 2008) highlighted the importance of CPD to the success of ET's implementation.

A systematic review of effective CPD (Cordingley et al. 2003) found a link between elements of effective CPD and positive outcomes for staff and children. Considering these elements in our discussions with staff enabled us to evaluate how the CPD, essential to the success and sustainability of the ET programme, was being negotiated and managed, together with the mediating and moderating factors that may have inhibited its development. We sensitively probed the factors which affected local opportunities for the development of CPD for SLC.

Learning conversation with ET lead in setting

Fourteen learning conversations were conducted with the lead for ET (in Stage 1 and 2 centres) and the proposed lead (in Stage 3 centres).

A learning conversation is a less formal method of gathering the perspective of a research participant than an interview (Harri-Augstein & Thomas, 1991). The lead was asked to lay out on a table any relevant documentation to ET and also to SLC. This could include:

- ET workbooks & portfolio;
- any audit/self-evaluation documents (e.g. ECaT or ET self-evaluation);
- examples of planning for SLC;
- examples of assessment or monitoring of SLC (e.g. learning journey documents, post-its, EYFS profiling);
- monitoring of children with EAL and/or SEN;
- any action plan for SLC;
- parental literature/resources specifically relating to SLC;
- any policy document the lead perceives as relevant to SLC.

These were then used then as an aide-mémoire to *walk and talk through* the ET implementation process (see Appendix 3 for guide). We saw this as a non-confrontational co-construction of data-gathering to yield information-rich qualitative material to inform the research aims and objectives. We developed two complementary schedules for this: the first for centres which were in the process of, or had, implemented ET; the second, for centres which had not yet begun to build their I Can accreditation portfolio. In Stage 3 settings, we used existing documentation to develop a baseline of SLC development in the setting, together with an evaluation of the moderating and mediating factors which may affect implementation of ET.

The learning conversation took a maximum of one hour and used the four overarching themes of the research (see Theoretical Framework above) to explore how concerns about SLCN were identified and managed. This method was adopted in part to combat the issue of not having a baseline for ET and needing to try to build a historical perspective on each setting's development through ET.

Focus group with a range of practitioners

The focus group was held in each setting with practitioners with a range of qualifications. Although we aimed for six practitioners per group, this was not always achievable due to staffing ratios, absence, lunch breaks etc. We had anticipated this

difficulty and the focus groups varied greatly in number; some took place during lunch breaks, with practitioners coming and going, others were conducted as a discrete group in a private location. The perceptions of 55 practitioners were recorded.

The following themes were explored in the focus group:

- the environment (i.e. framing the pedagogy)
- parents and support (including awareness of SLCN and raising concerns)
- CPD
- impact of ET.

The benefits of using focus groups include cost and time effectiveness; being able to develop themes and topics; and gathering data on opinions, attitudes and values (Cohen et al. 2007). They contributed to meeting all our evaluation aims and allowed for a degree of triangulation of impact evidence.

Observations

One observation of a Level 3 practitioner was carried out in each of the 14 settings. In addition, in 5 settings a video observation added to the data and offered triangulation and depth to the analysis. The systematic observation of practitioner-child interactions (PCI), involving Level 3 practitioners and children aged 3-4 years of age, was informed by the following frameworks and research projects:

- The Researching Effective Pedagogy in the Early Years (REPEY) Project (2002)
- I Can Accreditation Standards (2008a Supportive level)
- The Speech, Language and Communication Framework (The Communication Trust 2008)
- The Inclusion Development Strategy (DCSF 2008c).

The observation tool was structured around 'TALK' (I Can ET Accreditation and Training: handout 8) which focuses on the following strategies to support children's communicative behaviour:

- **Talking together** - being equal partners in communication
- **Attention and listening** - supporting a child's understanding of language and activities
- **Level of language** - adapting adult language to fit the child's level
- **Keep on commenting** - reinforcing and extending a child's language development

Working with the project's internal reference group, the research team developed and refined a tool for observing in detail a practitioner-child interaction with emphasis on the ways in which the child's (or children's) speech, language and comprehension are supported and developed.

PCI process

Focusing the observation on a Level 3 practitioner for 30 minutes allowed us to make a detailed evaluation of how ET standards are embedded and sustained in both near- and post-accreditation settings. It also contributed to our understanding of how and how far ET was implemented throughout the Children's Centre. In early stage settings, the PCI observation enabled us to evaluate the practitioner's communicative skills and behaviour before or during the early stages of implementing ET.

The session observed was part of activities already planned for the day and consisted of a session identified by the Early Talk lead and the practitioner as language-rich. This could be, for example, in the book corner, story time, singing, puppet/story-telling activities, or dramatic/role play. Following the session, the practitioner was invited to discuss the activity and their interactions with children in a short interview, which also addressed the impact of ET through exploring the mediating and moderating factors which affected the interaction; the pedagogical and language practices the practitioner used; and their strategies for involving children with additional needs.

PCI observation tool

The tool draws from the following strategies which research has identified as contributing to supportive practitioner communicative behaviour in adult-child interactions:

- Speech, Language and Communication Framework (Communication Trust 2008);
- The Researching Effective Pedagogy in the Early Years (REPEY) Project (Siraj-Blatchford et al, 2002);
- I Can Early Talk competences;
- The Communication, Language and Literacy strand of the Early Years' Foundation Stage documents (2007).

Promoting language development

In their review of the literature, Dockrell et al. (2008: 21) identified a consensus of opinion around the adult input which promotes child language development: child-centred talk (relates to the child's activities and interests), semantically-contingent talk (refers to the content of what the child has said), and is "embedded in familiar interactive routines or scripts". The PCI tool addresses these elements in statements 4,8,10,12. They are also explored in the interviews with lead practitioners, the focus groups, and though the use of ALERT, based on ECERS-E and ECERS-R (see below).

Drawing on EYFS' advice for effective practitioners, the PCI tool evaluates how consistently practitioners:

- Model language;
- Encourage children to experiment with new words and sounds;
- Help children to expand on what they say;
- Show interest in how children describe their experiences;
- Use resources/props to support language development;
- Reinforce the use of more complex sentences;
- Talk to children about what they have been doing and help them to reflect on this;
- Take an interest in what children think and not just what they know.

(Adapted from *Practice Guidance for the Foundation Stage*, DfES 2007)

Language acquisition

Melhuish *et al* (2007) highlighted the increase in our knowledge of how young children acquire language and literacy and emphasised the need for language and literacy skills to be promoted to prevent SLC delay, particularly in disadvantaged children. Acknowledging that there is no clear distinction between 'normal', 'delayed' and 'disordered' language, the interview following the observation enabled the

researcher to explore themes arising from the PCI which may have triggered concerns about child language development.

Post-observation interview

The post-observation interview allowed the researcher to explore relevant issues in more depth with the practitioner. Moderating and mediating factors were discussed; strategies for children with SLCN were investigated and the depth of practitioner knowledge evaluated.

Parents' survey

This questionnaire survey was designed to be short and easy-to-read. It was sent electronically to the centre manager before the research visit so managers could gather the data before the visit if they chose. One setting requested an Urdu translation of the questionnaire, which was provided. However, the parents at this centre chose to complete the English version.

Parents were also invited opportunistically to complete the survey with the researcher when they dropped off or collected children. The target was for a minimum of four parents in each setting to complete the questionnaire, giving a minimum total of 60 completed surveys. At the conclusion of the data collection, a total of 62 questionnaires were received and analysed from 13 of the sample settings.

Questions were drawn from examples of best practice to promote parental involvement in SLC in Sure Start Children's Centres (DfES 2007b); Bercow's (2008) recommendations; and I Can's Accreditation Standards (2008). Thus, the survey contributed to our knowledge of how parents perceive the resources offered by the centre; and their understanding of SLC and specifically the impact of the I Can Early Talk programme.

Video

Five settings agreed to the video recording of a thirty minute activity and interviews with key staff members. The video recordings are made by a professional company and suitable for upload to a website. The video was used as a research tool for analysis, for triangulation purposes, and to create multimedia cases available online. They function as stand-alone artefacts and as ways of provoking interest in other outputs from the project. For each case, researchers produced a preliminary case report which we used to brief our partners at Soundhouse Media about the key issues and questions they need to probe to 'tell the story' of the case before they visit the settings to develop the case study. Finally, analysis of the video cases fed back as additional evidence into this report.

A Language-rich Environment Rating Tool (ALERT)

The ALERT aims to identify those resources and practices which contribute to the development of a language-rich environment for children aged 3-4 years in a children's centre.

We distinguished between the two different aspects of pedagogical quality represented in the pedagogical model adopted by REPEY (Siraj-Blatchford et al., 2002: 24) - namely 'pedagogical interactions' and 'pedagogical framing'. Where the Parent-Child Interaction tool (PCI) explored the pedagogical communicative interaction between the adult and the child, focusing on adult communicative behaviour, the ALERT explored the 'pedagogical framing' of the setting. This included the provision of materials, the arrangement of space, and the establishment of daily routines to support cooperation and the equitable use of resources. In conjunction with our internal steering group, we identified those aspects of the

learning environment, or ‘pedagogical framing’, which contributed to supporting children’s language development. Using the ALERT gave us an overview of the quality of the pedagogical framing of the learning environment in which the I Can Early Talk (ET) programme had been, or would be, implemented.

ALERT: the process

ALERT used relevant aspects of the ECERS-R (Harms, *et al*, 2005) and ECERS-E (Sylva *et al*. 2006) ratings tools as used in EPPE, REPEY and the Millennium Cohort Study. The ECERS-R tool consists of 43 items, organised into seven subscales and measuring features associated with both structure and process. Each item is scored on a scale ranging from one (inadequate) to seven (excellent). The ECERS-E scale was developed by the EPPE researchers to accompany the ECERS-R and to “provide an overall quality assessment of the curriculum and pedagogy which supports children’s early learning” (Sylva *et al*. 2006: 52). We used elements of these tools relevant to speech and language development because their widespread use and evaluation demonstrate that the scales have established reliability and validity coefficients and can provide nationally and internationally comparative data.

As the ECERS rating scales do not specifically focus on assessing speech, language and communication, to minimise impact on the settings and because of time constraints we restricted use to the following ECERS subscales which have specific relevance to this study.

Subscale ECERS-R	Indicator	Indicator	Indicator	Indicator	Indicator
Space & furnishings	5. Space for privacy	6. Child-related display			
Language-reasoning	15. Books & pictures	16. Encouraging communication.	17. Language to develop reasoning.	18. Informal language use	
Promoting acceptance of diversity	28. Promoting acceptance of diversity				
Interaction	29. Supervision of gross motor activities	30. General supervision.	32. Staff-child interactions.	33. Interaction among children	
Program structure	34. Schedule	35. Free play	36. Group time		
Subscale ECERS-E					
Literacy	1. Environmental print	2. Book & literacy areas.	3. Adult reading with children.	4. Sounds in words.	6. Talking & listening.
Diversity	1. Planning for individual needs and keeping records (re SLC).				

Adapted from Harms *et al* (2005) and Sylva *et al* (2006).

The above subscales also address areas highlighted in the I Can Accreditation Standards (supportive level) which characterised a language-rich environment as one which has:

- Some displays include items that invite comments from children
- Resources that are available for free play are easily reached by the children or easily within their line of vision
- Equipment that is available in boxes is clearly labelled with a picture or symbol
- The environment has well defined areas
- Quiet areas or areas used for story time are less visually distracting
- Outdoor play (if available) includes imaginative role play some of the time.

(I Can, 2008:14)

Law *et al* (2004) compared the ECERS ratings of the EPPE settings with those of two specialist I Can centres and found that on 7 of the 8 measures, the specialist I Can settings rated higher than the average settings in the EPPE study. Law *et al* (2004) were however unable to identify the specific active ingredients which make a difference to children. In a later study of the impact of the I Can ET programme (at supportive and enhanced levels) in two local authorities, Dockrell *et al* (2008) show that post-intervention settings made more gains on the ECERS rating scale than the non-intervention comparison settings, however these were not statistically significant, in part due to the small sample size of twelve settings. As the sample size for our research project consists of only 14 children's centres, our intention was to use the ECERS scales to add context and depth to our qualitative evaluation, rather than to seek statistical significance.

On the research visit, the researcher administered the above subscales of ECERS-R and ECERS-E and recorded the findings on the score sheet. This was then represented in graphic form on a profile sheet, allowing cross-case profiling during the data analysis. The tool was piloted and an assessment of inter-researcher reliability undertaken.

Local Authority interviews

LA interviewees were employed in a range of roles in a variety of locations across England; this supported gathering a wide range of perceptions of the ET programme, its location, role and mode of delivery within the LA. The interviewees described their professional affiliations as educational psychology (1), health-speech and language therapy services (1), health-children's services (1), children and young people's team (1) and early years' education (2).

Documentary evidence

The researchers collected documentary evidence to support the rating of the settings' environment. Although much of the documentary and contextual evidence used will be already in the public domain, where relevant, managers and/or ET lead practitioners were asked for examples of:

- Daily programme;
- Pedagogical documentation (planning, observations, record keeping and assessment, including ECERS/ITERS observations made by the practitioners, if undertaken);
- Ofsted self-evaluation form and SLC policies;
- Literature/resources for parents, particularly if this relates to SLC;
- Any existing self-audit, e.g. for ET or ECAT;
- Details of any SLC intervention in the previous 24 months (eg Hanen);

- Staff participant qualifications (with consent);
- An overall view of the EYFS profile of 3-4 year-olds in relation to the EYFS section on Communication, Language and Literacy;
- Any register of children with English as an Additional Language (EAL), children with a specific SLC need, children with a statement of special needs.

The documentary data was searched for evidence of the emphasis, implementation and primacy of SLC in the centre's literature.

Appendix 3. Interview schedules and other research instruments

These tools were adapted for use in Stage 3 settings which had not been formally involved in ET.

A3.1 Telephone interview with LA strategic lead

Confirm that all answers will be treated in the strictest confidence and no names of children, staff or settings will ever be used in the research.

Introduce yourself and research.

Note name and role of interviewee.

Check if a good time for a conversation about the implementation of the I Can ET programme. If not arrange a follow-up time

1. How are SLC needs addressed across the LA?

Probes: needs analysis of SaLTs.

Monitoring of all children / children with SLCN.

Register of SLCN.

Has the LA appointed a lead for SLC, if so, in Children's Trust/PCT/education.

2. Strategically, how does (I Can) Early Talk fit with your vision for early years speech and language development for the authority?

Probes: Does it play a role in meeting Bercow recommendations; fits with CPD policy; addresses SLC needs; other.

3. Who commissioned the Early Talk programme?

Probe: Education / health / joint commissioning.

Challenges of cross-agency delivery: geographical boundaries for health may not cohere with children's centre/school catchment areas.

4. How is Early Talk rolled out across the LA?

Probe: Are specific centres prioritised for ET: if so, why? (increase in children with SEN, or EAL). Or is it first come, first served?

Model used for roll-out: cascade/cohort. Reasons for using this model.

5. What is the role of the LA in supporting Early Talk?

Probes: mentoring, advisers, accreditors. Strengths & weaknesses of mentoring approach.

Is the ET programme likely to be maintained across the LA.

How does supporting I Can fit into wider CPD strategy.

6. How do you rate the support provided by I Can?

Probes: initial training / mentoring / accreditation / follow-on.

Any evidence of impact of ET on settings.

7. How does the ET programme fit with other initiatives such as ECAT [Every Child A Talker]?

Probes: strategies for ET and for ECAT.

Why I Can? Differences between the roll-out of programmes: benefits/challenges.

A similar schedule was used to interview the operational leads in LAs.

A3.2 Phone call to manager (near/post accreditation settings)

Confirm that all answers will be treated in the strictest confidence and no names of children, staff or settings will ever be used in the research. Confirm that the manager is happy for the interview to be voice recorded.

Introduce yourself and project

Establish proposed lead for I Can ET - name, contact details (phone and email), role in setting and availability

Have there been any major changes in staffing since implementing ET (e.g. Lead moving on)

Strategy

1. Has implementing ET had an impact on practice in the centre? Has it had any ramifications beyond it?

Probes: How does it fit the vision for the centre? Is SLC a priority (in centre or LA)? What are your future plans relating to SLC?

2. What strategic issues and challenges have you faced in working with both health and education to promote SLC?

Probes: Who commissioned ET? (PCT/education/joint).

Leadership/implementation of ET

3. How is/was ET funded in setting?

Probes: any further resources funded by LA?

Sustainability

4. What are your specific CPD needs relating to SLC?

Probes: Child needs (e.g. increase in SLCN); staff needs (e.g. extending language); Ofsted or other recommendations.

5. How did the I Can annual review go (if relevant)?

Probes: actions needed / challenges to maintaining SLC focus and good practice.

6. How much SLT support does your centre receive?

Probes: Does current SLT provision meet centre your needs? SLT or assistant? length of referral time?

A3.3 Learning conversation with Early Talk lead practitioner/ teacher in Children's Centre

Before visit ask for:

- All I Can documentation to be laid out on long table e.g. training pack, wall chart, handouts, activity sheets, work books, portfolio, accreditation if appropriate, annual I Can review documents and any action plan, in roughly chronological order.
(NB. Some centres may use non-I Can training materials which are accredited by I Can.)
- Examples of planning documents(s) for activities involving promoting SLC
- Copies (to take away) of a planning document for SLC, example of evaluation of needs/progress e.g. EYFS profile
- Any monitoring of SEN which included SLC/N
- Baseline data e.g. ECAT or ET audit of needs, inspection reports detailing SCLN
- SLC literature for parents
- Policy documents the lead feels relevant

Introduction

Introduce yourself and the purpose of this conversation which will use the documents to help them talk you through the ET implementation and accreditation process chronologically. I Can and other documents as a stimulus..

Confirm that all answers will be treated in the strictest confidence and no names of children, staff or settings will ever be used in the research. Confirm that the Lead is happy for the interview to be voice recorded.

Ask about:

Lead

Role of lead in CC

Age range

Ethnic group

Experience working with children under 5

Highest qualifications

Setting

No of children in setting

No of children 3-4 years in setting

Other SLC interventions undertaken in previous 12 months in CC (e.g. Hanen, ECAT, other)

Engagement

1. Who undertook the I Can Early Talk training?

Probes: One person & cascade model or whole cohort

Was it enjoyable/engaging/practical?

How did staff react?

What challenges did you face?

Has SLC become a priority (moderating & mediating factors).

Why did you get involved in ET?

(LA/EY adviser/ manager/ increase in children with SLC/N, EAL, SEN.)

2. What the role did mentors play in ET?

Probes: LA or I Can?

How did the mentor encourage you to develop your learning & skills?

How accessible was the mentor e.g. timing & frequency of visits/ feedback

3. What did the mentoring look like?

Probes: talking through/modelling/feedback/observations/seminars.

How were staff included in mentoring process? Do/did they feel ownership of ET?

Framing the pedagogy

4. Have you made changes to the setting's environment in connection with ET?

Probes: Have changes been maintained e.g. language rich displays, labelling of resources? How easy has it been to maintain momentum?

Have parents/visitors noticed any changes? How are new staff informed?

Have you made any changes to the structure/routine of the day to increase language activities?

N.B. Good practice suggests settings should have a definite structure to the day, adult support for all activities, small group work to support language development and a balance between child and practitioner initiated activities.

5. How have children reacted to any changes you have made to make the setting a more language-rich environment? (eg displays, labelling, books)?

Probes: Changes to displays, labelling, books

Are children involved in displaying their work?

If so, how?

6. Have you made any changes to the curriculum in connection with ET?

Probes: focus on language & communication elements of EYFS.

Ask for practical examples of change: who implemented it.

Ask about challenges/barriers to effecting change in this area.

Interaction

7. How is good language practice promoted among staff?

Probes: Do you include all staff e.g. kitchen staff, new practitioners? How?

How have you used CPD to promote good practice? (in-house or external; talks/seminars/peer observations or support).

N.B. See TALK framework in observation schedule for list of language supportive behaviours.

8. What opportunities are there for professional development here?

Probes: internet, journals, seminars, planned discussion, peer modelling & observation.

9. Have you seen evidence of a change in children's communicative behaviour since implementation of ET?

Probe: use examples from portfolio to guide discussion and to draw out other examples.

Parents

10. How do you involve parents in their children's SLC development?

Probes: what literature goes home? (ask for copies)

How are parents supported to develop good language practice? Who supports them?

SLCN

11. Can you talk me through what happens if a practitioner or parent raises concerns about a child's SLC development?

Probes: How are parents informed? (ask to see referral forms or literature).

Is an assessment tool used? If so, ask where it comes from and for a copies

Are staff more aware now of developmental differences in children e.g. delay, disability in SLC?

How do you evidence this?

How often does SaLT visit? (ease of referral, waiting times).

What are the challenges of getting health & education to work together?

How have you overcome them?

12. Have you noticed any changes in identifiable outcomes for children since the accreditation of ET?

Probes: EYFS profile; monitoring of all children for SLC; referrals; register of SLC/N.

Benefits for children: language use at home/in setting.

Is this related to ET? How do you know?

What are the mediating and moderating factors?

<p>N.B. If they mention 'confidence', probe for 'confidence to do what'?. Ask for concrete examples.</p>

Again, this schedule was adapted for Stage 3 settings.

A3.4 Practitioner focus group

Target group

Range of 6 practitioners and, in ET accredited settings, support staff

Stimulus

Before the focus group, bring photographs (or other materials) with you or take photos of areas that you judge to be high and low on the ECERS scale. Use these to stimulate discussion.

Confirm that the discussion will be treated in the strictest confidence and no names of children, staff or settings will ever be used in the research. Confirm that the group members are happy to be voice recorded.

Ask each participant to write their age, highest qualifications, and role on a post-it to be collected at the end.

1. Environment (5-6 mins)

[Using stimulus] How have you tried to create a language-rich environment to help develop children's language in your centre?

Probes: links between language & development; non-verbal communication; child-led interactions.

2. Parents and support (5-6 mins)

What do parents do to support children's language development?

Probes: what are the challenges and how do you deal with them? How do you manage cultural differences? How do you identify language delay/disability, especially in children with EAL?

How many of you have raised concerns about a child's speech and language development?

Probes: How confident were you that there was a genuine concern?

What did the concern relate to (Delay/disability/EAL) and to whom did you raise it?

What happened then? (Assessment, referral to whom?)

How long did this take and what support did you receive subsequently?

Near or post-accreditation centres only

What role did (does/could) the I Can ET programme play in this?

Probes: how are parents made welcome (including children with SEN & EAL)?

How is information made available to all parents (literacy/language etc)?

What are the moderating & mediating factors?

Early stage centres only

What sort of support do you anticipate receiving from I Can to help in the early identification of SLCN?

Probes: Knowledge/skills/referral procedures/awareness.

What is priority knowledge/skills/support for group to receive from I Can?

3. CPD (all centres) (5-6 mins)

Have you seen in the media that children's language is poor when they start school?

Is that an issue among children in your centre?

Probes: How much emphasis/training is put on CPD for SLC in your centre?

What CPD have you undertaken (training/seminars/discussion/peer modelling & observations/ review & planning)?

Is the CPD related to the ET programme (Who initiated it: Lead/SaLT/manager/self).

What inhibits further CPD (Time/funding/lack of interest/accessibility).

Post-accreditation settings only:

- What do you feel are the most important changes which have been maintained following ET.

Probes: have changes been maintained.

Challenges to embedding practice.

Examples of documents showing changes eg literature accompanying transition to school/literature for parents/assessment of all children for SLC.

4. Impact

Has Early Talk had any impact in your centre on:

- Knowledge
- Behaviour
- Skills
- Outcomes for children

If members talk about being more confident, probe about the confidence *to do what exactly* (concrete examples needed) and what the 'next step' would be.

A3.5 PCI

Setting code:

Researcher:

Date:

The 30 minute observation may be of any sustained activities which are potentially language-rich eg story-making, singing, puppets, imaginary or dramatic play.

	Practitioner behaviour	Consistently seen	Some evidence	Not Seen	Comments
1	Good eye contact maintained				
2	How & why questions used				
3	Less talkative children included; turn-taking encouraged				
4	Uses child's name, draws attention of child				
5	Listens/waits for child's response (i)				
6	Extends/develops child's thinking				
7	Child listening skills and non-verbal communication praised				
8	Values child (ii)				
9	Language linked with written word (iii)				
10	Understanding checked				
11	New vocab. reinforced/key phrases emphasised				
12	Comments on what is happening (iv)				
13	Models correct use of words (v)				
14	Resources used to extend language (vi)				

Notes

1. When a practitioner asks a question of a child, I Can recommend that 7 seconds is allowed for a response. You are not expected to time the response but to gain a feel for whether the practitioner is allowing the child time to respond in his/her own way without being hurried.
2. Adult values child e.g. uses name frequently/shows pleasure with child/praises language skills/asks about home life.
3. Language is linked with, for example, written word, or picture/display pointed out.
4. Adult comments on what is happening (child 'bucket'. Adult 'yes, you've got the red bucket'.
5. Practitioner models correct use of word (e.g. child says 'me wented to nan's'. Adult responds 'so you went to nan's house, did you and what did you do there').
6. Adults uses signs, symbols, gestures, props etc to extend/develop/reinforce language and understanding.

Guidance

1. The observation tool is designed to look for evidence of good practice in practitioner communicative behaviour as evidenced by the REPEY report, the I Can Accreditation Standards, and the Speech, Language and Communication Framework.
2. The PCI tool is intended to act as a stimulus for the post-observation feedback interview so it is important to emphasise to the practitioner that it is NOT about inspecting practice or the practitioner.
3. The observation should be planned in advance with the practitioner and should include pedagogical activities which the practitioner perceives as opportunities for language enhancement.
4. The PCI tool is based on the TALK acrostic from the I Can training manual:
 - Talking together;
 - Listening and attention;
 - Level of language;
 - Keep on commenting.
5. The 30 min observation may consist of more than one activity; it is important that you gain a feel for the consistency of the practitioners' communicative behaviour.
6. The comments column may be used to give examples of evidence or to support further explanation; for example, if a behaviour is not seen, this may be because it is not appropriate to the particular activity, or it may be because the practitioner is unaware for the need for the behaviour. You may wish to give examples of behaviours which run counter to good practice in the comments' column as well as examples of good practice.

A3.6 Post-observation interview: Level 3 practitioner

Confirm that all answers will be treated in the strictest confidence and no names of children, staff or settings will ever be used in the research. Confirm that the practitioner is happy for the interview to be voice recorded.

1. How typical was the activity/interaction?

Probes: interruptions, changes to usual format, challenges.

2. Was the session planned for a specific purpose?

Probe: to encourage a shy child to participate/ to support a specific child / to develop a specific skill.

Time available for planning and review (especially EYFS component 'language, communication and literacy').

Are there daily routines for language activities e.g. story time, singing, imaginative play (in & outdoors), etc. Have these changed since ET.

3. [If appropriate] What would the session have looked like if a child had communication problems?

Probes: signs of ASD or other communication disorders.

What strategies would you use to support children with language impairment?

How difficult is it to promote SLC? How do you support shy children and children with EAL? Ask for concrete examples.

Focus on the areas of most and least ticks on observation schedule

4. What are you looking for in terms of talking together/listening & attention/ language level/keep on commenting?

Probe: practitioner awareness of supporting language development of all children.

How would practitioner know when to raise concerns over SLC development.

What is next step for practitioner if concerned (assessment procedures /knowledge of SaLT, SENCO, other).

Have you ever had a parent raise concerns with you over a child's speech and language development (what did you do? If post ET accreditation, would you do it any differently now?).

If ET programme near completion or post-accreditation:

5. How has ET changed your ideas and your practice?

Probes: What supported the change (specific training / general focus of setting/ modelling of good practice / ET training materials/ portfolio development.

How will any change be maintained (mediating & moderating factors eg staff changes / resourcing / time factors / loss of impetus).

A3.7 Survey of parents/carers of children aged 3-4

Setting:

Date:

1. What information does your child's nursery provide about speech and language development?

- Advice leaflets Bookstart Early years library
 DVDs about communication Courses for parents Song/action rhyme sessions
 Storytelling Other (please specify):

2. If you have received any information about children's speech and language development from you child's nursery, was it accessible and easy to understand?

- Yes No Haven't received any information

3. Have you ever got information about children's speech and language development from anywhere else?

- Yes No

3a. If Yes, where did you get it?

- Doctor/Nurse Health visitor Internet TV
 Books Other (please specify):

4. Has your health visitor or nursery staff ever discussed with you how to promote speech and language with your child/children at home?

- Yes No

4a. If Yes, what did you change as a result?

5. Have you noticed any changes in the ways the nursery promotes speech and language with children in the last year or so?

- Yes No

5a. If Yes, how has your child benefitted?

6. Have you heard of the I Can Early Talk Programme?

Yes No

6a. If Yes, what have you heard and where did you hear it?

IN CENTRES NEARING OR POST ACCREDITATION ONLY:

7. Have you been involved in the Early Talk programme in any way?

Yes No

Did your child attend the nursery while it was being accredited?

Were you involved in Early Talk as a parent?

Can you give any examples of the ways in which your child has benefitted from the nursery's focus on language development following its involvement in Early Talk?

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