Part 3

Policy and development

9. WellComm and the educational context

Since the WellComm Toolkit was first published in 2010, there have been a number of important changes to the educational and political landscape. This chapter aims to provide an overview of these changes and show how WellComm can fulfil the requirements of these new initiatives.

Social disadvantage

Epidemiological data on children aged about 5 years indicate that around 7 per cent have speech, language and communication needs (SLCN) (Tomblin et al, 1997). Small-scale studies in very socially disadvantaged areas have suggested that around 50 per cent of children in these areas may have significant language delays (Locke et al, 2002; Law et al, 2011).

The research literature provides considerable evidence for the view that the way parents talk to children, and the way they give children opportunities to talk, heavily influences children's early language development – the richer the opportunities provided the faster language develops – and that the levels of stimulation tend to be lower in more disadvantaged families. A child's communication environment (including the number of books available, trips to the library, parents teaching a range of activities and the number of toys available) is the most important predictor of language development at age 2 (Roulstone et al, 2011).

The Better Communication Research Project (BCRP), a three-year research programme funded by the Department for Education, was commissioned as part of the Better Communication action plan – the government's response to the 2008 Bercow Report. The BCRP stated that schools and services should systematically collect evidence of children and young people's outcomes.

Building on the findings of the BCRP, the All Party Parliamentary Group (APPG) on Speech and Language Difficulties published a report on *The links between speech, language and communication needs and social disadvantage*. This report examined the evidence of the influence of SLCN among children on their chances of poor social and economic outcomes in later life. Amongst the APPG's many recommendations were:

- Children from the most disadvantaged backgrounds should receive additional support in the early years to ensure they have a secure foundation for language and literacy development;
- Provision for pupils with SLCN should reflect their likely need for support to develop peer relationships and pro-social skills and their increased risk of emotional problems;
- Monitoring of these pupils should reflect these domains as well as language and attainment;
- Children's responses to good oral language learning environments should be regularly monitored by practitioners so that, when additional support is needed, it can be provided in an appropriate and timely way;
- Interventions for children with SLCN that are adopted at service level should be underpinned

by evidence of their effectiveness and should fit together into a coherent evidence-based model of service delivery;

- There should be joint commissioning by, and effective collaboration between, education, health and social care services for children with communication difficulties;
- Health and wellbeing boards should be given the task of developing a coherent approach to monitoring and responding to the signals of child development so that they can then provide integrated interagency guidance at local level.

The WellComm Toolkit is strongly supportive of many of these recommendations:

- It collates data on a child's level of language development and can track progress.
- It is an invaluable tool in identifying children who may need additional support in order to be 'school-ready' and then also may need on-going support in school in order to reach their potential.

Pupil Premium

In 2011, the 'Pupil Premium' was introduced – a £625m government grant paid direct to publicly funded schools equating to £400 a year for each disadvantaged child. The main measures of deprivation were pupils eligible for free school meals and looked-after pupils. Deprivation remains strongly associated with poorer performance on average at every key stage where poverty is the best indicator of a child's success. The impact of deprivation on cognitive and educational measures is apparent from an early age, and is cumulative (DfE, 2010).

The aim of this funding was to help raise the attainment of disadvantaged pupils from Reception to Year 11, and to close the gap between these pupils and their peers. Schools are best placed and free to choose what additional provision their pupils need, but are held accountable for the impact of the funding. Schools are obliged to publish details on their website as to how the funding has been spent and the effect the funding has made on the attainment of these pupils. Progress in the basics at primary and secondary level are also reported on via performance tables.

For 2015–2016, funding for the pupil premium will increase to £2.545 billion. Schools will receive £1,320 per pupil of primary-school age and £1,900 per looked-after pupil.

Early Years Pupil Premium

Introduced in April 2015, the 'Early Years Pupil Premium' (EYPP) is a government grant to schools and early years setting to support disadvantaged 3- and 4-year-olds. Each child attracts £300 in funding to help close the attainment gap by the time these pupils start school.

The EYPP marks an important first step towards targeted support for disadvantaged children. Used effectively, it can support both the development of children's early language and communication skills and improve early identification and intervention for those children with SLCN – both of which

could help minimise the need for longer-term, costly support and intervention. Evidence repeatedly shows that significantly delayed speech, language and communication skills and SLCN are over-represented in the groups of children who are likely to be eligible for the EYPP. In some areas of deprivation, up to 50 per cent of children are starting school without reaching the expected speech, language and communication milestones for their age. (Lee 2012; Waldfogel and Washbrook, 2010).

It is therefore clear that early identification and intervention for speech, language and communication is vital, and has been proven to work: with the right support at the right time, children with delayed language can catch up. Evidence also shows that for many children who do not receive timely support, their needs persist and in some cases get worse. (Goswami and Bryant, 2007; Eastman 2011).

The WellComm Toolkit is ideal for use with both the Pupil Premium and the Early Years Pupil Premium. It can be used to screen children for speech and language difficulties and most importantly, can demonstrate progress once interventions have been implemented, as required by Ofsted. WellComm also provides an array of resources that enable the delivery of appropriate bespoke and focused interventions.

School readiness

There are many skills that a child needs to develop in order for them to be 'ready' to start school: emotional maturity, concentration and attention skills, motor skills, independences. Also important are the child's speech and language skills:

- Language development at the age of two is a strong predictor of children's 'school readiness' at age four – as measured by their scores on baseline assessments covering language, reading, maths and writing (Roulstone et al, 2011).
- Early speech, language and communication difficulties are a very significant predictor of later literacy difficulties (Snowling et al, 2010).
- A study using data from a UK birth cohort of 17,196 children, following them from school entry to adulthood, found that, even after adjustment for a range of other factors, vocabulary difficulties at age 5 are significantly associated with poor literacy, mental health and employment outcomes at age 34 (Law et al, 2009).
- Vocabulary at age 5 is a very strong predictor of the qualifications achieved at school leaving age and beyond (Feinstein and Duckworth, 2006).

The Tickell Review

The Tickell review of the Early Years Foundation Stage (Tickell, 2011) showed that by the time children start school, important opportunities to identify their needs may have already been missed. These needs have to be identified and addressed before the child starts school in order for them to achieve their full potential in life. The review described the recommendations made in

the Allen report (Allen, 2011), such as the need for investment in early intervention, to prevent the most vulnerable children becoming adults who struggle to participate in society. The Tickell review included the following recommendations, which have been taken up by the government and are of particular relevance to the development of language:

- That communication and language should be one of three prime areas of learning in the Early Years Foundation Stage (EYFS);
- That practitioners should be required to provide to parents and carers, when their child is between 24–36 months, a short written summary of his/her development in the prime areas. The purpose of this report is to enable better links between practitioners and other professionals, in particular health visitors, and allow parents to raise any concerns early rather than waiting until their child goes to reception class when crucial opportunities to provide extra support might already have been missed.
- That the government should work with experts and services to test the feasibility of a single integrated review of a child's development at age 2 to 2½ years.

The WellComm Toolkit can address these points as it provides the opportunity to:

- Identify areas of concern in language, communication and interaction development;
- Track the progress of all children;
- Monitor the success of strategies used to enhance communication skills;
- Facilitate collaborative working.

WellComm identifies children who may have SLCN: by identifying these children early, targeted input can be put in place to address these needs and try to prevent the children from having lifelong communication needs.

Healthy Child Programme

Introduced in 2009, the Healthy Child Programme (HCP) is the early intervention and prevention public health programme that lies at the heart of our universal service for children and families. At a crucial stage of life, the HCP's universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes.

Amongst other important objectives, the HCP aims to:

- Identify problems in children's health and development (for example, learning difficulties) and safety (for example, parental neglect), so that they can get help with their problems as early as possible;
- Identify and help children with problems that might affect their chances later in life;
- Make sure children are prepared for school.

The HCP includes a detailed schedule for care during pregnancy and at each stage in a child's life. It contains core universal recommendations, along with additional preventative elements for children with risk factors. 'Health and development reviews' are a key and universal feature of the HCP, intended for all children at key stages in their development, but with particular focus on the age between 2–2½ years. The core purpose of a 'health and development review' is to:

- Assess family strengths, needs and risks;
- Give mothers and fathers the opportunity to discuss their concerns and aspirations;
- Assess growth and development;
- Detect abnormalities.

One of the HCP's core functions is to recognise disability and developmental delay. This includes a responsibility to provide information, support, referral and notification to others, and in particular there is a duty to inform the local education authority if it is suspected that a child may have special educational needs. Practitioners carrying out the HCP 'health and development reviews' are expected to have knowledge and understanding of child development, and of the factors that influence health and wellbeing. They need to be able to recognise the range of normal development.

Language development is one of the key areas assessed in a 'health and development review' (alongside social, emotional and behavioural development). The WellComm Toolkit can be a vital tool to ensure that children with SLCN are identified at this early age, and that the small minority of children who require either limited or intensive intervention, receive the relevant support and monitoring they need (including specialist referral). WellComm can also be used to support a practitioners' evaluation of the range of 'normal development'.

The Revised Early Years Foundation Stage

The Early Years Foundation Stage (EYFS) curriculum is based on the recognition that children learn best through play and active learning. The emphasis on fun and active learning through play, while also having well-planned and structured activities, is key to the WellComm philosophy.

Made statutory in 2008 and revised in 2014, the EYFS:

- Is part of the National Curriculum;
- Describes the stage of education for children from birth to the end of Reception Year;
- Is delivered across all settings from nurseries to child-minders' own homes;
- Is organised into six areas of learning;
- Sets out the most important knowledge and skills that every child has a right to learn;
- Creates a distinct, coherent phase for all children aged 0–5 years;

- Highlights the importance, from birth, of the role of parents, carers and early years practitioners;
- Offers an overview of child development, which is reflected in the WellComm approach;
- Recognises that children learn best through play and active learning;
- Emphasises fun alongside well-planned and structured activities.

Assessment within the revised EYFS

Within the revised EYFS, there is a strong focus on the early identification of children's additional needs through the requirement for providers to give parents a written summary of their child's progress between the age of 2 and 3. This 'progress check' is designed to enable better links between early years practitioners and other professionals, in particular health visitors, and allow parents to raise any concerns early rather than waiting until their child goes to reception class when crucial opportunities to provide extra support might already have been missed. Where possible, the 'progress check' and the HCP's 'health and development review' should inform each other and support integrated working. By working together, health and education professionals will be able to identify a child's strengths as well as any developmental delay and provide support from which they think the child might benefit.

Baseline assessment for school entry

Published in 2014, the Department for Education proposed their plans on Reforming assessment and accountability for primary schools by seeking to recognise the good progress that schools make with children from a low starting point. The focus of these proposals was not only on the attainment of pupils, but also on the progress they can make within a school. The principles include:

- Schools should have the freedom to decide how to teach their curriculum and how to track progress that pupils make;
- Both summative teacher assessment and external testing are important.

A new floor standard is planned, which will be based on the progress made by pupils from Reception to the end of primary school. This will be underpinned by a new 'baseline assessment' in Reception that will capture a school's starting point from which progress will be measured. It sets a challenging aspiration that 85 per cent of children should achieve the new expected standard by the end of school.

For the baseline assessment, schools will be able to choose from a range of assessment approaches approved by the Department for Education. These assessments should sit within the other assessments that teachers make of children during reception, including home visits, observations and more structured testing. All approved baseline schemes will provide assessments linked to the requirements of the EYFS in three areas of learning and development: communication and language, literacy and numeracy.

Within this context, the WellComm Toolkit fits centrally in a number of ways:

- It allows nursery settings to boost children's performance before the baseline assessment is done at Reception.
- For children who score weakly on the baseline assessment for communication and language, further screening and intervention can be done using WellComm and *The Big Book of Ideas*.
- *The Big Book of Ideas* can act as a stand-alone intervention package, without need for additional screening.

The Government's ambition is that, by the age of 5, every child will be ready for success in school, having the confidence and communication skills to access the primary curriculum. The WellComm Toolkit is an excellent resource for making this aspiration a reality. It is ideally suited to form part of the framework needed to create a universal early years system, with a fresh impetus on improving quality, supporting parents and providing help earlier to those who need it most.

EYFS principles

The key EYFS principles that guide the work of all practitioners are grouped into four distinct but complementary themes, which WellComm fully endorses.

i. A unique child

Babies and children develop in individual ways and at varying rates. Every area of development – physical, cognitive, linguistic, spiritual, social and emotional – is equally important. Babies and children develop their competence in communicating through having frequent, enjoyable interactions with other people, in contexts that they understand. Children learn to communicate in many ways, not just by talking, but also in non-verbal ways such as gestures, facial expressions and gaze direction, in drawing, writing and singing, and through dance, music and drama.

ii. Positive relationships

Parents are acknowledged as children's first and most enduring educators. Within this, communication is key. All communication is important, including gesture, signing and body language. Thus, babies, very young children and those with speech or other developmental delay or disability may not say anything verbally, though they may communicate a great deal in other ways. Talking with children may take place in English or in their home language, in signing or through body language and gesture. However, whatever form of communication is used, children need space and time to respond and to know that the practitioner is giving full attention and encouragement to their thinking.

iii. Enabling environments

The learning environment needs to be a rich and varied environment that fully supports children's learning and development.

iv. Learning and development

The EYFS is made up of six areas of learning and development:

1. Personal, social and emotional development
2. Communication, language and literacy*
3. Problem-solving, reasoning and numeracy
4. Knowledge and understanding of the world
5. Creative development
6. Physical development

*Language for communication is about how children become communicators by learning to listen, using language for thinking and becoming literate. To become skilful communicators, babies and young children need to be with people with whom they have warm and loving relationships, such as their parent/s and, in a group situation, a key person whom they know and trust. It is also acknowledged that as children develop speaking and listening skills they build the foundations for literacy, for making sense of visual and verbal signs and, ultimately, for reading and writing, problem-solving, reasoning and numeracy.

During this phase of education, monitoring and assessment are inextricably linked with teaching and learning. By closely linking screening to activities for teaching and learning, as outlined in *The Big Book of Ideas*, WellComm mirrors this crucial symbiotic relationship and ensures that the two are always linked.

The WellComm Toolkit also allows practitioners to develop highly appropriate and structured learning goals, for each individual child, which cover all the language areas of the EYFS. This is not just communication, language and literacy, but also includes, for example, knowledge and understanding of the world, social and mathematical development.

Language is a crucial medium for both teaching and learning, and, as such, it cannot be divorced from any of the areas covered during the EYFS. *The Big Book of Ideas* particularly promotes learning in the areas of language, communication and thinking and literacy but also takes a much broader, step-by-step approach to the development of language and communication.

The EYFS identifies the core skill of listening, for example, as being essential for the rest of the child's school life. WellComm too focuses on the ability to listen and engage first and foremost and then to complete a task as the programme develops. There are also activities specifically designed to teach attention and listening skills, which are learned behaviours. *The Big Book of Ideas* guides practitioners through the steps and stages involved, from the earliest level. These activities benefit all children, not just those with communication needs.

Similarities and differences between WellComm and the Early Years Foundation Stage

The EYFS is divided into five broad and overlapping age bands:

- Birth–11 months: Children are learning from the moment of birth. Even before their first words they find out a lot about language by hearing people talking and are especially interested when it involves themselves and their daily lives.
- 8–20 months: Building on their communication skills, children now begin to develop a sense of self and are more able to express their needs and feelings. Alongside non-verbal communication children learn a few simple words for everyday things and people. With encouragement and plenty of interaction with carers, children's communication skills grow and their vocabulary expands very rapidly during this period.
- 16–26 months: Pretend play helps children to learn about a range of possibilities. Adults are an important source of security and comfort.
- 22–36 months: In this phase, children's language is developing rapidly and many are beginning to put sentences together. Joining in conversations with children is an important way for children to learn new things and to begin to think about past, present and future.
- 30–50 months: Children's language is now much more complex, as many become adept at using longer sentences. Conversations with adults become a more important source of information, guidance and reassurance.

As can be seen, these five overlapping bands are quite broad and wide-ranging. In contrast, WellComm is much more focused on how communication develops. While closely following the developmental progression, it ensures that language development is examined in much finer detail. This ensures that the progress of each individual child can be closely monitored and tracked. It also ensures that the unique learning path of each individual is evaluated.

There are nine age bandings within the WellComm screening tool, which allow practitioners to make more specific observations about a child's communication development:

- Section 1: 6–11 months
- Section 2: 12–17 months
- Section 3: 18–23 months
- Section 4: 24–29 months
- Section 5: 30–35 months
- Section 6: 36–41 months
- Section 7: 42–47 months
- Section 8: 48–59 months
- Section 9: 60–72 months

Each section is also reflective of the general trends within the development of language as it is acknowledged that every child is a unique individual. For example, Section 4 represents five months

of development in terms of chronological age, whereas Section 8 represents 11 months. This reflects current research into how children develop their early language skills. This trend is indicated irrespective of first language.

Children at the very earliest stages of language development follow a recognised and systematic path to the establishment of effective use of language and communication skills, no matter which language they are learning. Many studies have looked at the way that children learn language and the relative order in which things are acquired in normally developing children. Whilst there are no absolutes, there are certain patterns – a pathway, along which most children travel. This applies across all languages and is the usual way that children are assessed as to their linguistic competency.

Each stage that WellComm screens is thoroughly researched to show that it contains the key elements that children need for language development to be considered to be within the normal range for their age. WellComm demonstrates an ordinal scale, implying a hierarchical relationship between achievements at different levels. In line with the work of Uzgiris and Hunt (1975), 'the achievements of the higher level do not incidentally follow, but are intrinsically derived from those at the preceding level and encompass them within the higher level'.

Accurate decision making

By dividing areas of language development into much smaller steps, more accurate decision-making can take place. *The Big Book of Ideas* also reflects the finely graded approach that young children need. The WellComm Toolkit has been used very successfully within inclusive settings: for example *The Big Book of Ideas* contains suggestions for how an activity can be made easier ('Step Down') and more difficult ('Step Up'), which ensures that all children can use WellComm, including those with a wide range of learning difficulties and special educational needs. Practitioners can easily differentiate activities for groups with diverse needs. The WellComm strategies and activities can be used across the whole of the EYFS.

There are several significant strands that unfold throughout the WellComm approach, one of which is the development of key language concepts. WellComm guides practitioners to help children achieve their early learning goals by providing structured teaching of the key linguistic concepts (see Chapter 8, 'Developing crucial language skills'). This strand, for example, helps children build up to the point where they have developed all the foundations that they need to thrive in between the ages of 5 and 7 by giving them a sound language foundation on which to build.

Legislation and guidance

The revised SEND Code of Practice 2014 and the Children and Families Act (2014)

The SEND Code of Practice was reformed as part of the Children and Families Act (2014). The significant changes it made to the support available for children and young people with special educational needs (SEN) will have a number of implications for maintained schools and academies in England. The guidance is now relevant for children and young people up to the age of 25. The reforms are intended to give pupils with SEN and their parents a greater say over their provision and will make teachers and schools more accountable for their progress. Requirements for schools' provision for pupils with SEN include:

- Replacing School Action and School Action Plus with a new system called SEN support, a graduated approach to identifying and meeting SEN;
- For children with more complex needs, replacing the SEN Statement and Learning Difficulty Assessments with an Education, Health and Care (EHC) Plan;
- Making teaching more personalised to increase its impact on pupils with SEN;
- Requiring schools to have clear systems for identifying, assessing, monitoring and implementing SEN support;
- Requiring schools to engage with parents to agree the support to be put in place for their child and to review its impact.

The EHC Plan will describe the young person's needs, the provision required and the suitable educational placement. It will apply for those in further education and training, and for some up to the age of 25. Young people and parents of children with an EHC plan will be able to hold a personal budget to buy in the support identified for some elements of the Plan, giving them greater control over how the money is spent. This should come from the high-needs funding block rather than the school's SEN budget.

Local authorities will be required to publish a Local Offer, outlining details of the provision available in their area across education, health and social care for children and young people who have SEN or are disabled. This should also detail arrangements in place regarding:

- Consulting with their parents;
- Assessing and reviewing their progress;
- Evaluating the effectiveness of provision;
- Supporting their emotional, mental and social development, including arrangements for listening to their views and measures to prevent bullying.

Differentiation and tracking progress

The new Code is part of a culture shift where teachers will be responsible for the teaching and learning of all children, which will be reflected in their performance management; they will be involved in the assessment, planning and implementing of teaching plans for SEN children alongside the SENCO, rather than the SENCO managing such activities. Teachers will also be required to meet termly with parents of pupils with SEN. The concept of 'differentiation' is important here – schools need to ensure that their teaching plans are appropriate to the skills of all pupils.

There is also emphasis within the Code on:

- Ensuring that support for pupils is both appropriate and measurable;

- Demonstrating that teaching is making a difference;
- Tracking progress to measure the impact of interventions.

The WellComm Toolkit actively promotes differentiation in the use of 'steps up' and 'steps down' in *The Big Book of Ideas*: detailed guidance and suggestions on how to make the intervention activities easier or more difficult as appropriate to pupils' needs. Through the WellComm Digital Reporting Package, WellComm can also be used to regularly monitor and track progress pupils make – across both terms and whole year groups.

The Sure Start Children's Centres Guidance

The *Sure Start Children's Centres Statutory Guidance* highlights the centrality of speech and language development and emphasises how crucial the early years are for language acquisition, particularly the substantial contribution of the first three years to children's development of key language skills by the time they reach early childhood. The guidance was revised in 2013 and now makes reference to the importance of children's school readiness: a key theme in current literature and legislation.

Children's centres should aim to improve outcomes for young children and their families and reduce inequalities between those families in greatest need and their peers in:

- Child development and school readiness;
- Parenting aspirations and parenting skills;
- Child and family health and life chances.

Through *The Big Book of Ideas* and the supporting language at home videos, the WellComm Toolkit has easily accessible resources that can be shared with parents so that they can enhance their skills at stimulating their child's language development. Practitioners can encourage parents to adopt simple but effective strategies with their children, such as:

- Talking about everyday activities as they happen;
- Playing alongside their children, at their child's level, using good language models;
- Allowing the child to take a lead and direct activities;
- Being expressive, encouraging eye contact and making intonation lively and interesting;
- Reducing the pressure on the child by avoiding asking too many questions;
- Showing interest and respond to whatever the child is trying to communicate.

The WellComm Toolkit offers a 'total approach' – empowering practitioners, supporting parents and making learning language fun. It offers guidance and advice that can be shared with parents, who are essential to the screening process and to the success of any intervention. WellComm advocates involving parents at every stage of the process right from the beginning and can be used in a number of ways to develop positive partnerships:

- Involving parents in the screening process, encouraging them to talk about their child's strengths;
- Sharing the activities from within *The Big Book of Ideas* for parents to try at home;
- Using the supporting language at home videos to show practical examples of how to incorporate the key principles of language development into everyday life.

In this way, all parents, including those considered hard to reach, can see that they have a critical role to play and that their involvement is valued.

10. Research and development

The origins of WellComm

WellComm is an early years screening tool that was developed by the speech and language therapy team in Sandwell in 2005. The team had identified the need for a universal screening tool that all early years settings could use across the borough in response to the need for greater vigilance in the area of monitoring (and improving) the speech and language skills of Sandwell children. The project was called 'Time to Talk' and was funded by the Neighbourhood Renewal Funding (NRF) scheme. This allowed the team to develop the original Screening Tool and pilot it across maintained and non-maintained settings in Sandwell. The research programme developed over time, with modifications being made to the Screening Tool. The support of the local authority and the Children's Fund was instrumental and invaluable in enabling WellComm to be robustly researched and validated.

The project was also supported by the Local Authority Data Intelligence Unit in the development of a database that recorded the status of over 7,000 children and the subsequent progress of over 2,000 children over the first two years. The use of the database was the first time that a comprehensive picture of children's speech and language skills had been identified in Sandwell. The suspicion that the borough had a significant problem in this area was confirmed. The early use of the database was able to capture improvement as a result of various interventions. This information was sufficiently encouraging to result in continued support for the further development and refinement of the tool.

Phase one: Development of the Screening Tool

WellComm was developed by a small team of speech and language therapists with a wide range of experience. Every item within the WellComm Screening Tool has been carefully selected and scrutinised and the Tool has been extensively trialled and piloted in a range of schools across the Borough of Sandwell.

About Sandwell

Sandwell is a multicultural and diverse borough with a Black and Minority Ethnic (BME) population of approximately 20 per cent. Just over 29 per cent of the children in Sandwell are of BME background. Net out-migration continues from Sandwell. However, new groups such as economic migrants from EU accession states are helping to reduce the impact of the net outflow. The 2001 census showed that lone parents with dependent children now comprise 3.28 per cent of the population. Overall, Sandwell has a total lone-parent population of 8 per cent (dependent and non-dependent children). In 2004/5, the overall employment rate in Sandwell was 65 per cent. The largest industrial sector is the service industry with distribution, hotel and restaurants having the most employees. Average earnings in Sandwell are well below the national and regional average.

Pilot study

The first draft of the WellComm Screening Tool was trialled with two members of staff from a local day nursery and seven members of staff from two schools. The staff completed the pilot study which included training on how to use the Tool and trialling it in their individual settings. The staff then provided feedback via a questionnaire regarding the Tool's usefulness, practicality and convenience in their settings. All staff taking part in the pilot reported that they felt 'very confident' using the Screening Tool:

- 78 per cent gave positive feedback stating that the toolkit would be useful for base-lining children, showing value added, giving good ideas for advice and activities and identifying children with problems.
- 14 per cent gave mixed feedback. Negative comments tended to centre on not having enough time to screen all the children, rather than problems with the actual toolkit.
- 7 per cent did not comment.

A sample of the comments made as part of this feedback is shown in the table below.

Question	Comments
What did you like about the Screening Tool?	'Easy to use and understand' 'Simple instructions' 'Helps to identify which children need help and it is so quick'
When would you be able to use the Screening Tool in your setting?	'When new children start nursery' 'ASAP' 'Updating development files'
How would you use the Screening Tool?	'To assess' 'Base-lining as children come into school'
Where would you use WellComm?	'Classroom' 'Early Years Unit' 'Nursery'
Do you have any other comments or suggestions?	'Going to be very useful in school to assess children' 'To have a tool for children up to six years'

Staff taking part in the trials were also asked to rate the content of the WellComm Toolkit:

- 100 per cent rated the *Handbook* and the Score Sheets as 'Excellent, a high-quality product'.
- 71 per cent rated the original *The Little Book of Rules* and *The Picture Book* as 'Excellent, a high-quality product'.

Subsequent changes were then made to improve and clarify both *The Picture Book* and the Screening Tool.

Following this, the reliability of the Screening Tool was initially evaluated by the same group of practitioners and two speech and language therapists. The purpose of this was to compare whether the children's outcomes were the same when assessed by either an early years practitioner or a speech and language therapist.

Those participating in the pilot study were asked to randomly select five children to screen. A blind screen of the same children was conducted by a speech and language therapist during the same week. The outcomes were then compared. As can be seen from the table below, 12 out of the 14 outcomes matched (i.e. 86 per cent).

Setting A					
	School Staff		SLT Staff		
Child (Age)	Raw Score	Outcome	Raw Score	Outcome	Match
1 (3: 6)	7	Green	5	Amber	✗
2 (4: 2)	8	Green	7	Green	✓
3 (5: 5)	2	Red	1	Red	✓
4 (5: 8)	1	Red	2	Red	✓
5 (4: 11)	8	Green	7	Green	✓
Setting B					
	Nursery Staff		SLT Staff		
Child (Age)	Raw Score	Outcome	Raw Score	Outcome	Match
1 (5: 4)	3	Red	4	Red	✓
2 (5: 8)	2	Red	2	Red	✓
3 (4: 11)	2	Red	2	Red	✓
4 (4: 7)	2	Red	3	Red	✓
5 (6: 2)	4	Red	5	Amber	✗
Setting C					
	Nursery Staff		SLT Staff		
Child (Age)	Raw Score	Outcome	Raw Score	Outcome	Match
1 (3: 0)	10	Green	9	Green	✓
2 (2: 11)	9	Green	9	Green	✓
3 (2: 7)	7	Green	Not Completed	Not Completed	Not Completed
4 (3: 8)	9	Green	9	Green	✓
5 (4: 3)	9	Green	8	Green	✓

Modifications

Following analysis of the trialling results and feedback from the practitioners, a team of speech and language therapists further modified the tool in line with feedback regarding clarity of description, ease of use, scoring, etc.

- The Screening Tool was modified to include a section on speech sound development.
- Test items were given more detail so that users were aware of how many trials the child should achieve before passing an item.

- Sections regarding social interaction, attention and listening, dysfluency (stammering) and voice were added.
- Pictures contained in the screen were redesigned by a professional artist, to make them clearer and more user-friendly.
- Advice sheets were added.
- The tool was developed so that it was culturally appropriate for children from Asian backgrounds.

Sequencing the items

Following feedback from practitioners using the Tool and the use of further research evidence in the literature, the revised WellComm was then produced. Following initial discussions about the selection of items within the Score Sheets, a degree of disagreement became evident among the research team regarding the developmental level of the items. It became evident that, when working intensively with children in areas of high deprivation and social need, an individual's views of normal language development may become negatively skewed. In order to ensure that each item was selected for the right reasons and placed in the correct developmental sequence, every item was interrogated by the research team and by a focus group of experienced speech and language therapists.

Each and every item that appears in the Score Sheets has therefore been extensively researched to validate its inclusion. Each item has also been referenced to the literature and developmentally sequenced to ensure that it is included (as far as possible) within the correct section. Where there was a high degree of disagreement in the literature about the age of acquisition, those items were excluded. Thus, the items in the final Score Sheets have been selected because there is a body of research evidence pertaining to the age and stage of acquisition and the overall Screening Tool is built on strong theoretical foundations. This phase of the development of the Tool has ensured that:

- Items included in the screen are justified using research evidence.
- There is a clear and explicit developmental progression through the sections of the Tool.
- Feedback from practitioners using the original Tool has been used to inform improvements and modifications (e.g. further clarification of pictures).

Phase two: Large-scale use across Sandwell

Following phase one, the modified WellComm Score Sheets were then used to screen over 7,000 children in maintained and non-maintained settings (across Sandwell) between 2006 and 2007. Children's outcomes were also returned to and recorded by the Local Authority Data Intelligence Unit. Feedback was obtained from WellComm users over time. One infant headteacher reported:

> *'As an Infant School we have found the WellComm Toolkit a really valuable tool. It is now managed by a lead Learning Support Practitioner within the school, so it does not affect the workload of teachers, yet it has provided quality professional development for support staff. It is easy and simple to use and the data it provides is essential when calculating "value added" for both the Local Authority and Ofsted purposes …'*

Another headteacher commented:

> *'As a school with a changing intake of children, it has given us the hard evidence to show how we know that children are starting school at a below average level. This in turn guides the work of the SENCo and the support practitioners in terms of referrals, pupil targets and programmes of work for individuals and groups. As a school with extremely little external support for EAL, it has also helped the school identify and structure EAL issues more effectively …'*

Phase three: Final modifications

A final pilot study using the revised Score Sheets was then conducted in order to qualitatively assess children's outcomes on individual items. The aim of the study was to ensure that items included in the tool showed a clear hierarchy of difficulty (i.e. as a child moves up the sections in the Score Sheets, the items become more difficult) and that the questions were worded clearly so children understood what was expected of them.

Thirty-six children between the ages of 3 and 6 years were recruited through local primary schools and were screened using the third version of the WellComm Screening Tool by a qualified speech and language therapist. Children were randomly selected but only monolingual English speakers were included as children who speak English as a second language or who speak more than one language follow a different pattern of language development (Owens, 2001). Children were screened on all 90 items of the Score Sheets and the assessments were carried out in maintained nursery and school settings within the Borough of Sandwell.

As a result of the pilot, some items in the Score Sheets were either re-worded to improve the clarity, or moved to ensure that there was a clear developmental progression through the sections. Some pictures were also amended to improve clarity.

Phase four: Validity and reliability

The validity of the Wellcomm Score Sheets (i.e. its accuracy in signalling which children have difficulties and which are developing normally) was investigated to ensure practitioners were using an accurate tool. This accuracy ensures that children who have significant language needs are not missed by practitioners and, as a result, are accessing the support they need as early as possible. Validity is defined by Anastasi and Urbina (1997) as the extent to which a test measures the construct it purports to measure. If validity is good, then reasonable assumptions can be made about the test results.

Content validity

Content validity considers whether a test is fit for purpose. The items of the WellComm Score Sheets were carefully selected to represent emergent and more sophisticated skills along a developmental continuum. The items were further scrutinised at all stages of development by a range of professionals. None of the children in the study had any difficulty in understanding what they were required to do.

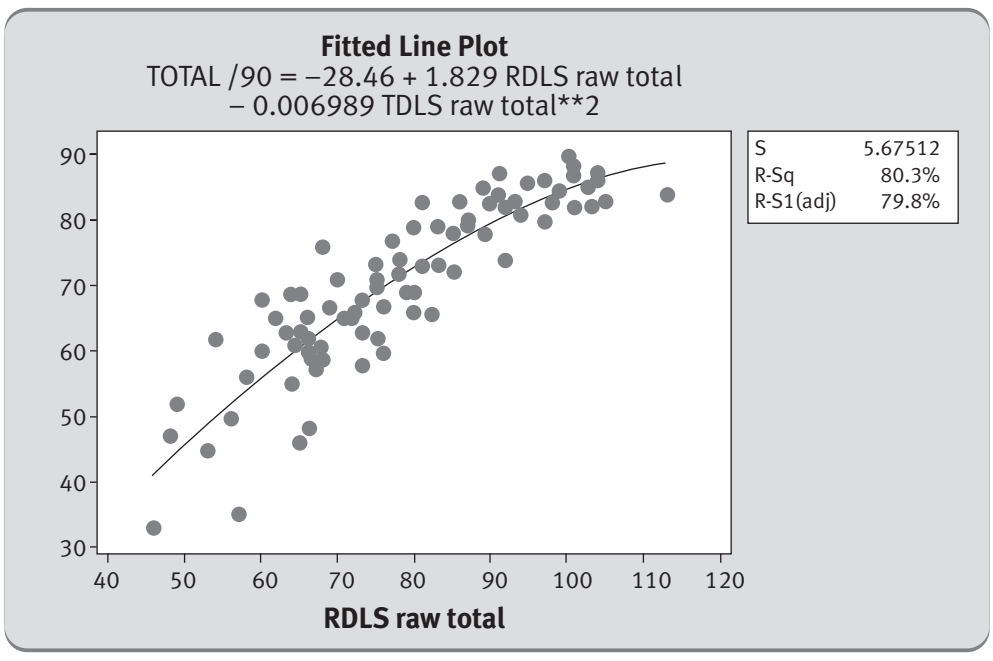
Concurrent validity

Concurrent validity refers to a measurement of a test's ability to correlate positively with the constructs of an established test. The *Reynell Developmental Language Scales III* (*RDLS III*: Edwards *et al*, 1997) was selected as a comparison for the concurrent study. *RDLS III* is a rigorously standardised test, which is norm-based, clinically relevant and has been extensively used for research purposes. The Comprehension and the Expressive Scales contain 62 items each and focus on the structural aspect of language and how they contribute to its acquisition and use.

The aim of the study was to assess whether children identified as having either delayed *or* normally developing language skills on a standardised assessment (*RDLS III*) were identified as having significant speech and language needs *or* no difficulties respectively on the WellComm Screening Tool. Forty-two female and 45 male children (87 children in total) aged 3–6 years took part in the study. A random sampling plan was used to ensure that a representative sample of children was identified. Children were included in the study regardless of their ethnicity, religion, background or any disability. Only monolingual English speakers were included for research purposes.

Screening was carried out in maintained nursery and school settings within Sandwell and the attrition rate was very low – only four children did not complete the full assessment mainly due to time constraints. Children who did not complete the screen and assessment (i.e. children with poor attention or those who were uncomfortable being assessed by an unfamiliar adult) were not included in the study. *RDLS III* and the WellComm Screening Tool were administered by speech and language therapists on separate occasions but within a time period of two weeks. This was to ensure that children's attention levels were maintained. The order of administration was alternated between the assessment and the Screening Tool.

A comparison was made between the raw scores achieved on both *RDLS III* and the WellComm Screening Tool. The fitted line plot below shows an almost linear association of 80.3 per cent between the two raw scores (with 0 per cent meaning no association between scores and 100 per cent being perfect association).

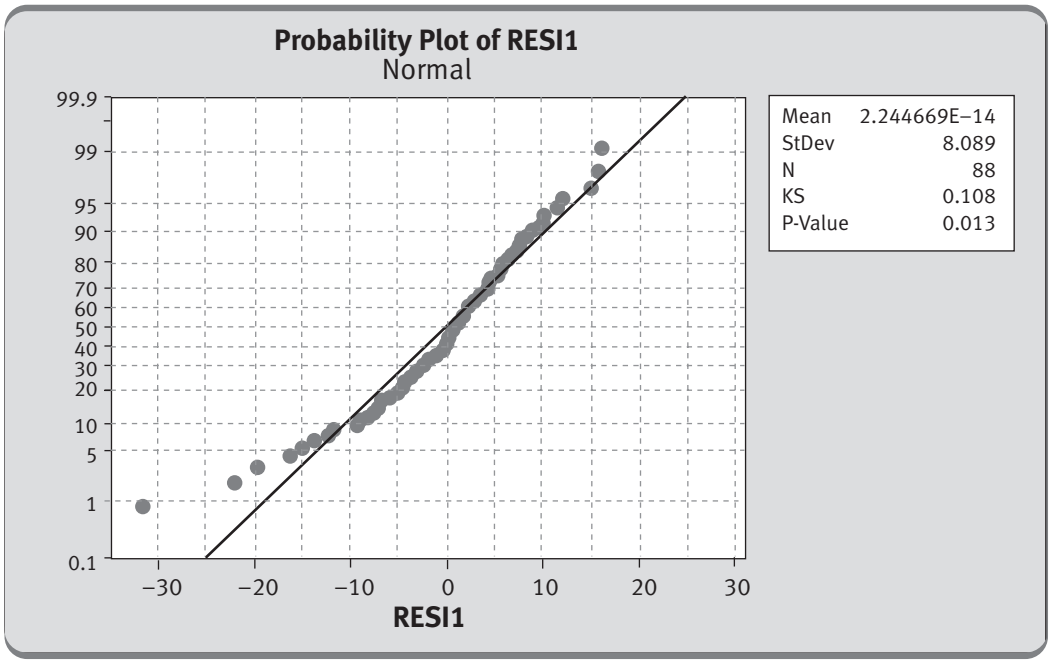


A Spearman's Rank order correlation was carried out comparing the raw scores on the *Reynell Developmental Language Scales III* with the raw scores achieved on the WellComm Screening Tool. This gave a strong positive correlation of 0.899 (with 0 being no correlation and 1 being highly correlated).

It was also important to establish that the scores obtained from the WellComm Screening Tool remain the same, independent of who is administering it. This should be the case if the instructions and resources available are universal and the scoring criteria are sufficiently precise. In total, 15 speech and language therapists took part in screening the same 87 children who took part in the concurrent reliability study.

A one-way ANOVA was carried out to assess whether there was any significant difference between the outcomes achieved by different administrators in the study (taking into account the age and gender of the children being screened). This gave a p-value of 0.640 which shows that there were no significant individual differences between screeners (a p-value of less than 0.05 would indicate a significant difference).

The chart below gives a good indication that the data gathered for the purposes of the study follows a normal distribution (allowing for differences in the age and gender of the children and the person screening). This means that most children's outcomes fell around the mean, with fewer children achieving higher or lower scores.



Sensitivity and specificity

The sensitivity of the Screening Tool describes whether the children who present with delayed language development (as indicated by the *Reynell Developmental Language Sales III*) are also highlighted as having delayed language development when screened with WellComm. The sensitivity of the WellComm Screening Tool was found to be high:

- 100 per cent for children between the ages of 3 years and 6 years with *both* a receptive and expressive language delay according to the *RDLS III*.
- 88 per cent for children between the ages of 3 years and 6 years with *either* delayed receptive *or* expressive language according to the *RDLS III*.

The specificity describes whether children without any language difficulties (indicated on a standardised assessment) are also shown to be without any language difficulties when screened with WellComm. The specificity of the WellComm was found to be 58.5 per cent for children without delayed expressive *and/or* receptive language according to the *RDLS III*. Of the children with no language delay, 33 per cent achieved an amber outcome on the WellComm Screening Tool and 8.5 per cent achieved a red outcome. As with all testing and assessment, there is the possibility that false positives will be identified. This is an issue that has been highlighted in Chapter 4, 'Issues around assessment'. However, WellComm is not a standardised test and therefore can be repeated to meet the needs of the child, practitioner and parent/carer. All children will have identified learning goals signified as 'next steps' in their learning regardless of whether they coded as Red, Amber or Green.