

Use of the WellComm Toolkit in Early Talk For York (ETFY) Settings: Evaluation Report

October 2023

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Funded by the York Policy Engine

University of York

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Summary of Findings

To evaluate the use and implementation of the WellComm toolkit within Early Talk For York (ETFY) settings, Interviews and survey data, collected from practitioners, setting managers, Speech and Language Therapists (SaLT's) and members of the ETFY team at the City of York Council, were analysed. Perceptions of how the use of the WellComm Toolkit is impacting on practitioner knowledge, setting practice and child level outcomes were also examined. Seventy-four practitioners from settings across York completed a survey about their use of the toolkit, and 22 practitioners from PVI's, Childminder settings, Schools, and members of the ETFY team, were interviewed. The main findings of this report are summarised in brief below.

Positive feedback

- The BBOI is administered differently by different settings and in different contexts: some adopt a one-to-one approach, whilst others use groupwork or integrate activities into provision. This indicates a level of understanding of the application opportunities of the BBOI, and that practitioners are able to adapt the tool to the needs of their children.
- Support from the ETFY team was positively discussed. Feedback from the SaLT training was largely positive, and some interviewees made suggestions for making the training more accessible and beneficial, such as providing recording training sessions, and modelling the use of the toolkit.
- The screening tool was described as straightforward and easy to use. The BBOI was also described as easy and engaging for children.
- The toolkit reportedly helped practitioners to develop their knowledge about speech, language, and communication, and to identify and support children.
- Putting BBOI activities in place reportedly resulted in significant improvements in children's speech, language, and communication.
- The WellComm toolkit reportedly decreased the quantity of referrals to SAL, whilst increasing the quality and specificity of referrals.
- Parental engagement appears to vary based on the engagement levels individual parents, rather than due to setting or practitioner level factors.

Areas for further development

- Fewer practitioners report using the BBOI than the screening tool. Uptake of the BBOI appears to vary between setting types.
- Settings use the screening tool at different frequencies. The approach to administering the screen also varies across settings.
- Staff sometimes report using their own judgement to decide if a child could meet criteria for an assessment section rather than carrying out the entirety of the screen.
- Although the screening tool was described as useful in identifying children with language and communication needs, data showed that the screening tool appears less accurate for EAL, SEND, or less confident children. Many respondents also discussed needing additional support in adapting the BBOI activities for EAL or SEND children.
- Time constraints, insufficient staffing, and lack of access to important resources were reported as a barrier to using the screen and BBOI.
- Childminders described difficulty in accessing the toolkit from libraries.
- Respondents to the survey appear unclear of the steps of the ETFY framework and how to access further steps.

Introduction and Rationale

Good communication skills at 5 years of age are strongly linked with a range of positive outcomes in later life, including: literacy skills; employment; mental and physical health and wellbeing (Law, Charlton & Asmussen, 2017), particularly for those from disadvantaged backgrounds (Beard, 2018). Recently, the detrimental effects of Covid-19 exacerbated concerns about the consequences of poor SLC on young children’s school readiness (Bowyer-Crane et al., 2020, Tracey et al., 2022).

Early Talk for York (ETFY) is a place-based whole systems approach, developed by the City of York Council (CYC), to improve speech, language and communication (SLC) of children in York settings aged 0 to 5 years. ETFY centres around provision and practice in early years settings – childminders, pre-schools, nurseries, and schools.

The first step towards the full ETFY approach is the wide scale use of a screening and intervention toolkit ‘The WellComm Toolkit’ published by GL Assessment. According to ETFY pages on the City of York Council website (Early Talk for York, 2023), the aim of step one is to “Screen all children annually using the WellComm Toolkit, sharing this data with the local authority”. Young children are screened to identify their speech, language, and communication needs, and to establish support needs and this data is then shared with CYC. Support needs, identified from the use of the screen, then enable practitioners to select appropriate interventions from the accompanying Big Book of Ideas (BBOI); this is also under step one of the ETFY framework, where it is described as “Work in partnership with parents and carers to support the wider development of children’s speech, language and communication skills”. Also in step one, practitioners are expected to “Regularly attend

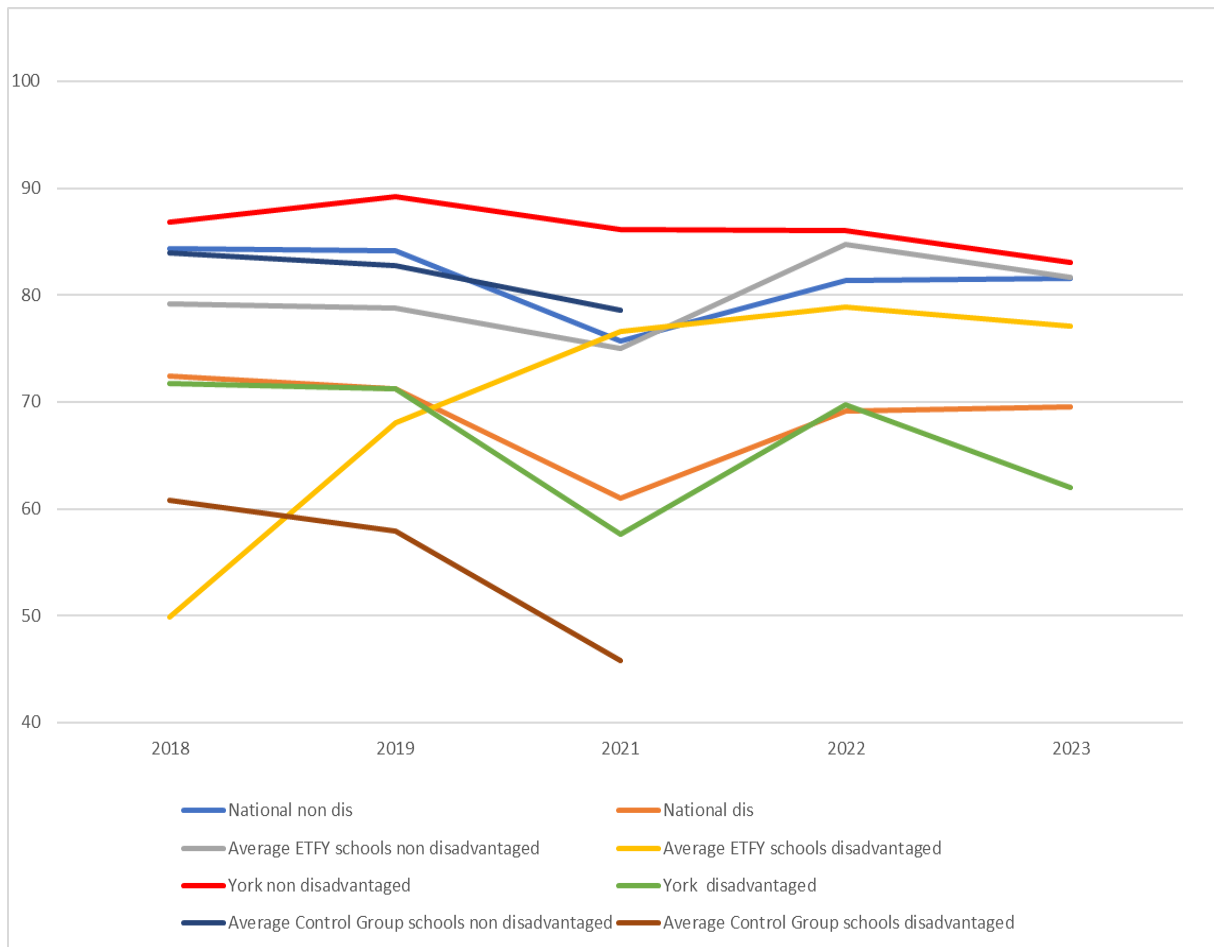
network meetings with a focus on improving children’s speech, language and communication skills.”

At the second step of the ETFY approach, practitioners are trained by Elklan (or SaLTs in the case of childminders) in Speech, Language and communication to gain a Level 3 (or higher) qualification. At the third step, at least 10% of practitioners are expected to have a Level 3 or higher qualification in early speech, language and communication. In this step, the whole team in a setting is also part of a training programme that lasts at least two terms, and an independent audit process takes place to validate setting practice. Finally, at step three all settings receive support from Speech and Language Therapists (SaLTs). It is important to note that the steps are nested, and a setting cannot meet criteria for step two without first meeting criteria for step one, and so on.

As of January 2023, 86% of all early years group-based providers (90% of PVI settings, 84% of schools) have taken up the offer of one of these toolkits and in doing so have committed to step one; universally screening children on an annual basis. Many childminders are also benefiting from the offer and accessing Toolkits via a library lending scheme. A roll out across the city is currently underway so more children can benefit from this approach. This scale up is a strategic priority across the early years partnership in York.

ETFY is demonstrating impact on improving children’s outcomes in line with the original Theory of Change (ToC). Of particular note is that children’s outcomes at age 5 have continued to improve in the ETFY area during the pandemic window whilst those in other areas have declined. This is particularly so for those children who are disadvantaged (see Figure 1).

Figure 1. % Of children achieving expected standard in EYFSP Communication and Language Outcomes



However, whilst take up of the offer is high, the ETFY team knew that there is a great degree of variability in the way in which the WellComm Toolkit is being used across different organisations. Whilst the team has received a great deal of anecdotal information about this variability, no formal evidence demonstrating this has been collecting, and there is therefore no evidence to support or inform the continued development and longevity of this part of ETFY. It was therefore the aim of this report to investigate the use of the WellComm toolkit in settings across York. The purpose of the research is to study practitioner reports of the way the toolkit is being implemented, and perceptions of how it is impacting on practitioner knowledge, setting practice and child level outcomes.

Greater Manchester Combined Authority are on a similar development journey as York in relation to the use of WellComm and in the summer of 2022 worked with Manchester Metropolitan University to develop a combined authority wide survey of practice to investigate the different ways it was being used. The findings have been very helpful in the further development of their work. For reasons of sensitivity in relation to some of the report, this has not been made public. The ETFY team built upon the work done in Manchester to replicate the survey, with adaptations from the University of York (UoY) evaluation team and the ETFY teams experiences as well as to ensure that it is aligned with the ETFY Theory of Change (ToC) and distribute to settings in York. To get richer data about the use of the WellComm within the settings in York, the UoY evaluation also included interviews with practitioners, Speech and Language Therapists, and members of the ETFY CYC team. This evaluation, funded by the York Policy Engine, University of York, aims to inform further development of the implementation of the WellComm toolkit in ETFY settings, including addressing barriers to its use through additional training and support.

As well as being helpful for the further development of ETFY, this evaluation could have significance more widely. A growing number of Local Authorities are pursuing the use of WellComm as a tool across their local areas (and many are in touch with York to learn more about our approach) so the outcome from this research could well be of interest to a national audience working on this agenda.

Research Questions

The research questions that this study aimed to address are as follows.

RQ1 - How is the WellComm being used in settings across York? Are both the screening tool and the intervention resource being used? What does the variability in implementation look like?

RQ2 - Is there a difference in the way the WellComm is being used across setting types and geographical areas? What, if any, is the variability in use of the WellComm across settings in different stages of ETFY and what does this variability look like?

RQ3 - What ETFY training has been undertaken? How accessible is the training? What, if any, additional support has been received?

RQ4 - What are practitioner views, in terms of usability and accuracy, of the Wellcomm as a screening tool? How is it used within the setting to inform assessment and intervention? Is identification of need and response improved by using the screening tool? What are the barriers and facilitators to tool use?

RQ5 - What are practitioner views on the usability of the Big Book of Ideas (BBOI) in regard to supporting/informing/replacing current practice? What are practitioner views on the usability of the BBOI in regard to supporting/informing/replacing current practice for children with different needs? How, if at all, it is used within the setting? How, if at all, is it used within the child's home? What are the barriers and facilitators to tool use?

RQ6 - What is the perceived impact of the use of the WellComm on child SL&C outcomes? What is the perceived impact of the use of the WellComm on child SL&C outcomes for children with different needs? What is the perceived impact of the use of the Wellcomm on improving practitioner knowledge and confidence to identify need and response?

RQ7 - Are there any unintended consequences, either positive (e.g. staff retention, better parental engagement) or negative (e.g. staff turnover, not taking part in other CPD opportunities) of training and using the Wellcomm within settings?

Methods

Ethics

Ethical approval for the project was granted by the Ethics Committee of the Department of Education at the University of York on 6th March 2023, ref: 23/12.

Design

The first phase of this research was conducted through an online survey, which was hosted on Qualtrics, an online platform for creating questionnaires and collating responses. The survey was designed to collect both qualitative and quantitative information from respondents taking part in ETFY. The survey was designed on a similar survey conducted by the University of Manchester (unpublished) who gave permission for their survey to be expanded on.

In addition to the survey, interviews were also conducted. The interviews were semi-structured in format and took around 45 minutes to complete. Different interview schedules were used depending on the respondent's role. For example, interviews with practitioners who work in schools, PVIs, or childminder settings were devised to elicit information about the practicality of using the toolkit, and any facilitating or barrier factors. On the other hand, interviews with ETFY team members who did not use the WellComm toolkit directly were adapted to concentrate on the process of introducing the toolkit to settings, and any feedback received from practitioners.

Recruitment

Survey Respondents

All settings who are a part of ETFY were invited to participate in the research.

Settings across York were contacted by the ETFY team via email and other forms of media and were invited to respond to the survey. In addition, practitioners who attended an ETFY event were provided with the link to the survey and asked to complete it and circulate it within their setting.

Interview respondents

Individuals working within the ETFY framework were invited by email to arrange an interview with one of the investigators. This included practitioners working in schools, PVI, and childminders, as well as members of the CYC ETFY team, such as Quality Improvement Team staff and Speech and Language Therapists (SaLTs). Members of the ETFY team at the CYC contacted settings across York by email, inviting them to arrange an interview about the WellComm Toolkit with one of the investigators.

Twenty-two interviews were conducted in total. The majority of these were conducted over Zoom; one interview took place in person in the interviewee's place of work.

Demographics

Survey Demographics

In total, 74 people responded to the online survey. Respondents worked across various settings, including schools ($N = 34$; 46%), PVI ($N = 27$; 37%), childminders ($N = 9$; 12%) and other settings ($N = 4$; 5%).

Not all respondents completed the questionnaire; of the initial 74, 68 (92%) completed the whole survey. Due to the nature of some of the questions, some respondents

were not able to respond to all items. For example, respondents who indicated that they did not use the WellComm screen in their setting were not able to view or respond to questions such as “In your experience, how accurate is the WellComm screen (assessment) at identifying whether a child has a language or communication need?”. This is reflected in the varying response rates across items.

Nonetheless, demographic information is provided below for all respondents who completed the survey.

Job Roles. 74 respondents provided their job titles. These job titles were categorised as follows: child development workers; childminders; Early Years Managers; teachers; SENCo; teaching assistants; health visitors; and students on placement. The number of respondents whose job roles fit into each of these categories can be seen below in table 1.

For ease of analysis, some of these categories were created to describe a range of respondent reported job roles. For example, Early Years Managers was a category which included EY managers, EY Room managers, EY leaders, and playgroup managers. Additionally, the teacher category was devised of EY teachers, nursery teachers, primary school teachers, and headteachers.

Table 1
Frequency of job role categories within the survey sample.

Job Role	Frequency in Sample
Child Development Worker	9 (12%)
Childminder	5 (7%)
Early Years Manager	7 (8%)
Teacher	21 (28%)

SENCo	17 (23%)
Teaching Assistant	8 (11%)
Health Visitor	4 (5%)
Student on Placement	4 (5%)

There was some incongruence between the roles that respondents identified with and the setting type that they reported working in. For example, two childminders reported working in a school setting, and eight child development workers reported that they worked at a childminder setting. For the purpose of this report, these responses have not been modified.

Experience in Early Years. Respondents reported a wide range of years of experience working in Early Years. The majority of respondents ($N = 44$; 60%) had over 8 years of experience in Early Years. Six respondents (8%) reported that they had 6-8 years of experience working in Early Years, and 10 (14%) had worked in Early Years for between 3 and 6 years. Fourteen respondents (19%) indicated that they had worked in Early Years for less than three years.

Age groups. Respondents were also asked to indicate which age groups they worked with. Many respondents reported that they worked with children across multiple age groups. The breakdown of participants who worked with various age groups may be seen below in table 2.

Table 2

Indicating the number of practitioners who worked with children of different age groups, ranging from 0-6 months to 5 years and older.

Age group	Frequency within sample
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0-6 months	16 (22%)
6-17 months	24 (32%)
18-23 months	27 (37%)
2-3 years	41 (55%)
3-4 years	57 (77%)
4-5 years	58 (78%)
5 years and older	29 (39%)

ETFY Step. Respondents were asked three questions to identify which step of Early Talk for York their setting was at. Answering “yes” to question one (“Do you universally screen children with the WellComm Toolkit?”) implies that their setting is at least on step one. Answering yes to the second question (“Does your setting have a practitioner with a Level 3 or higher qualification in speech, language and communication?”) suggests that the setting is at step two. Finally, answering yes to the third question (“Does your setting have visits from or frequent contact with an Early Talk For York speech and language therapist?”) indicates that the setting is at step 3.

Fifty-eight respondents (83%) answered yes to the first question, indicating that their setting was at least at step one. Thirty-four (56%) respondents answered yes to the second, suggesting that their settings met criteria for step two. Finally, 29 (48%) respondents answered yes to the final question, which implies that their settings met criteria for step three.

However, it is worth noting that some responses did not seem consistent with the step system. The step system requires that a setting must meet criteria for step one to be considered able to meet criteria for step two; further to this, a setting can only be considered to be at step three if the criteria for the two earlier steps have also been

achieved. Incongruent with this is the fact that some respondents answered “no” to questions one or two, but then went on to answer “yes” to question three (“Does your setting have visits from or frequent contact with an Early Talk For York speech and language therapist?”).

Respondents’ answers to these three questions were therefore categorised to reflect that a setting could not be at step two without meeting criteria for step one, and so on. Of the 70 responses that were re-analysed, it was found that 13 settings (19%) did not meet criteria for any of the steps. Twenty-five (36%) met criteria for step one, whilst 12 (17%) met criteria for step two. Finally, 20 (29%) respondents’ answers indicated that their setting met criteria for step three.

Table 3

The number of settings, per type, that met criteria for each step of ETFY.

Setting type	No step	Step one	Step two	Step three
PVI	4% (1)	32% (8)	24% (6)	40% (10)
School	17% (5)	37% (11)	17% (5)	30% (9)
Childminder	38% (3)	50% (4)	0%	13% (1)
Other	57% (4)	27% (2)	14% (1)	0%

Interview Demographics

Twenty-two interviews were conducted. In total, 23 respondents were interviewed, as two respondents from the same setting took part together. These are identified by their setting in Table 4.

Table 4

The number of interviewees by setting type.

Setting type	Number	Anonymised Participant IDs
PVI	6	P-A P-B P-C P-D P-E P-F
School	6	S-G S-H S-I S-J S-K S-L
Childminder	4	C-M C-N C-O C-P
ETFY	6	E-Q E-R E-S E-T E-U E-V

When asked about the step of ETFY that their setting was on, many interviewees expressed that they did not know which step that they were on. The interviewer listed the requirements for each step, and this was partially helpful to interviewees in determining their setting's step. Some interviewees disclosed surprise or confusion about the step system or their place on it. One interviewee commented "Oh, we're on step three actually? I wasn't quite sure about the steps" (S-I), whilst another remarked "Funny that we didn't know... we don't know where we are. We just get on and do it" (P-A).

Results

Rates of Use

Survey respondents were asked whether they used the WellComm screen (assessment) within the setting or service where they worked. Of 74 respondents whose settings are involved in the ETFY programme, 73 (99%) responded that they did. Only 1 respondent (1%) indicated that they did not. When provided the opportunity to elaborate on this, they wrote that “another member of staff completes the assessments”. This implies that of the settings represented by the 74 respondents, 100% use the WellComm screening tool, even though not all of the participants are directly involved in its delivery.

Respondents were also asked to indicate how long they had used the WellComm screen (assessment). Of the 74 respondents, the majority (N = 47; 64%) had used it for a year or less. Sixteen (22%) had used it for 2 years, and 5 (7%) had used it for 3 years. Three (4%) had used the tool for 4 years. Only 2 respondents (3%) had used the screening tool for 5 years or more. Finally, as described above, one respondent (1%) reported not using the screening tool at all.

Next, respondents were asked whether they used the Big Book of Ideas (BBOI) in their setting or service. Sixty-nine respondents answered this question. Sixty (87%) indicated that they did use the BBOI, and 9 (13%) said that they did not.

Respondents were asked to indicate how long they had used the BBOI for. Sixty respondents answered this question. The majority (N = 40; 67%) had used it for a year or less. Twelve (20%) had used it for 2 years, and 3 (5%) had used it for 3 years. Three (5%) had used the tool for 4 years. Only 2 respondents (3%) had used the BBOI tool for 5 years or more. This was then analysed by setting type; this can be seen in Table 5.

Table 5

Reported use of the BBOI, by setting type.

Setting type	Uses the BBOI	Does not use the BBOI
PVI	92% (24)	8% (2)
School	90% (27)	10% (3)
Childminder	50% (4)	50% (4)
Other	100% (5)	0%

Respondents who indicated that they did not use the BBOI were asked to write, in their own words, the reason for this. Four respondents indicated that issues with accessing the BBOI were the reason for not using it, with three of these respondents elaborating that having to source the toolkit from a library or share a copy with other settings made it impossible for them to use.

One respondent wrote that their setting does not have the facilities to use the BBOI, describing “we do not necessarily have the staffing or quiet space to do this”. Additionally, another respondent described low confidence for their reasons for not using the BBOI, writing “We feel less confident in how to best use this resource”.

Finally, one respondent indicated that they were not aware of the BBOI, and a second wrote that another member of staff in their setting uses this toolkit.

Variability in implementation across settings

An aim of this report is to identify how the WellComm toolkit is used across settings, and to document the variability in its use. Such variability was identified in the frequency with which settings used the WellComm screening tool. Several interviewees discussed screening and re-screening their children at different rates. One childminder commented

that they use the screening tool termly, and explained their reasoning for this: “that means that I can, kind of, check back in and see whether the work that I've been doing to address the issues is closing the gap or not, and then what new things might they work on.” (C-O). Other interviewees said that the frequency of screening in their setting is dependent on where children score: “we screen at the beginning of the year; if they are green they don't get re-screened until the end of the year... Our ambers and our reds we screen termly just to see where they are at.” (S-H).

The variability in frequency of screening was also commented on by a member of the ETFY team, who said “some will just do the annual screening because that's what they're required to do. Some screen, sort of, half termly. Some use it just with children they're concerned about. Some use it with all children. So there are definitely variations.” Whilst it is worth noting that none of the interviewees disclosed that they screen children less frequently than annually, from the interviews it was apparent that each setting has their own approach to the frequency and timing of administration of the WellComm screen. Variability was also apparent in the way that each setting approaches administering the screen. Several interviewees commented that they have a single person within their setting who performs all of the screens. One interviewee described that “I just think you get a better picture across the whole of the setting if one person does it. Because I think sometimes key people for their key child can be a little bit different sometimes, unintentionally and, you know, I'm sure it's not intentional or anything. It's just from what I've observed, you have a soft spot for some of the children.”

However, interviewees from other settings described different approaches. One interviewee discussed that their initial approach to the screen had been modified with practice:

“[initially] we did it that the key person would do their key group of children, which we thought was gonna work quite well. But because each member of staff has varying age groups, they're all in different sections, they found like they were scrambling... in theory we thought a key person group would be great. So eventually, we've kind of tweaked, like, tried different things. But for us it's, kind of, worked that one person did, like, all the section fives so that they had those questions in their head, they knew what they were doing.” (P-D).

Two items on the survey were also used to identify the ways in which the WellComm toolkit is used across different settings. Survey respondents were asked to indicate what proportion of practitioners in their setting used the WellComm Toolkit. Sixty-seven respondents answered this question. Table 6 shows the frequency of responses.

Table 6.

Survey responses indicating how many practitioners in each setting use the WellComm Toolkit.

What proportion of practitioners in your setting use the WellComm Toolkit?	Number (%)
Just one	15 (21%)

More than one, but less than half of all practitioners	26 (39%)
More than half, but not all practitioners	10 (15%)
All practitioners	17 (25%)

Table 7.

Survey responses showing how many respondents in each setting type use the WellComm Toolkit.

Setting type	Just one	More than one, less than half	More than half, not all	All practitioners
PVI	15% (4)	31% (8)	12% (3)	42% (11)
School	14% (4)	61% (17)	14% (4)	11% (3)
Childminder	75% (6)	25% (2)	0%	0%
Other	0%	20% (1)	60% (3)	20% (1)

Members of the ETFY team, in their interviews, also highlighted variability in the accuracy with which the screening tool has been used in some settings. A team member described observing that one setting “[was] not doing the full screen, they were just using the question, like it was like a questionnaire and ticking it. They weren't actually carrying out any assessments with the children.” (E-U).

Additionally, another ETFY team member commented that one practitioner has been observed to have “almost adapted slightly. So, when they know a child really well, they maybe don't carry out all the activities because they think they know how the child will do on that particular section.” (E-V). This was also apparent from some of the interviews with practitioners. Some practitioners discussed using their “best judgement” to decide if a child could or could not achieve a section of the WellComm screen. One PVI practitioner

described instances in which they had watched children struggle with items in the toolkit, but had marked down that the child was able to respond accurately: “there is a couple of times where I have stepped in and sort of arbitrated and said, “Look, I think between you and me we are happy that this child understands this enough to give this a tick”.” (P-B). Further to this, there are some cases in which parents, especially those of EAL children, have been asked to assist in completing the screen. Interviewees described their concerns around involving parents in this way: “it’s sometimes a little bit difficult to trust that parents will be accurate in their own language, that you don’t understand if they’re giving them a nudge or whatever. When you’re doing it in English you can be straight down the question and you’re not giving them any clues or anything, but you’re not quite sure obviously what they are saying.” (S-H).

Use of other tools to assess language

Respondents were asked to indicate which, if any, other tool they used to check a child's speech, language and communication besides the WellComm screening tool. Forty-nine respondents said that they used at least one other tool, and 28 respondents indicated that they used multiple tools. Table 8 shows a breakdown of the tools that respondents indicated that they used.

Table 8.

The frequency of different tools used by practitioners to check a child’s speech, language and communication.

Tool name	Frequency of reported use
NELI Screen	2
ECAT	23
EYFS	36

Talk Boost	9
ASQ	3
ELIM	2
Other	9
None of these	19

Respondents who selected “other” were asked to describe the tools that they used in their own words. Of the nine who did so, two respondents wrote that they use the “communication toolbox” or “toolkit” to assess speech, language, and communication. One respondent each mentioned using a “teacher assessment”, “NESSY”, “Language for Thinking”, “ICAN Development Checker” and a “Speech Sounds Assessment”. One respondent mentioned that they also use their previous experience and training to assess speech, language, and communication in children. Finally, one respondent wrote “We have children who struggle with the pronunciation of certain sounds and speech is unclear. Made our own screening tool for speech sounds for that appropriate age range.”

In interviews, two interviewees commented on the number of available tools for the assessment of speech, language and communication. A member of the ETFY team discussed the possible benefits of having picked out the WellComm tool from the number of possible options. “by us kind of doing our own research and saying actually there are other tools out there, but we've done some research and actually this one is a decent tool to use... I think that's where it's worked really well because settings are like, “Oh thank God. We can sort of see the wood for the trees now, and we're happy to use this one”.” (E-Q).

A school-based practitioner appeared to agree with this, stating “we were caught in that sort of no-man’s land sort of thing of not sure which assessment data, which

assessment programme, to use...But through Early Talk for York they suggested that WellComm was a really good one to use so, yeah, that's how we kind of got into it." (S-H).

WellComm Screen Training

Survey respondents were asked whether they had received formal training on how to use the WellComm screen (assessment). Of the 74 who took part in the survey, 73 responded to this question. The majority (N = 50; 68%) indicated that they had received formal training, whilst 32% (N = 23) said that they had not received formal training.

Breaking this down by setting, the survey shows that 20 (74%) PVI staff have received formal training on how to use the WellComm screen. Additionally, 22 (71%) school staff have received formal training of some kind, as have 50% (4) of staff who indicated that they work in a childminder setting. Four (57%) staff who indicated that they work in another type of setting had received formal training on the WellComm screen.

The 23 respondents who had not received formal training were asked to indicate what sort of training they had had to enable them to use the WellComm screen (assessment). Most (N = 15) said that they had read the manual, whilst 5 respondents had watched the pre-recorded training from GL assessment, and 3 had shadowed somebody else.

The 50 respondents who indicated that they had received formal training were asked to indicate the source of this training. Seven of these indicated that they had received training from more than one source. A breakdown of the number of respondents who accessed each type of training can be seen below in Table 9.

Table 9.

A breakdown of the frequency with which each type of formal training was accessed by respondents.

Type of formal training	Number of respondents who accessed
Directly from the ETFY SaLTs	31
From a team member who had attended the SaLT training and was cascading	12
From a team member who had not attended the SaLT training	3
Watching the pre-recorded GL assessment	12

In interviews with practitioners, it was possible to explore the reasons that practitioners had for not attending formal training. Several of those who did not participate in formal training with the Speech and Language Therapists expressed that they did not feel a need to, stating that the information in the pack was sufficient: “I found the information very easy to understand, very well written. It was clear, concise. I didn’t struggle on any of it... They [the Speech and Language Therapists] made themselves available if I needed to clarify anything, but actually I didn’t need to.” (C-M). Another interviewee commented “we just got the book and it was so self-explanatory that we didn't feel like we needed any outside training.” (P-C).

Additionally, several interviewees described using the YorOk videos as training. One practitioner spoke to the benefits of having pre-recorded videos as training: “it worked quite well, as I say, because it was a recording, you could stop it. [Staff members] and I could have a conversation and kind of work out what that meant and then carried on again.” (P-F).

Others described that they did not engage in the formal training because it wasn't practical to do so. One interviewee mentioned that staffing constraints made it difficult for practitioners to attend the training: "We just couldn't cover the people... to be able to release more than one person at a time to do the training was impossible, and even sometimes releasing one person for the course was a bit tough." (P-B). Timing was also discussed as a barrier to engaging in the formal training: "the little courses they were running, the time wasn't suitable for me... so, we got the pack and I had a look and I thought, "Well, it seems fairly self-explanatory"." (P-E).

However, one interviewee commented that in the future they would let their staff decide which form of training they would like to engage in, stating "I think it is probably just due to personal learning styles." (P-B).

BBOI Training

Respondents who indicated that they had used the BBOI in their setting or service were also asked whether they had had formal training in its use. Sixty respondents answered this question. Thirty-one (52%) indicated that they had received formal training, and 29 (48%) said that they had not (see table 10).

Table 10.

Showing the frequency of each setting type that had formal training for using the BBOI.

Setting type	Formal training	No formal training
PVI	50% (12)	50% (12)
School	56% (15)	44% (12)
Childminder	75% (3)	25% (1)

Other

20% (1)

80% (4)

The 29 respondents who said that they had not received formal training to use the BBOI were asked what kind of training they had received in using the BBOI. Twenty-three (79%) said that they had read the manual, and 4 (5%) indicated that they had shadowed someone else. Two (3%) respondents said that they had watched the pre-recorded training from GL assessment.

The 31 respondents who indicated that they had received formal training were asked to indicate the source of this training. Seven of these indicated that they had received training from more than one source. A breakdown of the number of respondents who accessed each type of training can be seen below in table 11.

Table 11.

The frequency with which each type of formal BBOI training was accessed by respondents.

Type of formal training	Number of respondents who accessed
Directly from the ETFY SaLTs	15
From a team member who had attended the SaLT training and was cascading	9

From a team member who had not attended the SaLT training	3
Watching the pre-recorded GL assessment	9

Respondent feedback to training

Several interviewees provided feedback to the formal training provided by the Speech and Language Therapists as part of ETFY. The majority of feedback was positive, and interviewees reflected on the way that the training helped them to prepare for using the WellComm toolkit for the first time. One interviewee commented that the training “told you everything that you needed to know” (C-P), and that the training was “very helpful”. (C-P)

Several interviewees also shared that attending this training had helped them to overcome nervousness about using the toolkit. An interviewee from a PVI disclosed “I did think the training definitely helped to, sort of, settle the initial nerves.” (P-D). Another interviewee mentioned that the training helped the toolkit to seem less overwhelming, saying “I was glad I’d had the opportunity to talk it through with them because when the big pack comes there are a lot of books in it and I did glance through the research base for it and all that sort of thing, but obviously there’s quite a lot in there and you’re thinking, “Oh no, do I really need to memorise all this?” ... it was more useful to have talked to them to just make it seem a bit more human and less daunting.” (S-I).

Two interviewees mentioned that either they or staff from their setting found the training most useful if they had been able to look at the toolkit beforehand, or had it available during the training session. A school practitioner commented “As [the SaLT] was talking, I could flip through it, oh, that's what it is and that's what I'm using.” (S-J). This was echoed by an interviewee from a PVI, who shared that the training had been more useful to

colleagues who had used the toolkit beforehand: it was helpful but at the time we'd not really started to use it. So it was, you know, looking at something that you've not used yet. But then a couple of people have done it after we've started using it and they found it really helpful, it's just that, "Oh yeah, we are doing it" that reassurance almost." (P-D).

Several interviewees made requests or suggestions for how the formal training could be amended or extended. Some commented that it would be beneficial to have a downloadable version of the training. One interviewee made a suggestion that having the training available in audio format would be useful to them: "If that manual had been an audio, I would've absolutely loved sticking it in my headphones, you know, one way or another, and actually listening to somebody maybe talking." (P-A). Another interviewee suggested having a video version which was made permanently available: "if it was downloadable to watch at your own leisure I think that would be a really good help because then new staff I could say, "Right, as part of your induction package you have to watch this and report back on it". (S-K).

Additionally, one interviewee made suggestions for other topics that could be covered in the initial training. These were the WellComm Wizard and using the WellComm screen with EAL children. This interviewee commented: I don't think that the information that you get from GL Assessment when you look at their EAL side of things for WellComm is very comprehensive and I don't think it really tells you what you need to know... So, I think more guidance on EAL would be helpful." (S-H).

One interviewee discussed ways in which the training could be better, more clearly advertised. This interviewee, a school practitioner, recalled some confusion that their colleagues had had in figuring out which training to attend. "I just think maybe it could be a

little bit clearer about, “Right, this is the initial training; do this one first”, then when you’re happy with that then, “This is the next training”... [a colleague] did say that she went on a training which she thought was going to be the initial training and it wasn’t, it was something else, so she ended up in a group with people who had already done training and done assessments and they were talking about different things to what she wanted to know, which was the real basics.” (S-I).

Finally, one interviewee remarked that the training was not sufficiently accessible for all participants. She disclosed “I’m dyslexic, and I found that they didn’t cater for anybody with a communication issue... when I did the training online, we wasn’t asked if we had any communication needs, and I found that quite interesting.” (C-M).

Confidence in using the WellComm Toolkit

Sixty-eight respondents answered a question asking how confident they feel in using the WellComm screen. Twenty-three (34%) said that they felt very confident, whilst 28 (41%) said that they felt quite confident and 11 (16%) felt confident. Conversely, 6 (9%) responded that they felt “not very confident”.

The respondents’ self-ratings of confidence were analysed based on whether they had or had not received formal training to use the WellComm screen (see table 12).

Table 12.

Survey respondents’ ratings of their confidence in using the WellComm screen, between those who had accessed formal training and those who had not.

Formal training	Not very confident	Confident	Quite confident	Very confident
Yes	0%	13% (6)	51% (24)	36% (17)

No	29% (6)	24% (5)	19% (4)	29% (6)
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Additionally, sixty participants answered a question asking how confident they feel in using the BBOI. Twenty one (35%) said that they felt very confident, whilst 25 (42%) said that they felt quite confident and 9 (15%) felt confident. Conversely, 5 (8%) responded that they felt “not very confident”. The respondents’ self-ratings of confidence were analysed based on whether they had or had not received formal training to use the WellComm toolkit (see table 13).

Table 13.

Survey respondents’ ratings of their confidence in using the BBOI, between those who had accessed formal training and those who had not.

Formal training	Not very confident	Confident	Quite confident	Very confident
Yes	0%	10% (3)	45% (14)	45% (14)
No	17% (5)	21% (6)	40% (11)	24% (7)

Accuracy

Respondents were then asked to indicate, in their experience, how accurate they felt the WellComm screen is at identifying whether a child has a language or communication need. Seven people did not respond to this question. Twenty-eight respondents (42%) indicated that they felt the tool was “Very useful”. Sixteen (24%) said that the tool was “exceptionally useful” at identifying children with a language or communication need. Fifteen (22%) respondents said that it was “Useful”, and 8 (12%) said that it was “somewhat useful”. None of the respondents selected the option “not useful at all”. Table 14 shows the breakdown of responses by job role.

Table 14.

Respondents' ratings of the accuracy of the WellComm screen in identifying children with a language or communication need, by job type.

Job Title	Not useful at all	Somewhat useful	Useful	Very useful	Exceptionally useful
Teacher	0%	15% (3)	25% (5)	35% (7)	25% (5)
Health visitor	0%	25% (1)	25% (1)	50% (2)	0%
Child development worker	0%	25% (2)	12% (1)	38% (3)	25% (2)
Childminder	0%	0%	50% (2)	25% (1)	25% (1)
SENCo	0%	0%	18% (3)	53% (9)	29% (5)
EY Manager	0%	0%	33% (2)	50% (3)	17% (1)
Student	0%	0%	100% (1)	0%	0%
Teaching Assistant	0%	0%	29% (2)	43% (3)	29% (2)

The topic of the screening tool's accuracy was also discussed in several interviews. Several interviewees commented that the results of the screen appeared to reflect their expectations for many children. This sentiment was shared by practitioners from all three setting types. A childminder commented that "I think it was what I expected really.", whilst an interviewee from a PVI stated "I think it's been very accurate... Nobody's disagreed with anything". Finally, a school practitioner said "I think that it is quite accurate... knowing the children that we have and knowing where they are on WellComm it seems" (S-H).

Respondents to the survey were also asked to identify whether there were any groups of children with whom they felt the WellComm screen was less accurate.

Respondents were asked to select as many options from the pre-written list as they felt applied and were also able to provide a written response if they felt that their experience was not reflected by the available options.

Table 15 is a breakdown of the frequency with which the WellComm screen was identified as being less accurate for different groups of children.

Table 15

The frequency of different groups of children for whom the WellComm screen is identified by practitioners to be less accurate.

Group of children	Number of respondents
Children with English as an Additional Language (EAL)	41
Children with Special Educational Needs and Disabilities (SEND)	37
Children who lack confidence/are shy	35
Children under 2 years old	9
Children who have difficulties with speech	0
Don't know	19

Survey respondents were also given the option to write, in their own words, about any groups of children for whom they felt the WellComm screen was less accurate.

Ten respondents' written responses mentioned SEND, with responses including a general statement about SEND children ("Doesn't represent SEN well") or specifically mentioning autistic children or children with ADHD. Nine respondents wrote that they felt the screen was less accurate for "autistic children", with one such respondent writing "Autism if social skills are issue do not engage well". One respondent wrote "There could be a separate section for individuals with ASD".

Five respondents remarked that the WellComm screen was less accurate for non-verbal children. A further two respondents wrote about children who have attention difficulties or issues with focus.

Finally, three respondents commented about individual-level factors that may make the WellComm toolkit less accurate. One respondent commented “possibly depends on the day”, whilst another wrote that the WellComm screen was less accurate for children who “find understanding challenging and giving verbal responses”. A third respondent wrote “Not easy to observe so more reliant on engagement from parents”.

Some of these comments were echoed by interviewees, who also shared their thoughts on groups of children with whom the WellComm screen appears less accurate. For example, some interviewees also mentioned that the screening tool was perceived as less accurate in use with SEND children. Two interviewees discussed that children who have difficulties in producing speech sounds because of SEND would not be “picked up” by the WellComm screen. One childminder commented that the tool “doesn't pick up very well on children that have speech sounds difficulty” (C-P), whilst an interviewee from a PVI setting stated “WellComm doesn't consider clarity of speech”.

One interviewee said that they felt some SEND children may be at a disadvantage with the screening because of attention difficulties: “I think it works well for neuro-typical children but the problem is often there's an attention-based issue it can make it seem as though they don't understand things which they do it's just that they don't care to do it in the way the toolkit wants you to do.” (Student001). However, another interviewee commented that they did not feel that this was necessarily the case: “Quite a lot of our SEN children who have been assessed on it would be children who would find it difficult to sit

down and do a task so it might have to be very broken up into tiny pieces for them. But not inaccurate I wouldn't say... Just a bit more difficult to get an accurate result. Perhaps you have to put more effort into it." (S-I).

In addition, several interviewees mentioned factors which were not apparent in the written survey responses. For example, a child's confidence was discussed as something that could potentially impact the accuracy of the screen. Several interviewees mentioned that some children were unable to participate in the screen because of shyness or a lack of confidence, making it difficult to assess them accurately. A school practitioner stated "We had one child who we knew was age-appropriate, absolutely knew, but just couldn't cope with the pressure of being in that room and doing something that felt official." (S-K). A PVI practitioner discussed that children who would be able to answer screening questions in other circumstances were unable to do so in a more formal, one-on-one setting: "he loses all his confidence... I've been in that one-on-one situation but then we've tried it where we've just whilst he's been playing we've asked him the same question again, just to see if he does know it, and he does straight away" (P-A).

On the other hand, one interviewee discussed that children with an abundance of confidence may also be challenging to assess accurately. A PVI practitioner said "she's too confident by not having other people to slow her down and get her to think. She just shouts out the first thing that comes to her mind, when actually you do know she knows it." (P-A).

Further to this, several interviewees discussed that the screen would be less accurate for EAL children. One PVI practitioner stated that the "prescriptive" nature of the screen could be "be quite detrimental to EAL". (P-F). This was also mentioned by other interviewees, one of whom shared that the low scores of EAL children in their setting was

“probably just a function of their English as a Second Language”. (S-I). It was also mentioned by another school practitioner that the results for EAL children did not appear trustworthy: “they're going to come out at such a young age and that's actually not where they are.” (S-J). Another practitioner echoed this, saying “you don't know whether it's because it's a different language or because they don't have understanding.” (S-G). It appeared from interviews that many practitioners share the opinion that “I don't think WellComm is as reliable as it could be for multilingual children.” (S-K).

Finally, interviewees shared that the way in which the age brackets are structured in the WellComm screen may also have implications for its accuracy. This was particularly noted for children who are on the threshold of an age bracket. Two PVI practitioners discussed that when a child moves into a new age group, their scores may make them appear to be behind, but this isn't always the case: “because he'd missed it by a few days, he'd then technically been behind again because he's, like, a little bit older.” (P-A). One of these practitioners discussed holding off on screening when children moved into a new age bracket because of this: “If a child's just literally a week into that next age group then potentially you know, we might wait a little while until there were more able to do it, not to change the scores necessarily, but just to give the children a chance to achieve basically.”

One childminder stated that they felt the screening sections for each age bracket were “ambitious”, sharing “I think they expect a little much of the younger children... in my experience, all of the children that I've looked after... I've never met a child that would be able to do that. So yeah, I think it is slightly – they pitch it slightly high, and so I think most of our children are just slightly behind where that says, but I wouldn't be worried about it.” (C-M).

Usability of the screening tool

Another aim of this report was to identify the perspectives of users as to the usability of the WellComm toolkit. It was discussed in several interviews that some users experienced a difficult adjustment period when first introducing the toolkit into their setting. This was particularly expressed by two PVI practitioners, who described an “initial struggle” (P-D). One such practitioner disclosed “I think at the beginning everyone felt a little bit over...not overwhelmed, but a bit, “Oh, how are we gonna do this?”” (P-D). Another PVI practitioner echoed this, stating “the first sort of thing of setting it all up and doing it was a bit, you know, how we are going to fit all these in?” (P-F). However, both of these practitioners shared that these challenges were not permanent, and that they were able to figure out how to embed the toolkit into their setting’s practice: “It's once people realised that in the team and they actually were looking at it, they realised it's a lot easier than we thought it was gonna be in lots of ways.” (P-D).

Several practitioners shared issues that they had encountered with the screening tool. Some of these difficulties pertained to the wording of each section, which one childminder described as “a little bit alien to myself and the children. And it might be in a way that I don't usually speak to the child.” (C-P). The scripted nature of the screening tool appeared to pose a challenge in some settings. One PVI practitioner disclosed “I think sometimes maybe being able to say things in a slightly different way because if you know the child you might know the way that they would understand it, but it's not necessarily the way you have to ask it... sometimes having to ask a very rigid question is quite difficult.” (P-F).

Additionally, several interviewees mentioned specific items in the screening toolkit that they had experienced persistent difficulties with. One such item was discussed by

several interviewees. The item was described as a question, posed to the child being assessed, asking “which one shows many, which one shows few?” (P-E). This item was mentioned by practitioners in four separate interviews, several of whom were critical of the language used: ““Fewer”; using the word, “Fewer”, because naturally it’s, “More”, and, “Less””. (S-H). Another practitioner said “we don’t use the word fewer, for example, in everyday language.” (P-F).

Another item was mentioned by two interviewees. This item was described by a school practitioner: “There’s one about a monkey and somebody is kissing the monkey, and it’s quite tricky because the picture is a bit ambiguous so you’re not quite sure whether or not it’s a boy or a girl because they’ve got long curly hair, but I think it is a boy, and it’s tricky.” (S-H). Another school practitioner stated ““The monkey is kissing, the girl is big; the monkey is kissing the girl, is big; the monkey that is kissing the girl is big”. Really to me as an adult I find it confusing and, yeah, the wording of that one I think is awful. And we all agree on that.” (S-K).

However, several interviewees commented on the ease of using the WellComm toolkit. Interviewees described the screening tool as “very straightforward” (C-M), and “very easy to use” (C-P). One member of the ETFY team commented on the length of time required to complete the assessment, stating “it is literally one sheet of questions and it’s a tick, yes or no, which is super. You know, because everybody is so rushed... you can observe the child and literally tick a box rather than have to write reams and reams of your observations.” (E-R). The toolkit was also described as being “quite accessible to student Teachers” (S-K), and one PVI practitioner stated “ I think anyone can almost pick it up and do the initial screening. It’s very, very self-explanatory” (P-D).

Engagement

Respondents were asked to indicate, in their experience, how well typically developing (TD) children engage with the WellComm screen. Six did not respond.

Respondents were next asked to indicate, in their experience, how typically developing (TD) children engage with the BBOI. Sixteen did not respond. A summary of responses to these items can be seen in Table 16.

Table 16

Respondent's responses to the items "How do typically engaging children engage with the screen/BBOI?"

	They engage very well	They engage well	They are indifferent	They don't really engage	They don't engage at all
Screen	17 (25%)	42 (62%)	6 (9%)	2 (3%)	1 (1%)
BBOI	12 (21%)	40 (69%)	6 (10%)	0	0

Survey respondents were also asked how children with additional needs engage with the WellComm screen and BBOI. Eleven respondents did not select a response to the item about the WellComm screen, and 22 respondents failed to select a response to the BBOI item. The frequency of responses to both questions can be seen in Table 17.

Table 17

Respondent's responses to the items "How do children with additional needs engage with the screen/BBOI?"

	They engage very well	They engage well	They are indifferent	They don't really engage	They don't engage at all
Screen	3 (5%)	19 (30%)	16 (25%)	22 (35%)	3 (5%)
BBOI	4 (8%)	24 (46%)	15 (20%)	8 (15%)	1 (2%)

Parent sharing

Respondents were asked "Do you share information with families in response to WellComm screening outcomes when there is no concern about development?". Of the 57 total respondents, 27 (47%) said that they would share this information with families, and 30 (53%) said that they would not share this information.

Table 18 shows the percentage of respondents from each setting type who said that they would or would not share the results of the screen with parents if there were no concern about development.

Table 18

Sharing the information from the WellComm screen if there is no concern about development, by setting type.

Setting type	Would share	Wouldn't share
PVI	68% (17)	32% (8)
School	23% (6)	77% (20)

Childminder	60% (3)	40% (2)
Other	100% (1)	0%

Table 19 shows the percentage of respondents within each job role category who said that they would or would not share the results of the screen with parents if there were a concern about development.

Table 19

Sharing the information from the WellComm screen if there is no concern about development, by job role.

Job title	Would share	Wouldn't share
Teacher	25% (5)	75% (15)
Health visitor	100% (1)	0%
Child development worker	60% (3)	40% (2)
Childminder	50% (2)	50% (2)
SENCo	69% (11)	31% (5)
Manager	60% (3)	40% (2)
Student	0%	100% (1)
Teaching assistant	40% (2)	60% (3)

The formal training in using the WellComm screen includes instruction on sharing results of the screen with parents, regardless of the outcome. It was therefore of interest to see whether respondents who had or had not attended formal training would be more likely to share the results of the screen. Tables 20 and 21 show the percentage of respondents who would or would not share the results of the screen, broken down by the type of training that they had attended.

Table 20.

Sharing the information from the WellComm screen if there is no concern about development, by type of training received.

Formal training	Would share	Wouldn't share
Yes	45% (18)	55% (22)
No	56% (9)	44% (7)

Table 21.

Sharing the information from the WellComm screen if there is no concern about development across groups who did or did not receive formal training from the ETFY SaLTs.

Received training from ETFY SaLTs	Would share	Wouldn't share
Yes	42% (11)	58% (15)
No	52% (16)	48% (15)

Next, respondents were asked “Do you share information with families in response to a WellComm screening outcomes when there is a concern about development?”. Sixty-eight respondents answered this question, with 60 (88%) saying yes, and 8 (12%) answering no. Table 22 shows the percentage of respondents from each setting type who said that they would or would not share the results of the screen with parents if there were a concern about development.

Table 22.

Sharing the information from the WellComm screen if there is a concern about development, by setting type.

Setting type	Would share	Wouldn't share
PVI	100% (26)	0%
School	79% (23)	21% (6)
Childminder	88% (7)	12% (1)
Other	80% (4)	20% (1)

Table 23 shows the percentage of respondents within each job role category who said that they would or would not share the results of the screen with parents if there were a concern about development.

Table 23.

Sharing the information from the WellComm screen if there is a concern about development, by job role.

Job title	Would share	Wouldn't share
Teacher	90% (18)	10% (2)
Health visitor	100% (4)	0%
Child development worker	88% (7)	12% (1)
Childminder	100% (4)	0%
SENCo	100% (17)	0%
Manager	83% (5)	17% (1)
Student	100% (2)	0%
Teaching assistant	71% (5)	29% (2)

As above, it was of interest to investigate whether respondents were more likely to share the information from the screen depending on the type of training that they had received. Tables 24 and 25 show the percentage of respondents who would or wouldn't share the results, based on the training they had had.

Table 24.

Sharing the information from the WellComm screen if there is a concern about development, by type of training received.

Formal training	Would share	Wouldn't share
Yes	89% (42)	11% (5)
No	86% (18)	14% (3)

Table 25.

Sharing the information from the WellComm screen if there is a concern about development across groups who did or did not receive formal training from the ETFY SaLTs.

Received training from ETFY SaLTs	Would share	Wouldn't share
Yes	89% (25)	11% (3)
No	88% (35)	12% (5)

Sharing the results of screens with parents was also discussed in several interviews. Interviewees shared their settings' approach to sharing the results of the WellComm screen. There was some variability in whether the setting would actually share the results of the screen or not. Interviewees from some settings described that they would always share the results of the screen with parents. A childminder stated "I actually photocopy the sheet that I've done and then I hand that over to them when I do their termly assessments" (C-P).

Several interviewees discussed that they felt it was important to share the screen with parents in this way. One practitioner, a childminder, stated that they would do this because "it's important to have the parents knowing what's going on with their children". This interviewee then went on to say that they would always make sure to share the results of the screen "because we don't want it just to be, "We're only going to tell you when

there's something wrong," because we feel we should celebrate their successes". (C-M).

Other benefits for sharing the screen results were discussed. A PVI practitioner stated that sharing the screen "can help reassure parents." (P-E), whilst a school practitioner said that "it's quite nice to have something tangible that you can say to parents, "Your child is not on-track"." (S-K).

Some interviewees described that they would not share the screen results, but rather have conversations around the areas of language that the screen had highlighted: "I didn't show them score sheets. I had conversations and I sent things via WhatsApp." (C-N). Several interviewees discussed that rather than showing parents the screen results and where their child had scored, they would share activities from the BBOI or discuss ways to support their child in specific areas of language. One PVI practitioner said "We just tell their parents, like, they've not quite met it and then we say like, "Would you like us to send you any tips and ideas?" And that's when we use the big book of ideas and send them like a couple of things from that section" (P-A). Another practitioner shared "we don't tend to say they come out amber or red, and we don't say actually section seven is for a three- to four-year-old or whatever. We just sort of say, actually, you know, the child just needs some support with speech and language in this area" (S-J).

When discussing the reasons to not share the screen results directly, opting instead to have discussions with parents or sharing pages of the BBOI, one practitioner stated that this is because they did not want parents to feel as though their children were being "judged". "We wouldn't say, "Your child is not at the age-related"; so, we wouldn't do that.... I don't think we'd necessarily comfortable with that really. I don't think we'd like

our families to feel that children were being judged and assessed in their first term of primary school, it would feel wrong.” (S-I)

Other interviewees disclosed that they did not share or discuss the results of the screen at all unless a child was in need of intervention or support, such as a My Support Plan. One interviewee stated “It’s not shared straight away but if any children need further intervention then we talk to parents, because children might need a My Support Plan or they might need someone to one work, and we try to ensure that parents know that this is happening” (S-H).

Parental engagement

Some interviewees described making attempts to engage parents with WellComm activities. Some settings reportedly did this via email, or apps such as Tapestry. One PVI practitioner shared the method that their setting used to engage parents: “We have shared it with parents, so a child that has come up as an amber or a red... they pick one of the areas that they are going to be doing sessions on, so I photocopy that activity page and share it with parents... and then maybe in a month or so, share another one. Rather than give parents a big pile of things to do all in one go.” (P-B). Another practitioner described the process of encouraging parents to support their child at home, saying “we’ll just send a little email out and we’ll say, “Right, we’ve done the WellComm screening today. This is where they are”. If there’s things that we need to work on, we’ll give them different examples and just say, “We’re working on this. This is what you could maybe do at home to help”.” (P-C).

Interviewees described various levels of engagement from parents when the screen or pages from the BBOI were shared. Some interviewees described that parents were “comforted” (P-F) by this, and that some parents “are really engaging with it. They like make

a conversation at the door to say how the child has done. Or some of them comment on the tapestry that we've put on to say like what they're doing at home to try with it." (P-A).

However, many interviewees disclosed that parental engagement was variable. This was encapsulated by one interviewee, a childminder, who stated "Because some parents... are just like, "Yeah, whatever. As long as they're fine, I'm not bothered." And then you've got people at the other end of the spectrum who are like, "What do they have to do to get section four? What do they have to do?"." (C-O). This was also summed up by a PVI practitioner, who said of parental engagement: "Some are, some not, as you would expect, to be fair." (P-F).

Some interviewees put forward theories to explain why some parents are not as engaged with WellComm as others. This was described by all interviewees as being due to parent-level variables, rather than an issue with the toolkit itself: "I think it's not about a failing or a problem with WellComm; I think it's about parents being ready to hear that something is not quite right with their child and their development." (S-K). Some interviewees described that parental engagement is due to work: "they work very long hours, and when they get home, they need to eat, you know, do other stuff. So, whether they're going to go home and do homework, yeah, I don't know." (C-M). Other interviewees said that they had heard from parents that "they don't feel it's their job to do it and they, sort of, say things like that." (E-R). Another interviewee described that parents may be unwilling to engage because of "Lack of confidence; lack of knowledge about what they need to do" (S-I). Finally, some interviewees commented that some parents appear unwilling to acknowledge the difficulties that their children are experiencing with communication. One childminder commented "I think we've had issues in the past when

we've noticed big problems, parents don't always want to see that. I think if you say to a parent, "Your child has – I've got a feeling your child might be behind," you know, they generally will go, "Oh no, I think he's just a bit lazy," or, you know, "He's fine at home."." (C-M).

Finally, one interviewee suggested a way in which parental engagement could possibly be increased across settings. This school practitioner suggested that a "parent's guide" to WellComm may be beneficial: "because explaining it to parents can be difficult, and if WellComm themselves actually had one that we could give to parents and explain what it is and what it's there for I think that would be really good." (S-K).

Variability of use of the BBOI

From interview data, it appears that settings across York implement the BBOI in different ways. This namely pertains to whether settings use this tool one-to-one or in groups, and how they decide on their method of implementation.

Several interviewees discussed that they would usually implement activities from the BBOI in groups. This was disclosed by two practitioners from PVIs. One of these interviewees stated that in their setting, they use the BBOI "for whole room activities rather than small group or individual focused activities" (P-B). Whole-room activities were also described by an interviewee as being a method of addressing issues that many children find difficult: "I can write down the number of children who have struggled with a certain question, and if there's one certain thing that actually all the children are struggling with, and this one is categories. There's a lot of children with things in categories, we'll teach that as a whole class." (S-J).

A PVI practitioner shared that they would group children based on their needs and implement the relevant BBOI activities: “we've got a lot of two-year-olds that, you know, with the prepositions and things, so then we'll group them into one group. So, she'll just sort of go down the list and then just, yeah, put them all together where they need to be”. (P-C).

Other interviewees discussed using a one-to-one approach. However, several interviewees stated that this was done on a basis of need, rather than as a standard of practice for their setting. A school practitioner disclosed that “Amber might be a group intervention; red might be an individual one.” (S-K). Another practitioner mentioned that BBOI activities are done one-to-one if children “have maybe more need than others.” (P-F). Alternatively, one childminder shared that they would use a one-to-one approach if a child would benefit from this method: “some children learn better in a group, because they want to impress and that’s how they work. Others get shy, so with those, you sort of know that actually this might work better in a very small group or one to one.” (C-M).

Usability of the BBOI

Several interviews addressed the usability of the BBOI, as interviewees commented on how easy it has been for their setting to implement the activities. The majority of commentary was positive: for example, one interviewee shared that “the activities are easy to do, the resources and stuff that you naturally have at home, you don’t have to go out and buy anything expensive or anything and they're simple activities that are explained well” (C-N). Another practitioner adds “I think there’s enough variety that actually it captures them”. (C-M).

Two interviewees, however, discussed difficulties that they had experienced in using the BBOI in their setting. One interviewee described that, because their setting does not

take groups out of provision to do activities, they had to find ways to integrate BBOI activities into provision. They state that this proved challenging: “I think I wasn’t completely confident about translating it into our setting... an opportunity to discuss that a bit more to maybe look in detail about how you would do that... it’s probably quite an issue that a lot of people would need to talk about. And there might be some lucky people who can dedicate a member of staff to do all the WellComm groups but I guess lots of people would struggle to fit that in” (S-I).

Finally, another interviewee remarked that the challenges with the BBOI were not in its implementation, but in record keeping: “the complication would be exactly keeping a track of what you’ve done and who needs which bit of input, so which children need to be able to speak in the future tense for instance.” (S-I).

Perceived impact of the WellComm Toolkit

One key focus of this report is to identify the impact that practitioners perceive that using the WellComm toolkit has had. Throughout the interviews, many practitioners mentioned benefits that they had experienced from their time using the toolkit.

For example, many interviewees discussed the impact that the WellComm toolkit had had on referrals to Speech and Language Therapists. Some described that they felt that using the WellComm toolkit had reduced the number of referrals that they had needed to make. One childminder commented that the number of referrals that they expected to make had decreased: “Less, because I think you feel more confident that you can help them more, and also you can know what really is a big problem and what isn’t.” (C-M). Two interviewees commented that they expected this to be a benefit for other settings using the WellComm toolkit, too: “I mean we've not had to put any referrals in since using it... I think

if every setting used it and used it properly, I think they'd probably see a decrease themselves." (P-C). This was also discussed by a school practitioner, who stated "I think if other settings had that same commitment to it, it would reduce more referrals." (S-K).

Several interviewees also said that it had improved their confidence around when or if to make a referral. One childminder stated "it gives me the confidence to know how far away [they are] from where [they] should be and therefore whether I think that gap's closable or not, which I suppose before I wouldn't have had a clue and I might have said we best refer just in case." (C-N). Another childminder echoed this, stating "I think it would give me more confidence to know when I need to refer and when I don't need to refer." (C-P).

Additionally, some interviewees commented that they expected the quality of their referrals to be improved, as they were now more able to specify a problem or the need for support: "I feel like I'm, less likely to escalate it for no reason. And when I do escalate it, I'll be able to be more specific about what support is needed." (C-O). A school practitioner also shared that they were using WellComm information in their referrals to a Speech and Language Therapist: "we can say to her, "WellComm they are at this stage", and she is then using that to help them." (S-K).

Interviewees also spoke positively about the outcomes for children's speech, language and communication that they had noticed. Several interviewees mentioned that on re-screening children, they had seen improvements. For example, one practitioner disclosed "when a child has come up as amber or red, often putting some interventions in place and sharing an activity with parents, giving them some one-to-one sessions over a few weeks, and they have come on quite quickly. They have moved from red to amber, say." (P-

B). Other interviewees shared similar statements, with one stating “every time we do it, the children go up a significant amount.” (P-C).

Practitioners also discussed the ways in which using the WellComm toolkit enabled them to save time. An interviewee commented “it saves time and it streamlines stuff, you know, because you’ve just got one place to look. I don’t have to now go onto the internet and look up best ways ...which is what I used to do, you know.” (C-M). This was repeated by a PVI practitioner, who shared that the activities in the BBOI were helpful for this reason. They commented “it’s been really helpful that we’re not wasting time having to think of things that we can do. This is here, this is what’s been being used.” (P-D).

Some interviewees discussed the ways that the WellComm toolkit had helped to improve their setting’s effective continuous provision. A school practitioner commented “The benefits of the WellComm assessment has actually shown what we need to be doing in full class.” (S-J). Additionally, a member of the ETFY team shared feedback that they had received from settings, which was that the BBOI is being used to inform provision: “it tells you exactly what to do, but it doesn’t have to be an intervention. It can be done during classroom practice. And so, that’s a great thing. So, it’s not another thing to do. It just becomes part of the everyday classroom practice.” (E-T).

Crucially, several interviewees also described how using the toolkit had helped them to identify and provide relevant support to children who required it. One childminder said that “I suspected that one of them did need support and it confirmed that, but it told me specifically what support he needed.” (C-N). In some cases, it is reported that the screen has helped to identify children who settings were not aware required support: “schools have said that it’s highlighted children that were not on their radar for the citywide whole cohort

assessment... And then they've been able to put interventions in place and that's supported those children to move forward." (E-T).

Furthermore, in some cases, interviewees shared stories of how the WellComm screen had been beneficial in supporting them when flagging a child's need for support to their parent. One school practitioner disclosed the case of a child whose parent was "adamant [they were] fine". In this case, the WellComm screen was used as evidence to support the settings' claims that the child needed further support: "when we started to use WellComm and we actually said, "Look, this is where she should be and this is what she's doing", mum took it on-board... you cannot stop that child talking now. She is amazing and she is totally ready for school in September. And if we hadn't had WellComm to back up our professional opinion I don't think she would be where she is now." (S-K). Other interviewees also described the benefits of having the WellComm tool as a way to support their professional observations: "when you're having the conversation with the parents, if you've used an assessment tool, then you feel like you've got that backup". (S-G).

In interviews, many practitioners also discussed that they felt the WellComm toolkit had helped to improve their knowledge about speech, language, and communication. Two school practitioners commented on this, with one stating "it's made us feel like actually we've up-skilled ourselves a little bit more and we are ready and we are willing to go with that, and trusting in our judgment." (S-H). The other shared that they felt the WellComm toolkit was "very much worth doing because the knowledge it gives you is really useful. We are very pro-Wellcomm." (S-K).

The benefits of the specificity of the toolkit were discussed, with one childminder saying "I think the WellComm pack is very good for that, because it breaks it down in such

tiny little segments that there's no mistaking what the issues are." (C-M). Further to this, one interviewee commented that "it is quite a helpful tool to just break it down, and you forget how much there is in communication." (P-D). One example of how the level of detail in the WellComm toolkit has been beneficial was shared by a PVI practitioner: "now it's highlighted so many things that I wasn't aware of. And as a group, not just individually, as a group, for example, like positional language for a lot of our children unintentionally we'd sort of slipped behind with that." (P-E).

Additionally, interviewees spoke about how the WellComm toolkit had helped them to better identify children who had difficulties with speech and language that they may otherwise have missed. Two PVI practitioners commented that the toolkit helped them to flag up things that wouldn't have been spotted: "it was really helpful in flagging children that staff had previously thought were okay." (P-B).

Finally, several interviewees commented that the WellComm toolkit and their increased knowledge had changed their practice and communication with children. Two childminders discussed the ways that they had adapted their practice to prioritise language. One stated that they had changed their provision to focus on different areas of language: "I don't think it's something that I particularly did before the Wellcomm, like actually deliberately teaching verbs when they're very young... You do tend to teach nouns to start with, don't you? And names of people. So that is something that I've changed my practise on." (C-O). Another childminder commented "It does really make you think about the communication with the children definitely. It puts it more at my forefront of my mind when I'm working like how I'm speaking with the children, what I'm trying to get them to say and understand." (C-P).

The topic of practitioner knowledge was also addressed in the survey. Sixty-eight respondents answered the question “Has using the WellComm screen (assessment) increased your knowledge in identifying children's needs?”. Forty-three (63%) answered “yes”, whilst 21 (31%) answered “somewhat”. Four respondents (6%) answered “no”.

In addition to this, respondents were asked “Has using the WellComm screen (assessment) increased your knowledge in taking action to support children's needs, once they have been identified?”. Of the 64 respondents who answered this question, 45 (70%) said “yes”, and 16 (22%) selected “somewhat”. Three respondents (5%) selected “no”. Table 26 shows the frequency of response choices, broken down by years of experience in early years.

Table 26.

Respondents’ ratings of whether using the WellComm screen had increased their knowledge in supporting children’s needs, by years of experience in early years.

Years of experience in EY	Yes	Somewhat	No
Less than 3	50% (6)	42% (5)	8% (1)
3-6 years	67% (6)	33% (3)	0%
6-8 years	83% (5)	17% (1)	0%
More than 8	63% (26)	29% (12)	7% (3)

Respondents were later asked “Has using the Big Book of Ideas (WellComm activities) increased your knowledge about how play can support the development of children's speech, language, and communication?”. Sixty respondents answered this query. Of these, 41 (68%) said “yes”, 15 (20%) said “somewhat” and 4 (7%) respondents said “no”. Table 27 shows the breakdown of respondents’ ratings by their years of experience in early years.

Table 27.

Respondents' ratings of whether using the BBOI had increased their knowledge about using play to support children's needs, by years of experience in early years.

Years of experience in EY	Yes	Somewhat	No
Less than 3	73% (8)	18% (2)	9% (1)
3-6 years	63% (5)	37% (3)	0%
6-8 years	83% (5)	17% (1)	0%
More than 8	66% (23)	26% (9)	8% (3)

Recommendation

Respondents were asked whether or not they would recommend the WellComm screen to a new member of staff. Sixty-eight respondents answered this question, of whom 65 (96%) said yes, and 3 (4%) said no.

Analysis was also conducted to determine whether respondents were more or less likely to recommend the WellComm screen based on their rating of its accuracy. Table 28 shows this breakdown.

Table 28.

Responses to the question of whether respondents would recommend the WellComm screen to new staff, broken down by respondents' ratings of the WellComm screen accuracy.

Recommend	Somewhat useful	Useful	Very useful	Exceptionally useful
Yes	75% (6)	93% (14)	100% (28)	100% (16)
No	25% (2)	7% (1)	0%	0%

Finally, respondents were asked whether or not they would recommend the BBOI to a new member of staff where they work. Of the 60 respondents to this question, 57 (95%) said yes, and 3 (5%) answered no.

Embedded in Practice

Another primary aim of the research was to establish how embedded the WellComm toolkit is in practice in settings across York. This was targeted in the online survey.

Respondents were asked “Do you feel that the universal WellComm screening process is now embedded and manageable in your settings' practice?”. Of 67 respondents who answered this question, 56 (84%) selected “yes” and 11 (16%) selected “no”. Respondents were also asked “Do you feel that the WellComm activities and support are now embedded and manageable in your settings' practice?”. Of 59 respondents, 48 (81%) said yes and 11 (19%) answered no.

Several interviewees also discussed how embedded the WellComm toolkit is in their setting. Many commented that the WellComm toolkit had become part of their everyday practice; one childminder remarked that “it’s just become part of everyday for everybody.” (C-M), whilst another interviewee stated that using the screening tool is “part of [new children’s] settling in.” (P-B). In interviews, it was frequently noted that the WellComm toolkit is now integrated into many settings’ provision, with one interviewee commenting “it’s very much embedded so it’s part of what we do now.” (S-K).

Facilitators to making the screen embedded and manageable

In addition to how embedded the toolkit is, this research also investigated how manageable settings felt it was to use the WellComm screen. Survey respondents were asked “Which of these things do you do to help make the screening process more manageable?”. Sixty-seven respondents answered this question. Respondents were able to select from a pre-written list of options. Forty respondents indicated using multiple tactics

to make the screening process more manageable. Table 29 (below) shows the frequency of each response option.

Table 29.

Respondents' selections of measures taken to make the screening process more manageable.

Which of these things do you do to help make the screening process more manageable?	Number of respondents
We protect time for practitioners to complete the screening	43
We take a key person approach (each practitioner completes the screening for their children)	26
We use students from the University to support	17
We have a clear timeline for completing (eg. we do a small number every week over a term)	16
We prioritise SLC in our setting	21
Other	7

Respondents who selected the “other” option were able to write a short text response to describe other measures that they take to make the WellComm screening process more manageable. Five respondents provided written comments. Two respondents described that the WellComm screening is not manageable, with one person writing “It isn’t manageable within a childminding setting due to not having a separate space to complete or simple having the time alongside other daily tasks” and another responding “I work by myself so it’s hard to screen individual children”. In addition to this, one respondent commented that they work into non-work hours: “As with all other paperwork I end up doing majority of writing up and support planning in my "free time" during evenings and weekends”.

One respondent described measures that their setting takes to make the screening process manageable. They wrote that “We have a language hub where we can work with children in a quiet setting”. Having a quiet, appropriate place for screening was also discussed in several interviews. Several interviewees commented that this was necessary to facilitate screening, because otherwise children would find it difficult to focus on the screen. One practitioner shared their experience of needing to find a quiet space to complete the assessment: “I tried doing it in the main room initially but it’s too many distractions...Just taking them somewhere quiet has worked really well.” (P-E). Another interviewee stated that to do the screen in a busy, communal area could even disadvantage the child being screened, sharing “We’d never try and do children in the main sort of setting area because that just wouldn’t be fair on the child.” (P-F).

In addition to finding the best place for assessments, interviewees also discussed needing to do the screening at an appropriate time. One interviewee discussed ways that their setting approaches finding the best time of day to assess children, saying “we do them where it’s quiet. They’ve all just been outside and they’ve been in dens and they’ve had a snack, so now is a really good time to do it because it’s like a bit of a calm... I recognise my team have been really careful that when they’ve chosen the times to do their assessments with each child that’s suitable for the child.” (P-A). Other interviewees disclosed that it was also important to assess children at the right point in the school year. One school practitioner discussed that children in their setting were not assessed at the very start of the school year: “I tend to give them the first half-term to settle into school... I tend to do it possibly towards the end of the first half-term, so middle of October. They’ve had a chance to get to know us, they’ve had time to settle.” (S-J).

Additionally, several interviewees discussed that a facilitator of making the WellComm screen embedded and manageable in their setting was a whole-setting approach, wherein the toolkit is embraced by the entire setting and speech and language is a priority. In some interviews, practitioners discussed the importance of staff communication and collaboration in approaching the screening. It was apparent from several interviews that the WellComm toolkit is prioritised by settings: “It’s one of our big things that we do pride ourselves on here that we try and build that speech / language through everything we do.” (S-H).

One interviewee stated that a facilitator to using the screen was the communication between staff: “Everyone works in like a united team, which is really important.” (P-A). The benefits of team working as an approach to the toolkit were discussed by one interviewee, who felt that this helped to boost confidence of staff: “I think because they work as a team and they talk to each other about what they’ve done on the WellComm I think that makes them more confident because they know it’s not just them alone doing something, it’s everybody doing it and they can easily ask anyone for support or advice.” (S-K). The whole-setting approach was also commented on by ETFY team members, one of whom shared their observations: “I think when all staff are really are aware of the Wellcomm... even if they're not doing the Wellcomm themselves, if the whole setting is aware of this is something we do, they understand kind of broadly how the screens happen, how the targets, you know, and how it works, I think that's when you really see it.” (E-U).

Finally, one interviewee discussed that having the resources required to complete the WellComm screen be readily available also facilitated the screening process. They shared their setting’s approach to preparing for the screening, saying “We have a storeroom

for each step; we have those PE drawstring bags and they've got all the resources for each step in. So, if you know you're doing WellComm and you're doing step 4 you're not scrabbling around for resources." (SM001).

Barriers to making the screen embedded and manageable

Following this, respondents were asked to describe the barriers to making the screening process embedded and manageable in their setting. They were provided with a short-answer text-box to write a response. Thirty-four respondents provided an answer to this question.

Twenty-two responses mentioned "time" as a barrier to making the WellComm screening process embedded and manageable. One respondent elaborated by stating that having "large amounts of children to screen" made the process especially time consuming, whilst another wrote that "Screening process is time consuming especially if children are working at much lower than age-related."

The topic of having insufficient time to complete the assessment was also discussed in several interviews. Interviewees discussed that time constraints were an issue with both planning and implementing the screening. One school practitioner said "It's time-consuming. You can't say it isn't because it has to be done individually." (S-K).

Six responses also made mention of not having a separate or appropriate quiet space in which to conduct assessments. One respondent wrote that a barrier to making the WellComm screening process embedded and manageable in the setting is "not having a separate quiet space, interruptions from other children". This was echoed in several interviews, particularly with childminders or those who reported working in smaller settings.

A further nine responses discussed staffing issues as a barrier. Respondents wrote that the “number of staff available”, “staffing issues due to sickness”, or “new staff joining the team” were barriers to the screening process being embedded and manageable. Staffing issues were discussed in the interviews by both practitioners and members of the ETFY team. Several interviewees discussed that staffing issues meant that it was harder for their setting to implement the screen. One interviewee said “It’s a question of staffing. I mean it was alright this time because we had an extra person – we were slightly over-staffed – but going forward that’s going to be more challenging because staffing is getting tighter and tighter with school budgets the way they are.”

Staffing was discussed as a barrier to both using the screen and attending training. One interviewee discussed that “it has been a bit tricky staffing to get, like everywhere else, staffing has been a bit tight recently, and to be able to release more than one person at a time to do the training was impossible”. Additionally, one childminder who was interviewed disclosed that “because I’m the only member of staff is that trying to do the training and go to the meetings and still carry my business on is very difficult.”

Three responses identified issues with accessing the toolkit as being a barrier to making the WellComm screening process embedded and manageable. These respondents, who were all identified as being childminders, mentioned “having to take it out on loan from the library”, and “Only have 1 book in each library so can’t get hold of it and when you do you don’t have long to gather all the information to help you”. Difficulty in accessing the toolkit from libraries was also a topic of discussion in interviews with childminders. This was described as a possible barrier to childminders implementing the screen at all: “If they’re all sharing that one pack, I can imagine it would be frustrating if they get there and then it’s not

available. And then, you know, other people are waiting. And I can see that that might be something that would put people off and think, ‘Do you know what? This is too much hassle. I’ll just... I’ll work it out myself’”. Additionally, one interviewee described how having to borrow a copy made it challenging to find the time to complete screening: “we have to borrow it from the library. So, you have very tight time constraints and obviously I don’t have the same children every day of the week.”

One childminder suggested that a solution to this problem would be to share the screening tool online: “I think it would be a lot easier if it was online, and then we could all access it, because at the minute we’re getting it from the library, and if somebody else wants to get it out, you’ve got to return it, and then what? When do you get it back? I think we should all have a copy all the time.”

Facilitators to making the BBOI embedded and manageable

Respondents were asked to indicate, from a list of available options, which things they did in their setting to make the WellComm activities (BBOI) more manageable. Fifty-nine respondents answered this question, of whom 49 selected multiple options. Table 30 shows the frequency of each response.

Table 30.

Respondents' selections of measures taken to make the BBOI activities more manageable.

How do you make the WellComm Activities (BBOI) more manageable?	Number of respondents
One to one	39
Small group	34
Whole setting approach	26
Using students to support with intervention	15
Using students to support with other things, so that staff can provide intervention	4
We protect time for practitioners to complete the activities	21
We prioritise SLC in our setting	19
Other	1

The respondent who selected “other” wrote that their setting used a specific method to make the BBOI activities more manageable. They wrote “Activities shared with families to use and review”.

Barriers to making the BBOI embedded and manageable

Following this, respondents were asked to describe the barriers to making the BBOI activities embedded and manageable in their setting. They were provided with a short-answer text-box to write a response. Twenty-six respondents provided an answer to this question.

Twenty written responses mentioned time as a barrier to making the BBOI embedded and manageable. One respondent wrote “fitting the activities in within a busy school curriculum”. Several responses simply read “time”.

Seven responses discussed staffing as a barrier. Respondents wrote “staff sickness” and one responses described “recruitment and retention of staff team” as a barrier.

Five responses described that a barrier to making the BBOI embedded and manageable was a lack of consistency between staff. One respondent wrote “getting all staff up to the same standard” was a barrier. However, another respondent wrote “All staff need a bit more time to consolidate activities and how best to support children. This is in hand, so not really a barrier, just a work in progress.”

One respondent described that collating the resources to do the BBOI activities was a barrier. Additionally, another respondent wrote that not having a separate quiet space to do activities made this challenging. Another described that the management of BBOI activities was a barrier, writing “coming up with strategies for each child and keeping track of interventions”.

Finally, one respondent discussed that the children who are highlighted as needing the BBOI intervention were often those who were in need of other interventions. They wrote “Children who are in Wellcomm intervention groups are the children in other intervention groups (phonics, fine motor). We find that children are spending less time in provision being pulled for activities.”

Interestingly, the BBOI was not a frequent topic of conversation in the interviews. Although several items in the semi-structured interview schedule were designed to address the BBOI and to ask about the positives or negatives of its use, interviewees tended not to identify barriers with using the BBOI.

Support

Survey respondents were asked to indicate whether or not they felt that they required help to use the WellComm screen. Sixty four participants responded to this question. Of these, the majority (N = 52; 81%) indicated that they did not require any help. Four (6%) indicated that they required a little help, whilst 6 (9%) said that they required some help. Two (3%) said that they required a lot of help. Table 31 shows the pattern of responses to this question by job title held by respondents.

Table 31.

Respondents' reports of the level of help required to use the WellComm screen, by job title.

Job title	I do not require any help	I require a little help	I require a some help	I require a lot of help
Teacher	90% (17)	5% (1)	5% (1)	0%
Health visitor	100% (4)	0%	0%	0%
Child development worker	75% (6)	0%	13% (1)	13% (1)
Childminder	75% (3)	0%	25% (1)	0%
SENCo	79% (11)	0%	21% (3)	0%
Manager	67% (4)	17% (1)	0%	17% (1)
Student	50% (1)	50% (1)	0%	0%
Teaching assistant	86% (6)	14% (1)	0%	0%

Respondents were then asked to indicate, in the case that they needed assistance with using the WellComm screen, they felt that they would receive it. Sixty-eight participants responded. Thirty-four (50%) responded that they would get some help, and 28

(41%) answered that they would get a lot of help. Four participants (6%) responded that they would get a little help, and 2 (3%) said that they would not receive any help.

Respondents were also asked to indicate whether or not they felt that they received sufficient help from others to use the BBOI. Sixty participants responded to this question. Of these, 9 (15%) indicated that they would not get any help. Eleven (18%) indicated that they would receive a little help, whilst 22 (37%) said that they would receive some help. Eighteen respondents (30%) said that they would receive a lot of help.

In interviews, interviewees discussed the availability and quality of support. For example, several interviewees talked about the support that they were able to receive from the ETFY team, and in particular the Speech and Language Therapists. One interviewee described the ETFY team as “a good support network” (C-P). The Speech and Language Therapists were described as “really supportive” (E-R), with one interviewee commenting “I think we'd be stuck without [the Speech and Language Therapists], I think we would struggle. They're brilliant... I don't know what would happen if they weren't there because it's that specialist knowledge we need. And we can't, you know, we can ring the hospital. There's somebody on duty there. But it's not quite the same. And they're busy.” (E-S). Additionally, a school practitioner described the benefits of having visits from the Speech and Language Therapists: “[a Speech and Language Therapist] comes in on a regular basis. It's not with the screening as such, it's just if there's any children, 'Actually, where do we go with this?' I tend to write down for [the Speech and Language Therapist], and she's so good, she just researches and comes like, 'Actually, we can do this'.” (S-J).

Several interviews also touched on the support that was available from students, through YSIS or other voluntary programs. From the information provided by interviewees, it seems that the way that settings use students to support WellComm screening and

activities is variable. Some interviewees spoke about how students were asked to complete the screening with children. One practitioner commented that students would only do the screening “If we are confident that they are a strong student - because you’ve got to have the bond with the child to do the screening.” (S-K).

However, other interviewees expressed concerns about using students to complete the screening. A member of the ETFY team commented that this had raised concerns about the sustainability of settings being able to use the screening, stating “well, what happens then if the student offer isn't there anymore? As a school would you be able to continue with the Wellcomm?” (E-U).

Other interviewees disclosed that their setting choose not to use students for the screening. Interviewees spoke to the importance of having a consistent staff member do the screening, and that the person doing the screening has a good relationship with the children. One PVI practitioner commented “I like it that the staff know each child and where they are and what we need to do next. And I just think if we had students in things might get crossed a little bit.” (P-C).

Regardless of the ways in which student support was utilised by each setting, interviewee feedback was largely positive. One ETFY team member shared feedback that they had received from settings: “lots of positive feedback in terms of, you know they've been a great resource with supporting with screens, interventions, groups, that kind of thing.” (E-V).

[Additional support needs](#)

Survey respondents were asked to write a response to this question about the screening tool: “What additional help, if any, would be of benefit?”.

Eight responses described a wish for additional or more widespread training. Five of these responses indicated that respondents would benefit from “basic training before use”, with two respondents writing that they would like all staff to be trained so that they can engage in screening. Three respondents disclosed that they would like more training in addition to that which is presently available. One respondent wrote that “a yearly refresher” would be helpful, whilst another wrote that it would be beneficial to have “more training on how to use it”.

The topic of additional training was also discussed in interviews. One childminder suggested that it may be beneficial to have a trainer visit settings to observe practitioners carrying out the screen and advise: “perhaps maybe someone coming to see the setting and give us some more ideas of how to use it better, because obviously we think we’re doing a really good job, but we might not be, you know... that might be nice, to have like just a half an hour visit to see – “You show me how you use it and I can let you know if there’s any advice that I could give you.”” (C-M).

Another interviewee commented that it could be useful to observe a trainer practitioner using the screening tool as part of training. They stated “I think it'd be quite good if there was workshops and things for settings to come to and maybe see active it's set up or even if they came to different nurseries and saw the things, the activities being used or even observing the scans. Just so they can see that it's not actually a massive thing.” (P-C).

A third interviewee described that they would have liked to have more training about using the screen with EAL children. They commented that “with less confidence staff or less experienced staff it can be, I think EAL children can be at a disadvantage... I mean, we did get some training on EAL later on, but having that for us to start off with would have been helpful.” (P-E).

Two survey respondents wrote that additional help to support practitioners working with children with additional needs would be of benefit. One such respondent wrote that it would be beneficial to have support when working with SEND children to “suit the toolkit to their needs”. Additionally, two responses described that additional support with working with EAL children would be of benefit.

Two responses described that it would be beneficial to have support to administer the assessment. One respondent wrote “more set time free from class duties” would be beneficial, whilst the other wrote that “any support to do the actual assessment as it does take a lot of time to do” would be of benefit.

Two respondents described that additional support with accessing or planning “next steps” would be beneficial. One respondent appeared to describe that they would appreciate support in accessing more information about ETFY, writing that they were “unsure how we access the next levels of the project”. However, another respondent seemed to suggest that they would appreciate support on an individual child level, writing that support could be with “next steps in some cases”.

A final four respondents provided unique suggestions for additional support. One respondent wrote that “more information on re-assessment would be helpful”. Another response described the benefits of support from YSIS placement students, writing “ We have had a Wellcomm YSIS student this term which has been amazing. Would love this to be for longer”. One respondent suggested that it may be beneficial to have “check ins from ETFY”. Finally, another respondent wrote that additional support could focus on “what to do next if child not responding”.

Respondents were also provided with a free-write text-box and were asked about the BBOI: “What additional help, if any, would be of benefit?”.

Eight respondents discussed a need for training. Of these, three respondents wrote that they would benefit from more training, in addition to that which is currently available: one respondent wrote that it would be beneficial to “[watch] someone from the project delivering an activity from the big book of ideas to refresh my/our delivery”. Two other respondents indicated that they would benefit from updated training with “new ideas” or “another angle”, whilst one respondent wrote that they would benefit from training to “ensure I’m using correctly”.

Additionally, in one interview, a school practitioner described that additional training on how to incorporate activities from the BBOI into provision would be beneficial. They described “my staff have not quite got how to use it in areas of provision yet... How do you implement WellComm into your areas of provision? So that it isn’t always an official taught session, it is through your areas of provision.” (S-K).

Two respondents described that they would benefit from support on how to adapt activities for specific children. Whilst one respondent did not specify a group for which activities need to be adapted, writing that “Ideas are often too ‘wordy’ and have to be adapted”, the other respondent identified that they needed to make “adaptations for SEND” and that support with this would be beneficial.

A further two respondents wrote about receiving support from placement students. One respondent wrote that this support was “extremely useful”, and the other wrote that they would benefit from having a “YSIS student for longer to carry out the ideas from Big Book of Ideas”.

Two respondents discussed that it would be beneficial to have pre-prepared resources as a form of support. One respondent wrote “Collecting resources is time consuming- a bank of resources would be helpful.”

Finally, three respondents described unique ideas for additional support. One wrote that they would benefit from additional support in the form of having “more time to use the book with children”. Another respondent wrote that they would benefit from having “a quiet space for doing the different activities”, and one final respondent wrote that they would benefit from additional support with “parents seeing the importance of being involved”.

Reception Baseline Assessment

Finally, respondents who had indicated that they worked in school-based settings were provided with an open-text box, which had the prompt “We know that schools will be completing the Reception Baseline Assessment and the WellComm Screen during the Autumn Term. What will you do to make it manageable to do both?”

Nine respondents wrote that their setting would make it manageable for them to complete both the RBA and the WellComm screen in the Autumn term by carefully scheduling each assessment period. Four of these respondents described completing the RBA first, and then completing the WellComm screen later on in the term. One respondent explained that this was because the WellComm would be done “when children are more comfortable with staff”. Seven of these respondents wrote that they would not schedule both assessments for the same time, but rather “focus on one at a time”.

Four responses described making the two assessments more manageable by freeing up staff time. Three respondents discussed giving staff “time out of class” to complete the assessments, and the fourth respondent wrote that they would “support each other to free up the time”.

A further four responses discussed the benefits of having staff trained to use the WellComm screen. One respondent wrote “I would train all staff if training were available”, whilst another wrote “I would like more staff to be trained”.

Four responses described that their setting makes it manageable to carry about the RBA and the WellComm screen by having a dedicated staff member who screens all children. One respondent wrote having a “Dedicated staff member who will focus on all WellComm screening.” Alternatively, one respondent indicated the opposite, writing that their setting uses “all available people during areas of provision”.

Finally, one respondent wrote that their setting would make using the RBA and WellComm assessment manageable by selectively screening children. The respondent wrote “We only screen concern children in WellComm”, explaining that their setting has too many children to screen all children.

Next, respondents were provided with another open-text box, and asked to write an answer to the following: “How will you use the findings from both the Reception Baseline Assessment and the WellComm Screen to inform future practice and provision?”.

Twelve respondents wrote that they would use the findings from the RBA and WellComm screen to plan interventions. These respondents wrote that they would use the screening results to formulate future interventions, with one respondent writing that they would “work on results of screening with our children”. Of these 12, two wrote that they would use the screening results to identify groups of children who would benefit from similar interventions: one respondent wrote that their setting would “sort groups for intervention sessions based on what needs come up”, whilst another wrote “children identified will take part in intervention groups, planned to suit their next steps.” One

respondent also wrote that 1:1 support would be offered but noted that this would only be the case “where staffing allows”.

In addition to intervention groups, seven respondents wrote that they would use the results of the RBA and WellComm screen to enhance areas of provision. Several respondents described how assessment results are used to inform the curriculum. One respondent wrote that “we will use the findings to work out any common areas of support and make sure to include this in both our teaching but also as a focus for group work and AOP time”.

Finally, two respondents described that they would use the results of both assessments to communicate a child’s needs to other staff. Both respondents wrote that they would communicate the results to a Speech and Language Therapist where necessary, and one also described informing the child’s teacher of their needs.

Discussion

The aim of this research was to investigate, through online survey responses and interviews with stakeholders, how the WellComm Toolkit is being used between settings across York. Due to the small number of responses to the survey, the analysis conducted for this report is limited. As such, this report is also limited in its ability to make specific recommendations pertaining to each job role, setting type, or other such categorisations. However, themes and patterns have been identified within the collected data. A summary of the findings of this investigation is below. Additionally, recommendations for further action to aid in the development of the city-wide rollout of the ETFY program are suggested. Again, these recommendations are accompanied by a caveat that the data set that they are

informed by is small and may not be representative of the support required by all practitioners across York.

RQ1 - How is the WellComm being used in settings across York? Are both the screening tool and the intervention resource being used? What does the variability in implementation look like?

Data from the survey and interviews suggested a degree of variability in the use of the WellComm screening tool and BBOI across York settings. With regards to the screen, comments from interviewees indicate that settings use this tool at different frequencies. Some interviewees described using the screening tool annually, whereas others shared that they used the screening tool as frequently as every term. However, no data from interviews or the survey indicated that the screen was carried out less frequently than required by ETFY, where it is requested that it be completed at least annually.

Additionally, variability was observed in the method used to carry out the screen. For example, some respondents and interviewees reported that only one person from each setting does the screening, whilst in other settings, the workload is shared. Further to this, some interviews suggest that some settings are not using the screen as prescribed, but rather altering the way in which it is administered. In many cases, it appears that the screening tool is administered accurately and according to instructions; however, in other settings, staff report using their own judgement to decide if a child could meet criteria for a section without necessarily having observed the child do so within assessment.

Variability was also evident in the use of the BBOI. Far fewer survey respondents reported using the BBOI than the screening tool, which suggests variation in the rates of uptake of this aspect of the toolkit. With regards to the implementation of the BBOI, differences were reported in the ways in which the activities are used. Respondents from some settings reported using the BBOI on a one-to-one basis, whilst others described using

group work, or integrating the activities into provision. Some interviewees described that this was done on the basis of child need; if children scored lower on the WellComm screen, they may be more likely to have a one-to-one intervention.

RQ2 - Is there a difference in the way the WellComm is being used across setting types and geographical areas? What, if any, is the variability in use of the WellComm across settings in different stages of ETFY and what does this variability look like?

Because of the small number of respondents to the survey and interviews, it was impossible to identify any meaningful differences in the use of the WellComm toolkit between geographical areas.

However, from the survey data, it was evident that there is some variability in how many staff members do the screen in each setting type. For example, 42% of PVI respondents said that all practitioners in their setting use the screen, compared to 11% of school respondents. On the contrary, 75% of childminders reported that only one practitioner in their setting does the screening; however, this is not surprising, since many childminders work alone.

Uptake of the BBOI also appears to vary between setting types. Childminders were observed to be far less likely to use the WellComm activities, with only 50% reporting using the BBOI. This is compared to 92% of respondents from PVIs, 90% of respondents from schools, and 100% of respondents from other setting types. This is likely due to the reported issues that childminders experience with accessing the WellComm toolkit.

RQ3 - What ETFY training has been undertaken? How accessible is the training? What, if any, additional support has been received?

Questioning about training that survey and interview respondents had received was broken down into asking about training for the screening tool and the BBOI. With regards to the screen, 43% of survey respondents reported attending the ETFY training with the SALTs.

SALT training for the BBOI was reportedly attended by only 25% of attendees. Respondents who reported not attending formal training indicated that they had instead read the pack manual, shadowed a colleague who had received formal training, or used the videos available online via GL Assessments. Respondents who reported not attending formal training provided their reasons for doing so. Some respondents shared that they did not feel the need to attend the training, because the information provided in the toolkit pack or via other sources, such as the YorOK website, was sufficient. Additionally, some interviewees commented that it was not practical to attend training due to staffing or time constraints.

Feedback was shared by interviewees who had attended the formal SALT training. Feedback was largely positive, with interviewees stating that it was helpful, and helped to make the toolkit appear less overwhelming. Feedback also indicated that some training participants benefitted from being able to use or look through the toolkit before the training. Some interviewees provided suggestions for how the training could be improved or expanded. These suggestions included: making recordings of the training available to download, and in various formats; increased discussion of topics such as the WellComm Wizard, and using the toolkit with EAL children; and finally, one interviewee suggested that the training should be more clearly described, so it is easier to differentiate initial training for new users from workshops for experienced users.

One interviewee raised concerns about the accessibility of the training to dyslexic practitioners. This interviewee shared that they had not been asked about their learning requirements prior to joining the training, and that they were unable to complete the formal session with SALTs because their needs were not accommodated for.

Respondents also discussed additional support that was available to them besides the formal ETFY training. Interviewees spoke positively about the availability and quality of

support available from the ETFY SALTs. In particular, interviewees commented on the benefits of having SALTs visit their settings to answer questions and provide support. This support is available to those who are at step 3 of ETFY, and was reported by several interviewees as being very useful.

Respondents to the survey and interviews also discussed the opportunity to request student support to assist with the WellComm toolkit. Feedback on this was generally positive, especially if the student was considered capable and engaged. However, other settings spoke about choosing not to use students for help with WellComm, preferring instead to use setting staff to do WellComm tasks.

Respondents also discussed their hopes or suggestions for additional support. For example, responses to the survey indicate that respondents would like more widespread training; in interviews, this was also discussed, where interviewees suggested that having observations from trainers or the opportunity to observe the toolkit being modelled. It was also shared that additional support in using the screen with EAL children or children with additional needs would be beneficial. Additionally, support in adapting the BBOI activities for EAL or SEND children was discussed by some interviewees.

Responses to both the survey and interviews also highlighted requests for support in administering the screen or BBOI activities. Such requests included support in finding time free from class duties to administer the screen, information on how to incorporate BBOI activities into provision, support finding a quiet, separate space to use the toolkit, and assistance in gathering resources to support practitioners using the toolkit with children.

RQ4 - What are practitioner views, in terms of usability and accuracy, of the Wellcomm as a screening tool? How is it used within the setting to inform assessment and intervention? Is identification of need and response improved by using the screening tool? What are the barriers and facilitators to tool use?

Many respondents reported finding the screening tool to be accurate. Interviewees reported that the screening results often reflected their professional observations or expectation for children, and 66% of survey respondents said that the screen was exceptionally useful or very useful at identifying children with a language and communication need. However, this was also accompanied by reports that the screening tool is not accurate for all children. Survey respondents and interviewees described that the screen would be less accurate with children who lack confidence, speak English as an Additional Language, or have SEND. Additionally, some interviewees commented that the age brackets and age-related expectations for children's language development was overly ambitious, and that children may score lower than is appropriate because they do not meet the criteria for their age group.

With regards to the usability of the screening tool, some interviewees described an adjustment period, but that the screening tool was straightforward and easy to use. Indeed, 75% of survey respondents described feeling either quite confident or very confident in using the screening tool. Where problems were identified with the usability of the screen, these were primarily around the language used by the toolkit. Interviewees described the language that they had to use as "alien" or "rigid". Interviewees across multiple settings spoke about finding some specific items in the screening tool to be difficult for children to understand because of the language they contain.

Facilitators

Both interviewees and survey respondents commented on factors within their settings that facilitated their use of the WellComm screen. Some of these were practical,

such as protecting time for practitioners to carry out screening, or preparing resources ahead of time. Some respondents indicated that using students to support their practice or to carry out the WellComm screens helped to facilitate screening.

In addition to practical measures, some interviewees highlighted that their approach to the WellComm screening facilitated its use in their settings. Interviewees commented that in some settings, a whole-setting approach was adopted, and that settings prioritised speech, language, and communication. Communication and collaboration between staff who were working on the toolkit was also heralded as being a facilitator to making sure that the toolkit was not only manageable, but also embedded in setting practice.

Barriers

Accessibility

A recurring theme that was identified in responses to multiple items was around the accessibility of the toolkit for different groups of children. Respondents repeatedly indicated that the toolkit is not accurate or accessible for children who have a Special Educational Need or Disability (SEND) or children who speak English as an Additional Language (EAL).

For example, when asked about the screening tool, 65% of respondents reported that children with additional needs are either indifferent, don't really engage, or don't engage at all. A number of respondents also used free-writing spaces to write that the screen is less accurate for EAL or SEND children. When writing about further support that would be beneficial, some respondents wrote that they would appreciate help in adapting the screen for use with EAL and SEND children.

These responses were mirrored by answers to similar questions about the BBOI. Although a lower proportion of respondents (37%) indicated that children with additional needs are indifferent, don't really engage, or don't engage at all with the BBOI, respondents still identified areas for further support around SEND and EAL children. Some respondents

described that they felt they would benefit from support in figuring out how to adapt the BBOI to suit SEND children.

Childminders having difficulty accessing the toolkit. Several respondents, all of whom were childminders, described issues with accessing the toolkit as a barrier to using both the screen and the BBOI. These respondents described that they would need to take the toolkit out on loan from a library. Some respondents identified this as a barrier to making the screening process embedded and manageable in their setting, whilst others described this as the reason that their setting does not use the BBOI. From written responses, it appears that respondents feel that having to source the toolkit from a library or share one copy with other settings makes it impossible for them to use.

Time and staffing

Respondents were asked to identify factors which were a barrier to the toolkit being embedded and manageable within their setting. Similar responses were provided to questions about both the screening tool and the BBOI, with respondents repeatedly mentioning time and staffing. With respect to the screening tool, respondents discussed having to work into non-work hours to complete writing up and planning, or not having sufficient time to screen all children due to other workload demands. Respondents also indicated that staffing issues due to retention, sickness, or simply not having enough staff to free-up time to complete screening or activities were barriers to them using the WellComm toolkit.

Resources

In addition to inadequate time and staffing, respondents also highlighted that insufficient access to key resources were a barrier to completing WellComm activities. Resources mentioned included those which are necessary to complete BBOI activities, such

as toys or tools, as well as not having access to an appropriate quiet space to work with children.

ETFY Steps

Finally, from the available data, it appears that respondents may be unsure either of their settings' step within the ETFY project framework or how to access further steps. When asked questions to identify which step each respondents' setting was on, inconsistencies were identified in responses. For example, some respondents reported that they met criteria for step 2 or 3, but also reported that they did not meet criteria for the earlier prerequisite steps. Additionally, in written responses, it was described by one respondent that they were unsure of how to access the next steps of the ETFY project.

RQ5 - What are practitioner views on the usability of the Big Book of Ideas (BBOI) in regards to supporting/informing/replacing current practice? What are practitioner views on the usability of the BBOI in regards to supporting/informing/replacing current practice for children with different needs? How, if at all, it is used within the setting? How, if at all, is it used within the child's home? What are the barriers and facilitators to tool use?

The majority of responses from interviewees and survey respondents were positive about the usability of the BBOI. Interviewees described that the BBOI was easy to do, and that children found the activities engaging. This was reflected in survey responses, where 90% of respondents said that typically developing children engage well or very well with the BBOI activities. However, other respondents reported difficulties in using the BBOI. Other interviewees described finding it difficult to adapt the activities into provision, or to keep records of what each child had done or needed to do. Additionally, children with additional needs were reportedly less engaged with the BBOI activities; only 54% of respondents indicated that children with additional needs engage well or very well with the BBOI activities.

Several interviewees shared situations in which they had shared the BBOI with parents for home use. Interviewees described sending activities from the BBOI home with parents to support child language development. Parental engagement appears variable, and is often dependent on the parent. Interviewees described that some parents may be less likely to engage due to work and time pressures, lack of interest, low confidence in participating in interventions, or an unwillingness to acknowledge difficulties that their child may be experiencing in speech and language.

However, in other cases, parental engagement was described positively. Interviewees described that some parents enjoy engaging with the activities from the BBOI at home, and that some are “comforted” by using it to support their child. To facilitate further parental engagement, one interviewee suggested that a “parent’s guide” to the WellComm could be useful to explain the toolkit and its purpose.

RQ6- What is the perceived impact of the use of the WellComm on child SL&C outcomes? What is the perceived impact of the use of the WellComm on child SL&C outcomes for children with different needs? What is the perceived impact of the use of the Wellcomm on improving practitioner knowledge and confidence to identify need and response?

Several interviewees shared that they had observed that using the WellComm toolkit to identify child speech, language and communication difficulties and intervene had been beneficial for child outcomes. Interviewees disclosed that putting BBOI activities in place resulted in quick and significant improvements in speech, language and communication. Unfortunately, no detail was provided to indicate whether this was applicable to children with additional needs.

Additionally, some interviewees shared that the toolkit had helped them to identify and provide support where it was required. In some cases, the screen had helped to identify children who required support that the school had previously been unaware or

unsuspecting of. Additionally, in cases where staff were aware of a child's need for support in speech, language and communication, using the screening tool had helped them to determine the precise support that was required.

In addition to child outcomes, interviewees and survey respondents indicated that using the WellComm toolkit had been beneficial in improving practitioner knowledge about speech, language, and communication. Responding to the survey, 63% of practitioners said that the WellComm screen had improved their knowledge of identifying children's needs, and 70% said that it had improved their knowledge in taking action to support children's needs. Additionally, 68% said that the BBOI had increased their knowledge about how play can support the development of children's speech, language, and communication.

Many interviewees discussed the ways in which using the WellComm toolkit had improved their knowledge of speech, language, and communication. Several interviewees disclosed that the specificity of the toolkit, and the depth in which specific areas of language are explored, had helped to increase their awareness of the nuances of communication. This had, in turn, led some practitioners to change their practice, or alter the way that they communicated with children.

RQ7 - Are there any unintended consequences, either positive (e.g. staff retention, better parental engagement) or negative (e.g. staff turnover, not taking part in other CPD opportunities) of training and using the Wellcomm within settings?

There were several additional consequences of using the WellComm toolkit, all of which are notably positive. One such area of benefit is referrals to speech and language therapists. Some interviewees commented that they felt that the WellComm toolkit had reduced the number of referrals they had needed to make, with some going so far as to say that if other settings also engaged with the toolkit, they would also observe this benefit. In other cases, some interviewees described that the quality of their referrals had improved;

they spoke about being more confident about when to make a referral, or when in-setting support would be sufficient to help a child. Some interviewees also shared that the WellComm screen had been used to support their professional judgement when speaking with parents, as they were able to provide evidence to parents who were reluctant to acknowledge their child's speech, language and communication difficulties. Additionally, several interviewees shared that because of the WellComm toolkit, they were now more able to be specific about children's difficulties and support needs.

Further to this, interviewees spoke about the WellComm toolkit saving them time. Practitioners spoke positively about having a resource with information and ideas about activities to engage children and improve speech, language, and communication, saving them time in resource gathering or information seeking.

Recommendations

From the results of the survey and interviews, the researchers have identified recommendations for future implementation of the ETFY programme.

- 1) Ensure that all training is accessible to practitioners with SEND or additional needs.
- 2) Consider making SALT training available online for download, for the use of those who are unable to attend sessions or who would benefit from having it readily available.
- 3) During training, provide more information about using the toolkit with EAL or SEND children.

- 4) Communicate the importance of carrying out the screen as instructed, rather than using practitioner's best judgement to decide whether children can meet screening criteria.
- 5) Consider allowing new users to observe the screen being modelled by experienced practitioners.
- 6) Consider communicating the reasons for the wording or language choices made in the toolkit, as some items appear confusing or unintuitive to practitioners.
- 7) Assist settings in boosting parental engagement: perhaps, as suggested, a "parent's guide" would be useful.
- 8) Consider alternative ways of providing childminders with access to the WellComm toolkit to improve uptake.
- 9) Support settings which report having insufficient time, staffing, or resources to complete the toolkit.
- 10) Clarify the steps of ETFY and how to progress within the programme.

Conclusion

This report reflects the perceptions and experiences of York EY practitioners using the WellComm toolkit. Many respondents spoke positively about the WellComm toolkit. For example, respondents spoke about the benefits of having a language assessment tool available and supported by ETFY. They described that this helped to eliminate other options for language tools, meaning that they did not have to engage in extensive research about which tool to use. Respondents also reported feeling on the whole well-supported by the ETFY team, particularly speech and language therapists. Benefits for practitioner knowledge, provision, and even more accurate/more informative referrals to speech and language have been noted by practitioners, many of whom appear enthusiastic about continuing to

develop their use of the toolkit. Indeed, the majority of respondents said that they would recommend the toolkit to a colleague.

Respondents have also used the opportunity afforded to them by this survey to express issues that their settings face with the WellComm toolkit. These include having insufficient staff, time, or resource to complete the toolkit; difficulty in accessing the toolkit from a local library; and issues with using the toolkit with SEND or EAL children. In addition, the data suggests a lack of clarity around the steps of the ETFY project and how to progress within them, as well as variance in whether results of the screen are shared with parents or not.

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