

Closing the gap on speech, language and communication in the early years: Local case studies North Tyneside

This case study explores the local views on approaches taken to successfully reduce the gap between socio-economically disadvantaged children and their peers on speech, language and communication indicators in the early years. North Tyneside was one of five local authorities identified as 'high performing' in closing this gap over the period 2016–2018. The case study is based on desktop research, interviews and a focus group meeting with a cross-section of individuals involved in overseeing and delivering provision relevant to early language development.

These speech, language and communication case studies have been produced by the Early Intervention Foundation (EIF) as part of our work to support the delivery of the Department for Education's Social Mobility Action Plan. To read more about our project, including how local authorities were selected and the research methodology, see: <https://www.eif.org.uk/resource/closing-the-gap-on-speech-language-and-communication-in-the-early-years-local-case-studies>

Summary

North Tyneside is a metropolitan borough in the North East of England. Over the years 2016–18 the Early Years Foundation Stage Profile outcomes for children eligible for free school meals improved markedly, both for Communication and Language and for overall Good Level of Development. No known demographic changes contributed to the improved outcomes.

This case study identifies a number of factors which appear to have been important in narrowing the language gap.

Strategic leadership

There is high-level strategic commitment to supporting children in the early years to develop the core skills they need for success at school. Speech, language and communication is a visible priority in its own right in the Healthy Child Programme and Early Help service.



Supporting quality and improvement in settings

The local authority has retained a strong early years advisory team, a specialist language and communication team and pre-school communication centre. It directly employs a well-regarded health visiting service working closely with Early Help. The NHS Speech and Language Therapy service has a specialist preschool team which provides training and coaching opportunities as well as casework.

Integrated working

There is a long history of joined-up work on language and communication in North Tyneside, with professionals from different services collaborating on initiatives and making joint decisions about children.

Early identification and support

Children who may need additional help with their communication skills are identified early, often before they are 2. Early years settings use precision tools to monitor children's progress and provide targeted intervention programmes to help children catch up.

A focus on the family

Services understand that speech, language and communication very often need to be tackled in the context of wider family issues. The work that Children's Centres do with families has been and remains a significant contributor to narrowing the language gap.

Professional development

Schools and settings are offered a comprehensive training package that is empowering and collaborative. The local authority run a primary (formerly early years) SCITT (School Centred Initial Teacher Training) Programme, which includes a strong input on early language.

Take-up and quality of early education

North Tyneside had a very high number of 2-year-olds in funded early education over the period of rapidly closing the language gap, and consistently high-quality provision for 2-, 3- and 4-year-olds. A higher proportion of funded 2-, 3- and 4-year-olds are in settings with graduate staff than the national average, and a higher proportion are in settings with a qualified teacher.

Using data and evidence from research as improvement tools

School leaders receive a detailed data pack and innovative forms of support in analysing and understanding their EYFSP outcomes. Analysis shows that the Early Years Pupil Premium is being used to good effect. Settings use evaluated interventions and engage with research bodies to evaluate new programmes.

The local context

North Tyneside is a metropolitan borough of Tyne and Wear, in North East England, and is part of the Tyneside conurbation. The local authority works with one local clinical commissioning group (CCG).

There is little academisation and the one academy in the borough with early years provision works closely with the local authority team. There are 193 active early years registered providers. The authority has one maintained Ready for School Centre and all but one of the 56 primary schools have a nursery class. 77% of universal funded hours of provision for 3- and 4-year-olds are taken up in schools and 33% in private, voluntary or independent (PVI) settings. For 2-year-olds, 26% of funded hours are in schools and 74% in PVI settings.

Health visiting services are provided by the council, who employ health visitors and school nurses directly. They share offices in locality teams with Family Partners (who provide support to vulnerable families with children aged 0–19) and the Early Help service.

Speech and language therapy services are provided by an NHS Foundation Trust and commissioned for 0–5s by the CCG – although historically the local authority also commissioned a substantial early years service to work as part of the Sure Start and Children’s Centre provisions. The Speech and Language Therapy service includes a specific Early Years team. Overall, there are just under 2,500 children and young people aged 0–19 in the total caseload for the North Tyneside NHS Speech and Language Therapy service.

The context for the improvements for disadvantaged children

In 2016, 65.3% of North Tyneside’s children eligible for free school meals (FSM) achieved at least the expected level in Communication and Language on the EYFSP. By 2018 this had risen to 73.6%, above the national FSM average of 71.9%.

The marked improvements were not part of an overall improving EYFSP Communication and Language trend; they were specific to children eligible for free school meals. The improvements for disadvantaged children extended beyond the Communication and Language area of learning, however: the percentage of children eligible for

KEY STATS North Tyneside



The 0–5 child population is 13,822, against a national local authority average of 26,822.



The percentage of 4–5-year-olds eligible for free school meals is slightly above the national average (17% compared to 14%*). The local authority is ranked 77th out of 151 local authorities on the Index of Multiple Deprivation.*



The percentage of 4–5-year-olds who have English as an Additional Language is well below national averages (4% compared to 19% nationally*). The languages spoken are varied, with no particular language dominant.



Between 2016–18 there was an 8.3 percentage point increase in the proportion of children eligible for free school meals achieving at least the expected level of development in Communication and Language on the Early Years Foundation Stage Profile.

* 2019 data

FSM achieving an overall Good Level of Development also increased markedly between 2016 and 2018.

No known demographic changes contributed to the improved outcomes.

The speech, language and communication issues for children

The speech, language and communication issues in North Tyneside are in the main linked to geographical pockets of social disadvantage. In former coalmining parts of the authority there is a real sense of community, with grandparents living on the same street as their extended family, but this brings its own issues of multigenerational ingrained behaviours. All those interviewed perceived that numbers of children with delayed language were increasing. Interviewees spoke of seeing reductions in parent/carer–child interaction and a ‘lack of emotional availability from parents/carers to children’. The knock-on effects of poor language on personal and social development were noted, with more children coming into nurseries who struggle to have a conversation, make friends, share and wait their turn.



Challenges and how they have been overcome

Challenge 1: Austerity has resulted in services being remodelled and changes to their delivery.

- ✓ Commitment and determination across teams to make best use of what resources are available, driven by a strong sense of staff empowerment and ownership of services and decisions.
- ✓ Holding on to the learning from previously funded initiatives like Sure Start – multi-agency working, focusing on the family rather than just the individual child’s speech and language difficulty.

Challenge 2: The rapid growth in the childcare market, with many new providers and more variability in the knowledge, skills and confidence of staff.

- ✓ local authority early years team sharing intelligence with health visitors and speech and language therapists.
- ✓ New forms of training, adapted to audiences.

Challenge 3: Rapid growth in referrals to specialist services.

- ✓ Providing hands-on modelling and coaching on whole-class strategies in early years settings, so that they are able to meet more needs themselves.

Challenge 4: Insufficient numbers of health visitors available to recruit.

- ✓ Increasing the skill mix in the team.
- ✓ Growing the service’s own staff: recruiting staff nurses and midwives to work in the service, supporting them through specialist training and then guaranteeing them a health visitor role in North Tyneside on successful completion of the course.

Strategic leadership

North Tyneside's success in narrowing the language gap has been underpinned by a strong programme of work on school readiness. Significant impetus came from the Elected Mayor, a former headteacher, who understands inequalities well and whose ambitions for the borough helped drive two pledges – Ready for School, Ready for Work. The Mayor was, for example, a driver in the decision to transfer the employment of health visitors and school nurses to the local authority, seeing the potential of having a spectrum of provision from prevention to statutory children's services under one roof.

The Mayor's priorities are supported by Cabinet, the Director of Children's Services and the Director of Public Health (both former health visitors). The Children and Young People's Plan commits partners to 'supporting children to develop core early years skills required for success at school'.

Speech, language and communication is seen by the Director of Public Health as a key component of the 0–19 children's public health service, and 'very visible in the delivery of the Healthy Child Programme'. It is also an identifier and priority within the Troubled Families funding envelope. Those who are managing Early Help are all former practitioners from early years settings– another example of leaders' understanding of the issues for young children, and for disadvantaged children in particular.



Critical success factors in narrowing the language gap

- ✓ Strategic leadership
- ✓ Supporting quality and improvement in settings
- ✓ Integrated working
- ✓ Early identification and support
- ✓ A focus on the family
- ✓ Professional development
- ✓ Take-up and quality of early education
- ✓ Using data and evidence from research as improvement tools.

Supporting quality and improvement in settings

“We're quite unique in having an early years and school improvement team that's still large and has been for many years.” School Improvement Officer for Early Years

North Tyneside has retained a strong advisory team supporting quality in early years settings: 3.4 full time equivalent (FTE) advisers working with schools and 2.5 FTE 'Ready for School Improvement Officers' working with PVI settings. The team includes PVI and school leads for disadvantage, plus specific leads on language, and on provision for 2-year-olds. An local authority early years SENDCO is now being recruited to support PVI settings.

The Speech and Language Therapy service has a dedicated team for 0–3s. Those working with children over the age of 3 continue to have close links with schools and offer a 'named therapist'. Speech and language therapists have worked with schools on training/coaching opportunities and research projects as well as casework.

“The speech and language therapy systems are really tight. As a class teacher you feel supported. If you have an issue with communication you can just ring up for advice.” Reception teacher

A feature of all those interviewed for this case study was their strong sense of autonomy and ownership of services and decisions. Decisions about how to provide speech and language therapy services most effectively, for example, are made by the professionals involved rather than commissioners or the management of the provider healthcare trust.

Another expert resource in the local area is the Language and Communication team, commissioned by the local authority from a special school to provide advice, support and teaching strategies for children aged 4–19 with language and communication needs. All the team have specialist qualifications in speech, language and communication needs. They manage the Dene Communication Centre, a multi-disciplinary specialist preschool provision which provides eight-week blocks of intensive intervention (on-site and through outreach) for nursery-aged children. Children work on language targets using Makaton and other visual approaches; parents/carers attend workshops in which they can join their child in working on targets, and are able to observe their children in the classroom through a two-way mirror.

North Tyneside’s in-house health visiting and school nursing service is highly regarded and received a very positive CQC inspection in 2018, highlighting leadership with ‘an inspired shared purpose’, and positive feedback from families.

Integrated working

There is a long history of joined-up working on language and communication in North Tyneside, stemming from the time when the authority was a Sure Start Trailblazer and speech and language therapists were commissioned to work with education staff. As the specialist early years speech and language therapist noted: ‘I think the people who were around at that time ... have carried forward the ethos ... we keep coming back to each other and saying, “Let’s not forget the joined-up working is part of what made this tick”.’

Interviewees felt that other key factors contributing to integration are:

- a clear vision for working in partnership, driven by senior leaders
- size – being a small authority in which people ‘know one another, know what’s on offer, where to go and where the expertise is’
- not being bureaucratic – having quite a flat structure with ‘real synergy across every department’
- ethos and attitudes – as one respondent said, ‘there’s no standing on ceremony, people aren’t precious, anybody will do anything for anybody else’.

Professionals from different services work together to make decisions about children. The Speech and Language Therapy manager sits on a panel allocating additional funding for 2-, 3- and 4-year-olds alongside an educational psychologist and portage manager.

Teams signpost each other's training offers for schools and settings, and align their initiatives, for example developing the fit between speech and language therapists' work on children's narrative skills with the Talk for Writing story-based approach in schools. Health visitors shared their training on the Solihull Approach and this is now used across the locality hub teams; there is a very strong strategic and operational collaboration between Public Health and the Early Help Service.

Information-sharing was described as having been made easier as a result of bringing health visitors in house because it avoided the GDPR issues involved in transferring information between two different organisations. Ages and Stages data from health visitors' reviews is shared with local authority SEND teams, for example, and Public Health can pull out management data for children's services at school and locality level.

“Data doesn't belong just to a service anymore. I feel as if it is overarching; we look across a child's journey rather than being service specific.” Senior manager, 0–19 health visiting and school nursing service

Early identification and support

North Tyneside's good outcomes for early language are evident well before children are 5. In 2018/19, an above-average percentage of children were at or above the expected level on communication skills at their health visitor review at 2–2.5 years. One factor may be the work health visitors do with families, to identify needs early. They give messages about communication at the 14-day, six-week and six-month checks, and use an speech and language therapist-designed communication assessment tool at the 1-year review. Take up rates of both the 1- and 2-year review are above national averages.

“Health visitors think about those 1001 critical days and how to target families ... a lot of intervention goes on prior to the age of 2.” Senior manager, 0–19 health visiting and school nursing service

Other teams are also skilled in identifying needs. Early Help staff would often informally recognise that a 2-year-old isn't communicating properly when completing a family assessment. And in the parent–child groups held in the Children's Centres, practitioners 'would pick it up and might ask a nursery nurse to come and observe the child'.

Settings track children's progress carefully. They use Development Matters, in addition to the North Tyneside Communication Toolbox, a tool for monitoring and supporting children's progress devised locally by the Speech and Language Therapy team. This uses the same framework as Development Matters, profiles development for 2–5-year-olds, comes with training, and includes targeted strategies for settings to put in place before they make a referral to the service. Settings use a locally devised Transition Document to pass on the Communication and Language age band in which the child is assessed to be secure to the next setting the child attends, along with information about the 2-year check, 2-year-old funding, eligibility for the Early Years Pupil Premium (EYPP) and outside agency involvement.

Another assessment tool in use is a published attention and listening skills profile, which comes with suggested intervention strategies and has proved popular with schools.

“It's becoming ingrained that you identify barriers as accurately as possible and then you put something into place. You don't just chuck something at it.” Nursery manager

Provision in settings includes small group intervention programmes, such as BLAST, Early Talk Boost, Nursery and Reception Narrative and the Nuffield Early Language Intervention.

A focus on the family

Another legacy of the early days of joint working is an understanding that speech, language and communication needs be tackled in the context of the wider issues facing families. A speech and language therapist interviewee commented, the outcome was 'professionals ... not having such a blinkered approach on these children's language skills but recognising that it is part of a much bigger problem. We have all of that learning from Children's Centres and the key philosophies... It was multi-agency working, it was families first. It was empowering the adult care givers and I still think that's probably the main strength in what we do now.'

Services in North Tyneside 'think family'. They see school readiness as not just about reading and writing but about 'encouraging access to services for more vulnerable families ... improving things in their life, routines and so on...focusing on getting families ready for school' (Early Years School Improvement Officer). Similarly, the Children and Young People's Plan pledges that partners will focus on supporting families where school readiness is a potential issue.

Interviewees see the focus on families as a significant contributor to the success in narrowing the gap in the period covered by this case study. The impact was not just about investment; it was also about empowerment.

“I think at the end of that period of Children’s Centres we had disadvantageded families, not only coming to access services in North Tyneside but owning services and feeling that they were entitled to choose the way they accessed the services and being confident enough to be vocal with the professionals within those services. I think there was a sense of ownership in our communities and a tangible difference in the way the community viewed the services that were there to support them. There was definitely a destigmatisation.” Speech and Language Therapy Early Years lead

A number of Children’s Centre buildings are now being used by schools, but Children’s Centre activities and groups such as stay and play, birth registrations and parenting courses continue to be delivered across four main centres, as well as other community buildings in the borough, via dedicated early help staff.

In the groups, behaviours such as how to play with children, sing songs and share books are modelled by skilled practitioners. The new roles that have been developed to support families of children aged 0–18, such as Family Partners, contribute to these groups and can work with families at home on parenting skills. Health visitors often run their baby clinics in the Centres, next door to stay and play sessions, and the Speech and Language Therapy and 0–19 Healthy Child Programme Service run early years group intervention sessions for parents/carers and children throughout the year.

Professional development

Settings and schools are offered a comprehensive training package including:

- well-received practical training on a high-quality offer for 2-year-olds
- a Reception support programme where the Language and Communication team worked in Reception classrooms to model best practice in the environment and interactions
- termly cluster meetings for all early years school staff
- childcare networks meeting four to six times a year
- ELKLAN training on interaction strategies
- Talk for Writing – an approach in which children imitate the language of a story repeatedly, before developing their own versions, here part of a major 18-month project with schools.

Training is often innovative. For example, to meet the diversity in the early years setting workforce providing for 2-year-olds and resistance when people felt they had been ‘sent’ on training, speech and language therapists decided to move away from one-off sessions focused on information. Instead, they provided sustained CPD which initially focused on the practitioners themselves, their value and potential, and what it was to be a learner.

“What advice would I give to another area? Invest in the right staff with the right skills as there’s not likely to be any more money in their budget.” Early Help Locality Manager

The local authority run a primary SCITT (School Centred Initial Teacher Training) Programme, which includes a strong input from the Early Years team on language and training on the speech and language therapists’ Communication Toolbox.

Central moderation training for the EYFS profile is very well attended and seen as a powerful practice development tool, helping practitioners develop a shared understanding of what good communication and language development should look like.

Through all this, there is a sense of empowerment and collaboration. ‘Teachers and practitioners are absolutely up for anything and everything ... We don’t have stick-in-the-mud miserable people ... They are really keen to learn, to share practice with each other. It makes our job so much easier because people are really engaged and enthusiastic about reflecting on practice’ Early Years School Improvement Officer.

Take-up and quality of early education

North Tyneside had a very high number of 2-year-olds in funded early education over the period of rapidly closing the gap, and consistently high quality provision for 2-, 3- and 4-year-olds. 84% of 2-year-olds are in funded early education compared to 68% nationally. All are in provision rated good or outstanding (national 96%). 100% of 3- and 4-year-olds take up some funded provision (national 94%), and an above average proportion of 3- and 4-year-olds were also in good or outstanding provision in the case study period (for example, 98% in 2016 as against the national 86%).

A higher proportion of funded 2-, 3- and 4-year-olds are in settings with graduate staff than the national average, and a higher proportion are in settings with a qualified teacher. This is at least in part the result of the advice and bespoke support the early years and commissioning teams have provided to schools, to encourage them to explore different models of offering 30 hours of provision for 3- and 4-year-olds, and to open up provision for 2-year-olds.

One notable setting for disadvantaged 2-year-olds is the local authority’s Ready for School Centre, opened in 2016 to provide the 2-year-old offer for the most vulnerable children across the borough. The Centre is well-staffed and works intensively with children on ‘stories and routines and all of the fundamental things that they ought to have in place to enable them to transition to the next nursery place or school’. Health visitors, social workers and other locality Early Help staff refer 2-year-olds from the families they are working with.

“We track children at the start and on all early areas of learning and the data shows they are doing really well ... In a matter of a term they have come on so much and other professionals are now saying the progress is amazing and they are no longer concerned about them.” Ready for School Improvement Manager

Increasing take-up of the 2-year funded offer has been a priority in the local authority since the policy was introduced. Families receive a carefully worded letter about the offer from the commissioning team, and can apply online or over the phone. Health visitors make sure parents/carers know about it, and Early Help will also follow up if families don't respond to letters. The commissioning team share anonymised information with settings and schools about where rising 2 children live in their localities; schools do leaflet dropping, and advertise provision on their website and through doctors' surgeries. Where families don't take up provision, the Speech and Language Therapy service offer a group in a nursery next door to Ready for School to try to entice them in.

“Professionals do lots of door-knocking ... rather than just sending them information out ... because if the letter comes through the door with the council written on it people just chuck it in the bin.” Early Years School Improvement Officer

Using data and evidence from research as improvement tools

Schools receive a comprehensive, innovative data pack on their EYFSP outcomes which breaks down results by disadvantage using postcodes, as well as by gender and SEND, and enables schools to compare themselves with similar schools for each early learning goal. This has helped them to engage with their data and to learn from one other. The local authority team also wrote a data pack analysis document and a quiz for early years leaders and headteachers, which models how to interrogate the data. Schools do not have to wait for the national data to be published but are enabled to do their analysis at the start of the autumn term, so as to set priorities going forward.

“Rather than just evaluating your data and then just parking and leaving it they are planning ahead from it. Headteachers love it ... one school gave the quiz to their governors to do because their governors didn't understand the data really clearly on early years, and they all really understand it far better now.”
Early Years School Improvement Officer

Several of the Early Years team are School Development Partners and they are able to probe schools about their EYFS data, providing challenge and support. They also analyse outcomes from the Early Years Pupil Premium (EYPP), and note that 'this has had a big impact on the data, with a cohort effect for the three years we have looked at'. Schools commonly identify speech, language and communication as a barrier for eligible children and the local authority will explore how they are addressing that specifically. Initially the EYPP was often just spent on 'hours of teaching assistant time' but now schools focus on specific programmes and interventions with children or with parents/carers.

Research, evidence and evaluation are important drivers in North Tyneside. For example:

- Settings are asked what evidence they have of the difference their EYPP is making. They are encouraged to use the Education Endowment Foundation (EEF) Toolkit to guide decisions on spending, and steered towards evaluated interventions such as BLAST and Nursery Narrative.
- The early years and school improvement service has developed a local 'Over and Over' programme, based on a project that was rolled out in County Durham in which nursery practitioners read the same small set of stories many times to target children. The programme is based on research showing that vocabulary recall is better when words are heard repeatedly in the same story rather in several different stories. The children involved are now being tracked through to the EYFSP outcomes to evaluate impact.
- The Language and Communication team have engaged more than half of local schools in the EEF's randomised controlled trial of the NELI Reception language intervention programme. 20 schools took part in the first phase, in 2017. At same time, the Speech and Language Therapy team targeted the remaining schools with a sentence-building intervention in partnership with Newcastle University, and are now working with the university on a follow-on research project to evaluate the effectiveness of three different language interventions for preschool children in nursery contexts.



Innovations in North Tyneside

- ✓ An unusual integration of Public Health and Early Help, with health visitors and school nurses directly employed by the local authority and working in locality teams.
- ✓ Comprehensive resources to help school leaders understand and use data on early years outcomes.
- ✓ An 'Over and Over' project on repeated reads of a small set of books.

The future

Recent developments that interviewees felt will help them continue to narrow the gap include:

- Speech and language therapists supporting the cascade of the national PHE health visitor training programme for speech and language and co-delivering group intervention for young children with speech, language and communication needs.

- New approaches to tackling the growth in complex needs combined with disadvantage, involving training on key barriers to learning for disadvantaged children – working memory, inhibiting impulses and focusing attention.

Interviewees also identified factors that present risks to continued progress:

- Challenges to capacity: the increasing complexity of children's needs mean that they need more support for longer, while resources do not expand to meet demand.
- Challenges for PVI settings, especially smaller ones, in now paying for training and support which was historically funded by the local authority.

Glossary

CCG: Clinical Commissioning Group

EHCP: Education, Health and Care Plan

EYFS: Early Years Foundation Stage

EYFSP: Early Years Foundation Stage Profile

FSM: Free school meals

PVI: Private, voluntary and independent



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